

Chapter 10: Risk Assessment

Risk Assessment

The Process of risk assessment includes both a predictive and a management component.

-The **prediction component** describes the probability that an individual will commit future criminal or violent acts. The focus of the prediction component is on identifying risk factors that are related to this likelihood of future violence.

-The **management component** describes the development of interventions to manage or reduce the likelihood of future violence. The focus of management is identifying what treatments might reduce the individuals level of risk.

Civil Risk Assessment Settings

-*Civil Commitment*: Requires an individual to be hospitalized involuntarily if he or she has a mental illness and poses a danger to himself or others.

-*Assessment of Risk in Child Protection*: This involves laws that are in place to protect children from abuse. The risk of physical or sexual abuse, or neglect is considered when a government protection agency such as CAS decides whether to temporarily remove a child from their home.

- *Immigration Laws*: Screens individuals if there are reasonable grounds for believing they will engage in acts of violence or if they pose a risk to the social, cultural or economic functioning of Canadian Society.

-*School and Labour Regulations*: Any provisions to prevent any kind of act that would endanger others.

-*Mental Health Professionals*: Health professionals are expected to consider the likelihood that their patients will act in a violent manner and to intervene to prevent such behaviour. This responsibility is called Duty to warn.

Criminal Risk Assessment Settings

- The assessment of risk occurs at many points in the criminal justice/ Forensic psychiatric system, these include pretrial, sentencing, and release.
- Risk plays a role in decision making whether a youth should be sent to secure custody or if they should be sentenced to open custody
- Disclosure of information, in regards to legal help. A lawyer must disclose any dangerous information, even in light of the client solicitor privilege.
- Dangerous Offender designation is important regarding risk assessment; Health professionals now must provide an assessment of risk.
- Statutory release; Not all individuals can get statutory release, it can be denied if the offender is likely to commit future violent offences.

Types of Prediction Outcomes

Predicting Future events carries four possible outcomes.

- 1)**True positive**: Represents a correct prediction. When prediction of violence results in Violence
- 2)**True Negative**: Represents a correct prediction. When a prediction of non-violence results in Non-violence.
- 3)**False Positive**: Represents an incorrect prediction. When a person is predicted to be violent but is not. Creates a risk for the individual being assessed.
- 4)**False Negative**: Represents an incorrect prediction. Person is predicted to be non violent but acts violently. Creates a risk for the society, or victim.

False Positive errors have negative implications for the individual being asses (Denial of Freedom), whereas false negative error have implications for society and potential victim (Another person being murdered).

The Base Rate Problem

- The base rate represents the percentage of people within a given population who commit a criminal or violent act.

- It is difficult to make accurate predictions when base rates are too high or too low.
- The base rate can vary dramatically depending on the group being studied, what is predicted and the length of the follow up period which the individual is monitored.
- The general rule is that it is easier to predict frequent events than infrequent events.
- **EX:** The base rate of sexual violence tends to be relatively low, even over extended follow up periods, whereas the base rate for violating the conditions of a conditional release is very high. The base rate problem is not a concern if predictions of violence are limited to a known group with a high base rate of violence such as incarcerated offenders.

Methodological Issues

Risk Assessment assumes that risk can be measured. There are some constraints and limitations of risk assessment. Monahan and Steadman identified three main weaknesses of research on the prediction of violence.

The first issue concerns the limited number of risk factors being studied. People engage in violence for many Different reasons. Thus many risk factors are involved including the persons background, social situation , biological and psychological features.

The second issue concerns who the criterion variable (The variable you are trying to measure). Researchers often use official crime records, but the problem is that a lot of crimes go unreported. The use of official records underestimates crime.

The Third issue concerns how the criterion variable is defined. In some studies researchers will either classify the individual as violent or not but there are many types of crimes that can be violent but not seen as violent. An example of this would be a bank robber. It is likely that some risk factors will be associated with certain forms of violence.

Judgement Error and Biases

-The shortcut some people use to help make decisions are called Heuristics. Some of these heuristics lead to inaccurate decisions.

Illusory Correlation: The belief that a correlation exists between two events that in reality are either not correlated or are correlated but to a much lesser degree. For example a clinician might assume a strong correlation between a diagnoses of mental disorder and high risk for violent behaviour.

- Most clinicians were highly confident, however, the association between confidence and accuracy was minimal. The pattern of the findings suggested clinicians tended to have an overconfidence bias.

Approaches to the Assessment of Risk

Three methods of risk assessment are most commonly used.

Unstructured Clinical Judgement: Is characterized by a substantial amount of professional discretion and lack of any guidelines. There are no predefined rules about what risk factors should be considered. This type of risk assessment is informal relying on a subjective assessment or impressionistic conclusions. Accuracy is low in regards to prediction.

Mechanical Prediction involves predefined rules about what risk factors to consider, how information should be collected and how information should be combined to make a risk decision.

Actuarial Predication: This is a type of mechanical prediction. With Actuarial predictions the risk factors used have been selected and combined based on empirical and statistical associations with a specific outcome. A study has been done in which a number of risk factors have been measured, a sample of offenders have been followed for a specific period, and only those risk factors that were actually related to offending in this sample are selected. A review of 20 studies concluded that actuarial predictions was equal to or better than unstructured clinical judgements in all cases. A criticism of this method is that it only accounts for static factors and does not permit changes in risk

over time. Provides limited information for risk Management.

Structured Professional Judgement: The term professional is used to acknowledge that it is not only the clinician who make evaluations of risk but a diverse group, including law enforcement, probation officers and social workers. This method is guided by a predetermined list of risk factors that have been selected from the research and professional literature. Few prospective predictive studies have been conducted. No guidelines on final risk judgement. This is considered systematic but flexible. **It is useful for risk management.**

Types of Risk Factors

Static Risk Factors: Factors that do not fluctuate over time and are not changed by treatment. **Age of first arrest** is an example of a static factor. The younger the age the first crime was committed, the more likely they will persist. **

Dynamic Risk Factors: These risk factors fluctuate over time and are amenable to change. An antisocial attitude is an example of a dynamic risk factor, since it is possible that treatment could modify this variable. Dynamic risk factors have also been called criminogenic needs. Dynamic risk factors are related to the imminence of engaging in violent behaviour. Changes in dynamic risk factors were related to the occurrence of violent behaviour. Time-dependant dynamic factors with static factors showed the strongest predictive validity. **

Important Risk Factors

Historical Risk Factors: Sometimes called static risk factors are events experienced in the past and include general social history and specific criminal history variables such as employment problems and a history of violence. **

Dispositional Risk Factors: Are those that reflect the persons traits, tendencies, or style and include demographic, attitudinal and personality variables such as gender, age, criminal attitudes and psychopathy. **

Clinical Risk Factors: Are the symptoms of mental disorders that can contribute to violence such as substance abuse or major psychoses **

Contextual Risk Factors: Sometimes referred to as situational risk factors, these are

aspects of the individuals current environment that can elevate the risk, such as access to victims or weapons, lack of social support and perceived stress. **

First, factors that predict general recidivism also predict violent or sexual recidivism. Second, predictors of recidivism in offenders with mental disorders overlap considerably with predictors found among offenders who do not have a mental disorder.

Dispositional Factors

Demographics: The younger the person is at the time of his or her first offence, the greater the likelihood that the person will engage in criminal behaviour or violence. Offenders who are arrested prior to age 14 tend to have more serious and more extensive criminal careers than those who are arrested after age 14.

Personality Characteristics: The two characteristics examined heavily are impulsiveness and psychopathy. Not being able to regulate behaviour in response to impulse or thoughts increases the likelihood of engaging in crime or violence. Psychopathy is a personality trait defined as a callous and unemotional interpersonal style characterized by grandiosity, manipulation, lack of remorse, impulsivity and irresponsibility.

Several studies have found that the combination of psychopathy and deviant sexual arousal predicts sexual recidivism. Deviant sexual arousal is defined as evidence that a sex offender shows a preference for inappropriate stimuli such as children or mutilation.

Historical Factors

The most accurate predictor of future Behaviour is **Past Behaviour**. It is not only past violent behaviour that predicts violence but also past non violent behaviour. Ex: offenders with a history of break and enter offences are at an increased risk for future violence.

Individuals who starts their antisocial behaviours at an earlier age are more chronic and serious offenders.

Having a history of childhood physical abuse or neglect is associated with increased risk for violence. Victims of sexual abuse were no more likely than those others to commit violent crimes. Victims of Physical abuse or neglect were more likely to commit criminal acts as compared to those who were not abused.

Clinical Factors

Substance Abuse: Severe drug users commit 15 times as many robberies and 20 times as many burglaries as non drug using offenders. The drug most associated with crime is heroin. Individuals with greater heroin and crack use are at greater risk of committing property crimes. Alcohol and drugs use problems were moderately related to general recidivism. Drug abusers also come in contact with antisocial people, thus leading to violent confrontations. Aggression displayed by intoxication is a joint function of the pharmacological effects of the drug, expectancies and the situation.

Mental Disorders: Although most people with mental disorders are not violent a diagnoses of affective disorders and schizophrenia has been linked to higher rates of violence. Those with a history of suicide attempts and engaging in self harm behaviours were more likely to engage in verbal and physical aggression than other patients.

Contextual Factors

Lack of Social Support: The current relationship an offender with a mental disorder has with his or her parents and siblings is related to violence. Cunningham(1998) describes 4 types of social support. 1)Instrumental: to provide the necessities of life, 2)Emotional: To give strength to, 3) Appraisal: to give aid or courage to, 4) Informational: by providing new facts.

Access to weapons or victims: If the offender is released into an environment with easy access to weapons, the potential for another violent act increases. If offenders have assaulted their spouse and refuse treatment for domestic violence return to live with their spouse, they have a much higher likelihood of violence than those who do not have easy access to the victim.

Risk Assessment Instruments

An actuarial risk for violence instrument developed in ontario is the Violence Risk Appraisal Guide (VRAG). The **VRAG** is an empirically derived 12 item measure based on static factors, designed to asses the long term risk for violent recidivism in offenders with mental disorders.

The **HCR-20** was designed to predict violent behaviour in correctional and forensic psychiatric samples. The hcr-20 uses the structured professional judgement approach to conduct risk assessment. In this approach the evaluator conducts a systematic risk assessment and refers to a list of factors, each having specific coding criteria and a demonstrated relationship with violent recidivism. HCR-20 is a synonym for the list of 20 items organized into three main scales that align risk factors into past(Historical), present (Clinical), and future (Risk management). The historical scale is primarily static risk factors. This is an example of a structured professional judgement model.

Protective Factors

Protective factors are factors that mitigate or reduce the likelihood of antisocial acts or violence in high risk offenders. Understanding protective factors can help explain why some individuals with many risk factors do not become violent. Ex: a youth may have antisocial parents at home (risk factor) but also be strongly attached to school (a protective factor).

The following have been identified as protective factors: Prosocial involvement, strong social supports, positive social orientation (school, work, etc), and intelligence. A variable identified as a potential protective factor for high risk offenders is employment stability.

Facts

In the year 2000 the most commonly used test was the Minnesota Multi-phasic personality inventory, it was used by 87% of the psychologists. Less than 1% mentioned using the VRAG.

In 2010 the tools most often used were the psychopathy checklist, the HCR-20, the MMPI-2, the WASI-2, the static-99 and the VRAG.

Patients who caused few institutional problems, who were compliant with medication, who were more physically attractive, and who had less serious criminal histories were more likely to be recommended by the clinician for transfer.

Why do Some Individuals stop Committing Crimes?

Desistance: This occurs when an individual who has engaged in criminal activities

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stops committing crime. Research reveals that a majority of offenders show large declines in their criminal activity in early adulthood.

-As people age they become less interested in a criminal lifestyle and are more able to understand and fear the consequences of engaging in crime.

Risk factors***

The big four:

- History of antisocial Behaviour
- Antisocial Attitudes (Disregard for social norms)
- Antisocial Associates
- Antisocial personality Patterns

The Central Eight:***

- Family / Marital problems
- School/Work Problems
- Problematic leisure time
- Substance Abuse