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### **What Can we Learn from Serious Incident Reports?**

**Keywords: Serious Incident Report, risk, prediction, risk principle, criminogenic factors.**

#### **Abstract**

This is an examination of 90 Serious Incident Reports (SIRs) which were generated in the London Probation Area between January 2002 and July 2003. The results showed that offenders assessed as high risk generated a disproportionately high number of SIRs, but equally serious incidents occurred across all risk bands. Interpretation of this is not straightforward; despite confirming considerable accuracy by Probation staff in identifying those most likely to inflict harm, it also demonstrates the limitations of risk prediction, and the need for considerable skill and knowledge among staff who work with offenders of all risk bands. Among other findings it emerged that nearly a third of alleged offences that triggered SIRs were of rape. Lastly, there was a clear contrast in the predictive power of previous convictions: over half of those triggering a serious incident report through violent behaviour had previous convictions of violence, whereas under a quarter of those accused of a sexual offence had previous sexual convictions. Superficially this confirms that past violent behaviour is a powerful predictor of future violence, but also reflects the considerable gap between offending and conviction for sexual offenders.

## Introduction

SIRs have been required since May 1995. Probation Circular 41/1995 requested that Probation areas prepare reports for the Home Office on offenders under supervision who were charged with murder, other very serious sexual or violent offences, or “any other offence which has attracted or seems likely to attract significant interest, or is thought likely to” (Home Office 1995 p2). The motivation for the introduction of such a measure was two-fold; firstly to inform the Home Office’s response to media interest, and secondly to “identify lessons to be learned at a local and national level or shortcomings in practice” (Home Office 1995 p4). A year later PC 79/1996 tightened up the process somewhat, for instance by specifically listing all offences to trigger a SIR. In March 2004 they became known as Serious Further Offences (SFOs) (Home Office 2000). SIRs require an examination of practice where an offender currently being worked with commits, or is alleged to have committed a further serious offence. This development is entirely consistent with other developments in the Criminal Justice System in general and the Probation Service in particular as it makes the protection of the public its paramount task. For some years now Probation Officers have become increasingly skilled in assessing offender’s risk of future harm, and working within the Multi-Agency Public Protection Arrangements (MAPPA) to manage that risk. This has been a considerable success story (National Probation Service 2004), although some commentators have qualified its success by arguing that it has promoted a form of “actuarial justice” and “crime control” (Feeley & Simon 1992) at the expense of rehabilitating offenders as individuals, and indulged the public’s sometimes exaggerated fears about the threats dangerous offenders pose (Furedi 2001). This study was particularly interested in the “risk principle, meaning that the “intensity of intervention should be appropriate to the level of risk” (Chapman & Hough 1998 1.27). Up to a point this is an inarguable principle – where budgets are finite the services resources must be prioritised, and the risk principle

also responds to the demand from the public and legislators that we protect potential victims of crime. However, if a great deal of attention goes to a small minority of offenders, and if our ability to predict offender's future offending is limited, then there must be a point when this tight targeting of resources becomes counter-productive.

## **Methods**

Across the whole of the London Probation Area (32 boroughs) there were 90 SIRs between January 2002 and July 2003. It is possible that this represents less than 100% of actual SIRs, as the system relies on watertight communication between court staff and supervising staff. A Home Office occasional paper in 2000 concluded that around 20% of SIRs went un-noticed or un-reported – not deliberately, but due to “oversight or misunderstanding” (Home Office 2000 p16).

The SIRs were examined and data collected as set out in the tables. Firstly, perpetrator characteristics were examined to explore whether there was an under or over representation of a certain age group, ethnic group, or particular type of order/licence. Next, offence characteristics were examined to see what type of offences were triggering SIRs, what levels of risk were the offenders assessed at, and what criminogenic factors were featuring in their backgrounds

## **Results**

### **Perpetrator Characteristics**

| AGE OF PERPETRATORS (SIR cohort) | %   |
|----------------------------------|-----|
| Under 21                         | 11% |
| 21 – 25                          | 35% |
| 26 – 35                          | 28% |
| 36 – 45                          | 18% |
| 45+                              | 9%  |

The age of those committing the serious incidents broadly reflected the age distribution of offenders in general

| Type of Contact                                       | LPA caseload 2003-4 | SIR cohort |
|---|---------------------|------------|
| Community Rehabilitation Orders (CRO)                 | 1898 (27%)          | 32 (35%)   |
| Community Punishment and Rehabilitation Orders (CPRO) | 487 (7%)            | 11 (12%)   |
| Community Punishment Orders (CPO)                     | 2170 (31%)          | 7 (8%)     |
| Licence   | 2530 (36%)          | 40 (44%)   |
| Drug Treatment and Testing Orders (DTTO)              | 492 (7%)            | 15 (17%)   |

SIR perpetrators were subject to the full range of orders and licences. Figures exceed 100% because offenders subject to a DTTO would also be subject to another community penalty. When the pattern of distribution between the LPA caseload

and the SIR cohort was compared using Chi square, the two sets of figures differed significantly, at the  $p < 0.001$  level. The two groups that stand out from the table are those on CPOs, who were under-represented in the SIR cohort, and those on DTTOs, who were over-represented in the SIR cohort.

| <b>Race</b>         | <b>London Population (2001 census)</b> | <b>LPA caseload (in the community, 2003-4)</b> | <b>SIR Cohort</b> |
|---------------------|--|--|-------------------|
| Black               | 10.6%                                  | 29.8%  | 42%               |
| White               | 71.2%                                  | 40.6%  | 37%               |
| Asian               | 12.1%                                  | 4.8%   | 4%                |
| mixed               | 3.16%                                  | 4.7%   |                   |
| Other               | 2.7%                                   |  | 17%               |
| Not stated, missing |  | 19.5%  |                   |

Black offenders do seem to be somewhat over-represented in the SIR cohort, compared to the LPA caseload in the community for 2003-4. However the picture is distorted by a considerable number for whom there was no race and ethnic monitoring data.

## Offence/risk characteristics

| <b>SIR Trigger Offences</b> | <b>Nos.</b> |
|-----------------------------|-------------|
| Rape                        | 27          |
| Murder                      | 15          |
| Possession of Firearms      | 11          |
| Kidnap                      | 8           |
| Attempted Murder            | 7           |
| GBH Section 18              | 5           |
| Sexual Assaults             | 5           |
| Conspiracy to Murder        | 3           |
| Armed Robbery               | 3           |
| Arson                       | 2           |
| Aggravated Burglary         | 2           |
| GBH Section 20              | 1           |
| Affray                      | 1           |

nb these represent charges, not convictions. By definition a Serious Incident report involves a serious offence, and so it is no surprise that the trigger offences span the range of the most grave. The high number of rape allegations is striking.

| <b>RISK STATUS</b><br>(Risk bands predate the 4 OASys bands) | <b>LPA caseload in the community, 2003-4</b> (14% on community sentences and 59% on licences not known) | <b>SIR cohort</b> |
|--|---|-------------------|
| Low Risk   | 2749 (55.3%)  | 25 (28%)          |
| Medium   | 2002 (40.3%)  | 45 (49%)          |
| High/MAPPA   | 216 (4.3%)  | 20 (22%)          |

The fact that 22% of the serious incidents emanated from a group of high risk offenders comprising only 4.3% of the LPA caseload demonstrates considerable accuracy in identifying the high risk of harm group. Notwithstanding this, the majority of serious incidents were triggered by offenders outside the high risk/MAPPA band. When the distribution of figures in the

LPA and the SIR cohort was compared using Chi square, the groups differed significantly, where  $p < 0.001$  (Chi square = 82, where  $df=2$ )

| <b>PERPETRATORS OFFENDING HISTORY<br/>(SIR cohort)</b> |     |
|--|-----|
| Less than 3 previous convictions                       | 17% |
| Between 3 – 6 previous convictions                     | 47% |
| More than 6 previous convictions                       | 36% |

A similar pattern is evident here – the SIR cohort comprised offenders with different lengths of criminal careers

| <b>PREVIOUS SEXUAL AND VIOLENT OFFENCES<br/>(SIR cohort)</b> |     |
|--|-----|
| Sexual offence with previous Sex Offender History            | 22% |
| Sexual Offence with no Sex Offender History                  | 78% |
| Violent Offence with previous violent offending history      | 54% |
| Violent offence with no violent offending history            | 46% |

Where the SIR trigger offence was a violent offence, perpetrators were very likely to have previous convictions for violence. The same pattern did not emerge for sexual offenders. Violent offenders were over twice as likely to have similar previous convictions as sexual offenders.

| <b>RELEVANT FACTORS IDENTIFIED<br/>(SIR cohort)</b> |     |
|---|-----|
| Drug use  | 28% |
| Domestic abuse                                      | 20% |
| Homeless or housing problem                         | 17% |
| Alcohol   | 13% |
| Mental health problems                              | 9%  |

These factors were present in the cohort of SIR perpetrators.

## Discussion

### Offender characteristics

**Age:** 74% of the serious incidents were committed by individuals aged 35 and under.

This is of little surprise, and echoes the trend found in work on criminal careers and desistance (eg Farrington 1995) that most people mature out of crime.

**Race;** When the race of SIR perpetrators was examined. 42% of offenders were either Black British or Black Caribbean, 37% white and 4% Asian. Black offenders were therefore somewhat over-represented amongst the perpetrators of Serious Incidents, as they comprise 29.8% of the LPA caseload in the community. There were however a considerable number in the general caseload, particularly those on licence, for whom information was not available. It could be speculated that this over-representation might reflect the compounding effects of disadvantage and exclusion leading to criminality, or a lesser quality of risk management. An even more startling and dismaying disparity is between the black population of London measured in the 2001 census (10.6%) and their representation in the LPA caseload, even taking into account this groups probable under-representation in the census figures.

**Type of Order;** SIRs were triggered by offenders subject to all types of order and licence. When the pattern of distribution between the LPA caseload and the SIR cohort was compared using Chi square, the two sets of figures differed significantly, at the  $p < 0.001$  level. Two groups in particular stand out from the table. Those on CPOs, were under-represented in the SIR cohort (just 7, despite a pool in the general caseload of 2170 in the year 2003-4). LPA figures for 2003-4 show that the majority of its CPOs, (77%), were in the low risk band, with only 0.6% of all CPOs being classified as high risk. The fact that CPOs are being reserved for lower risk offenders, who rarely reoffend violently is in itself evidence



of a good degree of accuracy in practitioners risk assessments. Those on DTTOs were over-represented in the SIR cohort (15 out of a pool in the general caseload of 492 for the year 2003-4), and confirms the need for experienced well trained practitioners to work with this group.

### **Offence/risk characteristics**

**Trigger offences;** One astounding phenomena was the large number of alleged rapists in the sample. A full 27 out of the 90 serious incidents were triggered by a charge of rape. If we compared this with LPA offence breakdown figures for 2003-4, the proportion of offenders in the community with index offences of a sexual nature hovers just under or over 1% of the total caseload (this would be a little higher if the population in custody was taken into account). It is not known how many of the 27 alleged rapists in this cohort went on to be convicted, and we might speculate that only a minority were. Kelly et al (2005) found the present conviction rate for rape to be only 5.6% of all cases brought to Court (compared to 32% in 1977). Rhys's 2001 examination of 88 Inner London Probation Service's SIRs provides an interesting comparison: she found a similarly high number of alleged rapes triggering the SIR (23 out of 88) but in her sample she reported that 21 of these actually resulted in convictions for rape. We can only speculate why the conviction rate should be so untypically high here – perhaps the perpetrators circumstances meant that the case was prosecuted particularly assiduously.

There was also a preponderance of alleged murders amongst the serious incidents (15 out of 90) although a little less than Rhys's finding (19 out of 88 convictions). Possession of Firearms offences triggered 11 out of the 90 SIRs, a finding that reflects the increased availability and willingness to use weapons - a clear contrast to Rhys's (2001) study that showed just one conviction out of 88 only four years ago. The National Statistics Office (2005) cite a 35% increase in offences involving firearms between the years 2000/1 and 2001/2. The upward trend is less straightforward when just the firearm offences that resulted in a death are considered. They have wavered up and down, with 43 in 1997, peaking at 59 in 2001 and dropping to 35 in 2003, possibly reflecting the impact of projects such as Operation Trident (a police initiative to reduce gun crimes, particularly amongst London's black communities).

**Risk status:** This was perhaps the most interesting part of the study. In this sample 22% of the SIRs were from the high risk band, 49% from the medium band, and 28% were classified as low risk. However, given that only a small number of cases overall are classified as high risk (only 4.3% of all LPA cases in the community in 2003-4) this means that those classified as high risk were still around 5 times more likely to commit a Serious Incident whilst under supervision than other offenders. An inverse pattern was found amongst the low risk offenders; although 51.2% of offenders were classified as low risk (LPA figures for 2003-4) they generated only 28% of all SIRs. The association between the assessed risk of offenders on the caseload and whether they were involved in a serious incident was assessed using Chi square. The risk of committing a serious incident was found to be highly related to the assessed risk for this population ( $p < 0.001$ )

We are still left with something of a problem in interpreting this data: if all SIRs had emanated from the high risk band, would we conclude that practitioners were very good at predicting high risk of harm offenders, or very bad at containing them? Notwithstanding this conundrum, what is quite clear is that Serious Incident Reports are not triggered exclusively, or even predominantly by those assessed as high risk offenders. A similar pattern was revealed when the number of previous convictions was considered. Serious incidents were perpetrated by offenders at all stages of their offending career. Previous violent convictions did, as we would expect, predict future violence fairly well, but there were still 17% of the SIRs generated by offenders with less than three previous criminal convictions. A similar pattern was found by Rhys (2001), who examined 88 SIRs and found 21 had been classified as high risk, 26 medium risk and 17 low risk (24 were not known – in itself evidence of a sharpening of practice over a short time).

So, we have a concentration of SIRs in the high risk band, but a significant number (49%) in the medium risk band which would not have been included in MAPPA. These patterns show what has already been stated many times (Kemshall 2003, Beaumont 1999), namely that we can achieve a certain degree of accuracy in predicting risk of harm, but no more. The quality of the risk assessments do not account for preponderance of SIRs outside the high risk band. It was clear that the majority of these cases demonstrated good practice. Just 10% showed some sort of weakness and when this was the case, they were not necessarily of the kind to have prevented the serious incident from happening. This data confirms that all of the tools available to us (a variety of actuarial instruments and checklist type frameworks, the collective wisdom and clinical skills of the practitioners) succeed up to a point in sorting those most likely to inflict harm from those less likely to, but there will always be a proportion who confound prediction. The most effective of actuarial tools have

always made realistic claims about their powers. For instance, Rice and Harris's 1995 Violence Risk Appraisal Guide claims a 75% success rate – one of the highest for all actuarial tools. Closer to home, the Offender Group Reconviction Scale claims a success rate of 65% (Taylor 1999). This data pre-dates the comprehensive use of OASys that exists now, and we can anticipate with some confidence that this will improve accuracy and consistency up to a point - and with even more confidence that it will produce thorough needs assessments, and a comprehensive database for the future. Nevertheless, serious reoffending whilst under supervision is inevitable, and the best efforts of all practitioners will not prevent all such events from occurring.

The rationale behind the risk principle (whereby the organisations resources are targeted towards those who present the highest risk) is irresistible – there is the tendency for the lower risk offenders to be adversely affected by intensive programme style work (McGuire, 1995) and then there are the demands from the public, legislature and policy makers that we concentrate limited resources on those who may cause harm.. However, to apply this principle to an extreme fails to recognise the limitations of our predictive power. Staff who are not nearly as qualified as those working in Public Protection teams are increasingly taking on roles in assessing for risk of harm (for instance completing OASys assessments) and will be charged with the task of judging whether an offender on supervision may be about to commit a violent act. The proposed structure of the National Offender Management Service as of January 2005 very clearly defines four “modalities” of offender work which build on each other, and range from least to most interventionist. The first of these modalities is called the “punish” modality and the “offender management approach” in this modality is to be “hands-off, administrative, organising, monitoring, signposting to resources”. Under the heading “description/modality” for this modality the requirement to “monitor risk factors” is

included. (NOMS 2005, p3) However it all begs this question - will there be enough staff time, and time from a practitioner who has had some training on risk to know the offender, and notice when his or her circumstances or state of mind change? It is not until the fourth modality, which is entitled "control" is reached that any significant risk management work is elaborated. The literature on risk management has consistently stressed that risk is dynamic (Kemshall & Pritchard 1995) and reflects a shifting constellation of factors (Scott 1997). Moreover this study confirms that there are limits to accurate prediction. To place a strict demarcation between the parts of the organisation that manage risk and those parts that do not is to ignore these axioms.

There are interesting parallels in child protection and mental health work. Eileen Munro, considering identical issues in a child protection context wrote in 1999 "Society...has unrealistic hopes of the feasibility of developing accurate risk assessments" (Munro 1999 p117), and she bemoaned the climate where practitioners erred on the side of caution and families who did not (yet) breach the "significant risk of harm" threshold went unassisted. Munro and Rungay (2000) examined a number of inquiries into homicides by the mentally ill. Their conclusion was that even with the best expertise available, in the majority of the cases (63%) it simply would not have been possible to predict those individuals who were about to commit murder. The risk assessments were not at fault, but the circumstances did not lend themselves to accurate prediction. However, they do argue that had an overall level of psychiatric care been delivered across all patients, sufficient to spot when a relapse was about to occur, then a good proportion (65%) may have been preventable. . A further commentary on the risk principle is provided by the Sainsbury Centre for Mental Health. In their 2002 inspection of Hackneys mental health services they noted that a full 25% of the budget was being spent on 115 high risk patients, to the clear detriment of the service to those with severe problems but

posing a lesser risk. They clearly conclude that there comes a point when the unavoidable and necessary targeting of resources on to those deemed “the most likely to” becomes counter-productive

Turning to the predictive power of previous convictions there were some striking results. Previous violent convictions in this cohort predicted future violence well, in contrast to previous sexual offences which did not as effectively predict future sexual offences. Only 22% of SIRs involving sexual offences were committed by someone with previous sexual offences, but 54% of the SIRs involving violence were committed by an individual with previous convictions for violence. The poor predictive power of sexual convictions in part reflects the gap between offending and conviction – a difficult measure to quantify, but Craissati (2004) concluded that around one fifth of sexual offences are actually reported to the police.

### **Criminogenic Factors.**

As would be expected, a range of dynamic, known criminogenic factors were present amongst the SIR perpetrators (drug and alcohol misuse, accommodation problems, domestic abuse, mental health problems). Some of these are considered in more depth below, but as a general point it is interesting to compare this cohort with the recent comprehensive review by Harper and Chitty (2005). In their review of factors associated with offending they compiled information from OASys assessments nationally, and found consistently higher levels of all such problems than in this cohort. Whilst this study is clearly not a detailed comparison of this information, what does stand out is that the SIR cohort is not a group that is conspicuously and

unusually beset by such problems, once again confirming the complex and sometimes elusive nature of risk assessment. .

**Substance misuse:** in this study alcohol misuse featured in 13% of SIRs, and drug use 28%. This is something of a contrast to Rhys's earlier study of SIRs in 2001 where alcohol featured in 35% and drug use in 27%. Her examination of the details of the offences revealed that alcohol use was far more likely to play a part in the offence than drugs. The current study unfortunately did not examine the occurrence of mental disorder along with substance misuse ("dual diagnosis"). Rhys in 2001 found that 17 out of the 88 incidents featured both, and moreover that these cases presented particular management problems, as frequently neither psychiatric services nor services for substance misusers wished to become involved because of the dual diagnosis.

**Domestic abuse** 20% of the SIRs featured domestic abuse. This confirms it as an important factor to watch for when managing offenders, but it itself tells us only that this cohort of offenders displayed similar prevalence of domestic abuse than in the general population – the British Crime Survey noted that 22.7% of women reported being a victim of a domestic assault (Mirlees-Black 1999). Perhaps more necessary is that practitioners have some depth of knowledge about the subject - for instance the association between pregnancy and particular vulnerability to assault, and the peak in vulnerability to attack during the two months after leaving a violent relationship (Metropolitan Police 2004).

**Mental illness:** Only 9% in this sample identified mental disorder as a relevant feature. This is much lower than the 28% of Rhys's sample in her 2001 research. There is the possibility that this is a statistical blip in a relatively small sample. The

prevalence of mental illness in the general population is usually estimated in the region of 16% (Department of Health 1999) and it is unlikely that this sample would possess better than average mental health. However, perhaps this is a useful reminder of the evidence around mental illness and violence, which could be summarised as indicating that there is only a slight elevation of risk for schizophrenia, and a modest elevation of risk for psychopathic personality disorder. (Blumenthal & Lavender 2000) Taylor & Gunn (1999) placed this association into perspective by noting that the figure of around 40 homicides per year by someone with a current or past mental health problem is tiny compared to other types of homicides, suicides or accidental death. Moreover it is a statistic that has remained unchanged for several decades. They write pertinently that the connection between mental illness and violence is a “small but significant problem...some groups of people with mental disorder are at statistically higher risk as a group of being violent to others than the general public, but it is vital to understand the size and nature of the risks involved” (pp 10).

This is where, from the practitioner’s point of view that a good understanding of the individual and their mental illness is needed. Incorporating actuarial and clinical information is a complex skill, which necessarily requires us to negotiate uncertainty and contradiction. The significance of psychotic thinking, for instance, is not something that can be simplistically used as a feature that should alert us to forthcoming violence. Link and Stueve (1994) proposed with a good deal of evidence that we should be particularly vigilant when we hear someone displaying “threat/control over-ride” thinking – that is perceiving their life or their security threatened by someone or something, and moreover that their agency against such a threat has been taken away. Nevertheless, the Royal College of Psychiatrists in (2000) cited other research as evidence that delusions do not increase risk of



violence. Integrating such research findings requires a depth of knowledge and an appreciation of the limitations of accurate prediction.

## **Conclusions**

The LPA supervises approximately 30,000 offenders. Of these, approximately 20,000 will be in the community on licences and community penalties. This study represents only 0.5% of the caseload at any one time, which even allowing for some missing cases, means that 99% of cases supervised reach their conclusion without an SIR/SFO. However the 0.5% that this study looks at is precisely the small slice that the public and media are most interested in, and where we potentially attract criticism. The most important finding in this study was that practitioners exercise considerable accuracy in identifying offenders likely to inflict harm, but the majority of such offenders remain outside the high risk, intensively worked with band. The “risk principle” makes sense on too many levels to seriously reject it, but when applied too rigorously it increases the likelihood that indicators of risk will be missed. This suggests a need for relevant risk training across all grades of staff who work with offenders, and the opportunity to develop working relationships beyond the perfunctory and procedural.

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