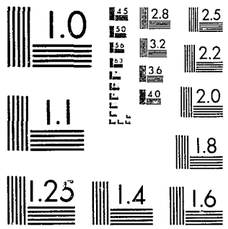

Federal Probation

DECEMBER 1982

Federal Probation is published by the Administrative Office of the United States Courts and is edited by the Probation Division of the Administrative Office.

All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of FEDERAL PROBATION The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, instructions, and agencies—both public and private--are invited to submit any significant experience and findings related to the prevention and control of delinquency and crime.

Manuscripts (in duplicate), editorial matters, books, and communications should be addressed to FEDERAL PROBATION, Administrative Office of the United States Courts, Washington, D.C. 20544.

Subscriptions may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at an annual rate of $9.00 (domestic) and $11.25 (foreign). Single copies are available at $3.50 (domestic) and $4.40 (foreign).

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FEDERAL PROBATION QUARTERLY
Administrative Office of the United States Courts, Washington, D.C. 20544

SECOND-CLASS POSTAGE PAID AT WASHINGTON, D.C.
Publication Number: USPS 356-210

Federal Probation

A JOURNAL OF CORRECTIONAL PHILOSOPHY AND PRACTICE

Published by the Administrative Office of the United States Courts

VOLUME XXXXVII | DECEMBER 1983 | NUMBER 4

This Issue in Brief

ERRATA: The volume number on the June and September 1983 issues of FEDERAL PROBATION is incorrectly shown as Volume XXXXVI (46) instead of Volume XXXXVII (47).

Public Relations in Probation.—U.S. Probation Officer Eugene Kelly outlines the need of probation offices for public relations so that the community can be more aware of the philosophy that motivates probation workers. He also examines the role of the media—television, press, radio, college—and advocates a specific program for developing interns in parole and probation.

Academic and Practical Aspects of Probation: A Comparison.—In the practical world of probation, probation officers emphasize logic or common sense, subjective criteria, rules and guidelines, a maximum caseload size, and processing defendants quickly and skillfully. The academic world of probation emphasizes knowledge for its own sake, objective data, theory, and empirical research. Dr. James R. Davis of the New York City Department of Probation concludes that it may be dysfunctional to mix the academic and practical worlds of probation since each has its own role in criminal justice.

Profit in the Private Presentence Report.—Four basic issues raise a question about the appropriateness of private presentence reports, according to U.S. Probation Officer Chester J. Kulis. They are: (1) whether the private sector has a legitimate role in a quasi-judicial function such as sentencing; (2) whether private presentence reports thwart needed reform of the probation function and sentencing; (3) whether private reports are truly cost-effective; and (4) whether the private practitioner has ethical dilemmas tending to compromise the sentencing process.

Reducing the Cost and Complexity of Probation Evaluation.—Professor Magnus Seng of Loyola University of Chicago believes that, while evaluation is sometimes complex and expensive, it need not be. His article examines two misconceptions or myths

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about evaluation that lead to erroneous views about its methods and its cost and suggests ways in which meaningful evaluation of probation programs can be conducted without undue complexity or expense.

The Lively Career of an Island Prison.—The Federal penitentiary on McNeil Island began as a territorial prison over a century ago. Though it had an ill-advised location, the most primitive of accommodations, and no program except menial work, Paul Keve reports that it survived a half century of neglect to become one of the more dynamic of the Federal prisons. Its story is also the story of pioneers, the U.S. Marshals Service, the Puget Sound area, and the Federal Bureau of Prisons.

Prison Industries in Transition: Private Sector or Multistate Involvements.—Interviews with prison industry leadership in five states show that their problems are primarily organizational in nature. Authors Miller, Funke, and Grieser write that industry leadership was seen to have the necessary technical competencies to implement change, while inmate population increases have motivated correctional agencies to desire industries' expansion.

The Incidence of Sex and Sexual Aggression in Federal Prisons.—The first of two reports by Drs. Nacci and Kane establishes baselines of male inmates' involvement in sex and sexual aggression. [illegible]hundred and thirty randomly selected inmates from 17 [illegible]andomly chosen Federal prisons were interviewed by an ex-offender. Inmates were volunteers; confidentiality was maintained.

Group Psychotherapy and Intensive Probation Supervision With Sex Offenders: A Comparative Study.—This report by Joseph Romero and Linda Williams is based on a 10-year followup study of recidivism among 231 convicted sex offenders. The findings indicate that group psychotherapy in addition to probation does not significantly reduce sex offense recidivism when compared to intensive probation supervision alone. Issues in the evaluation of intervention techniques with sex offenders and implications of the findings are discussed.

Counselling the Mentally Abnormal (Dangerous) Offender.—Some aspects of social work counselling with the mentally abnormal (dangerous) offender are discussed from an English perspective by Herschel A. Prins of Leicester University. The need to have regard for the offender-patient's social milieu is stressed and some specific strategies for more successful work with this type of case are suggested.

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Public Relations in Probation

BY EUGENE KELLY
U.S. Probation Officer, Camden, New Jersey

THERE is no question that there is a great need for public relations in probation. Probation as a human service is a relatively new development in social services. It needs to be defined and identified, and its various services need to be explained. The community generally classifies probation with juvenile service. Little is known about the existence of even such a fundamental document as the presentence report. Editors of newspapers, as a general rule, eliminate reporting that a presentence investigation is being prepared. Some years ago one newspaper in Chicago used for its logo the slogan, "Abolish Parole." Frequently it has been said that probation officers are reluctant to discuss their job not because of confidentiality of reports but because of a feeling that theirs is not a socially acceptable profession in society. The probation officer as a member of the community is a second-class citizen. Moreover, probation is a *public* service and the community has a right to know what this office is doing just as they know about the role and function of the district attorney's office. Unless, therefore, he speaks out, all of the good that this service does will remain unknown.

Public relations is "developing reciprocal understanding and good will." It is also, "the conscious effort of an organization to explain itself to those with whom it has or would have dealings."[1] Public relations is a generally well understood concept in most social organizations. Normally a private agency could not function without good and ongoing public relations. Most businesses know that they would have no customers without full public relations and widespread knowledge of their product or services. Probation needs a special kind of public relations which differs with each "public" that is encountered. The first of the "publics" regularly contacted by probation officers is the clients. They may be called, "criminals," "offenders," a "caseload," or just "the cases," but they are the human beings who, for a wide variety of reasons, find themselves convicted of a state or Federal offense which brings them into contact with a probation officer, first as an investigator and then, in many cases, as a regular counselor. Public relations begins with this first contact with the client. Projecting himself as an interested, efficient, competent and well-informed public official dealing with his client is the first public relations function of the probation officer.

In addition to this key role, a probation officer encounters a number of other persons in the court and correctional system. These include: judges, defense attorneys, prosecuting attorneys, secretaries, student interns, and jail personnel. Probation officers should as a matter of practice have an open door to all members of the "court family." This should incline him, for example, to give new judges and other lawyers a full explanation of the role of probation and the different duties of the position. This can be done formally by a full program outlining the probation officer's role or informally by office chats and exchanges of views. Both techniques service a specific function.

Probation officers, more than any other agency officials in state or Federal Government, unite what are described as human service functions and police duties. Each of these has a somewhat different role and a different philosophy. In reality they both offer a social agency service that, like probation, is often misunderstood. Police, although often defined differently, function as helping persons in many situations. Social service agencies often investigate clients in situations that sometimes are more difficult than police making an arrest. Probation officers share both these roles. Most probation officers can share the frustration of both agencies and may be able to bring an understanding of each that is special to the probation function.[2]

Probation has a special role in addressing the problem of the development of new community agencies. This brings into the system a number of different "publics" which must be managed in different ways. The probation officer as an investigator often knocks on doors and interviews people of different classes in society. He encounters the very poor, the middle classes, and occasionally members of the upper classes. Perhaps, a Federal probation officer encounters more corporation heads than other probation officers because of the various offenses that are special to Federal courts; nevertheless, all probation officers interview employers, landlords, school officials and

[1] *Guide to Community Relations for United States Probation Officers.* Federal Judicial Center, Washington, D.C., 1975, p. 1.
[2] Ehlers, Walter H., et al., *Administration for the Human Services,* Harper & Row, 1976, p. 291 ff.

officially reported criminal history of sex offenders, and efforts should be made to uncover undetected crime. This will increase the usefulness of criminal history information and make it more reliable as a measure of a program's effectiveness, and as a basis for predicting future criminality.

Finally, it should be stressed that the results and recommendations outlined above were generated from the recidivism findings of a population of probationed sex offenders. Care should be taken when applying these results to other populations (e.g., incarcerated or paroled sex offenders). This research has served to further confirm the conclusion that very little is known about what "works" with sex offenders and that any claims for success in treatment must be carefully scrutinized in light of the difficulties in formulating criteria for success which the authors have outlined here.

9:2867

Counselling the Mentally Abnormal (Dangerous) Offender*

BY HERSCHEL A. PRINS

Director, School of Social Work, University of Leicester, England

THERE has been a general burgeoning of interest in the mentally abnormal (dangerous) offender in recent years, particularly in the United Kingdom; the historical development of this interest has been usefully charted by Bottoms.[1] Various committees of enquiry, Government review bodies and investigations by voluntary organisations have reported on this topic in the last decade.[2] Mentally abnormal offenders are dealt with in the community in England and Wales predominantly by members of the Probation Service and somewhat less frequently by the social workers employed by the Local Authority (Council) Social Services Departments. The statutory basis for the involvement of workers in this field is through the parole provisions of the Criminal Justice Act, 1967 (mainly through sections 60 and 61), and through the conditional release provisions of the Mental Health Act, 1959 (mainly section 65), as amended by the Mental Health Amendment Act, 1982. Not all such offenders or offender-patients will be under statutory supervision, but *most* will be, particularly those released after serving periods of custody or hospitalisation for such serious offences as homicide, serious sexual assault, gross personal violence, and serious crimes against property such as arson. In general, those offenders having had a *recent and relevant* history of mental disorder are more likely to be dealt with through the mental health provisions. Some homicides, arsonists and perpetrators of serious sexual and other assaults, although awarded a penal as opposed to a hospital disposal (occasionally somewhat arbitrarily), will often have had a *history* of mental disorder, albeit insufficient for formal (statutory) disposal under the mental health legislation. Because of this, the two overlapping groups are treated together in this presentation. In this article, any reference to the legal framework for intervention relates only to that obtaining in England and Wales. The legislative provisions in Northern Ireland, Eire, and in Scotland differ in certain respects from those in force in England and Wales. The materal is divided into three secuions, as follows: *First,* something will be said about the knowledge base and the acquisition of skills needed for this field of work; *second,* something about teamwork and communication; *third,* some comment will be offered on the perennial problem of risk-taking and dangerousness. For purposes of this article the terms "mentally disordered" and "mentally abnormal" are used as they are in the Mental Health Act of 1959, the Mental Health Amendment Act of 1982, and in the Report of the Butler Committee. This enables us to consider a wide range of offender-patients without our needing to become too side-tracked with questions of definition of mental illness, abnormality, etc.[3]

***Since this article was written, the Mental Health Act of 1983 has passed into law. This consolidates the Mental Health Act of 1959 and the Amendment Act of 1982. It does not materially affect the matters referred to in this article. Insofar as the disposal of mentally abnormal offenders is concerned, it gives more opportunities for statutory supervision in some cases and provides Mental Health Review Tribunals with the power to order discharge direct rather than offering *advice* to the Home Secretary. Tribunals dealing with the most serious cases will, in the future, have to be presided over by a *member of the judiciary* instead of merely a qualified lawyer. Other powers (not yet implemented) provide more flexible provisions for the psychiatric examination of offenders waiting trial and before sentence.**

[1] See A.E. Bottoms, "Reflections on the Renaissance of Dangerousness," *Howard Journal of Penology and Crime Prevention* 16 (1977): 70-96.

[2] See for example: Home Office and Department of Health and Social Security, *Report of the Committee on Mentally Abnormal Offenders,* (Butler Committee) Cmnd. 6244 (London, H.M.S.O., 1975); Department of Health and Social Security, Home Office, Welsh Office and Lord Chancellor's Department, *Review of the Mental Health Act, 1959,* Cmnd 7320 (London: H.M.S.O., September, 1978); L.C. Gostin, *A Human Condition* (Vol 2), (London: MIND, National Association for Mental Health, 1977); Department of Health and Social Security, Home Office, Welsh Office and Lord Chancellor's Department, *Reform of Mental Health Legislation,* Cmnd. 8405, (London: H.M.S.O., November, 1981).

Knowledge Base and Acquisition of Skills

(1) Knowledge Base

There is a range of subject matter that provides essential knowledge for the social worker having to deal with the mentally abnormal offender. One of the most important of these is clinical psychiatry. Though considerably less prevalent now, there is still a tendency for some social work students, and some social workers for that matter, to espouse uncritically the ideologically attractive tenets of "antipsychiatry" before they have acquired sufficient understanding of the basic subject matter of psychiatry itself. In addition to psychiatry, one should stress the need for sufficient teaching in, and practical experience of, modes of psychotherapy (in their widest sense), in psychology, in the sociology of institutions, in politics, in social policy, in law, in ethics and in some basic psycho- and neuro-physiology. The psychiatry teaching for social workers likely to be involved with the high risk and mentally disordered offender should also include some of the lesser known psychiatric conditions—such as the "Othello" and "Munchausen" syndromes; the former is met not infrequently in mentally abnormal offender populations. In a paper given in 1976 the present writer suggested that in order to understand and empathise with the mentally disordered *in general,* it is necessary to call upon literature, music, and the graphic arts as aids.[4] This is no less true for the enrichment of our understanding of the dangerous or mentally abnormal offender. One authority on work with dangerous sex offenders—Cox[5]—makes compelling use of Marlowe's play, *Edward II,* to exemplify an important aspect of homosexual sadistic killing and the jarring incompatibilities frequently seen in the attitudes of those who kill in this way. The illustration he refers to is the use of the red hot spit used to penetrate the king anally in combination with a table to stamp on him: "But not too hard, lest that you bruise the body." Shakespeare provides us with many examples of the murdering or potentially murdering mind. Who has bettered the description of pathological jealousy—the "Othello" syndrome—in all its irrationality?

> But jealous souls will not be answered so;
> They are not over jealous for the cause,
> But jealous for they are jealous; 'tis a monster
> Begot upon itself, born on itself. (Act III: iii)

And, what of the psychopath—particularly the so-called sadistic psychopath? Cleckley, in his classic text *The Mask of Sanity,* which must surely be compulsory reading for all those who wish to appreciate the *clinical* presentation of psychopathy, reminds us of the appositeness of Swinburne's poems. One illustration will suffice.

> By the ravenous teeth that have smitten
> Through the kisses that blossom and bud,
> By the lips intertwisted and bitten
> Till the foam has a savour of blood.[6]

Or we can turn to Julius Caesar for illumination:

> Between the acting of a dreadful thing
> and the first motion, all the interim is
> Like a phantasma or a hideous dream.
>
> Act III: (i)

The crucial need for a capacity to listen is well brought out in Biblical reference; for example, in the Book of Job: "If I cry murder, no one answers; if I appeal for help I get no justice." and, "Listen to me but do listen and let that be the comfort you offer me." Or, (in Job again), of the horror felt so often after the perpetration of a dreadful act (and, as we know so frequently repressed). "When I stop to think, I am filled with horror, and my whole body is convulsed."*

Each of us can, of course, find our own examples in our search for *imaginative empathy* with people whose behaviour is not only frequently bizarre but also has qualities that may frighten us and not infrequently fill us with revulsion. (Reference has only been made

***The quotations are from J.H. Kahn, *Job's Illness: Loss, Grief and integration—a Psychological Interpretation.* (Oxford: Permagon, 1975) p. 47, p. 82, p. 83. This is a fascinating study of the use of Biblical allusion as an aid to psychological understanding.**

[3] Section 4 of the 1959 Mental Health Act defines mental disorder as "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind." Mental illness itself is not further defined, but psychopathic disorder and mental subnormality are. The details of these definitions need not concern us here, but it is worth noting that the Mental Health (Amendment) Act of 1982 states that a person may not be classified as mentally disordered by reason "only of promiscuity or other immoral conduct, sexual deviancy or dependence on alcohol or drugs" (Section 2(2)). Mental subnormality is now to be defined as mental impairment (Section 1(2)). The Butler Committee (see *note 2 supra*) used the term "abnormal" in order to include persons who could be said to be mentally abnormal in the sense of departing from the statistical norm of mental functioning, although not necessarily *mentally disordered.* Such usenge they suggested also enabled reference to be made to persons who commit offences under the influence of alcohol and drugs without begging the question as to whether such offences involve mental disorder as such. (Butler Committee, p. 4.).

[4] H. Prins, *The Contribution of Social Work to the Treatment of the Mentally Disordered* In M.R. Olsen (ed.), *Differential Approaches in Social Work with the Mentally Disordered* (Birmingham: British Association of Social Workers, 1977) pp. 21-26.

[5] M. Cox, *Dynamic Psychotherapy with Sex Offenders* In I. Rosen (ed), *Sexual Deviation* (Oxford: Oxford University Press, 1979) p. 310.

[6] H. Cleckley, *The Mask of Sanity* (4th ed.) (St. Louis: C.V. Mosby Co., 1964) p. 331.

to literature, but empathic response can also be enhanced by the graphic arts and by music.)

(2) Acquisition of Skills

Most of our *general* social work skills (of listening, advising, mediating and advocating) are of course applicable in work with mentally abnormal offenders; but, as will be seen when dangerousness is discussed more specifically, the capacity to follow up clues and cues about behaviour—actual or potential—is of paramount importance, as is knowledge of *the exact nature of the offence* or relationship of offender to victim. This is well brought out in a seminal paper by Scott.[7] We should be much concerned with what can best be described as the "hidden meanings" of behaviour. As already indicated, a basic knowledge of organic or physical factors in mental and allied disorders may also be of value. The following are useful case examples. (Although these are based on actual instances, composite pictures have been made in order to preserve anonymity).

Example (1)

This concerned the case of a man with a very long history of violent offences which for the most part seemed to be quite irrational and unpredictable. Recently, he had become acutely ill, was suffering from hallucinatory experiences and "lay" observers had not been sufficiently aware of the likelihood that he was suffering from chronic alcoholic poisoning; to this extent they could only be "wise after the event."

Example (2)

This is the case of a man, in his forties, convicted and sentenced to detention "during Her Majesty's pleasure" in his early teens for the manslaughter of another teenager. The offence occurred in a setting of suspected (but not proven) sexual activity between them. Over time, he had formed only partially successful liaisons with the opposite sex and has been at liberty for some time. However, from time to time, he breaks off these liaisons, is found wandering the countryside in possession of knives and other weapons and has appeared before the courts for breaches of the peace and kindred offences. It is important to stress that no personal physical harm has so far been afforded to any individual as a result of these escapades. However, one might well ask questions about the sexual imagery that may continue to preoccupy and disturb him.

Example (3)

This concerns the case of a man convicted of rape. His victim had been subjected to more than one sexual assault (both per vaginam and per anum) in the course of the offence. Not only had she been tied up whilst the assaults took place, but in addition, her attacker had used a leather belt to induce unconsciousness, only releasing this "garotte" in order to bring his victim round sufficiently for a further assault to take place. The formal legal charge of rape afforded no indication as to the disturbing nature of the man's behaviour; this was only revealed when the full police reports and witness statements were made available.

Example (4)

This again illustrates the need to look beyond the legal classification of an offence if we are to assess realistically the probability of further harm being done. This was the case of a man serving a short sentence for indecent assault on a boy of 15. Examination of the detailed police account of the case showed that the boy's attacker used both considerable force and fear to hold the youth down during the assault. The legal classification in the case again gave no real clue as to its seriousness.

Example (5)

The last case concerns a man who raped a small girl. He held his hand over her mouth to stifle her screams, only letting go his hold when fortuitously a passerby approached, thus he possibly only narrowly averted a possible charge of murder or manslaughter. Experience seems to dictate that when violence is used or associated with what may seem on paper to be a fairly minor sex offence (as in case No. 4) the prognosis in relation to the avoidance of further similar offending is not good.

It is hoped that these examples have illustrated the need to be aware of possible hidden or alternative meanings of behaviour, the fact that further disclosures may have to be made and the need to be aware that some potentially dangerous offender-patients have what Cox has described as unfinished business to deal with.[8] Perhaps at this stage it is worthwhile stressing that not all mentally disordered offenders are dangerous and that not all dangerous offenders are necessarily mentally disordered, a point well made in the Floud Report.[9]

Tennent[10] observes that three types of relationships may be discerned between aberrant or dangerous behaviour and mental disorder. *First,* dangerous behaviour can occur as a result of mental illness, though the incidence is low. *Second,* some aberrant and dangerous behaviour may occur in those offenders with mental illness, but for whom treatment of the mental illness will not necessarily affect this behaviour. *Third,* dangerous behaviour may be found in individuals without any evidence of mental disorder. Dangerous and potentially dangerous behaviour is likely to come to the attention of the psychiatric, penal and allied professions either at the stage at which institutional care has to be considered or at a time when release is being countenanced. It may also be a vital question when *recall* to an institution is being considered because the individual's current behaviour is considered to be dangerous or potentially dangerous. (See discussion under context above.)

Teamwork and Communication

Good working relationships with colleagues are essential in dealing with the mentally abnormal offender whose problems are not only multifaceted, but whose alienation from society may seem to have a contagious quality. Thus, those who work with them must share some of this alienation; in the eyes of society they can "never win" whatever decision they may make, either corporately or alone. This aspect cannot be developed in detail here, but there are one or two points worthy of brief mention. First, acknowledgement of the irrational aspects of these relationships; for example the reluctance to "give up" and to share, with their accompanying elements of anxiety, anger, doubt and frustration. Some of these elements have been well identified by Graham and Sher[11] and also by Sher[12] in a paper dealing with the extent to which the dynamics operating within a psychiatric hospital setting tend to reflect in microcosm what is happening in the wider community. Second, in order for working relationships with others to be successful, it is essential to be clear about objectives and to demonstrate a capacity for sharing knowledge and skills. Third, a degree of flexibility in the assignment and acceptance of tasks is also essential, as is the ability to give up notions of "going it alone." Finally, there must be a consequential development of openness, trust and respect for one another's contributions. One important factor that may militate against all these desirable outcomes is the manner in which doctors, psychologists, nurses, and social workers receive quite independent trainings. They are also subject, very largely, to different terms of employment with resultant differences in perceived status and prestige. At the University of Leicester, an attempt is being made to remedy this situation, at least as far as it concerns medical undergraduates. In the new medical school, 20 percent of the total teaching in the first 2 years is allocated to the behavioural sciences ("Man in Society" as it is called). The students are heavily exposed to contributions from psychologists, social workers, and sociologists. In addition, they are attached to families and visit a very wide range of health care, social and penal institutions.[13] In 1980, the first cohort of what is hoped may be more socially conscious and socially orientated doctors graduated; it is hoped with no loss to their other essential medical expertise, but with some gain in their understanding of patients as people, and the environmental stresses they face.

Few social work courses in the United Kingdom devote much attention to the specific problems of the mentally abnormal offender; in fact, the master's (M.A.) course at Leicester is probably one of the very few that does so. In addition, in conjunction with a local consultant forensic psychiatrist and with the help of the University's professor of criminal law, the present writer has been running, in the Department of Extra Mural (Continuing Education) Studies, several successful courses on the mentally abnormal offender. These have been offered on a multidisciplinary basis. Over the years course membership has consisted of psychiatrists, psychologists, penal staffs, local authority (council) social workers, probation officers, magistrates, nursing staffs, and the police amongst others. It seems that this type of course may go some way to fostering the need for better interdisciplinary communication advocated by the Butler Committee.[14] In the present author's view, it matters little under whose auspices the courses are mounted, but where teachers from *two different disciplines* can work in tandem and provide *a live example of good cooperation,* this can have numerous advantages.

Ideally, it would have been desirable to deal with a number of other issues of much concern to all who work in this field, but limitations of space and the need to make choices preclude this. Thus the important question of the ethics of incarceration or the historical development of the concept of dangerousness are not dealt with. These have all been more than adequately dealt with elsewhere.[15] Consideration is now given to certain *specific* aspects of risk and dangerousness. In doing so, however, it needs to be emphasised once again that not all offender/patients are dangerous and that we have perforce to deal with the inadequate mentally abnormal offender who merely has a high social nuisance value. The discussion of dangerousness is divided into three broad headings: *Definition: Prediction and Prognostication: Assessment and Management.*

Dangerousness

Definition

Dangerousness can, of course, mean different things to different people. As Tennent[16] suggests, there are "many forms of danger, both of people and of objects, concrete or abstract. We speak of social danger, political danger, moral danger as well as physical danger." The present writer has raised the question elsewhere as to who should be regarded as the more dangerous, the murderer, the rapist, the arsonist, the bank-robber, the drunken driver, the embezzler, the

[7] P. D. Scott, "Assessing Dangerousness in Criminals," *British Journal of Psychiatry,* 131, (1977): 127-142.

[8] M. Cox, *The Psychotherapist as Assessor of Dangerousness.* In J. Hamilton and H. Freeman (eds.), *Dangerousness: Psychiatric Assessment and Management* (London: Gaskell Books: For Royal College of Psychiatrists, 1982) pp. 81-87.

[9] J. Floud and W. Young, *Dangerousness and Criminal Justice* (London: Heinemann, 1981).

[10] T. G. Tennent, *The Dangerous Offender.* In T. Silverstone and B. Barraclough (eds.), *Contemporary Psychiatry* (Ashford: Headley Brothers, 1975), pp. 308-315.

[11] H. Graham and M. Sher, "Social Work and General Medical Practice: Personal Accounts of a Three Year Attachment," *British Journal of Social Work,* 6 (1976): 233-249.

[12] M. Sher, "A Question of Dynamics," *Social Work Today,* 8 (1976): 8-11.

[13] For a more detailed account see H. Prins, "Social Work and Medical Education," *Social Casework,* 58(9), (1977): 532-537.

[14] Butler Committee, op. cit., pp. 262-265.

[15] See for example, H. Prins, *Dangerous Behaviour: Some Implications for Mental Health Professionals.* In P. Bean (ed.), *Mental Illness: Changes and Trends* (London: John Wiley, 1983), pp. 55-74.

[16] T. G. Tennent, op. cit., p. 308.

spy, the revolutionary, or the zealot?[17] As Walker[18] points out, our main concern is with "dangerous people." As he says, "dangerousness is not an objective quality, but an ascribed quality like trustworthiness. We feel justified in talking about a person as dangerous if he has indicated by word or deed that he is more likely than most people to do serious harm, or act in a way that is likely to result in serious harm. . . ." Walker also suggests that most people would interpret harm in this context to mean such acts as homicide, rape, mutilation, or the promotion of destitution. This propensity to cause serious personal harm featured in the deliberations of the *Butler Committee*, in their discussion of the question of dangerousness. They said: "We have come to equate dangerousness with a tendency to cause serious physical injury or lasting psychological harm. Physical violence is, we think, what the public are most worried about, but the psychological damage which may be suffered by some victims of other crime is not to be under-rated."[19] The present author has equated elsewhere the notion of dangerousness with impulsive, uncensored, personal violence directed towards others and sometimes towards self.[20] Scott reminds us that in considering dangerousness, the social context is vitally important; it is "easier to say what dangerousness is not than what it is. It is not simply that which is noxious or evil, and it is not necessarily a violent or explosive trait in an individual."[21] As he suggests, the man who smokes on an oil tanker is potentially dangerous by reason of the explosive material around him; if he refuses repeatedly to "douse that glim," it is likely to be assumed that he has dangerous intentions rather than that he is merely careless or reckless. As will be seen when we consider assessment and management, the social context of the offender or patient adjudged to be dangerous is of paramount importance. At this point comment is necessary concerning the relationship between *violence*, described by Scott as aggression concentrated into brief time, and *dangerousness*. In general, the nature of the behaviour which society is likely to describe as dangerous is that which is also violent. But, as Sarbin[22] has wisely pointed out, the concepts of danger and the concepts of violence are not necessarily coterminous. He suggests that violence indicates action; danger denotes a relationship. We can conclude this section by agreeing that Scott's definition of dangerousness is probably the most useful from a clinical point of view. "Dangerousness then is an unpredictable and untreatable tendency to inflict or risk irreversible injury or destruction, or to induce others to do so."[23]

Prediction and Prognostication

It is a sad truism that there are no statistical or actuarial measures available that offer the prediction of dangerousness with any degree of certainty, although useful beginnings have been made in this area by various workers. Despite the fact that much research has been carried out into the prediction of antisocial behaviour generally, the research merely seems to suggest that although actuarial techniques can discriminate between high-risk and low-risk groups, there will always be a residual majority in the middle-risk groups whose re-offending rates are too near "fifty-fifty" to be of much use prognostically. Kozol and his colleagues obtained followup information on a sample of serious offender-patients who had been discharged despite the fact that the mental health professionals responsible for their care had classified them as being dangerous. *Only about a third of the group actually became involved in violence on discharge.*[24] It is now a well-established fact that many mental health professionals tend to err on the side of caution when asked to make predictions about future behaviour. In what has now become a classic study, Steadman and Cocozza[25] examined a group of allegedly dangerous mentally abnormal offenders who had been freed from detention as a result of the famous American High Court decision (the case of Baxstrom). In this case it had been held that Johnnie Baxstrom (an offender-patient) had been detained unconstitutionally. One effect of the Baxstrom decision, was that a large number of other offender-patients had to be discharged into the community. Steadman and Cocozza were provided therefore with a unique opportunity to test out the validity or otherwise of prolonged detention for so-called criminally insane and dangerous offenders. As a result of their large-scale and careful survey the authors concluded that mental health professionals were over-cautious in their predictions and that prolonged incarceration was not required for the majority of such offender-patients. However, it should be noted that a large number of these offender-patients were over 50 years of age when released. Had the research population involved

[17] H. Prins, "A Danger to Themselves and to Others: Social Workers and Potentially Dangerous Clients," *British Journal of Social Work*, 5, 1975, 297-309.
[18] N. Walker, "Dangerous People," *International Journal of Law and Psychiatry*, 1, 1978, 37-50.
[19] *Butler Committee*, op. cit., p. 59.
[20] Prins, "A Danger to Themselves," p. 297.
[21] Scott, op. cit., p. 127.
[22] R. Sarbin, "The Dangerous Individual: An Outcome of Social Identity Transformations," *British Journal of Criminology*, 7, 1967, 285-295.
[23] Scott, op. cit., p. 129.
[24] L. Kozol, A. M. Boucher, and R. F. Garofalo, "The Diagnosis and Treatment of Dangerousness," *Crime and Delinquency*, 18, 1972, 371-392.
[25] J. Steadman and J. Cocozza, *Careers of the Criminally Insane*, Mass. Lexington Books, 1974.

a younger and potentially more aggressive age group, their findings might have been different. There has now been more recent confirmation of the Steadman and Cocozza findings in the work of Thornberry and Jacoby.[26] They followed up a not dissimilar group of patients who had also been released as a result of an American court decision in 1971 (The Dixon Case). At many points, the results obtained by Thornberry and Jacoby are very similar to those obtained by Steadman and Cocozza. In summary, we may conclude that these two major studies confirm the view that there is a strong tendency to over-predict the likelihood of further harm being caused by allegedly dangerous offender-patients following their release into the community. In England, professionals in this field are all very much aware of instances when their prognostications went somewhat awry; the famous cases of Simcox, Illiffe, Young and Sailes are worrying reminders of the tasks involved.* With these somewhat uncomfortable anecdotal references in mind we turn finally to questions of assessment and management.

Assessment and Management

In the absence of any fool-proof actuarial devices and the tendency for those concerned to come up with what statisticians describe as false positives, are we left with *any* indicators of the *probability* of future dangerous behaviour? Some workers have suggested, no doubt somewhat cynically, that nothing predicts behaviour like behaviour. For example, exhibitionists (*indecent exposers*) tend to repeat their offences, but they *seldom* go on to indulge in more serious sexual criminality. However, it is worth repeating here (from a clinical and prognostic point of view) that where acts of indecent exposure are also associated with even minor assaultive or threatening behaviour, the *likelihood* of engagement in later serious sexual criminality is quite strong. Thus, as already indicated, the *detailed circumstances of the offence* should be studied carefully since they will frequently offer useful prognostic clues. Men with several convictions for violence are considerably more likely than their fellows to be convicted of violence in the future. The *Butler Committee*, in recognising the limitations of objective assessment, wondered whether it was better to rely upon on-going process of management and subjective assessment in which checks on adjustment could be constantly carried out in the light of the developing patterns of behaviour shown by the individual concerned. As already indicated, such assessment presupposes good team work amongst the mental health and other professionals concerned. It also presupposes agreed and open lines of communication. That this teamwork may sometimes be lacking and communication often be faulty, is well attested to in a thoughtful and disturbing paper by Pfohl, a sociologist.[27] There is, of course, no magic to bring to the task of assessment (as some would perhaps like to think). As Scott says, "it is patience, thoroughness and persistence in . . . (this) . . . process, rather than any diagnostic or interviewing brilliance that produces results. In this sense the telephone, the written request for past records and the checking of information against other informants are the important diagnostic devices. . . ."[28]

Local authority social workers and probation officers in England are often in a pre-eminent position to become involved in the social backgrounds of dangerous or potentially dangerous offender-patients and are thereby able to observe and monitor subtle changes in behaviour. Sometimes these changes will be caused by physical (organic) factors, and as already indicated, nonmedically qualified mental health professionals need to have a good basic working knowledge of these if possible danger signs are not to be missed. In former days, most social workers in England were taught the value of taking a detailed social history from the offender-patient or his relations. They were also encouraged to see how this history taking could add to the picture of the person derived from other professionals. In this way, a full assessment could be made of the person's situation, the social and familial stresses within it, and, in the light of this, his or her potential for recovery. Unfortunately, the reorganisation of English Local Authority Social Services Departments, of Local Government Areas, and of the National Health Service has brought about fairly rapid movements of staff, some consequential dilution of specialist skills, and a lack of continuity of staffing. The present writer's experience as a teacher of social work leads him to believe that there is still a considerable degree of reluctance on the part of social work students and the newly qualified to deal with the mentally ill offender, particularly the potentially violent and the more severely disturbed.

Numerous writers on social, psychiatric and forensic matters have confirmed the need for full investigation of the social history and current situation in cases

***These were all cases in which there had been a repetition of very serious assaults and/or murder following discharge after conviction and sentence for similar offences. (See Prins, 15 supra for further comment.)**

[26] T. P. Thornberry and J. E. Jacoby, *The Criminally Insane* (Chicago: University of Chicago Press, 1979).
[27] S. Pfohl, "From Whom will we be protected? comparative approaches to the assessment of dangerousness," *International Journal of Law and Psychiatry*, 2, (1979): 55-78.
[28] Scott, op. cit., p. 129.

where dangerous behaviour or a serious offence had occurred or was considered to be likely. Such a need is well attested to by Blair in his discussion of the case of *Richard Holmes.*[29] Holmes, aged 22, was sentenced to life imprisonment for wounding with intent to murder. Shortly after sentence, he committed suicide. In Blair's sensitive and detailed account of this sad case, he draws attention to the fact that the prison medical officer did not feel it necessary to interview Holmes' parents, nor, apparently, were reports called for from a psychiatric social worker or probation officer. He suggests that had full and detailed information been available from this source not only would a much clearer understanding of this young man's history and mental state have been possible, but a tragedy *might* also have been averted.

Occasionally, social workers and allied professionals have been stridently over critical of psychiatrists, not infrequently on the basis of very flimsy experience and knowledge. Lest social workers consider that they are the only people concerned about possible abuses of patients' rights, the comments of Dr. McGrath, lately Medical Director at Broadmoor (a special hospital for violent or dangerous offender-patients) can be quoted. "It is enormously important for the hospital to keep in touch with the after-care agencies who often feel out of their depth in caring for homicides in the community, and who have to be supported to cope with the repugnance at their own feeling that they may be instruments in the readmission of a patient who has not yet offended again. This potential guilt is not the sole prerogative of the . . . caseworker, but is shared by doctors, who do not delight in incarcerating the legally defenceless. . . ."[30]

The need for a careful review of the total social situation of the dangerous or potentially dangerous offender has already been stressed. Sometimes, workers seem reluctant to ask what can be described as unaskable questions. Such questions can give important prognostic clues. Some aspects of this reluctance are now considered. One important reason for it may be the tendency for professionals in this field, be they social workers, psychiatrists, psychologists, nurses or other staff, to *over-identify* with the dangerous offender patient. Because of this, they may not take into account important aspects of the individual's less desirable behaviour as reported by family members and others. Johnston[31] has stated that "many psychiatrists identify too closely with the patient and become too sympathetic with his problem, and as a result, come up with a judgement which is not based on the stark reality of the situation."

Usdin[32] states that we may often miss the clues given us by our offender-patients or clients. He indicates that we do not like to hear some of the things that these people are saying. He goes on to make a crucial observation that the mechanism of denial is not one reserved solely for patients; numerous studies have indicated that the suicidal patient very often gives warning that he is contemplating suicide, there is no reason for believing that the homicidal patient may not do likewise. Confirmation of this is demonstrated in some recent English studies of violence in which a high incidence of mental illness *coupled with premonitory warning signs* has been demonstrated. For example, Faulk, in his study of 25 men remanded to prison on charges of seriously assaulting their wives or co-habitees, found in almost 70 percent of cases that there were premonitory signs of violence. Seven of the wives had received a warning but had not acted upon this.[33] Cuthbert has also drawn attention to this phenomenon in a series of homicide cases.[34]

MacDonald has suggested that reluctance to intervene may also be due to the fact that nondirective forms of psychiatric interviewing may facilitate avoidance of violence when this is the wish of the client or patient, his relatives and the doctor.[35] Many mental health professionals are likely to be uncertain in their reactions to threats of violence, particularly if these are homicidal. These threats may be met too easily with a bland comforting reassurance such as "You wouldn't do anything like that would you?" When a person with a *background of violent behaviour* threatens extreme violence, for example, towards a spouse, the traditional professional psychotherapeutic response might be to say something like "This must be very worrying for you, would you like to talk to me about your marriage. . . ?" As MacDonald suggests, it might be better to ask, "How are you going to do it?"

In trying to assess the offender-patient's potential for dangerous behaviour and the risks involved, a number of factors need to be borne in mind. These are now enumerated and commented upon.

First, what seems to have been the nature of any past precipitating stress factors in the offender-patient's social environment? Have these been removed? If not, to what extent can they perhaps be moderated if the offender is allowed to go free in the community? Sadly, a mentally abnormal offender who has caused serious harm to a relative or other close social contact may still need to destroy a surrogate. To what extent was the original offence caused by provocation, conscious or unconscious? One needs to be constantly on the alert for the victim precipitated encounter in which the probable victim is continually provoking the potentially dangerous person. These people may, of course, be drawn into such encounters to satisfy pseudo-sado-masochistic or similar needs. At a more practical level, all of us should be on the alert for ways in which we might prevent the means of destruction being available too readily. One should remember here the ease with which Graham Young the poisoner *appears* to have secured a form of employment which gave him easy access to the renewed means of destroying others. Another interesting example is the case of the 16-year-old American girl, quoted in the *Guardian* (31 January 1979). She is alleged to have killed two men, wounded eight children aged between 6 and 14 and a policeman in a sniping attack, before finally surrendering to the police. She was said to like television violence and setting fire to cats by pouring petrol on their tails. More ominous perhaps, is the statement made by a school classmate. "Her father bought her a rifle for Christmas and she was always boasting about the guns her father had." A quotation from Shakespeare's *King John* is very apt here. "How oft the sight of means to do ill deeds makes ill deeds done." (cited by MacDonald).[36]

Second, what is the offender's capacity for sympathetic identification with others? In what way may the previous history given by both the offender-patient and those near to him confirm or refute this? Has he still some capacity left for learning by experience? This is a point emphasized by Scott.[37]

Third, does he seem to derive satisfaction from the infliction of pain or suffering on others? Can it be ascertained whether his violence is directed against a particular individual for specific reasons or is it directed against the world in general? Is he the sort of person who continually feels threatened and/or persecuted? The need for social workers to fully understand paranoid states and morbid jealousy is of paramount importance in this work. As suggested earlier, not all this learning need come solely from clinical sources; the world's great literature can be used to enhance understanding and empathy.

Fourth, in addition to personal behaviour and expressions of attitude, are there other indicators that might be of use? Sometimes, the eliciting of violent or sadistic phantasies or preoccupations may provide useful clues. However, too much importance should not be attached to these, because the extent to which such preoccupations are indulged in by those who never actually behave dangerously is not known. Having said this, some clues do seem to have ominous prognostications, especially when phantasies are *also* acted upon. Brittain, in a paper on the sadistic murderer, has provided a detailed account of the manner in which some people develop, *but at the same time attempt to conceal,* their sadistic and murderous phantasies.[38] One may wonder whether the course of events *might* have been different if those responsible for Graham Young's supervision in the community had gained access to the room where he was lodging and noted the significance of the ominous array of articles it contained. In this area of work it may be necessary for counsellors to be more assertive and enquiring in the role they take. The recent Floud Committee into dangerous offenders certainly considered that this should be the case.[39]

Fifth, can any clues be gained from choice of previous employments or occupations? Scott has suggested that very occasionally these may provide us with useful hints. Butchering and work in abattoirs is sometimes found in the employment records of those convicted of particularly sadistic offences; sadistic children sometimes show a preference for work as veterinary surgeons, showing an unusual interest in sick and damaged animals. Scott noted how quickly these died in their care, as did their own pets.[40]

Finally, can anything be learned from the way in which the offender-patient talks about his offence and/or his behaviour? Occasionally, it is difficult to distinguish between a near hysterical threat of murderous intent and one that is made quietly, calmly, but apparently with absolute conviction. It is frequently an ominous sign if the offence is discussed in a dispassionate guilt-free manner. However, it should be remembered that after the perpetration of a particularly serious offence, such as homicide, many protective mechanisms come into play. These may present as a callous indifference. Much time is needed for these mechanisms to be dissipated and the underlying attitudes revealed. It was the author's experience on the Parole Board that some offenders serving life sentences for homicide seemed very reluctant to acknowledge their guilt; this made consideration for parole a highly problematic issue.

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[29] D. Blair, "Life Sentence then Suicide: The Sad Case of Richard Holmes," *Medicine, Science and the Law,* 11 (1971): 162-179.
[30] P. G. McGrath, *Care and Release of Dangerous Offenders.* In A. V. S. de Rueck and R. Porter (eds.), *The Mentally Abnormal Offender* (London: J. and A. Churchill, 1968), pp. 121-126.
[31] W. C. Johnstone, *Releasing the Dangerous Offender.* In J. R. Rappeport (ed.), *The Clinical Evaluation of the Dangerousness of The Mentally Ill* (Illinois: Charles C. Thomas, 1967), pp. 29-34.
[32] G. L. Usdin, *Broader Aspects of Dangerousness.* In Rappeport, op. cit., pp. 43-47 (31 supra).
[33] M. Faulk, "Men Who Assault Their Wives," *Medicine, Science and the Law,* 14 (1974): 180-183.
[34] T. M. Cuthbert, "A Portfolio of Murders," *British Journal of Psychiatry,* 116, (1970): 1-10.
[35] J. M. Macdonald, In Rappeport, op. cit. (31 supra), pp. 58-61.
[36] Macdonald, Op. cit.
[37] Scott, Op. cit.
[38] R. P. Brittain, "The Sadistic Murderer," *Medicine, Science and the Law,* 10 (1970): 198-208.
[39] Floud and Young, Op. cit., *Chapter 9.*
[40] Scott, Op. cit.

So far, general comment has been made concerning techniques of investigation and assessment and less has been said about the more personal attributes that social workers or other counsellors should bring to their dealings with dangerous or potentially dangerous individuals. It is probably no accident that this most important aspect has been kept so late for consideration; many workers in this field may be reluctant to admit freely that such offender-patients may frighten them. Sometimes it is very difficult to put this fear into words. Some may say that they have a "hunch," or, others will say, "it is something in his eyes." Hunches may need to be acted upon rather than proven facts; we then try to apply what we have learned from one case to the next the hard way in the best traditions of clinical practice. We may well ask ourselves, "what is it we are afraid of?" All of us can certainly be afraid of physical violence. Some dangerous persons may not only wish to be controlled, but in fact are afraid of their own dangerous or violent urges. Cox, in a paper on the psychotherapist's anxiety in dealing with offender-patients, provides a useful reminder of the importance of the professional's anxieties in this area. He also suggests that some offender-patients may be frightened to talk about their feelings and phantasies because *they feel the therapist is himself too frightened to want to listen to them.*[41] (Present writer's italics). As indicated earlier, denial is not the sole prerogative of offender-patients. As professionals, of what are we afraid, if it is not the threat of immediate violence? Is it the fear that we may *unwittingly provoke* a violent assault, or are we more afraid that our own egos may be overwhelmed by that of the dangerous offender-patient? Is it the fear that somehow we may be engulfed and destroyed by his violent phantasy system? As already indicated, it is only after an intensive study of the individual, his past history, and his life style that cues and clues may be afforded as to the likelihood of violent and possible unpredictable outbursts. A useful illustration of this would be an assault committed in circumstances that amounted to homosexual panic. The so-called normal person who violently attacks another because of an alleged homosexual overture, may well need to have his own actions understood more in terms of his own possible repressed homosexuality than solely as the reactions of an outraged male responding to an unwelcome overture. As a general rule, one would expect that the greater degree of violence shown, the more precarious may be the so-called normal person's defences.

In order that we may operate effectively and humanely in work with dangerous and potentially dangerous offender-patients, it is necessary for us to have tried to come to terms with *our own potential* for violent or dangerous behaviour. It is helpful to try to learn to behave calmly when explosive behaviour threatens. If we can keep the "scream" out of our voice this may help. In certain circumstances, an attempt may have to be made to remove a dangerous weapon quietly and firmly from a person intent on using it. A soft voice and calm movements will probably help; with some potentially violent offender-patients it is probably best to avoid eye-ball to eye-ball confrontation by looking at them obliquely.

Summary of Essential Attributes

By way of drawing this contribution to a conclusion, some of the essential attributes needed by those who have to work with the mentally abnormal offender in situations where danger may threaten or where risk has to be assessed can now be summarised.

First, to be honest with oneself and to acknowledge one's own potential for violence. This can only come about through effective support and supervision *by more experienced colleagues.* These colleagues can alert us to our blindspots and to the all important dangers of over-identification and denial already referred to.

Second, the need to remember that a panic reaction in a moment of particular stress may prevent the registration of significant words or messages from the dangerous or potentially dangerous individual. It may also mean that the importance of certain things left *unsaid* is over-looked.

Third, the development of a capacity to take a *total* view of the person adjudged to be dangerous or potentially dangerous. This will include all the points made earlier about the need for a careful in-depth examination of the person's social situation and the forces operating for stress both past and present.

Fourth, the need to present oneself as a still centre in dangerous or potentially dangerous situations. This may often convey calm to the person in a state of inner tension and turmoil.

Fifth, after careful consideration of the situation, the worker may have to take his or her courage in both hands and intervene quite directly; for example, by removing a weapon or dangerous implement from someone who is threatening to use it. This is always a finely poised matter; there may be little time for reflection, and the situation can only be judged as it appears at a particular point in time. As previously suggested, a calm voice, an averted gaze, and slow calm movements augur for a better response than a panic stricken grab or strident command. In general, it is better to sit than to stand. To stand in a confronting position in relation to a potentially dangerous offender may make him feel even more anxious, overwhelmed or panic stricken. A position taken at the *rear* of such an individual may be particularly threatening.

Sixth, the need to be prepared to respond speedily to rapidly developing crisis situations. The telephone is perhaps an under-used device in this type of work. From time to time, offender-patients feel that things are beginning to "blow up." The opportunity for temporary re-admission, compulsorily, or (preferably) otherwise, should not be missed. Stürup, who was for many years medical superintendent of Denmark's famous institution for psychopaths at Herstedvester, relates how a former inmate appeared at their gates and asked how many offences he had to commit before he could be re-admitted! Fortunately, Stürup and his colleagues acted upon such a *cri de coeur* and arranged for the man's re-admission.[42] More crisis intervention services staffed by mental health teams would be helpful in this respect. Support for the introduction of such schemes has been advocated by Craft, working at a special psychiatric unit in North Wales. He suggested that staff knew offender-patients so well that they could swiftly locate and treat "the dangerous mood that almost always prefaced mayhem, danger and absconsion."[43]

Seventh, by attempting to mobilise the mentally abnormal offender-patient's cognitive capacities to discuss his fears. Such work will include asking direct questions about intent (as already discussed). It should also include discussion of the use of alcohol and other drugs which, as is well established, may precipitate or facilitate violent and unpredictable behaviour. Sometimes, it may be possible to talk through a potentially dangerous episode. In addition, in some cases, one can attempt to point out the likely consequences of further dangerous behaviour. This is *unlikely* to be successful with severely paranoid or delusionally jealous individuals; with others who are more in touch with reality, it may well appeal to the rational part of their being, to their ego and to their self-respect.

Finally, as already stated, some dangerous offenders try to give premonition of the harm they feel they may do and yet others seem to respond positively to attempts to contain them.[44]

Conclusion

The purpose of this article has been to illustrate some aspects of the social work (counselling) task in dealing with mentally abnormal offenders who have acted or may act dangerously. It is essential for all professionals who work with these individuals to have a keen regard for their social and personal situations and the stresses within them. For, as has been well stated, "the locus of social work practice is neither in the 'inner psychological' nor in the 'outer reality' but in the crucial life space where inner and outer confront each other. . . ."[45] All professionals involved in this field must try to become more aware of their own anxieties and blind-spots. Unless we are to detain all potentially dangerous offender-patients indefinitely, we shall have to take risks from time to time, even though hindsight may teach us that our judgement may have been at fault. The problem was well summed up by the Aarvold Committee in its enquiry into offender-patients subject to restriction orders.* "The making of recommendations and decisions about the discharge and continuing care of . . . (dangerous) . . . mentally disordered offenders entails, fundamentally, the assessment and prediction, by one group of human beings, of the probable future behaviour of another. Prescribed procedures can offer real safeguards against the chance of human error going undetected, but we do not believe that in this situation there can be an absolute guarantee of infallibility. Indeed, there might be a risk that the adoption of over elaborate proceedings could reduce the quality of judgements made, by *weakening the sense of personal responsibility* which those who care for these unfortunate individuals bring to their tasks. . . ."[46] It behoves all those working in this field to try to aspire to the standards of professional competence envisaged by Judge Aarvold and his colleagues. It is hoped that this "transatlantic" contribution will have been a modest contribution towards this end.[47]

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[41] M. Cox, "The Psychotherapist's Anxiety: Liability or Asset? (With Special Reference to Offender-Patients)," *British Journal of Criminology,* (1974): 1-17.

***This enquiry was set up following the further conviction and sentence of Graham Young for offences of attempted poisoning. He had previously been committed to Broadmoor for similar crimes.**

[42] G. Stürup, *Treating the 'Untreatable' Chronic Criminals at Herstedvester* (Baltimore: Johns Hopkins, 1968).

[43] M. Craft, "A Description of a New Community Forensic Psychiatric Service," *Medicine, Science and the Law,* 14 (1974): 268-272.

[44] See for example, G. S. Stein, "Dangerous Episodes Occurring Around The Time of Discharge of Four Chronic Schizophrenics," *British Journal of Psychiatry,* 141 (1982): 586-589.

[45] E. G. Goldstein, "Knowledge Base of Clinical Social Work," *Social Work,* May (1980): 173-178, (quoting Max Silverstein).

[46] Home Office, *Report of the Review of Procedures for the Discharge and Supervision of Psychiatric Patients Subject to Special Restrictions* (Aarvold Committee), Cmnd. 5191, (London: H.M.S.O. 1973), p. 20.

[47] Some of the issues and problems outlined in this article are considered at further length in H. Prins, *Offenders, Deviants or Patients: An Introduction to the Study of Socio-Forensic Problems* (London: Tavistock Publications, 1980).

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