

Case study of probation and risk management



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Introduction

The report is being completed to ensure the offender in question will cause no harm to himself or the community. Mr Jones will be released in 6 months after serving the minimum term required. Currently awaiting help from staff involved with the Through the Gate (TTG) programme (Ministry of Justice, 2014) to help with the transition, this will be his first point of contact once released.

As the offence carried out by Mr Jones incorporated a violent act the HCR-20 will be used. This tool is appropriate for the offence committed by Mr Jones as the HCR-20 is designed specifically for violent offending and is a psychological decision-making tool, used throughout forensic settings (Douglas, Hart, Webster, Belfrage, Guy, & Vilson, 2014). He was sentenced for causing Grievous Bodily Harm (GBH) to his neighbour and has prior motive for the use of GBH when he attacked his girlfriend, he received a community order for said offence.

HCR-20 v3

H1: Presence= Yes, Relevance= High

Mr. Jones first expressed violence towards a family pet at the age of 13. There is a link between childhood animal cruelty and offending (Holoyda & Newman, 2016; Plant, Van Schaik, Gullone and Flynn, 2016). He often threw items around the house when angry and he was often suspended from school due to fighting.

H2: Presence= Yes, Relevance= High

As a young child, he was involved in antisocial behaviours that affected both his education and his home life, at 9 years old he was often out to all hours. Antisocial behaviours occur if the prosocial skills are not met and those who suffer with childhood antisocial behaviour are more likely as an adult to offend (Robins, 1978; Patterson, DeBaryshe, & Ramsey, 1990).

H3: Presence= Yes, Relevance= High

Although non-intimate relationships were bad, intimate relationships were a serious problem for Mr Jones, he had a difficult relationship with his father who abused him. Childhood maltreatment is associated with anti-social personality disorder and abused children are more at risk of violent offending (Dargis, Newman & Koegnis, 2015; Wright, Turanovic, O'Neil, Morse & Booth, 2016).

H4: Presence= Yes, Relevance= Low

In terms of his employment, Mr Jones lost an apprenticeship opportunity when he was 16 and before his sentence he was unable to hold down a job. An increase in violence post-childhood sees only 14.3% employed full-time (Cauffman, Fine, Thoman & Monahan, 2017) and intentional injury to a partner was also associated with intermittent employment (Kyriacou, Anglin, Tallaferro, Stone, Tubb, Linden...1999).

H5: Presence= Yes, Relevance= Medium

Mr Jones suffered with alcoholism and drug problems, mainly cannabis and amphetamines. Those who experienced trauma are more likely to use

marijuana which is linked to the levels of violence used (Burjaski, McDaniel, Lewis, Leen-Feldner & Feldner, 2016).

H6: Presence= Possibly, Relevance= Medium

There is a possibility that Mr Jones suffers from a mood disorder due to his sudden outbursts and change in mood, he explained how he could feel happy one minute and angry the next.

H7: Presence-Omit, Relevance= Omit

In regards to personality disorder Mr Jones is being referred for an assessment for anti-social personality disorder. Mr Jones experienced severe impulsivity in terms of his emotions which lead to anger which is mainly associated with personality disorders (Howard, 2016).

H8: Presence= Yes, Relevance= Medium

As a child, Mr Jones mentioned how his father assaulted both his mother, siblings and himself. When discussing this, he appeared very agitated and detached from the situation. As a child, having witnessed parental violence was linked with adult violence and drug or alcohol abuse, as well as the likelihood of using assaultive methods (Straus, 1991).

H9: Presence= Yes, Relevance= High

Mr Jones' attitude towards his own personal violence does not leave much to be desired. He constantly blames others for his own violent outbursts and when he acknowledges these he condones his behaviour with some form of rationale.

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H10: Presence= Yes, Relevance= Low

He attended substance misuse groups but unfortunately still felt he would continue using drugs and held this negative attitude throughout the session. Based on drug and alcohol screening, Mr Jones had neither in his body at the time of the offence.

OC-H: Presence= Yes, Relevance= Medium

His education could play a role in his offending and anti-socialness as he never succeeded academically. The negative experience at school could lead to violent behaviours (Smith, Park, Ireland, Elwyn & Thornberry, 2012).

C1: Presence= Yes, Relevance= High

Mr Jones' insight is poor regarding his offence, drug abuse as well as the possibility of having a mental illness. Regarding the assessment of mental illness Mr Jones voices his opinion relating to the matter. He believes that he does not suffer from a mental condition. Evidence regarding his behaviour states otherwise as for those who use substances and have a mental illness (dual diagnosis), violence is more common (Guebert & Oliver, 2014).

C2: Presence= No, Relevance= Medium

His intent to commit a violent act is low, he has explained how he wants to start afresh, with a new job and someday with a wife and children. The planning for a job when released should have already been started to help him gain employment (Houses of commons work and pensions committee, 2017), once a job has been obtained Mr Jones can start looking to the future.

The cause of his violent outbursts is due to the anger he feels, he has mentioned he often feels angry, leading to violence.

C3: Presence= Possibly, Relevance= Medium

Based on what he has described regarding his feelings and emotions there is a potentiality for a mood disorder of some form. An assessment on mood disorder is required with regards to both major mental and psychotic disorders. Anger links with unipolar depression and is mostly associated with major depressive episodes (Judd, Schettler, Coryell, Akiskal, & Fledorowicz, 2013).

C4: Presence= Yes, Relevance= High

Both mood and behaviour are an issue for Mr Jones and his mood fluctuates from day to day. Struggles with emotions and anger is associated with offending (Harrison, 2012).

C5: Presence= Yes, Relevance= Low

Mr Jones has attended substance misuse groups but his attitude was poor. He seemed to not benefit from these at all with no attitude change to drugs which increases the risk of reoffending (Milkman & Wanberg, 2012).

OC-C: Presence= Yes, Relevance= High

Mr Jones holds grudges against those who annoy him, his assault on his neighbour is a good indication of this. Fantasising is clinically linked with those who hold grudges and these elaborations can help strengthen the emotional well-being on that individual (Hollin, 2005).

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R1: Presence= Yes, Relevance= Low

Regarding alcohol and drug focus groups Mr Jones has no problem with attending these but he does not find them useful, he still has the same belief. Regarding the offence neither of these substances are related.

R2: Presence= Possibly, Relevance= Low

Based on his intimate and non-intimate relations, Mr Jones may find it hard to find suitable accommodation, it is important he is helped when released as 55% of those with accommodation problems reoffend within one year (May, Sharma & Stewart, 2008).

R3: Presence= Possibly, Relevance= High

His family relationships, friendships and intimate relationships all appear to be unstable. There's constant rows between Mr Jones and members of his family or friends affecting his mental health and anger.

R4: Presence= Yes, Relevance= Low

Mr Jones will experience problems with receiving help in the future, attendance is superb but his learning and listening is appalling.

R5: Presence= Possibly, Relevance= Medium

It's established that Mr Jones certainly struggles with coping more so than stress. His coping strategy is his anger and he uses this to deal with an event (Daffern, Jones & Shine, 2010).

Formulation of Violence Risk

The 3 ' Ps' model will be used to gain a better understanding of the factors associated with his offence. The 3 ' Ps' stand for: problematic, persistent and pervasive. This report shall focus on the main issues that Mr Jones experiences and relate it to the model (NOMS, & NHS, 2015).

- Problematic

These factors are classified as abnormal and cause difficulties both for Mr Jones and family or friends. To begin with the main factor that fits this title is his mental health and substance abuse. Mr Jones has not yet been assessed for both a mental health disorder or personality disorder. However, the use of cannabis is linked with an increased risk of a depressive disorder (Lev-Ran, Roarecke, Le Fol & George, 2013) . With relation to the assessment of personality disorder, anger is a common theme with people who experience antisocial personality disorder (Genovese, Dalrymple, Chelminski & Zimmerman, 2017; Howard, 2016) hence the need for the assessments.

- Persistent

These are factors that were present in their adolescent years and have moved forwards with them into their adult life. For Mr Jones, there was previous use of violence in his teenage years which has now progressed into his adulthood. The risk of violence could be linked to the experience he had as a child at the hands of his father; ultimately impacting on the relationships he had with others. His first offence involved him attacking his girlfriend, he was found guilty of causing harm and the role of unemployment could explain the attack (Kyriacou et al, 1999). The behavioural perspective of offending suggests that a violent behaviour is <https://assignbuster.com/case-study-of-probation-and-risk-management/>

learnt through witnessing it and then imitating the behaviour (Nietzel, Hasemann & Lynam, 1999). This affected his relationships as violence would be viewed as acceptable. Widom (1989) discovered that those who were physically abused used violence the most in adulthood. It is highly possible that due to the trauma experienced, not only did he learn to act this way but it was the only way he could cope (Day, Davey, Wanaganeen, Howells, De Santolo & Nakata, 2008).

- Pervasive

The final of the 3 'Ps' looks at impairment within social and personal areas of their lives. The education that Mr Jones' received was inadequate and could explain why he struggles in social situations. Mr Jones' education was considerably lacking in the help he required, he was often violent and suspended from school. The teachers showed little to no interest in him and when they did it was only to tell him off. According to Arum and Beattie (1999) lack of education is an indicator for illegal behaviours and lack of respect to authority. His education is an explanation for why he was antisocial (Walsh, 2007) and explains why he failed to hold down a job.

It appears based on the evidence obtained that the main cause of Mr Jones' violent behaviour is the abuse he suffered as a child. It also points to severe mental health problems which in turn could have developed long after the abuse had diminished. In regards to psychological theory, attachment theory plays a major role. Mr Jones has the inability to establish attachments with people more so as his abuser was his parent. When an attachment is effected; the individual involved becomes detached. There is a strong link between insecure attachments and mental health issues (Macinnes,

Macpherson, Austin & Schwannauer, 2016). Mr Jones' social and emotional development as a child was damaged by the trauma due to its nature. The damage inflicted on his emotional development impacted on his ability to feel remorseful and regarding his social development, made it difficult for him to establish secure relationships (Folger, Putnam, Putnam, Peugh, Elsmann, Sa...2016).

Mr Jones' risk would be considered moderate, although he struggles with feeling remorse; he has made it abundantly clear that he wants help to change and to make himself a better person. He has openly admitted about his anger issues, his fluctuation in mood and how this effects his life. Mr Jones wants to be able to live a normal life with a secure job and intimate relationships. Self-determination theory relates to this situation as Mr Jones is aware that if he gets the help needed the reward gained is being able to have a job and a family. The outcome would be different if he believed that the reward obtained was not relating to the activity (treatment) he needed to partake in. If the reward gained correlates directly with the activity then this positively affects his motivation for change (Deci, 2012).

Future Violence

As Mr Jones, has been convicted of completing two acts of Grievous Bodily Harm (GBH) it is likely the next offence would be severe and it would be about 6-12 months before he committed a violent attack based on his previous history. The victims would be people he knows (family, friends, partners), there seems to be no evidence of randomized acts against people unknown to him so the public would be of no concern. The motivation for future attacks would be dependent on his emotional state at the time of the

incident. It may happen purely out of anger or it could be because an act is ongoing, such as the previous incident with his neighbour.

The severity of the incident would be again dependent on his emotional state and whether he is intoxicated with alcohol, drugs or both. It could cause lasting psychological and physical damage to the victim especially if they were not expecting it, if Mr Jones was provoked then the attack could be foreseen by the individual(s). Although Mr Jones certainly has anger issues, there appears to be no clear relation to a life-threatening incident. If this was the case, Mr Jones would have already acted upon his frustration and aggression.

In respect to his violent outbursts there are certain things that can be looked for. If Mr Jones appears tense, frustrated/angry or provoked then these would be the typical indications of a violent attack. In the case of Mr Jones, violence is likely to occur no more than once a year, which could be altered with the correct treatment. However, it is not time limited due to his emotional instability, as his moods are constantly up and down it would be difficult to put a time predictor on his violent behaviour.

Risk Management Plan

Mr Jones should be monitored both whilst he is still in prison and once released. Regular appointments should be made with both a probation officer and his appointed Psychologist. He should be reassessed if his anger results in a fight or major dispute with either prisoners on his wing or staff. Once released Mr Jones should be monitored via the use of electronic systems. He could be fitted with a TAG to ensure he meets a curfew and the

conditions of his release or GPS tracking could be used. Research into the use of electronic monitoring has been completed throughout the world. The most recent study by Lima Machado, De Sousa, De Oliveria Albuquerque, Garcia Villalba & Kim (2017) discovered that the results of an algorithm could be applied to supporting risk assessment in relation to monitoring of re-offending. They looked at the offender's social stance to see if any crimes were being committed or planned. With regards to the use of the electronic tag it was found to be cost-effective as it was cheaper than keeping the offender in prison. The results suggested that those who received the electronic tag were no more likely to offend than those who did not receive it (Marie, Moreton & Goncalves, 2011). Weekly check ins with his probation officer should be arranged to ensure he is still on track regarding his release order. The events that should be looked for after release relate to arguments with family/friends or known associates (neighbours) and his levels of anger when present at his check ins.

Mr Jones' level of anger appears to be the main concern regarding the treatment required. There are several offender behaviour programmes (OBP) that might be useful. To begin with he should attend the CALM programme. This looks at his anger problems, teaching him to manage it and control it so it does not become a problem for him in the future (HMPS, 2017). It is mainly suitable for those where anger played a role in their offence (Canter, 2013) and involves attending 24 sessions lasting two hours and often having to attend two sessions a week. To ensure Mr Jones is making progress regular reports will be made throughout the programme and involves asking

questions at the start and end of the programme to see if there have been any alterations (*What is Calm?*, 2010).

Once the CALM programme has been completed, it is important that his violent behaviour is tackled. Although he has expressed that he uses drugs and alcohol they played no role in his offence and so are not a priority currently. The RESOLVE programme would work with Mr Jones and uses cognitive-behavioural interventions which aim to reduce the risk of violence, to prevent him from causing serious harm in the future (HMPS, 2017). It involves attending 21 weekly group centred sessions as well as four one-to-one sessions to track progress (RESOLVE what is RESOLVE, 2014). The amount of people who needed this form of treatment increased to 1683 in the year 2014/2015 this increase meant for a more structured approach to resources for treating violence (HM Government, 2014).

The OSAP programme should also be completed to help him with his drug and alcohol problems. It mainly focuses on changing attitudes towards drug/alcohol abuse to prevent reoffending. In past treatments Mr Jones' behaviour towards interventions has been a problem. A study conducted by Collins, Cuddy & Martin (2016) discovered that drug treatment programmes in the UK are both cost-effective and beneficial for the drug users in terms of reducing their reoffending rate and their drug intake. Those who are not involved with a substance misuse program are more likely to reoffend (Needham, Gummerum, Mandeville-Norden, Rakestrow-Dickens, Mewse, Barnes, & Hanoch, 2015). The program involves 2 sessions each week for 26 sessions overall it will help with social skills, how to avoid those involved in drug/alcohol use and planning for the future (*What is OSAP?, * 2010).

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Mr Jones should be supervised and attend regular meetings with his probation officer as well as meet up with someone from the TTG programme. If he feels an issue is arising, then he should contact his probation officer immediately so the situation can be assessed. His probation officer and the staff involved with the TTG programme should be his first points of contact when he feels concerned about his behaviour. There is evidence that suggests that attending probation can positively affect the offender's likelihood of not reoffending (King, 2013).

The protection of potential victims is vital, as Mr Jones' offense involved a next-door neighbour; he should receive help with finding housing preferably in a quiet neighbourhood where he would experience no problems from his neighbours.

Other considerations include the safety of Mr Jones, after being in prison, on the outside there are potential dangers for the ex-offender. These included drug dealers and angered family members or friends. Every week Mr Jones should check-in with both his TTG mentor and probation officer, they should attempt to make Mr Jones open up emotionally.

The help set up for Mr Jones' decreases the likelihood of harm. He needs to focus primarily on his anger management, substance misuse as well as his use of violence. Based on the evidence put forward the chance of future violence is quite low if he attends the treatment programmes and meetings with his probation officer. If he stops attending, this should be viewed as a sign of re-offending. The next review date should be 9 months after release to ensure progress is being made.

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Appendix A

Questions

H1- Violence: Do you have any form of control over your violent outbursts?

H2- Anti-social behaviour: How does taking drugs make you feel? Is there a reason for taking the drugs?

H3- Relationships: You say you want a family, how do you plan on reaching this goal?

H4- Employment- Previously you have had problems with employment, would you accept help to find a job and remain in it?

H5- Links to H2

H6- Mental disorder: anger seems to be a real problem; do you feel that your state of mood controls you?

H7- Personality disorder: Could you come to terms with being diagnosed with a PD and how would you cope?

H8- Trauma: The experience you had with your father must impact on your life, do you think this is the case and how do you think you would overcome this?

H9- Violent attitudes: The attitude you had towards violence is that you condone the use of it, would there be a time when you would not be violent?

H10- Treatment: There seems to be a problem with treatment even though you attend, why might that be?

OC-H- Education: Could your education explain why you behave as you do and why you use drugs, if not what do you think the cause is?

C1- Insight: How do you think others would view you in terms of your risk?

C2- Ideation: is violence thought about or do you lose control? Would you intentionally harm someone?

C4- Instability: Does your mood cause a serious problem?

C5- Treatment: Although you attend your responsiveness is lacking is this because you are not in control?

OC-C- Grudges: Is holding grudges an issue? Is this why you lash out?

R2 & 3- Living/support: When released from prison will your living situation be sorted or do you need help? How is your personal support in terms of family and friends?

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R5- Coping: At times everyone feels stress, however, coping seems to be a struggle, is violence your idea of coping?