

RISK ASSESSMENT FOR VIOLENCE

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WHAT IS VIOLENCE?



DEFINITION OF VIOLENCE

- "Violence is actual, attempted, or threatened **harm to a person** or persons. Threats of harm must be **clear and unambiguous** rather than vague statements of hostility. Violence is **behavior** which obviously is likely to cause harm to another person or persons. Behavior which would be **fear-inducing** to the average person may be counted as violence."
- *Christopher D. Webster, Kevin S. Douglas, Derek Eaves, Stephen D. Hart*

TYPES OF RISK ASSESSMENT

- **Unstructured Clinical Opinion**
 - no specific criteria (i.e., “gut feeling”)
- **Structured Clinical Opinion**
 - list of risk factors *believed* to be important
- **Empirically Guided Clinical Opinion**
 - list of risk factors *supported* by research (e.g., HCR-20)
- **Pure Actuarial Assessment**
 - rating scale that generates a probability estimate for violence risk (e.g., VRAG)
- **Clinically Adjusted Actuarial Assessment**
 - actuarial *and* clinical data (best technique)

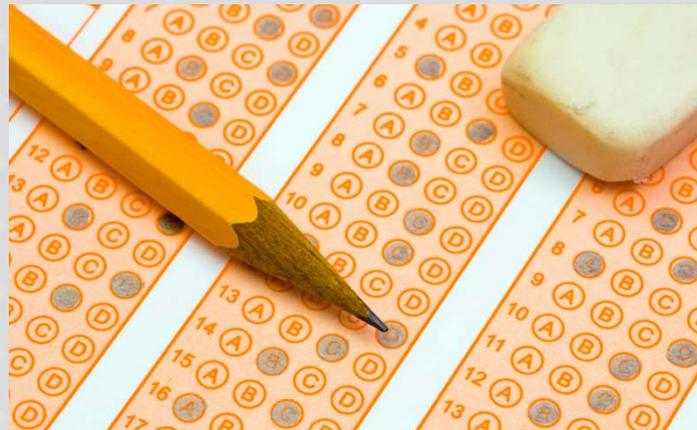
RISK FACTORS FOR VIOLENCE

- ◉ **Static Risk Factors** - Historical or stable factors which do not change (e.g., previous violence, major mental illness, substance abuse, prior supervision failure).
- ◉ **Dynamic Risk Factors** - Clinical or changeable factors which can worsen or improve (e.g., psychiatric symptoms, impulsivity, insight, responsiveness to treatment).

CLASSIC RISK FACTORS

- ◉ Age - Late adolescence to early adulthood, drops after age 40
- ◉ Gender - Male
- ◉ Lower socio-economic status
- ◉ Unstable family environment
- ◉ Peer culture
- ◉ Substance abuse - Single most robust factor for violence
- ◉ Prior criminal history
- ◉ History of repeated acts of violence - Second most robust factor for violence

HOW DO YOU IDENTIFY RISK FACTORS FOR VIOLENCE?



IDENTIFYING RISK FACTORS

- Conduct **clinical interviews** (i.e., psychiatric, psychological, social).
- Review available **records** (i.e., clinical records, police reports, arrest record).
- Collect other **collateral information** (e.g., family, friends, mental health providers).
- Monitor **behavior** on the unit (e.g., physical aggression, cooperation with staff, compliance with unit rules).
- Administer **violence risk assessments** (e.g., HCR-20, VRAG, PCL-R).

THE HCR-20

- ◉ Checklist of risk factors for violent behavior.
- ◉ Scale consists of 20 items, organized around 10 past (Historical), 5 present (Clinical), and 5 future (Risk Management) factors.
- ◉ Administration consists of interview, record review, collateral information, and testing.
- ◉ Empirically Guided Clinical Opinion.

CODING THE HCR-20

- **User qualifications** include expertise in conducting individual assessments and in the study of violence.
- Assessors must determine the presence versus absence of each of the 20 individual risk factors. Items are coded on a **3-point scale** (i.e., 0 = No, 1 = Maybe, 2 = Yes).
- Assessors must integrate the item-level information to reach a **final decision** about risk for violence (i.e., Low, Moderate, or High).

HISTORICAL ITEMS

- ◉ Previous violence.
- ◉ Young age at first violent incident.
- ◉ Relationship instability.
- ◉ Employment problems.
- ◉ Substance use problems.
- ◉ Major mental illness.
- ◉ Psychopathy.
- ◉ Early maladjustment.
- ◉ Personality disorder.
- ◉ Prior supervision failure.

CLINICAL ITEMS

- ◉ Lack of insight.
- ◉ Negative attitudes.
- ◉ Active symptoms of major mental illness.
- ◉ Impulsivity.
- ◉ Unresponsive to treatment.

RISK MANAGEMENT ITEMS

- ⦿ Plans lack feasibility.
- ⦿ Exposure to destabilizers.
- ⦿ Lack of personal support.
- ⦿ Noncompliance with remediation attempts.
- ⦿ Stress.

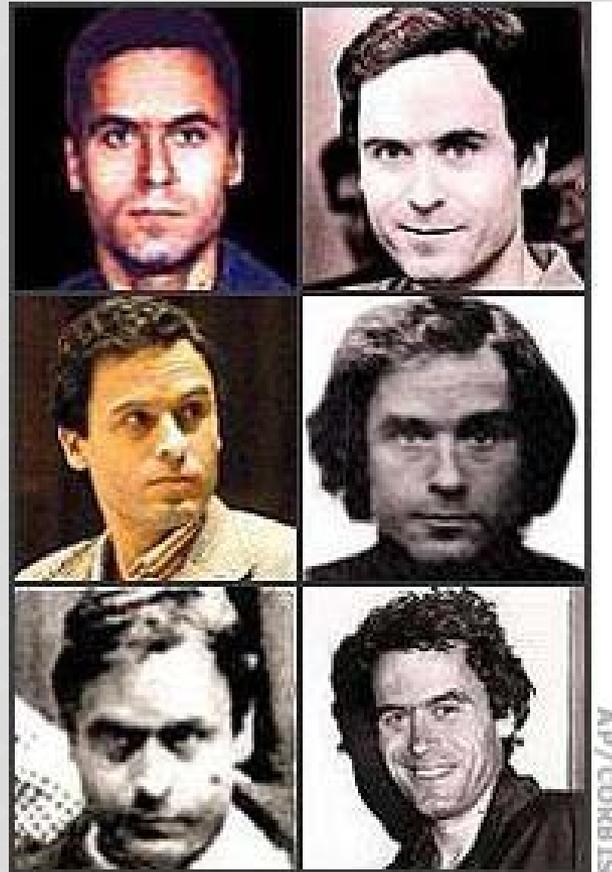
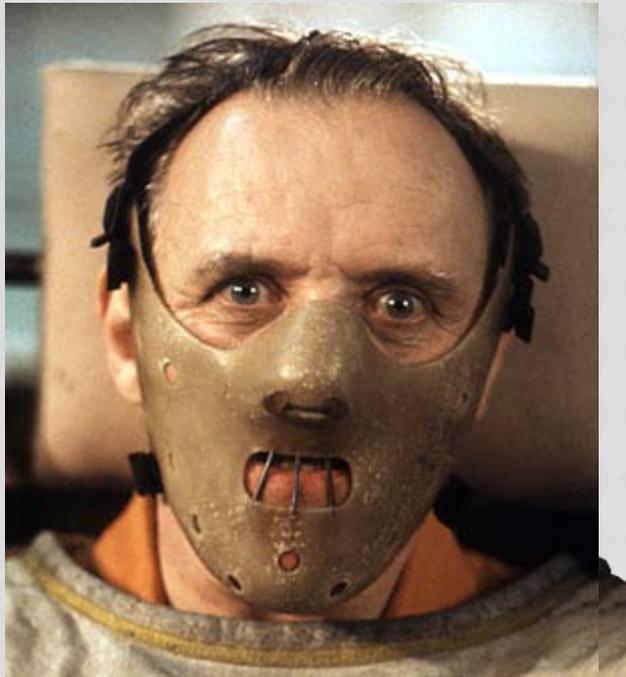
VIOLENCE RISK APPRAISAL GUIDE (VRAG)

- ◉ Developed to assess **violent recidivism** among mentally disordered offenders.
- ◉ Research has shown that it applies equally to **sex offenders** (Rice & Harris, 1997).
- ◉ Contains **12 items** scored on the basis of clinical records as opposed to interviews or questionnaires.
- ◉ Pure **Actuarial Assessment**.

VRAG ITEMS

- ◉ Did not live with both parents to age 16.
- ◉ Elementary school maladjustment.
- ◉ History of alcohol problems.
- ◉ Never married.
- ◉ Criminal history of nonviolent offenses.
- ◉ Failure on prior conditional release.
- ◉ Young age at index offense.
- ◉ Victim injury.
- ◉ No female victim.
- ◉ Any personality disorder.
- ◉ No Schizophrenia diagnosis.
- ◉ High PCL-R score.

WHAT IS PSYCHOPATHY?



AP/CORBIS

DEFINITION OF PSYCHOPATHY

- “Human predators who coldly, callously, and ruthlessly use charm, deceit, manipulation, threats, intimidation, and violence to dominate and control others and to satisfy their own selfish needs and desires. Others exist only as emotional, physical, and financial prey with no rights of their own.”
- *Robert D. Hare, Ph.D.*

HARE PSYCHOPATHY CHECKLIST - REVISED (PCL-R)

- ◉ Originally, the PCL-R was designed as a rating scale for the assessment of psychopathy in male forensic populations.
- ◉ Now, it is often used to assess the likelihood of future recidivism and violent offending.
- ◉ Consists of 20 items scored on the basis of a semi-structured interview and collateral information.
- ◉ Items are divided into 2 factors (i.e., Interpersonal/Affective, Social Deviance).

PCL-R ITEMS

- ◉ Glibness/Superficial Charm (F1).
- ◉ Grandiose Sense of Self Worth (F1).
- ◉ Need for Stimulation/Proneness to Boredom (F2).
- ◉ Pathological Lying (F1).
- ◉ Conning/Manipulative (F1).
- ◉ Lack of Remorse or Guilt (F1).
- ◉ Shallow Affect (F1).
- ◉ Callous/Lack of Empathy (F1).
- ◉ Parasitic Lifestyle (F2).
- ◉ Poor Behavioral Controls (F2).

PCL-R ITEMS (CONTINUED)

- ◉ Promiscuous Sexual Behavior.
- ◉ Early Behavior Problems (F2).
- ◉ Lack of Realistic Long-term Goals (F2).
- ◉ Impulsivity (F2).
- ◉ Irresponsibility (F2).
- ◉ Failure to Accept Responsibility for Own Actions (F1).
- ◉ Many Short-term Marital Relationships.
- ◉ Juvenile Delinquency (F2).
- ◉ Revocation of Conditional Release (F2).
- ◉ Criminal Versatility.

OTHER TOOLS FOR ASSESSING RISK FOR VIOLENCE AND SEXUAL RISK

- ◉ Classification of Violence Risk (COVR)
- ◉ Short-Term Assessment of Risk and Treatability (START)
- ◉ STATIC-99
- ◉ Minnesota Sex Offender Screening Tool - Revised (MnSOST-R)

WHY ASSESS FOR RISK OF VIOLENCE?



BENEFITS OF RISK ASSESSMENT

- ◉ Reduces staff and patient **injuries** by providing guidance in managing risk.
- ◉ Improves **decision making** (e.g., placement, privileges).
- ◉ Helps to **expedite discharges** by providing more direction in treatment.
- ◉ **Reassures community agencies** regarding management of risk (i.e., risk factors have been addressed).
- ◉ **Minimizes relapse and recidivism** in the community (i.e., prevents future violence).

MANAGING RISK FOR VIOLENCE

- ◉ Structure **treatment plans** around risk factors for violence.
- ◉ Risk factors should be the **identified problem areas** in treatment plans (e.g., hallucinations, delusions, mood lability, impulsivity).
- ◉ Reduce risk factors through various **treatment modalities** (e.g., medication management, individual counseling, substance abuse groups).
- ◉ By addressing risk factors, the goal is to stabilize the patient's clinical condition, which **lowers risk** for dangerous behavior.

DECISION MAKING PROCESS FOR DISCHARGE INTO THE COMMUNITY

- ◉ **Risk Factors for Violence**
 - i.e., managed adequately?
- ◉ **Compliance with Treatment**
 - e.g., taking medication?, participating in counseling?, attending groups?
- ◉ **Clinical Stability**
 - i.e., extended period of stability?
- ◉ **Behavioral Stability**
 - e.g., aggressive?, cooperative?

DISCHARGE PLANNING

- ◉ Identify a stable **living arrangement** (e.g., halfway house, group home).
- ◉ Set up **funding** arrangements (e.g., SSI).
- ◉ Identify a **community agency** to provide mental health services and/or substance abuse treatment.
- ◉ Share the **treatment plan** with the community agency, including **risk reduction strategies**.
- ◉ Establish sources of healthy **psychosocial support** (e.g., family, friends).

SUMMARY

- **Violence** is actual, attempted, or threatened harm to others.
- Integrate both **actuarial** and **clinical** information when assessing for risk of violence.
- Utilize **multiple sources** of information when identifying risk factors.
- The most **robust risk factors** include substance abuse, previous violence, and psychopathy.
- Important **goals** of risk assessment include better decision making, less recidivism, and community safety.

QUESTIONS AND DISCUSSION

