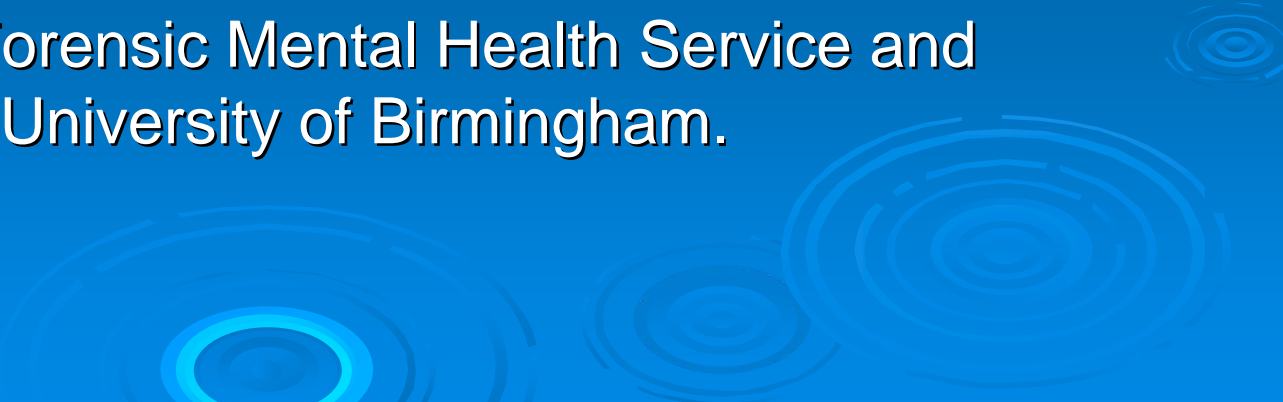


# Recognising Dangerousness Thames Valley Partnership. Bisham Abbey. October 2007.

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The background of the slide features several decorative elements consisting of concentric circles in shades of blue, resembling ripples in water. These circles are positioned in the lower half of the slide, with one large circle on the left and several smaller ones scattered to the right.

# Danger

## To Whom

- Children e.g. Sex Offenders, Neglectful and Abusive Parents.
- Adult Intimates e.g. Angry, Jealous and Rejected Partners.
- The Elderly e.g. Frustrated and Unsupported Relatives.
- Strangers e.g. Some Rapists, Stalkers, and Grievance Motivated Individuals.
- Society e.g. Terrorists, Some Violent Criminals, Some States (Burma, Pol Pot, Mugabe), Industry.

# Dangerousness

**Dangerousness.** Conceptual Problems.  
Invites a perception of a stable/immutable  
set of individual characteristics. Can  
produce social and therapeutic nihilism.  
Very difficult to predict.




# Risk

Recognises that danger is a dynamic phenomena that varies over time and place.

## The Question

**‘In what situation and under what circumstances is the probability that this person will behave in a way that causes harm to another?’**

# Assessment Issues

- Can we predict who is/will be a risk to others.
  - Can we predict who is at risk of persisting.
  - How effective are interventions to reduce and manage risk.
- 

# Reducing Potential Risk and Danger

- **High Risk Environments.** E.g. Roads, Swimming pools ,Aircraft. Inner Cities.
- **High Risk Behaviours.** E.g. Drink driving, Smoking, Mountaineering.
- **High Risk Individuals.**
  - For Victimisation. E.g. Children, and Adolescents, Immigrants, Economically Deprived.
  - To Self. E.g. Depressed, Certain Personality Disordered Individuals, Terminally ill

# Reducing Potential Risk and Danger

- **Elevated Risk of Harm to Others.**

- The Abused, Neglected and Disadvantaged.

- The Advantaged, Ambitious and Powerful.

- **Potential High Risk of Harm to Others.**

- Antisocial and Psychopathic, Substance Abusers.....

**ISSUE.** Can we predict who they will be ? How confident are we in our predictions? What are we to do about it?.


**SCREENING .(DSPD).**

# Assessing Risk In Those Whom Have Harmed





# Structure of Risk Assessment

- Functional Analysis of Abuse.
  - Actuarial Assessment.
  - Stable and Acute Dynamic Risk Factors.
  - Relapse Knowledge and Skills.
- 

# Actuarial Assessment

- Provides a statistical probability of re-offending.
- Derived from meta analysis of reoffending studies.
- Available for Violent and Adult Male Sex Offenders not others

# Risk of Violence

## Violence Risk Assessment Guide (VRAG)

(Quinsey et al 1998)

- **Age**
- **Elementary school adjustment.**
- **History of alcohol problems (parental, teenage, adult, in offending).**
- **Marital history.**
- **Violent and Non violent criminal history.**
- **Victim Injury Death(-2), Hospitalised(0), None/slight(+2)**
- **Any female victim Yes(-1), No(+1)**
- **Personality disorder Yes(+3) ,No (-2)**
- **Mental illness Yes (-3) No(+1)**
- **PCL-R Psychopathy) -5 to +12**

# VRAG

## Probability of Violent Recidivism

VRAG Score	10 Years
-22	0
-21 to -15	8%
-14 to -8	12%
-7 to -1	17%
0 to +6	35%
+7 to +13	56%
+14 to +20	64%
+21 to +27	82%
+28	100%

# Actuarial Measures Sexual Reconvictions

Several Measures, e.g.. Static 99, Risk Matrix 2000

Items include;- age of offender, victim gender (male), relationship to victim (stranger), previous sexual, violent and non sexual offending history, relationship history.

# Static 99

Static 99 Score	Probability of Sexual Reconviction(15 yrs)
1	7%
2	16%
3	19%
4	36%
5	40%
6+	52%

# Problems with Actuarial Measures

- Not sensitive to clinical change.
- Does not capture many risk factors.
- Provides probability not certainty.
- Most offenders not high risk.
- None available for many offenders e.g.  
Domestic Violence Perpetrators ,Arsonists  
Adolescents and Female Sex Offenders,  
Internet offenders.

# Dynamic Risk Factors

- Potentially changeable factors that contribute to risk. Targets for treatment change.
- **Stable Factors.**
  - Sexual and Violent Interests.
  - Attitudes-Antisocial, Procriminal or Distorted.
  - Socio-Affective Functioning.
  - Self Management
- **Acute Factors.** Destabilisers and predictors of relapse



# Guided Risk Prediction Scales Violence

- Developed from knowledge gained from systematic reviews of recidivism studies and expert clinical consensus.
- Encapsulate a greater range of risk factors than actuarial scales.
- Classifies individuals into risk groups but do not specify probability of re offence.
- Become the actuarial scales of tomorrow.

# Guided Risk Prediction Scales

- Violence-Historical, Clinical and Risk management Scales(HCR-20). Webster et al 1997
- Hare Psychopathy Checklist Revised PCL-R,. Hare,1991
- Spouse Assault Risk Assessment Guide (SARA). Kropp et al 1999.
- Sex Offending. STEP Assessment Procedure. Beckett, Beech and Fisher, 1997. SARN. Thornton 2000

# HCR-20

- Historical(10 items).-Age, Relationship and Employment, Early Maladjustment Instability, Substance misuse, Psychopathy, Supervision Failure, Major Mental Illness,
- Clinical(5 items). Lack of insight, Negative Attitudes, Active symptoms of Mental Illness, Impulsivity, Unresponsive to Treatment.

# HCR-20

- Management(5 items). Lack of Feasible Plans, Exposure to Destabilisors, Lack of Personal Support, Non-compliance with Remedial Attempts, Stress

# Hare Psychopathy Checklist – Revised (PCL-R)

- Strong Predictor of Persistent Violence.
- **Factor 1.**(8 items) Selfish, Callous and Remorseless use of others.
- **Factor 2.**(9 items) Chronically Unstable, Antisocial, and Socially Deviant Lifestyle.
- Used in a variety of other risk prediction scales( eg.HCR-20, VRAG)

# Spouse Assault Assessment Guide (SARA)

- **Criminal History.** Includes;-  
Past assaults on family members, friends and acquaintances.
- **Psychosocial Adjustment.** Includes;-  
Parental Relationship Violence, Recent Relationship and Employment Problems, Recent substance abuse, Recent suicidal or homicidal ideation/intent, Personality disorder (anger, impulsivity, behavioural instability)

# Spouse Assault Assessment Guide (SARA)

- **Spouse Assault History.** Items include;-  
Past Physical Assault, Jealousy,  
Use of Weapons, Escalation in  
Frequency/Severity of Assaults, Violation  
of Contact Orders, Denial/Minimisation
- **Current (alleged) Offence.** Includes;-  
Severity of Physical/Sexual Assault,  
Use of Weapons, Current Violation of  
Contact Order.

# Acute Risk factors

(Hanson et al.1997, Sex Offender Need Assessment Rating [SONAR]. Hanson and Harris 2001)

- Emotional Collapse.
- Victim Access
- Hostility
- Substance Abuse.
- Sexual Preoccupations.
- Rejection of Supervision.
- Unique Factor.



# Relapse Prevention Questionnaire (Beckett, Fisher, Mann and Thornton, 1997)

- Acknowledgement of thoughts and feelings which can lead to relapse.
- Awareness of behaviours leading to relapse.
- Characteristics of potential victims.
- Behaviours others see which indicate risk.
- Knowledge of coping, avoidance and escape strategies to deal with risk thoughts, feelings and behaviours.
- Offenders perception of their risk level.

# Conclusions and Observations

- Dangerousness much more difficult to predict than risk.
- Risk is dynamic, fluid and complex. An interaction of the person and their environment.
- Risk prediction is improving. Especially of male violence and sexual risk.
- However we cannot predict risk in many important groups.
- It will never be perfect. Uncertainty is inherent

- Markers for life course persistent criminality and violence are emerging. This has positive and potentially negative consequences.
- Mental Illness is not an important risk prediction factor in mentally disordered offenders.
- Media and Public Anxiety distort perception of risk.
- Professionals are vulnerable to both under and over estimating risk.
- We are getting better at reducing and managing risk.

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