

Preface

From Uncertainty to Certainty – is it Possible?

Ken McMaster and Arthur Wells

Introduction

“Humankind abhors ambiguity and uncertainty; humans will engage in dubious and, sometimes harmful behaviours to avoid them.” (Prins, 1999:1)

We live in an age of increasing uncertainty as societal change speeds up, and as Prins aptly identifies, we don’t like it. Everyday we are bombarded with the reality that people do bad things to each other, and to themselves. Read any newspaper and be regularly confronted with stories of child abuse, partner assault, sexual assault, murder, and suicide/homicide. Follow the debates and hear people trying to find someone to blame. That blame often finds its way back to practitioners about what they could, should, or haven’t done.

This book is about the vexing problem of risk assessment and risk management across a number of human service fields. Despite the differences across the areas discussed, the same issues emerge. How can we accurately assess what clients are likely to do? The old adage, “The best predictor of future behaviour, is past behaviour,” may be accurate for untreated populations, but how does intervention mitigate the accuracy of this prediction? While this is not a research text, the authors draw on research evidence to support their positions, and seek to provide guidance in how to move forward in the field of risk prediction and management.

In our daily clinical practice we are faced with multiple decisions about risk. Is the person sitting in front of us at risk of self-harm? Are they likely to harm others? Are they likely to harm others and themselves? Are they likely to harm us, the worker sitting in front of them? All of us would have had those anxious moments after seeing a client, wondering if they are going to engage in dangerous behaviour after they have left the office, despite instituting safety plans. These have always been clinical questions that we have had to manage. However, we are now living in a time when risk prediction and management forms a major focus of our work. In a time of increasing accountability for our work we are expected to be able to justify and quantify our decision making, in order to ‘guarantee’ the safety of the community.

So What Are We Worried About?

Pick up any newspaper, listen to talkback radio, watch the nightly news – we are constantly bombarded with the worrying news that our lives are unsafe. Rather than take a more generic view to the issue of risk, this book explores what are generally termed issues of safety related to the behaviour of one individual towards another. So are we more unsafe now than in the past? In order to answer this question we can go to one source, crime statistics. There is little doubt that the recorded offence rate has risen sharply since 1970 where it sat at 55 per 1,000 population, to a peak of 132 per 1,000 in 1992 (N.Z. Department of Justice website, 2006). Two reasons account for this increase: one is a change in recording practices and the other, a real change in the amount of crime.

Rates of crime can also be merely a product of a youthful society. In other words a correlation exists between the number of young people in a society and the rates of crime (particularly crime related to alcohol and drugs, violence, motor vehicles). Other factors such as socio-economic trends also play a part in offence rates and much has been written about the widening gap between rich and poor during the time of the Fourth Labour Government and the subsequent National Government.

Despite the significant rise in crime rates from the 1970's there has been a decreasing trend in violent crime since 1995. Table 1 shows the number of convictions that resulted from particular types of violent offence. Of note, the number of convictions for murder, manslaughter and attempted murder fluctuated over the decade with no clear trend.

So what can we take from this data, recognising that a significant amount of criminal activity never comes to public notice? Well the data tells us the following:

- Convictions for rape in 2001 were the third lowest figure in the decade
- Convictions for unlawful sexual connection in 2001 was the highest recorded in the decade
- The number of convictions for indecent assault has generally decreased since then
- The number of convictions for robbery showed an increasing trend between 1992 and 1998, but has dropped significantly in the last three years, almost back to the level seen at the start of the decade
- The number of convictions for aggravated robbery has decreased in the last four years
- The number of male assaults female convictions decreased from 4,157 in 1994 to 2,916 in 2000, and the 2001 figure (2,921) was almost identical to this
- The number of convictions for assaults on children aged less than 14 years (under section 194(a) of the Crimes Act 1961) increased in the early part

Table 1 Number of convictions for violent offences, 1992 to 2011

Offence type	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Overall % change
Murder	43	25	25	34	27	39	24	25	31	21	-
Manslaughter ²	43	38	23	38	36	28	45	28	23	34	-
Attempted murder	12	5	13	6	13	19	5	6	9	12	-
Kidnapping/abduction	59	72	81	112	142	112	149	81	107	119	+102%
Rape	149	238	247	327	302	210	253	207	131	181	+21%
Unlawful sexual connection	341	411	370	380	410	279	349	361	310	421	+23%
Attempted sexual violation	55	85	74	73	82	58	56	58	42	63	+15%
Indecent assault	939	1099	1150	1112	1290	947	1054	968	794	833	-11%
Aggravated burglary	67	50	75	96	74	102	83	77	71	83	+24%
Aggravated robbery	402	411	422	479	456	582	555	523	423	372	-7%
Robbery ³	143	159	162	204	213	258	278	233	171	155	+8%
Grievous assault ⁴	681	748	988	1157	1222	1209	1335	1258	1320	1318	+94%
Serious assault ⁵	1582	2024	2586	2993	2964	3031	3239	3090	3247	3370	+113%
Male assaults female ⁶	1902	2943	4157	4091	3753	3335	3145	3043	2916	2921	+54%
Assault on a child ⁷	171	212	299	302	326	298	294	304	280	296	+73%
Minor assault ⁸	3623	4036	4542	4688	4462	4432	4516	4245	3959	3854	+6%
Threaten to kill/do GBH ⁹	369	413	518	511	585	602	633	641	628	629	+70%
Cruelty to a child ¹⁰	41	39	22	24	17	17	17	40	21	23	-
Other violence ¹¹	86	87	91	87	123	125	101	99	94	119	+38%
Total	10708	13095	15845	16714	16497	15683	16131	15287	14577	14824	+38%

(Source: <http://www.justice.govt.nz/pubs/reports/2003/conviction-sentencing-2002/>)

Notes:

1. An overall percentage change figure between 1992 and 2001 has not been shown for offences in this and subsequent tables where the number of convictions each year is small.
2. Includes convictions for manslaughter which involved the use of a motor vehicle.
3. Includes both robbery and assault with intent to rob.
4. Mostly assault with a weapon, wounding with intent, and injuring with intent, but also includes aggravated wounding or injury, disabling, doing dangerous act with intent, acid throwing, and poisoning with intent to cause grievous bodily harm. These offences have maximum penalties of at least 5 years imprisonment.
5. Mostly common assault under the Crimes Act 1961, but also includes assault with intent to injure, injuring by unlawful act, and aggravated assault (including assault on a police officer or a person assisting the police under the Crimes Act 1961). These offences have maximum penalties of between 1 and 3 years imprisonment.
6. Offences under section 194(b) of the Crimes Act 1961. These are likely to be mostly domestic-related assaults. These offences could be included in the “serious assault” category as they have a maximum penalty of 2 years imprisonment. However, they have been presented separately in this report as there is particular interest in trends in domestic-related assaults. These offences are the best available proxy for such offences, given that the data do not include information on victim-offender relationships which would allow domestic-related assaults to be identified more accurately.
7. Assault on a child under the age of 14 years under section 194(a) of the Crimes Act 1961.
8. Mostly common assault under the Summary Offences Act 1981, but also includes assault on a police, prison or traffic officer, or on a person assisting the Police, under the same Act. These offences have a maximum penalty of 6 months imprisonment.
9. Threaten to kill or do grievous bodily harm.
10. Offences under section 195 of the Crimes Act 1961.
11. The majority of these offences involve demanding with intent to steal offences, but the category also includes using a firearm against a law enforcement officer; commission of a crime with a firearm; inciting, counselling, accessory to, accessory after the fact to, or attempting to procure murder; and killing or injuring a police dog.

of the decade, but has remained stable since 1994 at approximately 300 convictions annually.

In summary we are at less risk of being victimized by crime than five years ago. Of course victimization itself is not uniform across the population. I am most at risk of being victimised by crime if I am in my late teens or early twenties, male and am out and about with friends late at night. The risk for this population relates to alcohol related crime such as fighting and motor vehicle offences. It is therefore imperative that we are careful in making something bigger than it is. What is apparent is that although there has been a significant increase in serious crime, this trend is starting to fall. However, in the minds of the community it is as if these trends have not occurred. Still we remain anxious about the risks of being a victim of crime and act accordingly. As several contributors to this book acknowledge, there is a very real danger that in taking a more conservative stand around the issue of risk we may not give people a reasonable opportunity to prove us wrong. Which leads us to a number of issues related the ethics of risk prediction.

Ethical Issues In Risk Prediction

Hudson (1996) notes that while the discourse around risk assessment has been ongoing for some years within criminal justice settings, who is responsible for undertaking the actual assessment of risk is now changing along with the significance placed upon these assessments in decision-making. Hudson (1996:154) notes:

Instead of social workers and sociologists, the new experts are geographers and psychologists; instead of prescribing treatment, expertise is now being used to calculate the risk. Risk of reoffending and risk of victimisation are now key issues on which social science expertise is being addressed.

The advent of the “risk society” (Beck, 1992) raises a number of important challenges for psychologists, social workers, counsellors and others working with clients who engage in risky behaviour. These important issues include: firstly, the quality of information used to base assessments upon and hence the accuracy of predicted dangerousness; secondly, the civil liberties of those who are assessed as being at risk if the prediction is wrong; and thirdly, the potential conflict between undertaking such assessments which can undermine the caring function and replace it with one of control (Williams, 1997).

Quality Of Information To Base Assessments Upon

Despite the significant amount of research in the area of risk prediction, the general consensus is that predictions of risk are still very unreliable. Yet they

have a major implication for the welfare of the person identified as being at risk as well as the community (Gottfredson & Gottfredson, 1988; Kemshall, 1997). The quality of information available to base assessments upon is often limited to self-reports and is often viewed as somewhat unreliable given the extent of minimising, denying and blaming that is evident at initial contact (Gondolf & Foster, 1989; O'Leary & Arias, 1987). For example, one overseas study in the field of domestic violence found that women reported twice the rate of violence by their husbands than their husbands reported (Gondolf & Foster, 1989).

There is another dilemma in expecting those who have engaged in risk behaviour to disclose the full extent of their past behaviour, knowing that this may operate against their short-term interests. If, for example, they are assessed as having a more significant and serious pattern of behaviour than their self-reports admit to, how might the disclosure of this information work against the opportunity to engage in meaningful programmes? For offenders for example seeking early parole, this may mean they are interned longer, given that they might be perceived as presenting a higher risk to society. The issue of quality of information is therefore critical for accurate assessment of risk.

The issue of quality of information and accuracy has also been commented on by other writers but from a different perspective. Dawes (1989) in responding to the criticism that many assessments are made without seeing the client, argues that information gained in a parole interview decreases rather than increases the accuracy of the prediction. The argument made is that when confronted by a person face-to-face, our judgements are influenced by the interactions and that workers will be selective in which information they use in their assessments. In other words, offenders change their stories according to who is asking and why.

Dagleish (1995:2) has also identified a number of characteristics related to human judgement that compromise the clinical decision-making process:

- People usually form judgements very quickly.
- People find it very difficult to articulate the process of coming to a judgement and a decision.
- People are limited in their ability to process information.
- People use heuristics or mental short cuts to handle complexity and this can lead to systematic errors in judgement and decision-making.
- A remedy is to “divide and conquer” - separate the judgements and the decisions into components, focus on each component and then combine the components.

Workers often use constructs to assess individuals that may not have a great deal of bearing upon the behaviour being predicted. For example, according to Dutton (1988) and Gondolf (1988) diagnostic systems such

as the DSM- III-R & DSM-IV Axis II variables (i.e. personality disorders, anti-social personality, borderline personality and so on) although providing useful information to aid intervention, are not particularly useful in predicting future violence. This position however is debated by Holtzworth-Munroe and Stuart (1994) who argue that focussing upon the various sub-groups of men who are violent towards their female partners may allow for better prediction of types of violence.

Civil Liberties Of Those Who Are Assessed Are At Risk

There is little doubt that the new culture of risk assessment impinges upon the rights of those identified either rightly or wrongly as being at risk. New Zealand's criminal justice system operates upon the premise that if a person is caught, charged and found guilty for a crime, once that person has served their sentence they are free to continue to move about in society. People are not sentenced on the basis of possible future behaviour, with the one exception of where the sentence of preventive detention is given, which is an indefinite term of imprisonment. However, in the area of men's violence to their female partners, legislation such as the Domestic Violence Act (1995) acts against this principle and is based on notions of future risk prediction (many of which are not spelt out). This may result in respondents (the person against whom an application has been made) not having access and supervision of children. The Act clearly prohibits a person found to have been violent to have unsupervised access to children until that person can prove to the Court that he or she is safe. If that person seeks custody of or access to a child(ren), then the Court needs to be convinced he/she can discharge their duties as a safe parent to any children with whom they have a parental relationship. Freckleton (1996), commenting upon New Zealand's Domestic Violence Act (1995) identifies three profoundly difficult issues to confront in this decision-making process: first, prediction of dangerousness has not been shown to be reliable, second, the man arguing that his attitude and behaviour has changed is unlikely to be believed, and third, the research into the long-term effectiveness of programmes is still equivocal. It is likely that in light of the above information the courts will take a conservative position (Freckleton, 1996).

Risk prediction is a highly political activity, reflecting current thinking about safety and dangerousness. What is acceptable behaviour within society today is very different from earlier times. Even what is deemed to constitute a risk is not fixed but related to the culture of the time and the environmental issues that are prevalent (Kemshall & Pritchard, 1997). Williams (1997) argues that the very notion of risk assessment reflects political values. He sees the danger of "New Right" criminology within the criminal justice

sector as undermining the “justice model” (treatment, rehabilitation and social reform) and replacing it with a more managerial approach which incorporates many of the non-legal factors such as race, employment record, homelessness and having grown up in a single parent household as factors in risk decision-making. Risk prediction potentially undermines the caring function and replaces it with one of control.

One of the key dilemmas for workers is the need to balance the rights of the individual, on the one hand, with the rights of the wider public on the other. The question that underpins this debate is the “site” of where risk prediction should take place, in other words who is best placed to undertake this assessment. Debates within the social sciences have occurred for many years regarding the balance between care and control, given its long history in care and protection, youth justice, criminal justice and mental health work (see e.g. Corrigan & Leonard, 1978; Day, 1993; Dominelli, 1997).

However, one of the key roles for workers involved in the field of risk assessment and management is the ethical responsibility to protect others from future harm. While this is sometimes necessary and unpleasant, it is nevertheless an important one. But control can be much more insidious than obvious, operating to reinforce dominant societal norms which can work to increase risk and dangerousness.

The debate within the field comes down to the key question, “Who is the client?” Some authors would take the position that the individual person sitting in front of us is the client (Patrick et al, 1997) while others adopt a more ecological model and see the client located in the wider family/whānau grouping (Robertson & Busch, 1997).

Despite the inherent problems previously noted regarding assessing risk, proponents such as Gottfredson and Gottfredson (1988:304) argue:

- (1) We can predict violence.
- (2) We should predict violence.
- (3) Since our predictions are highly inaccurate, we should seek ways to make them better.
- (4) We must acknowledge that mistakes will be made when we predict, and acknowledge also that they will be made if we do not predict.
- (5) The ethical issue should concentrate on the consequence of prediction, but cannot be divorced from the issue of accuracy with which we can predict.

With these issues in mind we have invited a number of key practitioners and writers to explore the issue of risk assessment and management from their respective fields of experience.

Summary of the Chapters

In Chapter One, “From Mysticism to Science: an overview of risk prediction,” David Riley traces the evolution of risk prediction from the early linking of bodily characteristics to risk, of which phrenology was a notorious example, towards the modern development of a scientific analysis of dangerousness. A milestone in this development was the release into the community in two American states in the 1960s and 70s of large numbers of people from prison hospitals for the mentally ill, enabling social scientists to test predictions of dangerousness in this group. Only two variables were at that point clearly able to be linked to subsequent arrest for violent offences: age (youthfulness) and a previous violent history. However, using these measures alone led to a misclassification as dangerous of two to one (false positives) in the New York sample and four to one in the Pennsylvania sample. It seemed important to do better than this.

This experience highlighted the inherent dilemma in predicting risk. Predicting dangerousness to others or to self may lead to constraining a person who, if allowed their freedom, may not have reoffended, or protecting the rights of a person who then goes on to reoffend. Riley goes on to explain lucidly the statistical methods that have refined risk prediction. Standardised risk assessment consistently outperforms the unstructured assessments of experts, and it is now possible to set out a list of minimum requirements for practitioners: using a structured approach (i.e. using factors known to be predictive of risk); accessing all reasonably available information; being aware of base rates for any given offender group such as sexual offenders; drawing on multiple sources of information such as historical and static variables, current functioning, personality factors; reporting the positives as well as the negatives (i.e. covering “protective” factors such as an individual’s strengths and social supports) and making reports conditional, i.e. allowing for possible changes in the person’s situation that might raise their risk, or steps they might take themselves to lower their risk. In addition, any assessment should comment on its own probable level of accuracy, depending on the seriousness of the risk predicted. Riley offers a final caveat: professionals making a risk assessment who are also involved in treating an offender should be aware of their tendency to overestimate the likelihood and degree of change. We deal in hope, but the truth is that our treatment programmes for offenders have only modestly favourable outcomes.

In Chapter Two, Mike Doolan and Marie Connolly examine the challenging problem of how to get the balance right between the “Child Protection” orientation more common in the United Kingdom, United States of America and Australia, and the “Family Support” orientation prevalent in

Europe and Scandinavia. The first tends to be more legalistic and adversarial, while the second is more collaborative, emphasising therapeutic assistance and resourcing of early preventive intervention. New Zealand practice, they suggest, has been influenced by moral panic, with a result that we make child rescue the priority, focussing on individual and family pathology above addressing poverty and deprivation.

Solutions are unlikely to be found, they say, in debating the supremacy of one paradigm over the other. The authors hold out hope that under the amended Child Protection Act a “third way” will develop and we will get the balance right. This will involve “intensive family centred services featuring knowledgeable and clinically competent workers who are working in partnership with whole family systems to harness strengths and embark upon self-directed change.” Enabling more families to access support services earlier is an important goal, because there is evidence that multi-disciplinary, local community-based models are effective in preventing abuse. Under the amended Act a family support assessment will be carried out alongside a child-protection investigation, with greater opportunity than in the past for collaboration with non-statutory agencies.

In Chapter Three, Leon Bakker, Annette Beautrais and Maree Inder tackle the issue of “Risk Assessment of Suicidal Behaviours in Young People.” This chapter has both theoretical and practical value, with the main aim of providing empirically based guidelines for workers seeking to make appropriate decisions about whether to refer a young person to acute emergency services, and to develop a risk management plan with a young person. A comprehensive model of risk factors is set out, accompanied by a case study of a 16 year old Maori male to illustrate the main points in the model. Each aspect of risk is held up to the light of evidence collected in New Zealand as well as overseas. Mental illness and stressful life events emerge as ‘proximal’ causes of suicidal behaviour, while ‘distal’ factors are those affecting a young person’s vulnerability and resilience, such as sexual orientation, childhood adversity (trauma and sexual abuse, family dysfunction), unemployment and lack of social supports.

The contributing factors to youth suicide are set out in diagram form and explained fully in the chapter, with a valuable Appendix summarising them under ten headings: genetic and familial factors, social and demographic factors, childhood adversity, personality traits and cognitive styles, mental health, exposure to stress and adversity, current stressors, history of attempts, and coping behaviours and positive resources. Although these factors are not quantified in terms of weightings, it is pointed out that psychiatric morbidity is a particularly strong predictor of suicidal behaviours. In some studies estimates of the presence of a psychiatric disorder are as high as 90% of cases,

with disorders of mood, substance abuse and antisocial behaviour figuring most strongly, followed by anxiety disorders. It has to be said that the picture that emerges is much clearer than it was even ten years ago, thanks to the excellent New Zealand based research of Annette Beautrais and her colleagues.

In Chapter Four, “Risk Management in Mental Health,” Peter Matthewson seeks the right balance in the care/control dilemma. In mental health there are the well-known risks of violence, suicide, self-neglect and substance abuse, however there is also the serious risk of harm from others which is given less attention. How do we decide what is an adequately protective response and what is an overly coercive or intrusive response? His account of the literature and guidelines in this area is clear and thorough. In mental health, risk assessment and management are usually thought of as the domain of psychiatry, and Matthewson argues that social workers also have a vital contribution to make, particularly in understanding the person in their social and family context and sharing this knowledge with a Multi Disciplinary Team.

He goes on to develop an interesting argument that a concept well understood in the business world, “positive risk,” is also important in mental health. People with long term, severe mental health problems continue to learn, grow and change. Risk management therefore needs to be fluid and dynamic enough to encourage positive change and self-responsibility. This is true even for suicidal behaviours. The social worker tries to balance positive benefits and possible harms of decisions like placing a person in the community. For the sake of the person’s long-term health and safety we may avoid taking too much responsibility for them, while maintaining good monitoring and full documentation. Risk taking of this sort needs to be a team and service responsibility, not an individual one.

In Chapter Five, Martha Robson and John Arnold describe new and exciting responses to family violence in Tasmania, centred on an integrated approach of Police and Government departments called ‘Safe At Home.’ The core of this new initiative is a pro-arrest policy by police and Family Violence Orders which police as well as courts can issue, a treatment programme for offenders and the use of newly developed risk assessment tools. The pro-arrest policy means that violence in the home is considered no less an offence than anywhere else in the community. Dedicated police teams have been set up and a Family Violence Phone Line links victims to these police teams and to counselling services.

John Arnold contributes a section on the police operational perspective on these changes, praising the increased accountability in recording incidents

and the collection of information about offenders' histories which are useful to the courts and to follow up treatment programmes. He outlines the 'Risk Assessment Screening Tool' (RAST), developed through a partnership of several government departments, which has an actuarial weighting of risk factors based partly on coronial files about femicide incidents in Tasmania since 1957. The RAST is completed at the scene in conversation with the victim. Police have come to recognise that they were in the past dealing with the incident at hand rather than managing the ongoing situation. They have also learned that factors they had not previously thought important as indicators of risk are widespread, for example 'pregnancy or new birth.' The RAST is undergoing academic review currently, as well as operational review by the Tasmanian police.

Martha Robson goes on to describe the Family Violence Offender Intervention Programme (FVOIP), an intensive 100 hour programme for offenders which uses the information provided by the police and courts. The programme uses the Spousal Assault Risk Assessment (SARA) at the outset, probing criminal history, psychological adjustment, spousal assault history, recent offences and other pertinent considerations, making twenty factors in all that have been reliably associated with family violence. Group facilitators also make a risk assessment at the end of each fortnightly session for each attendee, based on Gondolf's progress and discharge criteria: attendance, sobriety, homework completion, actual violence, situational changes, acceptance of responsibility for abuse, conceptual understanding, help seeking, active engagement, self-disclosure and sensitive language. Outcome studies for the programme are eagerly anticipated, and will be of particular interest to us in New Zealand because the FVOIP programme is adapted from the violent offenders programme of the Department of Corrections in New Zealand.

In Chapter Six, "Predicting and Managing Risk in Men who are Domestically Violent," Ken McMaster addresses the area of work that he pioneered in New Zealand over twenty years ago and tackles some issues that are at the cutting edge for those of us working in this field. A number of things complicate risk in domestic violence. Access to victims is ongoing, at least until separation, and assaulted women live in a constant sense of danger and expectation of violence. The prevalence of domestic violence in New Zealand (as in most Western countries) is very high, with 21% of men self reporting at least one incident of physical violence within the past year, 53% of men self reporting use of psychological abuse in the previous year, 25% of women reporting physical violence in their current relationship (rising to 65% of previous relationships) and 44% reporting psychological abuse in their current relationship. These figures, because of the way in which they

were collected, are probably underestimates. How do we assess risk when violence and abuse from men towards women is so endemic?

Further complicating the issue, there are diverse pathways by which men come to be abusive, which in turn affect their capacity to harm their partners or children under certain combinations of conditions and precursors to violence. To maximise safety we need to estimate where, when and how a particular person will be more or less at risk of violence in the future. In the domestic violence field we are only beginning to address the thorny question of which possible sub-group a particular man might belong to, yet this has very considerable implications for risk prediction and management as well as for treatment programmes. The common risk markers for domestic violence are exposure to parental violence as a child, witnessing parental violence as a child, low assertiveness, low income, frequent alcohol use and low self esteem. Within these broad determinants, two major groups of domestically violent men emerge, termed “pit bulls” and “cobras” by Jacobson and Gottman (1998).

McMaster explores these increasingly distinguishable types and what they mean for understanding risk. Pit bulls are emotionally dependent. Their greatest fear is abandonment, so they jealously take away their partners’ independent life, monitoring them constantly and having fits of rage over small things. Women say it is like having another child in the house. “Cobras” on the other hand are hedonistic, relatively unattached to their partners, and beat them to stop them interfering in what they want. They become still and focussed before an attack rather than enraged, and strike swiftly. Being unattached and in the relationship only for gratification, they often taunt their partners to leave, relying only on their roguish charm to sustain the relationship. In terms of risk, pit bulls are most dangerous at the time of separation. They often become stalkers and are at risk of murder suicide. Mood and anxiety regulation needs to be the core of their treatment. Cobras, in their detachment and indifference are uninterested in change unless there is something in it for them. Our only leverage is that they respect power and covet freedom. Workers need to hold their ground strongly with this type of offender, emphasising consequences. McMaster considers that there is a third group who have less severe patterns of abuse, whose violence is predominantly reactive and controlling. Lacking the extreme dependency of pit bulls and the psychopathy of cobras, they can develop remorse and are able to learn to be less emotionally withdrawn and more assertive, and are therefore more likely to respond to programmes that emphasise victim empathy and ideas of respect and equality.

In Chapter Seven, Nick Wilson explores the concept of psychopathy in relation to predicting violent offending. He outlines the seminal work of

Dr Robert Hare in developing the Psychopathy Checklist (PCL), which in its various versions has proved remarkably strong as a predictor of violent recidivism for populations that include both male and female violent offenders, youth offenders, psychiatric patients, rapists and paedophiles. Dr Wilson gives clear statistical analysis, much of it based on his own New Zealand research, and makes a case that the PCL's predictive power is so good that it is unethical and unprofessional not to use it as part of violent risk assessment in many settings.

Particularly interesting is Wilson's own work on repeat violent offenders in which he raised the question of whether it is "adaptation or maturation" that accounts for the reduction in later life of offending by career criminals. It emerges that the core traits of psychopathy in these individuals do not appear to change (essentially, they remain lacking in remorse or empathy for others). Their reduction in offending is therefore more likely due to a pervasive pattern of avoidance, enfeebled health, and the support of female partners who are loyal to them despite receiving little emotional reward in the relationship.

For those of us working in community based stopping violence programmes Wilson warns that psychopaths may learn from our programmes how to appear more empathetic towards their victims, the better to manipulate and deceive them. There is some evidence that psychopaths increase their violent offending after treatment interventions that focus on empathy. Therefore, for such people, relapse prevention programmes may be of more value than those that try to develop a sense of remorse and build self-esteem.

In Chapter Eight, Devon Polaschek explores the issue of 'What is rape? Most of us grew up believing that rape is a rare and dramatic event involving a dubious looking stranger who drags an unwitting woman into some form of foliage. Distorted views of it persist in the community and many acts which meet the legal definition of rape (as sexual violation involving any kind of penetration or contact of the offender's mouth with the victim's genitals) are not reported or labelled as rape. Estimates of prevalence of rape in the United States are as high as 20% of women being raped at some point in their lives and a third being the victims of an attempt at rape. Why, then, does the Department of Corrections in New Zealand have no intensive group intervention for rapists when group therapy is regarded as the most effective treatment for child-molesters (a separate and seldom overlapping group)? Studies overseas are unfortunately still too few and too small to offer much guidance, and so far their results are discouraging, showing little benefit from treatment of rapists.

Polaschek goes on to discuss the more abundant evidence from studies, including her own research in New Zealand, on types and characteristics of

rapists. She argues that treatment may be currently ineffective because we have taken too narrow a view of what to treat. Rapists, she concludes, are similar to other chronically antisocial men, with the additional characteristic that their offending is fuelled by hostile, adversarial attitudes to women and a preference for brief sexual encounters that focus on their own gratification at the expense of emotionally meaningful interaction with a partner. While it remains unclear what specific treatment would help the sexual aspect of their behaviour, indications are that we should address all issues of violence in their behaviour and attitudes. At present, rapists are released untreated into the community and at risk of reoffending. Polaschek argues that the most effective management in our present state of knowledge is to develop safety plans with offenders' cooperation (based on their being something in it for them) and for those monitoring them to establish relationships with their significant others in order to verify safety related behaviour. In addition there should be referral to the best available violence prevention programmes and substance abuse treatment.

In Chapter Nine, “Assessing Sex Offender Risk,” David Riley, Alex Skelton and James Vess focus on the area of risk prediction that creates most public concern, i.e. when a sex offender is released into the community. They offer a narrative review of the literature with special reference to applying the most promising statistical and clinical tools in New Zealand. We know that treatment has been shown to be effective, but it remains a difficult challenge to assess accurately individual risk in terms of the success of the treatment and to identify the variables that are associated with treatment failure. Recidivism rates presented in graph form in this chapter show a ten year 13% sexual reoffending rate in New Zealand, similar to figures from other jurisdictions. Sexual offending is a lifetime persistent behaviour, and while the risk of an individual reoffending in one given year may be only 3%, this adds up over ten years to a 30% risk—and in a lifetime what?

The authors argue that both statistical and clinical tools are needed. Statistical risk prediction scales outperform clinical judgment, but are insensitive to changes in risk, as a result of treatment or other changed circumstances. Factors that have been firmly associated with reoffending are: victim-gender preference (those who offend against male children reoffend more often); deviant arousal (tested physiologically); a history of previous offending; variety of sexual acts; frequency and severity of offending (degree of intrusiveness and harm to the victim); denial of offending, and age. However other useful predictors are emerging in New Zealand research. In a 1999 study in which Riley is a co-author, of 242 men treated for child sex offences at the Kia Marama unit in Christchurch Prison, 10% reoffended,

compared to 20% for the control group (made up of men released without treatment prior to the opening of the facility). Treatment failure was found to be associated with having both male and female victims, having a victim unrelated to the offender, pre-adult onset of sexual offending, death of a caregiver during childhood, severe literacy problems and scores on some psychometric measures.

The authors go on to review instruments used in predicting sex offender risk, providing a table of the key points in the Static 99, a scale that combines factors used in other scales and shows enhanced predictive accuracy as well as ease of administration, making it our best single instrument for routine application by staff without extensive training. In addition they point to the strengths of the clinical interview tool, the *Sex Offender Needs Assessment Rating* (SONAR), which uses five stable factors: intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self-regulation and general self-regulation; and four acute factors, substance abuse, negative mood, anger and victim access. This has also proved itself statistically and appears to tap variance not measured by the *Static 99*. It is being further tested in a large-scale initiative in the New Zealand community.

In Chapter Ten, James Vess brings meticulous thoroughness and a passion to raise standards to the subject of preparing and training staff to manage risk, in terms of the components of knowledge, training and experience necessary for workers engaging in risk assessment and risk management. Vess argues that developing the ability to use well the appropriate risk assessment instruments and to write effective reports rests on a more fundamental ability to *conceptualise cases coherently* and make sound formulations of risk factors in terms of individual aetiology. This skill partly depends on experience but develops fully only through rigorous supervision and team collaboration. It is most important, on the basis of good information sharing between services, to make sound judgments about the underlying aetiological pattern: is the offender's violence primarily instrumental or reactive aggression? Does it stem from being emotionally labile after drinking, from perceived threats to status or dominance, paranoid ideation about others intending the offender harm, or enjoyment of inflicting pain on others?

Vess extends his argument to what is best practice for organisations in terms of training, supervision and systematic documentation. He ends his chapter with a plea for more well organised information: knowledge should not be left to the individual worker to accumulate through years of experience. Administrators need to map fully the network of risk management and the agencies involved in it. Larger facilities might designate a "risk educator" to keep track of current research and to conduct training updates. New

Zealand, he says, has an opportunity for communication and cooperation on a more manageable scale than in larger more fragmented societal contexts, and could “set a standard second to none.”

In Chapter Eleven, the final chapter, Cherie Appleton and Ann Craig describe and evaluate the “Risk Estimation System” (RES) now used by the 1500 Child Youth and Family Service (CYFS) social workers who do core care and protection work. Virtually all CYFS decisions involve risk assessment, and of course there is massive media attention whenever a child involved with CYFS is killed or subjected to repeated injuries. In 1994 CYFS undertook a review of international practices and selected the Manitoba Risk Estimation System (MRES) as the most suitable for New Zealand conditions. This was piloted and adapted as the Risk Estimation System (RES) in which all social workers with CYFS are now trained. It replaced an ad hoc assemblage of 30 different practices that deal with risk.

The RES has empirically developed rules for safe practice which include always sighting and talking with the child or young person, never working alone, recording fully, consulting widely, accessing culturally appropriate advice, and using supervision actively. The RES looks first at the adult caregiver’s past treatment of children and their personal history—how were they treated as a child and was it similar or different to the way they treat their own child? What are their current stressors, relationship difficulties, and level of support? Then there are 22 scale items on a continuum from Protective to Very High Risk. A composite score is reached for each section and a summary arrived at for vulnerability, reoccurrence, and severity.

Appleton and Craig give many useful details from the RES scale items, showing how they function to build up a comprehensive picture. They make a convincing case for its value and importance as a practitioner’s tool which reduces uncertainty, makes thinking more transparent and provides a rigorous, evidence based framework for estimating risk. As its use develops in New Zealand it is providing a growing body of knowledge and practice wisdom for the social work profession. A useful Appendix sets out the care and protection principles in the Children, Young Persons, and their Families Act 1989.