There is no doubt that professionals play a most important role in assisting individual victims of sexual violence. Medical practitioners apply their skills to the tending of physical damage suffered, while psychologists are often called upon to help heal the psychic wounds. Legal practitioners apply their skills to the obtaining of swift and sure convictions for offenders with least trauma to the survivors, and other professionals also play supportive roles. But these reactive interventions are unlikely to have any promotive or preventive influence upon the overall prevalence of sexual violence, although they certainly produce important and helpful effects for the 'micro actors' involved.

This paper will demonstrate how professions proactively contribute to the prevalence, if not the incidence, of sexual violence in the community. In doing this, it will describe some larger ('meso' and 'macro') perspectives than are usually taken by the helping professionals, who traditionally take most account of the reactive, micro-view of the situation. It will primarily focus on the helping professions (psychology, psychiatry, social work and other mental health and psychotherapeutic professions) and, to a lesser degree, the legal profession which relies so symbiotically (if unreliably) upon these professions for much unsatisfactory practice in the area of sexual violence.
To continue to remand offenders into the hands of psychotherapists who continue to treat offenders ignores the most central and critical of scientific issues. Even if one were to suppose that evidence existed for a recognised pathology which could be shown unequivocally to be present and to be a material cause of the offences (and this is doubtful), then the more problematic issue of postulating a valid and efficacious treatment regime becomes pertinent (see Victoria. Parliament. Social Development Committee 1992). It is no overstatement to say that treating professionals often have no better than a lay understanding of the nature of the pathology of the offender, despite a plethora of psychological and physiological propaganda.

The principal purpose of this paper is to argue, with illustrative rather than exhaustive examples, that some professional attempts to 'pathologise' criminal behaviour have been hugely successful in promulgating the modern scientific mythology of 'madness rather than badness', both in the lay and the legal minds, with the reciprocal effects of augmenting the ambit of professional practice and responsibility, while diminishing the responsibility of offenders for their sexual violence through a range of professionally sanctioned exculpatory manoeuvres. Scull (1975) presents a detailed discussion of how madness was transformed into mental illness during the eighteenth century, specifically to serve the professional interests of the medical profession. Most interestingly, Scull traces this shift from moral to scientific through ecclesiastical channels. He shows how medical interest in mental pathology originates from the middle of the eighteenth century, primarily in response to the success of the privately-run 'moral treatment' institutions. Despite initial antagonism to this therapeutic modality, which finally found full expression through restrictive legislation, the medical profession was quick to assimilate many of the practices of moral treatment under its own rubric when it finally monopolised control of the insane asylums. This was easily accomplished given the lack of professional ownership of the moral treatment community (especially in the face of the increasingly powerful medical profession) and the 'medicalese' which the moral treatment community used to describe their work. A particularly striking recent parallel of this strategy has been the medical profession's relationship with the fellowship of Alcoholics Anonymous. It is interesting to note that another branch of the medical profession is currently mounting a solid drive for ascendency in the addiction field (Group for the Advancement of Psychiatry, Committee on Alcoholism and the Addictions 1991).

Specifically, the aim is to show how one of these exculpatory manoeuvres (the intoxicated defence), while serving the specific interests of helping and legal professions, lacks the empirical warrant which both these professions (and indeed the general community) generally assume, and functions to perpetuate rather than diminish the existence of sexual violence.

Lastly, it is proposed that the helping and legal professions fail to serve the general community adequately in the area of sexual violence. By sponsoring a range of mythological exculpatory manoeuvres which have gained general community allegiance, they have cultivated a climate of social permission for sexual violence. In addition, this self-interested focus on the 'meso' aspects of sexual violence, despite its demonstrable shortcomings, has enabled professions to avoid addressing the interrelated 'macro' view which may include much more significant determinants of sexual violence.
Drug Induced Exculpation

There are many examples of professional misunderstanding about the issue of sexual violence, but none is more damaging than the widespread and uncritical acceptance of the mythology of drug-induced exculpation. While it is bad enough that alcohol's putative ability to absolve guilt has captured the public and legal mind, it is scandalous that this scientific fiction continues to occupy a respected place in the minds and practices of the helping professions. In focusing on alcohol, one can draw the appropriate inferences as they apply to other drugs.

In a review paper on alcohol and sexuality, Leigh (1990) reports that experimental evidence shows that beliefs about the effects of alcohol actually produce behavioural changes, whereas the presence of alcohol itself produces 'little or no effect on behaviour' (Leigh 1990, p. 131). This finding is supported by other studies which demonstrate that 'alcohol-induced transformations in behaviour' vary widely across cultures and within the same culture across time periods. She concludes that 'people learn from cultural modelling and reinforcement the appropriate behaviours to display when intoxicated. These behaviours are seen as the 'living confirmation of their society's teachings' (Leigh 1990, p. 132). Although it is recognised that alcohol has active pharmacological properties, the direction of behavioural change in the presence of alcohol is 'determined, not by this pharmacological action, but by circumstances and beliefs about alcohol's effects'. This phenomenon is summarised by the concept 'outcome expectancy': a causal belief about the behavioural effects of alcohol on people. Ironically Leigh (1990) cites evidence to show that the ingestion of alcohol does not necessarily facilitate the overstepping of cultural bounds. And this may be the situation where the male offender recognises the social and cultural acceptability of perpetrating sexual violence on an available female.

Other studies cited by Leigh suggest that males interpret the generalised physical sensations resulting from alcohol as feelings of power and aggression. This kind of experimental evidence may well be adducible to augment culpability rather than mitigate it. It may well be that the male use of alcohol in certain situations is emblematic, rather than causative, of the putative sexual and aggressive rights which males bestow upon themselves in a range of relationships with women.

As can be seen from the above, evidence that alcohol leads to any specific behaviour at all is quite problematic. Nonetheless, it is often successfully argued in court that it was the drug which caused the behaviour, as in the 'automated' states often invoked in criminal defences. This is roughly equivalent to asserting that smoking causes child abuse. Although we can recognise some distant relationship, we have trouble in linking the ingestion of specific chemicals with the activation of specific psychomotor routines resulting in the injury to another person. Scutt summarises that:

there is no way in which the studies reviewed can in any way bolster the idea that alcohol 'causes' domestic violence (Scutt 1981, p. 87);

and asks the question why:

researchers persist in adhering to a doctrine for which there are no adequate, properly controlled studies to grant it a secure foundation (Scutt 1981, p. 88).
Scutt offers the explanation that the classification of someone as an 'alcoholic' enables society to ignore an even more disturbing reality: the social normalisation of male-perpetrated violence upon females. Scutt's important 'macro' point will be revisited later.

The Australian justice system has provided us with a specific and central exemplar of this professional mythology: the O'Connor precedent. Broadly understood, the O'Connor precedent refers to a High Court appeal judgment which determined that an accused, who could argue an incapacity to form an intention to kill as a result of excessive intoxication, could not be found guilty of murder.

Although cognisant of Goode's admonition (professionals are usually unwilling to attend to any but the most powerful of franchises in addressing substantive critique and usually respond to any 'external' critique by disenfranchising the critic—the classic ad hominem defence) when discussing the O'Connor precedent, that people 'got upset about something they did not understand and which is really nothing' (Goode 1985, p. 222), the paper now crosses disciplinary boundaries to make some critique of matters substantive to both jurisprudential and behavioural professionals, without the undoubted benefit of a recognised qualification in jurisprudence. While undertaking this discussion, it is important to recognise a core mythology of professions (Mulkay 1976). In order to justify their autonomous (self-regulatory) status, the professions have had to assure the general community that extra-mural critique, lacking the insider/specialist knowledge of a profession, is essentially irrelevant and valueless. This ultra vires positioning of professions has meant that the critique of many less powerful social interests has been effectively disenfranchised: for example, victims/survivors, lay public, other professional and non-professional groups.

However, the issue of sexual violence, a problem which requires interdisciplinary understanding and cooperation, is too important to be owned by any professional group. One need not be reminded that it is precisely these interface disciplinary areas which require examination for, as Scull (1975, p. 221) reminds us, the judgments of psychiatrists can be transformed into social reality on account of their relationship to legislative controls (see, for example, Mental Health Act 1986 (Vic.)). Goode's position is that 'to base the criminal justice system on such anachronistic mumbo-jumbo is ridiculous and bound to lead to trouble' (Goode 1985, p. 218). Goode states that the rules which govern when 'state of mind' is very important and when it is not are 'absolutely chaotic' (Goode 1985, p. 217). He reports that state of mind of the accused is of no consequence in minor offences, but a mens rea (guilty state of mind) is a requirement for the forming of a safe conviction for a number of serious offences. This inversion of culpability may itself strike some as curious.

Goode's exposition on the history of exculpatory intoxication documents the bi-polar swings in the availability of this defence. Interestingly, the modern view, which supports the O'Connor defence, 'probably began in the eighteenth century but did not reach full flowering until the nineteenth century' (Goode 1985, p. 218). This period just happens to correspond with both the ascendance of the 'germ' theory of disease, and in particular, the 'disease conception of alcoholism' (Wallace 1992). Since 1843 the defence of insanity had been admitted under the law, but the putative relationship between intoxication and disease of the mind, which attracts such modern allegiance, only found expression after this time. Goode attributes the enthusiasm of judges to accept the insanity defence as motivated, as much by their unwillingness to invoke capital sentences, as by their frustration with the rates of acquittals based on psychological defences. He notes how 'judges began to force as much abnormal behaviour into the 'straight jacket' of insanity as they could, so that abnormal
accused would not get off scot-free' (Goode 1985, p. 219). This unfortunately resulted in the expansion of the legal definition of insanity.

Meanwhile, other defensive diversions had been created over the 1950s which fell under the rubrics of 'automatism' and 'involuntariness'. Unfortunately with the complicated situation which arose in this country, as a result of the successful appeal of O'Connor to the High Court of Australia in 1979, evidence of gross intoxication can be adduced to deny that 'the act itself is attributable to the accused', who is thus 'entitled to an acquittal on the basis of automatism' (Goode 1985, p. 219). Goode is quite unequivocal in demonstrating the arbitrary character of determining the 'specificity' of intent for a criminal behaviour: as 'no one could tell why apart from mere assertion' (Goode 1985, p. 219).

While it remains de jure for the courts (objectively) to determine incapacity to form specific intent to an offender, it may well be just as jurisprudentially appropriate to allow the victim to make (objective) judgments as to the capacities of the offender to form and effect specific intentions. When looked at from the perspective of a first-hand (objective) key informant, it may well be that the (objective) judgments of the offenders' capacity to form specific intentions may well be complemented by the evidence of the victim. When viewed from this perspective, it may be difficult to convince the survivor of a sexual violence crime that alcohol prevented the assailant from forming a specific intent. Most clinical evidence adduced would support the opposite contention: that the assailant seemed incapable of forming any other intention save the specific one which found some effect. And if logical analysis is imported into the process, there is some argument, from a 'reasonable' perspective, that the end result of the offender's behaviour may well correspond better to the victim's (objective) judgment of the relevant specific intentions than to the defendant's later reconstructed version after consulting with legal counsel. Scutt (1981, p. 88) cites several examples when such arguments were successfully adduced in legal process.

Yet the 1970s bottom line holds that evidence of intoxication 'could be lead to show that the accused did not have a specific intent' (Goode 1985, p. 218). When examined behaviourally, the notion of 'specific intent' has no valid scientific basis and it is problematic whether the ingestion of alcohol in any doses has any effect at all on the forming of intentions. Indeed, the kind of evidence required to substantiate such a claim might prove more epistemologically resistant than first thought.

Of course the evidence adduced to support this state of intoxication is reliant totally on self-report, which presumably is affected by self-interest and especially the interest to exculpate oneself. Offenders and their counsel have now learnt that a classic defence against criminal charges of all kinds is to invoke the disease of alcoholism, especially to report massive intoxication at the time of the offence. It makes good sense for the intending offender to pre-construct a history of 'disease' in advance of the commission of the crime and to ensure that sufficient alcohol is taken in short temporal contiguity with the actual commission of the crime and before offering the defence which, most surprisingly, may be accepted by judicial authorities.

But in another sense the execution of a crime under extreme state of intoxication again becomes problematic, because as has been shown (Julien 1985), the more alcohol that is consumed the less capable the subject is in mustering the psychomotor coordination required to effect that intention. Goode expresses some doubt that a person so drunk they did not know they were driving, could possibly operate a motor vehicle. I wonder how he
would adjudge a defendant's capacity to rape who claimed he was so drunk he did not know he was raping.

The critical problem which Scutt (1981) raises is the transcendent status which such defensive ploys enjoy. She bemoans the fact that public explanations for sexual violence almost always originate from statements by defending counsel or the sentencing judge. She cites Smart and Smart:

> Consequently, motivations for rape which are provided with the specific intention of trying to achieve an acquittal for the accused, or in an attempt to reduce his sentence, are reported in the press as the motivations and therefore these statements assume the status of legitimate and reasonable accounts of rape (Smart & Smart 1978, p. 98).

In the light of the above, it is perhaps surprising that Goode argues in support of the *O'Connor* precedent. His support, however, is based somewhat on his disapproval of a disapproving attitude to alcohol. Although his dismissal of the English doctrines which invoke a distinction between 'specific' and 'basic' intents is sound, his unwillingness to repudiate 'intoxication induced automatism' as fictional, stands in stark contrast to his thoroughgoing critique of other elements of English law. His proposals for Australian law reform in this area, are curiously silent with respect to 'strict liability'.

Skene (1986) in responding to Goode, argues that defendants who use alcohol in contiguity with the commission of a serious crime have placed themselves (as a result of free choice) in a position to cause harm and cannot argue that they are unaware of the possible effects of alcohol or other drugs.

Empirical evidence shows that those who commit criminal offences while intoxicated are more likely to re-offend. The defence of intoxication then becomes more problematic for the legal system. Rather than providing a defence for the initial act, it might be more apposite for evidence of intoxication to attract more restrictive penalties for offenders rather than providing them, as in *O'Connor*, with total exculpation.

Skene quotes an example where a diabetic, who failed to take food after insulin and committed a violent offence was adjudged as criminally liable as:

> he knew that his action or inaction might cause him to act aggressively or to injure others and he takes no remedial action when he knows it is required (Skene 1986, p. 280).

Although Skene's argument is littered with references to the putative 'loss of control' and biological determinist arguments, her attack upon *O'Connor* defences is warranted on other grounds. She quotes the 1983 acquittal of a man who (was alleged to have) 'raped, knifed and humiliated his victim'. This acquittal was based upon defence argument that his alcohol and drug induced intoxication rendered him incapable of acting intentionally. Other evidence successfully adduced by the defence in the 1983 case concerned the conjugal status of the victim and the defendant and their prior history of 'consensual, abnormal intercourse' (Skene 1986, p. 281). One can only bemoan the admissibility of such evidence which can be translated to mean that any contract of marriage or scheme of arrangement for mutual pleasure *ipso facto* entitles one of the parties to later perpetrate suffering upon the other.

Unfortunately, the law and behavioural science failed all parties at this time because the same man was later convicted of a similar offence in 1986 after another victim suffered...
substantial injuries. Unfortunately, Goode (1986) invokes 'a psychiatric disorder' to explain the behaviour of this rapist, without recourse to any supportive evidence. This pathologising inclination is just the sort of behavioural reification which constitutes professional responsibility for the prevalence of sexual violence.

Goode reasons that the offender's 'state of mind' has underpinned the notion of criminal responsibility, at least in part, because there has been 'no system of social theory of individual responsibility which has been either acceptable or capable of replacing it' (Goode 1985, p. 218). And despite the fact that some professions continue to bulwark this theory, which consequently 'retains a firm hold on the concepts of moral responsibility held by our society' (Goode 1985, p. 218), it is clear that professional allegiance to this social/professional theory is misguided and detrimental to the general community interest. In the next section we will examine how professionals might be involved in developing a social/professional theory which actually prevails against the social acceptance of sexual violence.

A Macro Analysis of Sexual Violence

The notions of figure and ground become helpful organising principles when trying to understand such a complex issue as sexual violence. Scutt (1981) has long argued that the pathologising focus on the offending 'figure' is misplaced and unhelpful if we are to do more than punish the individual. She urges us to address the wider 'ground' which is much more significant in influencing the continuing problem. In fact, it might be argued that the identification and prosecution of 'micro' offenders is the very process which diverts public awareness from the broader issues and subverts the proper analysis of determination of responsibility for sexual violence.

There can be little doubt that we live in a society which revolves around the distribution and exercise of aggressive power. For those who reject the notion that war is the organising principle for human society, one only has to look at past presidential election campaigns in the USA. On one hand the incumbent, fresh from an unambiguous and heady military victory in defence of asset-rich country which disenfranchise its women, assailed his opponent about his alleged unwillingness to kill or die for his country. It should come as no surprise that significant achievements in reducing infant mortality by government action in his home state represent meagre political capital for the aspiring candidate and, as such, failed to make any front stage presence on the political platform.

It might even be argued that sexual violence is just the modern theatre for the on-going war against women (French 1992). Remember that society used to burn 'mad' witches before the invention of insanity. Our modern strategy is to enrol and protect, under the rubric of the secular priests, those 'insane' gender-guerrillas who actually manage to contribute to the body count. Those unwilling to recognise a generalised misogyny might find it difficult to explain the sustained campaigns currently raging against Madonna and Sinead O'Connor, especially when viewed in a global context of major famines and civil wars which are being positively facilitated by a range of identifiable males.

The traditional sex-typing for our young of both genders reiterates the message that aggression is, not only a pervasive part of our life, but also a socially sanctioned, institutional method of problem solution. This social mode simply and effectively perpetuates a masculine
mythology and modus vivendi. Any community which reinforces masculine imperatives is encoding into 'micro actors' an understanding that, although sexual violence is against the law, this behaviour is not fundamentally wrong; as otherwise it would not be socially sanctioned through the virtual symbolic equivalences which are the staple of our cultural heritage.

Remember that the average fourteen-year-old has witnessed almost 14,000 mediated acts of deliberate killing, yet has limited legal access to witness one act of procreation, no matter how tender or appropriate. One must question the psychological diet of a community which focuses on and portrays violence so relentlessly and uncritically. It is hardly surprising then that youth surveys reveal such permissiveness for male sexual aggression.

Scutt (1981) also argues that the 'alcoholic imperative' underpins the sexist rationalisation of rape and domestic violence. Whether it be a 'triggering factor'1 for the perpetrator or a 'precipitating' explanation in the victims' behaviour, the involvement of alcohol ensured that the buck never stopped at the male offender. And this was despite the fact that a number of these offences occurred without recourse to the demon drink. The need to 'pathologise' the nature of sexual violence is recognised by Scutt as a displacement strategy to ensure that the social forces, roles and expectations which allow and perpetuate the commission of these crimes escape the scrutiny and modification which may be required to produce any change in the frequency and intensity of these crimes.

Examine the waves of terror, outrage and violent revenge which were orchestrated against sharks as a result of an 'attack' upon a surfer. The graphic and uncritical portrayal of the shark as a 'man-eating killer' which must be eliminated for the public safety shows us the power of social displacement. If the shark's behaviour enjoyed the benefit of a quasi-legal analysis, one might immediately characterise its behaviour as natural, feeding behaviour conducted in its normal environment by its only methods. To term such behaviour as aggressive seems to miss the point.

We live in an age of secular power when the power of science is dominant and the corresponding power of professionals who command this science is unquestioned. Indeed, it has been argued that science itself has become just another instrument of male oppression (Harding 1986). One problem is that sexual violence essentially entails moral arguments, as no scientific evidence can demonstrate that pain and suffering is bad, or that it is inappropriate to rape young women or execute their attackers. These are essentially moral questions which professionals have attempted to evade for at least the last century.

Professionals have a duty of care to reveal their political/moral stances which disclose their interests and values. This might even include examining the kinds of interventions which might serve as behavioural constrainers or punishments which have not traditionally been considered by these professions as appropriate applications of scientific knowledge; for example, mandated chemical administration, or surgical intervention). And the most strategic manoeuvre for this evasion, as Scutt points out, has been the scientific ambit of disease and pathology.

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1 When considering only the 'triggering' factor, it is evident that this concept is just a specific example of the 'loss of control' thesis which has gained such uncritical acceptance, in the absence of empirical 'objective' evidence. This particular species of masculist mythology has served mankind well as it has simultaneously allowed the perpetuation of unilaterally determined sexual behaviour upon the non-consenting females, while implicitly dismissing female sexuality as lacking in the drive and energy required to sustain such animal behaviour.
It is not unreasonable to describe the science of psychopathology as essentially underdeveloped, uncertain and riddled with equivocation, ambiguity and paradox. Those most familiar with its findings are struck more by its incompleteness and inconsistency than its essential clarity and coherence. Any practitioners pretending otherwise are either running a self-interested rhetorical line or are simply naive to the import of the scientific foundations.

Sexual violence is an issue which is primarily instigated by males, yet it is the whole community, male and female, which provides the social permission which maintains and reinforces this toxic behaviour. Consequently, all those appalled by sexual violence ought be involved in its elimination. But it is also an issue which predominantly affects women who are under-represented in the socially powerful professions (Victoria. Department of Labour, Women's Employment Branch 1992). Responsible members of all professions cannot escape the reality that we live in a gender specific world where females have historically been, and continue to be, disenfranchised by their male co-citizens (Smith-Rosenberg & Rosenberg 1973). Hence, concerned professionals (of either gender) are uniquely placed to ensure that feminist perspectives are given voice by those in position to do so. This, of course, implies substantial social change, especially in the professions involved in the knowledge-production.

As has already been suggested (Victorian Women's Health Policy Working Party 1987, p. 120), one of the key issues which finds little explicit expression in training programs for professionals is the issue of gender differences. Alternatively, professionals can allow themselves to be silenced and marginalised by those biological determinists who wish to disenfranchise any gender-inappropriate voice. They can lose patience with those who do not share professional discourse or assumptions and retreat to a secure distance, unencumbered by the bother of negotiation and the humbling process of sharing responsibility with the disparate and competing stakeholders in the issue of sexual violence.

Professionals may argue that they are addressing the problem of sexual violence satisfactorily. But, the issue of under-reporting should be addressed as a matter of urgency, and new and appropriate methodologies need to be developed, with less emphasis on 'reliability' and more emphasis on 'sensitivity'—in both their technical and common meanings. There exists precious little research knowledge of victims, little in the area of specific interventions designed to ameliorate their distress, and an absolute poverty of training programs for those charged with their care.

Unfortunately, the very definition of 'professional' work disqualifies many professionals from the kind of 'macro' social action required. Yet Milgram (1965), if not Darley & Latane (1968), have documented the problems of well-intentioned people failing to act responsibly. Little attention has been given to the role of professionals in social action, and even less to their ethical responsibility to do so.

Although many professionals are galled and appalled by all kinds of sexual violence crimes, they rarely take public stands on these issues for a number of reasons. Some fear that such stands may weaken their status as objective, impartial scientists. Some fear recriminations from their peers as it is simply 'bad form' to go public and show one's hand on such tawdry matters. Others may simply fear the loss of income if they are to take moral
positions against those who may well become their primary clients. Whatever the reason, it is quite obvious that few professionals, especially from the helping field, take such stands. As professionals we can exercise our responsibility to community in a number of ways. We can choose to be narrowly focussed on our specific ambit of professional responsibility under the specious assumption that our work continues in isolation form the rest of the community (Zola 1972). The notion that clinical and scientific disciplines are in some sense immune from social interest must be challenged at all levels and explicitly in training courses. The isolationist stance of some sciences must be tested and breached so that discussions of social interest and construction are recognised even in the most objective and rigorous disciplines (Harding 1986). But more importantly, the nature of most social problems is beyond the realm of any discipline and the constitution of society must be examined and changed if we are to change the prevalence of sexual violence. Consequently, it is incumbent upon all professionals to influence key policy makers in the law, judges, law reformers and government lawyers to determine the adequacy of existing legislation especially as it relies upon and is relates to other (especially psychotherapeutic) disciplines. Implications for training, rules for evidence and other matters may need to be reconsidered in the light of this discussion.

Standards and burden of proof should be reconsidered as must the whole legal process. In the Drugs and Controlled Substances Act 1981 (Vic.) (as amended) it is deemed appropriate that the onus of proof is reversed and a balance of probabilities is sufficient to obtain a conviction. On what do we base our reluctance to provide the highest standards of legal protection for women?

And so the broadest challenge for professionals in stepping outside their traditionally self-imposed boundaries is to develop a critical climate both internal and external to each profession. Despite a rich heritage of 'internalist' (content) controversy in many disciplines, professionals are generally unwilling to criticise their own professions more globally, perhaps for fear of alienating their professional colleagues. This has meant that the professional critique remains 'internal' to the discipline and little substantive 'meta' critique is available, especially from an expert perspective. Given that most professionals feel just as uncomfortable, (without the usual intramural sanctions) in critiquing the activity of other professions, we can at least explain the poverty of 'external' critique. Despite the threatened loss of influence and power, professionals must break the 'brotherhood' code by facilitating community critique of all professional activity. This disciplinary abdication may be costly in placebo, status and financial terms, but it represents a new and substantial challenge for the emerging professional who seeks a more developed duty of care in the noblesse oblige tradition, which itself represents a most significant challenge to professional self-interest.

Conclusion

In summary, self-interest has influenced the augmentation of professional jurisdictions into the area of sexual violence and the absence of empirical warrant required for such involvement necessitated the development of a scientific mythology. This pathologising

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2 This paper has concentrated on a particular professional mythology which exculpates sexual offenders. It may be fruitful in future to initiate some discussion about manoeuvres which professions may invoke to exculpate themselves from taking such social action.
mythology has been an abject failure: having neither been successful at curing the pathology of alleged sufferers, nor in managing/controlling the behaviour of these people. Rather than diminishing the prevalence of sexual violence (despite any contributions to ameliorating the sequelae of sexual violence), this mythology significantly contributes to the social permission for such crimes to occur, leading to an unacceptable standard of community protection from sexual violence.

Perhaps the greatest advancement that professions have made in the area of sexual violence is rhetorical: they have managed, so far, to convince the community they are an essential part of the solution. In the light of the above they could possibly more properly be described as a critical and unrecognised part of the problem.

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