The issues involved in risk assessment for violent individuals.

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Introduction.

When someone commits a violent act and poses a threat to others, society seeks to remove that threat by confinement either in prison or in a secure facility. When that term of confinement comes to an end we are faced with the problem of whether the individual will reoffend. Over the past two decades there has been a growing interest in the field of risk assessment and management. In this essay we will be looking at the origins and theories of violence and the factors that may be involved in acts of aggression. The definition and purpose of risk assessment will be looked at, along with the different types of assessment and the diagnostic tools available. The area of risk management and reduction is also looked. Suggested reading and other sources of information are provided.

The perception that society has become more violent has led to increased calls for better ways of reducing the risk of violence occurring in our homes and on our streets. For the purpose of this article, we will be examining the issues involved in risk assessing individuals involved in violent criminal offences such as assault, rape and murder. The American Psychological Association (APA) defines violence as an extreme form of aggression, such as assault, rape or murder. It goes on to say that there are many causes of violence including frustration, exposure to violent media, environmental factors (home/ neighbourhood violence) and a tendency to misinterpret other people's actions as hostile even though they are not. Substance abuse, provocation and environmental factors such as overheating and overcrowding can increase the risk of violence, it adds.

Violence has been theorised as a socially learnt response that can be used to either alleviate aggression and anger or be used as an instrument to achieve a gain. (Berkowitz, 1993). Social learning theory looks at the way people learn from their peers and environment and replicates the behaviour that they observe (Bandura, 1997).When an individual grows up in an environment where violence is prevalent,

there is a higher chance that the individual will be more prone to using violence in the future (Watson et al, 2004.). There has been some concern about the effect of media violence on the public in the form of television, film and computer game violence (Anderson et al, 2003). While these mediums have age ratings they are hard to enforce in a home environment. The internet has also opened up a completely new unregulated availability of images and videos that would not be shown on mainstream television. The availability of ultra-violent pornographic material has also become a cause for concern (Malamuth, Addison and Koss, 2000).

Instinct theory holds that humankind has an inherent drive to violence that is only tempered by modern social values. Where these values are disrupted, the animal instinct takes over. Freud and Lorenz (1966) were the main proposers of this theory, however while this theory may go some way to explaining the causes of human aggression it does nothing to deal with the problem. The most common view of human aggression is that it is a combination of both theories that can lead to violence in individuals and that by looking at this nature/nurture hypothesis it is possible to identify and manage violent individuals. The theory and measurement of aggression is a study in itself and an excellent point of reference is the 2003 work of Suris et al, which outlines the concepts, and measurements of aggressive behaviour. It also provides an excellent overview of each measurement instrument to assist clinicians in selecting the best tool for their needs (Suris et al, 2003).

When describing an individual as violent a number of factors should be taken into account such as the nature of the violence, its severity and the frequency of occurrence. The nature of the violence would include whether a weapon was used and if so what type or types of weapon. The assault may come in the form of sexual violence where the physical violation can be either penetrative, non-penetrative or both. The severity of the violence can also be a significant predictor of repeat offending. (Cattaneo and Goodman, 2003.). How often someone uses violence is an important factor when considering future risk. A habitual user of violence will have a far greater risk of re-offending and prove a greater challenge in future management than a person who may have used violence on a singular occasion. The frequency of use can be a predictor of the likelihood of future assaults and how soon they might possibly occur. By taking into account these factors as well as others such as family

and social background, judicial (law enforcement) history and interviews we can hope to build up a picture of what led an individual to commit a violent act or acts and use this to assess the risk of future repetition of those actions. Charged with this information we can also hope to implement a management plan designed to reduce the risk of these actions occurring in the future.

Risk Assessment.

Risk assessment can be defined as "the systematic collection of information to determine the degree to which harm (to self or others) is likely at some point in time (O'Rourke and Bailes, 2006). In assessing the risk, we seek to assign a probability that an individual will engage in specific risk behaviour in the future based on an examination of factors both pre and post offence. This then lends itself to the formulation of a risk management approach that takes a set of values and supports designed to minimize any future risk. These supports are dynamic in nature, adjusting to the individuals changing needs and behaviours to provide support where the risk of relapse is an issue.

The factors involved can be described as either static or dynamic in nature. Static factors can be things such as age, gender, dates of offence, type of offence(s) and background history. These factors are historical in nature and are not subject to change. Dynamic factors are changeable risk factors that may be classed as stable or acute over time. Stable risk factors are factors which may be open to influence such as attitudes or learned behaviours that may change over the mid to long term. Acute factors are short-term states or situations such as emotional arousal, substance abuse or situational settings that can lead an individual to repeat undesirable behaviour. One of the earliest known examples of a management programs to recognise the role of these factors is the Minnesota Model as used by Alcoholics Anonymous (AA). This model seeks to change the stable risk factors over time through meetings and education so as to introduce a better behavioural system. It also shows clients ways of dealing with acute risks by recognizing unhealthy emotional states, abstinence from mind-altering substances and avoidance of risky situational settings such as bars or parties etc.

The purpose of risk assessment is to predict the risk of future re-offending and to minimize the relapse of an individual into patterns of behaviour that could lead to an individual causing harm to themselves or to others. It also seeks to protect public safety and guide intervention and management strategies for the individual. Furthermore it allows for better decision making and liability management. The judiciary in deciding on parole can use this assessment for probational release and in deciding whether there should be any conditions attached to this release. Individuals who are released on license may have conditions attached such as exclusion from certain areas, curfews and treatment plans that have to be adhered to. If these are not followed, then the individual may be returned to prison. The purpose of these conditions is not designed not to be punitive but to be part of a management strategy to aid the individual in refraining from repeat offending.

Types of Risk Assessment.

Risk assessment can take the form of actuarial or clinical assessment. Actuarial assessment relies on a coalition of statistics that shows a probability of re-offending based on previous studies of comparable offender groups. An individual is assessed with a set number of questions and given a score, which gives a statistical probability of reoffending. This method has been shown to be more reliable than clinical assessment (Dawes, Faust and Meehl, 1989.). In theory, a number of assessors should be able to assess an individual and each come up with the same result. This does however depend on each of the raters being trained properly in the use of the tests and on the right instruments being used for the nature of offence that the individual is being assessed for. There is also the fact that the tests themselves are based on groups and may not apply wholly to the individual's specific circumstances. For this reason, it would be prudent to assess an individual with more than one type of test to increase confidence in the result.

Clinical assessment relies on the education and experience of the clinician in making and objective and unbiased assessment of an individual. While this gives more leeway for individual circumstances, it can also lead to misdiagnosis if the clinician is not properly trained, lacks experience or forms an un-objective view against the individual being assessed. Another point to take into account is that clinical assessments rely on the individual being truthful in their answers. As even trained

professional are only able to detect deceit about fifty percent of the time (Navarro, 2008) clinical assessments do not show good reliability. Clinical approaches also generally take longer than actuarial tests, are more expensive and can lead to several different opinions by clinicians of the same offender. It does however allow clinicians to explore an individual's background in a more in depth manner than a rigidly set out series of questions.

Some clinicians may use actuarial tests to give them a basis for diagnosis before using their professional judgement for a final decision. This approach has been developed in the form of Structured Professional Judgement that uses tools such as the Historical, Clinical, and Risk 20 (HCR-20) (Webster, Douglas, Eaves, & Hart, 1997.). It allows for the fact that some risk factors may not have equal weighting for an individual's specific circumstances. This could be seen as being the best of both worlds as it gives empirically based grounds for the predictability of recidivism combined with the intuitive experience of the trained clinician in assessing the individual (Quincey et al. 1998).

Risk Assessment Tools.

There has been much research into the development of diagnostic tools to aid in the assessment of individuals both in terms of general risk and also specialised areas of interest such as sex offences and young offenders. Some of the most common tests in use are the Level of Service Inventory Revised, (LSI-R) (Andrews and Bonata, 1995), the Violent Risk Appraisal Guide (VRAG) (Quincey, Harris, Rice, Cromier, 2006.) the HCR-20 and the Static-99 (Hanson and Thornton, 1999.) to name but a few. These measure general risk (LSI-R), violent risk (VRAG, HCR-20) and sexual risk (Static-99) respectively. A youth version of the LSI-R has been developed, the Youth Level of Service Inventory (YLSI) that caters for the assessment of youths between the ages of 12-17. For adolescent sex offenders the Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR) (Worling and Curwin, 2001) is widely used. The VRAG, LSI-R and Static-99 are actuarial instruments whereas the HCR-20 is used for a structured clinical assessment. Dr Stephen J Hucker gives a very good overview of each of the instruments as well as others available on his website

(www.ForensicPsychiatry.com) along with information on risk assessment and essential reading and resources.

In Ireland the Risk Matrix 2000 (Thornton, 2007.) and the Static and Acute 2007 (Hanson, Harris, Scott & Helmus, 2007) instruments are used in the assessment of sex offenders. The Irish Youth Justice Service uses several tests for general, violent and sexual risk assessment. In a report in 2009 (Young, 2009) it sets out six different instruments to be used in dealing with young offenders depending on the nature of the offence. It notes that a comprehensive assessment should include a general screening along with more specialised instruments and clinical judgement where appropriate.

Risk Management.

Whatever method of assessment is used, the ultimate goal should be in assessing the level of risk that an individual poses and the implementation of a risk management plan to deal with any areas of concern. These plans can be used by the courts, police and probation services in determining the amount of monitoring that an individual will need post release. It may also be used by judges in sentencing decisions for short term civil commitment. (Monahan and Silver, 2003).Monitoring may come in the form of surveillance, drug testing, electronic tagging, home visits or regular self reporting to a nominated point of contact. It also allows support services to develop a strategy for helping the offender to minimise the risk of re-offending through positive reinforcing interventions.

A risk management plan should be dynamic in nature and regularly reviewed to take into account the changing needs and behaviours of the individual. A structured approach needs to be implemented between all support services that ensures that there is optimum communication between law enforcement and rehabilitation support groups. The offender themselves needs to proactively engage in this process to gain maximum benefit from it. Stable and acute areas of risk should be identified and action plans put into place to deal with any areas of risk that may stand out. By enabling offenders to recognise relapse warning signs such as substance abuse, peer pressure and unemployment for example, support services can be put in place to help the offender deal with these issues. In the case of a violent alcoholic for instance, the stable risk factor of alcoholism could be dealt with through AA meetings that may

reduce this risk factor over time. An acute risk factor in this case may be where the individual only gets into fights after drinking. Where this risk factor is known to the police they can advise the individual against going into a bar or club. If this is not successful they are at least armed with the knowledge that the individual poses a high risk of reoffending in this situation and can monitor the individual.

It should be recognised that an individual's risk can change over time and in response to interventions. For this reason risk reviews should take place on a regular basis and a timeframe given for a repeat review. The level and frequency of intervention will depend on the risk level of reoffending. A balance does however have to be struck between the need to protect the public from a violent offender and the offender's right to privacy and non harassment. This has caused intense debate in the management of violent sex offenders in particular with the public right to safety and security balanced against the offenders right to privacy and rehabilitation. In the USA where offender's photos and history can easily be accessed on the internet this has lead to vigilantism, harassment and cases of offenders being driven underground to escape persecution. Far from protecting society these actions may actually increase the level of risk posed by an offender. If the support services cannot monitor an offenders behaviour then they cannot intervene when a cycle of offending appears to be initiated.

Conclusion.

Violence has always been and always will be part of our society. There are different views as to what causes or stimulates violence whether it is mans ingrained nature or a learnt behaviour. Risk assessment cannot prevent and initial act of violence but it can be used to predict the probability of a repeat occurrence. By looking at the initial factors involved we can formulate a hypothesis as to the origins of a violent act. We can do this through the use of clinical evaluation and/or actuarial testing methods. For best reliability the use of a combination of both clinical and actuarial evaluation could be seen as best practise. There is a good range of tests available to measure general risk as well as specialised tests for specific types of violent events. Clinical evaluation can be applied in the evaluation of all types of risk. The object of this assessment is to reduce the risk of reoffending, protect victims and society and aid in the rehabilitation of the offender.

When the risk of recidivism has been ascertained a management plan can be formulated based on the level of risk involved. This should take the form of an ongoing, integrated approach that involves regular communication between all support services. The offender's active participation in this process is essential to the success of the management plan. The plan itself should be reviewed regularly to assess the progress of the individual and should be open to change when necessary. Through regular monitoring and positive intervention to support and assist an individual we can hope to reduce the risk of recidivism.

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Further Reading.

http://www.insideprison.com/risk-assessment.asp

http://www.violence-risk.com/

www.ForensicPsychiatry.com

http://www.psychology.heacademy.ac.uk/

Risk Management Authority of Scotland. http://www.rmascotland.gov.uk/

Sex Offender Risk Assessment Framework http://soraf.cyzap.net/

Violence in America: an encyclopaedia / Ronald Gottesman. Charles Scribner's, 1999