

Editorial

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Violence risk assessment: what behavioral healthcare professionals should know

Violence risk assessment refers to the attempt to predict the likelihood of future violent behavior so that behavioral healthcare professionals may put into place preventative, risk management measures. Mental health and criminal justice systems around the globe have implemented evidence-based approaches to violence risk assessment, and the research literature in this fast-growing field produces over 100 new articles each year (1). Three fast facts that all behavioral healthcare professionals should know about violence risk assessment are presented below, followed by guidance on how to select the ideal violence risk assessment tool for practice.

1. Unstructured clinical judgment does not work

Unstructured clinical judgment refers to the use of clinical experience and knowledge of a patient to assess violence risk. Nowadays, there is agreement that this approach to violence risk assessment is unreliable and accurate in no more than one out of every three predictions, with greater confidence resulting in lower accuracy. The use of structured risk assessment tools improves transparency and consistency, not to mention reliability and accuracy.

2. Actuarial assessment vs. structured professional judgment

There are currently two dominant types of structured risk assessment tools. Actuarial risk assessment tools use statistical models to predict violence risk. These models are objective and often quick to administer; however, their reliance on static, historical risk factors often results in criticism that they are not useful in treatment planning. The Structured Professional Judgment (SPJ) approach represents a compromise between unstructured clinical judgment and actuarial assessment. Similar to actuarial instruments, evidence-based risk factors are incorporated on SPJ risk assessment tools. But rather than using statistical models for the purposes of prediction, SPJ risk assessment tools allow therapists to make a categorical risk judgment as to whether a patient is at “low”, “moderate”, or “high” risk of future violence. Their focus on dynamic, modifiable risk factors makes SPJ risk assessment tools popular, but their reintroduction of the human judgment

biases which plague unstructured clinical judgment has drawn criticism.

3. Criminogenic vs. non-criminogenic needs

Risk assessment tools that contain dynamic, modifiable risk factors can help therapists identify both criminogenic and non-criminogenic needs. Criminogenic needs refer to risk factors that—if successfully addressed through an intervention—will result in a reduced risk of future violence. Non-criminogenic needs refer to risk factors that can change but are not directly associated with violence risk for the individual patient. Therapists are advised to consider the circumstances surrounding a patient’s previous incidents of violence (if any) to develop a risk formulation that will help them determine which dynamic risk factors are criminogenic—and, hence, should to be addressed as soon as possible—and those which are non-criminogenic—and can be addressed, but only to improve quality of life rather than to reduce violence risk.

Risk assessment tool selection guidelines

What is the most accurate violence risk assessment tool on the market today? This is a question asked by mental health, correctional, and legal professionals every day. This is particularly the case in the United States, where surveys have estimated that over 80 % of forensic psychologists use a structured instrument when conducting risk assessments. But you may be surprised to learn that there are over 400 risk assessment tools presently being used in six continents—all claiming to produce the highest rates of validity and reliability.

Recent large-scale research has concluded that there does not exist a single risk assessment tool that consistently predicts future incidents of violence better than all others. Indeed, the risk assessment tool that is going to be most accurate for you is not the one with the best marketing campaign nor even the one with the most studies published on it. Rather it is the instrument with the strongest goodness of fit between how the tool was designed and how you use it. But, how do you determine this goodness of fit? When deciding upon which violence risk assessment tool to adopt in practice, there are three key factors to take into consideration.

1. Population

Compare your average patient to the sample on which a risk assessment tool was normed, considering age (child, adolescent, adult), sex, race/ethnicity, nationality, offense history, and diagnostic group. For example, if an instrument was developed in a rural area of Canada on a predominantly Caucasian sample of men with an unclear diagnostic background, that risk assessment tool will likely not perform to its maximum ability in a unit serving predominantly minority female patients in downtown Chicago.

2. Setting

Compare the setting in which you are evaluating the average patient with the setting in which the normative sample was assessed. For instance, if an instrument was developed using a group of patients evaluated upon admission to a forensic psychiatric facility, that risk assessment tool will likely not perform to its maximum ability when used by a parole board to make release decisions.

3. Outcome

Compare the outcome for which a risk assessment tool was designed with the outcome you are interested in predicting.

For example, if an instrument was developed to evaluate the risk of general recidivism, that risk assessment tool will likely not perform to its maximum ability when used to predict sexual recidivism, specifically. Make sure to pay particularly close attention to the operational definition of the outcome in the manual of risk assessment tools—instruments differ in terms of whether new arrests, charges, incarcerations, and/or self-reports of offending are included. Further, some risk assessment tools were developed for the prediction of intra-institutional infractions, whereas others were developed for the prediction of misconduct in the community.

Given the formidable number of “off-the-shelf” risk assessment tools available, and given the nuances between jurisdictions, deciding which the perfect fit is for you can be a time-intensive, costly challenge. One solution that has been developed is the Global Institute of Forensic Research’s Risk Assessment Tool Selection Service. After a detailed interview with your administrators and staff to establish your exact needs, a team of the Institute’s risk assessment specialists comprehensively searches a proprietary database of hundreds of tools and finds the one with the best goodness of fit. In other words, they find the instrument that will produce the highest rates of accuracy specifically for you.

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Referencia

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