SOMEC

Serious offending by Mobile European Criminals
Improving information exchange and cross-border supervision

What Works in work with Violent Offenders

An Overview

Hazel Kemshall, Bernadette Wilkinson, Gill Kelly, Sarah Hilder

---

Associate Partners:

What Works in work with Violent Offenders – An Overview

Authors: Hazel Kemshall, Bernadette Wilkinson, Gill Kelly and Sarah Hilder, De Montfort University, UK (DMU)

Published by: SOMEC (Serious Offending by Mobile European Criminals). Accessible at: www.somec-project.eu

SOMEC: What Works in work with Violent Offenders

An Overview

Contents

Section 1 - Introduction

This short overview captures key themes and findings about the effective assessment and management of violent offenders. It is not exhaustive but has attempted to be wide ranging. The overview concentrates on recent papers after 2007, but utilises earlier work if it is seen as relevant. The review has not used a systematic literature review methodology due to constraints of time and resources. This is also a very broad field of study and the review touches on key areas but recognises that further work is needed. A key word search[1] of the following data bases/search engines was used: De Montfort and Birmingham University Websites. Further literature was pursued on a thematic basis following this initial search. The review is dominated by studies from Anglophone countries although sources from Europe have also been included when published in English.

One hundred sources are included in this review with supplementary material from guidance, books and websites.

The overview starts by clarifying the categorisation and definition of violent behaviour, some theoretical constructs and the role of gender and of mental health. The review then considers the assessment of violent offenders and the usefulness and limitations of assessment tools, before considering how those assessments lead to interventions and the nature and evidence of effectiveness of a range of approaches. The focus is on risk; however the overview does include findings about the growing field of desistance and the role of future oriented positive approaches in supporting a reduction in offending. The review concludes with a consideration of the importance of multi-disciplinary work.

---

[1] Violence, aggression, violent offending, effective interventions violent offending, general aggression model, psychosocial approaches

Section 2 - What is meant by violent offending?

Violent offenders are sometimes treated as a 'homogenised' group, but there are different types of violent offending, different types of violent offender and different groups of professionals working with individuals who have committed violent acts. There are also legal definitions of violence that will be of great significance for the future management of individual offenders. The project on 'Serious Offending by Mobile European Criminals' (SOMEC) has used the ECRIS offence codes[2] as a starting point to define serious offences of violence (see appendix one for the list of codes).

Violent behaviour and aggression are not the same although they are sometimes interlinked. These definitions have been suggested (Anderson and Bushman 2002):

> 'Human aggression is any behavior directed toward another individual that is carried out with the proximate (immediate) intent to cause harm. In addition, the perpetrator must believe that the behavior will harm the target, and that the target is motivated to avoid the behavior (p.28)
>
> 'Violence is aggression that has extreme harm as its goal (e.g., death). All violence is aggression, but many instances of aggression are not violent.' (p29)

Both of these definitions make it clear that harm to the victim or to victims is the outcome of violent or aggressive offending. It is increasingly recognised that, as well as physical harm, violent offending can also result in severe psychological trauma; some of these effects can be long lasting and profound.

2.1   Categorisation

Violent behaviour can be categorised by offence type. It can also be categorised by the motivations for the act, or by the situation and relationships that surround it. Violence within a domestic setting between family members and intimate partners for example would be a distinctive category. Sometimes this group is excluded from reviews about violent behaviour more generally (Jolliffe and Farrington 2007, McLean and Beak 2012).Violence against others from groups different to the perpetrator may be considered as a separate

---

[2] European Criminal Records Information System (ECRIS) see: http://ec.europa.eu/justice/criminal/european-e-justice/ecris/index_en.htm; accessed September 11th 2014. This in effect created common codes for certain types of offences across the EU including serious violent offending.

phenomenon (De Wall and Anderson 2011), and is often referred to as hate crime.[3] Perpetrators of violent behaviour may not always confine themselves to a specific category so that offenders against intimate partners for example, may also be violent outside of the home. Violent behaviour will also be influenced by historical factors, by individual characteristics and by circumstances. It is important to look beyond the presenting offence to the how and the why of the offending (Prins, 2005).

Violent behaviour has also been categorised based on the primary driver for the violent act, with a distinction drawn between reactive as opposed to proactive behaviour, and between impulsive and premeditated actions. These two sets of distinctions have been considered to have some similarities with each other. However it has been found that reactive and impulsive aggression correspond more closely, than proactive and premeditated violence (Babcock et al, 2014). Violent behaviour is also categorised as:

- instrumental aggression, proactive in nature, or,

- reactive aggression, expressing emotional arousal (Waters, 2007).

Others have questioned the distinction, as these categorisations are not mutually exclusive (Bushman and Anderson 2001). An act can be instrumental in that it is designed to achieve a goal, for example a violent robbery for financial gain. The perpetrator may however also be motivated by emotional arousal leading up to the offence, or occurring during the incident. Others however continue to support the usefulness of the distinction (Ferguson and Dyck 2012). A review of the files of 71 violent male offenders found that almost 80% of violent offences could be categorised as purely instrumental or reactive. It also found that reactive violent offences were of greater severity (Tapscott et al 2012). Purely instrumental aggression is more likely to confine itself to the threat of harm. Further evidence is needed to test the hypothesis that acts that are both instrumental and reactive may be more severe in terms of the violence used.

These categorisations arise from the reasons for the violent act. Categorisation taking into account these reasons is central to the provision of appropriate services. Reactive and impulsive aggression has for example been linked to a tendency to attribute hostile intentions to others, while proactive instrumental aggression to a belief that violence will produce desired outcomes (Babcock et al 2014). This suggests that different interventions may be needed. For the individual offender it is also important to be clear if all of their violent behaviour has been of a particular nature, or if they show more varied patterns across an offending career. Younger offenders have been found to show more varied patterns of

---

[3] https://www.gov.uk/report-hate-crime

offending (Piquero and Weiss 2013). Young people who commit violent offences are more likely to persist into adulthood, as are those who start offending at a young age. While many young offenders desist from offending as they become adults, for others there is an increasing severity of offending including violence (Loeber et al 2013; Farrington 2013). It may be that the nature of violent behaviour becomes more fixed with age (Williams and Arnold 2002). It is this attention to the how and why which gives important clues to the likelihood and impact of future violent offending and to the interventions and risk management measures that may be relevant.

2.2   Theoretical Orientations

The importance of theory for decision makers and the need for them to be aware of their own professional viewpoints and open to new ideas and perspectives has been emphasised (Webster et al 2014). Practice within criminal justice with violent offenders, particularly in the Anglophone jurisdictions, has been influenced by a theory base broadly characterised as cognitive behavioural in orientation, together with a psychosocial approach to understanding and responding to violent behaviour. This has been of particular significance in guiding assessment and programmes of intervention (Jolliffe and Farrington 2007; McGuire 2008; Rubin et al 2008). It should be noted however that there are other theory bases that may influence practice with individuals.

2.2.1   Cognitive behavioural and psychosocial approaches

Cognitive behavioural approaches focus on understanding and developing the individual's capacity for self-regulation, their thinking and their emotions and the connections between the two (McGuire 2008). Cognitive behavioural theories can include the concept of implicit theories (ITs) which consist of sets of beliefs connected around a dominant theme which guide behaviour and help individuals make sense of situations. Examples of implicit theories linked to violence are: 'beat or be beaten, I am the law, violence is normal, and I get out of control' (Polaschek et al 2009).

Psychosocial approaches provide an understanding of the ways in which particular patterns of emotional response, thinking and behaviour have arisen over time and are sustained in particular environments. The complexity of the factors that may cause difficulty in controlling angry feelings include family influences, developmental disabilities, early conduct problems, substance use and institutionalisation (Novaco 2013).

An understanding of violent offending using these theoretical constructs will therefore seek to:

- Look at evidence for current patterns of thinking, behaviour and emotional arousal, relevant to violent recidivism.

- Consider the causes of those patterns in development and past experiences to enable a case formulation capturing the complexity of potential targets for intervention.

- Provide interventions that can motivate and engage the individual.

The General Aggression Model (GAM) seeks to provide a 'comprehensive and integrative social–cognitive framework for understanding aggression and violence' (De Wall and Anderson 2011 p245). It is not fully tested empirically and is not without its critics (Ferguson and Dyck 2012) but others point to the wide range of literature informing the model which should be drawn upon to influence interventions (Gilbert and Daffern 2010). GAM focuses on the "person in the situation," and analyses a particular violent episode by concentrating on three main areas:

- person/situation inputs, cognitive,

- affective and arousal routes,

- outcomes of decision making processes. (Anderson and Bushman 2002).

Person factors include traits (see below), attitudes and the scripts or schema the individual has developed, based on life experiences. Situation factors can include any provocation or aggressive cues and the misuse of substances. These inputs influence the internal state of an individual; hostile thoughts and scripts, emotional responses, levels of arousal and motor responses. The individual then engages in a process of immediate and then possibly more considered appraisal of the situation and their response determines final actions. Each individual episode becomes part of the inputs for future interactions and in this way patterns of violent behaviour emerge and are sustained. The model supports a holistic approach to understanding and intervening in violent behaviour, taking into account context, as well as individual factors including the developmental processes that have influenced the development of the individual and their behaviour. Schema therapy as a specific intervention has limited empirical backing; although one review found clinically effective outcomes in a small number of studies in the context of mental health including with personality disorder (Maseley et al 2012). Further research is needed into effectiveness with violent offenders.

The GAM includes the concept of the aggressive personality, conceptualising personality *'as a set of stable knowledge structures that individuals use to interpret events in their social world and to guide their behaviour'* (Anderson and Bushman 2001 p 27). Some personality traits increase the likelihood of a violent response, with trait aggressiveness producing aggressive responses even in relatively neutral circumstances. Trait anger with rumination and often impulsivity is more associated with violence in response to provocation. Returning to the categories of instrumental and reactive aggression, findings suggests that individuals with both trait aggressiveness and trait irritability may be most likely to respond with violence across both kinds of circumstances (Bettencourt et al 2006).

2.3   Mental Health and Violence

The relationship between mental health and violence is complex. A Swedish study and meta-analysis into the links between bipolar disorder and violent offending highlights the complexity (Fazel et al 2010). They found an increased risk for violent crime among individuals with bipolar disorder. However most of this was linked to substance misuse and the unaffected siblings also had an increased risk of violent crime. The authors suggest that this highlights the contribution of genetic or early environmental factors, but there is insufficient knowledge to be sure about precise causes and effects. The study does suggest that it is important to be aware of and treat comorbid substance misuse. The analysis found that for Schizophrenia a small risk of violent offending remained, even without co-morbidity.

A study into mental disorder and risk for future violence in women found that: *"Women who had been incarcerated for a major violent offence were four times more likely to have a diagnosis of borderline personality disorder than women whose index offence was one of minor violence"* (Logan and Black burn 2009 p. 31). The study concludes that for women in secure settings psychiatric comorbidity should be considered as a rule rather than an exception. This study also reviews some of the evidence for violent male offenders, showing that psychopathic personality traits in men with a history of violence are associated with an increased likelihood of violent reoffending, as is psychosis. In addition, correlations have been found in men between antisocial and borderline personality disorders and violent behaviour. Support is also found for the significance of comorbid drug and alcohol abuse. A study found evidence for the hypothesis that adult antisocial behaviour, co-morbid with borderline personality disorder emerges from severe conduct disorder in childhood and adolescence. The study also found that this pattern is strongly associated, in adulthood, with both violence and substance dependence (Freestone et al 2013).

The precise relationship of mental disorder and violence requires further research. One recent finding among psychotic patients is that the connection between delusions and

violence is crucially linked to anger arising from the delusions. Close links in time between the delusion and the violent behaviour are therefore crucial (Ullrich et al 2014).

One study suggests that apart from antisocial disorder and psychopathy clinical variables were not predictive of violent recidivism, but those based on the General Personality and Cognitive Social Learning perspective were. However, further research is indicated (Bonta et al 2013).

2.4   Gender and Violence

Gender is relevant to violent offending both in perpetrators and in victims. Some of the categorisation of violent behaviour is at least in part influenced by gender, most significantly violence in intimate relationships. Gender is also relevant to theories about causation influenced by understanding of masculinity for example.

2.4.1   Intimate Partner Violence

Intimate partner violence can occur within same sex relationships however the majority of incidents are between men and women. The extent to which domestic violence is perpetrated by both genders is contested with some studies suggesting rates are similar (Dixon and Graham Kevan 2011). When this is examined in more detail however differences emerge. A UK study (Hester 2013) found that the violence used by men against female partners was much more severe and that it was more likely to include aspects of control. On the other hand women were more likely to use weapons, but this was often for protection. Women perpetrators were more likely to have alcohol problems, and/or have mental health difficulties, but alcohol misuse by men was linked to more severe outcomes. A typology of domestic violence has been developed and this suggests that one of the reasons for the conflict in the literature is that there is more than one type of violence in intimate relationships. Intimate terrorism for example is mainly perpetrated by men with a pattern of coercive control. There is however also situational couple violence that involves both genders and violent resistance from women coping with the first pattern of violence. For the purposes of this study intimate terrorism is of most relevance (Johnson 2008).

The confusion about types of intimate partner violence also affects the lack of precision that exists about the extent of domestic violence. A Spanish study seeking to develop a risk assessment tool for severe violence or homicide against women suggests that intimate partner violence affects at least 3.6%-9.6% of women more than 18 years of age in Spain. It points out the nature of that violence is varied and that there are different levels of severity. The most severe outcomes including death are much less frequent, although 60 to 70

women are killed every year in Spain by their partners. (Echeburúa et al 2009). An American study suggests that up to 50% of homicides against women are committed by intimate partners. Work is being developed in the European Community creating a data base of gender related crime.[4]

It is important therefore that frontline workers are helped to identify those individuals and situations where risk is at its highest. The likelihood of more severe outcomes is increased by intense jealousy and controlling behaviour and by the use of weapons (Hester 2013). It was found that when women had been killed by their partners either they or the perpetrator had commonly been in touch previously with a criminal justice agency (Roehl et al 2005). A study into the assessments made by Independent Domestic Violence Advisors in the UK found that they raised their concern about risk based on factors like the escalation of violence, use of weapons, stalking, and significant injuries, victims who were very afraid also increased their judgement of the level of risk. There was some overlap with the factors associated with further abuse but also differences, for example they did not take into account separation focusing instead on proximity. They also did not take into account the perpetrator's criminal history. These differences indicate a need for research to continue to inform the detail of practice (Robinson 2012). A study in Wales about serial domestic violence offenders suggests that serial offending is not necessarily an indication of the highest risk. Instead it should be taken into account together with repeat and high-risk offending behaviour to identify those individual perpetrators who require a more intensive response. (Robinson et al 2014).[5]

2.4.2   Masculinity

It is also suggested that greater attention should be paid to perceptions of masculinity and the impact on male criminality, including serious violence (McFarlane 2013). Violence has been linked to masculinity with one study finding that physically aggressive displays are part of men's cultural script for restoring threatened gender status. *'Men understand, use, and benefit from physically aggressive displays as a means of maintaining and restoring their manhood status, particularly when that status has been challenged.'* (Bosson et al 2009, p. 632). This study draws on literature suggesting that violence is understood differently by men and women and that the meaning of the behaviour may differ between genders.

---

[4] http://www.wave-network.org/content/gender-statistics-guidance-report
http://www.fra.europa.eu/fraWebsite/research/projects/proj_eu_survey_vaw_en.htm.

[5] For a literature review on interventions on domestic violence see: Community-based Domestic Violence Interventions (2012, available at: http://www.corrections.govt.nz/__data/assets/pdf_file/0005/673025/COR_Community_Based_Domestic_Violence_Interventions_WEB_2.pdf; accessed January 8th 2015.

2.4.3　　Women and Violence

Research and practice in criminal justice have focused on male offenders, with the smaller numbers of female offenders having less specific attention paid to their needs. It is suggested that women who offend have different pathways into offending and different needs to their male counterparts (Caulfield 2010; and Logan and Blackburn 2009).

Women's experience of violence, both as victim and as perpetrator, is a gendered experience, in other words an experience influenced by the fact that they are women living in a particular set of social and power relationships. Women's violence, at times, will be a direct response to domestic violence and abuse and if this is the case then the provocation and pressure that led to their actions should be recognised and taken into account. There is, however, a danger that too narrow a focus on women as victims might distract from an understanding of women as active agents who make choices about their own behaviour. Women, like violent men, can be aggressive in a number of settings and for some women this can be a significant and stable element of their behaviour. The diverse pathways of violent offending in women have also been found to commonly include the presence of issues of substance misuse (Brennan et al 2012). The findings of a small Scottish study suggest that *"young women imprisoned for violent offences can be both victims of crime and agents who resist victim status"* (Batchelor 2005 p. 371).

Women who kill are extremely rare and therefore it has been difficult to establish a risk profile for them. However, some key characteristics have been established:

■ Women are more likely to kill people they know.

■ They are more likely to kill sexual partners (and as part of 'live triangles').

■ They are more likely to kill children under one year of age.

■ Black women are more likely to be poor and to murder for money.

■ Sexual and emotional victimisation is important, as is substance abuse.

■ Women serial killers are very rare indeed, and are 'place specific killers' operating mainly at home or in health care settings, using low profile modus operandi such as drug overdosing or poisoning. (Wilson and Hilton 1998; and Kemshall 2004)).

2.5　　Key practice questions in understanding violent behaviour

In conclusion, violent behaviour is both variable and complex, and the 'subtlety of violence' is a challenge to risk classification, assessment and management (Barry et al 2008).

Some of the themes emerging suggest that the following questions are likely to assist practitioners in forming a clear and in-depth view of a person's violent behaviour.

- Is it an instrumental use of violence - e.g. carried out as part of another crime? For example robbery or burglary.

- Is the violence intended to achieve power control and status?

- Is the violence premeditated and intentional (planned, targeted and groomed)?

- Is it a reaction to a real or perceived provocation?

- Is the violent act influenced by particular ways of looking at and responding to the world?

- Is it embedded in a particular situation, carried out at particular times, in particular locations, and with particular peers?

- Who are the victims of the violence for example intimate partners, peers, children?

- Does the gender of the perpetrator and/or of the victim make a difference for example to how the perpetrator understands their behaviour?

- Is it precipitated by particular traits, anger, low levels of control and the lack of internal inhibitors (lack of ability to cope with frustration, disappointment)?

- Is the violence linked to the individual's mental health and if so what are the precise nature of those links?

Some serious acts of violence including homicide are single violent acts that are committed by individuals who do not have a history of prior violence. A study found that these *'individuals were not antisocial, impulsive individuals with difficulties controlling their behaviour or their anger, but it failed to shed light on what it was about these individuals that led them to behave in the way that they did … there was no evidence that they were excessively over controlled in terms of their anger or behaviour'* as has been suggested in the past (De Silva and Duggan 2010. p. 203). The authors suggest that there remain unanswered questions about why these individual acts occur.

Section 3 - Assessment of Violent Offenders

A review of the literature on serious violent offenders, found that

> 'Definitions of risk, violence and risk assessment remain far from straightforward, although there are common themes. Terms such as 'high risk' mean different things in different contexts and violent offenders can be difficult to 'compartmentalise' either from other types of offenders (e.g., sexual offenders) or from other violent offenders (e.g., perpetrators of domestic violence). Violence risk assessment has a tendency to focus primarily on prediction of risk but the literature suggests that assessment is more effectively used as a guide for treatment and management, not least where adequate structures, supports and training are in place.' (Barry et al 2008 p. 9).

It is clear therefore that in order to be able to work with and manage the risk posed by violent offenders' accurate assessment is needed. Assessment should allow for estimations of the likelihood of future violent behaviour. These estimations are important for allocating resources and making decisions about the management of risk. This is not however the only, or even necessarily the most important element of risk assessment. There is a crucial decision making phase between assessment and intervention (Webster et al 2014). This phase allows the assessment to guide the detail of the work done with individual offenders, to seek to reduce their risk. For this it needs to indicate those areas that make further violence more likely, so that appropriate measures can be taken.

The process of highlighting the key features of a case so that the most effective treatment can be given is sometimes known as case formulation (Sturmey and McMurran 2011). *"A case formulation provides a useful structure for organising information that can often be complex as well as providing a blue print guiding treatment"* (Webster et al 2014 p. 94). It is important that this formulation is rooted in an evidenced and structured approach to assessment and that it considers the relationship of the risk factor to the violent behaviour and the relationships between risk factors. Some risk factors for example may increase the perceived rewards of violent acts, others may interfere with the effectiveness of risk management strategies and others may act as destabilisers (Quinsey et al 1998). Stages in the process of risk formulation may include:

- Being clear about what are the risk factors and strengths in a particular case will usually be judged using a structured risk assessment tool (discussed further below 3.2).

■ Asking questions of this information to consider **why** the person engaged in violent behaviour in the past. This will help to identify specific triggers or motivators for the offending.

■ A process of scenario planning will then consider when the harmful offending may be most likely to occur in the future, again helping to identify specific aspects of the individual or of their situation most likely to lead to harmful actions (Webster et al 2014)

Case formulation is a complex skill and a recent study into the effectiveness of training probation officers in the skill found that training did not significantly impact on the quality of practice. The suggestion is that the context within which the formulation is developed should be taken into account as the level of previous experience may impact on effectiveness (Minoudis, 2013).

3.1   Good Practice Messages for Violence Risk Assessment:

In order to inform a useful formulation of risk, relevant and accurate information needs to be sought. Some of the areas of investigation an assessor should have in their mind are:

■ Look beyond the index offence(s).

■ Explore the how and the why of offending.

■ Establish previous patterns of behaviour as well as convictions with care.

■ Explore motivations and attitudes to offending, and establish the key justifications and rationalisations for this offender.

■ Identify how victims are chosen and targeted.

■ Identify the key triggers ('by walking through the crime').

■ Identify key risk factors (e.g. substance abuse) for intervention work. (Kemshall 1999)

Risk assessment must always be sensitive to the particular circumstances and history of the individual. For example, it has been found in Holland that Moroccan Dutch boys have exposure to higher levels of child abuse and that this is significant enough to be predictive of violent offending (Lahlah 2013).

There are two possible approaches to the assessment of women, gendered or non-gendered. A review found that in general the latter approach appears valid but with some important differences (Caulfield 2010). Another study looking at the use of a number of the

tools considered below(2.2), supports the finding that generally they were equally predictive for men and women, although there is a need for some incorporation of women's specific needs (Coid et al 2009).

It is still important however to be clear about the most well evidenced and significant factors that may be predictive of violent re-offending. A rapid evidence review found a number of well supported risk factors (McLean and Beak 2012).

- Early onset offending is predictive not only of a persistent or chronic criminal career but also of a violent or more dangerous criminal career. The relationship with age is not as strong for female offenders.

- Men with a long criminal career (in any crime type) are more likely to commit violent offences again this does not appear to hold for female offenders.

- A violent criminal history is a strong predictor of later violent recidivism.

- Specific offences may be predictive of violent re-offending. Manslaughter, blackmail and kidnapping were found to significantly increase the relative risk of a subsequent conviction for murder.

- Early drug or alcohol abuse is related to violent offending however in adults the evidence for a link is mixed, with substance abuse relevant when combined with other factors.

- Anti-social personality traits distinguished violent recidivists from non-violent recidivists and non-recidivists

- There is some evidence that gang involvement is a predictor of violent recidivism.

It is also important, as the review recognises, to understand that these factors will not apply to all violent offenders. So for example some serious violent offenders may not have started offending at a young age. The above factors can only then be a starting point in making judgments about an individual. Risk assessment tools have also been developed to support assessment of dynamic risk factors relevant to an individual.

3.2   Risk Assessment Tools

The well-established Risk, Need and Responsivity (RNR) model and the related risk factor approach to assessment and planning remain of central importance (Andrews and Bonta 2003). A focus on identifying risk factors associated with offending and, as a result, focusing on criminogenic needs matters for a range of reasons, not least to ensure that practice focuses its attention on the most important areas (Bonta and Andrews 2010).

Structured risk assessment tools have made an important contribution to accurate and reliable risk assessment (Kemshall 2004). The literature is supportive of actuarial approaches to assessment which draw on narrow ranges of information to predict the likelihood of future violence. For example the Risk Matrix 2000–Violence (RM 2000[V]), and the Violence Risk Appraisal Guide (VRAG) (see also RATED[6] page 54).

However, these approaches are limited in their ability to guide future action. They are also often based on historical information so cannot be used to measure change in risk over time. Because of this, a greater understanding of the dynamic influences on risk is needed, guided by tools that support structured professional judgement (Farrington et al 2008, Craig et al 2013.)

The following table summarises the characteristics of some commonly used tools. For further details see also RATED.

Tool	Description
Offender Group Reconviction Scale (OGRS)	Prediction scale for general offending, with indicator for violent offending, based on static factors of age, gender and criminal history.
Psychopathy Checklist Revised (PCL-R) http://www.hare.org/	A twenty item tool consisting of two factors, designed to diagnose psychopathy
RM2000[7]	Risk Matrix 2000 consists of 3 scales. RM2000/S is a prediction scale for sexual offending. RM2000/V is a prediction scale for non-sexual violence engaged in by sex offenders. RM2000/C is a combination of the first two scales and predicts sexual or other violence. Usually used in conjunction with other risk assessments

---

[6] Risk Assessment Tool Evaluation Directory (RATED). Published by the Risk Management Authority Scotland, available at: http://rated.rmascotland.gov.uk/risk-tools/violence-risk/; accessed September 11th 2014.

[7] Thornton, D. (2009) RM 2000 Scoring instructions. Available at: http://www.birmingham.ac.uk/Documents/college-les/psych/RM2000scoringinstructions.pdf

Violence Risk Appraisal Guide (VRAG)	The VRAG is a 12 item actuarial risk assessment instrument, designed to be an aid to estimating the probability of reoffending by mentally ill offenders. Usually used in conjunction with other risk assessments
Classification of Violence Risk (COVR)	Assesses mentally disordered patients on 44 risk factors in estimating violence risk. Has limited validity and applicability to female offenders and ethnic minority offenders
Historical Clinical Risk Management – 20 (HCR-20) http://hcr-20.com/	HCR-20 is a comprehensive set of professional guidelines for the assessment and management of violence risk
Violence Risk Scale (VRS)	A 26 item actuarial tool. Limited applicability to female offenders and ethnic minority offenders. Some focus on dynamic factors
Short Term Assessment of Risk and Treatability (START)	Assessment of violence, suicide and self-harm risk in inpatient and community settings. A short term tool.
Spousal Assault Risk Assessment (SARA) http://www.mhs.com	The Spousal Assault Risk Assessment Guide (SARA) helps criminal justice professionals predict the likelihood of domestic violence.

A review of the use of risk assessment tools in 29 secure forensic units found that the most common instruments were Historical Clinical Risk–20 (HCR–20) and Psychopathy Checklist – revised (PCL–R); both were rated highly for utility (Coid et al 2011). The Risk Management Authority in Scotland (RMA) has produced a review of the evidence base for tools designed

to assess sexual violent and general recidivism.[8] Of those tools relating to violent offending that have been validated, VRAG has good validation with mentally disordered offenders. Historical Clinical Risk 20 (HCR 20) is the only tool they have identified as having some validation with other groups as well as good validation with mentally disordered offenders. It is a structured tool which also guides interventions and risk management. The 2009 study mentioned above found that the (Offender Group Reconviction Scale) OGRS ranked highest for violence among men, and the Psychopathy Checklist Revised (PCL–R) and HCR-20 H subscale ranked highest for violence among women. A study found that the high scores on PCL-R were correlated with recidivism (Tew et al 2013).

A review concluded that it may be that a new method for assessing women is needed but that it may equally be that adjusting existing methods will be sufficient and allow those needs that are found in both genders and those that are female specific to be included (Cauldfield 2010). Risk assessment tools need to be validated for specific populations.[9] A new study found that in a clinical setting the HCR-20 predicted aggression better for women than men. For women risk management items were most important, whereas for men current clinical features were most significant. Differences were also found for accuracy of prediction between diagnostic groups with the tool most useful for schizophrenia and/or personality disorder (O'Shea 2014).

A review of tools in use in Scotland found that the HCR20 was the most useful tool both in terms of quantitative evidence and based on practitioner views of its usefulness (Farrington et al 2008). The authors concluded the review with a number of recommendations about risk assessment tools:

- The purpose and function of the instrument should be clearly stated.

- The instrument should have a user manual and a training programme.

- The instrument should include static and dynamic, risk and protective factors.

- The instrument should be used in an individualised way as part of a structured clinical judgement.

- The instrument should be designed to identify those who do or do not require a more intensive assessment.

---

[8] Risk Assessment Tool Evaluation Directory (RATED). Published by the Risk Management Authority Scotland, available at: http://rated.rmascotland.gov.uk/risk-tools/violence-risk/; accessed September 11th 2014.

[9] Risk Assessment Tool Evaluation Directory (RATED). Published by the Risk Management Authority Scotland, available at: http://rated.rmascotland.gov.uk/risk-tools/violence-risk/; accessed September 11th 2014.

■ Finally, users should always bear in mind the difficulties involved in moving from predictions about individuals, and should be extremely cautious in drawing any conclusions about a person's risk of future violence.

Concerns and gaps remain however. A study of VRAG, HCR-20 and the Psychopathy Checklist Revised (PCL-R) found that their predictive power is based on only a small number of their items which may explain why it appears to be hard to improve prediction above a certain level (Coid et al 2011).

One study suggests that apart from antisocial disorder and psychopathy, clinical variables were not predictive of violent recidivism but those based on the General Personality and Cognitive Social Learning (GPCSL) perspective were (Bonta et al 2013). It has been pointed out that standardised instruments designed to predict violence may be predicting general recidivism rather than a specific tendency to violence. A study looked at three tools, the VRAG, HCR-20 and OGRS 11 (the latter is an actuarial tool assessing recidivism generally). The authors suggest that 'Moderate to good predictive accuracy for future violence was achieved for released prisoners with no mental disorder, low to moderate for clinical syndromes and personality disorder, but accuracy was no better than chance for individuals with psychopathy. Comprehensive diagnostic assessment should precede an assessment of risk. Risk assessment instruments cannot be relied upon when managing public risk from individuals with psychopathy' (Fazal et al 2010 p387). Findings from a study into mental disorder and violence in women reach a similar conclusion about the assessment and management of violence risk with women, emphasising the development of individual risk formulations (Logan and Blackburn 2009).

Psychopathy as a construct has been shown to have predictive validity in studies of violent reoffending in men and is sometimes included as a measure in other tools like the HCR20 and the VRAG. However a study found that exclusion of the PCL-R assessment as part of the HCR-20 did not make a difference to its predictive validity (Guy et al 2010).

Current risk assessment tools may be less relevant to violent extremists and terrorists by not relating to the background and motivations of this group. A study has developed a new structured protocol, Violent Extremist Risk Assessment (VERA), designed to be used with individuals with a history of extremist violence. At this stage this is a research tool and is not validated yet for clinical use (Pressman 2009). It should also be acknowledged that tools are limited to those factors that have been subject to research. It may be that other factors are of significance but that we lack the knowledge to include them in risk assessment tools. 'absence of evidence is not evidence of absence' (Egan 2013 p148).

3.3   Making Best Use of Risk Assessment Tools

The Risk Management Authority Scotland supports the concerns raised above, pointing out the weaknesses of risk assessment tools if they are solely relied upon. They recommend a convergent approach using actuarial and structured professional judgment tools. They recognise that professional judgement and decision making are central to all risk assessment practice whatever tools are being used.[10]

It is important therefore that risk assessment is rooted in good professional practice, including:

- Appropriate collection and use of information, including:
    - Questioning of significant others and detailed investigative interviewing of the offender.
    - Estimation of likelihood and impact based upon a structured professional assessment.
    - Judgements that are grounded in the evidence.
    - Ongoing communication with relevant others.
- Appropriate levels of knowledge and skill within the work-force including:
- Actuarial, clinical and legal knowledge.
- An understanding of how to devise case management plans well matched to the violence risks. That are then appropriately resourced and delivered with integrity.
- A recognition that risk indicators can be dynamic, as well as static, and are liable to change over time.
- Understanding individual offenders and matching them to suitable interventions.[11]

An interesting approach to the assessment of high risk sexual offenders may have relevance to violent offenders and emerges from the Good Lives Model considered later. Exploring the individual's ideas about a 'good life' and how to achieve it can be part of risk assessment by taking account of:

---

[10] http://rated.rmascotland.gov.uk/

[11] RMA 2013 *Standards and Guidelines: Risk Management of Offenders Subject to an Order for Lifelong Restriction.* Version 2. Paisley: RMA, available at: http://www.rmascotland.gov.uk/standardsandguidelines/; accessed October 27th 2014; and Kemshall, H. (2009) 'Working with sex offenders in a climate of public blame and anxiety: How to make defensible decisions for risk.', *Journal of Sexual Aggression*, 15 (3) 331-343.

- How their criminogenic needs are presenting obstacles to the achievement of those goods and whether they are pursuing goods through anti-social means.

- What is the scope of their idea of a good life? Are they focusing on some areas and ignoring others? Is there a conflict between their idea of a good life and how they are currently behaving?

- Do they have the capacity and opportunities to realise their life goals pro-socially and realistically? (Barnett and Mann 2011).

This approach may support an individual's motivation to benefit from planned interventions by actively engaging them in the risk assessment process.

Section 4 - Interventions

There is some, albeit limited, evidence of what is effective in delivering interventions with violent offenders. Interventions need to link to the assessment of the risk factors related to the likelihood of future violence. These include:

- Association with criminal peers.

- Anti-social attitudes and pro-criminal beliefs.

- Deficits in social-cognitive skills such as problem solving.

- Poor social perspective taking.

- Impulsivity.

- Intelligence.

- Psychopathy.

- Lack of insight into violent offending.

- Rehearsal of violent thoughts.

- Drug and alcohol abuse.

- Poor management of emotions (particularly anger),(Shelby 1984, Quay 1987,Huesmann 1998,Goldstein 1999, Barrett 1994, Wong and Gordon 1999McLean and Beak 2012).

4.1 Psychosocial Approaches

A review (Jolliffe and Farrington 2007) found that interventions with violent offenders were effective, with a difference in the percentage reconvicted of about eight to eleven per cent for general re-offending measures and seven to eight per cent for violent re-offending measures. The authors describe the results as very promising but also acknowledge that very few suitable studies were available for inclusion. The study also found that the focus of interventions was significant with general education and empathy reducing the usefulness, but with cognitive skills, anger control, use of role play and relapse prevention and homework proving more effective. A study found

> 'sufficient evidence currently available to substantiate the claim that personal violence can be reduced by psychosocial interventions, but that much more

research is required to delineate the parameters of effectiveness in this context' (McGuire 2008, p. 2577).

Findings suggested that emotional self-management, interpersonal skills, social problem-solving and allied training approaches show mainly positive effects with a reasonably high degree of reliability. Findings are weaker with respect to domestic violence and less consistent with reference to prison-based programmes (Bowen et al 2005).

The question is raised not just of what works, but how interventions work, in other words the importance of a treatment theory that understands the mechanisms that underlie the positive effects. In the Jolliffe and Farrington study why was education counterproductive? McGuire suggests that it may be because it takes time away from more effective elements.

4.2   Cognitive behavioural approaches

A document produced by the National Offender Management Service in England and Wales, commenting on the effectiveness of offender behaviour programmes before and after release from prison found that:

'the evidence also suggests that the most effective interventions use the cognitive-behavioural approach, are intensive in their session length and overall duration and include cognitive skills training, role-play and relapse prevention. Basic skills and empathy training have not been show to increase the effectiveness of violent interventions' (Ministry of Justice 2010).[12]

Some Examples of Existing Programmes Targeting Violent Offenders[13]	
RESOLVE	A moderate intensity cognitive-behavioural intervention that aims to reduce violence in medium risk adult male offenders. The programme includes group and individual sessions and is suitable for offenders with a history of reactive or instrumental violence.

---

[12] https://www.justice.gov.uk/offenders/before-after-release/obp

[13] See http://www.ncbi.nlm.nih.gov/pubmed/20522892 ; https://www.justice.gov.uk/offenders/before-after-release/obp;

SCP (Self Change Programme)	Aims to reduce violence in high risk repetitively violent offenders. The programme targets offenders' patterns of anti-social thinking and beliefs that support violence.
HRP (Healthy Relationship Programme)	A programme for men who have committed violent behaviour in a domestic setting. The aim is to end violence and abuse against participants' intimate partners. Participants will learn about their abusive behaviours and be taught alternative skills and behaviours to help them develop healthy, non-abusive relationships. There are two versions of HRP – the moderate intensity programme for men assessed as having a moderate risk/moderate need profile and the high intensity programme designed for high risk/high need offenders.
Democratic TC (Therapeutic Community)	Democratic TCs provide a residential, offending behaviour intervention for prisoners who have a range of complex offending behaviour risk areas, including emotional and psychological needs and Personality Disorders. Democratic TCs provide a 24/7 living-learning intervention for offenders whose primary criminogenic risk factors need to be targeted whilst simultaneously addressing psychological and emotional disturbance.
COVAID Programmes (Control of violence and anger in impulsive drinkers)	A series of programmes aimed at reducing violence and anger in impulsive drinkers. The different versions of the COVAID programme can be delivered as groupwork or on a one to one basis, in either secure or community settings. All the programmes are aimed at reducing re-offending primarily by young men with a repeated history of violence whilst intoxicated.
Violence Reduction Programme	A risk-reduction treatment programme complemented by a focused assessment, both guided by the risk-need-responsivity principles, is suggested as the preferred treatment for violence-prone individuals with personality disorder.

RVPU	Intensive Custodial Programme for High Risk Violent Offenders based in a purpose-built 30-bed medium-security unit, located at Rimutaka Prison, near Wellington, New Zealand

Commentators caution against too narrow a reliance on cognitive behavioural approaches. McGuire (2008) suggests that only interventions which incorporate a range of different strategies (multi modal) should be considered. Drawing on the General Aggression Model others suggest that traditional cognitive-behavioural approaches may not be enough to help individuals deal with entrenched patterns of thinking particularly if anger is impacting upon their ability to think. They suggest that a clearer understanding of the contributions of values and goals to aggressive behaviour would be helpful (Gilbert and Daffern 2010). The use of implicit theories to consider the need for a holistic approach to interventions emerges from the literature. It is, for example, acknowledged by those who support interventions focused on anger control, that *'The provision of anger control treatment is an adjunctive therapy. Especially with forensic populations it is best done as part of a multifaceted treatment programme'* (Novaco 2013, p.211). This theme of interventions that are multi-faceted is found in a further review suggesting that effective interventions for offenders are tailored to the individual, and that cognitive behavioural therapies and multi-systemic therapies (MST)are effective (Rubin et al 2008). MST is especially relevant for young offenders who have committed sexual offences (Letourneau et al 2009; Borduin et al 2009). MST incorporates CBT practices but in an individual programme that also works with the individual's wider social environment of family, school and peers. Another critique of a risk focused approach to interventions is found in the desistance and good lives literature considered later in this review.

The elements of treatment that are of benefit to offenders with psychopathic traits require further study (Egan 2013, Tew et al 2013). Of note is the Violence Reduction Programme which has some empirical support. It is intended for medium to high risk non sexual violent offenders, not including domestic violence, but including those with psychopathic traits. Again it uses a cognitive behavioural approach, but also stresses the wider environment, and the importance of social influences, including for example the influence of prison staff. It is flexible in delivery with no fixed number of sessions, instead focusing on achieving specific treatment goals *'Results of programme evaluations with long-term follow-up and the inclusion of control groups indicate that programme participation was linked to the reduction of general and violent reoffending'*(Wong and Gordon 2013 p 461).

The specific issue of locating treatment in prison environments also needs further study but the potential negative impact of unhelpful custodial environments is supported. A study found that the experience of being made to 'feel small' or 'invisible' within the prison context raises the risk that prisoners will engage in violence or aggression (Butler and Maruna, 2009). Work looking at therapeutic communities within prisons is included below and also raises concerns about the extent to which the environment within which work is delivered, makes a difference to effectiveness issues which might be of importance include *'a perceived lack of safety, poor facilities, security versus therapy disputes, adversarial staff-service user relationships, the pejorative labelling of those in treatment, and the reinforcement of non-engagement within the informal institutional culture'* (Day and Doyle 2010, p. 381).

To summarise, some key practice points about effective psychosocial and cognitive behavioural interventions with violent offenders emerge from the literature including:

- Ensure that programmes of intervention have a theoretical and evidential basis.

- Ensure that programmes are delivered to individuals who possess the relevant risk factors for that programme.

- Programmes that include cognitive and interpersonal skill development, emotional self-management and social problem solving are likely to be most effective.

- The inclusion of elements less likely to be effective may detract from the overall success of the programme.

- Programme methods matter; using role play, relapse prevention and homework is likely to be helpful.

- Ensure that programmes are appropriate to the level of risk of an individual.

- Pay attention to specific disorders including psychopathy that may be relevant to risk and to the individual's ability to respond to treatment.

- Avoid a narrow focus and develop multi-faceted approaches to intervention.

- Pay attention to context how might it make a difference to the individual's ability to respond or to put their learning into practice?

Other specific issues on using CBT and psychosocial approaches emerge from the literature:

- **Gender**. A study looked at gender neutral CBT with a small group of women (Barnett 2012). It drew on research suggesting that gender-neutral cognitive behavioural treatment can be effective for women as well as men (Hubbard 2007). This earlier study suggested that women may be more receptive to cognitive behavioural interventions speculating that this may be because of women's greater

motivation or receptivity. The findings of the more recent study were also broadly supportive of the usefulness of CBT but questioned whether enough attention was paid to a design that fully engaged women.

- **Dosage.** The duration and intensity of treatment requires further work. Programmes may lack the intensity and specificity to sufficiently modify an individual's cognitive content relating to well-rehearsed and entrenched aggression (Gilbert and Daffern 2010). There is some evidence to suggest greater overall duration of interventions with greater duration per session is more effective. This relationship between treatment intensity and reduction in re-offending has been identified in a number of studies and reviews (Joliffe and Farrington 2007; Ministry of Justice, UK 2010). One review suggests that it is likely that an increase in the duration and intensity of treatment is needed (McGuire 2008). However, it is not possible to be specific about what the optimal dosage might be, or to identify when further intensity no longer impacts on reductions in reoffending.

- **Reactive and Instrumental Aggression** may require different responses. It is suggested that reactive aggressors are more likely to benefit from programmes targeting emotional control and hostile thinking, whereas instrumental aggressors may need a different approach with a stress on controlled environments and social problem solving (Tapscott 2012). In practice the two different set of aggressor motivations may overlap in individuals, so an approach that addresses both elements in an appropriate balance for the needs of each individual may be most helpful.

- **Treatment readiness** considers how able the individual is to engage with and benefit from treatment and the likelihood of programme completion. A reconviction study of the Aggression Replacement Training (ART) programme in England and Wales found that offenders who failed to complete were more likely to be reconvicted than matched controls (Hatcher and Palmer 2008). Another study confirms a completion effect (Hatcher et al 2012). Starting and not finishing a programme may be damaging. This leads them and others to suggest that readiness to change may be an important variable in the success or otherwise of an intervention (Day and Howells 2008). This latter study also found that readiness to change developed through the programme as a therapeutic alliance developed, further complicating decision making and suggesting that there may be a danger of excluding individuals from a programme who could benefit if their treatment engagement could be developed. It may be helpful to be able to assess treatment readiness, looking at individual and situational variables. This study tested a self-report measure that appeared to have utility in predicting engagement in violent

offenders. It is also likely to be important to use methods like the trans-theoretical model of change to inform the delivery of interventions (Ministry of Justice 2010).

Some practice points that may be relevant to increase the likelihood of successful engagement include:

- Individualised assessments to reduce the rates of inappropriate referral.

- Consider providing additional interventions to prepare individuals for treatment.

- Take into account the impact that typical thoughts and schemas about violence may have on the therapeutic alliance. Use relevant professional skills for example in motivational interviewing.

- Address factors that may impact on the ability to engage in treatment successfully

- Individual, including any learning difficulties, psychopathy or personality disorder, comorbidity for example with substance misuse.

- Situational, including any process issues in the programme itself and the institutional context within which it is delivered.

4.3   Other Approaches to Interventions

4.3.1   Therapeutic Communities (TC)

Another approach to interventions with violent offenders within custodial establishments draws on the ideas of therapeutic communities (Stevens 2014).

> 'The TC model uses the community to provide a range of life situations in which members can re-enact and re-experience their relationships in the outside world, with opportunities provided through a group and individual therapy process to examine and learn from any difficulties that are experienced'. (Day and Doyle 2010, p. 382).

There is limited evaluation of the impact of these communities on reoffending (Jolliffe and Farrington 2007). While CBT and TC have developed separately it is suggested that there may be ways in which they fit with and support each other in effect doubling the dosage of interventions. Further work is needed to look at this in more detail.

A recent study looked at the evidence for long-term treatment of personality disordered offenders in hospital using a modified therapeutic community model (Wilson et al 2014). This modified community included accredited offending behaviour programmes and found

significant positive change between assessment and discharge in violence risk. It is also suggested that TCs fit and overlap with approaches to offender rehabilitation rooted in ideas of desistance from offending and with the good lives model discussed later (Stevens 2014).

4.3.2   Desistance

There is increasing interest in the importance of understanding the processes by which offenders desist from offending. Desistance is now generally seen as a process that takes place over time rather than as a discrete event (Healy 2010; Weaver 2013). This body of theory and research has not generally concentrated on high risk violent offenders but it is suggested that while there is limited empirical research, desistance literature is of significance for the community management of high risk offenders (Weaver 2014). One study suggests that work with domestically abusive men needs to be substantially more focused on the process of desistance and supports the idea that change from an offending to a non-offending identity should be seen as a process that needs to be supported over time (Morran 2013). One aspect of desistance with links to the ideas of TCs is that of identity change (Giordano et al 2002). It may be that time in a TC can provide an opportunity for change in order to develop a new script or life story. Offenders have been found to describe their contact with probation officers as mere reporting, feeling that there was little support for them to stop offending. The following elements have been suggested to make supervision more meaningful and helpful:

- Focus on strong and meaningful supervision relationships, using pro-social techniques with an emphasis on fairness, encouraging, and active participation from the offender.

- Give strong and optimistic messages and avoid labelling. Convey a belief that the offender can achieve positive change.

- Focus on strengths and not just risks. Build on personal strengths and have high expectations of what the offender can do.

- Recognise and mark achievements towards desistance. Mark progress, praise and say thank you.

- Make practical assistance the priority.

- Work with parents and partners - they exert significant influence over the offender, and where positive this is a strength.

- Work with and support communities. Focus on groups that can aid reintegration, for example Circles of Support and Accountability for sex offenders (Bottoms and Shapland 2010, Maruna 2010).

While again this work was not focused specifically on violent offenders, it is important to acknowledge that most violent offenders commit a range of other offences and there is no reason why the findings of the desistance literature should not be of relevance (Sapouna et al 2011). A study into the importance of protective factors on desistance from violent offending for men released from custody found that intact and stable personal relationships were protective, provided those relationships were not with others involved in criminality. They also found that involvement in religious activities was a protective factor (Ullrich and Coid 2011).

4.3.3 Good Lives Model

One approach that is receiving growing attention is the Good Lives Model (GLM) (Ward and Fortune 2013; Purvis et al 2011). The model has had greater use for sex offenders than violent offenders and is used in several sex offender programmes (Harkin et al 2012). One paper argues for the application of GLM to violent offenders, it does not include any rigorous evaluation but does usefully apply the model to a case study of a High Risk Violent Offender where it appeared to achieve some success (Whitehead et al 2007).

The Good Lives Model[14] is a strengths-based approach looking to build capabilities and strengths in people, in order to reduce their risk of reoffending:

> 'According to the GLM, people offend because they are attempting to secure some kind of valued outcome in their life. As such, offending is essentially the product of a desire for something that is inherently human and normal. Unfortunately, the desire or goal manifests itself in harmful and antisocial behaviours, due to a range of deficits and weaknesses within the offender and his/her environment. Essentially, these deficits prevent the offender from securing his desired ends in pro-social and sustainable ways, thus requiring that s/he resort to inappropriate and damaging means, that is, offending behaviour'.[15]

The risk focused approach is criticised as looking too much at the negatives and not paying sufficient attention to the future and it is suggested that the GLM remedies this problem. Critically GLM argues for correctional interventions based on a strengths-based approach (Ward and Stewart 2003; Ward and Maruna 2007). The importance of a strengths based approach has also been supported in the context of intimate partner violence (Lehmann and

---

[14] For more information see: The Good Lives Model website: http://www.goodlivesmodel.com/; accessed September 11th 2014.

[15] http://www.goodlivesmodel.com/information#General

Simmons 2005). In brief, the Good Lives Model Suggests that a number of Primary Goods are important to all human beings, including relatedness to others, connection to wider social groups, healthy living and functioning, and freedom from emotional turmoil and distress. Instrumental goods, or secondary goods, provide concrete means of securing primary goods and take the form of approach goals. Future oriented secondary goods, are agreed with the offender and are aimed at achieving primary goods in pro-social ways. This forms an individual plan for intervention. Dynamic risk factors are seen as obstacles to achieving the plan and so addressed at the same time. Interventions are likely to include supporting individual change with skill and capacity development and making the most of situational resources and supports.

Like desistance oriented practice the Good Lives approach is holistic, looking at the individual in their environment. This reiterates themes already explored in this review, particularly the importance of multi-faceted interventions and attention to context. The approach and skills of those working with the offender are also important with the following elements identified as important:

- Motivational Interviewing.

- Goal setting and problem solving.

- Pro-social modelling.

- Establish legitimacy.

- Effective use of authority.

- Structured one to one supervision developing skills and strategies to promote pro-social alternatives and relapse prevention strategies (RMA 2013, p. 28).

4.3.4   Multi-agency approaches

There is some support for the view that multi-disciplinary/multi-agency approaches can be effective in work with individuals and in regulating their behaviour (see the literature around Multi Systemic Therapy discussed earlier). In England and Wales the multi-agency assessment and management response to high risk sexual and violent offenders has been the subject of three process evaluations (Maguire et al 2001, Kemshall et al 2005, Wood and Kemshall 2007). In brief, these evaluations focused on improving multi agency meetings, the process of information exchange, implementing risk assessment procedures, and improving risk management planning. Multi-Agency Public Protection Arrangement (MAPPA) in the UK, are 'characterised by inter-agency information sharing, risk assessment and risk management planning' (Wood and Kemshall 2007, p.6). The authors of this paper conclude

that evaluating effectiveness can be problematic, not least because of the difficulty in agreeing what constitutes an effective outcome, and differentiating between process outcomes and longer-term reductions in recidivism. A study based on a limited reconviction study comparing an offender cohort pre the introduction of MAPPA in England and Wales with a cohort post implementation found that MAPPA did contribute to recidivism reduction (Peck 2011). Whilst the study did not fully meet the requirements of a long-term reconviction study, and had some limitations in constructing fully comparable cohorts, it does represent the first evaluative study of MAPPA impact on reconviction rates for sexual and violent offenders. This study found that:

> 'Offenders released from custody between 2001 and 2004 (i.e. after the implementation of MAPPA) had a lower one-year reconviction rate than those released between 1998 and 2000. This remained true at the two-year follow-up for those cohorts where this had been calculated. The one-year reconviction rate had been declining before 2001, but fell more steeply after MAPPA was implemented.
>
> Immediately either side of MAPPA implementation, the one-year reconviction rate fell 2.7 percentage points for MAPPA-eligible offenders.
>
> Pre- to post-MAPPA implementation there was a comparatively large fall in the proportion of violent offenders reconvicted after one year, and among those calculated to pose a high risk of reoffending'. (pp: ii-iii).

Whilst a single limited study of recidivism reduction, these results are encouraging. A study in Ireland into provisions to address domestic violence recognises that multi-agency approaches are needed to ensure victim protection and particular issues with intimate partner violence (Fisher 2011). It also recognises that co-ordinated approaches are essential to ensure that the range of needs of violent offenders is met.

Working with others across agency borders can be facilitated through formal arrangements like MAPPA. Working together also happens in working teams made up of a range of professional disciplines co-located within a single agency, 'decision enhancing guides seem to work best when they are followed by a clinical or correctional team.' (Webster et al, P159)

Section 5 - Conclusion

The research base that can guide practice with violent offenders is still developing and arguably has been slower to progress than other areas, particularly sexual offending. The field is further complicated by the breadth and extent of violent and aggressive behaviour and the overlap with other fields of study, notably mental health. The violence that an individual exhibits is often part of a more long standing pattern of general offending behaviour, so the examination of an individual as a "violent offender" is less well established. The diverse contexts in which violence can occur and particular issues of victim targeting including violent behaviours exhibited in intimate relationships and the commission of hate crimes add to the complexity of the picture and need further attention. Concepts of gender, masculinity and victim status can all impact on perceptions of the seriousness of violent offending and the risk of serious harm posed.

For SOMEC project purposes and to ensure the effective management of serious violent offenders who are mobile across the EU community, it is important to be able to identify those violent individuals who pose the highest risk of serious harm to others and who are extremely likely to re-offend. Structured, evidence based risk assessment tools delivered by appropriately trained professionals may assist in addressing current inconsistencies in approach. The literature supports the use of assessment tools which take into account both actuarial estimations and structured professional judgements. Tools should:

- Be selected based on the evidence base for their validity and reliability for specific populations

- Continue to be evaluated so that they can change and develop as a result

- Be understood as a significant aid to assessment but not as the assessment itself. Properly trained practitioners are essential so that the assessment can develop evidence based formulations of the individual and their behaviour

- The literature highlights some of the well-established risk factors and it is important that this knowledge informs decision making in criminal justice agencies (McLean and Beak 2012).

Structured and comprehensive assessments should then inform risk management and interventions designed to reduce the risk of serious harm.

- The most effective interventions are likely to include cognitive behavioural and psychosocial components.

- It is necessary to pay close attention to the detail of what is included in interventions and to continue to question which specific elements have a positive effect (McGuire 2008).

- The literature also suggests that an understanding of context and attention to the processes that support desistance from crime and enable an individual to lead a pro-social and satisfying life are also important.

- These interventions then need to work alongside risk management approaches that monitor and if necessary restrict behaviour. This needs a multi-agency approach to be developed, both because of the nature of the information needed for full risk assessment and so that interventions and restrictive approaches to risk management can be delivered with coherence.

This review indicates the complexity of violent behaviours and the need for ongoing development in assessment, management and intervention strategies that will effectively address extreme violence in its various forms. The importance of using research and evidence to select risk factors that will inform assessments and provide areas for attention is clearly supported by the literature accessed here. The investigation into "what works" in addressing issues of instrumental and expressive/reactive violent behaviours needs to continue. The evidence presented here indicates multi-modal approaches combining cognitive behavioural treatments and psycho social therapies, delivered in a consistent multi-agency way, have the most efficacy.

References

Anderson, C. A. and Bushman. B. (2002). Human Aggression, *Annual Review of Psychology*, 53, pp.27-51.

Andrews, D. A., and Bonta, J. (2003) *The psychology of Criminal Conduct*, 3rd Edition, Cincinnati: OH Anderson Publishing Co.

Babcock, J.C. Tharp, A.L.T. Sharp, C. Heppner, W. and Stanford, M. (2014) Similarities and differences in impulsive/premeditated and reactive/proactive bimodal classifications of aggression. *Aggression and Violent Behavior*, Volume 19, Issue 3, pp.251-262.

Barratt, E.S. (1994). Impulsiveness and Aggression. In Monahan, J., & Steadman, H.J. *Violence and Mental Disorder: Developments in Risk Assessment* (pp.61 -79). Chicago: University Press.

Barnett, G. (2012): Gender-responsive programming: a qualitative exploration of women's experiences of a gender-neutral cognitive skills programme, *Psychology, Crime & Law*, 18:2, pp.155-176.

Barnett, G. and Mann, R. (2011) Good lives and risk assessment: collaborative approaches to risk assessment with sexual offenders, in H. Kemshall and B. Wilkinson (eds) *Good Practice in Assessing Risk: Current Knowledge, Issues and Approaches*, London: Jessica Kingsley.

Barry, M., Loucks, N., & Kemshall, H. (2008) *Serious Violent Offenders: Developing a Risk Assessment Framework*. Paisley: Risk Management Authority.

Batchelor, S. (2005) "Prove me the Bam!": victimisation and agency in the lives of young women who commit violent offences. *Probation Journal*, 56, pp.399-414.

Bettencourt, B. A., Talley, A., Benjamin, A. J., & Valentine, J. (2006) Personality and aggressive behavior under provoking and neutral conditions: A meta-analytic review. *Psychological Bulletin*, 132, pp.751-777.

Bonta, J. and Andrews, D. (2010) Viewing offender assessment and rehabilitation through the lens of the risk-needs-responsivity model. In: F. McNeill, P. Raynor, and C. Trotter, (eds.) *Offender Supervision: New directions in theory research and practice*. Willan.

Bonta, J. Blais, J. Wilson, HA. (2013) A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders, *Aggression and Violent Behavior*, 19, pp.278-287

Bosson, J., Vandello, J., Burnaford, R., Weaver, J., & Arzu Wasti, S. (2009). Precarious manhood and displays of physical aggression. *Personality and Social Psychology Bulletin*, 35, pp.623-634.

Bottoms, A. and Shapland, J. (2010) 'Steps towards desistance amongst male young adult recidivists'. In: Farrall, S., Sparks, R., Maruna, S. and Hough, M. (eds.) *Escape Routes: Contemporary perspectives on life after punishment*. London: Routledge

Borduin, C.M., Schaeffer, C.M. and Heiblum, N. (2009) 'A Randomized Clinical Trial of Multisystemic Therapy With Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity', *Journal of Consulting and Clinical Psychology American Psychological Association.*

Bowen, E. Gilchrist, EA. and Beech, AR (2005) An examination of the impact of community-based rehabilitation on the offending behaviour of male domestic violence offenders and the characteristics associated with recidivism, *Legal and Criminological Psychology*, 10, pp.189-209

Brennan,T. Breitenbach,M Dieterich, W. Salisbury, E. and van Voorhis, P.(2012) Women's Pathways to Serious and Habitual Crime A Person Centred Analyis incorporating gender responsive factors. *Criminal Justice and Behavior*, 39: p.1481.

Bushman, B. J., and Anderson, C. A. (2001) Is it time to pull the plug on the hostile versus instrumental aggression dichotomy? *Psychological Review*, 108, pp.273-279.

Butler, M., & Maruna, S. (2009). The impact of disrespect on prisoners' aggression: Outcomes of experim68entally inducing violence-supportive cognitions. *Psychology, Crime and Law*, 15, 235−250

Cauldfield, L. (2010) Rethinking the assessment of female offenders. *The Howard Journal*, 49, pp.315-327.

Coid, J. Yang, M. Ullrich, S. Zhang, T.Sismur, Roberts, C. Farrington, D. (2009) Gender Differences in Structured Risk Assessment: Comparing the Accuracy of Five Instruments *Journal of Consulting and Clinical Psychology*, Vol. 77, No. 2, pp.337-348.

Coid J, Yang M, Ullrich S, Zhang T, Sizmur S, Farrington DP, et al.(2011) Most items in structured risk assessment instruments do not predict violence. *J Forensic Psychiatry and Psychology*, 22: pp.3-21.

Craig, L. Beech, A. Cortoni, F. (2013) What Works in Assessing Risk in Sexual and Violent Offenders. In Craig, L Dixon, L. and Gannon, T. *What Works in Offender Rehabilitation*, Wiley Blackwell.

Day, A. Doyle, P. (2010) Violent offender rehabilitation and the therapeutic community model of treatment: Towards integrated service provision? *Aggression and Violent Behavior,* 15, pp.380-386.

Day, A. Howells, K. (2008) Assessing Treatment Readiness in Violent Offenders, *Journal of Interpersonal Violence*, 24, pp.618-635.

De Wall, CN. Anderson, CA. (2011) The General Aggression Model: Theoretical Extensions to Violence, *Psychology of Violence*, Vol. 1, No. 3, 245-258.

De Silva, K and Duggan, C. (2010) Revisiting the overcontrolled–undercontrolled typology of violent offenders. *Personality and Mental Health*, 4, pp.193-205.

Echeburúa, E. de Corral Paz, F. López-Goňi, José (2009) Assessing Risk Markers in Intimate Partner Femicide and Severe Violence, *Journal of Interpersonal Violence*, 24, pp.925-939.

Egan, V. (2013) What Works for Personality Disordered Offenders. In: Craig, L Dixon, L. and Gannon, T. *What Works in Offender Rehabilitation*, Wiley Blackwell.

Farrington, DP. Jolliffe, D. Johnstone, L. (2008) *Assessing Violence Risk: A Framework for Practice Final Report*. RMA Scotland.

Farrington, D.P. (2013) Predictors of Violent Young Offenders, *The Oxford Handbook of Juvenile Crime and Juvenile Justice,* Edited by Donna M. Bishop and Barry C. Feld.

Fazel, S. Lichtenstein, P. Grann, M; Goodwin, G. Långström, N.(2010) Bipolar Disorder and Violent Crime New Evidence From Population-Based Longitudinal Studies and Systematic Review. *Archive of General Psychiatry.*67, pp.931-938.

Ferguson, C. and Dyck, D. (2012) Paradigm change in aggression research: The time has come to retire the General Aggression Model. *Aggression and Violent Behaviour*, 17, pp.220-228.

Fisher, E. (2011) Perpetrators of Domestic Violence: Co-ordinating Responses to Complex Needs Irish, *Probation Journal,* Volume 8, October 2011

Freestone, M., Howard, R., Coid, J.W. et al. (2013) Adult antisocial syndrome co-morbid with borderline personality disorder is associated with severe conduct disorder, substance dependence and violent antisociality. *Personality and Mental Health*, 7, pp.11-21.

Gilbert, F. and Daffern, M. (2010) Integrating contemporary aggression theory with violent offender treatment: How thoroughly do interventions target violent behavior? *Aggression and Violent Behavior*, 15, pp.167-180.

Giordano,P.C., Cernkovich, S.A., and Rudolph, J.L. (2002) Gender, Crime and Desistance: Towards a Theory of Cognitive Transformation, *American Journal of Sociology*, 107, pp.990-1064.

Goldstein, A. (1989) 'Drugs and Violent Crime'. In: Weiner, N.A., & Wolfgang, M.E. (Eds). *Pathways to Criminal Violence*. Newbury Park, C.A.: Sage.

Guy, L.S. Douglas, K.S. and Hendry, C. (2010) The role of psychopathic personality disorder in violence risk assessments using the HCR-20. *Journal of Personality Disorders*, 24(5), pp.551-580.

Harkins, L., Flak, V., Beech, A.R. and Woodhams, J. (2012) Evaluation of a community-based sex offender treatment program using a Good Lives Model approach, *Sexual Abuse: A Journal of Research and Treatment*, 24, pp.519-543.

Hatcher, R. and Palmer, E. (2008) Aggression replacement training with adult male offenders within community settings: a reconviction analysis, *The Journal of Forensic Psychiatry & Psychology*, 19, pp.517–532.

Hatcher, R., McGuire, J., Bilby, C., Palmer, E. and Hollin, C. (2012) Methodological Considerations in the Evaluation of Offender Interventions: The Problem of Attrition, *International Journal of Offender Therapy and Comparative Criminology*, 56, pp.447-464.

Healy, D. (2010) *The Dynamics of Desistance: charting pathways to change*. Willan.

Hester, M. (2013) Who does what to whom? Gender and domestic violence perpetrators in English Police Records *European Journal of Criminology,* 10, pp.623-637.

Hubbard, D. (2007) Getting the most out of correctional treatment: Testing the gender responsivity principle on male and female offenders. *Federal Probation*, 71, p.27.

Huesmann, L.R. (Ed.). (1998) *The role of social information processing and cognitive schema in the acquisition and maintenance of habitual aggressive behaviour.* New York: Academic Press.

Johnson, M.P. (2008) *A typology of domestic violence.* North Eastern University Press.

Jolliffe, D. Farrington, D. (2007) *A systematic review of the national and international evidence on the effectiveness of interventions with violent offenders.* London Ministry of Justice, 2, 60.

Kemshall, H. (2004) Risk, Dangerousness and Female Offenders. In: McIvor, G. (ed.) *Women Who Offend.* London: Jessica Kingsley Publishers.

Kemshall, H. (1999) The assessment and management of violence. In: Kemshall, H. and Pritchard, J. (eds.) *Good Practice in Working with Violence.* London: Jessica Kingsley Publishers.

Kemshall, H., Wood, J., Mackenzie, G., Bailey, R. and Yates, J. (2005) *Strengthening Multi Agency Public Protection Arrangements (MAPPA).* London: Home Office. Available at: http://www.nhserewash.com/safeguarding/Strengthening%20MAPPA.pdf

Lahlah, E. MvVan der Knaap, L and Bogaerts, S. (2013) Dangerous Boys or boys in danger? Examining the relationship between ethnicity child abuse and violent offending, *European Journal of Criminology* 10(6), pp.641-658.

Lehmann, P. and Simmons, C. (eds) (2009) *Strengths based batterer intervention: a new paradigm in ending family violence*, Springer.

Letourneau, E.J., Henggeler, S.W., Borduin, C.M., Schewe, P.A., McCart, M.R., Chapman, J.E. and Saldana, L. (2009), 'Multisystemic Therapy for Juvenile Sexual Offenders: 1-Year Results from a Randomized Effectiveness Trial', in *Journal of Family Psychology*, February; 23(1), pp.89-102.

Loeber, R., Farrington, D. P. and Petechuk, D. (2013) *From Juvenile Delinquency to Young Adult Offending.* Washington, D.C.: U.S. National Institute of Justice (NCJ242931). www.crim.cam.ac.uk/people/academic_research/david_farrington/nijbull.pdf

Logan, C. and Blackburn, R. (2009) Mental disorder in violent women in secure settings: Potential relevance to risk for future violence, *International Journal of Law and Psychiatry*, 32, pp.31-38.

Maruna Understanding Desistance from Crime (Official Document), UK Ministry of Justice, June 2010

McFarlane, H. (2013) Masculinity and Criminology: The Social Construction of Criminal Man *The Howard Journal*, 52, pp.321-335.

McGuire, J. (2008), A review of effective interventions for reducing aggression and violence Philosophical Transactions Royal Society, *Biological Sciences*, 363(1503), pp.2577-2597.

Maguire, M., Kemshall, H., Noaks, L. and Wincup, E. (2001). *Risk Management of sexual and violent offenders. The work of public protection panels*, London: Police Research Series 139. Available at:
http://www.researchgate.net/publication/237768373_Risk_Management_of_Sexual_and_Violent_Offenders_The_work_of_Public_Protection_Panels; (accessed 3 March 2014)

Masley, S. Gillander, D. Simpson,S. and Taylor, M. (2012) A Systematic Review of the Evidence Base for Schema Therapy. *Cognitive Behaviour Therapy*, 41, pp.185-202.

McLean and Beak (2012) *Factors associated with serious or persistent violent offending: Findings from a rapid evidence assessment* National Policing Improvement Agency
http://www.college.police.uk/en/docs/REA_violent_reoffending.pdf 3 45

Minoudis P, Craissati J, Shaw J et al. (2013) An evaluation of case formulation training and consultation with probation officers. *Criminal Behaviour and Mental Health*, 23, pp.252-262.

Morran, D. (2013) Desisting from Domestic Abuse: Influences, Patterns and Processes in the Lives of Formerly Abusive Men *The Howard Journal* Vol 52 No 3. pp. 306-320

Novaco, RW. (2013) Reducing Anger-Related Offending What Works . In Craig, L Dixon, L. and Gannon, T. *What Works in Offender Rehabilitation* Wiley Blackwell.

O'Shea, L., Picchioni, M., Mason, FL., Sugarman, PA., Dickens, G. (2014) *Psychiatry and Neuroimaging* online access ahead of publication
http://dx.doi.org/10.1016/j.psychres.2014.07.080

Peck, M. (2011) *Patterns of reconviction among offenders eligible for Multi-Agency Public Protection Arrangements (MAPPA).* London: Ministry of Justice Research Series 6/11. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217373/patterns-reconviction-mappa.pdf

Piquero, A. and Weiss, D.B. (2011) Heterogeneity in Delinquency. *The Oxford Handbook of Juvenile Crime and Juvenile Justice*, Edited by Donna M. Bishop and Barry C. Feld

Polaschek, D. L., Calvert, S. W., & Gannon, T. A. (2009). Linking violent thinking: Implicit theory-based research with violent offenders. *Journal of Interpersonal Violenc*e, 24, pp.75−96.

Pressman, E. (2009) *Her Majesty the Queen in Right of Canada*, 2009

Prins, H. (2005) *Offenders, Deviants or Patients?* London: Routledge, chapters 6 and 8.

Purvis, M. Ward, T. and Willis, G. (2011) The Good Lives Model in Practice European *Journal of Probation,* Vol. 3, pp 4-28.

Quay, H.C. (1987) *Handbook of Juvenile Delinquency*, New York: John Wiley and Sons.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998) *Violent offenders: Appraising and managing risk*. Washington, DC: American Psychological Association.

RMA (2013) *Standards and Guidelines for Risk Management 2013,* Scotland.

Robinson, A. L. and Howarth, E. 2012. Judging risk: Key determinants in British domestic violence cases. *Journal of Interpersonal Violence* 27(8), pp.1489-1518.

Robinson, A L., Clancy, A and Hanks, S (2014). *Prevalence and characteristics of serial domestic abuse perpetrators: multi-agency evidence from Wales*. [Project Report]. Cardiff: http://orca.cf.ac.uk/67542/

Roehl, J. O'Sullivan, C. Webster, D. and Campbell, J. (2005) *Intimate Partner Violence Risk Assessment Validation Study*, Final Report, https://www.ncjrs.gov/pdffiles1/nij/grants/209731.pdf

Rubin, J Gallo, F and Coutts, A (2008) *Risk Models Effective Interventions and Risk Management* http://www.nao.org.uk/wp-content/uploads/2008/02/0708241_risk_models.pdf

Sapouna, M., Bisset, C. and Conlong, A-M (2011) *What works to reduce reoffending: A summary of the evidence.* Justice Analytical Services, Scottish Government.

Shelby, M.J. (1984) Assessment of violence potential using measures of anger, hostility, and social desirability, *Journal of Personality Assessment*, 48 (5), pp.531–544.

Stevens, A. (2014) Difference and Desistance in Prison Based Therapeutic Communities, *Prison Service Journal*, 213, p.3-9.

Sturmey, P. and McMurran, M. (Editors) (2011) *Forensic Case formulation*.

Tapscott, J.L., Hancock, M. and Hoaken, P.N.S. (2012) Severity and Frequency of Reactive and Instrumental Violent Offending: Divergent Validity of Subtypes of Violence in an Adult Forensic Sample. *Criminal Justice and Behavior*, 39: p.202.

Tew, J. Harkins, L. and Dixon, L. (2013). What Works in Reducing Violent Re-Offending in Psychopathic Offenders. In Craig, L Dixon, L. and Gannon, T. *What Works in Offender Rehabilitation*, Wiley Blackwell.

Ullrich, S. and Coid, J. (2011) Protective factors for violence among released prisoners - effects over time and interactions with static risk. *J Consult Clin Psychol*; 79, pp.381-390.

Ullrich,S. Keers,R. and Coid, J.W. (2014) Delusions, Anger, and Serious Violence: New Findings From the MacArthur Violence Risk Assessment Study. Schizophrenia BulletiWalters, G.D. (2007). Measuring proactive and reactive criminal thinking with the PICTS. *Journal of Interpersonal Violence*, 22, 371185.

Ward, T. and Fortune, C (2013) The Good Lives Model: Aligning Risk Reduction with Promoting Offenders' Personal Goals European *Journal of Probation* Vol. 5, No.2, pp.29-46.

Ward, T. and Maruna, S. (2007) *Rehabilitation: Beyond the risk paradigm*, London, Routledge.

Ward, T and Stewart , C. (2003) 'Criminogenic needs and human needs: A theoretical model', *Psychology, Crime & Law,* 9, pp.125-143.

Weaver, B. (2013) Co-producing desistance: who works to support desistance. In: Durnescu, I. and McNeil, F. (eds) *Understanding Penal Practices*. Abingdon: Routledge, pp.193-205.

Weaver, B (2014) Control or change? Developing dialogues between desistance research and public protection practices, *Probation Journal,* 2014, 61, pp.8-26.

Webster, C., Haque, Q. and Hucker, S. (2014) *Violence Risk Assessment and Management* 2nd Edition Wiley Blackwell.

Whitehead, P. Ward, T. Collie, R. (2007) Time for a Change Applying the Good Lives Model of Rehabilitation to a High-Risk Violent Offender, *International Journal of Offender Therapy and Comparative Criminology*, 51,5, pp.578-598.

Williams, R K. Arnold, B L. (2002) "Offence Specialization among Serious Habitual Juvenile Offenders in a Canadian City during the Early Stages of Criminal Careers". *International Criminal Justice Review*, 12, pp.1-21.

Wilson, K., Freestone, M., Taylor, C., Blazey, F., and Hardmand, F. (2014) Effectiveness of modified therapeutic community treatment within a medium-secure service for personality-disordered offenders, *Journal of Forensic Psychiatry & Psychology*, 25, pp.243-261.

Wilson, W. and Hilton, T. (1998) Modus operandi of female serial killers. *Psychological Reports*, 82, pp.495-498.

Wong, S. and Gordon, A. (1999) *Violence Risk Scale (Version 2)*. Regional Psychiatric Centre (Prairies) & University of Saskatchewan.

Stephen C.P. Wong, SCP and Gordon, A. (2013) The Violence Reduction Programme: a treatment programme for violence-prone forensic clients, *Psychology, Crime & Law*, 19:5-6, pp.461-475.

Wood, J. and Kemshall, H. (2007) *The operation and experience of Multi-Agency Public Protection Arrangements (MAPPA).*

Appendices

Appendix 1 - European Criminal Record Information System (ECRIS)

Serious Violent and Sexual Offences

Violent Offences

Intentional Killing

Aggravated case of Intentional Killing

Unintentional Killing

Violence causing death

Causing grievous bodily injury, disfigurement or permanent disability

Torture

Sexual Offences

Rape

Aggravated Rape other than a minor

Sexual Assault

Rape of a minor

Sexual Assault of a minor