

Case Presentation

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Demographic information – “B”

- 54 yrs old male
- Caucasian
- Born in Aylesbury
- British origin
- Average height, obese
- Section 47/49 of the MHA 1983
- Convicted of murder and given life sentence 1988
- 22 years post tariff /10 years in secure services
- Had previous parole hearings

Personal history

- Normal birth and achieved all developmental milestones
- “B” denied he has experienced any abuse
- Childhood not happy, subjected to significant physical and emotional abuse by father
 - When questioned things and rules, he was beaten with a rubber stick, because he would show lack of emotional response, his father would beat him even more
 - frequent beatings from father - often due to the fact that “B” did not show "respect": not looking him in the eye or responding in an obedient manner.
 - The beatings would continue as “B” refused to apologise, react, or cry.

Personal history

- Attended mainstream school – Primary and secondary school – truanted
- Obtained some grades in GCSEs
- Had only very few friends, ? would not engage in team sports or games, never played in woods or park
- Enjoyed sports, football, arts and was good at both
- History of the possession of weapons (knives, air rifles).

Personal history

- one girlfriend in his late adolescence, brought to his sister's flat when he resided there. had an argument late at night and sister asked her to leave.
- Whilst residing at her flat his sister recalled little conversation occurring between them. She worked in the day and in the evening he either went to the gym or stayed in his bedroom.
- tried working in a barber shop and also as a painter and decorator, worked as a builder's labourer.
- At 19y, he started hanging out with gangs and affiliated with gang culture
- work in areas such as the workshop and laundrette in prison although it was clear to staff he did not enjoy doing these things.
- Never done any form of work or volunteering since detention

Sister described “B”

- Cold, unloving, did not show any emotion, odd ball, did not fit anywhere
- Distant, loner, isolated and odd, used to play on his own
- Did not make any eye contact
- Rarely cried, high threshold for pain
- “Obsessional”
 - Creative - cut matchsticks and make models and make his own clothes
 - Concerned about his appearance, gym and body building
- Angry, violent child
 - threw ball bearings at her breaking her nose;
 - pushed a pen up her nose until it bled;
 - dropped a paving slab onto her foot, breaking it.
 - violent and rebellious at school and outside the home.

Family

- Father – deceased, ex-military personal, very abusive, harsh disciplinarian, rigid, strangled eldest sister who went to live with maternal aunt, used to beat people up, violent man, demanded full obedience, paranoid, Hitler was his hero
- Mother is alive (social worker spoke with sister) but “B” said that she passed away long time ago, very restrictive
- Sister described – suspicious, secretive and strange family
- No one was supposed to know when the family would go away on holiday. The children were not allowed to have people around and they were sent to bed early, instructed to whisper indoors
- Parents used to visit him when he was in prison

Family

- 4 siblings, two older sisters and one younger brother
- Only sister who maintained contact – works for prison, used to send letters regularly but not recently, “B” never replied
- “B” does not want us to share any information with sister but has not stopped us talking to her

Drug and alcohol use

- Alcohol – after 18y used to drink beer every night, amount varied
 - drink no more than two pints per night
 - drank five pints of beer per day prior to the index offence.
- Never regarded himself as having a drinking problem and denied being intoxicated at the time of the index offence
- although other reports where he said he had been drinking that night.
- He has stated in the past that he does not think there is anything wrong with drinking regularly and that he plans to drink as he did pre-offence when he leaves a secure setting.
- Does not see future alcohol misuse as a problem
- Solvent abuse
- Steroids – body building

Forensic History

- 1982- Aged 16 convicted for ABH fined at Juvenile court
- 1985- was convicted of burglary, taking and driving away with out an insurance
- December 1985 - assaulted a man who was a friend of the victim of the index offence occasioning ABH.
- February 1986, assaulted the same man again causing him ABH.
- August 1986, stabbed another man in the back of his leg with a knife.
- In 1986, was violent on several occasions and assaulted the victim of the index offence and his brother
- February 1987 - fight broke out with another inmate, latter is described as the victim, he initiated the fight and was restrained by officers, continued to struggle violently and attempted to punch officers
- 1988 - assaulted an inmate while latter was cleaning his work area
- December 1988, HMP Wormwood Scrubs, seriously assaulted a prison officer,

Index offence

- 13 November 1986 – “B” attended a Disco, clash between two gangs four men entered the pub and one of them followed “B” into the toilet, victim brandished a Stanley knife (other reports state that this was not confirmed by witnesses) and started to threaten him, asserted that the victim provoked the situation and him to react. In retaliation “B” kicked the toilet door off its hinges and into the victim's face.
- After this altercation reports suggest that “B” and the victim re-entered the main pub area where he invited the victim to sort out their dispute and a scuffle consequently took place with “B” throwing punches.
- During the scuffle “B” took out a fishing knife and stabbed the victim, resulting in death.
- fled the scene
- At his lodging, started to fire air rifle at people who had started to gather outside, One witness was hit twice by the air rifle pellets but the coat worn by the witness prevented these from penetrating.
- 1987- Convicted of murder and sentenced to life imprisonment, minimum tariff of 11 years, earliest release date in June 1998

Psychiatric history

- No contact with mental health services prior to index offence in 1986
- Acute paranoid reaction (1988)
 - behaviour odd.
 - barricaded himself in a cell stating that a group of inmates were trying to kill him
 - he was worried about being poisoned. refused to eat.
 - On the following day, he stated that he had been sexually assaulted.
 - Around this period it had been noted that various inmates said they all knew that he was protecting others who were drinking hooch and smoking cannabis.
 - stated that he was going to marry Myra Hindley.
- Following these events “B” was diagnosed with 'acute paranoid reaction'.
- His mental state is said to have settled within just four days without use of any antipsychotic medication.

Psychiatric history

- 1995 - PTSD - Forensic Psychologist
- 1997 - Socially withdrawn
- 1998 - Borderline mental retardation and limited understanding of the world, FSIQ of 77 (Verbal IQ-78, Performance IQ-79) - no evidence of bizarre ideations or delusions? Obsessive-Compulsive Disorder
- 1999 - Avoiding eye contact, anxious, poor communicator, occasional paranoid thinking, negative attitude - assessed not to have mental illness and not to suffer mental impairment (report dated 23rd July 1999, by Consultant Forensic Psychiatrist for Three Bridges Unit)
- 2015 – “B” had a Winterbourne Review- suggested then that “B” will only benefit from support within in hospital and therapeutic environment, and a diagnosis of Schizoid personality disorder was suggested (but not confirmed).

Psychiatric history

- 2010, was transferred from prison to MSU, s 47/49 of the MHA
 - detached and communicating very little.
 - watch a blank TV screen without requesting staff to put on a programme
 - not shown agitation or aggression and had not been involved in any altercations
 - started on an antipsychotic medication (Risperidone), there was a slight improvement, mainly in spending less time sitting motionless
- 2011, was transferred to another MSU
 - number of negative symptoms for schizophrenia
- 2011- MRI scan brain – normal

Past Psychiatric history

- 2013 transferred LSU
 - at least three incidents when he has become verbally aggressive and threatening towards staff members
 - no clear evidence of affective or psychotic symptoms.
 - on a few occasions, the nursing staff have observed him muttering and smiling to himself, that has been infrequent and did not necessarily signify psychotic phenomena.
 - commenced on Aripiprazole - negative symptoms of schizophrenia.
 - WAIS IV – FSIQ could not be interpreted due to a discrepancy between
 - processing speed (extremely low range, 1st percentile) and
 - perceptual reasoning (normal range, 73rd percentile).
 - Verbal comprehension (low average range, 10th percentile)
 - Indicative of ASD

ADOS -II

- strongly indicates “B” meets criteria for ASD
- scored well above the ADOS-II clinical cut-off
- strong evidence developmentally & current presentation.
- deficits in social communication and social interactions across multiple contexts.
- restricted, repetitive patterns of behaviour, interests or activities.
- Was able to mask some of his social communication deficits in early childhood, particularly as the main social context he had to negotiate was school, but it may be no coincidence that his difficulties were more noticeable in adolescence where perhaps increasing social demands exceeded his capacity to cope.
- developmental evidence suggests - intense and obsessional interests during childhood
- In adulthood demonstrated a distinct lack of any interests.

Progress at current placement

- May 2018 – Locked Rehabilitation
 - Started using community leave – unescorted access to shops, specific activity
 - Unescorted ground leave – not motivated, rarely used
 - Using mobile phone for first time while on leave
 - Computer access
 - Bank account
 - Voluntary roles – kitchen cleaner – need prompting
 - Help with chores in the house
 - Self- medicating – always tell staff he took his medication
 - No incidents of aggression
 - Moved to Lombard flats – seems to be more comfortable with less people
- March 2020- MHRT - discharged differed until parole hearing

Diagnosis and treatment

Autistic Spectrum Disorder

? Intellectual disability – Not formally diagnosed

Aripiprazole 5mg daily

Psychology – Individual and group therapy

Risk assessment – alcohol, abuse & bullying, 24hr supported accommodation, not to force him to do things

Community rehabilitation – shopping, going out for meals, snooker club, movies

Transition - searching for a suitable accommodation

Static risk factors

- Gender – male
- Childhood maltreatment
- Childhood conduct disorder – truanting, violent at home, school
- Age at index offence – 20
- History of violence prior to index offence – convicted/charged with ABH/GBH >5 occasions
- Unmarried
- Drug and alcohol use
- Criminal peer group
- Lack of social support – difficult family dynamics

Thank you

Risk factors for violence: Best Practice in managing risk

Demographic factors

- Male
- Young age
- Socially disadvantaged neighbourhoods
- Lack of social support
- Employment problems
- Criminal peer group
- Childhood maltreatment

Background History

- History of violence
- First violent at young age
- History of childhood conduct disorder
- History of non-violent criminality

Clinical history

- Psychopathy
- Substance abuse
- Personality disorder
- Schizophrenia
- Executive dysfunction
- Non-compliance with treatment

Psychological and psychosocial factors

- Anger & Impulsivity
- Suspiciousness
- Morbid jealousy
- Criminal/violent attitudes
- Command hallucinations
- Lack of insight

Current 'context'

- Threats of violence
- Interpersonal discord/instability
- Availability of weapons

VRAG- R

- Lived with biological parents up to age 16
- Elementary school maladjustment
- Marital status
- Drug and alcohol use
- Criminal non violent history
- Criminal violent history score
- Failure on conditional release
- Age at IO
- Conduct disorder at age 15
- Sexual offending
- PCL-R score
- Prior admission to correctional institute

References

- Best practice in Managing risk in Mental Health services - DOH 2009
- HCR- 20 V3
- VRAG- R
- DSM V