



THE TACTICAL EDGE

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Profiling and Predicting The Violent Suspect

by Lawrence Heiskell, M.D.

Introduction

Acts of violence account for a significant number of deaths in our society. Violence, hostility and aggression are behaviors that are reported daily on television and the newspapers. Violent deaths constitute the fourth largest cause of death among young adults in the United States. Although the reported rate of violent crime has remained relatively stable over the past several years, many citizens perceive that the prevalence of violence is greater than at any other time in our history. In certain urban areas, the incidence is rising at alarming rates.

Violent suspects present a challenging management problem for law enforcement, especially during tactical operations, at which time the potential for violence must be quickly assessed to be properly managed. It is important and useful for tactical officers to know the characteristics that may put suspects at risk for committing violent acts.

It is difficult to predict an individual's long-term potential for violence. However, a proper initial assessment can lead officers on scene to an accurate prediction of the suspect's potential for violence over a brief period of time.

Understanding Violence

The best way to prevent an attack is to predict imminent danger, but predicting violence is difficult. One can easily underestimate the potential for violence in a suspect who appears to be in control. Anyone can become violent, but the risk is highest among urban males 15 to 25 years old, members of violent subcultures, psychotics and alcoholics. Individuals with a childhood history of physical abuse, personality disorders, and socioeconomic deprivation are at high risk for violent behavior.

The most effective management of the violent suspect is preventive

management. The crux of successful prevention depends on recognizing early the clues which indicate a high probability of violence and responding in a manner that will defuse the potential violence.

Predictors of violence include male sex, young adulthood, behavioral signs, subnormal intelligence, substance abuse, psychiatric disorders, previous history of aggression and violence, and the possession of weapons.

During a call-out, the medical history of the suspect may not be

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obtainable, and decisions made by tactical officers will have to be based on observation and dialogue.

Prediction of Violence: Diagnostic Clues

Male Sex

In the 1960's, several investigators studied sex chromosomal abnormalities and found an increase in frequency of XYY males among institutionalized populations. Many scientists have tried to support the theory that the extra chromosome is somehow related to aggressive behavior. Investigators also assessed behaviors in XYY and XXY males and found no correlation between these genetic abnormalities and violent traits, as examined by social records, interviews and projective tests.

Researchers in Denmark suggested that XYY males are more impulsive in their decision making, more often hot tempered than their siblings and peers, and often fall at the low end of normal intelligence. They concluded their study stating

that sex chromosomal abnormalities are probably not primarily aggressive, but that there is good evidence they are more impulsive than others. This impulsiveness may lead to aggressive behavior.

Behavioral Signs

Behavioral signs of potentially violent suspects include increased muscle tension, pacing the floor, wringing the hands, pounding fists on walls, speaking loudly, slamming furniture, and using obscene and profane language.

Motor Activity

Perhaps the most important and most ignored sign of impending violence is the subject's motor activity. If he is unable to sit still and paces around, this poses a serious threat of violence.

Speech

The suspect's speech can be a clue to his degree of agitation. Is he conversing in a calm voice, or in a loud and strident manner? Is he verbally threatening? The louder, more strident the suspect's voice, the greater the potential for violence.

Posture

Observe how the suspect is sitting or positioning himself. If he is sitting tensely on the edge of a chair for example, and is gripping the arm rests, one should be cautious and alert to the fact that increased tension often precedes violent behavior.

Substance Abuse

Alcohol

Alcohol and drug intoxication are probably more often associated with violent or potentially violent behavior than any other condition. Intoxication diminishes one's ability to restrain inhibitions in such a way that aggressive, violent behavior can surface. Alcohol intoxication unmasks suppressed rage and repressed hostility and anger. The suspect under the influence may become combative and assaultive. The intoxicated suspect typically has a clouded sensorium (seat of

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physical sensation in the gray matter of the brain) and may be delusional. A syndrome associated with alcohol and violent behavior called pathological intoxication, occurs when an individual becomes intoxicated, usually by drinking a relatively small amount of alcohol—for example, 2 to 4 ounces. The apparent intoxication and violence typically lasts only a few hours.

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PCP (phencyclidine)

In the 1960's, Park-Davis laboratory synthesized phencyclidine for use as a surgical anesthetic, but it was removed from the market because of its side effects. It is both a stimulant and a depressant, and has hallucinogenic properties similar to those of LSD and marijuana. Suspects who are under the influence of PCP can be the most violent and most dangerous of all because of their superhuman strength.

Cocaine, Methamphetamine

Although PCP and alcohol are the most common drug intoxication associated with violent behavior, cocaine and methamphetamine abuse can also lead to drug-induced psychosis and violence. Suspects taking these drugs may be acutely agitated or paranoid.

Psychiatric Disorders

Acute Psychosis

Schizophrenia is the most common psychotic disorder that prompts violence. It is characterized by a disturbance of thought, including bizarre or persecutory delusions of grandeur, or auditory hallucinations. The suspect may hear voices instructing him to act destructively or kill someone. Suspects with acute schizophrenic episodes can become extremely violent.

Character Disorders

Character disorders include bor-

derline, antisocial adjustment, and paranoid types. Suspects with a **borderline personality** are generally unpredictable, and have sudden outbursts of anger, making them very difficult to manage. Violence is usually a form of acting out their thoughts and delusions. These individuals can become violent when they perceive they are being rejected after their demands have not been met.

Suspects with an **antisocial personality disorder** feel little remorse for their actions, and are among the most dangerous of all hostile suspects. Substance abuse is very common in this group, and serves to magnify their hostility.

Paranoid personality disorders pose a potential for violence because, after repeated questioning and a period of increasing tension and turmoil, these individuals may explode and attack. Paranoid persons think other people are out to get them, and they often react violently to a perceived threat.

The suspect with an **adjustment disorder** personality can have maladaptive reactions to an identifiable stress. The violent behavior typically occurs within three months after the onset of the stress. The etiology (causes of a specific disease) is usually the loss of a job, divorce, separation from a loved one, or death of a close relative. These conditions can result in hostility, threats, or violent attacks.

Past History

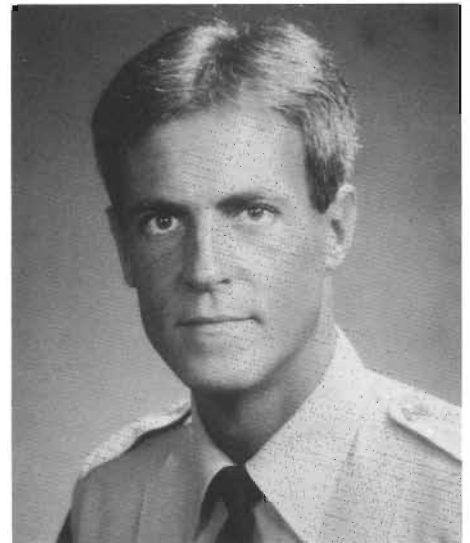
A past history of violent behavior is an important clue to predicting potential violence. If a person has a criminal record that reveals numerous previous arrests for assault and battery and/or assault with a deadly weapon, you can bet this suspect is out to do harm. If the suspect indicates he has attacked people before, and now feels like he wants to attack someone, the tactical team should assume he will act on his feeling and commit a violent act. At times, there is a tendency to overlook verbal threats of violence, but in view of a history of violence, a verbal threat is a serious prognostic sign.

Summary

A careful assessment of the suspect's behavior, combined with appropriate diagnostic clues, can provide the tactical officer with a reliable

means of predicting the imminence of violence in a given suspect. The key elements in defusing a suspect's potential for violence center on the willingness of officers or negotiators to talk with the suspect in a firm yet empathetic manner.

Once the individual has been brought under direct physical control by officers, the team physician and paramedic can initiate the use of restraints, medication, and rapid tranquilization to reduce the tension, anxiety and hyperactivity of the suspect.



About the Author

Lawrence Heiskell is an emergency physician in the Department of Emergency Medicine at Eisenhower Memorial Hospital in Rancho Mirage, California. Doctor Heiskell is residency trained in Emergency Medicine and Family Practice, and is a diplomate of the American Board of Family Practice. Doctor Heiskell is a former emergency psychiatric consultant at Community Counseling and Psychological Services in Bakersfield, California, and served as a physician for commitment hearings in the Twenty-Third Judicial District for the Commonwealth of Virginia for three years. As a peace officer in the State of California, he holds a commission of Reserve Deputy Sheriff with the Kern County Sheriff's Department. He is SWAT trained, a graduate of the American Pistol Institute, and an H&K certified MP5 Instructor. He is currently assigned to the Special Weapons and Tactics unit as the team physician.