

“Profiling the Victim” and “Gathering Evidence” are addressed in separate chapters.

Plach presents his views about handling difficult situations that arise during investigations. The chapter entitled “Special Situations” includes remarks about victims who recant their allegations and offenses involving multiple victims. Victim and expert testimony are also addressed in this chapter. He ends his book with a discussion about how one becomes a “competent child abuse professional.”

The main strength of Plach’s book is the vignettes that are born from real experience. The author’s advice to the uninitiated is presented with clarity and sensitivity. He seems to know from firsthand experience how allegations can change with retelling by those involved with the investigation, and he emphasizes the need for accurate documentation. He provides helpful background information about youth development and maturation, including emotional, social, cognitive, and sexual changes that occur. The book serves as a primer for those handling their first cases.

Several weaknesses in Plach’s book dilute the strengths. The first is the lack of an index. The reader cannot determine, for example, whether or where the timely yet controversial topics of repressed and recovered memories and the use of anatomically correct dolls are addressed in this book. Also, he does not review in any meaningful way the roles of child abuse evaluation professionals as fact and expert witnesses or appraise the dangers associated with a professional’s serving in dual roles with the same victim. In addition, he counsels professionals to maintain a warm and empathic relationship with the primary caretaker, but does not describe how to proceed when that caretaker is also the abuser.

The book includes two handouts (one in Spanish and one in English) for families of youth who have been abused. They contain accurate checklists of symptoms of adjustment disorder and posttraumatic stress disorder. However, the author does not specify that the handouts should be given only after the abuse has been factually determined. Otherwise, the list of symptoms may obligate caretakers and others to read symptoms into what might otherwise be normal behavior and may taint the testimony.

Plach emphasizes that every effort should be made to avoid retraumatizing the victim during the investigation. He does not remind the reader that even a sensitive, competent interviewer may unintention-

ally retraumatize a victim during the interview by asking about details of the offense. Yet, the process of revelation, which may result in legal restraint of the abuser, may be the most effective way to halt ongoing trauma for the victim.

Plach opines that it is “extremely rare for someone to deliberately coach a child into reporting a false allegation.” This remark counters the evidence of increased false allegations amid rancorous divorce proceedings.

A future edition of this book might include more case examples that help novices to manage their emotions when assessing and treating traumatized youths and their caretakers. Plach counsels that workers in the field should be unbiased, but he offers no guidance for managing feelings and enhancing objectivity. Ways for professionals to surmount barriers to mental health care for victims of abuse should also be addressed.

In sum, the book fares best when Plach sticks to what he knows: the challenge of assessing child abuse allegations and how to do so with sensitivity toward the alleged victim. This book should not be the only source of information for aspiring child and adolescent abuse professionals.

The Insanity Offense: How America’s Failure to Treat the Seriously Mentally Ill Endangers Its Citizens

By E. Fuller Torrey. New York: W.W. Norton & Co., 2008. 265 pp. \$24.95.

Reviewed by Cathleen Cerny, MD

Psychiatrist E. Fuller Torrey, President of the Treatment Advocacy Center, has authored more than 200 articles and 20 books. His latest book, *The Insanity Offense: How America’s Failure to Treat the Seriously Mentally Ill Endangers Its Citizens*, explores how upholding the civil liberties of people with mental illness often comes at great cost to individuals and society. Torrey expands on psychiatrist Darold Treffert’s idea of “dying with one’s rights on” and outlines “the consequences of unconstrained civil liberties,” including victimization of the mentally ill,

homelessness, incarceration, and violence. He also offers a four-step plan for “fixing the system.”

According to Torrey, deinstitutionalization and restrictive mental health laws have resulted in negative consequences. He asserts that about one-third of the homeless population and at least 10 percent of incarcerated individuals are mentally ill. He argues that untreated and under-treated individuals with psychiatric disorders are at an increased risk of victimization. In addition, he states that “unconstrained civil liberties” can lead to violence against society by the mentally ill. This premise is the main thrust of his book.

The first few chapters of *The Insanity Offense* provide abundant examples of mentally ill individuals who committed violent acts after being provided with inadequate treatment or after refusing treatment. For instance, in Chapter 3, Torrey recounts the story of 25-year-old Herb Mullin, who was diagnosed with schizophrenia at the age of 22. He was hospitalized several times, lacked insight into his illness, and was inconsistent in complying with his medication. His family encountered legal barriers when they tried to access treatment for him. In 1972, Mullin received “telepathic” communications that compelled him to believe that he could prevent an earthquake by sacrificing humans. Consequently, he killed 13 people. Torrey uses this vivid example, and others, to support his assertions and to engage the reader.

In Chapter 9, Torrey introduces methods and research involving measuring violent behavior in persons with mental illness. He summarizes salient research in Appendices A and B and concludes that it is reasonable to predict that, each year, 5 to 10 percent of individuals with severe psychiatric disorders will commit acts of serious violence.

Torrey details important changes in mental health laws and practices in Chapter 10. For example, California’s Community Mental Health Services Act (1969), also known as the Lanterman-Petris-Short Act (LPS), made imminent dangerousness the sole criterion by which persons with psychiatric illness could be hospitalized for greater than 17 days. Also, the deinstitutionalization movement limited psychiatric hospital bed availability for people like Mr. Mullin. In addition, Wisconsin’s *Lessard v. Schmidt* decision, 349 F.Supp. 1078 (E.D. Wis. 1972), established a strict dangerousness standard for involuntary commitment and lessened the government’s respon-

sibility to care for and protect those who cannot care for themselves. LPS, *Lessard*, and deinstitutionalization, explains Torrey, had a major impact on mental health laws in the rest of the nation and made it difficult to provide involuntary treatment for mentally ill individuals.

Also, in Chapter 10, Torrey attempts to persuade readers that “An Imperative for Change” exists. Some of his points, such as protecting those afflicted with mental illness and protecting the public, flow very naturally from the plethora of examples provided throughout the text. I found the section on “Resistance to Dealing with the Problem” to be the most thought-provoking portion of this chapter. Torrey states that among mental health professionals, “it is politically incorrect to acknowledge publicly that mentally ill persons may be dangerous.” This section suggests that mental health workers and advocates may minimize the risk of violence in well-intentioned efforts to decrease stigma. He advocates that education of professionals about violence among the mentally ill is necessary before changes in clinical practice and laws can take place.

Torrey provides a four-part plan for “Fixing the System” in Chapter 11: modification of the laws, identification of the target population, provision and enforcement of treatment, and assessment and research. He clearly elaborates each part of the plan and provides specific examples of success. He ends the chapter by asserting his belief that we have the means to make these changes. The real question is whether we have the will to do so.

I have only a few criticisms of *The Insanity Offense*. First, there is a repetitive quality to the content. For example, although Chapters 8 and 9 are specifically dedicated to the consequences of unconstrained civil liberties, descriptive outcomes are present throughout the text. The redundancy detracts from the overall organization of the book. Second, the text is teeming with examples of extreme violence that have the unintended effect of minimizing the other costs of nontreatment of persons with mental illness (e.g., homelessness, victimization). Finally, and most important, Torrey’s argument would ultimately be more potent if he had addressed the counter-argument more thoroughly. He weakened his position by virtually ignoring the harm done when individuals with mental illness are denied civil rights.

Book Reviews

This book will interest readers who share Torrey's dismay about the present state of mental health care. It will resonate with mental health professionals who work with the subset of severely mentally ill individuals who are violent. I hope,

however, that this book will reach an audience beyond those in the mental health field so that the general public and lawmakers can gain an appreciation of the dangers of unconstrained civil liberties.