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# Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Violence Risk Assessment

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**STATEMENT OF INTENT:** CAPL Resource Guide for Reference and Training

*This document is intended as a review of legal and psychiatric principles to offer practical guidance in the performance of forensic evaluations. This resource document was developed through the participation of forensic psychiatrists across Canada, who routinely conduct a variety of forensic assessments and who have expertise in conducting these evaluations in various practice settings. The development of the document incorporated a thorough review that integrated feedback and revisions into the final draft. This resource document was reviewed and approved by the Board of CAPL on October 1, 2021. It reflects a consensus among members and experts, regarding the principles and practices applicable to the conduct of forensic assessments. This document does not, however, necessarily represent the views of all members of CAPL. Further, this resource document should not be construed as dictating the standard for forensic evaluations. Although it is intended to inform practice, it does not present all currently acceptable ways of performing forensic psychiatry evaluations and following these guidelines does not lead to a guaranteed outcome. Differing facts, clinical factors, relevant statutes, administrative and case law, and the psychiatrist's clinical judgement determine how to proceed in any individual forensic assessment.*

*This resource document is for psychiatrists and other clinicians working in a forensic assessor role who conduct evaluations and provide opinions on legal and regulatory matters for the courts, tribunals, and other third parties. Any clinician who agrees to perform forensic assessments in any domain is expected to have the necessary qualifications according to the professional standards in the relevant jurisdiction and for the evaluation at hand.*

See the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: General Principles, which apply to all the guidelines and will not be repeated below.

## OVERVIEW OF VIOLENCE RISK ASSESSMENT

The following is a brief overview of violence risk assessment. This is not intended to replace any requisite training in the field. Readers are encouraged to consult the literature for further details and more in-depth reviews. Please see the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Dangerous Offender/Long-Term Offender and the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Sexual Behaviour and Risk of Sexual Offending for additional information in these specialized areas.

Assessment of violence risk is an important and common task of a forensic psychiatrist, including to guide risk management. Ongoing training on the use of specific risk

**Table 1.** Characterization of Violence Risk

| | |
|---|---|
| • Nature | What type of violence might occur? |
| • Severity | How serious might the violence be? |
| • Frequency | How often might violence occur? |
| • Imminence | How soon might violence occur? |
| • Probability | What is the probability that violence might occur? |
| • Potential victim pool | Who will be most at risk? |
| • Motivation | What will drive the violence? |
| • Context | What will be the circumstances in which violence will occur? |

assessment tools and areas of risk is expected of anyone who intends to provide opinions on this matter. Risk assessment differs from prediction, as prediction suggests knowing the specific outcome of an event that will occur at a specific time in the future. For example, one might say it is going to rain starting at 6:00 p.m. tonight; this will either happen or not happen, making the prediction either right or wrong. In comparison, risk assessment is the identification and description of variables that increase or decrease the likelihood of an outcome for an individual or a population over a specified time period. Returning to our example, one might say there is a high probability of rain occurring this evening. Just like the weather, it is the *likelihood* of a violent act occurring, not the *certainty* that it will occur, that can be forecast. The prediction of violent behaviours is further complicated by the relatively low base rates of serious violent acts and the heterogeneity in the definition of risk variables and outcomes. (1,2) Risk is also assessed in order to guide risk management.

Risk can be characterized in many ways: the nature of the risk, probability, severity, imminence and frequency, and potential victim pool (Table 1). (3) It is also important to understand the motivation for violent behaviour. A violence risk assessment often includes a description of past offending behaviour and potential future violence scenarios, taking into account variables inherent to the accused, as well as external, social, and environmental factors. For those who do not have a specific pattern of offending, the versatility of their offending behaviour may be informative in and of itself and a possible barrier to providing a specific description of the nature of future offending. The probability of future offending is forecast with the assistance of risk assessment tools, which speak to risk categories or risk levels in the medium- and long-term. Many tools, however, do not address other dimensions of risk, such as imminence and frequency, which are usually best characterized by a description of factors that increase or decrease risk in the short term. Statements about the potential severity of harm are usually discussed in a particular context and on a scale of harmfulness rather than as a dichotomous variable.

Risk assessment considers static and dynamic factors. Static factors (which include historical factors, such as previous violence, gender, and intelligence) do not change significantly over time. Dynamic factors may change over time and represent choice points for risk management interventions. Dynamic factors may be further divided into those that are stable (for example, skill deficits, cognitive distortions) and those that are acute, which are current expressions of risk behaviour (for example, violent ideation, or intoxication). (4)

## Purpose of Risk Assessment

Risk assessments are requested in many different contexts, usually with the goal of risk management (Table 2). It is important for the assessor to understand the purpose of the risk assessment at the outset to collect relevant information, select appropriate risk assessment tools, and offer an opinion regarding level of risk and risk management interventions.

The assessor must be aware of the differing legal, regulatory, and institutional standards that may be relevant for specific assessments. For example, the threshold for certification under provincial or territorial mental health legislations (danger to others) is different from the threshold for placement under the auspices of a provincial or territorial review board (significant threat to the safety of others) and different again from that in a dangerous offender or long-term offender hearing (reasonable expectation/possibility of eventual control of risk).

Risk assessment is an evolving area, and the risk assessment tools are aids but are not determinative. Further, a degree of caution is important when determining risk in light of the potential loss of liberty for the evaluee.

## Types of Risk Assessment

### *Clinical Practice*

Every psychiatric encounter necessitates an evaluation of whether the evaluee is a risk to themselves or others. This assessment can be based on observation of the evaluee, their self-report, and information gathered from collateral

**Table 2.** Types of Risk Assessments

- **Clinical Practice**
  - Risk assessment in forensic and non-forensic patient care and/or management (passes, need for hospitalization, level of security, service intensity)
  - Certifiability under provincial and territorial mental health legislations
  - Duty to warn and protect
- **Provincial and Territorial Review Board Dispositions**
  - Threshold for a "significant threat to the safety of the public"
  - Necessary and appropriate (interpreted by some tribunals as least onerous and least restrictive)
  - Disposition
- **Sentencing**
  - Level of risk (of what, to whom, when, and in what context)
  - Likelihood of managing risk in the community
  - Rehabilitation and treatment needs and treatability
  - Placement decisions
  - Includes DO / LTO assessments and other pre-sentence risk assessments
- **Release Decisions and Management Strategies**
  - Probation / parole
  - Judicial interim release
  - Immigration / deportation
- **Workplace or Campus Violence**
  - Threat assessments and violence risk
  - Ability to safely return to work/campus
  - Violence risk assessments for regulatory bodies
- **Custody and Access**
  - Risk of harm to child by parents

sources. The evaluation may result in the individual being detained in hospital for 24 to 72 hours under the mental health legislation of each province and territory (see Table 3) for further psychiatric assessment. (5)

While an inpatient in hospital, an individual may undergo ongoing clinical assessments of violence risk, which may take the form of structured tools (e.g., Short-Term Assessment of Risk and Treatability [START] [6] and Dynamic Appraisal of Situational Aggression [DASA] [7]). Specific constellations of symptoms (e.g., paranoid delusions) may confer additional risk. (8) Generally, changes in an individual's usual clinical presentation are more important than the absolute level of risk factors present when the goal is to inform daily treatment and management decisions, such as suitability to use privileges or level of observation. (7) There are also medium-term considerations involving clinical stability, engagement with the treatment plan, violent and antisocial attitudes, and other factors, which can assist in decision-making about service intensity and level of security required (e.g., Dangerousness, Understanding, Recovery and Urgency Manual [DUNDRUM] [9]).

If there is an identified risk of violence towards another person, the assessor must evaluate whether there is a duty to warn or protect. (10) This duty to warn potential victim(s) is in the circumstance that health care providers have "reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons" ([11], section 40 [1]). These approaches find utility when considering the discharge of a patient from the emergency department and granting a patient leave from an inpatient unit.

**Table 3.** Mental Health Legislation and Involuntary Admission

| Province/Territory | Governing Legislation | Involuntary Admission —Harm | Involuntary Admission —Impairment |
|---|---|---|---|
| British Columbia | Mental Health Act, RSBC 1996 | Protection—broadly defined | Mental or physical deterioration |
| Alberta | Mental Health Act, Updated March, 2021 | Likely to cause harm to self or others | Substantial mental or physical deterioration or serious impairment |
| Saskatchewan | Mental Health Services Act, SS 1984–86 | Harm—undefined | Mental or physical deterioration |
| Manitoba | Mental Health Act, CCSM | Serious harm | Substantial mental or physical deterioration |
| Ontario | Mental Health Act, RSO, 1990 | Serious physical harm | Serious physical impairment or serious mental deterioration |
| Quebec | Act respecting the protection of persons whose mental state presents a danger to themselves or others, SQ, 1997 | Grave and imminent danger to themselves or others | None |
| New Brunswick | Mental Health Act, RS NB, 1973 | Imminent physical or psychological harm | None |
| Nova Scotia | Involuntary Psychiatric Treatment Act, 2005 RSNS | Serious harm to self or others, serious physical impairment, or serious mental deterioration | Serious physical impairment or serious mental deterioration |
| Prince Edward Island | Mental Health Act, SPEI, 1994 | Safety interpreted as including alleviation of distressing physical, mental, or psychiatric symptoms | None |
| Newfoundland and Labrador | Mental Health Care and Treatment Act, SNL 2006 | Harm—unspecified | Serious physical impairment or serious mental deterioration |
| Northwest Territories and Nunavut | Mental Health Act, RSNWT 1988 | Serious bodily harm | Imminent and serious physical impairment |
| Yukon Territory | Mental Health Act, RSY 2002 | Serious bodily harm | Imminent and serious physical impairment |

* Adapted from Regehr and Kanani. (12)

### *Provincial and Territorial Criminal Code Review Board Dispositions*

At initial and annual review board hearings, the central issue under consideration is whether the evaluee is a significant threat to the safety of the public. Factors considered in making a disposition if the accused is found to be a significant threat, as delineated in part XX.1 of the Criminal Code of Canada, (13) include the need to protect the public, the mental condition of the accused, reintegration of the accused into society, and other needs of the accused.

According to the Supreme Court of Canada's decision in *Winko v. BC* (Forensic Psychiatric Institute), (14) a "significant threat to the safety of the public" means a real risk of physical or psychological harm to members of the public that goes beyond the merely trivial or annoying. The conduct giving rise to the harm must be criminal in nature, and it can be neither a "miniscule risk of grave harm" nor a "high risk of trivial harm." Further, it is noted that evidence to determine whether an individual is a significant threat to public safety can include the past and expected course of treatment, if any; the present state of their medical condition;

their own plans for the future; and the support services in the community. (14) Once a significant threat is established, the necessary and appropriate disposition is determined (interpreted by many tribunals as the least onerous and least restrictive disposition) (15,16) (see part XX.1, section 672.54, of the Criminal Code).

With its decision in *Winko,* the Supreme Court of Canada has indicated that, unless the accused is found to be a significant threat to public safety, an absolute discharge must be granted. However, assessment of risk is relevant beyond the threshold determination of "significant threat." Qualitative and quantitative assessments of risk will inform and shape what is to be the "necessary and appropriate" disposition. This is, of course, important to the determination of both not criminally responsible (NCR) and unfit individuals by the review board.

### *Sentencing*

An assessment of violence risk (including sexual violence) may be requested for sentencing purposes. Some of the factors that can be considered when conducting these assessments include the evaluee's likely response to the custodial environment, their capacity for rehabilitation, relevant risk issues if they were in the community, available treatment and supervision resources, and whether incarceration would be antithetical to their rehabilitation.

Choosing appropriate risk assessment tools is an important part of completing pre-sentence assessments. These tools can assist in addressing risk factors that could be managed or modified to potentially decrease recidivism. For example, substance abuse could be addressed with programs and random urine screens. There is a range of available structured professional judgement (SPJ) and actuarial tools for general violence and specific categories of violence, such as intimate partner violence and sexual violence. There is no universal standard on how these risk assessments are conducted; therefore, it is important to appreciate the strengths and weaknesses of various tools and to select measures that are based on a sound rationale.

One of the most significant sentencing options involves a finding of dangerous offender or long-term offender status. Sections 753(1) and 753.1 of the Criminal Code articulate the necessary steps for an individual to be declared a dangerous offender (see the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Dangerous Offender/Long-Term Offender). More specifically, pertaining to a violence risk assessment in the context of a dangerous offender or long-term offender application, the issue at hand is whether there is a "reasonable expectation" (a "reasonable possibility" for long-term offenders) of eventual control of risk in the community (see s.753.1 1[c] of the Criminal Code [13]). (17) From a psychiatric perspective, such an assessment considers whether the salient risk variables could be managed through appropriate treatment and supervision interventions. Factors taken into account may include diagnosis, prognosis, age, exposure to destabilizers, attitude toward treatment and supervision, history of response to treatment and supervision, supports, and strengths. (See the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Dangerous Offender/Long-Term Offender). Additionally, sentencing a youth as an adult relies on eliciting a level of mature behaviour in the context of risk variables that contribute to increased risk.

### *Release Decisions and Management Strategies*

The assessment of risk, as related to release decisions, is dependent on several factors, including the nature of the offence, the history of offending behaviour, and the type of release being contemplated. Judicial interim release (bail) after an individual has been charged with committing a crime focuses on the secondary grounds for detention—that being the level and nature of the risk posed and the likelihood of re-offending. A comprehensive risk assessment would also gauge the risk of elopement or failing to attend court as required. On the other hand, parole decisions, after conviction and a period of incarceration, also consider an evaluee's attitude, engagement with treatment, and amenability of their risk management plan to community supervision. Other potential release decisions include suitability for mental health diversion, conditional release or probation, probation, and terms of section 810.2 of the Criminal Code—community supervision orders.

A specialized area of assessment that might entail a risk assessment pertains to issues of deportation or other decisions related to the Immigration and Refugee Act (2001) and decisions permitting an individual to come to Canada, remain in Canada, or be deported.

### *Workplace or Campus Assessments of Threats and Violence*

There is significant overlap between workplace or campus violence and threat assessments. (18–20) Workplace or campus threat assessment can refer to there being a non-specific target or to a rapid assessment of what a specific threat means. It is an acute evaluation of risk after learning about a threat or fear-inducing behaviour (e.g., threats to kill, stalking). It may be based on the information available rather than a direct evaluation. The assessor examines the dynamic and contextual factors and determines the meaning of the threat. Changes are monitored over time. The emphasis is on risk management and protecting the victim(s), although a victim is not always identified.

Workplace or campus violence risk assessments (like in judicial settings) involve a lengthier and more involved direct evaluation of the individual and may be requested prior to the evaluee returning to work or school. There is more emphasis on static factors, the specific target, and the likelihood of the individual becoming violent in the future. Like threat assessments, risk management interventions are provided, and preventing risk to others is the goal.

Threat assessment derives from Secret Service and policing methodology and relies on behavioural and observational analysis techniques. (19) Universities, schools, and major employers have established threat assessment teams comprised of security, law enforcement, and human resources. The forensic psychiatrist is part of and contributes to the decision-making of that team. (20) When a situation involving a threat arises on a university campus, in a school, or in a variety of workplaces, the forensic psychiatrist may be retained to evaluate the threat and provide a risk assessment of the person making the threat. If there is an active situation, it is the police or security officers who must take control; however, if it hasn't reached that point and the institution or employer is dealing with a threat, the forensic psychiatrist may be able to contribute. In these emergent situations, there is a need for timely advice and action.

The role of a forensic psychiatrist is to first determine the type and level of threat. In most cases, the threat of violence is of low probability, allowing time to consider the next course of action or whether an intervention is necessary. If the threat of violence is of high probability and the means are available, then immediate action may be required. Although this situation is rare, it might involve security or police, removal of the target or targets, or immediate apprehension of the perpetrator. Protection or mitigation of harm to the target is the initial goal. It would also need to be determined whether the perpetrator has information regarding the target's habits and where they live. If this is the case, steps would need to be taken regarding transport to and from work and at the home of the target. The situation might also involve stalking, with repeated unwanted approaches to the target. Assessment of risk and threat in these situations applies many of the principles used in this specialized area. (21) Stalking and workplace/campus risk assessment tools (e.g., Stalking Assessment and Management [SAM] [22], Workplace Assessment of Violence Risk [WAVR]-21V3 [23]) can assist in determining risk and risk management.

It has become increasingly common for threats to be made online. Knowledge of the threat, either based on fact or rumour, can spread rapidly by social media. This can create an echo chamber in which the magnitude of the threat is multiplied, a phenomenon often referred to as a "fear contagion."(20) A threat assessment team needs to be aware of this and consider notifying the public, employees, staff, and students of the steps that have been taken to ameliorate the threat—a way of getting ahead of the hysteria often generated by social media. Deciding how much information to disclose can be difficult.

At a stage where the identity of the perpetrator is known, a different approach can be taken. The perpetrator is often an employee, a staff member, or a student of the institution or business. Once their identity is known, it may be possible to perform a violence risk assessment.

### *Custody and Access*

A forensic psychiatrist may be retained to perform a risk assessment of one or both parents in the context of custody and access proceedings. One significant preliminary issue here is to clarify, at the time of receiving the original retainer and in the report, that the forensic psychiatrist is not performing a full custody and access assessment. A full custody and access assessment requires specialized training, skills, and a specific approach. (24) When the retainer is limited to a risk assessment of one or both parents, the assessor follows the procedures outlined in the section above. It may be helpful to add a caveat stating that this assessment is not a full custody and access assessment, to avoid any misunderstanding. One of the issues that may arise, especially in a high-conflict divorce, is the informants chosen to obtain collateral information. Although a forensic assessor should always consider the credibility of informants, this type of assessment makes the exercise particularly difficult. As in other risk assessments, the formulation includes recommendations whereby any associated risk can be best managed.

## Other Considerations

### *Sexual Violence*

Refer to the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Sexual Behaviour and Risk of Sexual Offending.

### *Dangerous Offenders/Long-Term Offenders*

Refer to the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Dangerous Offender/Long-Term Offender.

### *Domestic Violence Risk Assessment and Stalking Risk Assessment*

Although risk assessment for intimate partner violence has many similarities to other violence risk assessments (and their tools), specific risk assessment tools can also be used to assess probabilities of future violence against a domestic partner (e.g., the Ontario Domestic Assault Risk Assessment [ODARA] [25]). There are also tools to guide understanding of the risk, such as B-Safer (26) and the Spousal Assault Risk Assessment guide (SARA). (27) Specific areas to attend to include victim considerations, gender issues, cultural factors (e.g., LGBTQ community, Indigenous community, immigrants/refugees), risk of homicide, and recommendations to mitigate risk for both the accused and the potential victim.

Stalking causes people to fear for their safety. There may or may not be a history of physical violence or direct threats. There are numerous ways of classifying stalking behaviour based on motivation (stalkers who are rejected, seeking intimacy, incompetent, resentful, or predatory [28]); prior

interactions and attachment styles; (29) relationship to the victim and context-based typology (RECON); (30) and mental health and personality. The forensic psychiatrist considers the scenario(s); nature of the stalking; severity and frequency of the behaviour(s); risk and protective factors; victim vulnerability and impact; plausible future scenarios, including the propensity for ongoing stalking or violence; and what action (including immediate) may be required. Stalking assessment tools include the Stalking Assessment and Management (SAM) (22) tool guide, which is organized based on the nature of stalking, perpetrator risk factors, and victim vulnerability; and the Stalking Risk Profile: Guidelines for the Assessment and Management of Stalkers (SRP) (31), which is organized by Mullen's stalker types (rejected, resentful, seeking intimacy, incompetent as a suitor, predatory, as well as unknown). Risk management recommendations for the stalker may include mitigating factors (e.g., mental health measures, provincial and territorial mental health legislations, police involvement, trespass notices, restraining orders, surveillance) and safety planning measures to decrease vulnerability for the victim (providing support and information, avoiding contact or communication with the stalker, documenting evidence, determining if there is a duty to warn, and implementing appropriate security measures).

### *Arson*

There are many possible motivations for an arson offence, ranging from the rational (for secondary gain) to the pathological. Gannon and colleagues (32) summarized the main theories of the etiologies of fire-setting (arson) and used this information to develop a multifactor explanation of fire-setting for adult offenders. Functional analysis theory posits that arson is related to an interaction of prior circumstances, critical reinforcements, and behavioural consequences. According to the multi-trajectory theory of adult fire-setting, an adverse caregiver environment and early learning experiences establish an individual's attitudes and values associated with fire, as well as their coping skills, communication skills, and personal identity. Cultural forces and temperament are also influential.

Arson is a specific violent behaviour that is, at times, preferred by some offenders. Several risk assessment tools, such as the Historical Clinical Risk Management-20, version 3 (HCR-20$^{V3}$), (33) include fire-setting behaviours in the definition of violence; however, there are no standardized or validated tools available to assess risk specifically for arson. Further, there is a lack of information in the literature about risk factors specifically related to setting fires as a behaviour distinct from general criminal offending. Factors that have been identified as potential risk variables include early onset of criminal convictions, fire-setting in childhood, prior convictions for property offences, overall number of fires set, relationship problems, and fire interest. There are some non-standardized risk measures that incorporate the HCR-20, along with information about fire-setting histories, and variables such as anger and interpersonal skills. There is a lack of clarity as to the base rate of re-offending for arson. Interventions to reduce fire-setting behaviour have not been well studied, and evidence-based treatments are still in development.

### *Terrorism and Extremism*

A risk assessment may be requested for those charged with or convicted of terrorism or other extremism-related offences. The risk factors commonly associated with other forms of violence are not the same as those associated with terrorist or other extremist behaviours. Rather, the risk flows from ideologically motivated behaviour, affiliation, and anger. Although a relatively new field of expertise, risk assessment tools to assess terrorist and other extremist offenders include an SPJ (the TRAP-18 for lone actor extremists [34]) and others, including the Violent Extremism Risk Assessment-2Revised (VERA-2R) the Multi-Level Guidelines (MLG) and the Assessment and Treatment of Radicalization Scale (ATRS). (35) However, little research has been done on these newer tools.

### *Youth and Children*

A detailed review of forensic psychiatric violence risk assessment in children and adolescents is beyond the scope of this guideline. Youth violence risk assessments usually come through section 34 of the Youth Criminal Justice Act (YCJA), after a youth is charged or convicted of an offence. These are used by the court in determining dispositions, including alternative measures, custodial sentences, adult sentencing, and intensive rehabilitative custody and supervision (IRCS) orders. Many of the same violence concerns in adults arise in youth, from low-level to lethal violence. Referrals include sexual violence, domestic partner violence, interpersonal violence, arson, and school shooting threats. However, the risk assessment approach and tools used for youth can be quite different (36,37,38) and must be directed at the target age and gender (e.g., the Structured Assessment of Violence Risk in Youth [SAVRY], [39] Hare Psychopathy Checklist-Youth Version [PCL-YV,] [40] Youth Level of Service/Case Management Inventory 2.0 [YLS/CMI], [41] and Early Assessment Risk Lists for Boys [EARL-20BV2] and Girls [EARL-21G] [42]). (38,43) In addition to other relevant factors, risk tools are used to recommend and determine whether a youth should serve a sentence in an adult facility. Within the YCJA, there is also an increased focus on rehabilitation, treatment, and helping to desist from re-offending.

### *Female Offenders*

In 2017, females accounted for approximately 25% of police-reported criminal incidents in Canada, and the rate of female violent offending is increasing, particularly among young women. (44) Official prevalence rates may be an

underestimate, as females who engage in violence are less likely to be reported, charged, and convicted. Although there are many similarities in the criminogenic factors for female and male offenders, gender differences in risk and protective factors have been identified. For example, female offenders tend to direct their violence towards their close environment and are most frequently driven by relational frustration. (45) Specific types of violence are more likely in females, including infanticide, which often occurs in the context of postpartum psychosis. (46) Gender-based analysis emphasizes the need for gender-specific assessment and service provision, integrating known risk factors while being aware of the social context. (47)

Several risk assessment tools have been studied as to their effectiveness in assessing and predicting violence and recidivism in females, including the PCL-R, HCR-20$^{V3}$, Short-Term Assessment of Risk and Treatability (START), SAPROF, and LSI. (48,49) Most violence risk assessment tools are based on research conducted primarily in male samples. There is ongoing debate about whether some of these instruments are sufficiently valid in female populations and whether they are gender-neutral or gender-responsive. (49) The Female Additional Manual (FAM) (50) was developed as additional guidelines to the HCR-20$^{V3}$ for assessing the risk of violence in women who have engaged in violent behaviour. The FAM contains additional guidance for the scoring of two HCR-20$^{V3}$ historical items (personality disorder and traumatic experiences), as well as eight new items (prostitution, parenting difficulties, pregnancy at young age, suicide attempt/self-harm, covert/manipulative behaviour, low self-esteem, problematic childcare responsibility, and problematic future intimate relationship). Three final risk judgements can be coded with the FAM (self-destructive behaviour, victimization, and non-violent criminal behaviour). There are limited validation studies of the FAM, and more research is needed regarding interrater reliability and predictive validity of the tool.

## RISK ASSESSMENT TOOLS

The first generation of risk assessment approaches involved the use of unstructured clinical judgement, in which the assessor would consider the variables they deemed relevant, usually in accordance with their personal experience and understanding of current practices and information. This type of decision making was unstructured, often idiosyncratic, and unable to be reliably replicated. Research, some of it quite historical, has indicated that predicting recidivism using unstructured clinical judgement alone can be unreliable. (51–54)

The next stage in risk assessment was the development of actuarial risk assessment tools. These tools categorize an individual's risk according to static and historical factors that have been found to be related to a defined outcome (risk of recidivism) from a developmental sample of people observed over time. Actuarial instruments may accord different statistical weighting to specific items depending on the relevance of a given factor in the original sample. By their very nature, actuarial factors are static and do not change over time (55,56); as such, the tools suggest that risk does not change. They have been criticized for ignoring important individual factors (e.g., new-onset immobility). Further, developmental samples may be small, and applying them to an individual results in unacceptably large margins of error. (57)

Since the 1990s, advances in risk assessment have been made in structured professional judgement (SPJ) tools. These tools use a small number of evidence-based variables known to increase risk. They often include both static and dynamic variables, which allows the rater to apply a theoretical understanding of the risk issue. With SPJ tools, the rater's clinical judgement can put variable weight on factors rather than equating a total score to risk. Also, they simplify the development of risk management plans directed at the items relevant for the evaluee. (33,58–60) These instruments enable the forensic psychiatrist to focus on identifying variables that can be useful in case management and decision-making (61) and are often specific to the type of risk (domestic violence, stalking, violence, etc.), outcomes or offence categories (sexual, violent, general recidivism), and characteristics of the individual (age, gender). Tools designed to assess more specific risks or outcomes often have less supporting research than those assessing more general outcomes, such as violent recidivism. There are also SPJ tools that focus on protective factors that may mitigate risk (e.g., the Structured Assessment of Protective Factors for Violence Risk [SAPROF] [62]). Although SPJs have shown similar performance to actuarial measures, they require more clinical expertise and usually cannot be used by probation, police, or others.

A fourth generation of risk assessment is emerging (63,64) that has been described as the use of tools designed in risk management to aid in the selection of treatment targets and promote re-assessment of risk over time in order to document changes in criminogenic needs, alterations in the external circumstances of the evaluee, and treatment progress (i.e., Level of Service/Case Management Inventory [LS/CMI] [63]; Violence Risk Scale [VRS] [65]). Table 4 summarizes some of the most commonly used risk assessment tools.

The Psychopathy Checklist-Revised (PCL-R) (66) was not developed as a risk assessment tool but as a measure of psychopathic personality. However, research has shown that higher scores are associated with general recidivism, violent recidivism, and decreased treatability. (67) The PCL-R is the standard tool to measure the extent to which an individual evidences psychopathic traits, with greater levels of psychopathy indicating higher risk. The PCL-R comprises two subscales: Factor 1 describes exploitive values and attitudes, and Factor 2 addresses the indicia of behavioural dyscontrol. The four-facet model has also been described (interpersonal, affective, lifestyle, and antisocial traits). The

PCL-SV (60) is more frequently used in the non-criminal population, or when there is more limited information. An assessment of psychopathic personality traits with the available information, if possible, is accepted as part of a violence risk assessment (PCL-R [67,69,70]).

Most violence risk assessments necessitate the use of multiple risk assessment tools, with clinical expertise to capture important variables from many dimensions. There has been debate regarding the merits of actuarial versus SPJ tools, although the common practice is to use both types, if appropriate, to best describe the medium- and long-term risk, as well as the static and dynamic variables relevant to the evaluation and assessment of risk changes over time. (2,70)

The most common way of communicating the predictive accuracy of a risk assessment tool is the area under the curve (AUC) from receiver operating characteristic curve (ROC) analyses. (71) The AUC can vary between 0 and 1, with 0.50 indicating the level of prediction that would be expected by chance. AUCs can be interpreted as the probability that a randomly selected recidivist would have a higher score than a randomly selected non-recidivist. Therefore, the AUC is insensitive to differing base rates of violence among different study samples, allowing for direct comparisons of accuracy between risk tools normed on different populations. Most risk assessment tools have an AUC between 0.66 and 0.78. (72) and consider several, though not all, factors known to be related to recidivism. Hence, most are described as having moderate predictive accuracy for the population in which the research was based (e.g., adult males with a history of violent offending) and depending on the setting (e.g., community, inpatient).

Many risk assessment tools require specific knowledge and training; evaluators who use them should be aware of and in compliance with these requirements and know the relevant and current practices using the tools, including updated manuals, if available.

It is important to note explicitly that all risk assessment tools have limitations. These limitations may be related to the information based on which the tool is being scored, the dissimilarity of the evaluee to the developmental sample of the tool, and the limits of the reliability or predictive accuracy of the instrument itself. There could also be relevant cultural factors to consider, including whether the tool was reliable and valid in the population represented by the evaluee (for example, Indigenous offenders). (73,74)

The use of risk assessment tools is more limited with female offenders because most of the tools have been developed with exclusively male samples. Although some risk factors may be common between men and women at face value, the lack of female samples in the development groups of risk assessment tools precludes their use with female offenders; this includes instruments that evaluate sexual offending and domestic violence, as well as the actuarial tools (i.e., the Violence Risk Appraisal Guide [VRAG] [75,76]; Violence Risk Appraisal Guide-Revised [VRAG-R] [76]; and Static-99R [77]). The PCL-R and most SPJ tools can be used with female samples, acknowledging their limitations. (66,70) The Female Additional Manual (FAM), derived from the HCR-20, has been developed to provide more concrete guidelines for gender-specific risk assessment and management for women, though validity research remains limited.

## Risk Formulation

The description of risk has grown beyond the simple identification of variables; it includes an individualized analysis of specific risk factors and a description of how they are relevant and how they can be used or addressed in a risk management plan. A risk formulation describes the factors identified in various tools in a narrative format and places them into context for the individual and their circumstances. This requires the assessor to consider the variables inherent to the individual, any destabilizing influences in the environment, and situational events that may precipitate a violent occurrence. (2) A potential future violence scenario may be described, which identifies the behaviour an individual is most at risk of engaging in and under what circumstances; a victim pool might also be identified. A risk formulation determines the variables that would require monitoring over time to measure the progress, suitability, and effectiveness of risk management interventions.

## Risk Management

A comprehensive risk assessment facilitates the identification of salient factors, both risk enhancing and protective, that form the foundation of a risk management plan. Risk management is the process of taking action to prevent, limit, or control violent behaviour through strategies or interventions that take into account an individual's characteristics and circumstances. (56,61,84,85) A large body of literature reviews and advocates for various risk management approaches.

Risk management approaches can include consideration of the following:

- *Treatment*: pharmacological and psychosocial interventions that address mental health or substance use issues; strategies to reduce or treat medical conditions known to precipitate deterioration in a person's mental state (i.e., urinary tract infections)
- *Monitoring*: ongoing assessment of mental status and dynamic risk variables, frequency of meetings with care providers, urine drug screens, medication blood levels, viewing mail, supervised Internet access
- *Supervision*: involuntary commitment to hospital, minimum requirements for assessment, level of supervision in a community residence, restrictions on travel, weapons' prohibition, limited access to incendiary devices

**Table 4.** Examples of Risk Assessment Tools*

| Name | Type of Risk | Population |
|---|---|---|
| **Actuarial tools** | **Long-term assessment** | |
| VRAG (75,76) | Violent recidivism | Adult males<br>Mentally disordered offenders |
| VRAG-R (76) | Violent (including sexual) recidivism | Adult males<br>Mentally disordered offenders |
| SORAG (75) | Violent (including sexual) recidivism | Adult males<br>Mentally disordered offenders |
| Static-99R, 2002R (77) | Sexual recidivism | Adult males |
| ODARA (25) | Domestic violence | Adult males |
| LSI-R (78) | General recidivism | Adult males<br>Adult females |
| **SPJ tools** | **Medium-term assessment** | **Population** |
| HCR-20V3 (33) | Violent offending | Adult males and females<br>Forensic, criminal justice, and civil psychiatric settings |
| SVR-20 (79) | Violence risk (including sexual violence) | Adult males<br>Sexual offenders |
| RSVP (80) | Violence risk (including sexual violence) | Adult males<br>Sexual offenders |
| SAPROF (62) | Protective factors | Adult males and females<br>Forensic, criminal justice, and civil psychiatric settings |
| WAVR-21V3 (23) | Workplace/campus violence | Adult males and females |
| TRAP-18 (34) | Lone actor terrorists | Adult males and females |
| STABLE-2007 (4,81) | Sexual offending | Adult males |
| SARA-V3 (27) | Domestic violence | Adult males |
| SAVRY (39) | Violence risk | Adolescents |
| VRS (65) | Violence risk and change | Adult males |
| VRS-SO (82) | Sexual violence risk and change | Adult males |
| **Other tools** | **Medium-term assessment** | **Population** |
| PCL-R (66) | Violence, general offending<br>Supervision response | Adult males and females<br>Forensic, criminal justice, and civil psychiatric settings |
| PCL-SV (68) | Violence, general offending | Adult males and females<br>Forensic, criminal justice, and civil psychiatric settings |

| Name | Type of Risk | Population |
|---|---|---|
| PCL-YV (40) | Violence, general offending<br>Supervision response | Adolescents |
| SAM (22), SRP (31) | Stalking | Adult males and females |
| ACUTE-2007 (4,83) | Sexual offending short term | Adult males, sexual offenders |
| DASA (12) | Inpatient aggression in next 24 hours | Adult males and females |
| EARL-20B, EARL-21G (42)<br>eHarm (84) | Violence in children<br>Clinical short-term risk assessment | Children<br>Adult males and females |
| DUNDRUM (9) | Level of security | Adult males and females |

*Please refer to the manuals and (or) literature for training requirements for the risk assessment tools.

- *Victim safety planning*: education and counselling, enhanced physical security, limits to contact
- *Bolstering strengths*: structuring vocational or leisure activities, encouraging prosocial support networks, developing alliances with treatment providers

The utility of SPJ tools is that they can assist in identifying the factors that require planning to address; they can also help prioritize aspects that are most relevant to risk and, thus, core elements of a plan. Risk management needs to be personalized, recognizing that the importance of specific variables will change over time depending on the response to treatment, stage of illness, symptoms, the people who are supporting a care plan and their related skills, among other factors. (85,86)

Another framework that can be used to build a risk management plan is Andrew and Bonta's Risk, Need, Responsivity (RNR) principles (63,87,88); however, this approach focuses on criminogenic needs and is primarily validated in prison populations, which isn't applicable to the context of all violence risk assessments. The risk principle is adjusting the level of intervention to be commensurate with the level of risk; the needs principle is focusing treatment on the offender's criminogenic needs (i.e., the factors increasing the risk of recidivism); and the responsivity principle delivers the treatment in a way that acknowledges the offender's abilities and learning style, as well as their cultural factors. For example, an evaluee who presents with few criminogenic needs and low risk may require a lower-intensity risk management plan. Conversely, an evaluee with considerable criminogenic needs and high risk will require a more intensive risk management plan with considerable resources. High levels of psychopathy may impact what can be achieved through various treatment or risk management modalities and necessitate greater reliance on supervision.

## THE ASSESSMENT OF VIOLENCE RISK

### Physical Setting

Assessments for violence risk can take place in many settings, including a correctional centre, a hospital, or an office. Safety planning and awareness of emergency contingencies are necessary prior to an interview. This includes consideration of the availability of relational and environmental options to respond to aggression or threats, including the presence of other staff or security; an emergency call button; cameras; a working telephone; the absence of any weapons or sharp objects; a planned exit route; or other measures. The evaluator reviews the policies on how to initiate and respond to an emergency at the institution where an interview is taking place.

At times, individuals may be accompanied by correctional officers and have handcuffs and leg irons to ensure safety outside a correctional institution. In this circumstance, the staff will need to decide the appropriateness of physical security measures once the individual is in a secure area.

### Privacy and Presence of Third Parties

Interview privacy can help facilitate rapport and conversation; however, it needs to be balanced with an assessment of any safety issues. This may necessitate decision-making around whether correctional officers or others are present during the meeting or remain outside an interview room.

### Interviewer Approach

The assessor usually has access to file information to review before the interview. This material can provide information on the evaluee's mental status and level of cooperation in prior assessments and can therefore be useful in planning an approach.

The assessor should be mindful of their body language, facial expression, and tone of voice when managing an interview that has the potential to escalate. They should aim to be neutral and professional, patient, empathic, and respectful while maintaining boundaries and conveying a sense of authority. It can be helpful to ask the evaluee about the more non-threatening aspects of their history first, such as background, relationships, medical history, and psychiatric history. Once much of the information for the report has been obtained, the interviewer can move to material that might cause the interview to end. This could include challenging discrepancies, sensitive material, and confronting minimization. This needs to be undertaken in a safe and respectful manner.

The duration and frequency of interviews with the evaluee can vary based on the type of assessment, amount of information being gathered, and tolerance of both parties. In some situations, it is beneficial to have one lengthy interview, sometimes lasting several hours over one day. In other cases, multiple interviews of shorter duration on different days is preferred. The former can allow rapport to be built over a longer period and the interview flow to be uninterrupted. The latter can provide an opportunity to ask the same or similar questions on different days to gain information about the consistency of responses and observe the evaluee's mental status on other occasions.

### Interview Content

Assessing for violence risk necessitates inquiry into specific areas that are empirically related to violent behaviour, as well as the usual areas of psychiatric assessment (Table 5). Specifically, this will entail information pertaining to a description of, and attitudes toward, the index offence and past violent and offending behaviour, impulsivity, and history of anger (Table 6). Anger, even in its strongest form, is not inherently dysfunctional, but the dimensions of anger as related to attitudes and cognitions, behavioural patterns, and arousal require exploration in an assessment of violence risk. (88) It is also important to elicit information that is necessary to complete any risk assessment tools that might be used.

During the interview, it may become clear that another person is at risk, based on the evaluee's statements about violent ideation, intent, or plans. When the evaluee articulates a direct threat to another person, the assessor must evaluate whether there is a duty to warn and protect. Ideally, the potential need to disclose otherwise confidential information is made clear at the outset of the assessment. Confidentiality may be breached in circumstances where there is a clear risk to an identifiable victim or pool of victims, the risk is of serious bodily harm, and the danger is imminent. In *Smith v. Jones* (1999) (10) the court clarified that assessors who are sufficiently concerned about risk to others may disclose the information to the potential victim(s), the police, or the Crown. (10,89) Civil commitment can also be considered if the evaluee has a mental illness and meets criteria for certification under provincial and territorial mental health legislations.

### Sources of Information

Depending on the type of assessment, a violence risk assessment entails gathering information from various sources to enhance the reliability of material collected and see that it reflects historical, longitudinal variables relevant to risk assessment. This might include some documents listed in Table 7.

It is also useful for the assessor to gather collateral information from people who know the evaluee well to understand personality characteristics, functioning, offending cycles, and other longitudinal patterns, as well as to have information that assists in socoring the risk assessment tools. Collateral information from family and friends, employers and colleagues, partners or ex-partners, and treatment providers can all aid in understanding risk, depending on the focus of assessment. Sometimes the forensic psychiatrist will need to decide if talking to the victim would be appropriate or useful in terms of understanding risk issues and factors associated with aggression.

Psychometric testing can assist with an objective understanding of cognitive functioning, personality characteristics, and coping. Many of these tools also have validity scales (e.g., the Minnesota Multiphasic Personality Inventory (MMPI), [90)] which can aid in making statements about the reliability of the individual's self-report. Measures around anger (e.g., the Anger Disorders Scale [ADS], [91] Novaco Anger Scale, [92] and State Trait Anger Expression Inventory [STAXI-2] [93]), and malingering (e.g., the Miller Forensic Assessment of Symptoms Test [M-FAST] [94] and Structured Interview of Reported Symptoms [SIRS-2] [95]) can also be used.

Additional sources can include urine drug screening or other laboratory tests to investigate substance and medication use. The forensic practitioner will sometimes consult with another health care professional for assistance with, for example, a physical and neurological examination or diagnostic imaging. Finally, penile plethysmography may be part of a violence risk assessment in circumstances of sexual offending.

## RISK ASSESSMENT REPORT (INCLUDING TEMPLATE—see Table 8)

The violence risk assessment report is similar in structure to other forensic psychiatry reports (see the Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: General Principles), with some important differences.

The length of the report will vary depending on the complexity of the issues at hand. For example, some violence risk assessments (e.g., dangerous offender reports) are the

**Table 5.** Example of Psychiatric Interview Content for Violence Risk Assessment

- Identifying data
- Personal history
  - Pregnancy, including prenatal medical care and exposure to alcohol and drugs
  - Natal and postnatal conditions
  - Developmental milestones and developmental impairments
  - Conduct-disordered behaviour
  - History of abuse/victimization and other adverse childhood experiences
  - Witnessing violence during formative years
  - Involvement of child protection services
  - Employment problems
  - Relationship problems/instability
  - Sexual history/paraphilias
  - Personality and self-perception
  - Previous violence (including age at first violent incident)
  - Impulsivity
- Psychiatric history
  - History of mental disorder
  - Insight into mental disorder
  - Treatment response
  - Adherence to treatment and (or) supervision requirements (if in a legal framework)
  - History of violence when experiencing symptoms of mental disorder
  - Family psychiatric history
- Substance use history
  - Nature, frequency, and impact of substance use
- Legal history
  - Criminal record (charges and convictions)
  - Prior supervision or release failures
- Index offence(s) or behaviour of concern
  - Attitude
  - View of incident/behaviour
  - Motivation
- Mental status examination
  - Active symptoms of mental illness
  - Attitudes toward assessment
  - Future goals

**Table 6.** Examples of Anger History Questions

- Do you have problems managing your anger/level of frustration?
- Have other people told you that you have problems managing your anger?
- What makes you angry?
- Do "little things" tend to make you angry?
- What do you do when you get angry?
- Have you damaged property in anger? Hit a partner? Hit your pet?
- Are people afraid of you when you get angry?
- Do you feel that you "lose control" when you are angry?
- Have you ever blacked out when angry?
- Do you hold a grudge? Do you daydream about revenge?
- Do you get mad quickly ("from 0 to 10 in a few seconds"), or does it take a long time for you to get angry ("slow burn")?
- When was the last time you were in a physical altercation/fight as an adult? What was it over?
- What is the most harm you caused someone out of anger?
- Do you want to harm/kill someone right now?
- Have you carried a weapon in the community? Do you own or have access to a gun?
- Have you ever attended programs or received treatment for anger management?
- When you use alcohol or drugs, what is the effect on your anger?
- How does your anger benefit you or others?
- What do you perceive is the problem with your anger?
- How do you manage your anger?

**Table 7.** Sources of Information

- Canadian Police Information Centre (CPIC)/criminal record
- Disclosure
- Police notes
- Videos of the offending behaviour, behaviour around the time of the offence (surveillance videos, post-arrest behaviour in police car/booking station), statements made by the evaluee, victim statements
- Past risk assessments
- Prison/jail case-management records
- Probation/parole records
- Prior professional mental health contacts
- Information pertaining to prior offences
- Educational records
- Child protection services records
- Other

**Table 8.** Sample Template of a Violence Risk Assessment Report

- Focus of assessment
- Sources of information
- Informed consent
- Identifying data
- Background information
  - Personal and developmental history
    - Childhood and family
    - Education
    - Employment and finances
    - Relationships
    - Sexological history (as indicated)
  - Self-perception (personality)
  - Medical history
  - Substance use history
  - Psychiatric history
  - Family psychiatric history
  - Legal and violence history
- Index offence or behaviour of concern
- Review of symptoms and mental status examination (and fluctuations)
- Psychiatric impressions and recommendations
  - Mandatory reporting issues (certifiability, duty to warn and protect, child protection services, etc.)
  - Limitations
  - Psychiatric diagnoses and formulation
  - Risk analysis
    - Use of risk assessment tools
    - Level of risk
    - Identifying key static and dynamic factors related to re-offending (criminogenic variables)
    - Presence and relevance
    - Potential future violence scenario
    - Narrative that can be understood and used by individuals involved in risk management
    - Overall risk judgement
  - Risk management recommendations
    - Pharmacological and psychological/social
    - Services that would be beneficial
    - Identifying specific areas for treatment, management, and supervision
    - Barriers to implementation of a risk management plan (internal and external)

lengthiest reports in forensic psychiatry due to the large volume of information provided. In these situations, the forensic psychiatrist decides the best way to structure the report to be complete and comprehensive but not overwhelming to the reader. Appendices can be helpful in this way.

The report includes a detailed list of all sources of information, as well as background information, details of the offending behaviour, a review of symptoms, and a mental status examination. A psychologist, medical practitioner, social worker, or sexual behaviour expert might have been consulted and (or) contributed to the assessment. The assessor might include summaries of the relevant information provided by these professionals in a section of the final report. At times, direct excerpts are provided and in other circumstances, the report is appended in full.

Psychiatric opinions and recommendations include the diagnosis and current mental state of the evaluee; their response to treatment, if known; and their prognosis. Mandatory reporting issues may be addressed if they are a concern. This could include fulfilling a duty to warn, certification under the provincial and territorial mental health legislations, or contacting the ministries of transportation or children's social services.

Relevant limitations of the report are explicitly noted, including a statement if the individual did not participate in the interview (or when the report was based on file review alone), whether there was limited collateral and (or) file information, and any concerns about the reliability of the information provided.

The assessor usually provides details about the risk assessment tools selected and their results in a separate section of the report. Depending on the tool used, there are many ways to communicate risk. These can include reporting a specific score, relative risk, or percentile rank; providing probabilistic estimates of risk within a defined period; or placing the evaluee in a risk category or risk level specified by the instrument and its manual. The interpretation of, and preference for, categorical risk assessment frameworks and probabilistic equivalents can differ among judges and forensic assessors. (96) Some manuals provide recommendations on risk communication. There is also an emerging literature on attempts to standardize risk level communication. (97)

In addition to specific details about the risk assessment tools, a section of the report is dedicated to integrating the results of different tools into a risk formulation. This includes identification of the evaluee's most salient risk variables (both static and dynamic), as well as strengths or risk mitigating factors. The evaluator considers cultural factors and gender-specific issues that could be relevant for risk formulation. This narrative explanation of risk is specific to the individual. It is written in a manner accessible to a heterogeneous group of readers, including other forensic experts, adjudicators, and those who may be involved in risk management.

An opinion regarding whether an individual's risk meets a specified threshold depends on the nature of the assessment that was requested. The forensic psychiatrist will sometimes answer the question directly, for example, if the individual is deemed to be certifiable under the provincial and territorial mental health legislation or a significant threat to public safety (from a psychiatric perspective). In other situations, they do not offer a direct opinion (i.e., whether an individual meets the legal criteria to be designated a dangerous offender, which is a legal decision and not one decided by a forensic psychiatrist). Rather, the assessor may qualify their opinion as being "purely from a psychiatric perspective" or limit their opinion to areas related to risk assessment, risk mitigation, and potential control of risk, and risk management.

Finally, the forensic psychiatrist might include recommendations for risk management in the report that identify treatment, management, and supervision targets. They may cite pharmacological, psychological, and behavioural interventions that address risk variables, and at times suggest specific programs or services in institutions or the community. Other considerations include barriers to implementing a risk management plan (e.g., personality variables or resource constraints) and potential ways to optimize responsivity to a risk management plan.

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