This module provided an introduction to the topic of violence risk assessment and management within psychiatry. First, it outlined some of the evidence which demonstrates a clear association between mental illness and an increased risk of violence. It then looked at the risk factors for violence and discussed risk assessment tools. Finally, it outlined recommendations for managing the risk of violence in people with mental illness. The debates and controversy which have animated this area of psychiatry were also covered.

**The association between mental illness and violence**

- There are significant regional differences in rates of violence.
- Violence and homicide are relatively rare in the UK. Most violence is unrelated to mental illness.
- However, there is clear evidence which demonstrates an association between mental illness and an increased risk of violence. There is also an association between mental illness and being a victim of violence.
- Violence can be described as impulsive, psychotic and/or psychopathic. Impulsive violence is the commonest type. It has been suggested that feelings of shame and humiliation are central in the generation of violence.

**Violence risk assessment**

- Risk factors for violence can be static (unchangeable) or dynamic (changeable). Important risk factors include a history of violence (a static factor) and continuing substance misuse (a dynamic factor).
- Structured risk assessment tools are better than unstructured clinical judgment at assessing risk of violence. A completely actuarial tool structures every aspect of risk assessment. Structured professional judgment such as the widely used HCR 20 is a clinical/statistical hybrid. A more recently developed risk assessment tool is OxMIV which can be used as an adjunct to screen for low violence risk in general psychiatric services.
- Many problems have been identified with risk assessment tools. The constant need to consider the local violence base rate is particularly important.
- NICE guidance recommends that violence risk assessment is included in the routine review of a patient with a psychotic disorder.
- There is evidence indicating that self-report is a useful source of information about a patient's history of violence.

**Management of risk of violence**

- Recurring themes emerge from homicide inquiries and recommendations from various bodies. Prominent themes include the importance of communication and collaborative working. Ticking through a checklist does not provide good risk formulation and management. Thoughtful risk assessment should inform each management plan which needs to be individual for each patient.
- Good psychiatric practice may involve a careful balance between respect for patients' autonomy and assessment and management of the risk of violence which we know is associated with mental illness.
Further reading


Department of Health (2007) *Best Practice in Managing Risk*. [PDF]


