



PsychLaw

Decision-Making Abilities in Violent Offenders

National crime statistics indicate violent crime has increased in the past decade.¹

in childhood, as well as a lack of education, contributes to this discrepancy.

Decision-making abilities are an important aspect of violent offending as violence often results when minor confrontations escalate. However, some individuals have an inability to manage interpersonal violence, such as impulsivity. Violent offenders with low cognitive ability are shown to be more impulsive in terms of making quick cognitive decisions and showing a lack of understanding of future consequences.²

External stressors

Exposure to stress is often a precursor to increased violent offences. Stressors can occur at various points throughout the lifespan, and have varying degrees of severity. They may include financial stress, relationship breakdowns, injury, illness or death.

Mental Health Conditions

There are a variety of mental health conditions that have been linked to impulsivity. Attention deficit/hyperactivity disorder (ADHD) is significantly higher among offenders compared to the prevalence found in the general population. There are links of ADHD, such as impulsivity and emotion regulation difficulties, to an elevated risk in criminal behaviour. ⁴

Offenders with low cognitive decision-making ability show increased impulsiveness in terms of quicker decision making, an inability to effectively cost-benefit analyse, and reduced concern for the consequences of their actions. Impulsivity is associated with many criminal and antisocial behaviours. Some studies suggest that impulsivity is the single characteristic that most reliably differentiates offenders from non-offenders.³

This is not to say that all persons with ADHD are violent offenders. Rather, it is just one example that is able to show how mental health conditions may be linked to criminal behaviours.

The DSM conceptualises impulsivity as both a build up of tension and relief after an action is performed (in impulse control disorders such as intermittent explosive disorder, kleptomania, pyromania, pathological gambling and trichotillomania), and as acting without thinking where the act should be delayed (e.g. ADHD) or prevented altogether (e.g. borderline personality disorder).

How can we help?

After an offence there are multiple opportunities for diversion to occur throughout the criminal justice process. The impulsivity construct is a key aspect in the clinical risk assessment of violence and therefore, there are different stages where we may help:

- Pre-arrest: when an offence is first detected there may be a referral for an assessment and treatment.

Socioeconomic Status

Individuals of a lower socioeconomic status have been found to be at a greater risk of engaging in violent offending. Research suggests that social structure and social learning of violence

“...impulsivity is the single characteristic that most reliably differentiates offenders from non-offenders”.

Where can we help?

- Pre-arrest
- Pre-sentence
- Post-sentence
- Post-release

1. Haynie DL, Alexander C, & Walters SR. (1997). Considering a decision-making approach to youth violence prevention programs. *Journal of School Health*, 67(5), 165-170.
2. Snoyman, P., & Aicken, B. (2011). Self-reported impulsivity in male offenders with low cognitive ability in New South Wales prisons. *Psychology, Crime & Law*, 17(2), 151-164.
3. Pallone, N. J., & Hennessy, J. J. (1996). *Tinder-box criminal aggression: Neuropsychology, demography, phenomenology*. Transaction Publishers.
4. Sebastian, A., Retz, W., Tüscher, O., & Turner, D. (2019). Violent offending in borderline personality disorder and attention deficit/hyperactivity disorder. *Neuropharmacology*.



Treatment

- **Pre-sentence:** a Court report can be written which focuses on offending behaviour.
- **Post-sentence & Post-release:** as part of sentencing, treatment is continued.

Forensic Assessment

An assessment (90min to 4hr) may be conducted at one of our offices, via Audio Visual Link (AVL) or in-person in gaol.

A range of psychometric testing may be conducted in the assessment.

Court Report

- History and general background
- Whether an intellectual disability, psychological impairment, or other mental disorder impacted the clients capacity to make informed decisions
- Neuropsychological testing
- Risk assessment
- Future treatment recommendations
- Section 32 Mental Health (Forensic Provisions) Act 1990 reports

- Fitness for Court proceedings
- Criminal appeals

Whilst our practice could not survive on Legal Aid or Aboriginal Legal Service grants, we accept that Aboriginal Legal Service and Legal Aid clients are in need of good professional and expert services. Consequently our practice does accept Legal Aid and Aboriginal Legal Service matters, based on time and resources availability.

Counselling Services

Counselling and psychotherapy focus upon prevention strategies that can minimise violent behaviours. These strategies are individualised to the client and aid offenders in identifying situations that contribute towards violence, as well as avoiding risk. Psychotherapy is built upon a Cognitive Behavioural Therapy (CBT) framework, which incorporates healthy coping

mechanisms, self-regulation, mood deficits and/or anxiety-related issues.

Treatment interventions will employ strategies that offer an integrated approach to changing an individual's behavioural patterns and incorporate educational components that focus on communication skills, assertion training, anger management, self-esteem, building of healthy relationships, stress management, and goal setting.

Again whilst our practice could not survive only with Medicare rebates our practice does make allowance for those experiencing hardship. Good professional care cannot only be the domain of those who can afford it.

As such we may accept client's who have a Mental Health Care Plan from their GP. This is on a case by case basis and can be discussed with the client or their representative.

Sydney Office

Hengrove Hall
Level 5, Suite 28
193 Macquarie St
Sydney NSW 2000

Tel: +61 2 8667-3206
Fax: +61 2 8078-6002

emma@stephensbradley.com.au

Wollongong Office

Level 2, Suite 14
39 Market Street
Wollongong NSW 2500

Tel: +61 2 4254-1026
Fax: +61 2 8078-6002

taylah@stephensbradley.com.au

What We Do.

At Stephens & Bradley Forensic & Clinical Psychological Services we provide treatment from short term intervention to long-term therapy, to both adolescent and adult clients.

Our services include:

- Diagnoses of DSM-5 disorder(s)
- Clinical neuropsychological and personality assessments
- Clinical treatment to both forensic (offending) and non forensic clients
- Diagnosis and treatment of alcohol/drug related disorders
- Assessment of offenders with intellectual disability
- Section 32 Mental Health (Forensic Provisions) Act 1990 assessment
- Fitness to Plead assessment (Presser)
- Offender Risk/Needs analysis
- Recommendations for incarceration or diversion to alternate rehabilitation programs
- Assessment and opinion for the likelihood of re-offending
- Offender behaviour modification assessment and treatment (DV, violence)
- Sex Offender/Child Pornography treatment
- Forensic court reports
- Immigration/Visa assessment and reports
- Firearm license revocation assessment and reports