

# ASSESSING VIOLENCE RISK

- Impossible to assess with 100% accuracy the likelihood of serious violence.

# ASSESSING VIOLENCE RISK

• Variables known to be associated with potential violence:

- History of violence
- Male
- Frequent moves
- Unemployment
- Living, or growing up, in a violent sub-culture
- D/A abuse
- Low intelligence
- Violent family
- Weapons available
- Victims available
- History of poor impulse control

# ASSESSING VIOLENCE RISK

- Important predictive clinical variable is motive. Ask:
  - Are you thinking about hurting anyone?
  - Who are you angry at or thinking about hurting?
  - When do you think you might hurt this person?
  - Where will you do this?
  - How long have you been thinking this way?
  - Are you able to control these thoughts?
  - Do you think you would be able to stop yourself from hurting this person if you wanted to?
  - Have you ever purposely hurt someone in the past?
  - How?

# ASSESSING VIOLENCE RISK

- Other considerations:
- Individual's history of violence-fights, hurting others, trouble with the police.
- Factors that weaken self control-psychosis, paranoid thinking, organic personality D/O (such as frontal lobe epilepsy), D/A abuse.
- History of impulsive behavior (consider stealing, shoplifting sexual indiscretions, SA or threats)

# ASSESSING VIOLENCE RISK

- Lastly, assess intent.
- Specific intent actively stated is more serious than a passive general threat; eg:
  - “ I wish he were dead.”
  - “I’d like to kill that bastard.”
  - “I’ll stick a knife in Joe Jones if he comes near me again.”

# MacArthur Violence Risk Assessment Study

- MacArthur Research Network on Mental Health and the Law.
- The Network was created by the John D. and Catherine T. MacArthur Foundation with a grant to the University of Virginia in 1988. The Network is directed by John Monahan, PhD.

# MacArthur Violence Risk Assessment Study

- Violence Risk assessment study had two core goals:
  - To do the best “science” on violence risk assessment possible
  - To produce an actuarial violence risk assessment tool that clinicians could actually use.

# MacArthur Violence Risk Assessment Study

- Admissions (n=1,136) were sampled from acute civil inpatient facilities in Pittsburgh, PA, Kansas City, MO, and Worcester, MA. English-speaking patients between the ages of 18 and 40, who were of White, African American, or Hispanic ethnicity, and who had a chart diagnosis of thought or affective disorder, substance abuse, or personality disorder.

# MacArthur Violence Risk Assessment Study

- Violence to others was defined to include acts of battery that resulted in physical injury; sexual assaults; assaultive acts that involved the use of a weapon; or threats made with a weapon in hand.

# RESULTS

- At least one violent act during the first 20 weeks after DC from the hospital was committed by 18.7% of the patients studied.
- Of the 134 risk factors measured in the hospital, approx. 1/2 (70) had a statistically significant bivariate relationship with later violence in the community ( $p < .05$ )

# MAJOR VIOLENCE RISK FACTORS

- Prior arrests -Seriousness / Frequency
- Child abuse - Seriousness / Frequency
- Father - Used drugs / Home until 15 (-)
- Demographic - Age (-) / Male / Unemployed
- Diagnosis - Antisocial PD / Schizophrenia (-)
- Other clinical - Substance abuse/Anger control/Violent fantasies/Loss of consciousness/Involuntary status

# TREATMENT

- Patients receiving adequate treatment (about 1 session per week), were no more violent than others in the community.

# MacArthur Violence Risk Assessment Study

- Website:
- [www.macarthur.virginia.edu](http://www.macarthur.virginia.edu)
  
- Videotape- "Assessing Violence Risk"