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Violent Crime: Some Basic Facts and Implications for SW Practice

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Introduction

This paper examines research relating to adult and youth violent offending and should be read in conjunction with the previous *CJSW Development Centre paper Effective Intervention for Serious and Violent Young Offenders* (Whyte, 2001). It excludes specific issues relating to sexual and domestic violence. Its purpose is to increase awareness of the relevant issues amongst social work practitioners and managers and those interested from a policy perspective, to stimulate debate and to provide useful references for more in-depth study.

The paper is structured around five key questions:

- (i) What are the different types of violence?
- (ii) How common is violence?
- (iii) What are the risk factors?
- (iv) Which are the most effective tools for assessing the risk of violence?
- (v) Which interventions are the most effective in preventing violence?

What are the different types of violence?

Violence can usefully be classified in two ways, either in terms of the categories used by the police and the criminal justice system (official statistics) which, to some extent, reflect the level of seriousness of the violence, or by the relationship between the perpetrator and victim (domestic violence, acquaintance violence and stranger violence).

Non-sexual *crimes* of violence recorded by the police in Scotland include: serious assault¹ (which includes murder and culpable homicide²); robbery; and ‘other’ (threats and extortion; and cruelty to and unnatural treatment of children). Handling an offensive weapon is classified as an ‘other *crime*’ rather than violence whilst petty assault is classified as a ‘miscellaneous *offence*’ and is often included as a separate category in reviews of violence statistics. Other miscellaneous offences, which might sometimes involve an element of violence, include breach of the peace and drunkenness but these are not usually included in violence statistics.

Sexual violence recorded by the police in Scotland is classified under ‘crimes of indecency’ (including rape and sexual assault) and these statistics are usually presented as a separate category within violence statistics or are considered as a separate issue. Domestic sexual assault is classified as a crime of indecency and domestic physical assault is classified as a non-sexual crime of violence (or ‘petty assault’ depending on its severity). Scottish domestic violence statistics can be accessed from the Scottish Government web site (e.g. Macpherson, 2002). In general, however, official statistics do not provide an understanding of the relationship between the perpetrator and the victim. Emotional/mental/verbal domestic abuse are not, in themselves, crimes or offences in Scotland.

It should be noted that police recorded violent crime in other jurisdictions is often classified in different ways and different terminology is used. For example, police in England & Wales record violent crime in terms of violence against the person, sexual offences and robbery. They make distinctions between ‘more serious wounding’ (which includes homicide) and ‘other offences against the person’ such as ‘common assault’ (involving only minor injury), ‘possession of weapons’ and others. It is important to be aware of these distinctions when considering research and statistical analyses from other jurisdictions.

How common is violence?

Data on violence are usually based on either police recorded crimes or national crime surveys of people’s experiences and views on crime, such as the Scottish Crime and Victimisation Survey (SCVS, e.g. Brown & Bolling, 2007), the British Crime Survey (BCS, e.g. Nicholas et al, 2007) and the International Crime Victimization Survey (ICVS, e.g. van Dijk et al, 2005). These surveys include incidents not reported to the police and are regarded as a more accurate measure of the incidence of crime and changing trends, particularly when there has been a change in police recording practice.

However, there are limitations to these surveys. For example, the SCVS has traditionally been based on a small sample (just over 5,000) and relates only to adult victims living in private households who agree to be interviewed. As violent crime is recorded in low numbers in the SCVS, the statistical confidence levels (bands within which there is confidence that the ‘true value’ lies) are large and many findings are not found to be statistically significant. Direct comparisons with the BCS have to be handled with caution as that is a rolling survey (throughout each year) in contrast to the SCVS, which is conducted in certain years.

UK statistics

Despite the media focus on violence, as would appear to be the case from the SCVS it is not a common crime. The latest Scottish police recorded crime statistics for 2006/07 (Scottish Government³, 2007) show that the number of non-sexual crimes of violence (including homicide) accounted for only 3 per cent of all recorded crimes and offences⁴, a slight increase of 3 per cent from the 2005/06 figures. Although the figures are not

¹ An assault is classified as serious if the victim sustained an injury resulting in detention in hospital as an inpatient or any of the following whether or not an inpatient: fractures; concussion; internal injuries; crushing; severe cuts or lacerations; or severe general shock requiring medical treatment.

² Culpable homicide includes causing death by dangerous driving and death by careless driving whilst under the influence of drink or drugs.

³ No matter the date of publication, all references to ‘Scottish Executive’ have been changed to ‘Scottish Government’.

⁴ Dishonesty (48% of all crimes) and vandalism (29%) are the most common types of crime.

directly comparable (due to different crime categorisations), there was a decrease of 1% for similar crimes in England & Wales (Nicholas et al, 2007). However, serious assault *increased* in Scotland in 2006/2007 by 5 per cent, having decreased by 8% from 2004/05 to 2005/06. Strathclyde had the highest rate of non-sexual crimes of violence per 10,000 population (38), followed by Lothian & Borders, and Northern (23), with Dumfries & Galloway having the lowest rate (11).

Petty assault accounted for 8 per cent of all recorded crimes and offences in Scotland in 2006/07. Fife, Lothian & Borders, and Strathclyde had the highest rates – 159, 158 and 156 per 10,000 population respectively compared to the lowest recorded rate of 129 in Northern. ‘Handling an offensive weapon’ per 10,000 population was highest in Strathclyde (29 compared to 9-17 elsewhere). As the Scottish Government’s Statistical Bulletin records (Scottish Government, 2007), however, in April 2004 the police implemented a new system which meant that no corroborative evidence was required to record an incident as a crime if it was so perceived by the victim. Consequently, the number of minor crimes recorded by the police, such as petty assault and breach of the peace increased. It was not, however, expected that the new system would have much impact on the figures for the more serious crimes such as serious assault, sexual assault, robbery or housebreaking.

In the 2006 SCVS⁵ (Brown & Bolling, 2007), violence (assault and robbery) accounted for 30 per cent of all SCVS crimes (there were over twelve times as many petty assaults as serious assaults). Overall, there was no statistically significant change in the incidence of violence between 1999 and 2003/04 but a significant 40 per cent increase between 2003/04 and 2005/06, with rates rising from 411 in 1992 to 765 incidents per 10,000 adult population in 2005/06. This increase is mainly accounted for by petty assault, which increased by over 300 per cent, while serious assault *decreased* by 79% over the same period.

The BCS figures show a different picture in England & Wales over a similar period. The rate of all violence was much higher in 1997 at 877 incidents per 10,000 of the adult population but *decreased* by 38% to 545 incidents in 2005/06, although there was a notable increase of 63% between 1991 (631) and 1995 (1026). Of the 545 incidents recorded in 2005/06, 23% related to wounding, 24% to assault with minor injury, 39% to assault with no injury and 13% to robbery. The figures for 1997 were broadly similar with the exception of assault with minor injury, which accounted for 33% of all violence in this year.

Sex differences

Perpetrators of violent crime are not, as one might expect, almost exclusively male; a considerable proportion of such acts are committed by females. Although 16 per cent of all crimes and offences (where a charge was proved in court) were committed by females in Scotland in 2005/6 (Scottish Government, 2007c), a similar proportion of all violent crimes were perpetrated by them: 12 per cent of non-sexual crimes of violence and 17 per cent of all common assault were committed by females (Scottish Government, 2007c). However, there would appear to be a slight increase in the proportion of crimes committed by females since 1998. In 1998, 13 per cent of all crimes and offences, 11 per cent of non-sexual crimes of violence and 13 per cent of common assault were perpetrated by females (Scottish Government, 1999).

International comparisons

International comparisons of official criminal justice statistics are hampered by differences in legal systems, offence categorisations, data collection processes and levels of reporting crimes to the police.

Homicide

Although figures vary from year to year and there are some differences in the recording of homicides, including whether assault leading to death is included or not, this is perhaps the most reliable official criminal justice

⁵ This SCVS involved interviews with 4988 adults about their experiences of crime between April 2005 and March 2006, and is the most recently published.

statistic for international comparisons on violence. The average rates of homicide per million population per year 2005-2006 in selected countries were (Scottish Government, 2007b):

Over 50:	Lithuania (111); Estonia (87); Turkey (72)
15 to 50:	Bulgaria (29); Romania (23); Scotland (23); Slovakia (23); N. Ireland (20); Hungary (20); Croatia (18); Australia & Canada (18); France, Poland and England & Wales (16); New Zealand (16)
1 – 14:	all remaining countries, including Eire (13), the lowest being: Germany (10); Japan (10); Sweden (10); Norway (9); Austria (7); Iceland (7)

The rate for Scotland was above the EU national average of 21.3 and relatively high compared to industrialised EU countries. However, when compared with international homicide rates of capital and main cities, **Glasgow** was the fourth highest with a rate of 62 following: Tallinn, Estonia (97); Vilnius, Lithuania (89); and Ankara, Turkey (72). The next highest was Bratislava, Slovakia (36) followed by Belfast at 34. The rate for Glasgow was more than twice that of Dundee (21) and London (26) and about four times that of Edinburgh and Aberdeen (19).

Assaults and threats

The International Crime Victims Survey (ICVS) is considered to be a more reliable basis for international comparisons than criminal justice statistics. The 2000 ICVS is the most recent published survey with figures broken down for each country within the U.K. (no figures in this format are presented in the report of the 2004 survey; van Dijk et al, 2006). Victimization rates for assaults and threats per 100 inhabitants in 1999 relating to 17 industrialised countries (Van Kesteren et al, 2001) showed that the highest were: England & Wales (12.4), Australia (11.2), Scotland (10.3) and Canada (8.5). The lowest rates were in Japan (0.6), Portugal (2.0), Catalonia (2.4) and Switzerland (3.9). USA (6.5) was higher than the average for these 17 countries (5.9) and Northern Ireland lower (4.3)⁶.

Scotland is often portrayed as one of the more violent societies. The ICVS figures would suggest that this is the case in relation to assaults and threats in industrialised countries, together with Australia, England & Wales and Canada.

What are the risk factors?

The research literature on violence has identified a range of risk factors for violent behaviour relating to: social disadvantage, childhood and adolescent violence, use of alcohol and drugs, and mental illness.

Social disadvantage

There has been considerable international research examining the links between social disadvantage and violence. Most of these studies have large sample sizes such as birth cohorts (Christoffersen et al, 2003, Fergusson et al, 2004), total populations (Roman, 2003; Osgood and Chambers, 2003) or use meta-analyses⁷ of longitudinal studies (Petrucchi and Roberts, 2003). Factors relating to social disadvantage found to be associated with violence can be divided into family and neighbourhood risk factors but many associations with violence were linked to a combination of two or more of these factors⁸.

⁶ Survey results were not available for: Austria, Germany, Italy, New Zealand, Norway and Spain.

⁷ A meta-analysis, or quantitative systematic review, is an approach using statistical techniques for combining the results of a number of different studies to obtain a quantitative estimate of the overall effect of a particular intervention or variable. This combination may produce a stronger conclusion than might otherwise be obtained from any one individual study.

⁸ Importantly, many of these factors are also associated with risk of offending more generally; see The Joseph Rowntree Foundation report *A National Survey of Problem Behaviour and Associated Risk and Protective Factors Among Young People* (www.jrf.org.uk/KNOWLEDGE/FINDINGS/socialpolicy/432.asp).

Examples of family risk factors from the above studies include:

- low socio-economic status
- poor parenting
- child abuse and neglect
- family/parental conflict
- poor communication
- parental criminality
- parent-child separation
- residential mobility
- single-parent households (but reduced by collective care-giving by the community or grandparents)
- negative socialisation processes.

Examples of neighbourhood risk factors include:

- community disorganisation and neglect
- population density and high population turnover
- significant ethnic diversity
- high poverty rates.

Childhood and adolescent violence

Many researchers (for example, Petrucci and Roberts, 2003; Roberts and Yeager, 2003) stress that multiple and cumulative risk factors interact to create contributing factors to behavioural problems (including violence) amongst children and adolescents. Examples of risk factors for childhood and adolescent violence include:

- children who are mistreated, witness or experience multiple acts of violence in the home, are exposed to community violence or have a mother with a mental illness (Roberts and Yeager, 2003)
- after school (but not in the evening) being in locations such as school bus-stops, shopping malls and recreation centres and being in schools that lack order or resources (Roman, 2003)
- truancy (linked to assault but not other crimes) which is associated with an absence of school protective factors (findings of the On Track Youth Lifestyles Survey in England and Wales; Armstrong et al, 2005)
- personal characteristics such as: aggression; difficulties in persevering with tasks and activities; school adjustment difficulties; low social skills; being more attracted to attention-seeking; being more reactive; and difficulties in interpersonal relationships (Australian Temperance Project, 2003)
- persistent disruptive behaviour/minor delinquency in early childhood (Burns et al, 2003)
- bullying (Hunter et al, 2003).

Use of alcohol and drugs

It is widely accepted in the research literature that alcohol is not a direct cause of crime but can be associated with offending, including violence. A Home Office review of alcohol and crime (Deehan, 1999) concluded that the amount of alcohol consumed was only one factor influencing aggressive behaviour and that personal characteristics, such as a predilection towards aggression and the social and situational context of drinking, affect the likelihood of such behaviour. However, there is some evidence in the UK that binge drinkers are more likely to commit violent acts than other drinkers (Richardson and Budd, 2003) and large US studies show that areas with a high density of drinking outlets tend to experience more violence than areas with few drinking outlets (Zhu, 2004).

Use of drugs has *not* been found to be strongly associated with violence (see, for example, the findings of the Crime and Justice Survey in England & Wales; Budd and Sharp, 2005 and a national US study based on the records of the Arrestee Drug and Alcohol Monitoring Programme; Martin et al, 2004). However, a

study of all violent crimes in Sweden (Grann and Fazel, 2004) found that 10 per cent had been committed by people who had been diagnosed as having misused drugs (but 16% by those with a hospital diagnosis of alcohol misuse).

Mental illness

There is some evidence that young people who offend show a higher incidence of mental health problems than do non-offenders (Cuellar et al, 2004). Furthermore, a longitudinal study identified having a psychiatric disorder and having attempted suicide as being two of the statistically significant risk factors related to conviction for a violent offence (Christoffersen et al, 2003).

Which are the most effective tools for assessing the risk of violence?

Over the years, a number of tools have been developed to assist social workers and others to assess the risk of violence and other crimes by offenders. Ideally, only those which have been shown to be effective in predicting future offending should be widely adopted by social workers and other professionals and be used in conjunction with structured professional assessment.

A useful source for reviewing relevant issues is the Risk Management Authority (RMA) which was recently established by the Scottish Government as a national centre for expert advice on offender risk assessment and management, particularly of violent and sexual offenders. One of the aims of the RMA is to regularly review and update its approval status of risk assessment tools (RMA, 2006). It has four approval ratings relating to the tool's level of sensitivity and discriminatory capacity to identify risk factors (based on empirical and practice literature): no evidence; little evidence; some evidence; and sufficient evidence. These ratings are applied to the tools' performance in respect of: their validation history; their applicability to the Scottish population; their empirical grounding; their inter-rater reliability; and their ability to identify risk levels/factors. The RMA has reviewed a large number of risk assessment tools and only those relating to violence (excluding sexual or domestic violence) are discussed in this paper. For the purposes of this paper, a low rating refers to 'little evidence', a medium rating to 'some evidence' and a high rating to 'sufficient evidence'.

Young offenders

Although *Asset* applies to the general young offender population (as opposed to violent offenders), it is included here as it is widely used in Scotland. *Asset*, which was introduced by the Youth Justice Board in England & Wales in 2000, assesses the risk of reconviction of young offenders up to the age of 18. The most recent evaluation of the validity and reliability of a refined version of *Asset* in England & Wales (Baker et al, 2005), showed that it predicted reconviction with 69 per cent accuracy, which is slightly higher than the most accurate reconviction predictors currently in use for adult offenders⁹. Its accuracy in predicting frequency and seriousness of reconviction was maintained at 24 months but issues identified by *Asset* as being associated with a high risk of re-offending were not always incorporated into Intervention Plans. In addition, these plans tended to be standardised and included targets for areas not closely associated with re-offending. The RMA views *Asset* as a useful communication link as offenders move within the system and awards it a high rating for its empirical grounding and a medium rating for its validation history and inter-rater consistency. However, it achieves a low rating for its applicability to the Scottish population and its sensitivity in identifying risk and risk factors.

Asset was amended to reflect the different legislation and terminology in Scotland and is used by many Scottish local authorities. The CJSW Development Centre hosts the '*Asset* Users Group', which promotes the effective and consistent use of *Asset* in Scotland in order to ensure that crown copyright is maintained, but it should be noted that the Scottish version of *Asset* has not yet been validated.

⁹ 62% for ACE; 65% for LSI-R and 67% for OGRS (Source: RMA, 2006)

The RMA has assessed two tools which are used for violent/aggressive young people. The first is the *EARL-20B/21G* (Early Years Risk Assessment Boys/Girls) for use with young people under 12 years of age which evaluates known risk factors influencing propensity for future antisocial behaviour. The RMA awards it a medium rating for its empirical grounding and sensitivity in identifying risk factors but a low rating for its validation history, applicability to the Scottish population, inter-rater consistency and sensitivity to identifying risk.

The second tool for violent young people is *SAVRY* (Structured Assessment of Violence Risk in Youth) for use with adolescents aged 12 to 18. It has not yet been validated in the UK or with mentally disordered offenders, although it has had promising results elsewhere. The RMA awards it a medium rating for its validation history, empirical grounding and its sensitivity in identifying risk and risk factors. It achieves a low rating for its applicability to the Scottish population and its inter-rater consistency.

Adults

The risk assessment tool for violent adult offenders which achieved the highest RMA ratings is the *HCR-20* (Historical Clinical Risk – 20) – *SARA* also achieved a high rating but it relates to spousal assault. Risk factors include 10 historical (H), five clinical (C) and five risk (R) management items presented within a set of guidelines rather than a test or scale. A study of its use in Scotland (Bennett et al, 2005) found that whilst it was not superior to other tools in terms of predictive utility, it provided useful guidance on the management and level of risk for those with personality disorder. The RMA awarded *HCR-20* a high rating on each criterion except its sensitivity in identifying risk factors which was awarded a medium rating. It is currently under review and a new version is due in 2007.

The RMA awarded medium ratings in all criteria and a high rating for empirical grounding to *VRAG* (Violence Risk Approval Guide) which is used in secure hospitals and prisons. Although good at predicting non-sexual violence, *VRAG* was not found to be a valid predictor of the frequency or severity of offending and it has been criticised for its reliance on relatively static factors.

VRS (Violence Risk Scale) uses both static and dynamic factors but has not been validated in Scotland and requires further study to assess its sensitivity in identifying risk and risk factors. RMA awarded it a medium rating for its validation history, applicability to the Scottish population and inter-rater consistency. There was no available evidence in relation to its empirical grounding and sensitivity in identifying risk and risk factors.

Mainly high RMA ratings were also awarded to three tools for generic application (violence and other offending): *LSI-R* (Level of Service Inventory), *OGRS2* (Offender Group Re-Conviction Scale version 2 which includes violent offending) and *PCL-R* (Psychopathy Checklist-Revised). *LSI-R* also co-ordinates information relevant to offender treatment and management planning including levels of freedom and supervision required. A screening version uses only eight of the 54 items and appears to be equally predictive but excludes the needs assessment component of the full version. Although it is widely used by social workers in Scotland, it has not yet been validated in Scotland, although *OGRS* has. One study (McIvor et al, 2001) found that *LSI-R* and *OGRS* were comparable in predicting recidivism. The *LSI-R* combines risk of re-offending and needs assessment, and uses static factors (such as age and previous convictions) and dynamic factors, such as alcohol or accommodation problems. *OGRS* is used extensively in a prison context, does not incorporate needs assessment and is based on static factors only, thus needs to be supplemented by structured professional assessment. The *PCL-R* achieves a high RMA rating on each criterion (the screening version, *PCL:SV*, achieves medium to high ratings) and has been established as an accurate identifier of psychopathy amongst forensic patients and a good predictor of violence. However, it has not yet been validated in Scotland.

The RMA awarded low ratings to *COVR* (Classification of Violence Risk) which is time and resource intensive to administer but assessments can be made on the basis of hospital files or routine assessment. The RMA considers that it has potential but is required to be cross-validated outwith a hospital setting.

One tool not approved by the RMA due to lack of validation studies is *CARDS* (Clinical Assessment of Risk Decision Support) for use within a psychiatric/mental health setting to provide an assessment of risk of violence in adult patients.

The evidence suggests that there is a need for further robust studies on the validity and reliability of tools used by social workers in Scotland to ensure that the most effective tools are being applied in practice.

Which interventions are the most effective in preventing violence?

It is evident from the research literature that the factors contributing to violence are multiple and complex, and that interventions should address these factors in a holistic manner rather than focusing on a single issue. Although many initiatives aim to prevent violence, few have been subjected to rigorous evaluation which would allow assessments of their effectiveness¹⁰. However, the US Department of Justice has attempted to overcome this problem by funding a nation-wide Blueprints for Violence Prevention initiative which replicates programmes (in the US) which research found to be effective in deterring violence over a long period of time (Mihalic et al, 2004). These programmes target multiple risk factors at various developmental stages and staff are trained to ensure replication of the programmes and high standards of implementation.

The Blueprint initiative insists on rigorous evaluation of each programme and sets out minimum criteria for the research design. These and other important aspects of rigorous evaluation include:

- experimental designs with random assignment or quasi-experimental designs with matched control groups
- large sample sizes to allow for statistical tests of effectiveness
- low attrition (loss of participants over time)
- an examination of processes (to ensure that poor systems, staff skills, lack of resources or other organisational factors are not hampering what has been shown elsewhere to be a successful approach)
- measurement of outcomes (e.g. re-offending, particularly violence) over a long period post-intervention (minimum of two years) using validated instruments
- ideally, a cost-benefit analysis.

Although few evaluations meet these high standards, there is some evidence that the following interventions appear to be effective in reducing violence¹¹. These can be universal (covering whole populations), selective (targeting high-risk groups) or individual (targeting those who have displayed violent behaviour).

Early interventions

Evaluations of the Blueprint programmes (Mihalic et al, 2004) suggest that intervening early in the developmental life course is critical for interrupting negative socialisation processes which may lead to antisocial behaviour, dropping out of school and poor adult socialisation. The US Office of Juvenile Justice and Delinquency recommended early intervention which is treatment-orientated and non-punitive (Burns et al, 2003).

The Blueprint Nurse-Family Partnership targets mothers during pregnancy and for two years after childbirth to improve health risks to an infant's development and improve the mother's personal development. Other early childhood programmes which improve cognitive and academic performance have been shown to reduce the level of problem behaviours including aggression and violence.

Parenting and family therapy

¹⁰ A systematic review of the effectiveness of interventions with violent offenders (Jolliffe & Farrington, 2007) has been published since completion of this report.

¹¹ www.colorado.edu/cspv/blueprints/model/programs

Blueprint parent training and family therapy programmes have modified some of the risk factors (such as poor parenting, communication and family interaction) and have resulted in reduced aggression and violence, particularly when targeted at families of high-risk children. For example, Functional Family Therapy (FFT) is targeted at medium to high-risk juveniles, motivates the family toward change, teaches problem-solving skills and was effective when delivered by competent therapists (Washington State, 2004). It involves about 10 hours of direct service time extending to 28 hours for the most severe problem situations, provided by a range of professionals including probation and mental health staff.

Multi-systemic Therapy (MST) has been found to reduce criminal activity amongst chronic violent juvenile offenders and was effective for those with a mental health diagnosis (Rapp-Palicchi and Roberts, 2003). MST is an intensive, multi-modal family/school/community-based treatment focusing on the juvenile, association with deviant and pro-social peers, performance at school, recreational outlets and developing supportive community networks for both the offender and the family, thus targeting multiple problems. It involves both family therapy and cognitive behaviour therapies. The usual duration of MST is about 60 hours over four months.

A review by Petrucci and Roberts (2003) identified key components of effective family programmes, including the need to:

- address multiple dimensions of the child (cognitive, behavioural, social, emotional, physical and spiritual) at multiple levels (family, peer group, school and community)
- focus on the family and their needs as a whole rather than on the child or parent only
- provide long-term programmes to establish trust, rapport and sustain changes
- address family interaction and parenting skills
- start early in a child's life
- employ trainers who are effective and share the programme's philosophy.

Schools programmes

Blueprint school programmes have been found to reduce violence and aggression. Such programmes: create supportive environments for teachers, other staff and students; ensure open lines of communication; reinforce academic and disciplinary policies promoting pro-social norms; and instruct teachers in effective classroom management.

Hunter (2003) conducted a meta-analysis of 66 longitudinal studies in the US and concluded that the following strategies produced reductions in school violence:

- self-control or social competency promotion using cognitive-behavioural and behavioural instructional methods
- changing the school environment such as limiting access to certain places and increased surveillance – but these require involvement of both teachers and pupils in their design and implementation to ensure changes in social norms and behaviour
- academic and classroom management strategies which involve pupils, increase contact with teachers, provide strong leadership and recognise achievements
- organisational change including assertive discipline, reality therapy in which pupils make a commitment to change their behaviour, involving pupils in reviews, establishing parent volunteer programmes and community support, and providing extracurricular activities and career exploration
- classroom and individually-focused anti-bullying programmes (bullying is viewed as an early indicator of violent behaviour).

The use in schools in the US of police School Resource Officers (who enforce the law, deter violators and serve as mediators and role models) has deterred both violent and non-violent crime (Flynn and McDonough, 2003).

Hunter identified some approaches which have proved *ineffective* in reducing violence, including:

- social work counselling and therapy (except cognitive-behavioural therapy which is effective)
- psychological or behavioural programmes for individual children displaying problem behaviour
- reactive approaches such as zero-tolerance – some research has shown that the more severely children are punished, the more violent they become in childhood and adulthood
- conflict resolution programmes.

Interventions for individuals

Individually focused interventions attempt to change a person's thoughts, beliefs, attitudes or behaviours and relate to (i) social skills, behavioural and cognitive-behavioural programmes, and (ii) mentoring and tutoring programmes (Mihalic et al, 2004).

Blueprint skills-building programmes which teach young people social control and social and problem-solving skills (such as competently interacting with others and resolving problems without force or violence), have been most effective both with universal and targeted groups. They focus on rewarding desired behaviour and providing mild punishment for undesired behaviour. Examples of such programmes within the Blueprint initiative (Mihalic et al, 2004) are Promoting Alternative Thinking Strategies (PATHS) and Life Skills Training (LST).

Cognitive-behavioural programmes focus on thinking skills and the ways in which individuals process social information, and are thus more beneficial for children aged over 11. This approach aims to improve an individual's ability to think through a problem situation, identify consequences of a certain action, and evaluate and generate optional solutions to problems. Such programmes have been found to be generally effective in preventing further violent behaviour (for example, Rapp-Palicchi and Roberts, 2003). These researchers found that some interventions were ineffective or increased violent behaviour in juveniles with mental health problems, (e.g. boot camp), due to the stress they induced and lack of treatment; incarceration, which can be viewed as continuing the abuse and neglect often experienced at home and can lead to despair and suicide; and non-directive counselling based on weak theoretical foundations unsupported by research.

The research literature has produced mixed results for mentoring programmes, partly due to a lack of rigorous evaluation (Wilczynski et al, 2003), but the Blueprint Big Brothers, Big Sisters mentoring programme for youths aged 6-18 was found to reduce delinquency (Mihalic et al, 2004). Mentors are trained volunteers who meet their youth partner for 3-5 hours at least three times a month, to participate in activities determined by the interests of the child and volunteer.

Alcohol-related violence

There is limited robust research evidence on the effectiveness of innovative schemes to reduce alcohol-related violence. However, there are indications that some UK initiatives might have contributed to reductions in violence (Home Office, 2004) but these require to be more thoroughly investigated:

- tackling the problem of dispersal through provision of a weekend late-night bus service
- use of CCTV in high risk areas and on buses (also driver protected area and trained nightclub door supervisors travelling on these buses)
- training of licensees, bar and door staff
- use of plastic/toughened glasses, confiscation of bottles/glasses in the street and provision of special bottle bins in city centres
- encouraging licensees to attend 'Pubwatch' scheme meetings and establishment of licensees forums
- establishment of radio systems to enable pubs, clubs and police to be in constant contact and linked to CCTV
- cognitive-behavioural programme for repeat offenders (COVAID: Control of Violence for

- Angry and Impulsive Drinkers)
education programmes for school children.

Female Violent Offenders

There has been increasing international concern that many programmes, including those for violent offenders, have been designed for males and that there is a need to develop programmes specifically for females or to evaluate which aspects of these would be most effective (for example, Okamoto and Chesney-Lind, 2004). Derbyshire Probation Service has developed a cognitive behavioural programme with separate pathways for male and female violent offenders (Hollin et al, 2002). It involves exploring the individual's interaction with their environment, the way thoughts and feelings lead to violence and the consequences for both offenders and victims. It is not known whether this programme has been evaluated for its long-term effectiveness in reducing violent behaviour.

The Scottish Government has recognised that programmes designed for women are likely to have a greater impact on female offenders than generic standard programmes and is thus currently developing and accrediting specialised community programmes for female offenders. The main initiative established as a result of this policy is the Time Out Centre (now known as 218) in Glasgow. The 218 service combines both residential and day care for women in the criminal justice system with the aim of reducing the number of women entering custody (either in the short- or long-term). A recent evaluation of 218 (Loucks et al, 2006) showed that about half of participants had committed a violent offence (the most common offence being shoplifting or theft). Although 218 achieved a range of goals (such as reduced drug/alcohol use, improvements in health and well-being, access to stable accommodation and referral to longer-term support services), the evaluation was conducted too early to enable an assessment of whether it reduced re-offending over a two-year period post-intervention (the standard period required to assess impact on re-offending).

Conclusion

This Briefing Paper has focussed on specific aspects of violence – its incidence, risk factors, risk assessment and interventions.

This paper has shown that violence, whilst not a common offence, is more prevalent in Scotland than in many other industrialised countries. Decisions on which tool would be the most effective for social workers in assessing the risk of violence are hampered by lack of research evidence in Scotland as to their effectiveness. Some (mainly US) programmes appear to be effective in reducing violence. However, there remains a need for more widespread rigorous evaluations of initiatives to enable a better assessment of 'what works' in preventing violent crime in the UK, and more specifically, the Scottish context. Much of the research discussed here was undertaken outwith the UK, and further research is required in Scotland to ascertain whether what is successful in one country can be replicated here or whether certain modifications are required to adapt to the Scottish context.

The CJSW Development Centre would welcome feedback on any initiatives not covered in this paper but which have been evaluated and found to be effective (or, indeed, ineffective) in reducing violence.

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