Each of 24 laypersons and 24 clinicians were asked to evaluate 4 of 16 fictitious case histories. The histories culminated in a theft, an armed robbery, a murder, or an attempted suicide. Half of the subjects read histories that were designed to produce an internal attribution of causality and half read histories that would elicit an external attribution. In the internal condition, many prior instances of the same type of behavior as that involved in the offense and little immediate environmental provocation were described; opposite descriptions occurred in the external condition. There were few differences of opinion between the laypersons and clinicians. The internal condition was associated with higher ratings of stability, internality, and controllability of cause; as predicted, it was related to higher ratings of dangerousness. Offenders in the internal condition were seen as less likely to benefit from treatment than offenders in the external condition. Perceived treatability of the offender was negatively related to perceived dangerousness. In general, these results support the application of attribution theory to clinical judgment and support the view that, with respect to personality disordered offenders, treatment decisions are made on the basis of commonsense criteria.

**Perceived Dangerousness and Treatability of Offenders**

**The Effects of Internal Versus External Attributions of Crime Causality**

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*This article addresses* the question of what factors influence clinicians in determining the dangerousness and treatability of offenders. Because the courts rely on forensic clinicians’ advice to determine these issues (often using remands for psychiatric examination for this

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purpose), it would be expected that diagnostic and clinical variables are strongly related in a systematic manner to such determinations and, therefore, that clinicians, because of their special training and practical experience, would make different determinations of dangerousness and treatability than laypersons.

With respect to the prediction of dangerousness, however, the data do not support the idea that forensic clinicians have any special expertise. Quinsey and Ambtman (1979) found that experienced forensic psychiatrists disagreed among themselves on the dangerousness of mentally disordered offenders and did not use any psychiatric or psychological assessment data in arriving at their opinions: They relied primarily on the seriousness of the index offense. In addition, on average, there was a close correspondence between the psychiatrists’ judgments and those of laypersons who had received no training in psychiatry, psychology, or law. The simplest interpretation of these data is that persons (whether clinically trained or not) determine dangerousness by considering primarily the nature of the offenders’ previous offenses. This conclusion is supported by a variety of other studies (see Monahan, 1981, and Quinsey, 1984, for reviews).

Turning to the determination of offender treatability, Quinsey and Maguire (1983) found that forensic clinicians disagreed about the treatability of offenders who had been remanded for a psychiatric examination and showed extremely low levels of agreement concerning the predicted efficacy of specific treatment types (with the exception of the expected efficacy of phenothiazines). Although there was profound pessimism about the expected benefits of treatment among these clinicians, ratings of treatability were well predicted from various sorts of data. Expected improvement with an optimal program of treatment was related to the clinicians’ ratings of degree of personality disorder \( r = -.71 \) and to perceived degree of psychosis \( r = .55 \). Similarly, degree of expected improvement was related to a diagnosis of personality disorder \( r = -.59 \) and number of previous correctional institutionalizations \( r = -.35 \). It could be argued on the basis of these data that clinicians simply note whether the offender is psychotic and whether he has committed many previous offenses in deciding whether he is treatable or not (Konecni & Ebbesen, 1984).

If we are to conceptualize how clinicians determine treatability and dangerousness, it does not appear, in view of previous research, that we should be searching for a theoretical framework within an
organized body of clinical lore. Indeed, the available data suggest that clinicians function like laypersons. There is, of course, a considerable body of literature that deals with how laypersons perceive causes of behavior. The findings of this literature have been summarized by attribution theory (e.g., Harris & Harvey, 1981; Perlman, 1980). If clinicians function as naive social scientists or lay attribution theorists, we should find that the variables that have been found to influence laypersons’ judgments of causality similarly affect clinicians’ attributions of causality concerning criminal offenses and, furthermore, that these attributions are related to clinicians’ assessments of the dangerousness and treatability of offenders.

Hypotheses derived from attribution theory have previously received support in the area of the perception of crime causation. Saulnier and Perlman (1981a) found, in agreement with previous studies of causal attributions, that inmates who had been imprisoned before attributed more stability to the cause of their index offense than those who had not (the consistency effect), that inmates who had acted with accomplices rated the cause as more external to themselves than did inmates who had acted alone, and that more explanations of the offense were offered the more serious it was. In addition, Saulnier and Perlman (1981b) replicated the actor-observer bias effect (in which actors make more external attributions for their behavior than observers) by showing that prison guards made more internal attributions concerning the causes of inmates’ crimes than the inmates made for their own crimes (Henderson & Hewstone, 1984).

The present study evaluated predictions made on the basis of attribution theory concerning clinicians’ assessments of the dangerousness and treatability of personality disordered offenders. Personality disordered offenders were selected for study over psychotic offenders for several reasons: First, there is considerable controversy over the treatment of these offenders. Although treatment is often recommended for personality disordered offenders, there is continuing debate about the success of such efforts (e.g., Quinsey, 1981; Quinsey & Maguire, 1983); in addition, Canadian law has vacillated between asserting that personality disordered offenders (psychopaths) have a “disease of the mind” and, therefore, that they should be found not guilty by reason of insanity and the contrary (Schiffer, 1978). Second, treatment would be expected to be strongly recommended for all psychotic offenders, making the study of different degrees of treatability or different treatment recommendations difficult.
Clinicians were compared to laypersons on their opinions concerning 16 case histories. Each case history contained the preoffense history of an individual and the description of an offense. There were four offenses: a minor theft, an armed robbery, a murder, and an attempted suicide. Half of the stories were constructed to foster, indeed, to demand, an internal attribution and half, an external attribution. The internal manipulation was accomplished by providing an offender with a history of acts similar to the crime and describing minimal environmental support for the commission of the index offense. The external manipulation was accomplished by making the act appear out of character and the immediate environmental provocation great. Half of the stories were concluded with a "psychological assessment report" based on standard psychological tests and half were not; the reports were constructed to be consistent with the history of the individual in question. Although the provision of psychological test material made the description of the cases more realistic, the design of the experiment did not allow for an examination of the independent effect of this material since it was always in agreement with the history.

Based upon our earlier work on the prediction of dangerousness, it was hypothesized that perceived dangerousness to others would be positively related to the seriousness of the offense against other persons and that the person who attempted suicide would be rated low in dangerousness to others and high in dangerousness to self. We expected to replicate the negative correlation found previously (Quinsey & Maguire, 1983) between perceived dangerousness and perceived treatability.

Based upon earlier findings in the attribution literature, it was hypothesized that the internal attribution condition would be related to higher ratings of dangerousness to others or to self (according to the relevant offense condition) and offender responsibility. Because of the manner in which the stories were constructed we expected that the internal condition would be associated with higher ratings of stability of cause, internality of cause, and controllability of cause.

Several alternative predictions were possible concerning the relation of perceived internality of cause to ratings of treatability. These predictions were made on the assumption that our subjects would function as laypersons and not as logicians or philosophers of science. There is, of course, no necessary logical relationship between internality of cause and treatability; moreover, for consistent philosophical determinists, the distinction between internal and external
causation exists in only a trivial sense and the idea of responsibility (that people could have acted other than they did) is unintelligible. Turning to the first prediction, if the cause of a particular offense is seen as internal to the offender, one might conclude that some sort of treatment would be indicated because there is something about the offender that requires changing; however, this conclusion only applies to the existence of a need for treatment, not to the malleability of the problem. On the other hand, the external condition was created by describing a normal person who acted under pressure of circumstance; it is difficult to think that treatment would be seen as relevant under these circumstances.

However, there is quite a different way of thinking about the relation of internal attribution to treatability. Internal attributions are related to perceived responsibility and thus to moral judgments (Schultz & Wright, 1985) and, therefore, internal attributions should imply blaming the offender for his action. In law, offenders who are held responsible for their actions are sent to correctional institutions, whereas those who are not sent to mental health institutions where there is psychiatric treatment. The legal system for assigning persons to health or corrections is based on the theory of personal responsibility in relation to the ethics of punishment, not the efficacy or relevance of treatment. One could argue, therefore, that attributions of internal causation (responsibility) should be related to low ratings of treatability, even though the relation of responsibility or blame to the responsiveness of a person to treatment is surely moot.

METHOD

Subjects

All subjects were francophones. The lay group consisted of 12 males and 12 females, averaging 29 years of age. Of the subjects, 17 had completed their undergraduate education and half were working full time, most of the remainder being students \(N = 10\). None of these subjects had received training in psychiatry, psychology (beyond an introductory course), or law. None were involved with legal, correctional, or health occupations.

The clinical group was comprised of 21 psychologists and 3 psychiatrists; 14 of the psychologists had doctorates, the remainder
had master's degrees. At the time of the study, 12 of the subjects were employed with a hospital psychiatric service, 14 had a private practice, and 7 were involved with the educational system. They possessed, on average, 11.75 years of clinical experience, 21 had had previous experience with psychological tests, and 16 had had previous clinical experience with offenders. They averaged 37.13 years of age; 11 subjects were female.

Stimuli

Each of the 16 stories was written in French. Each story began with a description (approximately 2 pages) of the stimulus person's preoffense history, and was followed by an offense description of less than a page; where relevant, it was concluded by a 1 or 2 page psychological report describing the results of testing with the MMPI, a test of intelligence (e.g., the Barbeau-Pinard), the Rorschach, and the TAT.

To illustrate the nature of the case histories, the internal and external murder stories will be briefly described. In the internal condition, Réjean, aged 26 years, is described as coming from an economically disadvantaged background. All his life, he was in trouble because of his temper. His fighting with other children led to his dismissal from school and he similarly lost a job for fighting with other employees. He had 5 previous arrests for violent behavior and carrying arms (Réjean was fascinated by weapons). When married, he physically abused both his wife and child. In the year prior to the offense, he was in a fight with an adolescent who had insulted him and was restrained by the police after inflicting considerable physical damage to his opponent. The boy did not press charges for fear of reprisal. The offense was the knife murder of a young man who had made sexual advances to our hero in a brasserie (pub). Psychological testing revealed normal intelligence, elevated Pd and Ma scales on the MMPI, and signs of poor frustration tolerance, profound immaturity, impulsiveness, and aggressiveness directed toward others.

The external version of the murder history involves a quite different 26-year-old Réjean. Although a good student, Réjean quit high school in order to support his large family when his father became ill. He was happily married with two children. About 4 months before the offense, Réjean's situation deteriorated. He was pressured by his employer to engage in homosexual activities and accepted for fear of being fired. Eventually, however, he did end the
relationship with his employer and was fired from his job. Financial difficulties ensued and Réjean had increasing doubts about his own sexual orientation. His former employer threatened to inform his wife about their relationship. These concerns led to a deterioration in his marital relationship and, on the night of the offense, Réjean found a letter from his wife that informed him that she had taken the two children and left him for a man who would better be able to make her happy. Réjean, who had been drinking heavily, met his former employer in a brasserie who renewed his unwanted sexual advances and a fatal stabbing ensued.

It is important to remember that the previous acts in the internal manipulation were designed to be similar to the offense and were never more serious.

**Rating scales**

Adapted from Russell (1982), nine 9-point scales were included to assess the effectiveness of the internal-external manipulation. These items yield 3 causal dimensions of controllability, stability, and internality. In addition, there were four 6-point ratings scales that measured: degree of responsibility for the offense (not at all to completely), degree of dangerousness to others (not at all to extremely), degree of dangerousness to self, and the probability with which the offender would be able to profit from psychological or psychiatric treatment (very weak to very high).

Subjects were also asked what treatment would be most appropriate for each offender (none, psychotherapy or behavior modification with or without psychotropic medication, or medication alone) and which disposition would be most appropriate (discharge to community, prison, psychiatric hospital, or other).

**Procedure**

Subjects were approached individually by a graduate student in psychology who explained the study to them and secured their consent. Subjects were told that we were interested in studying people’s opinions about crimes. The stories were not described as real or fictional but many subjects thought they had actually occurred. There were 4 students (3 female and 1 male) who each tested one-quarter of the subjects.
Treatment of the data

The data were analyzed with an analysis of variance for each of the 7 rating scales as the predictions were univariate in nature. Reflecting the logic of the design, the analyses were performed using all 4 offense categories and repeated comparing the attempted suicide with the other offense categories combined. In order to protect against experimentwise error, all nonhypothesized effects were tested with a .001 alpha level. For each of the main analyses, there was one within-subjects variable of 4 levels (offence type) and 3 between-subjects variables, each of 2 levels each: Group (clinician versus layperson), Attribution (internal versus external), and Psychological Report (present or absent). In this design, 6 subjects in each of the 2 groups would read 4 different offenses that were all in the same internal-external and psychological report present-absent condition. The stories were presented in one of 6 randomly determined orders (a different order for each subject in a group). Data were analyzed using the SPSS program for within-between designs.

RESULTS

The correlations among the variables are shown in Table 1. The predicted negative association between perceived treatability and dangerousness to others was obtained. However, it was of interest that there was a positive relationship between treatability and dangerousness to self. Dangerousness to others was positively associated with ratings of responsibility, internality of cause, greater stability of cause, and greater controllability of cause. There were considerably higher correlations among the 3 causal dimension scales than reported by Russell (1982).

In view of the manner in which the stories were constructed, it was reassuring that the cause of the offenses in the internal condition was viewed as more stable than the cause in the external condition; $F(1, 40) = 30.87, p < .0001$. Similarly, as expected, the crimes in the internal condition were associated with higher ratings of controllability; $F(1, 39) = 5.39, p = .025$. Clinicians viewed the locus of causality as more internal to the offender than did the laypersons $F(1, 39) = 11.74, p = .001$. There was also an attribution by offense type interaction in the locus of causality ratings ($F[3, 37] = 12.12, p < .0001$); this effect occurred in part because the locus of cause was seen as more internal.
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<th>Dangerousness to Self</th>
<th>Responsibility</th>
<th>Locus of Cause</th>
<th>Stability of Cause</th>
<th>Controlability</th>
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<td>.407</td>
<td>.424</td>
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</tbody>
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NOTE: All p's < .01.
in the offenses against others but was seen as less internal in the attempted suicide; $F(1, 40) = 22.99, p < .0001$. In summary, the story manipulations produced the desired effects on all the causal dimension variables.

The principal results are shown in Figure 1. As can be seen in the figure, the protagonists of the internal stories were perceived as more dangerous; $F(1, 40) = 124.38, p < .0001$. There was also a main effect of offense type ($F[3, 38] = 84.48, p < .001$), primarily because, as hypothesized, the persons who had attempted suicide were rated as

![Graph](image-url)
less dangerous than the other offenders $F(1, 40) = 249.26, p < .0001$. Finally, there was an interaction of attribution and offense type ($F[3, 38] = 38.54, p < .0001$); this interaction occurred because the internal condition was associated with higher ratings of dangerousness than the external condition among the combined offenses against others but not the attempted suicide $F(1, 40) = 117.74, p < .0001$.

Turning to the perceptions of offender treatability, the offenders in the internal stories were rated as less treatable; $F(1, 40) = 17.68, p = .0001$. Attribution also interacted with offense type ($F[3, 37] = 14.57, p < .0001$) and there was main effect of offense type; $F(3, 37) = 30.30, p < .0001$. Taken together, these effects indicate that the attempted suicide offenders were always seen as more treatable than the other 3 types of offenders ($F[1, 40] = 94.43, p < .0001$) and that the difference between the external and internal conditions was only manifest (that is, significant with Scheffé tests) in the armed robbery and murder offenses. Last, there was an interaction between group and offense type ($F[3, 37] = 7.73, p < .0001$) apparently because the clinicians rated the offenders as more treatable than did the laypersons for each offense category save murder, where the ratings were reversed, although none of these effects were significant with Scheffe's adjusted criterion.

Considering the dangerousness to self ratings, there was, not surprisingly, a main effect of offense type ($F[3, 38] = 68.91, p < .0001$) caused by the difference between the attempted suicide and the other 3 categories; $F(1, 40) = 134.85, p < .0001$. In addition, there were several interactions that were difficult to interpret because none of the Scheffé simple effects tests were significant.

The expected significant effects of the internal-external condition on the responsibility ratings did not materialize, although the means were in the right direction.

Some supplementary chi-square analyses were conducted on the 3 offenses against others. Subjects recommended prison in preference to the other alternatives more frequently for offenders in the internal condition than in the external condition, as would be expected $\chi^2(1, N = 139) = 40.50, p < .001$. However, contrary to the results for the rating scales, no treatment was recommended more frequently for offenders in the external condition than in the internal condition, although the effect was small ($\chi^2[1, N = 140] = 4.16, p < .05$); surprisingly, treatment was recommended for about 90% of the offenders.
DISCUSSION

In agreement with expectations, the internal attribution condition was related to higher ratings of offender dangerousness, and greater perceived stability, internality, and controllability of cause. Perceived dangerousness to others was positively related to offense severity, perceived responsibility, internal attribution of cause, stability of cause, and controllability of cause. There was a negative relationship between dangerousness ratings and perceived treatability.

Perhaps the most interesting finding was that protagonists in the external condition were viewed as more treatable. Because the offenders in the external condition were implicitly described as being normal, it is surprising that they were perceived as being more treatable than the offenders in the internal condition. Perceptions of treatability, however, may be more like moral judgments or judgments of likeability than they appear to be. If perceptions of treatability are moral judgments, then the negative correlation of dangerousness and treatability makes sense. In addition, there was less difference between the internal and external conditions in the attempted suicide (which should be seen as less blameworthy) and the most minor offense. Such a finding also fits in with the distinction that is made in law between persons who are blameworthy (guilty) and those who are not (not guilty by reason of insanity), where treatment is made more available to the latter group. In addition, this finding relates to the differential provision of psychotherapeutic resources to those who are least in need of them (young, attractive, verbal, intelligent, essentially normal persons).

Before concluding this discussion on the relation of perceived treatability to the internal-external dichotomy, there is the troublesome finding that treatment was recommended slightly less frequently for offenders in the external conditions than in the internal conditions. One could dismiss this finding simply on the basis of its small size, if it were not expected to be significant in the opposite direction. More careful examination of the wording of the items, however, indicates that such a discrepancy may make sense. In the rating-scale item, subjects were asked about the probability that the offenders would benefit from treatment, whereas in the recommendation item, they were asked about which of several alternatives were most appropriate. In view of the fact that the offenders in the external condition were essentially normal persons acting under the press of
circumstance, it might be that they would be seen as likely to benefit from treatment (the rating-scale item) in the sense that they could be suffering from some transient situational disturbance but that they would be unlikely to be placed in treatment (the recommendation) because they would recover anyway. This interpretation is, of course, highly speculative and it demands a fine discrimination on the part of the subjects; in order to account for the pattern of results, however, only a small number of subjects would have to have made the discrimination.

There were few differences among the clinicians and the laypersons in this study and the differences that did exist were small in relation to the effects of the other variables. These findings are consistent with other research on the predictions of dangerousness and treatability (Quinsey & Ambtman, 1979; Quinsey & Maguire, 1983).

In conclusion, these results indicate that variables affecting causal attributions have powerful effects on both clinicians’ and laypersons’ perceptions of offenders’ dangerousness and treatability. They also support the utility of investigating clinical judgment in the same way as lay judgment.

REFERENCES


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