

Red Flags for Violence

The Anger Spectrum-1 is a new and clinically relevant instrument to assess parties who have the potential to be violent. As the instrument is used over time empirically validated profiles can be established. **Dashometrics** welcomes research partners who can help develop empirically supported profiles. Because there is an urgent need for tools today, this instrument is a starting point based on clinically established principles about and observations on anger. It is best thought of as a tool to red flag certain parties and the Intervention Guide is a clinically tested common sense based way to respond to such parties and engage them in an initial process of anger de-escalation and, where needs be, progression toward a higher level of care.

- ▶ The first four questions, if answered in the affirmative, indicate people have “Stored Anger Syndrome”. This by itself tends to be highly predictive of people who will tend to either “transfer” anger to innocent parties and/or over-scale their anger responses when a lower level of anger might be appropriate.
- ▶ These four questions form the “generative circumstances” section of this assessment. Predominantly affirmative responses here may not predict violence on their own but they will be highly predictive of parties with anger management problems.
- ▶ The remaining questions are from the “predictive qualities and actions” section of this assessment. While some of these questions are especially critical, any party with multiple affirmative responses in this section and affirmatives in the first section should be considered someone with the potential to be violent and engagement and intervention are recommended.
- ▶ Affirmative answers to the fifth question will predict a lack of social support. Thus, they lack mitigating or anger offsetting influences in their life.
- ▶ The sixth question differentiates potential types of violent actors and close attention should be paid to it. People who indicate a prior history of violence are obviously at risk, but at the same time their history gives some insight into how they might act out and thus there is some road map for others to take protective action. It is the parties without a prior history of violence who are probably most at risk for explosive or mass violence as their anger has accumulated without “release”. If respondents with affirmatives on question 6 also have Stored Anger Syndrome and strong affirmatives on the 7, 8 and 9 questions, they should be regarded as parties at risk and engagement and intervention are strongly encouraged.
- ▶ Affirmative response on Item 10 may predict parties with a passive-aggressive style of anger use. Vigilance if not intervention is suggested for these affirmative responders.
- ▶ The predictive qualities of the final three questions (11, 12 and 13) are less clear, but may have value in differentiating sub-types as a greater body of research is accumulated.

It remains to be seen how the text response questions on the second page help because there is a possibility of guarded or dishonest replies. Yet, clinical experience suggests that a large sub-group of people with high anger will not disguise their anger. In this instance Question #1 on the second page may suggest triggering circumstances that should be watched and Question #4 may identify potential victims or recipients of anger based actions.