

Violence & Aggression

Vulnerabilities & Impact



Dr James Randall
Clinical Lead and Principal Clinical Psychologist



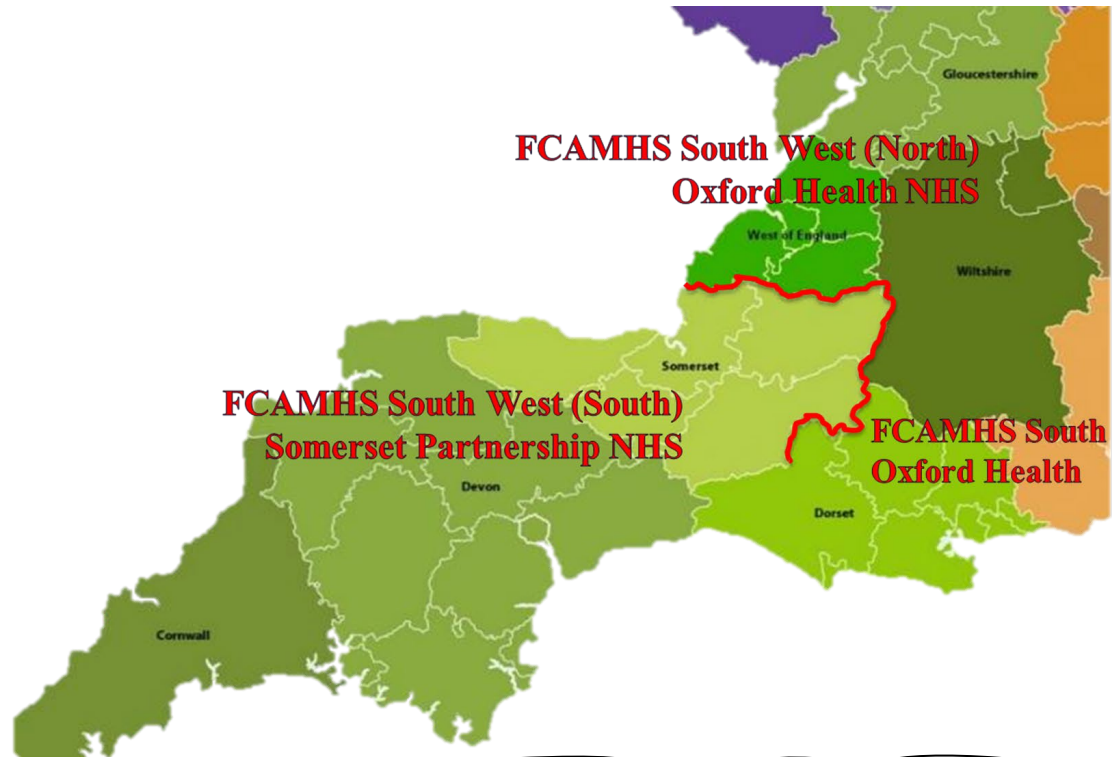
Lea Jones
Specialist Social Worker



Niamh Vaughan-Williams
Assistant Psychologist

Overview of Forensic CAMHS

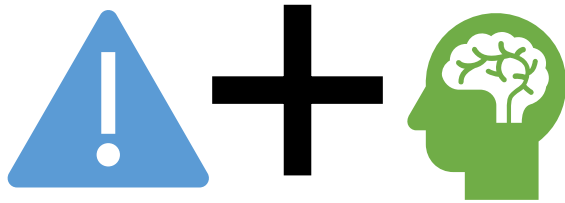
- Specialist NHS service covering Somerset, Devon, and Cornwall.
- Psychology led
- Provides consultation, advice, specialist assessments and signposting to professionals
- Aims to work with professionals to have a shared understanding of risk behaviours and provide advice to manage



Our Team:

- Clinical Psychologist (Clinical Lead)
- Specialist Mental Health Nurse
- Specialist Social Worker
- Occupational Therapist
- Forensic Psychologist
- Consultant Psychiatrist
- Senior Team Secretary
- Assistant Psychologist

Young People and FCAMHS



Risk of Harm to Others

- Harmful Sexual Behaviour
- Significant violence
- Fire setting

A Mental Health Need

- “Formal” mental health diagnoses (such as psychosis, anxiety, depression)
- Neurodevelopmental needs (such as autism, ADHD, chromosomal disorders)
- Developmental trauma



Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

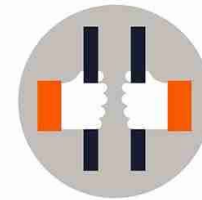


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Youth Violence and Risk

- **Violence:** “an act of battery or assault that is sufficiently severe to cause physical harm (e.g. bruises, cuts, broken bones, death) to others, regardless of whether injury actually occurs, any act of sexual assault, or threats made with weapon in hand. In general, these acts should be of sufficient severity that criminal charges either do, or could, result.” (SAVRY - Structured Assessment of Violence Risk in Youth)
- Aggression vs. Violence:
 - Aggression: broader, includes verbal or emotional hostility
 - Violence: physical, intentional harm
- **Risk:** a threat or hazard that is incompletely understood and therefore can only be forecast with uncertainty
- **Risk Assessment:** evaluation of an individual to assist in decision making (including treatment, supervision, sentencing, etc.)
 - Not just diagnosis or prognosis
 - Needs to be individualised

Harmful Sexual Behaviour

Developmentally typical

Problematic

Harmful

Hackett Continuum

Normal

- Developmentally expected and socially acceptable behaviour
- Consensual, mutual and reciprocal
- Decision making is shared

How to respond

- Although green behaviours are not concerning, they still require a response
- Listen to what children and young people have to say and respond calmly and non-judgementally
- Talk to parents about developmentally typical sexualised behaviours
- Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse
- Signpost helpful resources like our 'Talk PANTS' activity pack: nspcc.org.uk/pants
- Make sure young people know how to behave responsibly and safely

Inappropriate

- Single instances of developmentally inappropriate sexual behaviour
- Behaviour that may be socially acceptable within a peer group but not in wider society
- May involve an inappropriate context for behaviour that would otherwise be considered normal

How to respond

- Amber behaviours should not be ignored
- Listen to what children and young people have to say and respond calmly and non-judgementally
- Consider the child's developmental age as well as their chronological age, alongside wider holistic needs and safeguarding concerns about the problematic sexualised behaviour
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection
- Your policy or procedure should guide you towards a nominated child protection lead who can be notified and will provide support
- Consider whether the child or young person needs therapeutic support and make referrals as appropriate

Problematic

- Developmentally unusual and socially unexpected behaviour
- May be compulsive
- Consent may be unclear and the behaviour may not be reciprocal
- May involve an imbalance of power
- Doesn't have an overt element of victimisation

Abusive

- Intrusive behaviour
- May involve a misuse of power
- May have an element of victimisation
- May use coercion and force
- May include elements of expressive violence
- Informed consent has not been given (or the victim was not able to consent freely)

How to respond

- Red behaviours indicate a need for immediate intervention and action
- If a child is in immediate danger, call the police on 999
- Follow your organisation's child protection procedures and make a report to the person responsible for child protection
- Your policy or procedure should guide you towards a nominated child protection lead who should be notified and will provide support
- Typically referrals to children's social care and the police would be required. Referrals to therapeutic services should only be made once statutory services have been informed and followed due procedures

Violent

- Physically violent sexual abuse
- Highly intrusive
- May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator
- May involve sadism

Exploitation

- **Sexual Exploitation:** a type of sexual abuse. When a child or young person is coerced, manipulated or deceived into sexual activity in exchange for things that they may need or want like gifts, drugs, money, status, and affection.
 - Doesn't always involve physical contact – can occur via technology
- **Criminal Exploitation:** when an individual or a group manipulates, deceives, coerces or controls someone under the age of 18 to take part in any activity which breaks the law.
 - County lines, drug trafficking, forced theft
 - Links to gang involvement and coercive control

*Consider the young people
you are/have been working
with.*

*What are their vulnerabilities
that contribute to their profile
of risk?*



<https://www.menti.com/al6xe5i8h9g4>

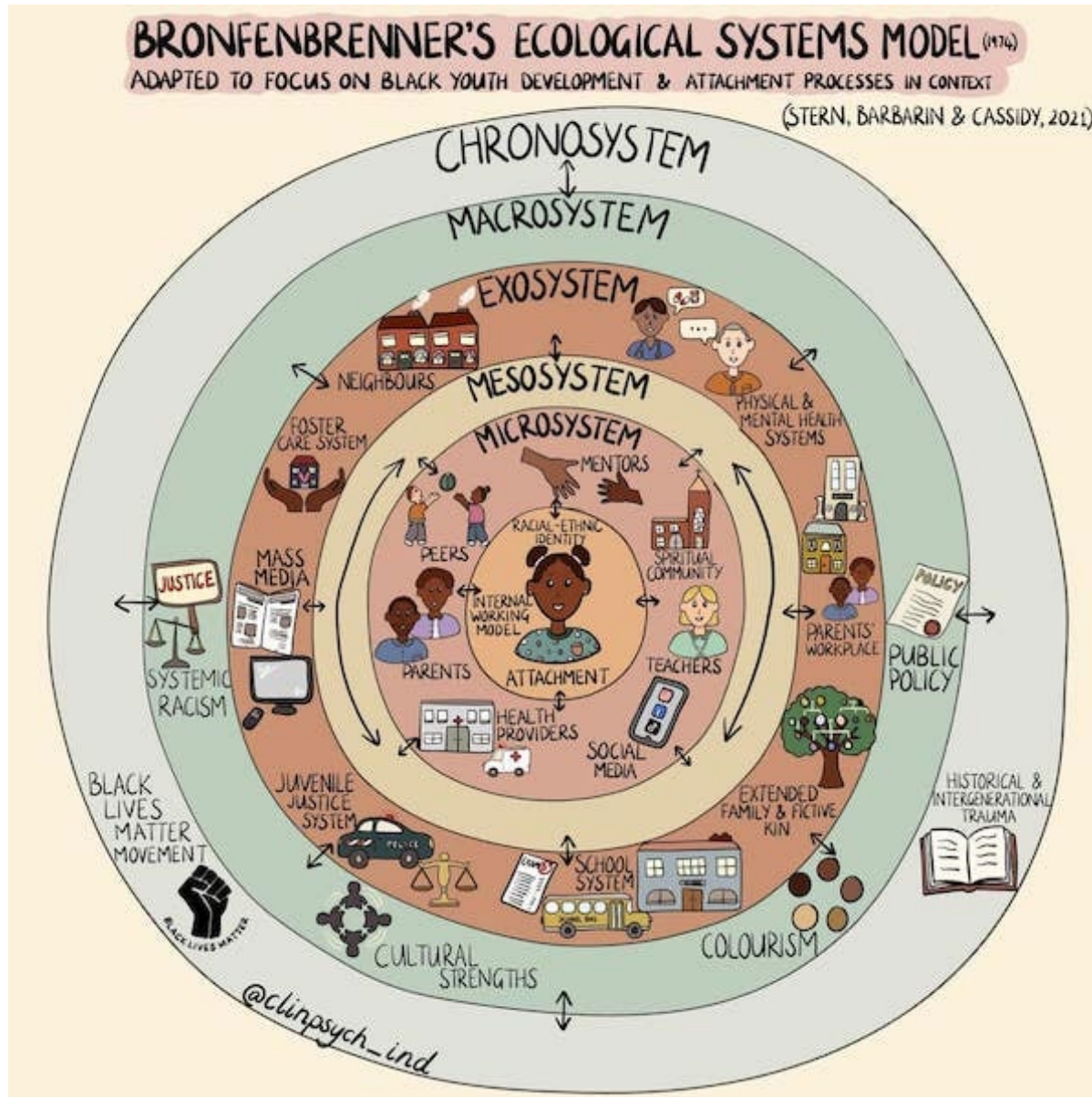


Formulating Risk of Violence and Exploitation

- Risk assessment must move away from prediction (Department of Health)
- Formulation helps understand the presenting behaviour, and the function it is fulfilling
- Focusing on the individual (person-centred)
- Importance of understanding the function of the behaviour and the risk presented
- We may use the following:

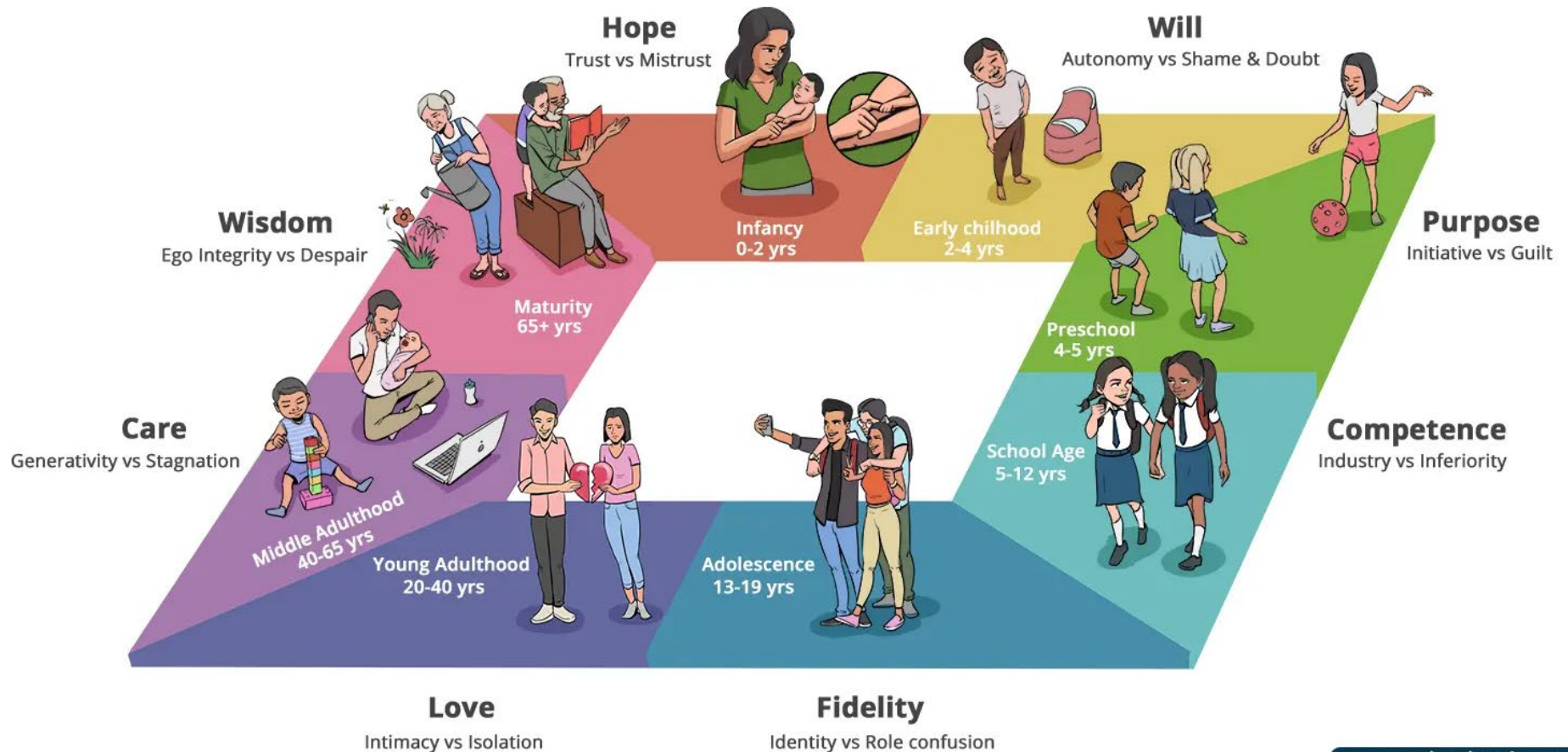
Tools	Model or Theory
SAVRY	Trauma Recovery Model
SAPROF	Functional analysis
AIM3	Polyvagal Theory
FARAS	Trauma-informed approaches
	Systemic theories/practices, e.g. PACE
	Cognitive Analytic Therapy/Consultation
	Sensory Integration

Vulnerabilities around us



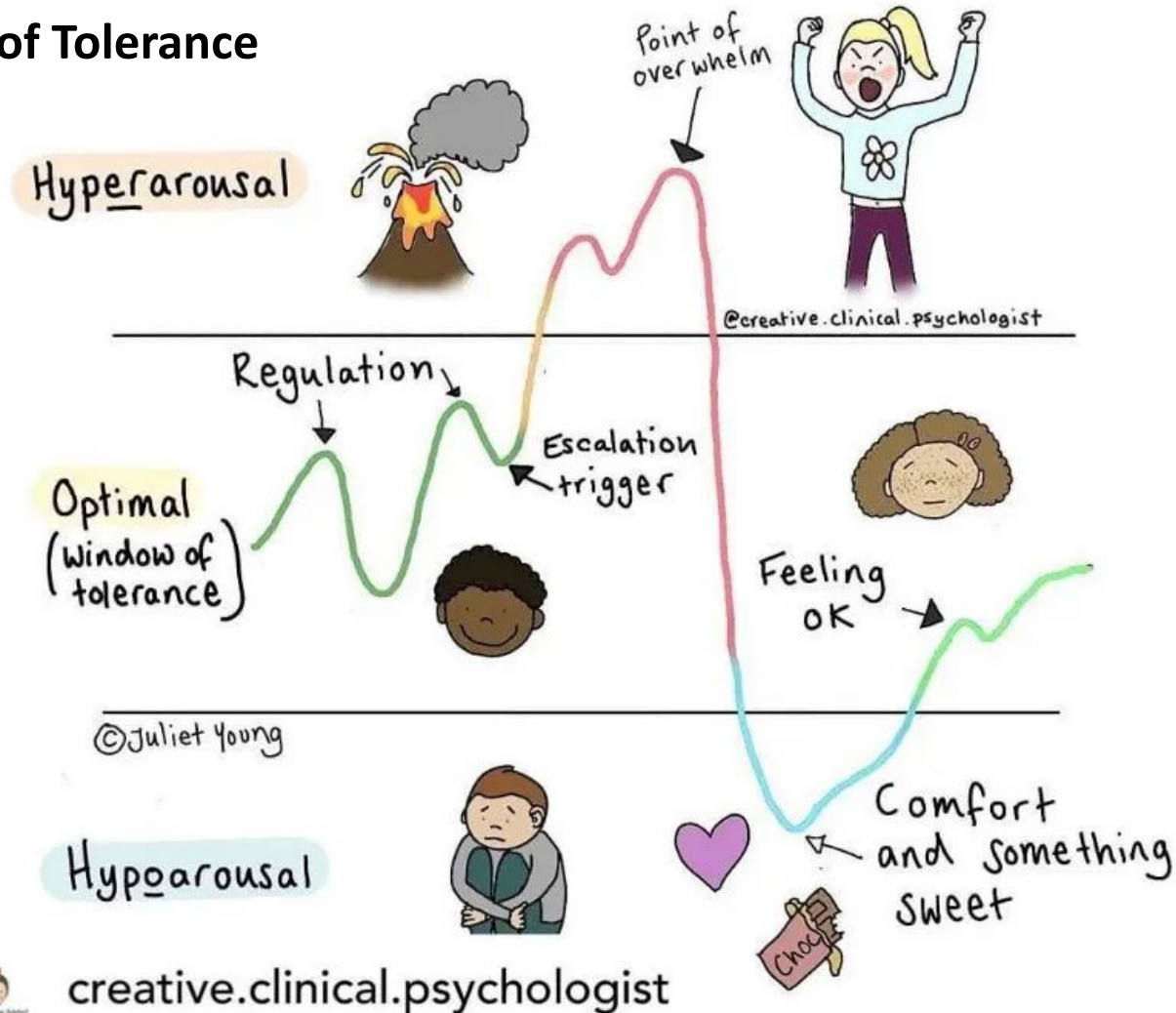
Vulnerabilities between us

Erikson's Stages of Psychosocial Development

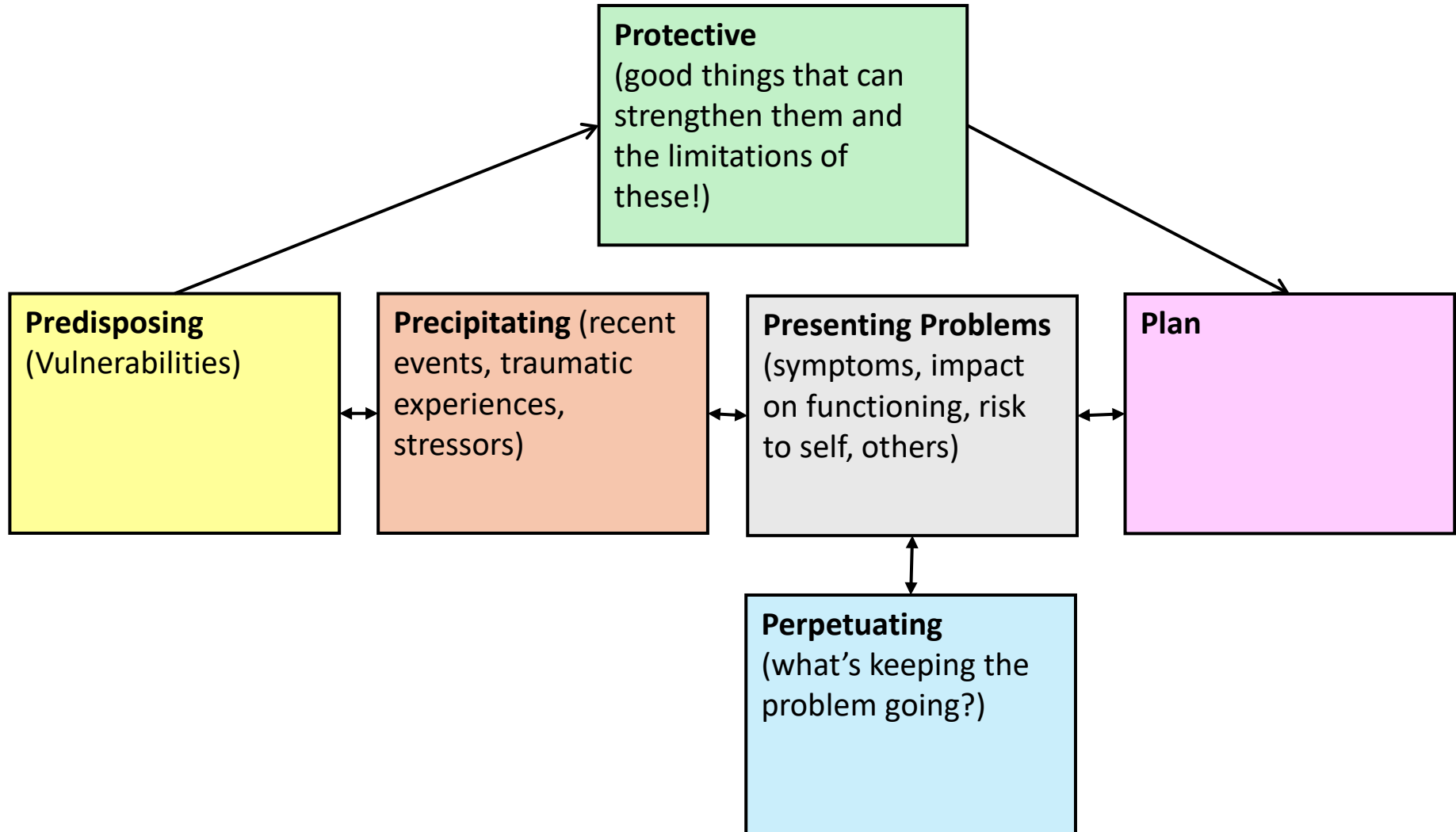


Vulnerabilities within us

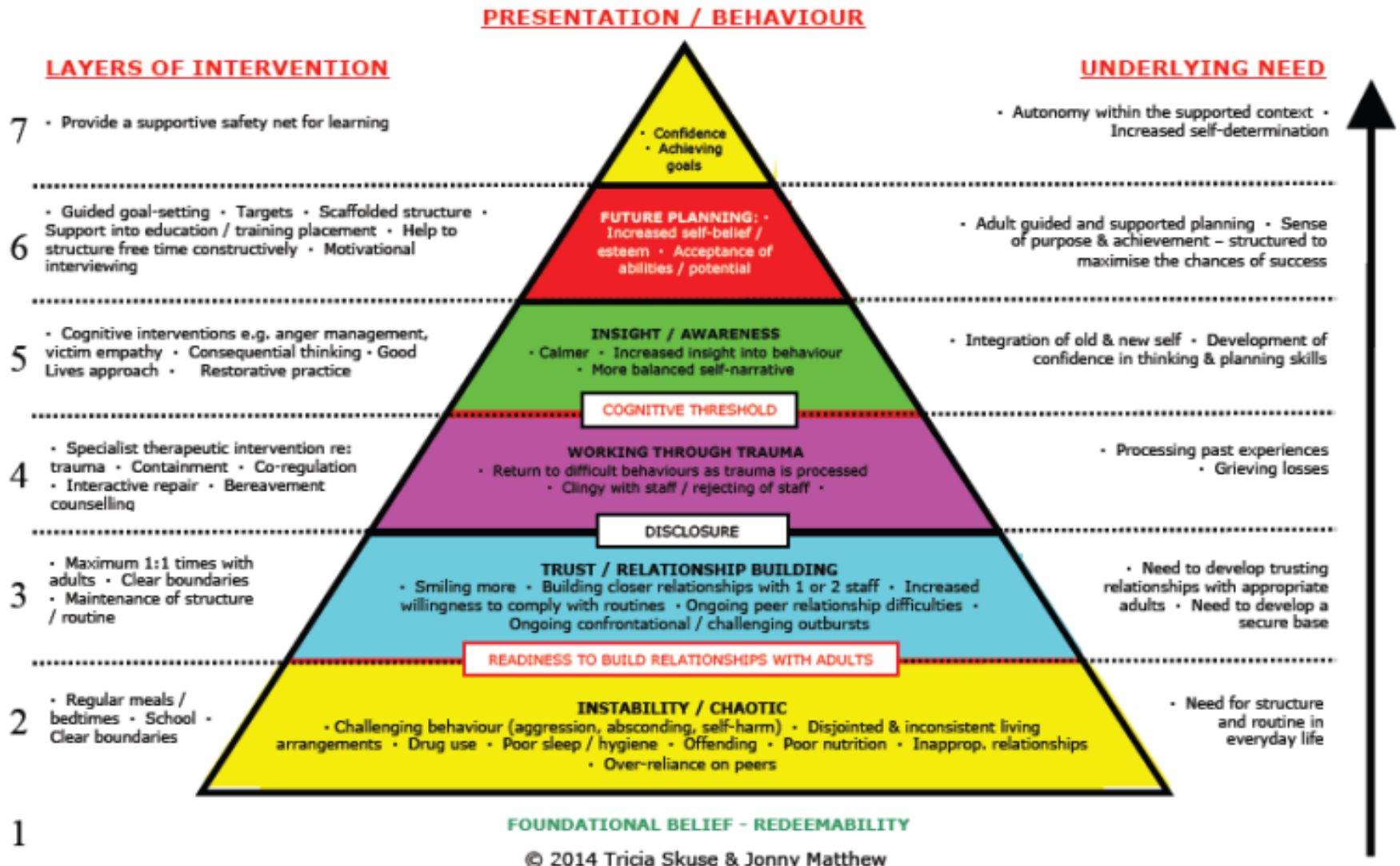
Window of Tolerance



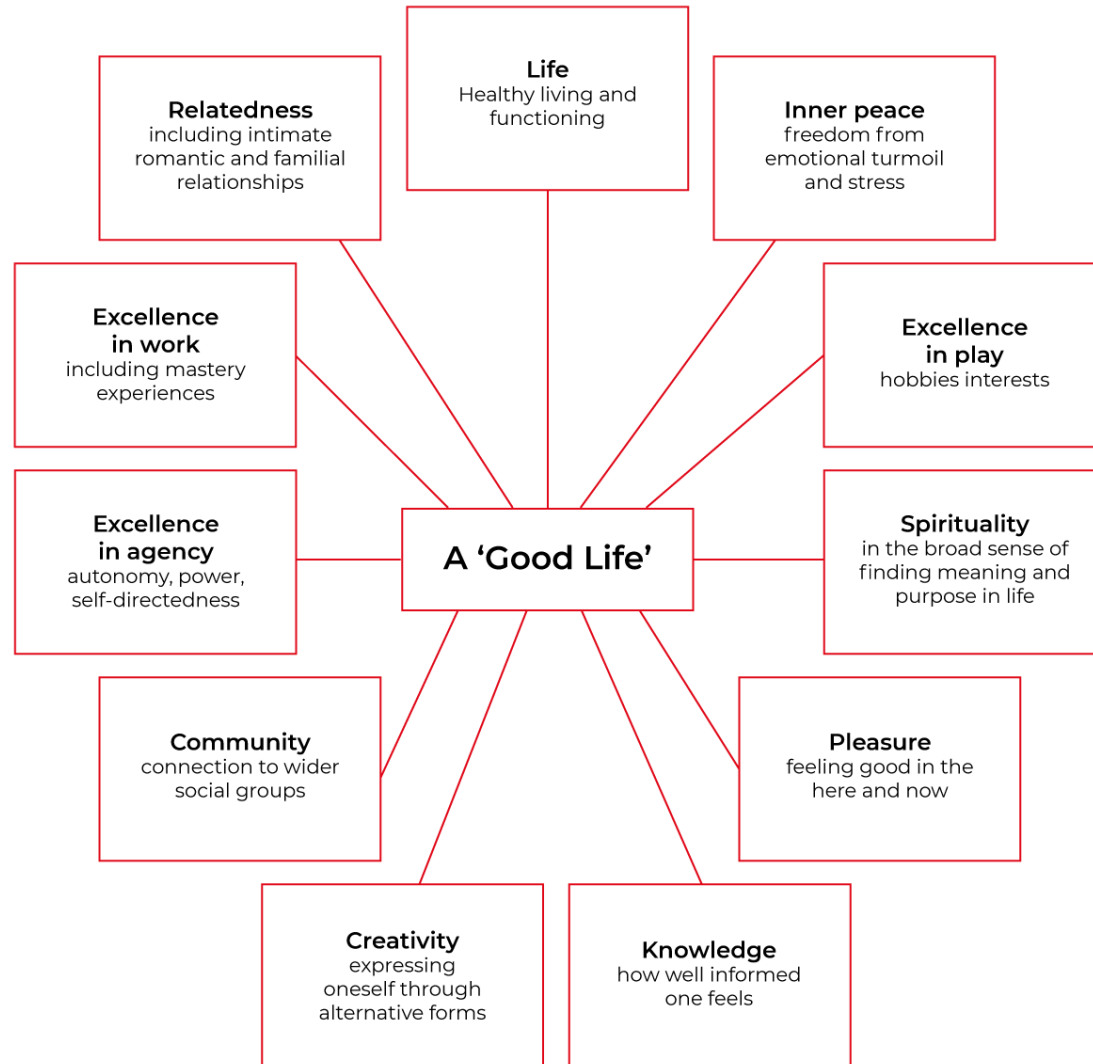
5P Formulation



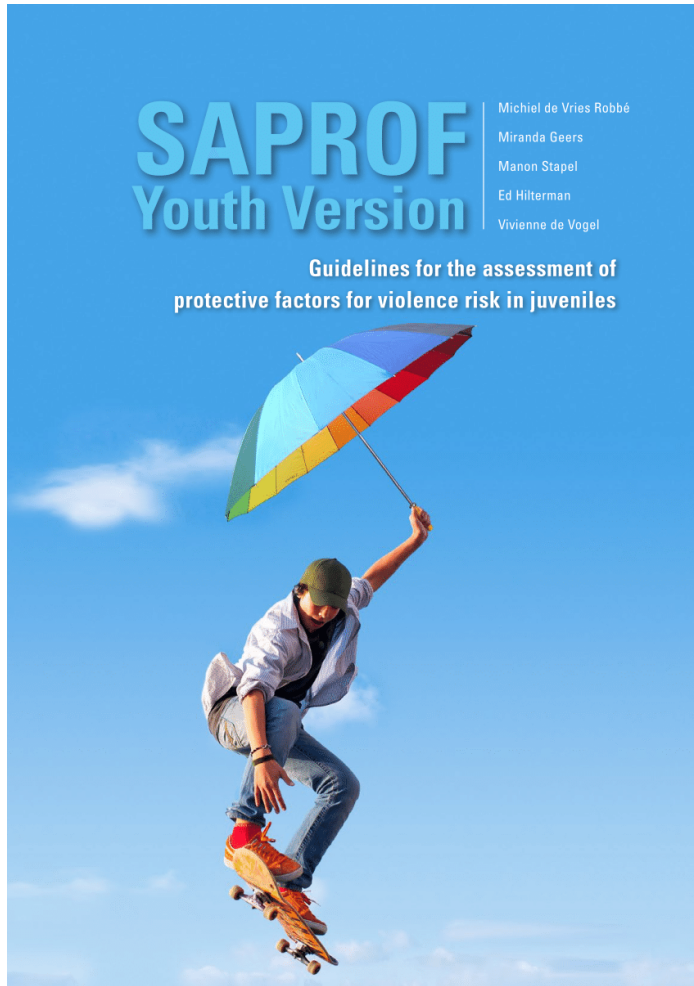
Trauma Recovery Model



The Good Lives Model

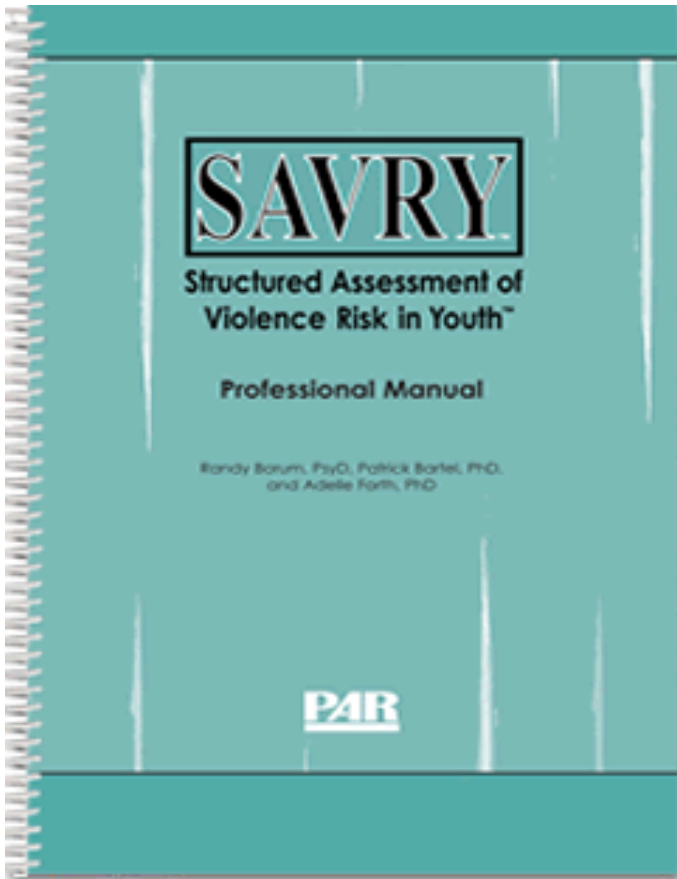


Structured Assessment of Protective Factors for Violence Risk for Young People (SAPROF-YV)



- Structured assessment of protective factors relating to violence
- Developed by de Vries Robbé, Geers, Stapel, Hiltermann, and de Vogel (2015)
- For use with young people and young adults (aged 12-23)
- 16 dynamic protective factors for juvenile/young adult violence risk in four categories
- Can be used to complement risk-focused assessment tools (e.g., SAVRY)

Structured Assessment of Violence Risk in Youth (SAVRY)



- Structured professional judgment developed by Borum, Bartel, and Forth (2006)
- 24 risk factors based on research
 - 10 historical risk factors
 - 6 social and contextual risk factors
 - 8 individual and clinical risk factors
- 6 protective factors
- Each factor is rated as low, moderate or high
- Designed for 12-18 years old

Risk Factors for Violence in Youths

Historical Risk Factors	Social Contextual Risk Factors
<ol style="list-style-type: none"> 1. History of violence 2. History of nonviolent offending 3. Early initiation of violence 4. Past supervision/intervention failures 5. History of self-harm or suicide attempts 6. Exposure to violence in the home 7. Childhood maltreatment 8. Parent/caregiver criminality 9. Early caregiver disruption 10. Poor school achievement 	<ol style="list-style-type: none"> 1. Peer delinquency 2. Peer rejection 3. Stress and poor coping 4. Poor parental management 5. Lack of personal/social support 6. Community disorganisation
Individual/Clinical Risk Factors	Protective Factors
<ol style="list-style-type: none"> 1. Negative attitudes 2. Risk taking/impulsivity 3. Substance-use difficulties 4. Anger management problems 5. Low empathy/remorse 6. Attention Deficit/Hyperactivity Difficulties 7. Poor compliance 8. Low interest/commitment to school 	<ol style="list-style-type: none"> 1. Prosocial involvement 2. Strong social support 3. Strong attachment and bonds 4. Positive attitude toward intervention and authority 5. Strong commitment to school 6. Resilient personality traits

Autism & Risk of Violence

Autism is a spectrum condition and **affects people in different ways**.
Like all people, autistic people have their own **strengths and challenges**.

Social
communication and
social interaction
differences

Repeated &
regulating
behaviours

Over- or under-
sensory sensitivity
(e.g. interoception)

Passions, highly
focused interests &
hobbies

Extreme anxiety
associated with loss
of autonomy &
control

Overwhelm,
shutdown, burn out

Autism – a risk ‘factor’?

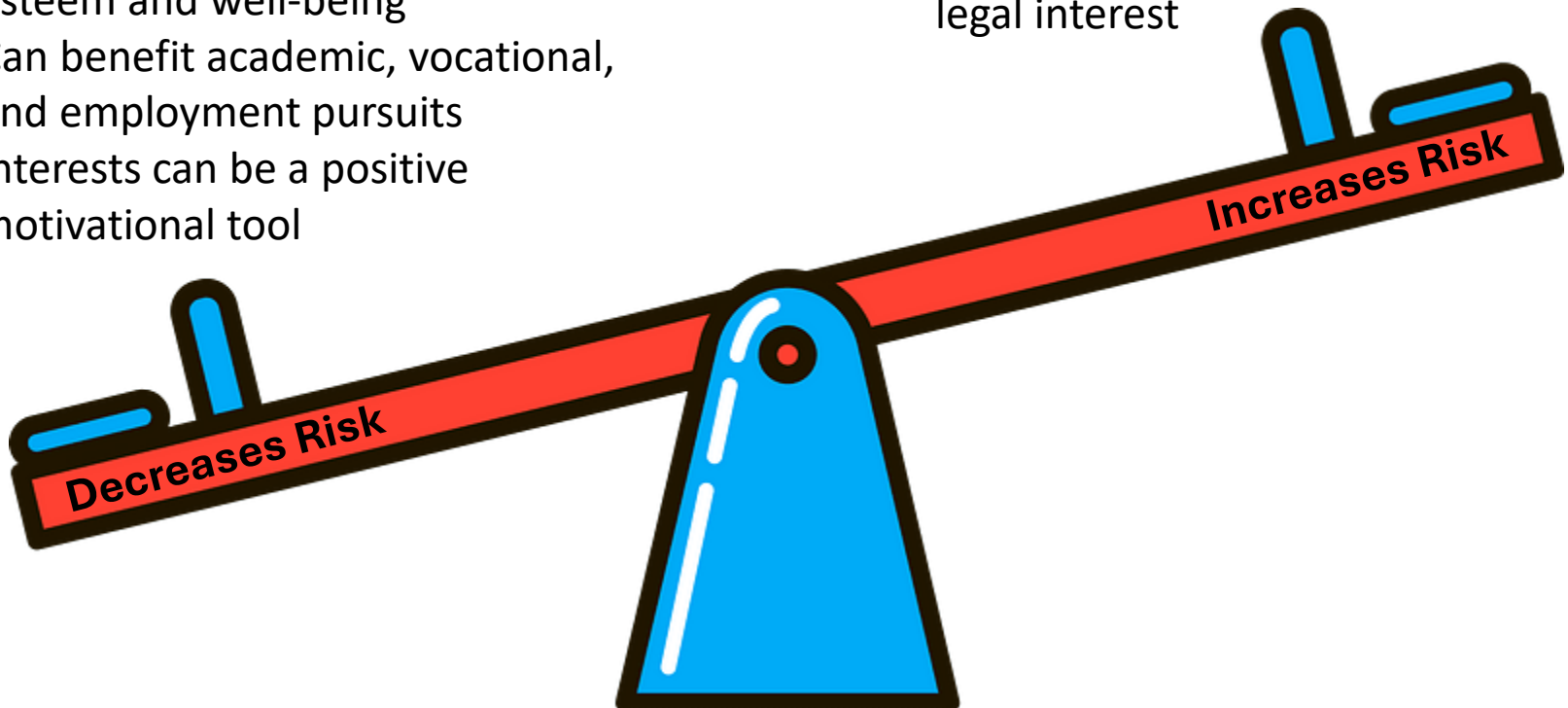
- Autism is **not a direct risk factor** for offending
- A significant number of the autistic population **do not** use violent or offending behaviours.
- Autism can impact how best to work with an individual
- it is important to understand the autistic traits an individual presents and their implications (risk and protective)
- Framework for the Assessment of Risk and Protection in Offenders on the Autistic Spectrum (FARAS)



FARAS – Circumscribed Interest

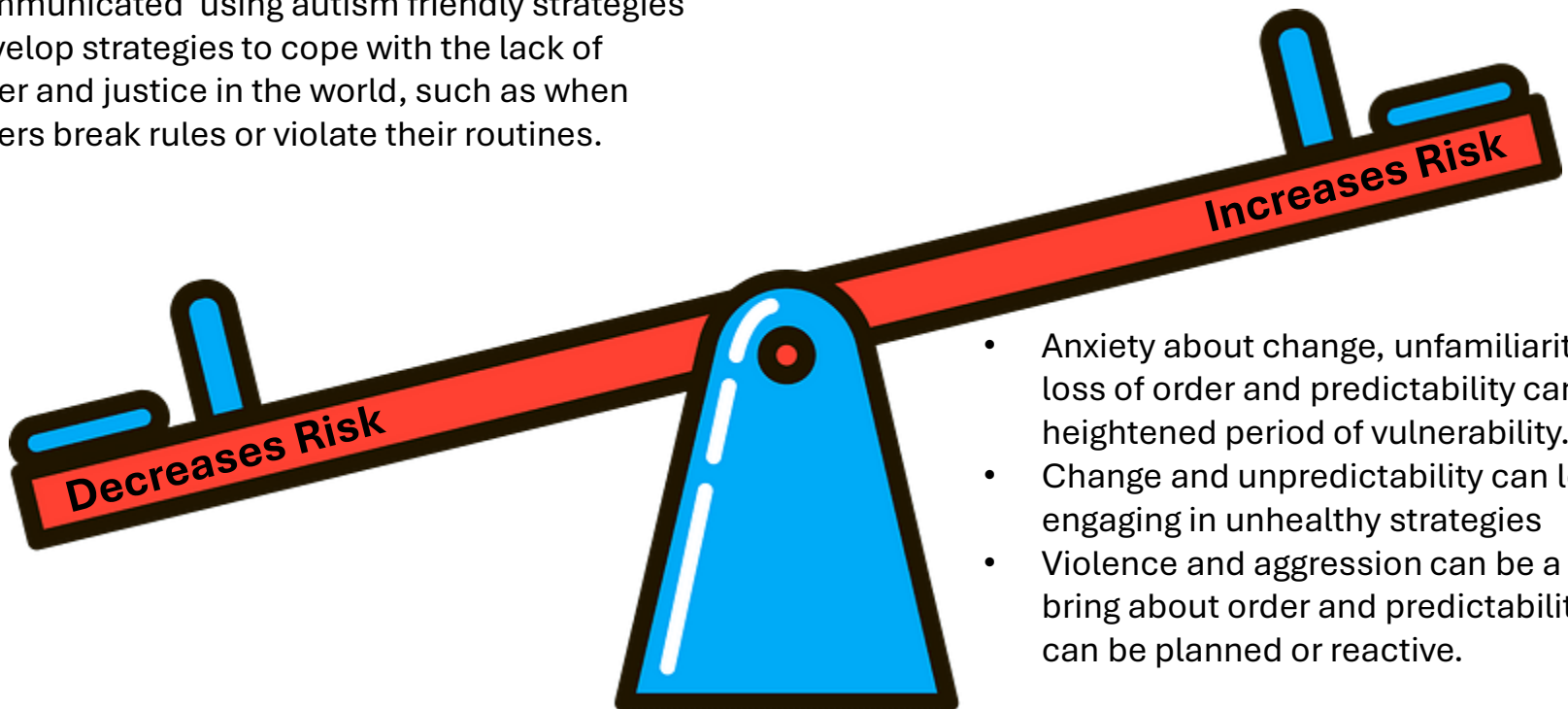
- Harmless circumscribed interests must may be a rich source of esteem and well-being
- Can benefit academic, vocational, and employment pursuits
- Interests can be a positive motivational tool

- Have a harmless interest that develops into a harmful offshoot
- Have a relatively harmful interest that when acted out becomes illegal
- Develop an inherently harmful or legal interest



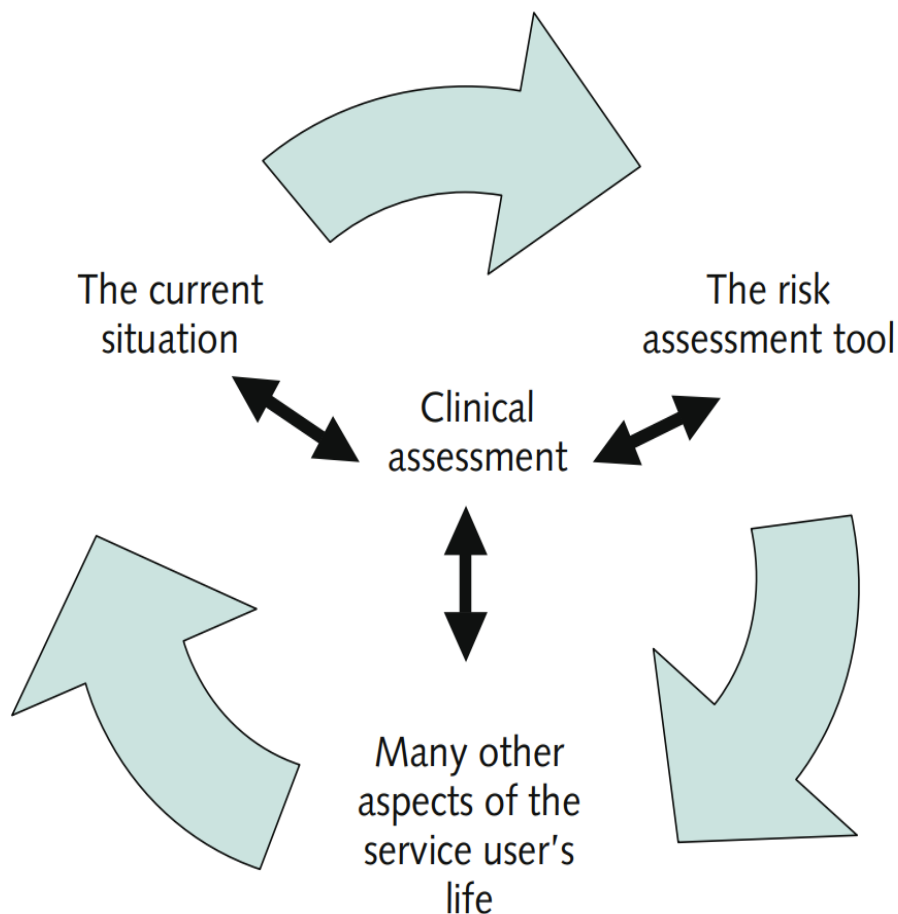
FARAS – Need for Order, Rules, Routines & Predictability

- Can thrive on structure and routine and can respond when social “grey areas” are taught as rules.
- Professionals can increase routine and stability
 - Clear expectations aid engagement and alleviate anxiety.
 - Can tolerate change when clearly communicated using autism friendly strategies
 - Develop strategies to cope with the lack of order and justice in the world, such as when others break rules or violate their routines.



- Anxiety about change, unfamiliarity and loss of order and predictability can be a heightened period of vulnerability.
- Change and unpredictability can lead to engaging in unhealthy strategies
- Violence and aggression can be a way to bring about order and predictability, this can be planned or reactive.

The right tool, at the right time



Choosing the right tool for the job is a complex task.

Best Practice in Managing Risk

Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services

Document prepared for the
National Mental Health Risk Management Programme

Updated

March 2009

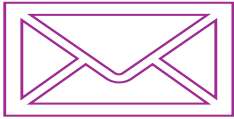
Takeaway Messages

- Remain curious
- A risk management plan is only as good as the time and effort made to communicate it to others
- If in doubt check it out with safeguarding
- Consider 'every interaction as an intervention'
- Think outside of the risk: what's the underlying needs & vulnerability factors
- Work **with** young people to understand a working formulation
- Building resources might just pave the path away from risks
- Where CYP present with risk to others, it may be worth seeking FCAMHS advice & support

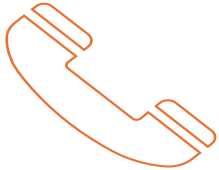




Contact Us



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<https://www.somersetft.nhs.uk/camhs/forensic-camhs-south-west-south/>



If you could provide us with feedback on the training, it would be much appreciated 😊