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0521641233 - Clinical Assessment of Dangerousness: Empirical Contributions

Edited by Georges-Franck Pinard and Linda Pagani

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Clinical Assessment of Dangerousness

Violence touches the lives of many in our society. When people are victimized by violent crime, the general public assumes that the victim could have been spared if the perpetrator had been identified as potentially dangerous by mental health agents. Yet the prediction of dangerousness remains an inexact science and depends upon many complex factors.

Clinical Assessment of Dangerousness provides a thorough and clear description of research findings in order to help clinicians make sound decisions concerning their patients' dangerousness. The book covers a broad spectrum of violent behavior – from parricide and filicide, to stalking and harassment – as well as crucial issues such as biological factors, domestic violence, and the influence of drugs and alcohol on violent behavior.

The book is divided into the following sections: Basic Issues in Violence Research, Mental Health Issues and Dangerousness, Family Issues and Dangerousness, and Individual Characteristics and Dangerousness. It will serve as an important reference book that covers the most recent scientific literature and provides views on future directions for research and practice in this increasingly valuable field.

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Prologue

PAUL S. APPELBAUM

Interpersonal violence is an inescapable reality of contemporary society. Pick up any newspaper or listen to any news broadcast and witness the litany of violence it reveals. Murder, sexual assault, child abuse, hate crimes, terrorism – the list seems endless, the details numbingly familiar, until the day’s stories blend into yesterday’s, and those into the accounts of last week and the week before.

Only a fraction of this violence, of course, comes to clinical attention and that is either because the victims seek assistance or, more pertinent to the focus of this volume, because the perpetrators believe themselves or are believed by others to have a mental disorder. Indeed, although persons with mental disorders account for a small proportion of violence in most societies, the public, stoked by the media, are disproportionately concerned about the risks posed by this group. A recent estimate in the United States put percentage of violent acts accounted for by the mentally ill at about three percent, (Swanson, 1994) and data from England suggest that the proportion of murders attributable to persons with mental illness has actually been falling over time. (Taylor & Gunn, 1999) But popular estimates of the proportion of psychiatric patients who are likely to commit violent crimes vastly exceed the actual number (Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999).

The simultaneous fascination with and terror of violence committed by persons with mental disorders was illustrated graphically quite recently in the pages of a major newspaper. There at the front of the local news section, positioned precisely in the middle of the page, was a lengthy story describing a murder committed by a man whom the headline advertised as a “mental patient.” His life, the crime itself, and the events leading up to it were all laid out in stark detail, in this article

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– one of a series of articles the murder had evoked. Only when one finished reading the piece might one notice the column on the edge of the page, a compilation of shorter stories judged on some basis or other less newsworthy. Two of these brief accounts dealt with murders and one with the murder of a wife and child by their husband and father. Why did neither of these equally horrific crimes warrant center-page treatment? As best one could tell, the answer appeared to be that neither perpetrator on the page's periphery was "mentally ill."

What are the roots of this popular preoccupation with crimes of violence by the mentally disordered? Some data suggest that mental disorders, especially psychotic disorders, may be associated with an increased risk of violence, (Link & Stueve, 1994; Swanson, Borum, Swartz, & Monahan, 1996) but one recent large-scale study has challenged that conclusion, suggesting that any heightened propensity for violence is better attributed to the consequence of substance abuse than to any effect of mental illness (Steadman et al., 1998). In any case, as already noted, even studies pointing to an increased risk suggest that the effect is small compared to other variables, and that its elimination – if it could be achieved – would not render our societies materially more secure. Reality, therefore, does not account for the extent of popular concern about the relationship between violence and mental disorder.

Clearly, less rational factors are at play. Persons with mental illnesses, especially psychoses and severe affective disorders, often behave oddly, inducing apprehension, frequently without warrant, in those around them. That fear is undoubtedly augmented by the more primal terrors elicited by contact with a mentally disordered person and inevitable anxiety that one might be susceptible to such a fate. Moreover, with many of the usual inhibitions governing speech and behavior apparently loosened in these conditions, there is natural concern that controls on violent actions might also be impaired. Hence the stereotype – data to the contrary notwithstanding (Steadman et al., 1998) – of the crazy person on the street, selecting targets at random for the discharge of aggressive impulses.

If the public fear persons with mental disorders – and it is quite clear that they do – they have come to expect that those charged with caring for these unfortunates will prevent them from acts of harm. Thus, mental health professionals have been called upon in numerous venues to assess the risk of violence presented by a disordered person and to manage the situation to insure that the anticipated acts do not ensue. These expectations are reflected in civil commitment statutes based, at least in

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part, on criteria of dangerousness to others; the recruitment of psychiatrists and psychologists to assist in determinations related to bail, sentencing, probation, and parole; the imposition of liability on clinicians when they fail to prevent violence (Anfang & Appelbaum, 1996); and the public outcry and calls for inquiry that so often follow violent acts perpetrated by persons under psychiatric care (Geddes, 1999).

This volume addresses the resulting need that clinicians have for guidance in performing the tasks of assessment and prediction. Rather than providing a “how to” guide, which in the current circumstances would be of limited utility, the editors have assembled contributions from some of the leading experts on violent behavior. In place of opinions based on “clinical experience”, all too often misleading, authors have been asked to focus on what is known about the factors that contribute to violence in general and also violence by persons with whom clinicians are likely to come into contact. The richness of these presentations defies summary here, but it may be worthwhile to underscore some of the messages that are latent in the text.

Given the rewards for successful prediction of violence and, even more important, the aversive consequences of failures in assessment, it is understandable that researchers have sought and clinicians have relied upon single variables that would explain violence and allow it to be anticipated. Were there a single cause, there might well be a single cure – a “magic bullet” as it were – that would simplify at one pass the complex tasks of managing the care of persons who may have some propensity for violence. To list the variables that have attracted such attention would take the writing of a history of research and practice in the field. Past and current explanatory and predictive enthusiasms have embraced, among others – the presence of an extra Y chromosome (XYY syndrome); elevated levels of testosterone; subictal discharges in the temporal lobes; reduced brain serotonin levels; physical or sexual abuse as a child; absence of a paternal figure in early adolescence; use of alcohol and other disinhibiting substances; psychopathic traits; the influence of a culture of violence; delusions that one is being persecuted or controlled by external forces. The list ends arbitrarily here, but it could be extended by a factor of ten.

A wise professor, during my medical training, noted that the greater the number of treatments for a given condition, the less understood the condition is likely to be. One might well say the same about variables thought to be *sine qua non* for the prediction of violence. Their very multiplicity suggests that none of them represents the holy grail of prediction,

and serves as an indicator of how poorly comprehended the antecedents of violence truly are. Indeed, the chapters compiled here indicate that we ought to be thinking very differently about the assessment of a person's capacity for violence, whether or not that person is mentally ill.

To begin with, violence is not a unitary phenomenon, but a diverse one. Typologies abound, none of them entirely satisfactory, but most probably shedding some additional light on the matter. Violence, to focus on one dichotomy, may be motivated by a desire for gain or by overwhelming emotion. It may occur but once in a person's life, or constitute a habitual pattern of conduct. There is no a priori reason to believe, considering the types of violence addressed in this book, that the rejected suitor who turns into a stalker and the parricidal child who commits the ultimate horror derive from similar etiologies, nor is it likely that they share many characteristics with the barroom brawler – a model citizen when not intoxicated – or the violent psychotic. Since violence is diverse, it is likely that its wellsprings are equally varied, and thus that the predictors of violence and the measures that will prevent its occurrence are several and not one.

Moreover, the large number of variables that correlate with violence – well explicated in the chapters that follow – each seem to play a relatively small role in explaining or predicting the behavior. Only rarely does a given variable account for more than twenty percent of the variance in any explanatory model. Thus, it seems likely that violence risk is related to multiple variables, the effects of which cumulate and perhaps interact to lower the threshold at which an act of aggression will occur. No one variable need always be present, no matter how potent its influence on behavior, so long as a number of less powerful variables combine to take its place. The correspondence between this cumulative model and the findings of many studies in the field is both gratifying and reassuring.

Putting these insights together, it appears that improvements in the methodology of assessing the potential for violence will be dependent on a closer focus on the type of violence at issue and the use of multivariate models of the relevant predictors. Such models already exist, ranging from standard linear regression approaches to innovative decision tree models (Monahan et al., 2000; Steadman et al., 2000). All would be improved by the greater availability of data from large-scale studies of violence that employ a sufficient number of predictors to allow their interactions to be assessed. The more homogeneous the group being studied and the more carefully types of violence are dissected one from another, the more useful the resulting data are likely to

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be. In the great epistemological war between the lumpers (those who would aggregate similar phenomena for study) and the splitters (those who would break phenomena down into the smallest achievable units), when it comes to assessment of the potential for violence, the splitters are likely to triumph.

While waiting for that epiphany, what is the clinician to do today and tomorrow as the need to assess violence potential remains omnipresent in clinical work? The task is somewhat easier when the evaluatees have committed previous acts of violence. People being the creatures of habit that they are, it seems probable – though the theory awaits empirical validation – that those variables that were associated with violence in the past will, if present at some point in the future, increase the likelihood of a violent outcome. Close inspection of the previous acts of violence perpetrated by any person, most experts believe, will yield the best predictions of future events. At a minimum, the clinician who follows this protocol will be conforming to what the relevant professionals generally recognize as the appropriate standard of care.

More difficult by far is the task confronting the clinician who faces a person believed at risk of committing violence by virtue of a threat or behavior, but without a history of having committed violent acts. Here, at best, one searches for the presence of the generally accepted predictors of violence, to which this book is a most enlightening guide. As their numbers mount, so does the risk of violence. The young, impulsive male, easy to anger, somewhat suspicious, and abusing alcohol represents a violence risk of much greater degree than the evaluatee who lacks most or all of these characteristics, as well as their equally robust substitutes. If that seems like a thin reed on which to base predictive practices that may have such profound consequences for individual liberty – it is. But, with rare exceptions, this is where we are today.

Will we ever move forward from here? It is difficult to resist the positivist assumption that the riddle of human behavior must ultimately fall to the approaches of modern clinical, behavioral, and social sciences. Whether this arrogance is warranted remains to be seen. Without question, therefore, if progress is to be made, it will come from the careful empirical explanation of these issues exemplified by the chapters that follow.

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