

Risk Markers for Sexual Violence and Victimization in Prison

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NIC/WCL Project on Addressing Prison Rape

March 11-16, 2007

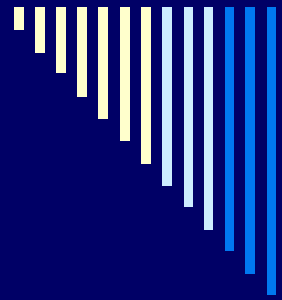


History of Risk Assessment

- First generation research (1970 to 1985)
 - Yes/ no assessment of future dangerousness

- Second generation research (1986 to 1994)
 - Assessment of level of risk using dynamic and static risk factor

- Third generation research (1995 to 2001)
 - Increased precision to 76 percent accuracy
 - Attention of management and issues of adherence



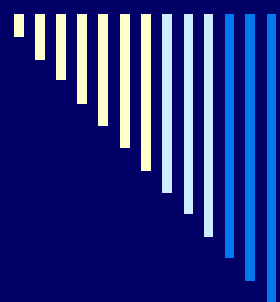
First Generation Research (3-2)

- ❑ Focused on the assessment of future dangerousness (yes/no)
- ❑ Clinicians accurate only 1 out of 3 times
- ❑ *Estelle V. Smith (1983)* – Supreme Court concluded to negate a clinician's ability to predict violence would be asking us to “reinvent the wheel” and “call into question those other contexts in which predictions of human behavior are constantly made.”



Second Generation Research

- Mossman's meta-analysis of 58 data sets found:
 - Clinician's predictions were better than chance
 - Short-term predictions were no more accurate than long-term predictions
 - History of violent behavior was the best predictor of future violent behavior
 - Clinicians were no better at predicting violence than non-clinicians who were told of past violence



Third Generation Research

- This lead to a new approach or perspective:
 - Posing probabilistic not dichotomous questions
 - Identifying relevant static risk factors (e.g., demographics, past history of violence)
 - Identifying relevant dynamic risk factors (e.g., clinical condition or contextual factors)
 - Identifying relevant protective factors
 - Minimizing risk and strengthening protective factors



Structure of Risk Assessment

- ❑ *Static risk factors* – Unchangeable characteristics such as gender, age, past history of violence, etc.
- ❑ *Dynamic risk factors* – Alterable attributes including clinical condition, situational factors, access issues, etc.
- ❑ *Protective factors* – Positive attributes that mitigate against violence including resiliency, social competence, etc
- ❑ *Management Strategies* – Treatment, supervision, and social supports, etc



MacAuthur Study of Mental Disorder and Violence

- *MacArthur Violence Risk Assessment Study (2001)*
- Tracked 1,136 male and female patient from inpatient psychiatric hospitals in Pittsburg, Kansas City and Worcester for 1 year
- Collected information from
 - Interviews with patients
 - Interviews with a collateral
 - Official sources of information
 -
- Violence was assessed according to
 - Violent acts
 - Other aggressive acts
- Assessed 134 risk factor while in the hospital and every ten weeks

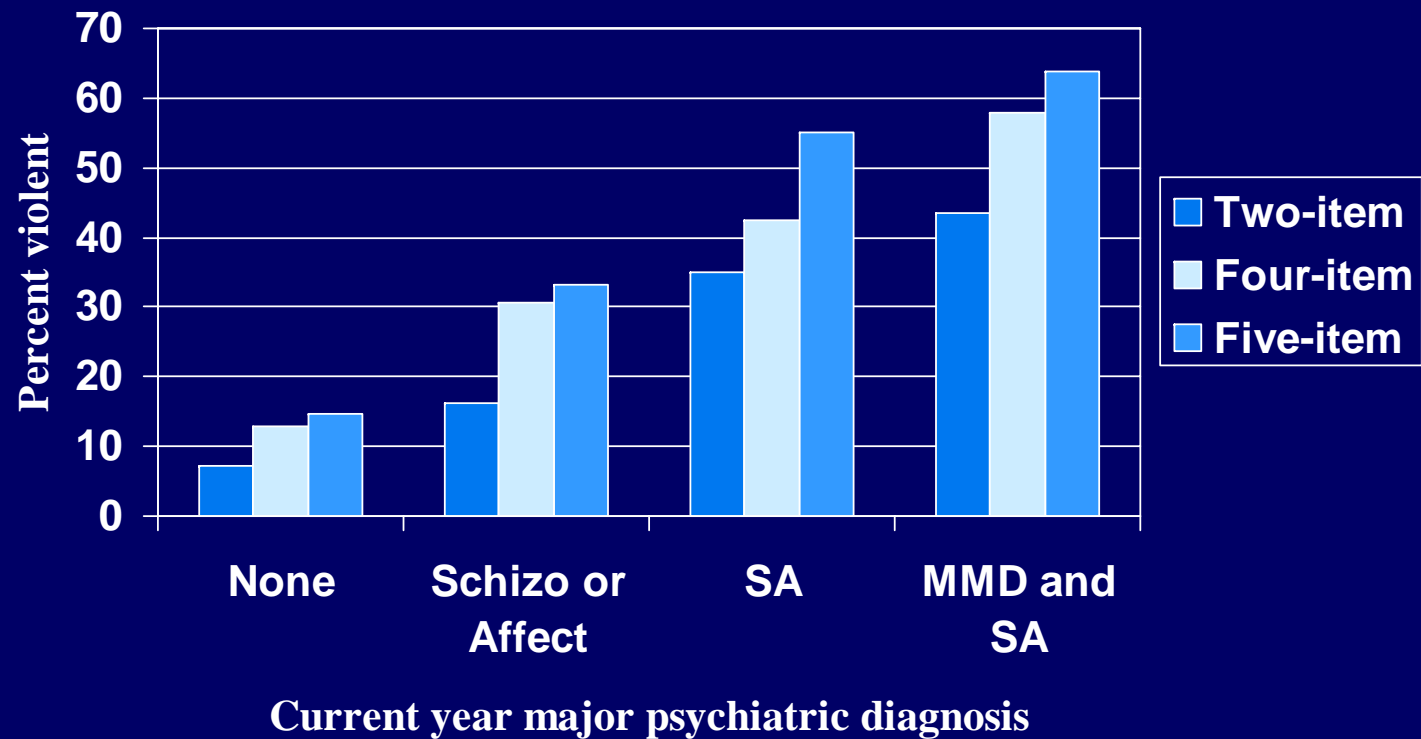


Base Rates for Violence

- Swanson et al. (1994) used data from the DIS interview used in the ECA survey of 10,223 individuals living in three major cities in the USA

- He used five questions from the original study:
 - Hit or throw things at your partner
 - Hit or spank a child leaving bruises
 - Fight that involved swapping blows with partner
 - Used a weapon such as a stick, knife or gun
 - Physical fights while drinking

Mental Disorder and Violence (2-4)





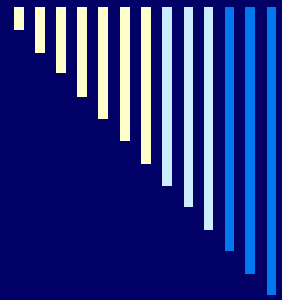
Correlates of Violence

- ❑ Alcohol was involved in 50 percent of the incidents
- ❑ In 25 percent of the incidents the person was not taking their medications
- ❑ Very few of the incidents occurred when the subject was displaying active psychotic symptoms
- ❑ Only a very incidents resulted in re-arrest
- ❑ Using official reports, only 4.5 percent would have appeared violent. Using patient reports and collaterals 27.5 percent were violent in the first year



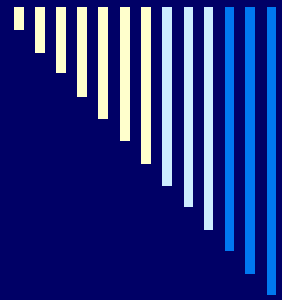
Psychopathy and Violence

- *The Mask Of Sanity* by Cleckley (1941) was the conceptual basis of the psychopathy construct
- Hare (1980, 1991) created the PCL and PCL-R to measure psychopathy empirically
- It is the most powerful risk factor in ALL studies of violence even when 15 co-variates are controlled, e.g., criminal history, substance use, other personality disorders, anger, and demographics.



Hare's Psychopathy Checklist PCL-R (6-3)

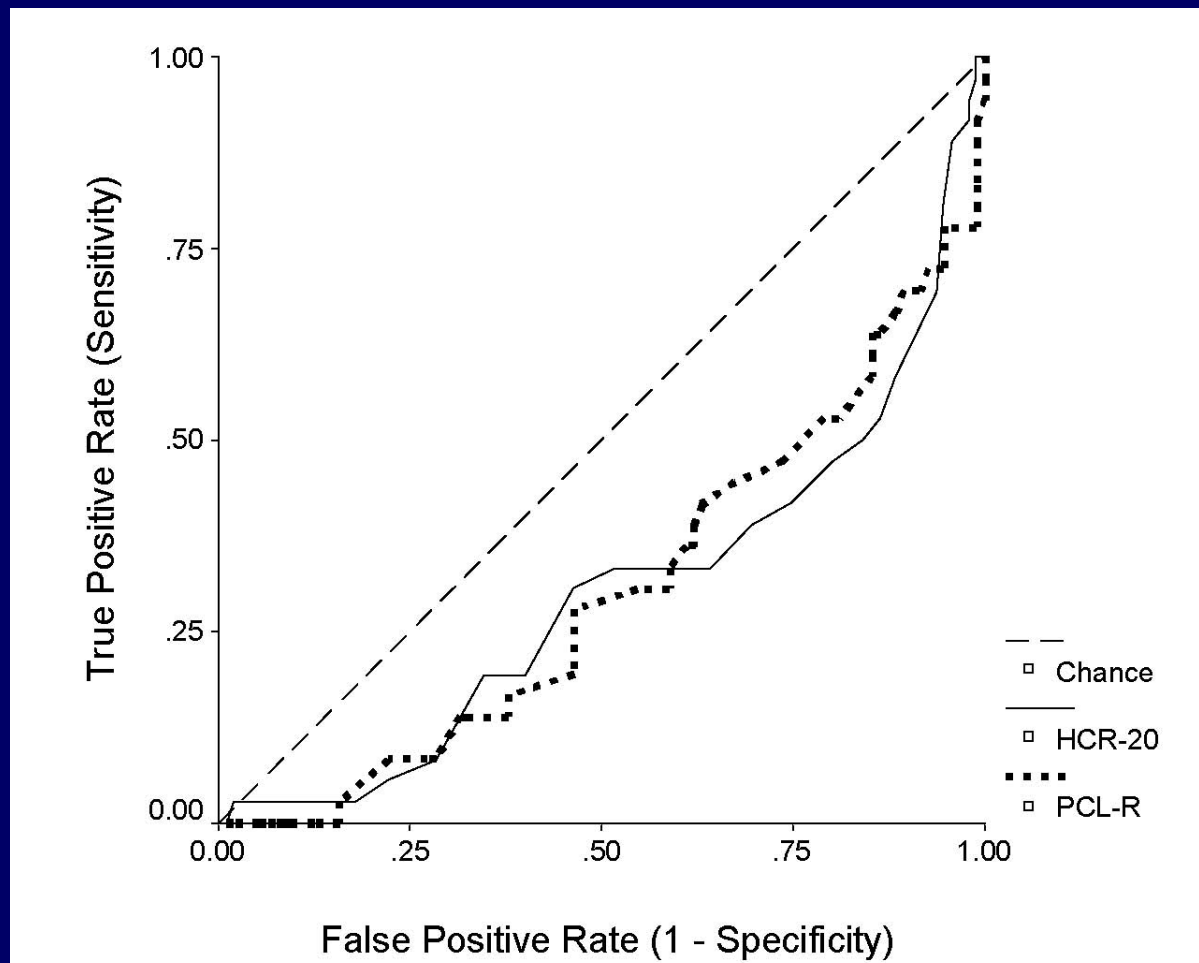
- Glibness/ superficial charm
- Grandiose sense of self-worth
- Need for stimulation
- Pathological lying
- Conning/manipulative
- Lack of remorse
- Shallow affect
- Callous/ lack of empathy
- Parasitic life-style
- Poor Behavioral Controls



Hare's Psychopathy Checklist PCL-R (6-3)

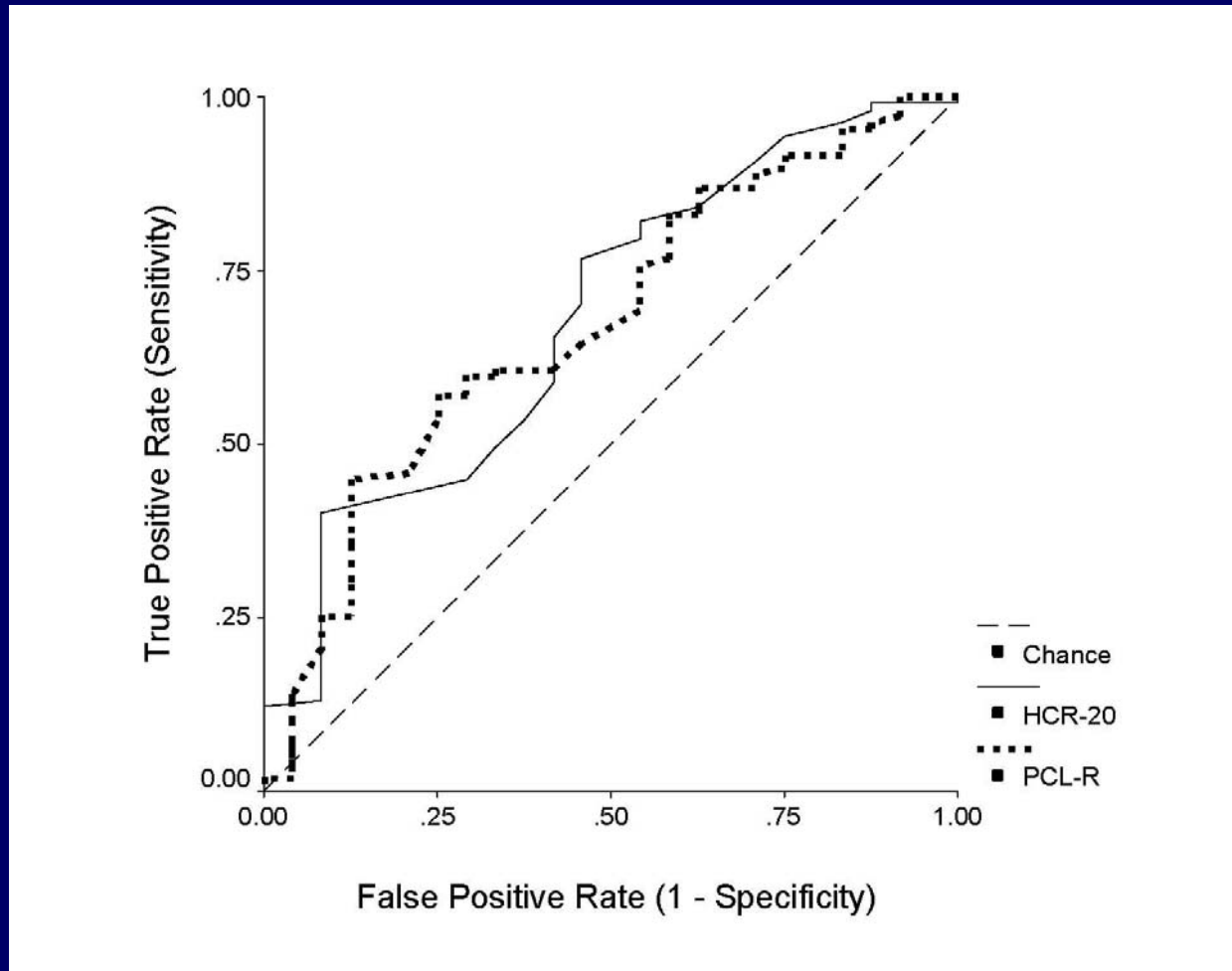
- Promiscuity
- Early behavior problems
- Lack of long-term goals
- Impulsivity
- Irresponsibility
- Failure to accept responsibility
- Short term relationships
- Juvenile delinquency
- Revocation of conditional release
- Criminal versatility

Psychopathy & Violence in Women



Receiver operating characteristics for PCL-R and HCR-20 in predicting 1st degree murder charges.

Psychopathy & Violence in Women



Receiver operating characteristics for PCL-R and HCR-20 in predicting nonviolent charges.

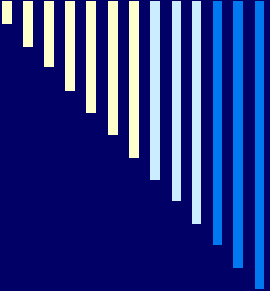


Clinical Factors and Violence

- ❑ Neither delusions or command hallucinations were significantly related to violence

- ❑ Violence was not related to
 - ❑ Duration of the hallucinations
 - ❑ Feeling the voices had to be obeyed
 - ❑ History of having obeyed the voices
 - ❑ Belief that the voice should be obeyed

- ❑ If the voices commanded the person to be violent against another person, the person was more likely to be violent over first 20 weeks and first year



Schedule of Imagined Violence (SIV)

- SIV examines violent thoughts:
 - Presence of violent thoughts or daydreams
 - Recency
 - Chronicity
 - Similarity/ diversity
 - Type of harm
 - Target focused versus generalized
 - Change in seriousness of harm
 - Proximity to target



Violent Thoughts and Violence

- Subjects were divided - SIV- and SIV +
- One in three were SIV + while hospitalized
- 57% of sample reported violent thoughts over the year after release
- The different rates of violence between SIV + (26%) and SIV – (16%) was significant but not clinically substantial
- However, non-white males and females who were SIV + were two or three times more likely to be violent in the community



Threat-Control Over-ride Symptoms

- Swanson et al. (1996) used the EPA data to study three of 13 psychotic symptoms
 - Feeling possessed by a spirit
 - Feeling one's thoughts are not one's own
 - Feeling one's mind is dominated by forces beyond ones control

- Individuals with TCO symptoms - twice as likely to be violent vs. other psychotic symptoms and five times more likely vs. no psychotic symptoms

- Individuals with major mental illness, substance abuse and TCO symptoms had an 86% probability of violence since age 18



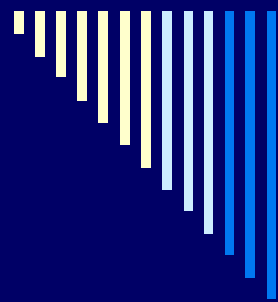
Anger and Violence

- The MacArthur study used the Novoco Anger Scale (NOS) to measure cognitive, arousal and behavioral domains of anger
- Higher scores were obtained for non-white, younger, and substance abusing patients
- Patients with high anger scores were twice as likely to be violent after discharge as those with low anger scores



Personality Disorders and Violence

- Warren et al. (2003) used the SCID-II to diagnose PD's with 261 incarcerated women and found that women with Narcissistic PD were 7 times more likely to be incarcerated for violent crime including murder and 5 times more likely to be incarcerated for violent crime excluding murder
- Johnson et al. (2001) studied 717 youth over a ten year period and found that adolescents with a greater number of symptoms of Cluster A and Cluster B PD's were more likely to commit violent acts including physical fights, assault, arson, robbery and threats to others.



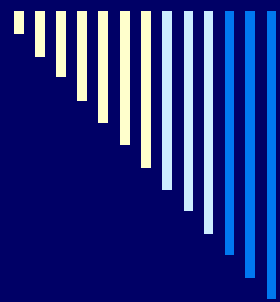
Logistic Regression Summary for Personality Disorder Clusters and Individual Cluster B Diagnoses Predicting Categorical Violence and Criminality Variables

Variable	B	SE	p	Odds Ratio
Cluster A				
Current conviction of violent crime with homicide	0.46	0.16	.01	2.50
Current conviction of violent crime without homicide	0.46	0.15	.01	2.49
Current conviction of prostitution	0.92	0.35	.01	6.35
Cluster B				
Self-report institutional violence*	0.59	0.17	.001	3.26
Narcissistic PD				
Current conviction of violent crime with homicide	1.01	0.33	.01	7.57
Current conviction of violent crime without homicide	0.80	0.26	.01	4.92
Antisocial PD				
Self-report institutional violence*	0.58	0.170	.001	3.18
Borderline PD				
Self-report institutional violence*	0.53	0.18	.01	2.88
Cluster C				
Current conviction of drug crime†	-- 0.37	0.17	.027	0.48
Current conviction of regulatory crime	0.34	0.17	.05	1.96



Loss of Consciousness and Violence

- ❑ The MacArthur study used the Silver-Caton Head Injury Questionnaire (1989) to measure head injuries
- ❑ They found that any past loss of consciousness increased the risk for violent behavior by an odds ratio of 1.73
- ❑ This could be a spurious and/or causative relationship
- ❑ Clinicians may not ask about relevant head injuries



Significant Factors in ITC - COVR (6-11)

□ Psychopathy 2.40	Anger/behavioral 1.04
□ Child abuse 1.52	Involuntary 1.65
□ Prior Arrest 1.30	Violent fantasies 1.87
□ Father drug arrest 2.18	Grandiose delusions 2.28
□ Threat-control over-ride .66	Impulsiveness .97
□ BPRS Hostility 1.14	Mental Health .18
□ Loss of consciousness 1.73	Drug abuse 1.58
□ Employed .59	Violent fantasies /esc 1.90
□ BPRS Activation 0.86	BPRS Total Score .98



Protective Factors and Management (4-5)

- Otto (2000) focuses on issues relevant to risk management in the community:
 - Substance abuse treatment
 - Medication compliance
 - Anger management and control strategies
 - Strengthening social supports
 - Limiting access to weapons
 - Limiting access to victims
 - Target hardening



Prison Sex Research in a Historical Context

- Two Disparate Literatures
 - Male Inmates
 - Coercive Sexual Activity
 - Female Inmates
 - Consensual Sexual Activity



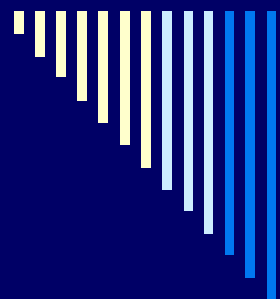
Comparisons Among Male and Female Inmates

□ Males

- 88%
- Violent crimes
- Initiators
- Murder anyone
- Murder in prison
- Commit sex crimes
- Risk classification

□ Females

- 12%
- Lower violent crimes
- Accomplices
- Murder intimates
- Few murder in prison
- Few commit sex crimes
- Risk classification

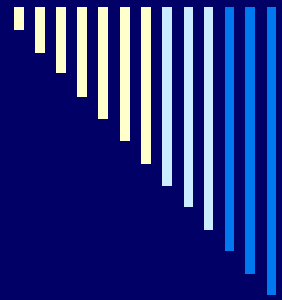


Contextual Factors

- Attitudes within the Correctional System
 - Correctional Officers
 - Wardens

- Prison Structure

- Prison Culture



Ecological Framework

- Individual
- Relationships
- Contexts
- Society
 - Social policy
 - Public attitudes



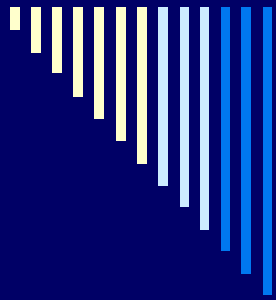
Primary Research Questions

- ❑ What is the level of fear expressed by inmates concerning sexual violence?
- ❑ What individual, group, and environmental factors consistently define inmates who have been sexually victimized or have sexually victimized others?
- ❑ Is the reactive/instrumental paradigm of violence relevant to sexual violence?
- ❑ The paradigm of physical and relational violence?



Primary Research Questions

- ❑ Do risk factors for sexual violence differ from those that are predictive of other forms of violent behavior in prison?
- ❑ Do the dynamic and static risk factors for sexual violence differ for men and women?
- ❑ What are the effects of sexual violence in prison both on the individual and group?
- ❑ How might these individual, group and environmental risk factors be integrated into a risk classification scheme?



Six components of Data Collection

- Structured interview (3.5 to 4.0 hours)
 - SID-P
 - HCR-31
 - PCL-R
 - VRAG
- Self report instrumentation
- File review information
- Correctional officer's survey
- Prison characteristics
- Warden interview



DSM-IV Personality Disorders and the Risk for Violence

- DSM-IV PDs and interpersonal conflict
 - Paranoid PD
 - Antisocial PD
 - Narcissistic PD
 - Borderline PD
- DSM-IV PDs & violence among...
 - Community samples
 - Psychiatric samples (IP, OP, forensic)
 - Prison samples



Psychopathy and the Risk for Violence

- Hare's psychopath (i.e., PCL-R)
- Psychopathy related to...
 - Violence
 - Community settings
 - Psychiatric settings (IP, OP, forensic)
 - Prison settings
 - Sadistic violence
 - Sexual violence
 - Violent crime
 - Violent recidivism



Current Study: Personality & Violence Risk Measures

□ Personality

- Structured Interview for DSM-IV Personality Disorders (SIDP-IV)
- Psychopathy Checklist-Revised (PCL-R)

□ Violence Risk

- Historical, Clinical, Risk Management Scheme (HCR-20)
- 11 experimental HCR items
- Violence Risk Appraisal Guide (VRAG)



Current Study: The Personality, Violence, Risk Interview (PVRI)

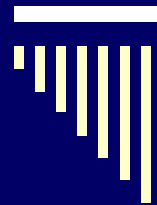
□ Development of the PVRI

- SIDP-IV as the “backbone”
- Incorporate items from PCL-R structured interview guide (1st and 2nd eds.)
- Create items for unaddressed HCR and VRAG items
- Pilot administrations
- Revisions



PVRI Interview Format

- Institutional adjustment
- Developmental history
- Relationships
- Work history
- Mental health history
- Drug/ ETOH history
- Affective experiences
- Self-perception
- Dangerous behavior
- Deceitfulness
- Instant offense
- Career goals
- Behavioral observations and narrative of interest



SELF PERCEPTION

PVRI Interview Schedule

The questions in this section ask about the way you think about yourself, and how you think others might describe you.

How do you feel about yourself? [Rate how you feel about yourself on a scale of 1 to 10, with 1 being really bad and 10 being really good.] How would others rate you?

How would you say you compare to most others in terms of intelligence? [How would you say you compare to most others in terms of your other skills?]

Identity disturbance: markedly or persistently unstable self-image or sense of self	3-BORDL	0	1	2	3
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Does the way you think about yourself change so often that you don't know who you are anymore?

(IF YES): Tell me what this is like.

Do you ever feel like you're someone else, or that you're evil, or maybe that you don't even exist?

(IF YES): Tell me about that.

Some people think a lot about their sexual orientation, for instance, trying to decide whether or not they might be gay/lesbian. Do you often worry about this?



Instrumentation Created

- Sexuality in Prisons (SAP)
 - Dimensions of physical intrusiveness
 - Dimensions of Coercion
 - Consensual
 - Bartered
 - Forced

- Self-report criminal history (SRCH)

- Paraphilic interest survey (PIS)

- Prison Violence Inventory (PVI)



Dimensions of Sexuality

- Cat-calls, whistling, and lip-smacking Yes No
 - This was done to me by an inmate
 - This was done to me by a correctional officer
 - I have done this to others

- Anal penetration with ejaculation
 - This was done to me by an inmate
 - This was done to me by a correctional officer
 - I have done this to others



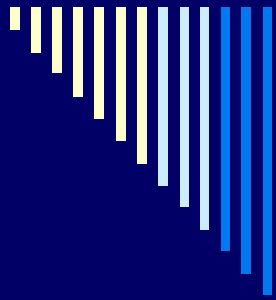
Sexuality in prisons (SAP)

- What motivates you to be sexual in prison?
 - I am not sexual in prison
 - Money/goods/canteen
 - Gain protection
 - Fear of other inmates
 - To obtain drugs
 - Feelings of love
 - Pleasure/ feels good
 - Repay a debt
 - Belonging to a group
 - Fear of correctional officer
 - Increase in power or standing



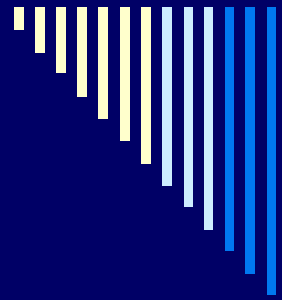
Sexuality in prisons (SAP)

- Types of coercion used, if any:
 - Pressured you into it
 - Had power over you
 - Gave you drugs or alcohol
 - Said they would hurt you physically
 - Said they would stop being with you
 - Said they would tell lies about you
 - Said they would “snitch” on you
 - Hurt you physically



Complexities Encountered

- ❑ Sex unlike physical violence can be consensual, bartered, or forced
- ❑ Sex can occur between the inmates alone or in conjunction with the correctional officers and prison staff
- ❑ The human sex drive is powerful, renewable, and persuasive
- ❑ The wish to attach and belong is fundamental to both males and females
- ❑ Sexual orientation and object choice seems more ~~malleable and situationally determined that we believed~~



Extant Classification Systems

- Kansas
- King country
- Ohio
- Oregon
- Tennessee
- NIC



Tennessee Victimization Grid

- Documented victim of prison/jail rape, sexual predatory behavior or unwanted homosexual activity (Yes/No)
- Admits approached for sex while incarcerated, or threatened with sexual assault (4 points)
- Current conviction of child or elderly abuse, neglect or rape (4 points)
- Criminal history of child or elderly abuse, neglect or rape (4 points)
- Openly homosexual, feminine, or diagnosed with gender identity disorder (4 points)
- Admits unable to fight or protect self in prison (3 points)
- Mentally retarded, confused/ disoriented (3 points)
- Picked on or bullied by other inmates, disliked or considered annoying by other inmates (2 points)
- Small size or thin build, or frail, youthful appearance (2 points)
- First offender time, first incarceration (2 points)
- Victim of theft - items of property or commissary missing from cell (1 point/ occurrence)
- Social indicators – loner, withdrawn, lacking in street smarts (1 point)
- Age: under 30 (1 point)

- Scoring/Classification**
- A – Yes=Confirmed Victim of Sexual Assault
- Potential Victim of Sexual Assault – 11 points or higher
- Not currently indicated – 10 points or less



Tennessee Predation Grid

- Previous conviction** of prison rape (15 points)
- Admits to or has previous disciplinary convictions for sexual predatory behavior and or abusive sexual contact (10 points)
- Current charge of a sexual or assaultive nature – against adult (4 points)
- against child (3 points)
- Criminal history of a sexual or assaultive nature – against adult (4 points) against child (3 points)
- Focus on a particular inmate (total points) - _____
- Loaning, credit for drugs, offers protection (1 point/occurrence)
- Efforts to get in physical proximity to particular inmate, such as:
 - Excessive cell change requests (1 point/**occurrence**)
 - Excessive job change requests (1 point/**occurrence**)
- Comfortable in prison setting, institutionalized more than 2 years (1 point)
- Institutionalized as a juvenile (1 point)
- Gang affiliation/STG and/or reputation for aggressive behavior (1 point)
- Age: under 35 years old (1 point)
- Admits to same sex activity (1 point)

- Scoring/Classification**
- High Risk Sexual Predator: 15 points and higher
- Not currently indicated – 14 points or less



King Country PREA Assessment

- **Mental questions for CPS to ask them-selves If 1-3 below are yes or only # 4 is yes place the inmate into Administrative Segregation and schedule a follow up face to face review within seven (7) days.**
- 1. Does inmate present or have institutional history as physically aggressive and intimidating (MR= 3) or controlling (MR=2)
- 2. Does the inmate have a current charge or prior charge of sexual assault/abuse?
- 3. Does inmate have a known pattern of impulsive behavior or unpredictability in the jail or prison?
- 4. Does inmate have a known history of sexual violence and/or of having sex in institutional settings?



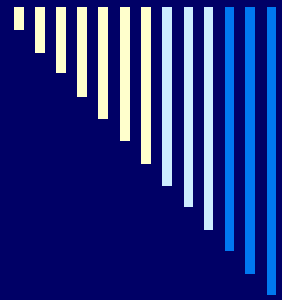
King Country PREA Assessment

- **Mental questions for CPS to ask them-selves.** If inmate answers yes to any of these questions or if inmate has been observed with any of the traits listed below, document this information in the inmate's classification record and place the inmate into Ad Seg P/C housing: **and schedule a follow up face to face review within seven (7) days.**
- 1. Is the inmate naïve to the King County Jail system? Does inmate appear to have difficulty comprehending the Classification interview or procedures in jail?
- 2. Does the inmate's physical stature or characteristics make him/her vulnerable to sexual abuse?
- 3. Does inmate lack self-confidence, is he/she timid or withdrawn? Does the inmate appear overly nervous and fearful of being inside the jail?
- 4. Does the inmate express concern about being sexually victimized?
- 5. Does a current charge make him/her vulnerable to sexual victimization?
- 6. Are other inmates harassing this inmate AND has this inmate previously been physically or sexually abused?



King County PREA Management

- **Step by Step process for placing inmate in to Ad-Segregation housing AND FOLLOW-UP for PREA placement determination**
- Place the inmate into Ad-Seg, give an Ad Seg notice and assign housing with a 7 day review.
- On or before the 7th day the inmate shall be interviewed (by a different CPS than the one who make the original Ad Seg assignment, if possible).
- This CPS shall:
 - verify and update the PREA information.
 - review the inmate for either continued placement in Ad Seg or placement in GP.
- If decision is for inmate to remain in Ad-Seg the reasons will be clearly D documented on both the Ad Seg Review Form and in the inmate's classification file.
- Standard 30 days reviews will be instituted per SOP.



King County PREA Management

□ Removing an inmate from PREA Ad Segregation status

1. what additional information or what has changed from the initial placement decision?
2. Has there been two or more years since sexual assault (persons left the jail, etc.)
3. What safeguards are in place to insure the inmate's safety or the safety of others, e.g., inmate to be housed only in Close Security;
4. Have regular in-person reviews will be scheduled to check on inmate's status
5. Has inmate been advised how to contact staff if a problem arises
6. Will a review be set for a period in the future not to exceed 14 days for a face to
7. Have reviews been arranged to occur every 30 days afterward.



Narrative of Interest

- Pink panty birthday
- The caramel candy dildo
- The shower rapes
- The sexual predator
- The love stories
- The break-up woes
- Gay for the stay