

DANGEROUSNESS

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DANGEROUSNESS, of course, is a word well known to us all. Although it may represent something slightly different to some of us because of our own personal experiences, we all have a general concept of its basic meaning. According to the *Shorter Oxford English Dictionary* it stands for something which is "fraught with danger or risk—perilous—hazardous—unsafe". Perhaps discussion of the semantics of dangerousness should also include some reference to the related terms violence and aggression, and in this discussion I am assuming that aggression is a characteristic demonstrable in most living creatures. The Dictionary defines aggression as "an unprovoked attack—the first attack in a quarrel and assault, or the practice of making such attacks", but I refer to it as a specific aspect of human behaviour, common to all but which may remain latent or be covert or overt in application. Its overt display is likely to result in some active process being set in motion and this may appear as violence. So, if we consider in logical sequence the train of events that might be initiated by a particular stimulus, we can trace a continuity from Aggression through Violence to Dangerousness.

I think it is also important to differentiate what might be called "acceptable" violence and "unacceptable" violence. Unacceptable violence is, in the main, violence which cannot be tolerated in the community because of real or anticipated damage to persons or property. Acceptable violence may be described as that which is acceptable in a particular situation such as the result of righteous indignation of a community group against real or imagined threats to their individual or collective security. This may be called political violence and refers largely to revolution or war, civil disobedience or industrial action, and is usually only justified as a temporary means to an end. It may be regretted, but nevertheless is seen in the community wherein it occurs as being necessary, morally right, and ultimately directed towards an improved quality of life. Another justifiable form of violence is, of course, self defence when under threat of attack and the violence necessary to apprehend criminals resisting or escaping their just deserts.

Violence, in non-specific terms, seems to be a word which need not arouse any immediate response. It may arouse discussion, argument, even preparation, but it may be more a theoretical term to conjure with. When does violence become dangerous? As I see it, 'dangerousness' implies a much more immediate threat to life. Dangerousness is something to be dealt with or departed from in haste. I suggest violence is transmuted in the mind of the individual when levels of mental tension or frustration pass beyond his threshold of tolerance — which will in turn depend on his learned experiences or inherent capability to inhibit violent physical reaction.

Shakespeare's Julius Caesar referred to dangerousness rather boastfully: "Danger knows full well that Caesar is more dangerous than he". He also referred to several methods of assessing his own danger, such as the presence of portents — birds of night hooting in the market place at noon, comets in the sky — as well as personal appearance: "Let me have men about me that are fat, sleek-headed men and such as sleep a' nights . . . Yon Cassius has a lean and hungry look, he thinks too much, such men are dangerous . . ." — failing altogether to recognize dangerous qualities in Brutus! Hamlet introspectively remarks: "For though I am not splenetic and rash, yet have I in me something dangerous". This, indeed, may have some relevance to the notable statistic that milder mannered men often commit more violent crimes.

Historically, dangerousness has always required some kind of effective answer. From times of pre-history danger to the individual or the community — whether from wild animals or marauding tribes — varied from primitive individual violence to organized community retaliation, according to the degree of community structure. With growth and expansion of community facilities, the role of violence in settling quarrels became less. Power vested in the ruling authority, as well as organizing an army to protect the community against external dangers, was extended to civil judgements and the setting up of appropriate machinery to protect people against internally generated, destructive influences. Thus, the evolution of Law and Order may be seen as man's attempt to stabilize his environment and to remove serious risks to his life or life style.

Having observed the reaction to violence in more primitive communities, it is of interest to compare this with the increasingly more sophisticated responses throughout the ages. Perhaps the most important judicial efforts made in English Law to systematize the legal position regarding dangerous criminals followed various attempts on the lives of prominent people in the State establishment. The execution of Guy Fawkes and his collaborators after their endeavours to explode gunpowder kegs under the Houses of Parliament followed what might

be called a naturalistic pattern of aggressive reprisal for what was regarded as an act of conspiracy against the State, always thought to be one of the more dangerous of human aberrations. It was not until rather later that the state of mind of such criminals was questioned and the concept of reprieve from the death penalty was envisaged in appropriate cases. This was, of course, a major break with the traditional means of dealing with murder, treason, and other capital crimes.

Probably the first time the mental state of the accused was closely examined in the Court of Law was in the case of Hadfield, a brain damaged veteran of the Peninsular War, who made an attempt on the life of George III while he was attending a night at the theatre on 15th May 1800. After an exemplary defence by his Advocate, Thomas Erskine—who later became Lord Chancellor—a defence of mental instability was seriously mooted in a number of other cases. It was even more to the fore following the assassination in 1812 of Spencer Perceval, Prime Minister of England, in the House of Parliament, and again with the attempt on the life of Queen Victoria in 1840. Thus, both the public and judiciary were made acutely aware of the presence of a minority of mentally disturbed people in the community who might be considered dangerous. However, it was not until Daniel McNaughton's inadvertent murder of Sir Robert Peel's Secretary in 1843 that it became clear that legal reform was necessary.

I need not dwell on the complexities of legal discourse and debate that resulted in the formulation of the McNaughton Rules and, indeed, their subsequent discrediting in more recent years when it was decided that they referred to aspects of human behaviour which were not adequately defined. They did not include sufficient emphasis on the non-cognitive aspect nor the condition of mental subnormality as evidenced in the case of Straffen much later.

While it is not my purpose to discuss in depth the judgement of such cases, I mention them to give support to the thesis that the Law in the eighteenth and nineteenth centuries had been fully roused to the complexities of dangerous behaviour in the community and had freely debated means by which this could be dealt with. At the time, dangerous behaviour may well have seemed to be largely associated with mental disturbance, but, in fact, later statistics tell us quite a different story. Crimes of violence, including murder, rape, and other sexual assaults, are relatively rarely associated with established or proven mental disorder.

It was during 1952, in Straffen's case, that medical witnesses first came into prominence as the chief means of establishing whether or

not the patient was mentally disturbed and whether he was capable of forming an intention or otherwise. The legal profession depended heavily upon medical opinion to support their learned arguments about the dangerousness of such people, and it was hardly surprising that a tradition grew up from this time that skilled observers of human behaviour, such as psychiatrists, would be the main source of authoritative information on the mental condition of a patient and whether or not he was likely to behave in a way which might be dangerous to the public. What may be regarded as dangerous in the community, of course, varies to some extent with that to which the community has become adjusted, or what passes for community mores.

It is only in recent years that crimes of violence have become so frequent that they are now a major concern in all countries of the world and legal authorities have been required to make some kind of response. Their natural ally has been the medical profession, usually in the form of psychiatrist or clinical psychologist, when endeavouring to establish a definitive view on the mental state of the individual accused. Still more recently, the views of such witnesses have been seriously criticized on the grounds that their accuracy of prediction was no greater than that of an untrained observer.

Of course, dangerousness can be assessed at several levels. For instance, the ordinary mugging or beating up of a man in the street may not be considered to be quite as serious as rape and, in fact, rape may not be quite as serious as grievous bodily harm, nor indeed might this be as serious as murder—the ultimate in danger perhaps. It emerges from the many statistics collected in this area that the majority of people who commit murder do so only once and, indeed, people who involve themselves in violent crime most frequently are not usually judged mentally disturbed. As a survey of current literature will usually make very clear, public interest remains focused on the most dangerous person of all—the mass murderer—who does not only murder more than once, but a number of times. We only have to read the popular press to find some recent examples: the Jonestown Massacre—the Yorkshire Ripper—the Manson case—and the recent series of negro child murders in Atlanta—are a few. Murderers of this calibre warrant some kind of special attention and actually available statistics on such rareties are few and far between. I think it may be of interest to discuss such a case in detail, emphasizing that it is rare indeed that there is sufficient data to draw on that gives anything like an accurate and objective picture of the individual and his full behavioural capabilities.

However, before describing an illustrative example, I would like first to mention some of the existing means of predicting dangerousness that are in current usage in correctional centres and some mental hospitals. In the main, they hinge upon a collection of observed facts concerning the behaviour and background of the individual in question. Bearing in mind that some degree of aggressiveness is part of normal behaviour, we are still left with the question of what might bring about such a malignant change in the quality of human behaviour. Might it be frustration or misdirection of the normal outlets of 'healthy' aggression that converts aggression to violence? Even violence may have some survival value in certain circumstances, but what converts violence to dangerous behaviour—which is antisocial and counter to survival of the species?

It is, of course, the study of the possible factors influencing this conversion that forms the basis of virtually all the attempts to evolve an assessment system to predict dangerousness. The usual social history covering family and early personal data, in conjunction with educational and occupational details, forms the foundation of any such system and details of the offence and previous criminality are added to assessment of mental state. All this information is then "scanned", bearing in mind obvious and not-so-obvious concomitants of aberrant behaviour. The late Peter Scott, a noted forensic psychiatrist in England, talks of the importance of weighing up "the subject's capacity to feel sympathy for others and his capacity to learn by experience", and emphasizes the importance of intimate detail when assessing behaviour contributing to the offence. Clearly, factors of major importance are details relating to the circumstances at the time of the offence, the personality of the victim and his prior relationship to the offender, quite apart from the mood and nature of the offender himself.

Many and varied indications of dangerousness have been described by many experts in behavioural studies. One that achieved popularity following an article in the *American Journal of Psychiatry* in 1966 was a childhood triad of pyromania, enuresis and cruelty to animals.

Hartmann & Allison (1979) in predicting dangerousness cite the following characteristics as indicators of dangerousness drawn from literature—

"A record of fighting, anger, hostility, resentment of authority, explosiveness, selfish concern with personal problems, aloneness, frequent truancy, and alcoholism or violence in father or siblings, and many others."

It is pointed out by these authors that the predictive validity of such indicators was in question because of the high risk of false positives, where predictions are supposed to be based on the premise that the opinion expressed is "beyond reasonable doubt", for the purpose of the Court.

Most writers on this subject refer to the difficulties of reaching accurate general conclusions from even the most conscientious and painstaking assessment of offenders. Apart from inaccurate information—deliberate or otherwise—there are the personal foibles and prejudices of the observer to further cloud the issue. The usual emphasis placed on violent events tends to make them stand out in memory more than other less dramatic but equally important facts. Another problem is the known consequences of diagnosing false positives being rather less risky than false negatives. If a dangerous man is released and kills or maims again, then public opprobrium is certain to be the fate of the assessor, so clearly proved wrong.

In the light of not inconsiderable evidence that assessments of dangerousness have so often been proved wrong, the role of the psychiatrist has been vigorously attacked. As the usual adviser to the Courts on such matters, it has been suggested that in reality the psychiatrist offers no better predictive accuracy than the man in the street. Quinsey and Ambtman (1979) compared the assessments of a number of mentally ill offenders made by a group of nine high school teachers and four forensic psychiatrists. Using sophisticated statistical techniques, a number of inferences were drawn from the results, comparing the two groups' ratings of several different categories of dangerous behaviour. It was of particular interest that both groups paid scant attention to the psychiatric assessments, basing their decisions on other data relating to past history and details of the offence. The authors pose the question—"Should psychiatrists confine their opinions to whether or not the patient is treatable and leave the predictions to others?" It was pointed out that the experts failed to agree with each other, their validity coefficients were low, and the judgements made were very similar to those made by the group of teachers, thus equating the psychiatric opinion to a lay view.

Professor Monahan of the Harvard Law School, in 1978, comes to the rescue of the beleaguered professionals by pointing out that he believes better results can be obtained in predicting violence in offenders assessed for short term commitment and these more accurate figures may be obscured by the undoubted inaccuracy of attempts to predict violence in long term institutionalized patients or prisoners, assessed for release.

No discussion of this subject would be complete without some

mention of the Baxstrom Case. As a result of a decision taken by the U.S. Supreme Court in 1966, nine hundred and sixty-six patients were released from Dannemora Hospital for the Criminally Insane in New York State and transferred to a number of civil mental hospitals. In 1973 Steadman and Cocozza published follow-up studies of two hundred and forty-six and found only thirty per cent returned for aggressive behaviour (and not necessarily "dangerous") and nearly seventy per cent did not bear out their predictions of violence at all, thus contradicting the widespread public outcry against this apparently irresponsible exposure of the public to risk.

From a large selection of papers a very similar picture emerges when one attempts to assemble facts relating to assessing dangerousness. There is general agreement that the use of predictive devices such as long term behavioural studies, scoring systems, psychiatric assessments, personality profiles and the like, have no proven validity—and, indeed, psychiatrists' opinions frequently have been called into question. Possible reasons for this deficiency include problems associated with interpreting available statistics, lack of definition of terms of reference, lack of available follow-up data, failure to report violent behaviour, the basic fault residing in comparisons of behaviour in totally different environments and circumstances—and doubtless many others have been invoked.

Are there other ways by which the dangerous offender might be recognized? From very earliest times the physical make-up of the individual has been suspected of having some bearing on his behaviour. Physiognomists and phrenologists gave way to somatotypists, and more recently it has been suggested that 'body language' tells all without words.

What evidence do we have of such theories having any basis in fact? A good deal of research has gone into a number of largely chance observations of certain unusual physical features noted among a delinquent population. Chromosome studies revealed associations with abnormal XYY chromosomes, although further population studies showed that this was not invariable. A London neurologist, Denis Williams, in 1969, studied E.E.G. records of more than 1,250 prisoners either accused or found guilty of crimes of violence. He found abnormal records in sixty-five per cent of habitually violent offenders as opposed to twenty-four per cent in those whose violence was expressed only on rare occasions.

Sandler and others in 1978 found plasma levels of phenylethylamine among a small group of violent criminals higher than a control group of matched non-violent criminals. Since this substance is chemically similar to amphetamine (useful in reducing

hyperactivity), it may be hypothesized that this might represent a compensatory mechanism to reduce uncontrolled aggressive behaviour. It may also be of some interest that the same substance has been isolated from the urine of tigers by some Indian workers who regard it as a biochemical marker at the species level. Also Hughes and Andy in 1979 have made some interesting observations during the operation of amygdectomy in the treatment of temporal lobe epilepsy, finding that a variety of standardised odorants produced similar patterns on E.E.G., and sometimes actual clinical fits. This, of course, raises a number of possibilities relating to the effects of sensory stimuli on human behaviour.

Finally, the amount of the substance "Androstenol" isolated from the urine of measurably aggressive individuals appears to be significantly greater than that from more passive types, as Clark noted in 1978.

Summing up, the elements of dangerousness appear to have their roots in patterns of behaviour common to all. Whether instinct or acquisition, aggressiveness seems to play a fundamental part in this behavioural complex. If aggression is seen as adaptive behaviour—and I believe it must be—then the relatively rare maladaptive form of dangerousness might be expected to contain many features derived from the environment and character in common with the normal individual. At this stage, however, we do not have the means of identifying these features and predicting accurately when such behaviour might be expected.

As a student of behaviour, psychological processes and mental illness, the psychiatrist has been to date the logical choice of the community whence to seek advice on how to protect itself from the effects of dangerousness. However, this advice has come to be regarded as a judgement often proved false and the psychiatrist has been made the scapegoat for his failure to provide what the Law demands. It also seems clear that the use of questionnaires, scales of behaviour, and the other traditional modes of attempting to predict behavioural patterns, are not yet adequate to this particular task—and some observers doubt whether they can ever provide what we want.

We are faced with a need for very much more accurate systems of assessment and perhaps even more sophisticated statistics. We must have longitudinal studies and more accurate follow-up of cases to validate the theoretical conclusions. We must have a more specialised approach in that the experts making the decisions must be genuinely educated in the field of criminology and not liable to errors in assessment which simplistically equate criminal behaviour with mental illness—the recognition of which still, however, remains of great importance.

One of the most frequent criticisms levelled against existing methods of prediction of dangerousness is the virtual impossibility of avoiding false positives, or, in fact, making a judgement that includes the really dangerous with the potentially dangerous who may never "rise to the occasion". Perhaps it is at this point that the expert should bow out and let the judge decide—though still providing information and advice, using the specialised knowledge at his disposal. The reason why psychiatrists' opinions have fallen short of expectation seems to me largely because of the psychiatrist's acceptance of the omniscient role thrust upon him. It would be far more realistic to acquaint the criminal justice system of the dilemmas with which psychiatrists are faced and avoid making what are more properly legal decisions.

One of the most infamous murderers of our time was John Reginald Halliday Christie—born 8th April 1898 and bred in rather deprived circumstances in a village near Halifax. At school he showed evidence of better than average intelligence but by virtue of some failure in his adolescent performance with members of the fairer sex of his acquaintance, acquired the nickname "Can't-make-it-Christie". This may have had more far reaching effects than were apparent at the time. While a young infantryman he was diagnosed as suffering from hysterical aphonia and blindness as a result of a mustard gas shell exploding nearby during World War I. In later years he was convicted on several occasions for minor crimes—petty theft and assault (he hit a prostitute on the head with a cricket bat, excusing his action by describing it as 'only a practice shot') and seldom was employed for more than twelve months at a time. He moved into 10 Rillington Place at the age of forty, with his previously estranged wife, and shortly afterwards, despite his record, was accepted into the Volunteer Emergency Reserve of the London Metropolitan Police Force. With his provincial and sternly moralist background, he had achieved an authority and status that may have been his ambition for years but would probably have eluded him forever but for the advent of World War II.

He remained a policeman for four years and it was during the latter part of this time he met Ruth Fuerst, a prostitute who lived nearby. In August 1943, while his wife was away on holiday, this girl visited Christie's house one day as had been her wont on several earlier occasions—but this time did not depart.

This was the first time Christie had killed, but the pattern of strangulation, necrophilia and concealment of the body on the premises, was followed regularly with his later victims—except his wife. Various reasons were advanced for the timing of the event as

well as the event itself, as Ruth was an attractive young girl who had been on intimate and friendly terms with Christie for some time. Possibly his violent beating at the hands of an enraged soldier, husband of another woman with whom Christie had been having an affair shortly beforehand, may have contributed. It was certain that he had suffered from a lifetime of female domination and his earliest masculine aggressive instincts may well have been repressed and frustrated by the shadow of his puritanically domineering father. There does not seem to be any evidence of Christie ever initiating violence or a quarrel with a male.

The next victim was Muriel Eady in October 1944, and Christie later admitted this was much more carefully planned and was the first of several occasions that he was to use coal gas to pacify his victims. A period of four years elapsed before Christie killed again—although, indeed, there is only presumptive evidence of this. Timothy Evans was executed largely as a result of evidence provided by Christie when the dead bodies of Evans' wife and child were discovered in an outhouse behind 10 Rillington Place. Despite a police search of the house the two corpses buried for years in the back garden went undiscovered. Christie was even using a tibia to prop up a broken paling in the fence!

For fifteen years prior to this time Christie was attending a local G.P., Dr Odess, and had suffered a variety of minor complaints—many of which might have been described as neurotic—frequently diarrhoea. On the day after Evans was hanged, Christie was in a state of collapse and was granted four weeks' sick leave. Prior to the trial he had been noted to have lost two stone in weight and was described as very depressed, and for a time his symptoms improved, only to worsen at the time he was dismissed from his job when his police record was revealed during the trial. He also applied for a domestic resettlement permit on the grounds of his ill health (despite the risk of discovery of his two earlier victims), but this was refused—perhaps fortunately for him. During 1950 his visits to his L.M.O. decreased and it was not until 1952 that significant abdominal symptoms returned, and while an in-patient at St Charles Hospital, Notting Hill Gate, he was referred to a psychiatrist, Dr Petit of Springfield Hospital, after his various complaints were ascribed to an anxiety state. His L.M.O. described him in a referral letter as "decent, quiet-living, hard-working, and conscientious".

The psychiatrist reported that when he asked Christie when his symptoms of diarrhoea and fibrositis had begun, he said that they had followed the accusation by Evans that he had murdered his wife and child although, of course, these symptoms had been present for years.

Dr Petit noted his description of Christie at this time: "Insignificant, old womanish, city man. Girlish voice and manner and mincing walk—latent homosexual". In-patient admission to Springfield Hospital was suggested but refused, and Christie saw Dr Petit for four more visits only before claiming he was better and thus had no further need to see the psychiatrist. However, he then took to seeing his G.P. much more often, sometimes twice weekly; after eight months, in September, he had registered thirty-three visits, always with the same complaints—diarrhoea, abdominal pain, and insomnia.

On December 14th 1952, he murdered his wife—it seems probable to make the way clear for more stimulating activities—and within a few weeks, in January, had murdered Kathleen Moloney and Rita Nelson, two prostitutes. A month later, Hectorina McLennon was enticed into his house and similarly murdered under circumstances that he must have known could lead to his discovery. A few weeks later he sub-let the apartment and walked out, making possibility a near certainty that the six corpses would be discovered quite soon. Just after they were, he was arrested on the Thames Embankment in a debilitated and under-nourished condition, making little effort at concealment. He remarked later that although he had seen newspaper hoardings describing bodies found in a West Kensington house he had not associated this in any way with himself.

I have chosen the case of Christie as an example because of the wealth of documentation readily available about his background, his murderous behaviour, and the several psychiatric opinions recorded during and after the events described at his trial. There may be more gruesome stories from the Courts about mass murderers, but at a period when public tolerance of violence was not great and man's inhumanity to man was not taken as a matter of course—as might be said of more recent years—Christie must have been regarded as one of the most dangerous men of his time.

Hidden behind a facade of helpfulness, concern and practical remedies for such conditions as asthma, migraine and pregnancy (for which he claimed to have an efficacious remedy), he showed no sign of the real motive for his interest in lonely women, whom he would seek out in the cheap coffee bars and pubs of West Kensington and Notting Hill. The psychiatrist (with whom I have discussed the case) treating him in the midst of his murderous career, had no idea of what Christie was really capable, seeing only evidence of sexual inadequacy, obsequiousness, and chronic neurotic complaints. The psychiatrist who examined him for purposes of the trial saw evidence of the hysterical personality disorder, depersonalization and displacement—but, where were the indicators of dangerousness? One

faces the uncomfortable reality that the only certain indications were revealed at the time of the trial—just ten years too late.