

RISK MANAGEMENT PROJECT/ TRAINING

Vignette A

Assessment Context

A was sentenced for murder 18 years ago at the age of 22. He was given a lifetime sentence, with a minimum to serve of 16 years. 5 years ago he was transferred to a forensic psychiatric hospital. At the time of the transfer he was diagnosed with delusional disorder (DSM 297.1) of a persecutory type and with personality disorder of a mixed type (Not Otherwise Specified, DSM 301.4). He is presently on a high security unit for dangerous and mentally disordered patients. This risk assessment is required by a probation tribunal as A has put in a request to be conditionally discharged from the hospital. Since the 16 mandatory years are up, a discharge would mean that he would be living in the community under supervision, but free to walk the streets again. The supervision order would typically mean, having to have weekly contact with a forensic aftercare team. The living arrangement would be in the form of sheltered housing, typically a small flat within a block of flats provided by the social services. Financially he would be on sick-benefits, enough for daily needs but no excesses. The aim of the assessment is to appraise the level of risk for recidivism and to suggest risk management strategy and interventions.

Assessment material used

1. Several interviews with A. Interviews with hospital nursing staff and the named nurse and other significant others. A's mother was interviewed over the telephone.
2. Documents from court proceedings, earlier psychiatric reports, file information from police register and previous convictions.
3. Medical and nursing notes from the hospital and the Forensic psychiatric evaluation.
4. Psychological assessments: Neuro-psychological screening and personality assessments.

Index crime

A was sentenced to life-long imprisonment for murder and theft on September 30th in 1986. The sentence was converted to forensic psychiatric care immediately after the sentence. The index crime took place on June 10th, the same year. He was arrested on July 6th and subsequently placed on remand. He initially denied all charges against him. He was indicated by a co-defendant; R. who admitted the crime but pointed to A. as the instigator and main perpetrator. Both defendants had the same account of events leading up to the crime, but A. claims not to remember anything about the actual criminal events.

The men became acquainted a few months before the crime. They would meet up in friends' houses and in various bars in the town where they lived. R had been released from prison in April, where he had served 6 months for drugs offences. He lived in a probation hostel and sometimes he stayed with his sister. A lived in accommodation for single men provided by the social services. He was officially unemployed, but had various jobs in the "grey" or unofficial sector, cleaning windows etc. The men met in a town-centre pub in the afternoon of June 9th. They had a few beers and they described themselves as "tipsy". About 7 o'clock pm, they had some take-away food, which they consumed, at R's sisters house. R. became restless and wanted to go out again to buy amphetamine and visit more bars. They went out again a couple of hours later. Both were low on cash and they went to the xxx pub, where R. said he could run a tab and pay later. They met the victim; S at the pub. He was an acquaintance of R, but A had never met S before. S was a 55-year old homosexual man, who was known to use and be a small-time dealer in drugs. He was also known to buy sexual services from young men in the town centre. In the pub S bought drinks for the two younger men. At closing time, the three agreed to go back to S's flat for more alcohol. In S' flat they continued drinking, but there were no drugs, since S was temporarily out of supply. After a few hours of drinking, they decided to stay the night because it was too late to return to R's sisters house and the hostels were closed for the night. S's flat had one bedroom and a sitting room with a kitchen unit. A slept on the couch and S and R slept in the double bed in the bedroom. R denied any sexual activities but admitted that he on a previous occasion had had sex with S in exchange for amphetamine.

A. reported having no memories of the subsequent events at police questioning. The co-defendant R reported waking up during the late hours of the night from noises and shouting from the living room. Upon entering the living room he saw A sitting on the chest of S. and that A had a hammer in his right hand. A placed several blows with the hammer in the face and on the head of S. The room is splattered with blood and S's head is bludgeoned. A is out of control and he is shouting: "you fat bastard". R stated that he shouted at A to make him stop. A stops the blows to S's head and he is frightened by the look in A's eyes, which he describes as crazy. A then gets up and starts smashing up the room. With a dining room chair he smashes up the TV and stereo and knocks a bookcase over. R is still shouting for A to stop. R becomes sick and throws up on the floor. A gets a pair of scissors from the kitchen and stabs S repeatedly in the chest and stomach. He then proceeds to cut the victims trousers and sweatshirt. He also tries to cut open the abdomen of the victim. R is sick again and then runs from the scene.

He claims that the next time he sees A is about 8 o'clock in the morning, when A comes round to R's sisters house. The two men agree to leave the town and they set off by car to a seaside resort. They speculated that it was going to be a few days before the victim is discovered since he had no family and the flat was in a secluded position.

The following information is from the official police report following their inquiries.

A friend discovered the victim on the afternoon of June 10th. The friend knocked on the door repeatedly but got no reply. Feeling the door handle, he noticed that the door was unlocked.

Upon entering he saw that the flat was in disarray and he initially suspected a burglary. He then saw blood on two walls and on the floor. After further inspection he discovered S. who was rolled up in a carpet under the living-room sofa.

The police found many fingerprints in the flat, including those of A and R. They also found some attempts to wipe some, but not all, surfaces clean.

No murder weapon was found and S's wallet, credit cards and identity documents were missing from the flat. The cause of death was determined to be head trauma caused by a blunt object. The victim also had 10 stab wounds in the torso and abdomen, but these were inflicted after death. The abdomen had a 15 cm opening and in the cavity was found a cigarette lighter and an alarm clock. This wound was also inflicted after the time of death.

Several witnesses had observed S together with R and A on the night before the crime took place and the search was focused on the two assailants. When questioned, R's sister stated that the two men had come to her house on the morning of the 10th. She thought that they were "high on something" and in an excited mood. They told her that something extraordinary had happened and that they needed to leave town for a while. Later that day a substantial sum of money was withdrawn with the victims' bankcard in a neighbouring town. A few weeks later a credit card was used in a seaside resort. Four weeks after the crime the two men were arrested. R admitted his guilt straight away and told the account of events stated above.

A denied everything initially but after R's confession he confirmed the details up until the murder but claimed amnesia for the actual killing.

A was given a lifetime sentence (with a minimum to serve of 16 years but was transferred to forensic psychiatry after 13 years. R was sentenced to 8 years for accessory to murder, theft and other charges. R died last year from a drug overdose.

At an interview in the hospital in 2001, A states that he now remembers the events of the killing. He reports waking up in the middle of the night between June 9th and 10th. He said that S was sitting on the edge of the sofa where A. was sleeping and that he was stroking A's penis through the blanket. A became furious and punched S in the face. S fell over and onto the floor, where he had difficulties getting up because of his obesity. A got up and went into the kitchen to find some object to defend himself with. He found the hammer in a kitchen drawer, returned to S and said "you're going to die, pervert". He dealt some blows to S's head but was interrupted by blood squirting into his face. He stopped and went back to the kitchen, where he found a pair of big scissors. Returning to the living room he stabbed and cut, the now motionless, S several times. He reported feelings of compulsion and a strong urge to obliterate the body of his attacker. Sometime during the events R turns up but A is not sure when this is. Eventually A calms down and R suggests that they should make it look like a burglary. They steal some objects and cash together with S's credit cards. They also try to clean up the blood and wipe surfaces they think they have touched. They roll S up in the carpet, but are unable to carry the body anywhere because of the victim's considerable weight. R throws up repeatedly during this.

Upon leaving the flat they bring with them the hammer, the scissors and the cloths used for cleaning. After this he says that they went together to R's sister's house. Later in the afternoon they steal a car and leave the town. They managed to get some cash from S's bank card (they found the code in his wallet). With this they are successful in keeping in hiding for four weeks. They stay at hostels and bed & breakfast places. They drink quite a lot of alcohol and R is nervous and wants to give himself up but A persuades him not to until they are arrested in a youth hostel.

Previous Criminality

A has 2 previous convictions. In 1980, aged 16 (formally underaged), he was sentenced to community service for car theft (joyriding). In 1986, aged 21, he was given a 6 months sentence for common assault. He was conditionally released after 4 months in a minimum-security prison

He adapted well in prison and there were no breaches of rules

Medical History

A is the youngest of 3 siblings. The pregnancy and birth were free from complications. His mother describes him as an active and loveable child. He had the usual childhood diseases and a broken arm at age 6. Apart from this he was physically healthy. At 18, in connection with joining the army, he was found to be in good health. At the age of 19, he suffered from epidemic meningitis and was treated in a military hospital for four months. He made a full recovery and had no future ill effects from this.

In 1986, aged 24, he sought psychiatric care for anxiety. From the hospital notes he is admitted for three weeks for delusional disorder and serious anxiety. He is treated with anti-psychotic medication and anxiolytics. After discharge he is referred to an outpatient psychiatric service. He keeps his appointments initially and his prescriptions are renewed. At the end of the year he is discharged from this service, since he no longer keeps his appointments.

Life story

A is the youngest of three siblings. He has two older sisters, born in 1960 and 1962. The sister born 1962, committed suicide in connection with a divorce in 1992. He has also two younger half-siblings on his fathers side. A has never met any of them.

A's father was a construction worker and his mother was a housewife during A's childhood. She later worked on the till in a supermarket. There doesn't seem to be any remarkable events during the first years. When A was 3 years old his father left the family and there was no further contact with him. A's mother took the 3 children and moved to a house closer to her own mother. A started school at the normal age and went to the same school as his sisters. He was described as lively and perhaps hyperactive, but bright and without concentration problems in the early school years. A changed school, at the normal time, when 11 years old. He was reported to be good at sports and would participate in extra curricular athletic training. When A was 12 years old a new man moved in with the family. He saw his job as bringing discipline to the family and A and the man came to have a bad relationship from the start. After about a year the oldest sister left home. At this time A started having some conduct problems. He spent his evenings away from home and started smoking and drinking. He was truanting some and his grade started dropping when he was 14. At the time the younger of the two sisters was also having some problems, she was caught shoplifting and became pregnant at the age of 16.

She was placed in a young mothers institution and had a baby girl at 17. In 1979, A made allegations of sexual abuse against the "step-father" and another man. The alleged abuse should have taken place in 1976-77 and both he and the younger sister were victims. A police enquiry was made, but no charges were brought since there were more than two years between the abuse and the report and no evidence was found. The "step-father" denied the accusations. A's mother did initially not believe in the accusations and put them down to a sense of rivalry and jealousy by the children towards the new man. A perceived this as a betrayal from his mother and moved to a social services home at the age of 15.

A year on he was charged with auto-theft and burglary and was sent to a young offenders institution. He finished school at this institution, with average grades. During this time he said he did binge drinking and gang fighting. Nothing however led to formal charges.

After finishing school at 18 he joined the navy. He spent a year in training but took voluntary discharge, after going absent without leave and fighting with military police.

He reported liking the military way of life and thinks the happenings running up to his discharge were unfair. After spending some months in his hometown, without address or any steady employment, he applied for the French foreign legion. He spent the following years on Corsica in training. There are no records available about this period and A is non-communicative about this period. In 1985 he returned to his hometown with a Capo, the cap of the foreign legion. In December he was involved in a fight in a bar. He attacked a man who expressed some ridicule over A's wearing of the Capo. It was a ragged attack and the assault was regarded as quite serious as the injuries were severe. He was sentenced to six months, the lenient sentence was because the victim was a known "thug" with convictions for previous fights and A had no criminal record as an adult. He did his sentence and returned to the hometown in the summer of 1986. He has no steady home or employment, but alternates between hostels and even his mother's house. He does some casual work cleaning windows and drinks quite heavily. He is admitted for a few days to psychiatric care for paranoid delusions but discharges himself. He denies taking any drugs, both prescribed or illicit substances. He despises drug users and addicts that he considers weak people who have themselves to blame for their misery. Upon till the index crime in November 1986 he leads a nomadic and confused life in his hometown.

Regarding personal relationships A had a steady girlfriend when he joined the army at 18. This lasted for just over a year. He describes this as his only serious love affair. They broke off when he joined the foreign legion. Since then he has had no serious commitments, but a series of brief affairs, on interview he states "there is no need to eat at home when you can go to a different restaurant every night".

Forensic Psychiatric Examination 1987

A is described as hostile at the time of assessment. He is suspicious and aggressive towards the clinicians doing the examination. Despite this he participates in psychological testing. His cognitive abilities are found to be somewhat above average and there are no signs of neuropsychological deficits or functional problems. On screening for personality disorders (International Personality Disorder Examination; IPDE), there is definite paranoid PD established and probable signs of Narcissistic PD. A personality inventory (MMPI) also points to elevation in paranoia and psychopathic deviance. On axis I, he is diagnosed with delusional disorder, bordering on "psychotic functioning". On axis 2, he is diagnosed as a mixed personality disorder with traits of paranoid, narcissistic and anti-social PD.

The conclusion is that this constitutes a serious mental disorder and that he is unavoidably in need of forensic psychiatric care.

Adaptation in hospital

Initially A was very withdrawn and would not socialise with fellow patients and was silent with staff. Staff observed suspiciousness towards patients and staff. This was interpreted as underlying paranoid cognitive schemas and paranoid delusions. He had frequent complaints about slights and insults that he would receive from the staff. He would also make derogatory remarks about his fellow patients and members of staff. He also complained about the lack of general discipline in the hospital. Gradually he becomes more open in contact and more generally more active. He participates in occupational therapy and in physical exercise, which

is of particular importance to A. In the late 1990's he participates in two group treatment programs. The first is an anger-management program and the second is for social skills training. He is initially put on anti-psychotic medication but this is withdrawn after a few years due to adverse side effects. His paranoid thinking gradually becomes less apparent but he is still sensitive to perceived slights and bears grudges. There are no observations of delusions or other psychotic symptoms. He has infrequent but regular visits from his mother and sister and for a while also from R, who was released in 1993 and until his death last year. In 1996 sharp objects are found in A's room and in 1998 he is part of a "hooch-brew" (alcohol-making) network of patients in the hospital that is discovered in one of the workshops.

Interviews and observations

A is interviewed for the current risk assessment. He gives a neat and polite impression, although somewhat cautious in his responses to questions. He gives a good formal and emotional contact upon interviews. He states that he now has fully adapted to the life in hospital and is resigned to the fact that freedom could still be far away. In these interviews he admits to the index crime and accounts for details in the events (see index crime section). He states that he previously has avoided thinking about the crime, but that he never has had memory loss of the events. On the contrary he says that he has had nightmares and post-traumatic symptoms from the events. He says that admitting at police questioning seemed pointless. His relationship with the co-defendant, R, was "all right" till his death and A says he is sorry to have lost his only friend. When asked about the crime he says that he was psychologically run down at the time. The foreign legion had been a great disappointment to him because of the very brutal regime. He had trouble with "reality testing" and felt very paranoid about people in general. He always had a temper problem and when the victim made sexual advances towards him, he just flipped. Everything went black, but he had recall of the events. He says that the murder was related to the sexual abuse he suffered in his early teens and that he always had a particular dislike for homosexual men. He claims that the abuse has been unprocessed in his head for many years.

He regrets the "overkill" and losing his control at the time of the murder, but he also thinks that he was provoked and abused and that the victim "got what he deserved". He now states that he feels at balance and that his risk of violent recidivism is none. He has learned to cope with his temper and is able to control his anger. He says that he would simply walk away if faced with a situation similar to the crime again. About suspiciousness he says that he is no more so than most in his position in life and that life has thought him not to trust anybody. He states that he needs support after his release and is positive to being an out-patient with the forensic aftercare team.

On examination of personality disorder (IPDE), A. no longer fills the criteria for PD diagnosis, however, there are traits of paranoid, anti-social and narcissistic PD.

On assessment of psychopathy he is found to have average scores for prison service samples, (PCL-R 24 points, PCL:SV 15 points). This means that he does not meet the criteria for psychopathy.

An assessment for sexual violence is done, considering the possible sexual motif of the index crime (SVR-20) On this he is judged to be at a low risk.