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I15 The Experience of Revenge: The Patterns, Meanings, and Mindsets of Mentally Disordered Offenders

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After attending this presentation, attendees will be able to interpret and articulate critical elements in the decision-making and behavioral outcomes of revenge-oriented mentally disordered offenders who respond to real or perceived victimization through criminal actions. In particular, the focus of this presentation is to increase the accuracy of offense and behavioral analysis and to consider the potential therapeutic interventions and tailored scenario planning in regard to risk within secure correctional facilities, forensic mental health settings, and upon release into the community. Furthermore, this presentation will address the challenges in predicting harmful revenge-oriented behaviors by individuals who are classified as potentially dangerous persons in the community, but who have yet to act.

This presentation will impact the forensic science community by illustrating the breadth of revenge-oriented activities and the ways in which these manifest in offending behavior within and across a range of offense types. This will be applicable to those working in criminal investigation (including interrogation), community management, and therapeutic interventions in correctional and forensic mental health facilities. The developed revenge model will be readily applicable for practitioners to consider in their work with patients in forensic settings, particularly clinical formulation, treatment intervention, and risk assessment.

The response of individuals to real or perceived victimization can range from avoidance and forgiveness to angry rumination, fantasy, and revenge-oriented acts. The criminal justice system largely neglects consideration of perpetrators who may consider themselves victims and their associated criminality to have been motivated by revenge. As one of the more prevalent motives for interpersonal criminal activity, revenge-oriented acts occur across offense types (e.g., sexual offending, arson, stalking, kidnapping, and homicide) and are influenced by individual differences, including personality, culture, and faith; however, any psychological response that follows a real or perceived slight/victimization includes an individual justification to progress the event toward a subsequent reactionary act of harm, or revenge. This process requires particular understanding in the context of forensic mental health in which the criminal acts emanating from an apparent victimization may be difficult to comprehend or rationalize (for example, due to over-compensatory retaliation, delusional beliefs or conveniently justifiable violence). The experiences of offenders with diagnosed personality disorders and mental illnesses are often characterized by challenges in relationships and interpersonal interactions and, hence, the implications for vengeful acts are apparent. The experience of perceived victimization and associated revenge-motivated actions in a group of mentally disordered offenders, which was conducted using a participant-led approach designed to enable an open dyadic interaction, will be presented.

Participants were in-patients receiving treatment at the mental illness or personality disorder service of a specialist medium-secure forensic mental health unit. The methodological approach adopted intensive interviews



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using a “Grounded Theory” to fully capture the patient experience of engaging in revenge-oriented acts and to enable theory generation. The focus of this presentation, therefore, will be to present and discuss a theoretical and practice-focused model of the experience of revenge-oriented acts in the context of forensic mental health and to consider the implications of the model as applied to secure and community forensic settings. Case examples will be presented to outline complexities in regard to the “offender-as-victim” perspective and to illustrate the range of meanings emerging from their different perspectives. Conclusions and recommendations will be presented in regard to: (1) the multidisciplinary teams within forensic mental health; (2) indicators of concern for incorporation into tailored therapeutic treatment pathways; (3) the incorporation of an additional item of “revenge” into structured clinical judgement risk measures; (4) implications for collaborative scenario planning for considerations of future risk; and, (5) consideration of a revenge orientation in police investigations and in multi-agency public protection arrangements for the management of offenders in the community.

Revenge, Mental Health, Risk