CHAPTER 1

INTRODUCTION

Many instruments have been published in recent years to improve the ability of mental health clinicians to estimate the likelihood that an individual will behave violently toward others. Increasingly, these instruments are being applied in response to laws that require specialized risk assessments. In this review, we present a framework that goes beyond the “clinical” and “actuarial” dichotomy to describe a continuum of structured approaches to risk assessment. Despite differences among them, there is little evidence that one instrument predicts violence better than another. We believe that these group-based instruments are useful for assessing an individual's risk, and that the instrument should be chosen based on the purpose of the assessment [1]

Violence is "the use of physical force so as to injure, abuse, damage, or destroy." Less conventional definitions are also used, such as the World Health Organization's definition of violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation.

This initial categorization differentiates between violence a person inflicts upon himself or herself, violence inflicted by another individual or by a small group of individuals, and violence inflicted by larger groups such as states, organized political groups, militia groups and terrorist organizations. These three broad categories are each divided further to reflect more specific types of violence are physical, sexual, emotional and psychological.

Alternatively, violence can primarily be classified as either instrumental or reactive or hostile. Violence cannot be attributed to a single factor. Its causes are Complex and occur at different levels. To represent this complexity, the ecological, or social ecological model is often used. The following four-level version of the ecological model is often used in the study of violence:

The first level identifies biological and personal factors that influence how individuals behave and increase their likelihood of becoming a victim or perpetrator of violence: demographic characteristics (age, education, income), genetics, brain lesions, personality disorders, substance abuse, and a history of experiencing, witnessing, or engaging in violent behaviour.

The second level focuses on close relationships, such as those with family and friends. In youth violence, for example, having friends who engage in or encourage violence can increase a young person's risk of being a victim or perpetrator of violence. For intimate partner violence, a consistent marker at this level of the model is marital conflict or discord in the relationship. In elder abuse, important factors are stress due to the nature of the past relationship between the abused person and the care giver.

The third level explores the community context i.e. schools, workplaces, and neighborhoods. Risk at this level may be affected by factors such as the existence of a local drug trade, the absence of social networks, and concentrated poverty. All these factors have been shown to be important in several types of violence.[5]

Finally, the fourth level looks at the broad societal factors that help to create a climate in which violence is encouraged or inhibited: the responsiveness of the criminal justice system, social and cultural norms regarding gender roles or parent-child relationships, income inequality, the strength of the social welfare system, the social acceptability of violence,

the availability of weapons, the exposure to violence in mass media, and political instability.[3]

Anti-social is frequently used, incorrectly, to mean either "nonsocial" or "unsociable". The words are not synonyms Anti-social behavior is typically associated with other behavioral and developmental issues such as hyperactivity, depression, learning disabilities and impulsivity. Alongside these issues one can be predisposed or more inclined to develop such behavior due to one's genetics, neurobiological and environmental stressors in the prenatal stage of one's life, through the early childhood years.

Personality disorders are seen to be caused by a combination and interaction of genetic and environmental influences .Genetically, it is the intrinsic temperamental tendencies as determined by their genetically influenced physiology, and environmentally, it is the social and cultural experiences of a person in childhood and adolescence encompassing their family dynamics, peer influences, and social values. People with an antisocial or alcoholic parent are considered to be at higher risk. Fire-setting and cruelty to animals during childhood are also linked to the development of antisocial personality. The condition is more common in males than in females, and among people who are in prison.

Substantial strides have been made in the field of violence risk assessment. Numerous robust risk factors have been identified and incorporated into structured violence risk assessment instruments. The concepts of violence prevention, management, and treatment have been infused into contemporary thinking on risk assessment. This conceptual development underscores the necessity of identifying, measuring, and monitoring changeable (dynamic) risk factors--the most promising targets for risk reduction efforts.

India has a common law legal system whose infrastructure bears the influence of British colonial rule. The constitution is based on the

Government of India Act 1935 passed by British Parliament. Legal system refers to a procedure or process for interpreting and enforcing the law. It elaborates the rights and responsibilities in a variety of ways. Three major legal systems of the world consist of civil law, common law and religious law. Judicial System or the court system is also the Judiciary System.

The court has the power to make decisions and also enforce the law, solve disputes. Judicial System of India consists of Supreme Court, High Court, District Court or Subordinate Court.[5]

Some of behaviours that find in criminals are Alcohol use disorder**,** Coercive behavior, Sensitivity**,** Specificity and Conduct disorder. **Alcohol use disorder (AUD)** —The repetitive, long-term ingestion of alcohol in ways that impair psychosocial functioning and health, leading to problems with personal relationships, school, or work. Alcohol use disorders include alcohol dependence, alcohol abuse, alcohol intoxication, and alcohol withdrawal. **Coercive behavior** —Maladaptive behaviors engaged in as a means of avoiding or escaping aversive events. Coercive behavior may include whining, noncompliance, and lying. **Conduct disorder** —A behavioral and emotional disorder of childhood and adolescence. Children with a conduct disorder act inappropriately, infringe on the rights of others, and violate societal norms. **Sensitivity** is defined as the proportion of the violent outcome group scoring positive for predicted violence on the risk assessment instrument, that is, sensitivity. **Specificity** is defined as the proportion of the non-violent outcome group scoring in the predicted non-violence group on the risk assessment instrument, that is, specificity.[9]

CHAPTER 2

LITERATURE REVIEW

Andrea L Glenn, et.al. (2013) "Implications for the punishment, prediction and prevention of criminal behavior" They studied the Criminal behavior and violence are increasingly viewed as worldwide public health problems. A growing body of knowledge shows that criminal behavior has a neurobiological basis, and this has intensified judicial interest in the potential application of neuroscience to criminal law.

Nathaniel E. Anderson, et.al. (2016) "Research into the biosocial correlates of antisocial behavior has revealed the importance of integrating sociological findings with evidence flowing from genetics and neuroscience". The present study represents a step toward such integration by offering an in-depth overview of neurocriminology, which is the study of the brain and how it affects antisocial behavior. We consider the role of the brain in both78 antisocial/criminal behavior as well as in drug use/abuse. We highlight various regions/systems in the brain that have been identified as targets for intervention and as areas in need of more study. This knowledge equips us with the foundation to think translationally about how to promote mental health, adaptive behavior, and well-being among drug using criminal offenders.

Olivia Choy, et al. (2015) "The Mediating Role of Heart Rate on the Social Adversity-Antisocial Behavior Relationship" The research done on To Tests the hypothesis that the social adversity-antisocial behavior relationship is partly mediated by a biological mechanism, low heart rate. 18 indicators of social adversity and heart rate measured at rest and in anticipation of a speech stressor were assessed alongside nine measures of antisocial behavior including delinquency (Youth Self-Report [YSR] and

Child Behavior Checklist [CBCL]), conduct disorder (Conduct Disorder and Oppositional Defiant Disorder Questionnaire), and child psychopath (Antisocial Process Screening Device [APSD]) in a community sample of 388 children aged 11 to 12 years. PROCESS was used to test mediation models.

Mallory Fallin, et al. (2018) "Criminalizing the brain" They studied on with the increasing use of imaging technologies like fMRI in prison sentencing and penal policy, sociologists must comprehend the consequences of these trends and the scientific assumptions upon which they stand. This article uses insights from the sociology of knowledge to interrogate the epistemological and ontological assumptions of neurocriminology, an interdisciplinary field that studies the neural basis of crime. Through a discourse analysis of research articles that embrace what we term the "neurocriminological vision," In response to these dynamics, neurocriminologists produce not only knowledge, but also ignorance that is strategically useful given their professional goals.

Coppola, et al. (2018) "Mapping the Brain to Predict Antisocial Behavior" Neuroscientific research on the relationship between neurobiology and antisocial behavior has grown exponentially over the last two decades. One of the most intriguing challenges that has started occupying the minds of scientists and legal scholars is the potential use of neuroscience-based methodology to predict future antisocial behavior in forensic and justice contexts. While neuroprediction holds the promise of adding predictive value to existing risk assessment tools, its hypothetical use for forensic and justice purposes touches on some specific ethical and legal issues, in particular the threat it poses to offenders' individual rights and civil liberties under the pretext of enhancing public safety. This article provides some arguments for overcoming these concerns. More importantly, it argues that neuro prediction should be viewed as an instrument to help criminal justice integrate current punitive policies and measures with socio-

rehabilitative strategies, which could improve the treatment of offenders at risk without threatening their individual rights.

Yu SY, et al. (2016) "Neurocriminology: A Review on Aggression and Criminal Behaviors Using Brain Imaging" And they studied that Criminology has been understood within a sociological framework until the emergence of neuro-criminology, which describes, understands and predicts criminal behaviors from a neurobiological point of view. Not only using biological factors including genes and hormones to understand criminal behaviors, but also using neuro-imaging techniques, the field of neuro-criminology aims to delve into both structural and functional differences in the brain of individuals with aggression, antisocial personalities, and even the criminals. Various studies have been conducted based on this idea, however, there still are limitations for knowledge from these studies to be used in the court. In this review article, we provide an overview of the various researches in neuro-criminology, and provide insight into the future direction and implication of the field.

Hoseini Seyed Mohammad Mostafapoor Masoud, et al, (2017) "Neurocriminology: A new approach to the analysis of juvenile violent crime (With emphases on Age-Crime Curve)". They studied the one of the most important types of crimes mentioned in the Islamic Penal Code is violent crimes. Violent crimes cover a wide range of crimes which despite many differences, they are shared in having the element of "aggression". Some of the researches conducted about age-crime curve have proven that among the four age groups "children and adolescents", "the youth", "the middle-aged" and "the elderly", the first age group is more involved in violent crimes than the other groups. In this regard, this article seeks to consider violent crimes of children and adolescents, with a focus on the study fields of "neurological impairment", "attention deficit hyperactivity disorder" and "brain chemistry", as three branches of "neurophysiology", an issue that in contemporary criminology known as "Neuro criminology".

Although biological criminologists disagree about the ways of communication between neural disorders with violent crimes of children and adolescents, most of them believe that amount of the impact of each the above three fields is completely "relative" and true in interaction with the psychological and social factors.

CHAPTER 3

AIM AND OBJECTIVES

AIM:

To analyze violent or anti-social behavior of the Suspect by using Violence Risk Assessment Test.

OBJECTIVES:

- To predict the violent and anti-social behavior of the prisoners.
- To analyze the mentality of each person in the sub jail.

CHAPTER 4

MATERIALS AND METHODOLOGY

MATERIALS REQUIRED

For this test there is not any general questionnaire. The material required are Violent Risk Assessment questionnaire, Pen, Pencil, rubber and 50 individuals

METHODOLOGY

These test help to predict the likelihood that an individual will commit a **violent** or anti-social behavior**.** The data of 50 Person has been collected from Ernakulam sub jai for analyzing the violence and anti-social behavior by using Violence Risk Assessment test. I prepared the **questionnaire** as below and questions have been asked to persons **for assessing their personality**.

1. Identify stressors associated with potential acts of violence.
2. How are things going for you? At home? At school?
3. Describe your current relationships with family, friends/girlfriend
4. What are some things that are happening in your life right now which stressful?
5. Tell me about your friends.
6. Is there anything that you are feeling stressed about?
7. Have there been any recent changes in your family?
8. Have you had any major changes in your life lately?
9. Have you experienced any significant losses recently?
10. Tell me about the kinds of things that you worry about?
11. What are the most significant changes that have occurred in your life?

When the Crime is Happened? Identify Possible Thoughts of Revenge

1. Is there anybody who has upset you lately?
2. Are you in conflict with anyone? Has anyone been bothering you?
3. When you feel angry, what is that like for you? What do you think about. How do your respond? Does this work for you?
4. Do you have any bad feelings toward anyone at the school?
5. Describe what you do when you believe that someone has been unfair to you or treated you badly.
6. What would you do if someone hurt you or made you angry?
7. If you could respond the way you wanted to, what would you do?
8. Have any events happened where you felt you would like to get revenge or get back at someone?
9. What have you done in the past when someone hurt you or made you angry?
10. What are the ways you usually solve problems with your peers?
11. Have you had thoughts of hurting anyone?

Explore Attitudes Toward or Use of Weapons

1. Have you ever seen a weapon before/held a weapon?
2. Would you like to? Do you see yourself using one?
3. Tell me about your expericece with weapons?
4. When is it useful to use a weapon?
5. Does anyone in your family hunt?
6. Can a weapon be useful in resolving conflicts?
7. Has anyone shown you how to operate a weapon?
8. Have you ever used a weapon?
9. Do you have any experience with guns?
10. Does anyone in your family or others you may know have a weapon? (Weapons will be identified)

11. Do you have weapons at home or do you have access to any weapon?
12. How would you go about getting a weapon?

Explore Attitudes Toward or Use of Violence

1. Do you have any favorite video games? If so, what are they?
2. Do you own video games that show people getting killed?
3. What is the most violent thing you have witnessed?
4. Have you witnessed or been involved in a fight before, during or after school hours? What happened?
5. Have you witnessed violence in your home?
6. Have you ever used fighting to solve a situation?
7. Have you ever gotten in a fight to resolve a situation?
8. Tell me about your experiences with violence?
9. What do you think about situation?
10. When was the last physical fight you were in?

Identify Depression, Helplessness, and/or Hopelessness

1. What has your general mood been?
2. How would you describe what you are feeling now?
3. Do you generally feel this way?
4. How would you predict your situation ends?
5. Do you feel depressed now?
6. On a scale from 1-10 how depressed do you think you are?
7. What kind of course do you feel your life is on right now.
8. How much interest do you have in being involved in enjoyable activities
9. Have you lost interest in things you normally find enjoyable?
10. When you look to the future, do you see things getting better?

Identify Suicidal Ideation

1. Have you had thoughts of suicide?
2. Have you ever thought about committing suicide?
3. If so, how often?
4. Do you have any thoughts about hurting yourself or killing yourself ?
5. Do you have a plan?Have you told others about your plans to kill yourself?

Identify Homicidal Ideation

1. Have you ever had thoughts of hurting anyone?
2. If you wanted to hurt someone how would you do it?
3. Have you ever thought about killing someone?
4. Have you thought about killing someone in the past?
5. Do you have thoughts of hurting or killing someone now?
6. How often do you think about it?
7. Do you have a plan?
8. Are you planning on hurting?
9. What do you think about situation?
10. Referring to a recent media portrayal of a homicide.

Explore Motivations For Violence

1. Reference Revenge questions. How do you think violence can help you with problem?
2. What do you hope will happen in this situation?
3. What has prompted you to plan this event?
4. What happened that made you want to hurt?
5. How do you think it would solve your problems?
6. What do you hope to get out of?
7. What other ways have you tried to solve your problems?

8. Is there a reason you would want to hurt someone?

9. Has anything affected you that had made you want to hurt yourself?

Assess Mental Health

1. Do you have a history of mental illness?
2. Have you ever been diagnosed with a psychiatric problem?
3. Do you presently take prescription mediation? (Check with nurse's office.)
4. Have you ever experienced hearing voices or seeing things that others don't see?
5. Are you seeing things? Hearing things?
6. Are you seeing a counselor right now?
7. Are you currently under the care of a psychiatrist or psychologist?

Pro-Social Resources

1. How might the school help you?
2. Which staff member at school would you most likely speak to about a problem yo u are having?
3. How might your family help you?
4. Is there someone in your family that you would talk to about your problems?
5. Do you have somebody stable you can count on for help?
6. Who can you talk to about problems or obstacles in your life?
7. Who is the closest adult to you?
8. Is there anyone you are close to that you can talk to? What do you like best about this person?
9. If you are having problems who do you talk to.
10. Is there someone who has helped you in the past? What has helped you cope with anger or depression in the past?

11. What has prevented you from acting on these urges before?
12. What has helped you contain your desire for revenge in the past?
13. Is there a safe place you can go to?

CHAPTER 5

OBSERVATION TABLE

These are the details of prisoners that collected from the sub jail, Ernakulam. For these 50 persons the psychological test has been conducted and

found the anti-social behavior for most of them. Mainly there are 5 disorder that are found in these peoples. They are

- AUD[Alcohol use disorder]
- Coercive behavior
- Conduct disorder
- Sensitivity
- Specificity

TABLE:1 DETAILS OF SUSPECTS AND THEIR BEHAVIOR

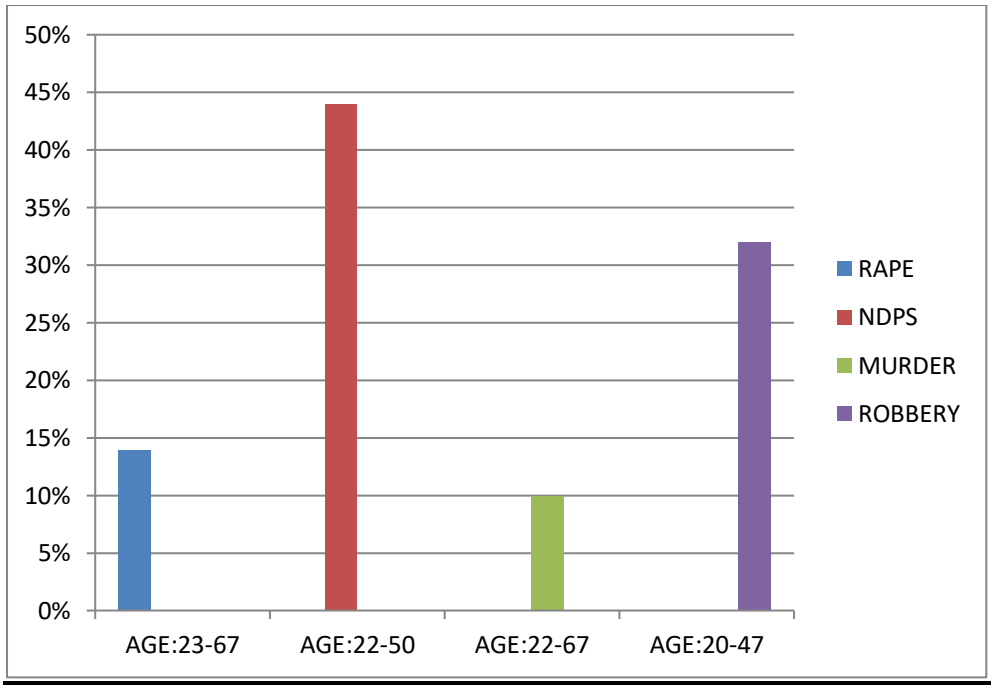
SAMPLE	GENDER / AGE	TYPE OF CASE	PLACE	DURATION IN JAIL	BEHAVIOUR
1	M/27	Rape	Thopumpadi	1yr 2months	Coercive
2	M /33	Rape	Thammanam	3years	Coercive
3	M/30	NDPS	Tamil nadu	5 years	AUD
4	M/22	NDPS	Thrissur	27 days	AUD
5	M/20	Roberry	Chalakudy	4 days	Grandiosity
6	M/23	Rape	Kochi	2days	AUD
7	M/22	Robbery	Kochi	21days	AUD
8	M/25	NDPS	Kottyam	22days	Grandiosity
9	M/27	Rape	Kochi	8months	AUD
10	M/28	Robbery	Kochi	3months	Specificity
11	M/22	NDPS	Erur	18days	Specificity
12	M/23	NDPS	Kochi	23days	AUD
13	M/34	Murder	Palluruthi	1.5year	AUD
14	M/31	Robbery	Pozhiyur	22days	Sensitivity
15	M/25	NDPS	Banglore	19days	AUD
16	M/26	Robbery	Thrissur	1year	Specificity
17	M/21	Robbery	Kochi	3days	Specificity
18	M/23	Robbery	Tirupathy	3months	ConductDisorder
19	M/33	Robbery	Thanjavur	3months	AUD
20	M/45	NDPS	Kochi	1week	AUD
21	M/35	Robbery	Ernakulam	5months	ConductDisorder
22	M/67	Murder	Kadavanthara	4months	CoerciveBehavior

23	M/50	NDPS	Palakadu	3months	Specificity
24	M/47	Robbery	Kodungaloor	1day	ConductBehavior
25	M/25	NDPS	Kochi	6mnths	AUD
26	M/46	Cheating	Nettoor	7months	Sensitivity
27	M/24	NDPS	Kannur	28days	Sensitivity
28	M/23	NDPS	Assam	39days	Specificity
29	M/39	Robbery	Kannamali	4months	ConductBehavior
30	M/42	Robbery	Kadavanthara	4months	AUD
31	M/41	NDPS	Alapuzha	1month	ConductBehavior
32	M/40	Rape	Kadavanthara	3months	CoerciveBehavior
33	M/41	NDPS	Kadavanthara	1.5years	AUD
34	M/23	Robbery	Assam	2weeks	AUD
35	M/47	NDPS	Kochi	10month	AUD
36	M/22	Murder	Thiruvalla	1week	ConductBehavior
37	M/32	NDPS	Pathanamthita	3months	Sensitivity
38	M/37	Theft	Trivandrum	1year	Specificity
39	M/33	Murder	Nettoor	1 month	AUD
40	M/67	Rape	Thrissur	5days	ConductBehavior
41	M/27	Robbery	Mattancheri	1month	Specificity
42	M/25	Murder	Thrissur	14days	AUD
43	M/43	NDPS	Kannur	20days	Sensitivity
44	M/40	NDPS	Vennala	8days	AUD
45	M/55	Theft	Nagarkoil	6months	AUD
46	M/48	NDPS	Kadavanthara	10mnths	Specificity
47	M/40	NDPS	Aluva	78days	AUD
48	M/30	NDPS	Kanjirappally	14days	Specificity
49	M/43	NDPS	Nettoor	18days	AUD
50	M/32	Rape	Alapuzha	1month	ConductBehavior

CHAPTER 6

RESULT AND CONCLUSION

RESULT



From the present study we can examine that NDPS is the largest crime found in sub jail. The least is murder. Mostly the suspects are above the age of 22 are appearing in the crime. It is formed that the age group of 23-67 years are exposed to rape [14%] and their behavior that analyzed is AUD, Coercive Behavior. The age group from 22-50 years is exposed to NDPS [44%] and their behavior that analyzed is Sensitivity, Specificity and AUD. The age group from 22-67 years is exposed to murder [10%] and their behavior that analyzed is AUD, Conduct behavior. The age group from 20-47 year is exposed to robbery [32%]

and their behavior that analyzed is Conduct Behavior, AUD and Sensitivity.

CONCLUSION

From the above study it is concluded that the crimes is prolonged to increase even in the condition where there are hundreds of laws and agencies to protect and safe guard the people. In none of the cases the suspects are receiving physical, psychological or movable support from any government or non government agencies. They should implement some psychological test to analyze the suspect's mentality.

CHAPTER 7

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