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Contents – Volume Two

APPENDICES

Section B, Appendix 1: POSTAL SURVEY LETTER TO CONSULTANT PSYCHIATRISTS

DATE

RESPONDENT'S ADDRESS

723102
720820

Dear Dr

I am a Chartered Clinical and Forensic Psychologist working in the Kent Forensic Psychiatry Service and undertaking a Practitioner Doctorate under the supervision of Dr Peter Ayton at City University, London.

I am conducting research into the cues clinicians believe are important when attempting to predict if patients will behave violently in the future. On page two is a definition of violent behaviour with space underneath it for you to write down what you look for when conducting a risk assessment. Please feel free to include as many items as you think relevant, and return the list to me in the postage-paid envelope provided. Hopefully this will take no more than five minutes of your time.

Respondents will not be identified when the information is collated and written up. However, those who wish to be sent a summary of the findings need to indicate this by ticking the appropriate box on the top of page two.

If you have any queries about the project please phone Grant Broad on (01622) 723102.

Thank you for your assistance.

Yours sincerely

Grant Broad
MA(Hons) Dip Clin Psych C.Psychol
Chartered Clinical and Forensic Psychologist

Encs: Answer sheet
Reply-paid envelope

Section B, Appendix 1: POSTAL SURVEY LETTER TO CONSULTANT PSYCHIATRISTS

Respondent No. [ ]

Please send me a summary of the project findings [Yes] [ ] [No] [ ]

Please write in the space below the cues you look for when evaluating the potential for a patient of yours to behave violently in the future.

For the purposes of this study, violence is defined as any threat or act which might lead a reasonable person to believe there is a real chance that the patient under consideration may behave in a manner which could harm somebody else.

Thank you.

Section B, Appendix 2: DATA COLLECTION MATRIX

Patient	History of Violence	Substance or alcohol Misuse history	Threats or impulses to violence	Active Symptoms of Mental illness	Delusions of Persecution	Non Compliance With medication	Use of Weapons	Threat/Control Override Permitting Phenomena	Availability of Victim	Disorganised Social Circumstances	Risk Asst L H	O V	N O V
No: dob: seen:													
No: dob: seen:													
No: dob: seen													
No: dob: seen:													
No: dob: seen:													
No: dob: seen													
No: dob: seen:													
No: dob: seen:													
No: dob: seen:													
No: dob: seen:													
No: dob: seen:													

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:1 dob: Seen:	0	0	1	1	0	0	0	0	1	1	L	0	1
No:2 dob: Seen:	1	2	1	1	1	0	0	1	1	1	L	0	1
No:3 dob: Seen:	1	1	1	1	1	2	0	1	0	1	L	0	1
No:4 dob: Seen:	1	2	1	1	1	1	0	2	1	0	L	0	1
No:5 dob: Seen:	0	0	1	0	0	0	0	0	1	0	L	0	2~~0~~1
No:6 dob: Seen:	1	1	1	0	0	0	1	0	0	0	L	0	1
No:7 dob: Seen:	1	0	1	0	0	0	1	0	1	1	L	1	0
No:8 dob: Seen:	1	0	1	0	0	0	0	0	0	1	H	1	0
No:9 dob: Seen:	1	0	1	0	0	0	0	0	1	0	L	0	1
No:10 dob: Seen:	1	0	1	0	0	0	1	0	1	1	L	1	0

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:11 dob: Seen:	0	1	1	0	0	0	0	0	0	0	L	0	1
No:12 dob: Seen:	1	0	1	1	1	0	1	0	0	0	L	0	1
No:13 dob: Seen:	1	0	1	0	0	0	1	0	0	0	L	0	1
No:14 dob: Seen:	1	0	1	1	1	1	0	1	1	0	H	0	1
No:15 dob: Seen:	0	1	0	0	0	0	1	0	1	0	L	0	1
No:16 dob: Seen:	1	1	1	0	0	0	1	0	1	0	L	0	1
No:17 dob: Seen:	0	1	0	0	0	0	0	0	1	0	L	0	1
No:18 dob: Seen:	1	1	1	0	1	0	1	1	0	0	L	0	1
No:19 dob: Seen:	0	1	0	0	0	0	0	0	0	1	L	0	1
No:20 dob: Seen:	0	0	1	0	0	0	0	0	1	0	L	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:21 dob: Seen:	1	0	1	0	0	0	0	0	0	1	H	1	0
No:22 dob: Seen:	1	0	1	1	1	0	1	0	0	0	L	0	1
No:23 Dob: Seen:	1	1	1	1	0	1	0	0	1	1	L	0	1
No:24 dob: Seen:	1	1	1	1	0	1	1	0	1	1	H	1	0
No:25 dob: Seen:	1	0	1	0	0	0	1	0	0	0	L	0	1
No:26 dob: Seen:	0	1	1	0	1	1	0	0	0	1	L	0	1
No:27 dob: Seen:	1	1	1	0	0	0	1	0	0	0	H	1	0
No:28 dob: Seen:	1	1	0	0	0	0	0	0	0	1	L	0	1
No:29 dob: Seen:	1	1	1	0	0	0	1	0	0	1	L	1	0
No:30 dob: Seen:	1	0	1	1	1	0	0	1	1	1	H	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:31 dob: Seen:	0	1	1	0	1	1	0	0	0	1	H	0	1
No:32 dob: Seen:	1	1	1	0	0	0	1	0	1	1	H	1	0
No:33 dob: Seen:	0	1	1	0	0	0	0	0	0	0	L	0	1
No:34 dob: Seen:	1	1	0	0	0	0	0	0	0	0	L	0	1
No:35 dob: Seen:	1	1	1	0	0	0	1	0	1	0	H	0	1
No:36 dob: Seen:	1	1	1	1	1	1	1	0	1	2	H	0	1
No:37 dob: Seen:	1	1	1	1	0	0	0	1	1	0	H	0	1
No:38 dob: Seen:	1	1	1	1	1	1	1	0	0	2	H	0	1
No:39 dob: Seen:	1	0	1	0	0	0	0	0	0	1	H	0	1
No:40 dob: Seen:	0	1	1	0	0	0	0	0	1	1	H	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA .

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:41 dob: Seen:	1	1	0	0	0	0	0	0	0	0	L	0	1
No:42 dob: Seen:	1	1	1	0	0	0	1	0	1	0	L	0	1
No:43 dob: Seen:	0	1	1	0	1	0	1	0	1	0	L	0	1
No:44 dob: Seen:	0	0	0	0	0	0	0	0	0	0	L	0	1
No:45 dob: Seen:	1	0	1	0	0	0	0	0	1	1	H	0	1
No:46 dob: Seen:	1	1	1	1	1	0	0	0	1	1	L	0	1
No:47 dob: Seen:	0	0	0	0	0	0	0	0	0	0	L	0	1
No:48 dob: Seen:	1	1	1	0	0	1	1	0	0	2	L	0	1
No:49 dob: Seen:	1	1	1	1	1	1	0	0	1	1	H	0	1
No:50 dob: Seen:	0	1	1	1	1	0	0	1	0	0	H	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA .

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:51 dob: Seen:	1	1	1	1	1	1	0	1	1	2	H	0	1
No:52 dob: Seen:	1	0	1	1	1	1	0	1	1	0	H	0	1
No:53 dob: Seen:	1	0	1	0	0	0	0	0	1	0	L	0	1
No:54 dob: Seen:	0	1	1	0	0	0	0	0	0	0	H	1	0
No:55 dob: Seen:	1	1	1	0	0	0	1	0	0	1	H	1	0
No:56 dob: Seen:	1	1	0	0	0	0	0	0	0	1	H	0	1
No:57 dob: Seen:	0	1	1	0	0	0	0	0	0	0	L	0	1
No:58 dob: Seen:	1	1	1	0	0	0	0	0	1	1	L	0	1
No:59 dob: Seen:	0	0	0	0	0	0	0	0	0	0	L	0	1
No:60 dob: Seen:	1	1	1	0	0	0	1	0	0	1	H	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA -

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:61 dob: Seen:	0	1	1	1	1	0	0	0	0	0	H	0	1
No:62 dob: Seen:	1	0	1	0	0	0	0	0	0	0	H	0	1
No:63 dob: Seen:	0	1	1	0	0	0	0	0	1	0	L	0	1
No:64 dob: Seen:	1	1	1	0	0	0	1	0	0	0	H	0	1
No:65 dob: Seen:	1	0	0	0	0	0	0	0	0	0	H	0	1
No:66 dob: Seen:	1	0	1	1	0	1	0	1	1	0	H	0	1
No:67 dob: Seen:	1	1	0	0	0	0	0	0	0	0	H	0	1
No:68 dob: Seen:	0	1	1	1	0	0	0	0	1	1	L	0	1
No:69 dob: Seen:	0	0	1	0	0	0	1	0	1	1	L	0	1
No:70 dob: Seen:	1	1	1	0	1	0	0	0	1	1	H	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:71 dob: Seen:	0	1	1	0	0	0	1	0	0	0	L	0	1
No:72 dob: Seen:	1	0	1	0	0	0	1	0	1	1	L	0	1
No:73 dob: Seen:	1	1	0	0	0	0	1	0	0	1	L	0	1
No:74 dob: Seen:	1	1	1	0	0	0	1	0	1	0	H	1	0
No:75 dob: Seen:	1	0	1	0	0	0	0	0	1	1	H	0	287
No:76 dob: Seen:	1	1	1	0	1	0	1	0	0	1	H	0	1
No:77 dob: Seen:	1	0	1	0	0	0	1	0	0	0	H	0	1
No:78 dob: Seen:	1	0	1	1	1	0	1	0	1	0	H	0	1
No:79 dob: Seen:	1	1	0	0	0	0	0	0	0	1	L	0	1
No:80 dob: Seen:	1	1	1	1	1	1	1	0	1	0	L	0	1

Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:81 dob: Seen:	1	1	1	0	0	0	1	0	0	0	H	0	1
No:82 dob: Seen:	0	0	1	0	0	0	0	0	0	0	L	0	1
No:83 dob: Seen:	1	0	0	0	0	0	0	0	1	0	L	0	1
No:84 dob: Seen:	1	1	1	0	0	0	1	1	0	1	H	0	1
No:85 dob: Seen:	1	1	1	1	0	1	0	1	0	1	H	0	1
No:86 dob: Seen:	1	0	1	0	0	0	1	0	1	1	L	0	1
No:87 dob: Seen:	1	1	1	0	0	0	1	0	0	1	L	0	1
No:88 dob: Seen:	1	0	0	0	0	0	1	0	0	0	H	0	1
No:89 dob: Seen:	0	0	1	0	0	0	1	0	1	0	H	0	1
No:90 dob: Seen:	0	0	1	0	0	0	0	0	1	1	L	0	1

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Section B, Appendix 3: RETROSPECTIVE FILE STUDY RAW DATA

Patient	History of violence	Substance or alcohol misuse history	Threats or impulses to violence	Active symptoms of mental illness	Delusions of persecution	Non-compliance with medication	Use of weapons	Threat/control override permitting phenomena	Availability of victim	Disorganised social circumstances	Risk asst L H	O V	N O V
No:91 dob: Seen:	1	1	1	0	0	0	1	1	1	0	H	0	1
No:92 dob: Seen:	1	0	1	1	1	1	1	1	1	0	H	0	1
No:93 dob: Seen:	0	0	1	1	0	0	0	0	0	1	L	0	1
No:94 dob: Seen:	1	1	1	0	1	0	0	0	1	0	H	1	0
No:95 dob: Seen:	1	1	1	0	0	0	1	1	1	1	H	0	1
No:96 dob: Seen:	1	0	0	0	0	0	0	0	0	0	L	0	1
No:97 dob: Seen:	1	0	0	0	0	0	0	0	0	0	H	0	1
No:98 dob: Seen:	1	1	0	0	0	0	1	0	0	0	L	0	1
No:99 dob: Seen:	0	1	1	1	0	1	1	0	0	0	H	0	1
No:100 dob: Seen:	1	0	1	1	0	1	0	0	0	0	L	0	1

Section B, Appendix 4: RAW DATA FOR PATIENTS WHO HAD OFFENDED VIOLENTLY BY TIME OF FOLLOW-UP

Patient	History of Violence	Substance Or alcohol Misuse history	Threats or impulses To violence	Active Symptoms of Mental illness	Delusions Of Persecution	Non Com-pliance With medication	Use Of Weapons	Threat/ Control-Override Permitting phenomena	Availability Of Victim	Disorg-anised Social Circum-stances	Risk Asst L H	O V	N O V
No: 7 Dob: Seen:	+	-	+	-	-	-	+	-	+	+	L	+	
No: 8 Dob: Seen	+	-	+	-	-	-	-	-	-	+	H	+	
No: 10 Dob: Seen	+	-	+	-	-	-	+	-	+	+	L	+	
No: 21 Dob: Seen	+	-	+	-	-	-	-	-	-	+	H	+	
No: 24 Dob: Seen	+	+	+	+	-	+	+	-	+	+	H	+	
No: 27 Dob: Seen	+	+	+	-	-	-	+	-	-	-	H	+	
No: 29 Dob: Seen	+	+	+	-	-	-	+	-	-	+	L	+	
No: 32 Dob: Seen	+	+	+	-	-	-	+	-	+	+	H	+	
No: 54 Dob: Seen	-	+	+	-	-	-	-	-	-	-	H	+	
No: 55 Dob: Seen:	+	+	+	-	-	-	+	-	-	+	H	+	
No: 74 Dob: Seen	+	+	+	-	-	-	+	-	+	-	H	+	
No: 94 Dob: Seen	+	+	+	-	+	-	-	-	+	-	H	+	
Totals	11	8	12	1	1	1	8	0	6	8	L 3 H9	12	0

Section B, Appendix 5: Correlation Coefficients Between Cues, Risk Assessment, and Outcome

		HISTVIOL	ALCSUB	THREATS	ACTSYMP	DELPERS	NONCOMP	USEWEAP	OVERRIDE	AVAILVIC	SOCCIRC	RISK ASS	OFF VIOL	PSYAGG
HISTVIOL	Pearson Correlation	1.000	-.020	.039	.104	.116	.122	.260**	.203*	.077	.098	.275**	.162	.155
	Sig. (2-tailed)		.847	.703	.303	251	231	.009	.044	.449	.344	.006	.108	127
	N	100	98	100	100	100	99	100	99	100	98	100	100	98
ALCSUB	Pearson Correlation	-.020	1.000	.013	.001	.135	111	.132	.042	-.117	.121	.091	.057	.079
	Sig. (2-tailed)	.847		.900	.993	.185	280	196	.679	.251	.246	.374	.578	.442
	N	98	98	98	98	98	97	98	98	98	94	98	98	97
THREATS	Pearson Correlation	.039	.013	1.000	.310**	.287**	.230*	.206*	.206*	.322**	.135	.201*	.179	.335**
	Sig. (2-tailed)	.703	.900		.002	.004	.022	.040	.041	.001	.190	.045	.075	.001
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
ACTSYMP	Pearson Correlation	.104	.001	.310**	1.000	.576**	.634**	-.142	.423**	.211*	.005	.193	-.168	.864**
	Sig. (2-tailed)	.303	.993	.002		.000	000	.159	.000	.035	.961	.054	.094	.000
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
DELPERS	Pearson Correlation	.116	.135	.287**	.576**	1.000	.449**	-.042	.338**	.149	.015	.173	-.149	.772**
	Sig. (2-tailed)	.251	.185	.004	.000		000	.675	.001	.140	.886	.086	.140	.000
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
NONCOMP	Pearson Correlation	.122	.111	.230*	.634**	449**	1.000	-.087	.275**	.162	-.028	.286**	-.095	.764**
	Sig. (2-tailed)	.231	.280	.022	.000	.000		.393	.006	.109	.791	.004	.350	.000
	N	99	97	99	99	99	99	99	98	99	95	99	99	98
USEWEAP	Pearson Correlation	.260**	.132	.206*	-.142	.042	-.087	1.000	-.078	-.024	-.036	.011	.185	-.086
	Sig. (2-tailed)	.009	.196	.040	.159	675	.393		.444	.816	.728	.917	.068	.397
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
OVERRIDE	Pearson Correlation	.203*	.042	.206*	.423**	.338**	.275**	-.078	1.000	.154	-.036	.275**	-.157	.625**
	Sig. (2-tailed)	.044	.679	.041	.000	.001	.006	444		.129	.726	.006	.121	.000
	N	99	98	99	99	99	98	99	99	99	95	99	99	98
AVAILVIC	Pearson Correlation	.077	-.117	.322**	.211*	.149	162	-.024	.154	1.000	.119	.039	.007	.230*
	Sig. (2-tailed)	.449	.251	.001	.035	.140	109	.816	.129		.248	.701	.942	.023
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
SOCCIRC	Pearson Correlation	.098	.121	.135	.005	.015	-.028	-.036	-.036	.119	1.000	-.001	.209*	-.022
	Sig. (2-tailed)	.344	.246	.190	.961	886	791	.728	.726	.248		.993	.041	.832
	N	96	94	96	96	96	95	96	95	96	96	96	96	94
RISK_ASS	Pearson Correlation	.275**	.091	.201*	.193	.173	.286**	.011	.275**	.039	-.001	1.000	.146	.344**
	Sig. (2-tailed)	.006	.374	.045	.054	.086	.004	.917	006	.701	.993		.149	.001
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
OFF_VIOL	Pearson Correlation	.162	.057	.179	-.168	.149	.095	.185	-.157	.007	.209*	.146	1.000	-.179
	Sig. (2-tailed)	.108	.578	.075	.094	140	350	.066	.121	.942	.041	.149		.078
	N	100	98	100	100	100	99	100	99	100	96	100	100	98
PSYAGG	Pearson Correlation	.155	.079	.335**	.864**	772**	764**	-.086	.625**	.230*	-.022	.344**	-.179	1.000
	Sig. (2-tailed)	.127	.442	.001	.000	.000	000	.397	.000	.023	.832	.001	.078	
	N	98	97	98	98	98	98	98	98	98	94	98	98	98

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

APPENDIX B6

SUMMARY OF THE PROJECT

In order to test the research hypotheses and develop a set of rules for predicting violence, a number of cues acknowledged by consultant grade psychiatrists as useful in forecasting violence were obtained through postal survey. The result was a data collection sheet shown in Appendix 2. This is not a measurement device or test of any sort, merely an attempt to identify features to look for when reading through reports prepared by our directorate on patients referred for risk assessment. It is made up of the first ten cues from the survey which were also supported by evidence from the literature.

My supervisor informed me that on statistical grounds there must be a ratio of at least 9:1 between data sources and cues if the desire is to construct a set of decision rules. On this basis, 100 KFPS risk assessment reports were examined for these features, and their presence (+), absence (-) or unavailability (?) recorded. Note was also taken of the report writer's conclusion at the time (ie. low or high risk), and a search carried out on the police national computer to determine if the patients concerned had subsequently offended violently (OV) or not (NOV). Files were chosen so that there was at least a two-year interval between KFPS assessment and computer check, which was done involving the experimenter and one member of police staff. The only information shared was the patient's name, date of birth, and whether or not they had been registered with the police over the post-assessment period for a violent offence.

It was possible to make comparisons between assessors' decisions of risk and cues present, assessors' decisions of risk and outcome (OV, NOV) and cues associated with outcome.

Patients involved in the retrospective file study were chosen after exhaustive examination of the record books kept from KFPS referrals allocation meetings.

To ensure at least a two-year interval between assessment and checking patients' offending behaviour on the police national computer, only evaluations carried out prior to January 2000 were considered. An alphabetical list of names was compiled from the referral books where any indication had been given that a risk assessment was being asked for. Information about each case in the books was often incomplete, but it was possible to divide patients into definite requests for evaluation of risk, and probables. From the former a cohort of100reports was finally selected and read for the cues in Appendix 2.

Referring to Appendix 2, it may be helpful to define the heading used in Column 9. Threat/control over-ride permitting phenomena are reports by the patient or referral agent of symptoms associated with threat (the feeling that others wish to cause harm) or the over-riding of personal controls (a belief that one's mind is dominated by forces outside of the individual's control, or that thoughts are being inserted into the person's mind which are not their own). I believe the other column headings are self-explanatory.

Grant Broad (Chartered Clinical and Forensic Psychologist)

Enclosed please find application form and guidelines for submission of a research proposal to the West Kent Research Ethics Committees. Submissions will be placed on the first available agenda

West Kent Health Authority

- The guidelines are there to assist and you are **strongly** advised to read them carefully.
- All questions need to be answered even if it is 'not applicable'.
- Particular attention should be paid to question 9. The summary - **it must be in plain English i.e. easily understood and consist of 350 words. Failure to complete this section as requested may lead to a delay in the processing of the application.**
- A CV is required under ICH Good Clinical Practice Guidelines
- Researchers for West Kent submissions will be invited to attend the meeting. You will receive an invitation to attend 7 - 10 days prior to the meeting date informing you of the Committee, Venue, Date and Time.
- The application form and guidelines can be sent by e-mail or on disk (please supply a disk).
- Details of all site locations for the project must be given.
- If your study is to be carried out in four centres or more it will be a **Multi-Centre Research Ethics** study and **must** be submitted to a **Multi-Centre Research Ethics Committee** for consideration prior to consideration by the Local Research Ethics Committee. If the study has received MREC approval please refer to information for approved MREC studies in the guidelines.
- Any queries or questions - please contact Julie Knowles, Senior Administrator Ethics Committees or Diane McLeod, Administrator Ethics Committees. Direct Line: 01622 713012 713048 or (Voice-Mail) e-mail: Diane.Mcleod@wkent-ha.sthames.nhs.uk or e-mail: Julie.Knowles@wkent-ha.sthames.nhs.uk
- There is a checklist at the back of the application form, which will assist **you** and the ethics administration to process your documents more effectively.
- The following checklist is to assist you, it is not a definitive list. Not all studies will require all documents and certain studies will have additional documents.
  N.B. Information Sheet can be for - Patient, Parent, Volunteer, Staff or other depending on who the subjects for the study are.

- ☐ Determine exactly where the study is to take place, consult guidelines if it is in more than one area of West Kent.
- ☐ LREC application all questions completed - signed and dated
- ☐ Final Protocol dated
- ☐ Information Sheet with Version and date
- ☐ Consent Form with Version and date
- ☐ Letter to GP Version - if applicable
- ☐ Consultant Letter Version - if applicable
- ☐ CTX dated - if applicable
- ☐ Investigators' Brochure - if applicable
- ☐ Poster Version - if applicable
- ☐ Questionnaire/s Version and date - if applicable
- ☐ Documents to be given to subjects i.e. diary cards - if applicable
- ☐ Up-to date CV for lead investigator and co-investigators
- ☐ Collated copies (ensure correct number is done and if necessary check with Ethics Office) **Failure to send the correct number of copies may result in the application being delayed. If the application is incomplete you will be advised and the application will be put on hold.**
- ☐ Sent by - mail, hand delivered etc.
- ☐ Application Checklist completed

Protocol No.

4) INVESTIGATORS

Name	Position	Department/Unit
Catherine Clarke	Clinical Psychologist	

West Kent NHS
Health Authority

WEST KENT RESEARCH ETHICS COMMITTEE

Application form for approval of an investigation for research involving human subjects.

- **To be typed (if possible) if not to be completed in black biro pen.** (The application form can be supplied on disk or sent by e-mail - please supply a disk)
- **It is important that all questions are answered even if *not applicable is entered* and all relevant documentation accompanies the application. The correct amount of copies should be collated and the closing date for submissions must be adhered to. If the correct number of collated copies is not received this will result in a delay in processing the application.**
- **The application must be signed and dated.**
- **Where a potential applicant is a student, there should be an identified supervisor who is adequately qualified and experienced to counter-sign the application form. The Supervisor will share the responsibility for the ethical and scientific conduct of the research. The CV of the Supervisor should be submitted with the application.**

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1) **Title of Project** The Application Of A Fast And Frugal Reasoning Model To The Prediction Of Violent Offending Amongst Patients Referred For Risk Assessment

Short Title of Project (if appropriate)

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2) **Proposed Start Date and Duration** October 2000 to October 2002
This is the dissertation part of my doctorate in clinical Psychology.

3) **Location of Project including address or addresses and please indicate the Trust or Trusts where the research work is to be carried out.**
Kent Forensic Psychiatry Service, Trevor Gibbens Unit, Maidstone Hospital, Hermitage Lane, Maidstone ME16 9QQ
Invicta Community Care NHS Trust.

4) **INVESTIGATORS** If applicant is a general practitioner, please give address of Primary Care Trust or Group of which you are a member

Name	Position	Department/Hospital
Grant Broad.	Chartered Clinical and Forensic Psychologist.	Kent Forensic Psychiatry Service, Trevor Gibbens Unit, Maidstone Hospital.

(N.B. the Chief Executive of the appropriate Primary Care Trust or Group (or the Chairman if not a Board level body) must also sign)

If the application is from a student has the proposed protocol been discussed with and does the supervisor of the project support it.

YES/~~NO~~

Name of Supervisor Dr. Peter Ayton, City University, London.
Qualifications of Supervisor (where relevant) He holds a PhD. There is minimal contact with my supervisor, in keeping with what the University expects from qualified, senior clinical staff undertaking research degrees.
Letter from Supervisor together with a copy of Supervisor's C.V. to be attached.

N.B. The Supervisor must countersign the application form. N.B.

---

5) **Address** (This should be the address of the principal investigator)

Kent Forensic Psychiatry Service,
Trevor Gibbens Unit, Maidstone Hospital,
Hermitage Lane,
Maidstone, ME16 9QG.

---

6) **Telephone Number**

(01622) 723 102. My office.
(01622) 723 100. Nursing Station

7) IM Applicant If applicant is a general practitioner, please give address of Primary Care Trust or Group of which you are a member

9) In no more than 300 words please state in plain English the background, aim *(N.B. the Chief Executive of the appropriate Primary Care Trust or Group will be sent a copy of the Chairman's letter should approval be given)* tion for the study

N. A.

---

8) **In the case of a proposal from a Trust or Primary Care Group member, please state whether the person or committee coordinating Research and Development in the Trust or Primary Care Group has seen the proposed protocol.**

~~YES~~ / NO

If 'YES' please supply contact details with whom we can liase with if necessary.

SUMMARY OF THE PROJECT

9) **In no more than 350 words please state in plain English the background, aim and design of the study together with the expected results and benefit to be derived. (Including the main statistical analysis and a justification for the size of the study).**

See attached pages (3) headed 3.2 Design of the research.

See also front page of Ohio application form.

RESEARCH SUBJECTS

10) **How will subjects be selected?** From KFPS referrals – received record books dating back far enough to ensure people were seen for assessment prior to January 2000.

11) **How many subjects are involved and basis for arriving at this number?** 90. I am looking at 10 cues consultant psychiatrists use to predict violence, and on statistical grounds there needs to be a ratio of 9:1 between cases and cues.

12) **What are all the possible risks to subjects?** None I can see. I want to read the KFPS risk assessment report, note the presence or absence of cues to violence, and check to see if these people actually have gone on to offend. No contact will be made with subjects.

13) **Will any groups be excluded? If so, please state.** Yes. People in prison or special hospital. The purpose of my investigation is to see if people do carry out the acts they have threatened, and they need to be at large in the community to do that.

14) **Will Pregnancy be excluded?**

N.A.

15) **Where it is proposed to recruit medical or other students or student nurses as volunteers have you informed the relevant supervising authorities?**

N.A.

16) **A copy of the Consent Form to be used needs to be attached. A protocol cannot be considered without the LREC seeing a Consent form.**

Consent Form attached **YES/NO**

N.A.

RESEARCH INVOLVING RADIOACTIVE SUBSTANCES

17) Who is going to give the verbal explanation to potential research subjects?

25) If radio isotopes are to be used have you obtained the approval of Administration of Radioactive Substances Advisory Committee

N.A.

18) How long are you going to give subjects to make a decision (if under 24 hours, please justify)?

N.A.

DETAILS OF PROCEDURES

RESEARCH INVOLVING DRUGS

19) Has the proposal been discussed with the Chief Pharmasist of the appropriate Trust

YES/NO

N.A.

20) Does the drug have a UK product licence? YES/NO

N.A.

21) If YES, have you enclosed a Doctors and Dentists Exemption Certificate (DDX) from the Medicines Control Agency?

YES/NO

N.A.

22) If NO, is the study Phase I/Phase II/Phase III? (Please delete)

N.A.

23) Have you enclosed a Clinical Trial Certificate (CTC) or Certificate of Exemption (CTX)? YES/NO

N.A.

24) Is the study:
(a) Single centre/multi-centre
(b) Open/double-blind
(c) Active drug vs placebo/active drug vs active drug
(d) Other design

N.A.

RESEARCH INVOLVING RADIOACTIVE SUBSTANCES

25) **If radio isotopes are to be used have you obtained the approval of the DoH Administration of Radioactive Substances Advisory Committee.**

(Please provide a copy of the Authority Certificate and any additional comments received from the DoH).

N. A.

ADDITIONAL INVESTIGATIONS NOT INCLUDED UNDER 22 ABOVE

26) **Things to be done to subjects extra to current clinical management:**

- **Samples**
- **X-Ray Procedures**
- **Biopsies**
- **Anaesthesia**
- **Others**

N. A.

INFORMATION TO PATIENTS' DOCTOR/ALLIED PROFESSION

27) **Is the Consultant or professionals allied to medicine with primary responsibility for the subject aware of this study?**

YES/No

If NO please give the reason. N. A.

FUNDING

28) **Where a project is being funded please give name and address of funding organisation.**

My course fees have been paid by Invicta Community Care NHS Trust.
The Training Department is at Trust Headquarters, Kings Hill.

SIGNATURES

29) **Please give full details of:**

(a) **Payment to subjects** £ N/A

(b) **Payment to practice/research fund** £ N/A

(c) **Personal payment or personal benefit to researcher** £ N/A

(d) **Details of other benefit (eg equipment)** £ N/A

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30) **What arrangements have been made to ensure the indemnity of subjects involved in the research project? (for example, subjects undertaking research in a hospital setting would usually be covered by the NHS indemnity and subjects in a drugs trial would usually be covered by pharmaceutical indemnity)**

N/A

OTHER ETHICAL ISSUES

31) **Are there any other ethical issues connected with this project that the researcher feels should be brought to the attention of the LREC?**

No.

EXISTING RESEARCH

32) **Please list existing research, which the lead investigator is currently undertaking**

None.

SIGNATURES to accompany Application Form

33) The information supplied above is accurate to the best of my knowledge and belief.

I understand that the LREC gives ethical approval only and it is my responsibility to seek the management approval of the relevant NHS bodies before the project takes place.

I have read and complied with the notes for guidance given with this application form.

I agree that basic details concerning my project will be included in the LREC annual report and the same details will be forwarded to the RHA for inclusion on the National NHS R and D information database and any other database approved by the LREC.

Signature of Principal Investigator _____

Signature of Investigator
(if different from above) N.A.

Signature of Supervisor
(Where relevant) _____

Date of Submission 18.2.02.

PLEASE RETURN TO: **Administrator Ethics Committee**
Preston Hall
AYLESFORD
Kent, ME20 7NJ

Checklist to accompany Application Form:

The documentation may include but is not limited to the following:

	Document	Please ✓ if included
1.	Application Form signed and dated	✓
2.	Protocol - clearly identified and dated, together with supporting documents and references, and details of any previous scientific peer review	✓
3.	Information Sheet for participants, Version and date	NA
4.	Consent Form, Version and date	NA
5.	Recruitment Material	NA
6.	Questionnaire/Case Report Forms/Diary Cards for participants Version and date	NA
7.	Letter to GP/Consultant etc. Version and date	NA
8.	CTX dated	NA
9.	CV for lead investigator and co-investigator	✓
10.	Investigator's Brochure Version and dated	NA

(Summary)

CURRICULUM VITAE

Grant Stafford Broad

ADDRESS:

Private: Ivydene,
Berners Hill, Flimwell,
East Sussex, TN5 7NH.
Tel [01580] 879692

Work: Kent Forensic Psychiatry Service,
Trevor Gibbens Unit,
Hermitage Lane,
Maidstone, Kent ME16 9QQ.
Tel [01622] 723109
Fax [06122] 720820

PERSONAL DETAILS

Date of Birth - 12 June 1955
Marital Status - Married to Janice Vanessa (an English citizen)
Health - Excellent
Nationality - New Zealand (Caucasian)

EDUCATION:

Tertiary:

Diploma in clinical psychology awarded on 29 May 1980 by the University of Canterbury.

Master of Arts in Psychology conferred with 2nd Class Honours, Division 1, on 25 February 1980 by the University of Canterbury.

Bachelor of Arts in Psychology conferred on 7 May 1977 by the University of Otago.

I commenced University studies in 1974.

Secondary:

1969 - 1973, Southland Boys High School
Awarded University Entrance and Higher School Certificate in Biology, Chemistry, English, Mathematics and Economics.

INTERESTS:

Fly fishing for trout, shotgun shooting, reading, contemporary music, golf, nature walks, cricket, aviation, classic and performance cars, animals.

REFEREES:

Dr P A Sugarman, Consultant Forensic Psychiatrist, Kent Forensic Psychiatry Service, Trevor Gibbens Unit, Hermitage Lane, Maidstone, Kent ME16 9QQ.
Tel: [01622] 723106 Fax: [01622] 720820

Mr Bruce Skinner, Regional Senior Psychologist, Psychological Services (Justice), Po Box 2020, Palmerston North, New Zealand.
Tel: [06] 356-1118 Fax [06] 358-4462

WORK EXPERIENCE:

From 23 August 1993
To Date

A full-time post split 50/50 between the local Regional Secure Unit (ie Trevor Gibbons Unit) and primary care sessions in General Practitioners surgeries around Maidstone. This changed to a full-time Forensic Psychology post in June 1995.

From 26 October 1992
To 26 March 1993

I went back to my former post at the psychiatric unit in New Plymouth, New Zealand whilst I re-evaluated my personal and career options. The decision was to return to England.

From 1 June 1992
To 9 October 1992

Psychologist in the community mental health team covering Poole, Bournemouth and Christchurch (Dorset).

From 26 August 1984
To 24 April 1992

Employed by the Taranaki Hospital Board (NZ) as a Clinical Psychologist in the psychiatric unit. This was an 8/10 post. The remaining 2/10 was spent in private practice, largely forensic consultancy.

From 14 June 1983
To 20 November 1983

Employed as a security officer at the Knightsbridge branch of Safe Deposit Centres Ltd.

From 13 December 1982
To 27 April 1983

Head of the Security Department at the Cromwell Hospital, Kensington.

From 4 January 1982
To 10 December 1982

Research Psychologist at the Addiction Research Unit of the Institute of psychiatry, London.

From 17 September 1981
To 2 January 1982

Security officer with the Unitrust Security Firm of Ealing Broadway. I worked on their team in the Cromwell Hospital.

From 24 April 1981
To 17 September 1982

Travel through Europe and Great Britain.

From 7 March 1980
13 March 1981

Clinical psychologist at the psychiatric unit, ward 29, Barrett St Hospital, New Plymouth, New Zealand. This was my first post-graduate job.

APPENDIX B7

Direct Line: 01622 713012/713048 (Voice-Mail)
e-mail: Julie.Knowles@wkent-ha.sthames.nhs.uk
e-mail: Diane.McLeod@wkent-ha.thames.nhs.uk

West Kent NHS
Health Authority

Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 710161
Fax: 01622 719802
Minicom: 01622 713077
Email: general@wkent-ha.sthames.nhs.uk

Mr. Grant Broad
Chartered Clinical and Forensic Psychologist
Kent Forensic Psychiatry Services
Trevor Gibbens Unit
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Dear Mr. Broad,

Our REC No. WK019/2/02
The application of a fast and frugal reasoning model to the prediction of violent offending amongst patients referred for risk assessment

Thank you for your submission to the West Kent Research Ethics Committees. As discussed your proposal was to be reviewed by the Medway Research Ethics Committee at its meeting of 5th March 2002.

The Chairman of the Medway Research Ethics Committee has read through your application and would like to suggest the following amendments before the application is reviewed.

I. Amend question 9 on the application form - summary of the project. The information within this sections needs to be written in clear language that can be understood by a lay person;
II. The Committee would like to suggest Mr. Claude Pendaries, at the Invicta NHS Trust be informed of your intended project. Once the application has received a favourable ethical opinion you will be required to seek operational approval to use information held by the Trust as part of your project.
III. The Chairman noted that you have limited access to your University based supervisor but it is a requirement for the supervisor to write and confirm that he/she supports your proposal. It is also required for the C.V. of the Supervisor to be included in the application.

The Medway Research Ethics Committee's next meeting is on 9th April 2002. If you would like your ~~submission to be~~ reviewed earlier than this date, please note the following meeting date (27th March 2002.) All new submissions to be reviewed need to be with the administration office at least 10 working days prior to the meeting.

Please note you only need to send in one copy of the summary of the project, 1 supervisor letter and your Supervisor's C.V. I will photocopy all the relevant number of copies required for your submission.

I hope you will find the above points helpful and I look forward to hearing from you shortly.

Yours sincerely

JKnowles

Julie Knowles
Senior Administrator Ethics Committees

Chairman - Peter Smallridge CBE
Chief Executive - Ruth Carnall

APPENDIX B8

Invicta Community Care NHS Trust

Trust Headquarters
35 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4AX

Tel : 01732 520400
Fax: 01732 520401

Grant Broad
TGU

27th February 2002

Dear Grant,

A few words to say that the communication process with the Trust involves 2 stages:

- A **notification** to the Clinical Audit and R&D Committee (addressed to me) which informs the Trust **of your intention** to undertake your research project. It is a simple letter stating your intention and describing your project in a few words . It should be accompanied by a copy of your research protocol.

Please note that when you apply to the Research Ethics Committee, you will need to say in writing if you have notified your Trust and given a copy of your protocol. You'll therefore need to notify us before the Ethics Committee.

- The second stage takes place after your project has been cleared by the Research Ethics Committee. It involves asking formally the Trust for the **permission to go ahead.**

Yours sincerely

Dr C Pendaries
Director of Corporate Affairs
Lead R&D Officer

APPENDIX B9

Invicta Community Care NHS
NHS Trust

gb/hr *doc.Wkreseth-knowles*

Kent Forensic Psychiatry Service
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Tel: 01622 723102
Fax: 01622 720820

05 March 2002

Ms Julie Knowles
Senior Administrator, Ethics Committees
West Kent Health Authority
Preston Hall
Royal British Legion Village
AYLESFORD
Kent
ME20 7NJ

Dear Ms Knowles

Thank you for your letter reference WK019/2/002 about my application to the West Kent Research Ethics Committees for approval of my doctorate project.

You will find along with this letter amendments I have made to Question 9 on the application form (summary of the project).

I have also included a copy of a letter I wrote to Mr Claude Pendaries at Invicta Community Care (NHS) Trust informing him of my intended study.

I am in the process of attempting to contact my university supervisor to obtain a copy of his curriculum vitae, and written confirmation that he supports my proposal. This will not be easy, and I expect it will take some time.

I hope to appear before the Research Ethics Committee meeting on 27th March 2002, and would appreciate your sending me details of venue and time.

Please feel free to contact me with any queries.

Warm regards.

Yours sincerely

Grant Broad (Chartered Clinical and Forensic Psychologist)

APPENDIX B10

West Kent NHS
NHS and Social Care Trust

gb/hr *doc.ethicscom-cp*

Kent Forensic Psychiatry Service
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Tel : 01622 723169
Fax: 01622 723174

05 March 2002

Dr Claude Pendaries
Director of Corporate Affairs
Invicta Community Care (NHS) Trust
Kings Hill
West Malling
Kent

Dear Dr Pendaries

I am employed as a chartered clinical and forensic psychologist by the Kent Forensic Psychiatry Service, based at the Trevor Gibbens Unit. As part of my continuing professional development I have undertaken a practitioner doctorate in clinical psychology at City University, London. The coursework is being funded by the Trust, and I have full support from my line manager, service director, and clinical director to undertake this work.

Part of the doctorate portfolio is a 40,000 word dissertation on a research project. Staff from our service are regularly asked to provide estimates of the risk patients might pose of acting violently, so I have chosen this as my topic. The title is *The Application of a Fast and Frugal Reasoning Model to the Prediction of Violent Offending Amongst Patients Referred for Risk Assessment.* Enclosed with this letter is a more detailed overview of what the work involves.

In summary, I wish to review one hundred files of patients seen by the Kent Forensic Psychiatry Service for risk assessment, who have had at least two years since the evaluation was carried out to behave in a problematic fashion or not. I have already conducted a postal survey of consultant psychiatrists throughout the United Kingdom asking them to identify cues which they use to estimate the likelihood of violence amongst their patients. After comparing survey findings with the published literature, I have been able to identify ten cues which may have some part to play in this process. What I would like to do is evaluate each risk assessment report in this cohort prepared by KFPS staff, note the presence, absence or unavailability of these cues in that report, arrive at a decision about the level of risk posed in the estimation of the assessor (low or high), and then use police records to see whether or not these same people have been arrested for (or convicted of) any violent offences since the interview.

INVESTOR IN PEOPLE

Tr[illegible]ters
35 Kings Hill Avenue, Kings Hill, West Malling, Kent. ME19 4AX
Tel: 01732 520400 Fax: 01732 520401
Chairman Ward Griffiths Chief Executive Jon Wilkes

The first part of this process would involve my accessing our service files, and reading through them for this information. Unfortunately, as all of these patients have been seen two years ago or longer, many of these files will have been archived.

Several of these reports I will have written myself, others I may have co-authored, still more I will have sat in on the actual interview with the patient, and virtually all of the rest will have been discussed in my presence at either the referrals' allocation meeting where the patient was first considered, or subsequent meetings where the results of evaluations were shared with senior clinical staff. I cannot see that this part of the data gathering poses any major ethical concerns.

The final (and, in my opinion, the most important) part of the research consists of finding out whether these patients have gone on to offend violently or not. I am hoping to gain access to police national computer records under the direct supervision of police staff to find out this information. If I receive approval, I would hope to go along to police national headquarters in Maidstone with a list of names and dates of birth which I would then ask a computer operator to check with me on the system to see whether those people had appeared or not.

Some people I have discussed this project with have raised concerns. One is that I might be drawing the police's attention to people of whom they were not aware, and that they might then undertake some surveillance of those people, or interfere in their lives in some way. I have discussed this particular issue with senior police staff, and they assure me that computer audit systems are so advanced now that it would be impossible for them to store the information in any meaningful and secretive way. They also pointed out to me that the police are so actively engaged in other work that they no longer have the resources or time to spend investigating these types of patients in any meaningful way.

Further discussions with police staff have made me aware that the information I seek is actually a matter of public record anyway. I could go to the offices of the Kent newspapers and check back through their court pages for the last two years, looking for matches between names on my list and people they have reported on. According to police staff I have spoken with this would be the most comprehensive way of evaluating outcome. It would of course be enormously time-consuming and the only reason I sought to use police resources in the first place was to condense the data gathering process.

When the final write up of my dissertation is complete the data will be totally confidential. Appendix 3 will have a table full of cells, numbered 1-100 down the vertical axis, while the horizontal axis has the ten cues I have sought, a further column of risk assessors' decisions, and a final column with the outcome (offended violently or not offended violently). It would be impossible for the patients themselves to identify who they were from this data source. My original collection sheets with names, dates of birth, and study number would of course be shredded.

My application is in the hands of the Medway Research Ethics Committee, and they may well contact you for an opinion.

Please feel free to contact me with any queries.

Warm regards.

Yours sincerely

Grant Broad (Chartered Clinical and Forensic Psychologist)

APPENDIX B11

West Kent NHS
Health Authority

Direct Line: 01622 713012/713048 (Voice-Mail)
e-mail: 01622 713012/713048 (Voice-Mail)
e-mail: Diane.McLeod@wkent-ha.thames.nhs.uk

Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 710161
Fax: 01622 719802
Minicom: 01622 713077
Email: general@wkent-ha.sthames.nhs.uk

15th March 2002

Mr. Grant Broad
Chartered Clinical and Forensic Psychologist
Kent Forensic Psychiatry Service
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Dear Mr. Broad,

Our REC No. WK019/2/02
The application of a fast and frugal reasoning model to the prediction of violent offending amongst patients referred for risk assessment

Thank you for your application for the above study, which will be reviewed by the Dartford & Gravesham Research Ethics Committee on Wednesday 27th March 2002.

You are invited to attend on Wednesday 27th March 2002 at 1.20 p.m. The venue is the Board Room at Stone House Hospital, Cotton Lane, Dartford (map attached). I would be grateful if you would confirm that you are able to attend.

You will see that there is seating outside of the boardroom and you are asked to wait there until a member of the committee collects you. Once inside the meeting room you will be asked to orally present your proposal for four or five minutes and then members will ask questions. You will be asked to leave for a few minutes whilst the Committee continue discussing your project. You will then be invited back into the meeting and you will be given a verbal decision then.

Written confirmation of the decision will follow in the post 5/10 working days after the committee meeting.

If you have any questions, please do not hesitate to contact me direct. On behalf of the Committee, I look forwarding to seeing you on 27th.

Yours sincerely

Julie

Julie Knowles
Senior Administrator Ethics Committees

INVESTOR IN PEOPLE

Chairman - Peter Smallridge CBE
Chief Executive - Ruth Carnall

APPENDIX B12

Direct Line: 01622 713012/713048 (Voice-Mail)
e-mail: Julie.Knowles@wkent-ha.sthames.nhs.uk
e-mail: Diane.McLeod@wkent-ha.thames.nhs.uk

Kent and Medway NHS
Health Authority

Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 710161
Fax: 01622 719802
Minicom: 01622 713077
Email: general@kentmedway.nhs.uk

5th April 2002

Mr. Grant Broad~~bent~~
Chartered Clinical and Forensic Psychologist
Kent Forensic Psychiatry Services
Trevor Gibbens Unit
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Dear Mr. Broad~~bent,~~

Our REC No. WK019/2/0
The application of a fast and frugal reasoning ~~mind~~ to the prediction of violent offending amongst patients referred for risk assessment

Thank you for attending the Committee meeting of 27 March 2002. The Dartford & Gravesham Research Ethics Committee reviewed the following information: -

I. Research Ethics Application form;
II. Design of research summary;
III. C.V. of the researcher.

As you are aware the Committee raised the following points: -

The Committee raised the following points: -

I. A letter from the Police is required to confirm that they are happy for you to have access to their database;
II. The Committee suggested that you include in the data collection any 'cautions' that have been recorded;
III. A written statement to assure the committee that the data gathered will be securely stored and you will be the only person who will have access to this information and all data collected will be confidentially destroyed once the project is completed;
IV. The Committee noted that you have limited access with your supervisor but the application must be signed by your supervisor to state that he/she does support the project.

The Committee agreed that there was no objection on ethical grounds but before formal approval can be given the Committee require sight of the above information.

I look forward to hearing from you.

Yours sincerely

Dr. J. B. Symes
Chairman – Dartford & Gravesham Research Ethics Committee

Chairman: Kate Lampard
Chief Executive: Candy Morris

APPENDIX B13

Dr Peter Ayton
Psychology Department
City University, London
Northampton Square
LONDON
EC1V 0HB

15 April 2002

Dr J B Symes
Chairman - Dartford & Gravesham
Research Ethics Committee
Preston Hall
Aylesford
Kent
ME20 7NJ

Dear Dr Symes

I have been contacted by Grant Broad, a post-graduate student carrying out research under my supervision, who informs me that your committee requires a statement of my support for the project. I have discussed this work with him since his admission to the doctoral programme and believe it has relevance because, to the best of my knowledge, nobody else has attempted to use a probabilistic mental model approach to the prediction of violent offending. It builds on the study of a former student of mine who investigated the decision-making strategies of magistrates.

The results of Mr Broad's inquiries may have an impact on how his service carries out risk assessments, and I am looking forward to seeing what can be made of the data.

Yours sincerely

Dr Peter Ayton

APPENDIX B14

Kent and Medway NHS
Health Authority

Direct Line: 01622 713048 or 713012 (Voice-Mail)
Direct FAX Line: 01622 713168
e-mail: Diane.Mcleod@kentmedway.nhs.uk or
e-mail: Julie.Knowles@kentmedway.nhs.uk

Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 710161
Fax: 01622 719802
Minicom: 01622 713077
Email: general@kentmedway.nhs.uk

Our Ref: WK019/2/02

29 May 2002

Mr. Grant Broad~~bent~~
Chartered Clinical and Forensic Psychologist
Kent Forensic Psychiatry Services
Trevor Gibbens Unit
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Dear Mr. Broad~~bent,~~

Our REC No. WK019/2/0
The application of a fast and frugal reasoning ~~mind~~ to the prediction of violent offending amongst patients referred for risk assessment

I refer to our letter of the 5 April 2002 and following the review of your application the Dartford & Gravesham Research Ethics Committee requested further information before giving formal approval.

I am wondering if you are yet in a position to answer the points raised by the Committee which were as follows:

I. A letter from the Police is required to confirm that they are happy for you to have access to their database;
II. The Committee suggested that you include in the data collection any 'cautions' that have been recorded;
III. A written statement to assure the committee that the data gathered will be securely stored and you will be the only person who will have access to this information and all data collected will be confidentially destroyed once the project is completed;
IV. The Committee noted that you have limited access with your supervisor but the application must be signed by your supervisor to state that he/she does support the project.

I would be grateful if you could let us have an update on the present position of your study.

I look forward to hearing from you.

Yours sincerely

Dr. J. B. Symes
Chairman – Dartford & Gravesham Research Ethics Committee

APPENDIX B15

Ref: GB/JWB

West Kent NHS
NHS and Social Care Trust

Dr J B Symes
Chairman – Dartford and Gravesham
Research Ethics Committee
Preston Hall
Aylesford
Kent
ME20 7NJ

Kent Forensic Psychiatry Service
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent
ME16 9QQ
Tel: 01622 723194
Fax:01622 723174

e-mail jbrennan@invicta-tr.sthames.nhs.uk

18th June 2002

Dear Dr Symes

Thank you for your letter following my appearance at the committee meeting on March 27th 2002. Four points were raised which I should now like to turn to.

A letter from the Police has been obtained to confirm that they are prepared to allow me access to their data base, and you will find that enclosed.

With regard to point 2, I have amended my data collection strategy to include any "cautions" that have been recorded for my cohort of 100 patients.

With respect to point 3, I can confirm that the data gathered will be securely stored, and that I will be the only person with access to it. During the analysis phase I will keep patients' cohort numbers and dates of birth together, so that I can be clear about who I am dealing with, but when this material is written up in the dissertation all dates of birth will be removed. Patients will only be identified by number from one to one hundred, which will ensure confidentiality. Once I have completed the statistical analysis, all raw data will be shredded, and no identifying features such as name or date of birth will appear in the final document.

With reference to point 4 about support from my university supervisor for this project, you will find enclosed a letter from him, along with a signed copy of the research ethics application form.

I hope this information is all you require, but please feel free to contact me if there are any further queries.

Yours sincerely

Grant Broad
(Chartered Clinical and Forensic Psychologist)

APPENDIX B16

Ref: GB/JWB.

Detective Sergeant Christopher Tomlin FIB
Kent Police Headquarters
Sutton Road
Maidstone
Kent
ME16 9BZ

Dr J B Symes
Chairman – Dartford and Gravesham Research
Ethics Committee
Preston hall
Aylesford
Kent
ME20 7NJ

18th June 2002

Dear Dr Symes

I have been contacted by Grant Broad, Chartered Clinical and Forensic Psychologist working with the Kent Forensic Psychiatry Service, who informs me that your committee requires a statement from me to the effect that he will be allowed access to the Police National Data Base in order to complete some research he is doing on the prediction of violent offending. As I am sure you can appreciate, this is an area in which the Police have considerable interest, especially with regard to ways in which to make such estimates from an evidence base, and with as much reliability and accuracy as possible. Mr Broad has sent me a copy of his research proposal, which I have discussed with Detective Superintendent Townsend.

On this basis, in conjunction with previous collaborative efforts between the Police and KFPS, I am prepared to work with Mr Broad in determining whether or not patients from the cohort of 100 he has selected have gone on to be cautioned, arrested, or convicted of violent offences since the beginning of the year 2000. Mr Broad will be in my presence at all times while he is on Police property, and will not be taking away any information from out headquarters other than a notation in the appropriate column of his data collection form (Appendix 3) which refers to outcome (i.e. OV or NOV).

Yours sincerely,

Detective Sergeant Christopher Tomlin

APPENDIX B17

Kent and Medway NHS
Health Authority

Direct Line: 01622 713012/713048 (Voice-Mail)
Direct Fax: 01622 713168
Email: Maureen.Taylor@kentmedway.nhs.uk
Email: Diane.Mcleod@kentmedway.nhs.uk

Preston Hall
Aylesford
Kent
ME20 7NJ

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Fax: 01622 719802
Minicom: 01622 713077
Email: general@kentmedway.nhs.uk

5 July 2002

Mr. Grant Broad
Kent Forensic Psychiatry Service
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent
ME16 9QQ

Dear Mr. Broad

Our REC No.WK019/2/02
The application of a fast and frugal reasoning ~~(mind)~~ model to the prediction of violent offending amongst patients referred for risk assessment.

I refer to your letter dated 18 June 2002. Thank you for obtaining your supervisor's signature on the application form and letter of support. Thank you also for the letter from Detective Sergeant Tomlin.

I am satisfied that you have addressed the points raised by the Committee and am able to take Chairman's Action on your application. I agree that there is no objection on ethical grounds to the proposed study whose title is given above proceeding in the Kent and Medway area. I give you our approval on the understanding that you will follow the protocol as agreed. **The project must be started within 12 months from the date of this letter.** This approval is for the person named above and if another person is added or substituted, the Committee reserves the right to call that person before it.

It is your responsibility, as the researcher who made the application, to notify the Local Research Ethics Committee immediately you become aware of any information which could cast doubt upon the conduct, safety or an unintended outcome of the study for which approval was given.

- **Amendments**

  If there are amendments, which in your opinion or opinion of your colleagues, could alter radically the nature or purpose of the study for which approval was originally given, a revised protocol or amendment to be attached to the original protocol should be submitted to the Committee for approval before it is implemented. An amendment will need to be considered as a new submission if the nature of the study is significantly altered.

  Enclosed is an Amendment Form for your use. **It will be necessary for you to submit a resume of the amendment or indicate the amendments in bold or italics.** The appropriate number of copies must be sent.

Chairman: Kate Lampard
Chief Executive: Candy Morris

- **Operational Approval**

  The Committee has given approval for the study on ethical grounds, it is still necessary for you to obtain approval from the Chief Executive of the Trust in which the work is to be carried out. If the study is to be carried out within the primary care setting you are asked to inform and, if necessary, obtain approval from the Chief Executive of the Primary Care Trust that research is to be carried out in their area.

- **Serious Adverse Events**

  All serious adverse events need to be reported to the Committee, which undertook the ethical review of the protocol. If this was an MREC approved study serious adverse events should be reported to that Committee. Any serious adverse events, which occur within the West Kent geographical area should be, reported to the appropriate West Kent Research Ethics Committee i.e. the Committee who undertook the ethical review for the West Kent area.

- **Annual Reports/Completion of Study**

  You are required to inform the Committee on the completion or discontinuation of the study and its outcome. Members of the Committee would appreciate a copy of the report or results being sent to the Administrator on its conclusion. If the study extends beyond one year the Committee would like an interim report of the research in progress each year on or about the anniversary date of this approval letter.

  If you fail to undertake the research within the timescale set out above it will be necessary for you to contact the Chairman of the REC to find out whether you must reapply to the REC for approval or whether a deferred start date will be permitted.

- **ICH GCP Compliance**

  The Committee is compliant with the International Conference on Harmonisation/Good Clinical Practice (ICH GCP) Guidelines for the Conduct of Trials Involving the Participation of Human Subjects.

  A copy of the West Kent Research Ethics Committees' Constitution is available on request.

On behalf of the Committee I wish you every success with your research.

Yours sincerely

Dr. J. B. Symes
Chairman – Dartford & Gravesham Research Ethics Committee

APPENDIX B18

West Kent NHS
NHS and Social Care Trust

Grant Broad
KFPS
Trevor Gibbens Unit
Hermitage Lane
Maidstone
Kent ME 16 9QQ

Trust Headquarters
35 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4AX

Tel : 01732 520400
Fax: 01732 520401

17th July 2002

Dear Grant,

Re: The application of a fast and frugal reasoning model to the prediction of violent offending among patients referred for risk assessment. (Ethics Ctee No: WK019/2/02)

This is to inform you that your project has received the Trust's approval and that it has now been formally registered into the Trust's research database.

Best wishes

Dr C Pendaries
Director of Corporate Affairs

cc: Jon Wilkes, Chief Executive

APPENDIX B19

Kent and Medway NHS
Health Authority

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Email: Diane.Mcleod@kentmedway.nhs.uk

Preston Hall
Aylesford
Kent
ME20 7NJ

Tel: 01622 710161
Fax: 01622 719802
Minicom: 01622 713077
Email: general@kentmedway.nhs.uk

5 August 2002

Mr. Grant Broad
Chartered Clinical & Forensic Psychologist
Kent Forensic Psychiatry Services
Trevor Gibbens Unit
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 QQ

Dear Mr. Broad

Our REC No. WK019/2/02
The application of a fast and frugal reasoning model to the prediction of violent offending amongst patients referred for risk assessment.

At its meeting held on 28 July 2002, the Dartfofd & Gravesham Research Ethics Committee ratified my Chairman's Action in approving the above study as detailed in my letter of 5 July 2002.

Yours sincerely

Dr. J. B. Symes
Chairman – Dartford & Gravesham Research Ethics Committee

Chairman: Kate Lampard
Chief Executive: Candy Morris

Appendix B20

Logistic Regression Analysis Using All Ten Cues to Predict Outcome

Case Processing Summary

Unweighted Cases[a]		N	Percent
Selected Cases	Included in Analysis	100	100.0
	Missing Cases	0	.0
	Total	100	100.0
Unselected Cases		0	.0
Total		100	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
No	0
Yes	1

Block 0: Beginning Block

Classification Table[a,b]

Observed			Predicted		
			OV		Percentage Correct
			No	Yes	
Step 0	OV	No	88	0	100.0
		Yes	12	0	.0
	Overall Percentage				88.0

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-1.992	.308	41.921	1	.000	.136

Variables not in the Equation

			Score	df	Sig.
Step 0	Variables	HistofViol	2.616	1	.106
		Substance	.108	1	.743
		Threats	3.199	1	.074
		ActiveSym	2.829	1	.093
		Delusions	2.212	1	.137
		NonComp	1.031	1	.310
		UseofWeapons	3.406	1	.065
		ThreatControl	2.446	1	.118
		Availability	.005	1	.941
		Circ	2.082	1	.149
	Overall Statistics		16.810	10	.079

Appendix B21

Logistic Regression Analysis Using All Ten Cues to Predict Assessors' Decisions

Case Processing Summary

Unweighted Cases[a]		N	Percent
Selected Cases	Included in Analysis	100	100.0
	Missing Cases	0	.0
	Total	100	100.0
Unselected Cases		0	.0
Total		100	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
Low	0
High	1

Block 0: Beginning Block

Classification Table[a,b]

			Predicted		
			Decision		Percentage Correct
	Observed		Low	High	
Step 0	Decision	Low	54	0	100.0
		High	46	0	.0
	Overall Percentage				54.0

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-.160	.201	.639	1	.424	.852

Variables not in the Equation

			Score	df	Sig.
Step 0	Variables	HistofViol	6.904	1	.009
		Substance	.034	1	.854
		Threats	3.659	1	.056
		ActiveSym	1.383	1	.240
		Delusions	1.934	1	.164
		NonComp	1.753	1	.185
		UseofWeapons	.466	1	.495
		ThreatControl	4.366	1	.037
		Availability	.034	1	.854
		Circ	.693	1	.405
	Overall Statistics		12.743	10	.238

Block 1: Method = Forward Stepwise (Likelihood Ratio)

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	7.185	1	.007
	Block	7.185	1	.007
	Model	7.185	1	.007

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	130.803[a]	.069	.093

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table[a]

Observed			Predicted		
			Decision		Percentage Correct
			Low	High	
Step 1	Decision	Low	21	33	38.9
		High	7	39	84.8
	Overall Percentage				60.0

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	HistofViol	1.266	.496	6.501	1	.011	3.545
	Constant	-1.099	.436	6.336	1	.012	.333

a. Variable(s) entered on step 1: HistofViol.

Model if Term Removed

Variable		Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change
Step 1	HistofViol	-68.994	7.185	1	.007

Variables not in the Equation

			Score	df	Sig.
Step 1	Variables	Substance	.022	1	.882
		Threats	3.555	1	.059
		ActiveSym	.874	1	.350
		Delusions	1.264	1	.261
		NonComp	.987	1	.320
		UseofWeapons	.000	1	1.000
		ThreatControl	2.524	1	.112
		Availability	.000	1	.986
		Circ	.220	1	.639
	Overall Statistics		6.227	9	.717

Appendix B22

Logistic Regression Analysis Using The Two Most Significant Cues to Predict Outcome

Case Processing Summary

Unweighted Cases[a]		N	Percent
Selected Cases	Included in Analysis	100	100.0
	Missing Cases	0	.0
	Total	100	100.0
Unselected Cases		0	.0
Total		100	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
No	0
Yes	1

Block 0: Beginning Block

Classification Table[a,b]

Observed			Predicted		
			OV		Percentage Correct
			No	Yes	
Step 0	OV	No	88	0	100.0
		Yes	12	0	.0
	Overall Percentage				88.0

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-1.992	.308	41.921	1	.000	.136

Variables not in the Equation

			Score	df	Sig.
Step 0	Variables	Circ	2.082	1	.149
		UseofWeapons	3.406	1	.065
	Overall Statistics		5.468	2	.065

Appendix B23

Logistic Regression Analysis Using The Two Most Significant Cues to Predict Assessors' Decisions

Case Processing Summary

Unweighted Cases[a]		N	Percent
Selected Cases	Included in Analysis	100	100.0
	Missing Cases	0	.0
	Total	100	100.0
Unselected Cases		0	.0
Total		100	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
Low	0
High	1

Block 0: Beginning Block

Classification Table[a,b]

Observed			Predicted		
			Decision		Percentage Correct
			Low	High	
Step 0	Decision	Low	54	0	100.0
		High	46	0	.0
	Overall Percentage				54.0

a. Constant is included in the model.

b. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-.160	.201	.639	1	.424	.852

Variables not in the Equation

			Score	df	Sig.
Step 0	Variables	HistofViol	6.904	1	.009
		NonComp	1.753	1	.185
	Overall Statistics		7.854	2	.020

Block 1: Method = Forward Stepwise (Likelihood Ratio)

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	7.185	1	.007
	Block	7.185	1	.007
	Model	7.185	1	.007

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	130.803[a]	.069	.093

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table[a]

Observed			Predicted		
			Decision		Percentage Correct
			Low	High	
Step 1	Decision	Low	21	33	38.9
		High	7	39	84.8
	Overall Percentage				60.0

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	HistofViol	1.266	.496	6.501	1	.011	3.545
	Constant	-1.099	.436	6.336	1	.012	.333

a. Variable(s) entered on step 1: HistofViol.

Model if Term Removed

Variable		Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change
Step 1	HistofViol	-68.994	7.185	1	.007

Variables not in the Equation

			Score	df	Sig.
Step 1	Variables	NonComp	.987	1	.320
	Overall Statistics		.987	1	.320

POSTCARD

I hope you like the card and that your cats enjoy playing with the toy. Every time you hear the little bell you can think of me now.

If you were a kitten I would sit you on my knee and give you a saucer of milk. And I am sure you would purr very sweetly.
Mee-ow Mee-ow Mee-ow

Section C, Appendix 2: POSTCARD TO VICTIM

Hope you like the present. If your lips touched mine as many times as I hope your lips touch this mug I would be very happy.

Section C, Appendix 3: POSTCARD TO VICTIM

I have a plan for next summer, it's foolproof. I wont say any more yet. You see how persistent I am. It's just as well I'm so nice to you. But as I've said you are my project.

Section C, Appendix 4: LETTER TO VICTIM

Important Note: some of the information I write to you is very sensitive information ie. About what courses I am doing and where. You are therefore in a position of trust not to use this information for any purpose. I have never said or written anything negative or offensive about you to anyone connected with xxxxxxxxx

In the Daily Star yesterday the front page headline was about a "crazed stalker" who was after Martine McCutchen (Tiffany) from Eastenders. Apparently he wants to kill her and escaped from a mental hospital. He claims to have sent her "telepathic messages" advising her about her career and is now demanding money from her for his services. Apparently she is terrified etc etc.

Back to this story. This is such a cliché, wanting to kill some poor woman or extort money. That is why you are so lucky having me as your "guardian stalker"

Section C, Appendix 4: LETTER TO VICTIM

I went to xxxx yesterday (where I posted the sweets to you from). I have decided to write the rest of this in the form of a fictional story.

One day a man went to xxxxx with a pocket TV and his little binoculars. In xxxxx he bought some chocolates which he posted to a pretty lady who was a tv presenter. Anyway, realising that she would be presenting the news he thought up a plan of how to see her without disturbing the pretty lady. So he got on the choo choo train to xxxxx and pedalled off on his bike in search of her when he got off the choo choo train. After about 5 minutes he arrived at xxxxx. It was about xxx. He knew the pretty lady was close by so he hid somewhere in case she saw him and told Mr xxx, the evil king.

He was well prepared with his pocket tv and binoculars to see the pretty princess when she left xxxxx after the news.

After waiting a while in the secret place, watching the princess on his pocket tv, he saw her come out of the xxxxx place and walk across to her little black sports car. Then she zoomed off as quick as can be. The man then talked to the sentry at xxxxx briefly before biking away.

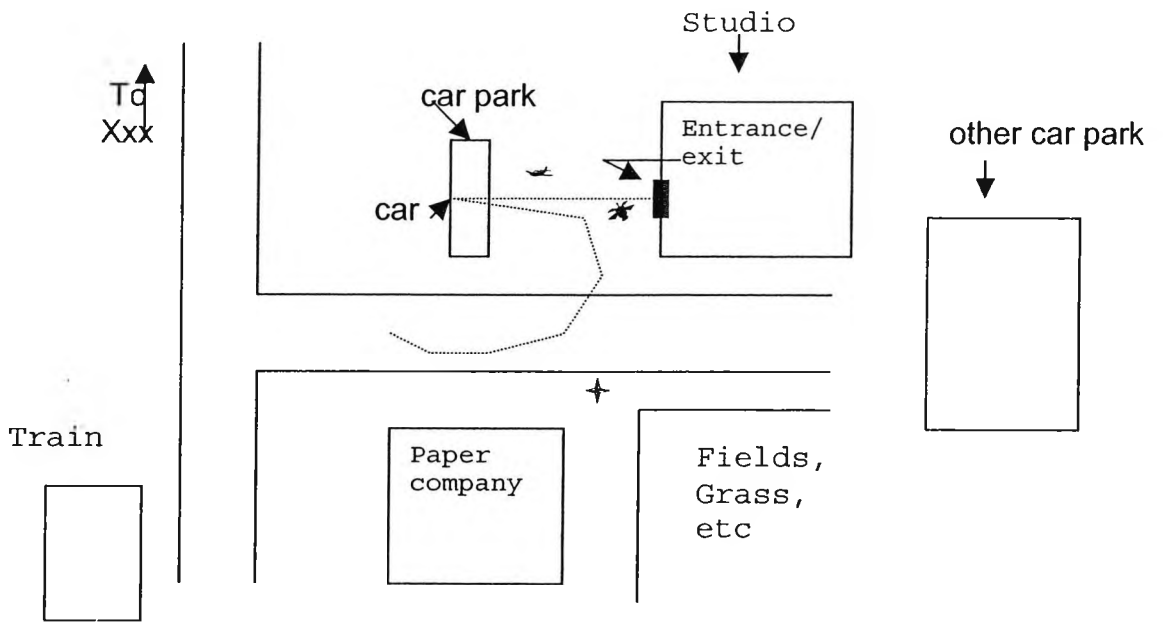
What do you think of the story?

OK so I was being a bit devious, but never mind. At least I am keeping you fully informed. You see, this is a two way exchange. You know exactly what I'm up to. Anyway it was a bit cold so I won't do that again. Also I had to cycle for ages to get back to bloody xxxxx. At least it didn't rain much. However, it was a total success. As I was undetected by anyone. How much can I trust you darling, to tell you all this? Please don't let me down xxxxx as this is just a bit of fun.

But here goes!

Section C, Appendix 4: LETTER TO VICTIM

Map of xxx's watch observation



Key

(Dotted line) = your movements to your car after leaving HQ

(Dotted line) = your car (vroom vroom)

me (hiding behind a palette at paper company)

Mission data

Mission to observe xxx successfully completed? Yes

What learned?

Has a black sports type Car, maybe Porsche?

Section C, Appendix 4: LETTER TO VICTIM

How was xxx looking?	Had a black coat on. Didn't see too Clearly
Was she accompanied to her Car?	No
Security guard, was he useful?	No, he was pleasant but denied me Access to xxx data (eg. Tel no or other)
Did security guard believe me When I told him what I was Doing there?	Yes, probably
How should this data be treated?	CONFIDENTIAL – ONLY TO BE DISCLOSED TO XXXX AS PART OF WATCH BRIEFING. NO ONE ELSE!
I will have to post this in a minute.	

Section C, Appendix 5: LETTER TO VICTIM

18 August 1998

Dear

I suppose I'd better explain what happened on Monday evening. Just to put your mind at rest. I decided to pay a visit to the studio at xxx. I hoped to see you there. I made a guess that you would be presenting the late news so I turned up at about 10.30pm. When I got home I subsequently found out that you hadn't presented anything that day. Anyway, I hung around a while looking at the pictures on the wall including the one of you and talking to the security guy on the desk.

xxxx didn't want to speak to me. In fact I think she was a bit scared. She asked one of the security guys to walk her to her car. This is not the idea or image I want to put across. I don't think I will visit the studio again.

You can certainly put xxx's mind at rest. It wasn't as if I even went there to see her. Oh well, a disastrous first venture to the xxx studio. She seemed to know who I was when I mentioned her medal. I really don't want to worry you in any way. This should be exemplified in the letters I write you which are very nice. I certainly won't put myself in the compromising situation of visiting xxx studio and getting arrested etc by the police. I will only visit the studio after I have rung you.

I am at least rational enough to put two and two together and come to the conclusion that next time I visit the studio one of your security guys will call the police. I will therefore deny these guys that privilege.

If you want to know why I turned up on my bike it was in anticipation of such a situation. My number plates could be all over tv and xxx police by now. My bike however is less distinguishable.

Not that it is easy to get to the bloody place anyway. I had to cycle ages to get back to xxxx station, maybe xxxx was nearer. Who cares.

Do you like having someone giving you this attention? Like I am. Every celebrity needs a stalker. Oh well, there are good stalkers and bad stalkers and you my dear, are lucky enough to get a good one who sends you nice presents and writes you nice things. This is very much an interactive stalking case. With these letters etc it doesn't do your image much harm to have someone stalking you like this. Maybe the other presenters are jealous because no one stalks them around.

Section C, Appendix 5: LETTER TO VICTIM

Actually come to think of it it was a very successful visit to xxxx.

1) I gained easy access to the building (a cleaner was going through the intercom/outside door so I just followed her in) this gave me access to the upstairs of the building if I had wanted to go there

2) I stood chatting to the guy at the desk for half an hour watching his tv and talking football

3) This gave me ample opportunity to gain information from the guard on the desk without him even realising that the whole conversation was designed to gain maximum presenter information from him

Footnote: Security guards tend to be fairly lonely in their work and lack power and prestige. This gave me ample opportunity to exploit this by making him feel he was very important. He could tell me about all the presenters … how much he knows about them … etc .. etc … and I would respect this guy because he is important (or at least I let him think he was).

For example when I mentioned xxxxx he would reply by calling her xxx (I would therefore appear impressed that he is on first name terms with the presenters, he would then lower his guard and spill all beans available, as it were).

He told me

xxxxx is getting married next week
xxxx and xxxx are single
who would be presenting the late news later in the week on what nights
that you lived in xxxx or close by
that xxxxx is leaving xxxxx
xxx has gone to Sky 1
xxxxx is only filling in on xxxx until a new presenter arrives

Oh no I just thought, I might be on your cctv (if you have cctv) my hair was so messy this is terrible.

I will certainly ring you, probably next week as I have somewhere important to go and this will take up a lot of my time until then.

In the meantime take very good care of yourself

xxxxxxx

Section C, Appendix 6: LETTER TO VICTIM

I hope you appreciate the effort I put into stalking you? Here's a list for you

Advantages of having a stalker

- they send you nice presents
- they flatter you with nice letters
- you can see having a stalker "as a status symbol" of your celebrity level
- you can brag about having a stalker and make others jealous if they don't have one
- you can rely on them to protect you when necessary

Disadvantages of having a stalker

- they may send you offensive/threatening letters
- they may send you presents such as dead animals, razor blades, broken glass, etc
- they may plan to kidnap/rape/kill you
- they may try to get you in trouble with your work
- adverse publicity damaging your image/career
- they may burgle your house
- they may insult/humiliate you to your colleagues
- they may follow you around making scenes in public etc. embarrassing you

Section C, Appendix 7: LETTER TO VICTIM

Always remember the golden rule of all stalkers (which I have just invented) –

"If your stalker walks during your sleeping hours, is he your dream or your nightmare? If you can choose, then be sure to kiss him goodnight before you go to bed and he will be your dream"
... for as long as you continue to kiss him goodnight.

Section C, Appendix 8: POSTCARD TO VICTIM

Did you notice that the Grim Reaper (in the photo) still has some sand running through his egg timer?

How strange, considering he is just a model who has been standing on that spot, motionless, for years and years.

You would have thought his sand would have run out by now.