DISPUTED CONFESSIONS
AND THE
CRIMINAL JUSTICE SYSTEM

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ABSTRACT

This paper outlines the contributions that forensic psychology and psychiatry have made in recent years to the understanding of ‘unreliable’ confessions. There is now an improved scientific base from which experts can testify in cases of disputed confessions. The status of the expert in these cases is no longer in dispute. The Courts increasingly rely on expert testimony. What is controversial is the nature of the expert’s contribution in judicial proceedings. The authors argue that expert testimony is sometimes inappropriately applied to cases and misused by the legal profession to attempt an acquittal. While the Courts should accept that psychological vulnerabilities and mental disorder can in certain circumstances result in unreliable confessions, the testimony of experts must be scrupulously balanced and be open to careful scrutiny.
Introduction

English criminal law recognises that confessions made by mentally ill defendants need to be treated with special caution. In such cases psychiatrists and psychologists commonly provide advice to the Courts. Over the last sixteen years clinical and research work based in the Institute of Psychiatry has made an important contribution to the understanding of how the reliability of testimony can be evaluated in cases where confessions are disputed. Two of us, Dr Gisli Gudjonsson and Dr James MacKeith, have taken a particular interest in this work. The former is a forensic psychologist and the latter a forensic psychiatrist. The word forensic simply means in relation to the law. These developments have resulted from inter-disciplinary co-operation so that more has been achieved than if a contributor from a single discipline alone had been involved. The origins of this specialised interest arose in two ways. Dr Gudjonsson had been conducting research into lie detection techniques and in his clinical work he had been involved in cases where an experimental approach and/or an evaluation of witnesses’ accounts were required for legal purposes. Dr MacKeith had assessed a case in 1979 involving a man accused of stealing valuable packets in a Post Office who had made and then retracted a confession to the offences. Dr. MacKeith had given evidence about the defendant’s impaired capacity to give reliable testimony at the time of being interviewed by the police and, as a result, there was an acquittal. Thereafter he began to wonder about possible miscarriages of justices arising from ‘false confessions’.

In this discussion paper we will give a brief account of some significant cases before the Courts where expert witness testimony from either or both of us was influential in the outcome. We will review how research has developed since 1981, describe some of the concepts developed and give a brief account of how the assessment of individual cases can be approached.

We will argue that there has been an improved scientific base from which psychologists and psychiatrists can testify in cases of disputed
confessions. The status of psychologists and psychiatrists as expert witnesses in these cases is now not in dispute. What is in dispute is the extent to which psychologists and psychiatrists should be involved in cases of disputed confessions. Indeed, an important issue that needs to be considered along with the important legal developments that have taken place during the past 10 years, is the extent to which expert psychological and psychiatric evidence has been inappropriately applied in cases. While it is desirable for the Courts to be made aware of the specific vulnerabilities of mentally disordered defendants, it is argued that this process is susceptible to abuse by defence experts and solicitors. Has the use of this expert evidence been taken too far?

**Legal Issues**

In 1960, Lord Devlin said: “The high degree of proof which the English legal system requires - proof beyond reasonable doubt - often could not be achieved by the prosecution without the assistance of the accused’s own statement.” In England a conviction can be sustained on the self-incriminating statement of a defendant alone. A significant proportion, perhaps as much as a fifth, of all criminal convictions rely almost entirely on confession evidence.

There were important developments after the Confait case of 1972 when three youths were wrongfully convicted on the basis of their self-incriminating admissions. A Royal Commission on Criminal Procedure followed which commissioned research and led to the Police and Criminal Evidence Act of 1984 and its accompanying Codes of Practice for the police. This was implemented in 1986, laying down more explicit guidelines to ensure that statements given are voluntary and can be relied upon. Specific guidance was given about the treatment of detained suspects thought to have vulnerable qualities, such as learning disability and mental illness.

Serious public concern about miscarriages of justice arose in the late 1980s. Perhaps the most notorious case was the ‘Guildford Four’, where four young persons were wrongfully convicted of terrorist offences and
served fifteen years in prison before their convictions were eventually quashed by the Court of Appeal in 1989. Our medical and psychological reports on one, Miss Carole Richardson, influenced the Home Secretary’s decision to refer the case back to the Court of Appeal.

It is important to note that expert witness testimony in cases where confessions are disputed was in general not acceptable on the basis of case law unless there was evidence of mental illness or mental handicap (learning disability). This approach was changed in the Court of Appeal case of Raghip in 1991, which addressed borderline learning disability and vulnerable enduring personality characteristics, and in the case of Ward in 1992 which concerned personality disorder.

It is important to emphasise that expert witness testimony can be heard during the pre-trial phase in the course of a voir dire to assist the Court in determining whether or not a defendant’s self-incriminating statement shall be ruled admissible as evidence. Furthermore, the expert’s advice may be heard during the trial to advise on the issue of the ‘reliability’ of the material. Such advice must not address the issue which the Court will ultimately decide, guilt or innocence or whether what has been stated is the actual truth.

The Birmingham Six

In November 1974, two public houses in Birmingham were bombed by the I.R.A. Twenty-one people were killed and many injured. Eventually six Irishmen were arrested and during their interrogation by police were confronted with the claim that two of them had been shown by a forensic scientist to have had traces of explosives on them. Two did not write or sign any self-incriminating statements and disputed the police allegation that they had made verbal admissions (see below).

These six men were charged with the largest number of murders in British history. The most damaging evidence against them consisted of the forensic scientific evidence and the written confessions of four of them. Although the admissibility of the confessions was disputed at their trial in
1975 on the basis that they all had been beaten by police, the judge allowed the confession evidence to go before the jury. All six were imprisoned until their convictions were quashed by the Court of Appeal in 1990.

On the instructions of their solicitors, some thirteen years after their interrogation, we assessed all six of them. Among our investigations, a large number of psychological tests were used, including the Gudjonsson Suggestibility Scale and the Gudjonsson Compliance Scale which had been developed at the Institute of Psychiatry since 1981 in order to measure how suspects cope with questioning and pressure.

The scores on the Suggestibility and Compliance Scales for the six defendants are shown in Figure 1. This indicates that the six men differed

Figure 1: The Suggestibility and Compliance scores of the Birmingham Six
markedly in their enduring personality characteristics in respect of suggestibility and compliance. Two scored very high and two low on both Scales. The remaining two men's scores fall between the other two pairs and are typical of people in the general population. The men who scored lowest on the two Scales were the same two who did not in fact make written confessions to the police in 1974.

While of course it cannot be said what their suggestibility and compliance scores would have been at the time of their interrogation in 1974, the results strongly suggest that these enduring qualities remained stable over thirteen years and probably influenced how they responded at the time of the stressful experience of police interrogation. The results may help to explain why four of the men signed confession statements and two did not.

All the ‘Birmingham Six’ were placed under an enormous pressure to confess by the police. Their individual capacities to resist the pressure and maintain their denials during the lengthy interrogations were of crucial importance. The two men who did not give way during the interrogations were probably more robust in their personalities than the other four men, which may be associated with their demonstrably low suggestibility and compliance scores.

This does not mean that every suspect who scores high on suggestibility and compliance is likely to make an unreliable confession. The test scores have to be interpreted within the overall context of the case. It is always unwise to rely on individual test scores in isolation from other sources of information. These are psychological traits, which when marked, make it more likely that a suspect will succumb when asked leading questions and placed under pressure during interrogation (see Gudjonsson, 1992, for the empirical evidence on this point).

The case of Engin Raghip

In 1985 there was a major public disturbance on Broadwater Farm Estate, Tottenham, North London. A police officer was attacked by a mob of
between thirty to fifty people and brutally murdered. Three defendants including Engin Raghip were convicted of murder and sentenced to life imprisonment.

The only evidence against Mr Raghip was the confession he had made to the police after several days in detention and many hours of interviewing. Although his solicitors had instructed a psychologist to prepare a report at the time of the trial, it was not used because the report failed to identify Mr Raghip’s psychological vulnerabilities. When he was interviewed by police and made the confession he had no solicitor.

When arrested, Mr Raghip was aged nineteen. Some two years after his conviction one of us (G.H.G.) undertook an assessment at the request of his solicitor. The results showed that he suffered from a significant intellectual impairment (I.Q. score of 74), and was abnormally suggestible, compliant, and anxious. He was also illiterate and he had been in a disturbed mental state at the time of the police interviews. This new report was used by the defence solicitors when they asked the Home Secretary to refer the case to the Court of Appeal. In December 1991 that Court accepted the new psychological findings and Mr Raghip’s conviction was quashed. The judges’ ruling established an important legal precedent by indicating that when considering expert witness testimony from a psychologist, an arbitrary intelligence score (e.g. an I.Q score of 70) should not be used to decide whether an expert witness’s evidence should be heard (i.e. ruled admissible). This outcome has now encouraged solicitors to instruct psychologists as expert witnesses. The judges also ruled that vulnerable qualities of personality such as suggestibility cannot be reliably detected by the mere observation of a defendant’s performance in the witness box.

**The case of Judith Ward**

In 1974 Miss Ward was arrested and charged with terrorist offences, including the so-called M62 Coach Bombing which caused fatalities. She made detailed self-incriminating statements concerning her extensive involvement in terrorist activities. At her trial in 1975, there was scientific
evidence which purported to show that incriminating traces of explosives had been found and her self-incriminating statements had a central place in the prosecution case against her.

It was not until 1986, eleven years after her conviction, that she began to complain in a consistent way about her wrongful conviction. We were both instructed by her solicitors to undertake an assessment. Our advice to the Court was that she suffered from a personality disorder with histrionic features and at the time of her arrest had been experiencing depressive symptoms. A review of medical records concerning her period on remand prior to the trial revealed evidence of severe mental disorder which had not been disclosed by doctors to the Court. Psychological assessment indicated very marked suggestibility and a tendency to confabulate of a very exceptional order. (Confabulation is the tendency to fill gaps in one’s memory by producing imagined material.)

At the Court of Appeal hearing when the psychiatric and psychological expert witness evidence was heard, including agreeing advice from another Maudsley psychiatrist (Dr. Paul Bowden) instructed by the Crown, Miss Ward was released on bail. The Court then considered other issues such as the prosecution’s failure to properly disclose evidence to the defence which had been available at the time of the trial. This failure on the part of the Crown to disclose evidence to the defence at the time of the trial which would have been of significant assistance was roundly criticised by the Court of Appeal and culminated in a remark to the effect that a conviction should not be obtained by ambush.

The importance of this judgement was that expert witness testimony concerning the diagnosis of personality disorder was ruled admissible in a case of disputed confession, whereas previously expert evidence had only been admissible in respect of mental illness and learning disability. Miss Ward’s conviction was quashed in 1992 after she had served over seventeen years in prison.
Background to the Research

In 1981 we attended the first international conference on Witness Psychology which was held in Stockholm. We presented a review paper which evaluated the current state of knowledge about ‘false confessions’ and gave an account of how unreliable testimony had played a part in miscarriages of justice. We noticed that none of the conference participants knew of work in which research methodology had been applied to the problem of the clinical assessment of cases concerning disputed confessions. We encountered a good deal of ordinary ‘common sense’ scepticism about the extent of miscarriages of justice arising in this way. This kind of scepticism was common among the British judiciary and elsewhere, but has apparently diminished since the quashing of the convictions of the ‘Guildford Four’, the ‘Birmingham Six’, Engin Raghip, and Judith Ward.

In many cases of disputed confessions it is difficult, if not impossible, to establish the ‘ground truth’, that is, the certainty of what actually took place. When a defendant is acquitted or a conviction quashed it does not necessarily mean that the crime has not been committed by the defendant. It follows that it is important to establish that ‘proven innocent’ defendants have made self-incriminating statements convincing enough to lead to prosecution and sometimes to wrongful conviction. We have had the opportunity of studying in detail a number of important ‘proven innocent’ cases. Besides their intrinsic scientific interest, they are of critical importance in demonstrating to sceptics that such miscarriages of justice really do happen.

In a pioneering case study together with Professor John Gunn (Gudjonsson and Gunn, 1982) a useful precedent was established at the Old Bailey in London. A twenty-two year old woman, Mary, had significant intellectual disability (a full-scale intelligence quotient score of 47). She alleged that she had been sexually assaulted by a group of young men and women. The prosecution wanted answers to three main questions:
(a) Was the victim competent as a witness in a Court of law?

(b) If she was competent was she reliable as a witness?

(c) Was she severely subnormal as defined in the Mental Health Act 1959?

The evaluation was of critical importance because her testimony was the main prosecution evidence against six defendants.

The detailed psychological assessment was presented to the jury so that they had some guidelines by which they could assess the credibility of Mary’s evidence in Court. The outcome of the case was that five of the six defendants were convicted on at least one charge.

The important lesson from this case is that even people with moderate to severe intellectual disability can still be capable of giving reliable evidence relating to basic facts, even when they are highly suggestible. Only a detailed psychological assessment of the disabled person’s strengths and limitations can provide the jury with the necessary information to help them evaluate the credibility of the testimony. In this case the Court was provided with the knowledge to ask the witness questions in such a way as to increase the likelihood of her giving credible evidence.

Besides evaluating individual cases from which much can be learned, one of us (G.H.G.) has completed an extensive range of empirical research into some of the most important psychological factors in individuals which are relevant to understanding the process leading to confessions (Gudjonsson, 1992). Among these factors are two which have been identified and extensively studied - ‘interrogative suggestibility’ and ‘compliance’, both of which were discussed earlier in relation to the ‘Birmingham Six’.

The work on Mary’s case provided a conceptual framework for the
development of a standardised Scale for measuring interrogative suggestibility (Gudjonsson 1983). This Scale measures two distinct types of suggestibility. First there is the susceptibility to give in to leading questions which is known as ‘yield’. Secondly, there is the tendency to alter one’s answers after being put under pressure by the interviewer and this is known as ‘shift’. The Scale enables assessment of individual differences between people concerning the extent to which a person can be misled by subtle questioning and/or pressure from the interviewer.

Further empirical work on the Suggestibility Scale has revealed that this kind of suggestibility in an interview is different from suggestibility measured in other ways, for example in relation to the process of hypnosis (Gudjonsson 1987). The distinguishing feature of interrogative suggestibility is that it involves a questioning procedure. The questions asked are about past experiences, events and recollections. In contrast, hypnotic suggestibility is concerned with motor and sensory processes of the immediate situation.

Arising from this work a theoretical model for understanding interrogative suggestibility as it can be understood within the specific setting of interviewing was developed (Gudjonsson and Clark, 1986). In this model suggestibility is viewed as being dependent upon to what extent the interviewee is able to cope when confronted with the uncertainties and expectations of the interview situation. The model explains individual differences in interrogative suggestibility.

Another scale known as the Gudjonsson Compliance Scale (Gudjonsson, 1989) was subsequently developed. It is a self-report measure which gives attention to the tendency or eagerness of the individual to please others and avoid conflict and confrontation with people. It usefully complements the information gained by using the Gudjonsson Suggestibility Scale. Research has shown that both suggestibility and compliance are relevant to understanding both police and clinical interviews (Gudjonsson, 1992).
False Confessions

Three psychologically distinct types of false confession have been described (Kassin and Wrightsman 1985). These types have been suggested on the basis of inferences drawn from anecdotal knowledge of cases reported in the literature as well as applying theories about attitude change. They are described as the voluntary, the coerced compliant, and the coerced internalised types.

1. Voluntary False Confessions

These occur without any external pressure. Some individuals go voluntarily to the police station and state that they are responsible for a crime which they may have seen reported in a newspaper or on television. Sometimes no actual crime has been committed and the aim may be to deliberately mislead the police. Sometimes the individual may mistakenly believe that he has committed a crime. There are at least three psychological reasons why people in such circumstances give a false confession:

(a) A morbid desire for notoriety - Over 200 people confessed to kidnapping the child of the famous aviator Lindberg.

(b) A need to expiate guilt concerning previous imagined or real transgressions by means of seeking punishment for crimes which the person did not actually commit.

(c) An inability to distinguish between fact and fantasy. Such a breakdown in ‘reality monitoring’ is associated with major psychiatric illness such as schizophrenia.

There is of course the more prosaic motive of wishing to protect the real culprit (Sigurdsson and Gudjonsson, 1996).

2. The Coerced Compliant False Confession

The Coerced compliant type of false confession results from the pressure
of the police interview or custody. The suspect gives in to the demands and pressures of the interviewers for some immediate gain, such as being allowed to go home. The aim of confessing is to bring the interview to an end. The suspect may be preoccupied with escape from a stressful situation whilst giving little attention to the potentially serious long-term implications of making the false confession.

3. Coerced Internalised False Confessions

Coerced internalised false confessions happen when suspects come to believe, at least temporarily, that they may have committed the crime they are accused of. They may do this even though they have no actual memory of committing the crime. A person with a memory distrust syndrome (Gudjonsson and MacKeith, 1982) may distrust his own memory and rely on external sources of information instead. Such a vulnerable person may readily develop self-doubt and uncertainty especially if confronted by the interviewer with disturbing suggestions such as the claim that there is incontrovertible evidence against them that they have committed the crime. In this type of false confession it is the quality of susceptibility to suggestion which appears to be the most important psychological vulnerability (Gudjonsson, 1992; Sigurdsson and Gudjonsson, 1996).

Proven Innocent case studies

We have conducted detailed case studies of proven false confessions to murder by assessing the individuals and studying a range of information, including all the legal papers. Innocence was established by incontrovertible evidence which showed that it was impossible for them to have committed the alleged offences. Of these, three were of the coerced-compliant type. Salient features of the three cases are briefly discussed. Two occurred after the introduction of the Police and Criminal Evidence Act 1984 (PACE) and one before (i.e. the case of Stefan Kiszko).

In the first case (Gudjonsson and MacKeith, 1990) there was no evidence of mental disorder. It involved a 17 year old man of average intelligence who confessed falsely to a double murder due to an inability to cope with
police pressure. A detailed analysis of the case revealed how the interviewing officers elicited the false confession by playing on his psychological vulnerability. This included his embarrassment over sexual matters, such as his failure to acquire a girlfriend and his possession of explicit magazines, and an inability to handle pressure and confrontation with persons in a position of authority.

The second case (Gudjonsson and MacKeith, 1994) involved a person with a history of mild learning disability who falsely confessed to murdering a mother and her daughter. The confession was video-recorded and appeared to be convincing, but later proved to be false. It took place in the presence of his solicitor and a family member. In this case the most important factor was the man’s low intelligence (a Full Scale I.Q. score of 65), which impaired his ability to consider the consequences of his confession and made him an easy target for psychological manipulation by the police.

Stefan Kiszko was convicted in 1978 of the murder of an eleven year old girl. In 1992 the conviction was quashed when forensic evidence was uncovered which proved him innocent because semen on the clothing of the deceased could not have originated from him. He could not have produced the spermatozoa found as he suffered from primary developmental disorder of the testes.

When the case was investigated in 1992 evidence that he was suffering from a schizophrenic illness at the time of his arrest was discovered, apparent with the benefit of hindsight in the depositions available at the time of his trial. No such vulnerable qualities were identified at the time of his arrest or at the time of his trial. The interview record supported his claim that he had made a confession to engineer his release from police custody without giving thought to the serious implications of such an admission.

**Approach to Assessment**

As a result of experience, an approach to assessment has been developed (Gudjonsson and MacKeith, 1988). Usually the issue is to advise in cases
where defendants have retracted self-incriminating statements made to police although occasionally the same principles have been applied when assessing reliability of statements made by a witness or even the victim of crime.

The question for the expert witness is usually to advise on the likelihood that a person’s testimony given in particular circumstances was truly voluntary and reliable. Under the Police and Criminal Evidence Act of 1984 one test for the admissibility of confessions for use in evidence is: “The confession must not have been obtained in consequence of anything said or done which was likely, in the circumstances at the time, to render unreliable any confession which might be made by him in consequence thereof”. The PACE Code of Practice requires that where a police officer suspects or is told in good faith that a suspect is mentally ill or handicapped, he should take certain precautions including the provision of a so-called ‘appropriate adult’ who is made responsible for giving non-legal advice, facilitating the communication between the suspect and the interviewer, and ensuring that the interview is conducted fairly.

Each case is different but the medical, psychiatric and psychological factors with a bearing on the suspect’s capacity to cope with the interview situation can be reviewed. The acronym CIPH, refers to circumstances, interaction, personality and health. The wider general circumstances may affect not only the suspect but the police and others. If a notorious or upsetting crime is being investigated, a terrorist atrocity or the murder of a child, attitudes and behaviour are likely to be influenced by the general circumstances. The interaction between interviewer and suspect is a complex process and understanding it is relevant to the task. The evolution of the process of the interview, the sequence of events and the meaning of them to the suspect can be studied usefully in the light of detailed knowledge about the defendant and his or her circumstances. Nowadays the audio taping of interviews not only allows the preparation of a transcript but gives an opportunity to pick up additional cues that are only discernible by listening to the tape recording. The personality of the suspect, enduring psychological qualities, can be assessed through
examination of a defendant and may cast light on what happened during the interviews. The skills of a clinical psychologist are indispensable here and it is important to emphasise that a range of assessment techniques and psychological testing is required so that these, taken together with other information, allow a considered opinion to be given. Many uninformed observers have a mistaken belief that the use of one useful test, for example the Gudjonsson Suggestibility Scale, can by itself allow advice to be given about the credibility of a confession statement. The results from psychological tests only give an indication of potential psychological vulnerability. These must be interpreted within the context of all the other information available.

Medical and psychiatric assessment of the suspect’s health, physical and mental is important for it may influence behaviour. For example, concern about angina pectoris or peptic ulcer pain at the time of the interview may be very distracting. Concern about the availability of medication can be a preoccupation. For people with frightening physical symptoms, having their medication removed from them can be distressing. The effects of intoxication with drugs or alcohol, or the withdrawal symptoms, must not be ignored (Murakami et al. 1996).

Psychological assessment with an emphasis on a developmental history with an account of the person’s personality and normal psychological functioning, especially under stress, will be needed. To that end information from independent informants may be crucial. Psychological symptoms such as a phobic concern about being in an enclosed space may have special relevance to the circumstances of the police interview. The detainees’ emotional state can be of critical importance, for example an individual suffering from a bereavement reaction is exceptionally vulnerable to self-incrimination if it is alleged that he or she did not properly care for the person being mourned.

In some cases the task has been to reconstruct the circumstances of the interrogation many years later. This presents the assessors with considerable difficulties for some information may be lost and a careful
judgement has to be made about whether any currently discernible personality characteristics and vulnerabilities can be said to have been present at the time of the police interview.

The suspect’s subjective experience of what is happening, his perceptions however distorted, are often more important in understanding his or her behaviour than what was actually happening in the police station. If the suspect fears for his or her safety while in police custody that is a psychological fact of importance even if the reality is that he or she is quite safe.

**Conclusion**

The study of individual cases of false confession and more systematic empirical research has demonstrated the types of psychological vulnerability that are relevant to suspects making a false confession during police interviewing. These will depend on the individual case, but such personality traits as compliance, suggestibility, and emotionality (anxiety) are sometimes found to be important. Our research has led to projects involving co-operation with the Home Office and police with the aim of providing scientific evidence which can form the basis of improving police practice and developing lawyers’ understanding of important psychological principles. We have seen how important deficiencies in our criminal justice system have been identified and largely remedied. It has been interesting to observe changes in attitudes and practice among police officers and the legal profession during this period. Nowadays it is commonsense to recognise that false confessions can occur when previously scepticism was the norm. The psychological approach mentioned in this paper has been accepted in some high profile court of appeal cases and they are now routinely accepted by the lower Courts.

In the UK there is growing reliance in the Courts on the use of expert testimony. This includes cases of disputed confession. What needs to be considered is the extent to which this is beneficial to the administration of justice. One side of the argument, which is fashionable at present, is that expert psychological and psychiatric evidence provides the Courts with
information which helps them reach informed decisions and prevents wrongful convictions. This is often a valid argument. The contrary argument is that reliance on expert evidence now places too much emphasis on the importance of psychological vulnerabilities and mental disorder. In other words, there is a temptation for the defence in the current climate to attempt to discover some kinds of psychological vulnerabilities and then overgeneralise from the limited findings in order to provide a defence argument. This may result in a number of guilty defendants being acquitted by the Courts, who otherwise would have been properly convicted.

While it is important for the Courts to accept that psychological vulnerabilities and mental disorder can result in unreliable testimony, and on occasions in a false confession, there is a real danger that expert testimony be misused by the legal profession. Issues of psychological vulnerabilities can easily become a fashionable means for evading justice. There is concern about the apparently growing number of cases where solicitors are instructing psychologists and psychiatrists in cases where they are trying to get their client acquitted on the basis of mental problems, when these are not salient to the credibility of the confession. Some mental health professionals have colluded with this practice, which does undermine the integrity and credibility of their profession in the courts. Psychological vulnerabilities and mental disorder, even when they are present, are not always relevant to the reasons why suspects confess to the police. Each case must be considered on its own merits. We must be careful not to be carried away on a fashionable ‘bandwagon’ which is likely to increase the Courts’ scepticism of expert psychological and psychiatric evidence and eventually undermine the value of such evidence in genuine cases.

While the possibility of false confessions is much more widely recognised nowadays and the changed attitude has clearly affected policemen, lawyers and the judiciary, the concern of the police and Crown Prosecution Service to obtain the conviction of the guilty means that the evidence of the responsible expert witness must be scrupulously balanced.
REFERENCES


*Extra copies of this discussion paper may be obtained from Mr Paul Clark, Institute of Psychiatry, de Crespigny Park, London SE5 8AF* for £2.95 including post and packing.