conflicting statements on the appropriateness of this provision. As a result of the discussion, the Ministry of Welfare and Health organised this study to assess the changes in practice due to the new Act. The study assesses coercive helping of minors in 1991–1993 and compared two groups of committed children ("serious mental disorder" and "mental illness") with children who were taken into care involuntarily on the basis of the Child Welfare Act and also with prisoners under the age of 18.

The first part of the study dealt with the documentary material of all persons under the age of 18 subjected to coercive measures in Finland (n = 434). The second part was based on interviews of 94 minors from the first part. It studied the relationship of minors who had been objects of coercive measures to social welfare and health care and their experiences and opinions about the coercive measures and their appropriateness.

The amount of involuntary care of minors almost doubled during the period studied. There were no changes in the number of commitment on the basis of mental illness. Instead, commitment on the basis of the new criterion, a serious mental disorder, increased yearly. Those committed on these grounds had more behaviour disorders and behaviour indicating risk of suicide than those committed because of mental illness. The change in involuntary psychiatric treatment was not reflected as changes in the coercive measures in child welfare nor the number of minor prisoners or the quality of the problems of the prisoners. The interviewed children experienced the coercion as confusing, unexpected and distressing. Those that had been in psychiatric treatment had the most positive attitude towards authorities. More than two thirds of them felt that they had benefited from the coercion.

One half of involuntarily committed minors were given treatment in units meant for adults. In this respect the Convention on the Rights of the Child was not observed in Finland. Since then new inpatient units have been opened, minors are more often treated in child and adolescent units and those treated among adults are most frequently 16 or 17 years of age.

SEC57-2
CASE FINDING IN ARRESTED JUVENILE DELINQUENTS

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In the Netherlands the public prosecutor is obliged to contact the Council of Child Protection. In case of a police-warrant the youngster involved is invited with his/her parents for an examining interview at the Council's office; in case of custody a social worker of the Council pays a visit to the youngster detained at the police office. In both cases a diagnostic screening is carried out. Authors developed a case finding instrument as a format for the early-help report for the judge and - secondly - to detect psychopathology in the young suspects. The Council may decide to do further examination of the person and/or of the family. Or to refer for diagnostic assessment. The instrument including indicators for psychopathology will be presented.

SEC57-3
JUVENILE SEXUAL DELINQUENTS

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Objective: This study compares adolescent sexual and adolescent assaultive offenders with regard to their personal development and their family characteristics.

Method: A defined sample of adolescents who had commited sexual offenses against female victims of their own age or older ("rapists", n = 38) and against child victims ("molesters", n = 36) were compared to adolescent assaultive offenders ("assaulters", n = 33) by means of questionnaires and intelligence tests during ongoing criminal proceedings.

Results: "Molesters" were most stressed regarding their physical and social development, several parent characteristics and family interactions. "Rapists" grew up under the best conditions up to the age of 14, but their integration into a peer group markedly worsened thereafter. "Assaulters" often experienced dissocial fathers and stood out with a higher incidence of conduct disorders in school.

Conclusions: The change in contact behavior of "rapists" towards peers may be the result of impaired intrafamilial relationships. The various stresses on the "molesters" may be responsible for considerably impaired attachment. In contrast, "assaulters" seek acknowledgement and recognition outside the family early on, although the peer group cannot always provide this.

SEC57-4
EVALUATION AND TREATMENT OF JUVENILE DELINQUENTS

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A study of the Demand and Need for Forensic Child and Adolescent Mental Health Services in England and Wales (Kurtz, Thornes, Bailey 1997 - DOH) revealed a group of adolescents with complex pathology, disturbance coexisting with other disabilities. They aroused major social concern because of violent, sexual fire-setting and multiple offending. In earlier childhood they suffered a range of difficulties, disturbance of temperament, intrafamilial discord, physical emotional and sexual abuse, multiple loss, global and specific developmental disorders and neuropsychiatric disorder. Current common relevant diagnoses were psychotic illness, conduct disorder, mixed disorder of conduct and emotion and substance abuse. Future concerns were of major psychosis, antisocial personality disorder and associated risk to others.

Combining the results of this study with clinical data on the series of adolescent offenders male and female (murder, violence, sex and arson) assessed and treated by the Adolescent Forensic Service (1983–1996) led to the development of the Salford Adolescent Forensic Inventory Assessment Schedule (SAFION 97) and parallel Adolescent Risk Assessment Schedule (ARAS 97) now being piloted for use by non health professionals - residential carers, youth justice workers, educationalists and prison officers.

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