VIOLENT CHARACTERISTICS: RESEARCH WITH A CORRECTIONAL INPATIENT POPULATION

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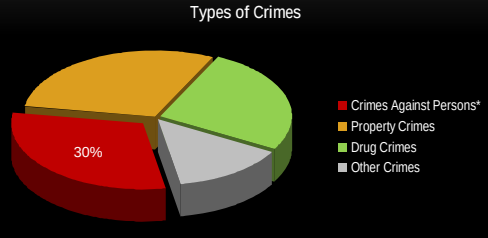
Forensic Mental Health Association of California
Annual Meeting March 23-25, 2011
Monterey, CA

VIOLENCE STATISTICS

- 692,800 inmates in US State Prisons for violent offenses*
- 4.3 million violent crimes against persons age 12+, excluding murder, in 2009
- 17 per 1,000 persons age 12+ were victims of violent crime in 2009 (BJS, 2010)

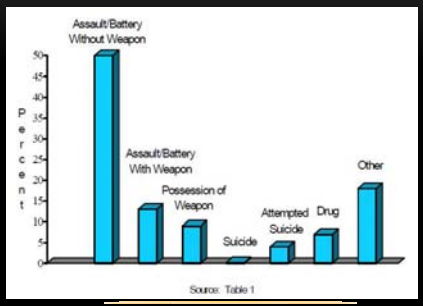
*Murder, Manslaughter, Rape, Sexual Assault, Robbery Assault, Other Violent

CDCR MALE FELON ADMISSIONS [2009]



*Murder, manslaughter, ADW, assault/battery, rape, sodomy, kidnapping, etc.

CDCR VIOLENCE



'Inmate Incidences' CDCR, 2006

INSTITUTION	ASSAULT/BATTERY ON STAFF: TOTAL ASSAULT/ BATTERY INCIDENTS	TOTAL RATE PER 100 ADP	WITH WEAPON ASSAULT/ BATTERY INCIDENTS	WITH WEAPON RATE PER 100 ADP	WITHOUT WEAPON ASSAULT/ BATTERY INCIDENTS	WITHOUT WEAPON RATE PER 100 ADP
TOTAL**	3,873	2.4	938	0.6	2,935	1.8
TOTAL MEN	3,678	2.4	855	0.6	2,823	1.9
AVENAL	38	0.5	2	0.0	36	0.5
CCC-MAIN	29	0.7	5	0.1	24	0.6
CCC-CAMPS	3	0.2	0	0.0	3	0.2
CCI-MAIN	27	1.0	6	0.2	21	0.8
CCI-III-RC	22	1.6	3	0.2	19	1.4
CCI-IV A	70	8.5	9	1.1	61	7.4
CCI-IV B	100	14.3	22	3.2	78	11.3
CHUCKAWALLA	13	0.3	2	0.0	11	0.3
CIM-MIN	60	1.8	20	0.7	30	1.1
CIM-EAST	34	3.1	10	0.9	24	2.2
CIM-RCC	51	4.0	24	1.9	27	2.1
CIM-RCW	3	0.2	1	0.1	2	0.1
CMC-EAST	117	3.1	22	0.6	95	2.6
CMC-WEST	6	0.2	1	0.0	5	0.2
CMF-MAIN	220	7.2	55	1.8	165	5.4
CRC(MEN)	32	0.8	5	0.1	27	0.7
CAL-SATF AND SP, COR	141	1.9	19	0.3	122	1.6
CSP, CALIPATRIA	107	2.5	14	0.3	93	2.2
CSP, CENTINELA	71	1.4	5	0.1	66	1.3
CSP, CORCORAN	188	3.5	41	0.8	147	2.8
CSP, LOS ANGELES	260	7.7	93	2.7	167	4.9
CSP, LOS ANGELES-RC	13	1.2	1	0.1	12	1.1
CSP, SACRAMENTO	357	11.2	79	2.5	278	8.7
CSP, SOLANO	57	1.0	11	0.2	46	0.8
CSP, SQ	121	4.9	51	2.1	70	2.8

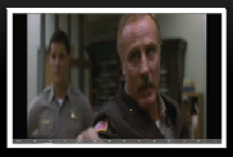
"THE PROBABILITY OF A BAD CONSEQUENCE." (OXFORD DICTIONARY, 1995)

- Question: After reviewing history and completing a violence risk measure (e.g. VRAG), has violence risk been adequately assessed?

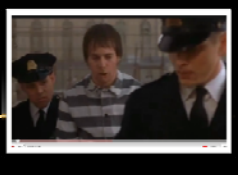
  Answer: Sometimes

- Violence is often multi-determined & based on a number of factors that can be co-morbid

SCENE FROM "FIRST BLOOD" (1982)



SCENE FROM "THE GREEN MILE" (1999)



WHAT MAKES A PATIENT AT RISK FOR VIOLENCE?

4 typical approaches to violence research…

- (1) Diagnostic Measures
- (2) Traditional Violence Risk Measures
- (3) Anger/Rage Reaction Measures
- (4) Neuropsychological Measures

Our present study is combining them all

[1] DIAGNOSTIC MEASURES

- Cluster B Personality Disorders
  - Borderline
  - Antisocial
  - Histrionic
  - Narcissistic

What do these PD's have in common?

[1] DIAGNOSTIC MEASURES

- Psychopathy
  - Personality constellation of emotional, behavioral, and interpersonal traits (Hare, 1980; 2003)
  - We often associate many traits of psychopathy with violence
  - ASPD versus psychopathy versus NPD
  - Instrumental versus reactive violence
    - Primary versus secondary psychopathy
  - Psychopathy is present in approx. 25% of hospitalized psychotic offenders who have committed a violent offense (Tengstrom et al, 2004) and ~ 29% of male prison inmates (Walters, Duncan, & Mitchell-Perez, 2007)

[1] DIAGNOSTIC MEASURES

- Psychosis/Schizophrenia:
  - Psychosis is not predictive of violence, but does play a role in situations that might elicit violence
  - Timing is important
  - Different symptoms may play a role in the severity of violence (Green, Schramm, Chiu, McVie, & Hay, 2009)
    - Capgras; Threat/control override; impulsivity
- Mania:
  - Mania symptoms and violence
  - Timing is also important
- Cognitive impairment:
  - Research is mixed, but some suggests that executive dysfunction plays a role in violence
  - Impulsivity, verbal performance, concept formation and cognitive flexibility are related to violence (Hancock, Tapscott, & Hoaken, 2010)
  - Schizophrenia, cognitive impairment, and violence
  - Cognitive impairment = reactive or predatory violence?
    - Acquired sociopathy (Broomhall, 2005)

[2] TRADITIONAL VIOLENCE RISK MEASURES

PCL-R, VRAG, HCR-20

- Designed to measure psychopathy, long-term risk of violence related to criminality, poor compliance with remediation, etc.
- HCR-20 also assesses acute risk factors

PCL-R

- Glib/Superficial Charm
- Grandiose Sense of Self Worth
- Need for Stimulation/Proneness to Boredom
- Pathological Lying
- Conning/Manipulative
- Lack of Remorse or Guilt
- Shallow Affect
- Callous/Lack of Empathy
- Parasitic Lifestyle
- Poor Behavioral Controls
- Promiscuous Sexual Bx
- Early Behavioral Problems
- Lack of Realistic, Long-Term Goals
- Impulsivity
- Irresponsibility
- Failure to Accept Responsibility for Own Actions
- Many Short-Term Marital Relationships
- Juvenile Delinquency
- Revocation of Conditional Release
- Criminal Versatility

HCR-20

- Historical
  - Previous violence
  - Young age at first violent incident
  - Relationship instability
  - Employment problems
  - Substance use problems
  - Major mental illness
  - Psychopathy
  - Early maladjustment
  - Personality disorder
  - Prior supervision failure
- Clinical
  - Lack of insight
  - Negative attitudes
  - Active symptoms of major mental illness
  - Impulsivity
  - Unresponsiveness to treatment
- Risk Management
  - Plans lack feasibility
  - Exposure to destabilizers
  - Lack of personal support
  - Noncompliance with remediation attempts
  - Stress

VRAG

- Lived with biological parent
- Elementary school maladjustment
- History of alcohol problems
- Marital status
- Criminal history score
- Failure on prior conditional release
- Age at index offense
- Victim injury
- Female victim
- Presence of a personality Disorder
- Presence of schizophrenia
- Psychopathy level

[3] ANGER, RAGE, AND IMPULSIVITY MEASURES NAS-PI AND BIS

- Anger is classified as a dynamic risk factor for violence. It can either disinhibit or motivate violence (Novaco, 1994)

NAS-PI

- NAS-PI distinguishes between assaultive and non-assaultive forensic inpatients and can predict violent behavior in institutions as well as violent behavior in the community.

BIS

- Impulsiveness is operationalized by the BIS which looks at three dimensions:
  - 1. Motor or behavioral impusliveness,
  - 2. Cognitive or attentional impulsiveness,
  - 3. Impulsivity/non-planning (lack of concern for the future)

[3] ANGER, RAGE, AND IMPULSIVITY MEASURES CONTINUE..

NAS-PI, BIS

- Two types of Aggression:
  1. Predatory Aggression
  2. Reactive Aggression
- Reactive aggression is not well correlated with predatory aggression; NAS-PI and PCL-R scores capture different violence constructs (Hornsveld, Muris, & Kraaimaat, 2008)
- Impulsive violence (as measured by the BIS) has been shown to be inversely related to language and reading skills in criminal and psychiatric populations (Barratt et al, 1997).

[4] NEUROPSYCHOLOGICAL MEASURES

CVLT, BVMT, DKEFS, AST, WASI, WRAT Reading

Executive Functioning.

- Institutional violence has been correlated most significantly with the presence of psychopathy and the presence of neuropsychological impairments/neurological injury, especially frontal deficits (Hoptman et al, 2002).
  - Frontal lobe deficits are related to impulsive and reactive violence rather than predatory violence (Kiehl, 2006).
  - Patients with impairment in executive functioning may have: Impulsivity, Poor insight into their behavior, Poor planning ability and judgment, Difficulty generating alternate ways of approaching situations, Angry outbursts that are exhibited with minimal provocation.
- Poor anger regulation, impulsivity and violent behavior are related to dysfunction of the prefrontal cortex (Raine et al, 1998).

Frontal Process

- Verbal Mediation (WASI and WRAT Reading): Nestor et al. (2000) found that inability to verbally mediate behavior, especially rule-governed behavior, may contribute to impulsive violence.

[4] NEUROPSYCHOLOGICAL MEASURES

CVLT, BVMT, DKEFS, AST, WASI, WRAT Reading

Attention.

- Impaired attentional processes, particularly difficulties with sustained and directed attention within the frontal cortex may increase vulnerability to aggression (Foster et al., 1994)
- Attentional problems may reflect inefficient processing of environmental stimuli (Donchin & Coles, 1988)

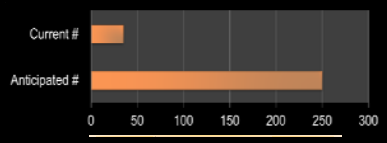
INTRODUCTION TO OUR SAMPLE

ABOUT DMH-VPP

- The DMH Vacaville Psychiatric Program is a 330 bed inpatient psychiatric facility
- Approximately 1200 – 1300 admissions per year
- Approximately 84% of acute admissions for suicidal ideation/attempts

STATUS OF PROJECT

- Current completed n=35
- Target n=250



LIST OF VIOLENCE RISK MEASURES

A. Psychiatric Diagnoses and Symptom Ratings
1. DSM-IV Symptom Checklist
2. PC-PTSD

B. Measures of Violence Risk
1. Psychopathy Checklist-Revised, Revised (PCL-R)
2. The Violence Risk Assessment Guide (VRAG)
3. The Historical-Clinical-Risk Management Violence Assessment (HCR-20)

C. Measures of Aggression and Impulsivity
1. Violence Rating Scale (VRS)
2. Barratt Impulsiveness Scale (BIS)
3. Novaco Anger Scale and Provocation Inventory (NASPI)

D. Neuropsychological Test Battery
1. Rey 15-Item Visual Memory Test (Rey 15-Item)
2. Wechsler Abbreviated Scale of Intelligence (WASI—Vocabulary and Matrix Reasoning)
3. Wide Range Achievement Test-IV (WRAT- IV) Reading Subtest
4. Brief Visuospatial Memory Test-Revised (BVMT-R)
5. California Verbal Learning Test-II (CVLT-II)
6. Delis-Kaplan Executive Function System (DKEFS) Color-Word Interference, Trail-Making, & Verbal Fluency
7. Alberta Smell Test (AST)

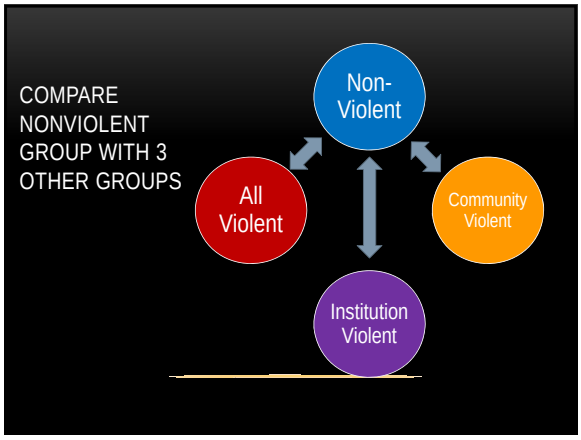
DEFINING VIOLENCE

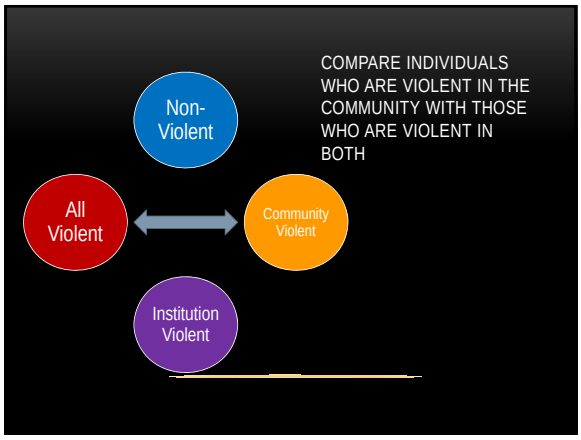
VIOLENCE LEVELS FOR CRIMINAL OFFENSES

1. Non-Violent (drug offenses, fraud, prostitution)
2. Ambiguous Violence (escape, theft, weapon possession)
3. Property Crimes (burglary, vandalism, grand theft)
4. Threats to Persons (robbery, indecent exposure, L&L)
5. Attacks on Persons (assault, battery, rape, kidnap, child molest)
6. Loss of Life (murder, manslaughter)
7. Loss of Life/Extreme Violence (sadistic rape/murder, serial murder, torture resulting in death)

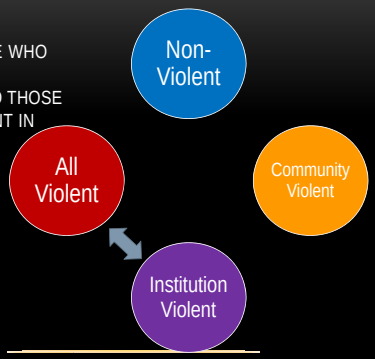
Adapted from M. Young


VIOLENCE RISK STUDY: DESIGN
Non-Violent
n 3
All Violent
n 19
Community Violent
n 13
Institution Violent
n 0


COMPARE NONVIOLENT GROUP WITH 3 OTHER GROUPS
Non-Violent
All Violent
Community Violent
Institution Violent


COMPARE INDIVIDUALS WHO ARE VIOLENT IN THE COMMUNITY WITH THOSE WHO ARE VIOLENT IN BOTH
Non-Violent
All Violent
Community Violent
Institution Violent

COMPARE THOSE WHO ARE VIOLENT IN INSTITUTIONS TO THOSE WHO ARE VIOLENT IN BOTH

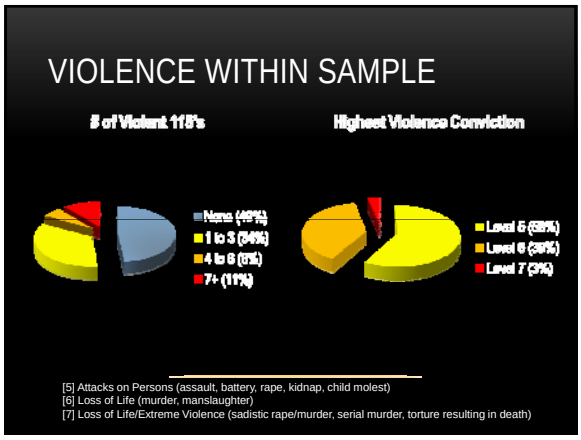


VIOLENCE RISK STUDY: HYPOTHESES

1. The weighting of violence risk factors will vary between Groups (each group will have unique features)
2. Patients in non-violent group will have lower incidence of pathology across domains & test types
3. Community-violent group will have high pathology in neuro measures or on traditional violence risk measures, but less pathology than all-violent group

VIOLENCE RISK STUDY: HYPOTHESES

4. All-violent group will have greater pathology across test domains than other groups
5. Institutional-violent group will have higher rates of severe mental disorders as found by diagnostic measures


VIOLENCE WITHIN SAMPLE
# of Violent 118's
Highest Violence Conviction
None (49%)
1 to 3 (34%)
4 to 6 (6%)
7+ (11%)
Level 5 (69%)
Level 6 (20%)
Level 7 (3%)
[5] Attacks on Persons (assault, battery, rape, kidnap, child molest)
[6] Loss of Life (murder, manslaughter)
[7] Loss of Life/Extreme Violence (sadistic rape/murder, serial murder, torture resulting in death)