

RISK ASSESSMENT GUIDELINE ELEMENTS for VIOLENCE:

**CONSIDERATIONS FOR THE
THREAT ASSESSMENT OF
FUTURE VIOLENT BEHAVIOR**





ATAP RISK ASSESSMENT GUIDELINE ELEMENTS for VIOLENCE COMMITTEE:

The original Committee was established in October 2002 by the Association of Threat Assessment Professionals (ATAP) in response to a recognized need for a multidisciplinary group to consider how future risk of violence was being assessed in a wide variety of settings, both in the public, private, and educational sectors. As the preeminent organization for threat assessment professionals worldwide, ATAP plays an important role in shaping the established process for assessing, managing, and understanding situations involving the potential risk of violence.

ATAP recognized that publishing guidelines was a necessary step in moving this field toward a common framework that could be used to provide a contextual and methodological understanding for the opinions that are formulated in this arena. Further, guidelines provide a means to evaluate the foundation and the robustness of these opinions.

In 2022, a committee was tasked by ATAP's National President to review the RAGE-V to ensure the information within the RAGE-V is up-to-date and follows current best practices and research. This document is not a risk assessment or structured professional judgment tool. Rather, it is a summary of relevant factors for the assessment of the risk of targeted violence. ATAP recommends the factors highlighted within this document be utilized as general guidelines in concert with other informed approaches for the assessment and management of violence risk.

ATAP has never considered this document to be the end of the discussion. It is our hope that through dialogue and use, this guideline will continue to evolve and improve practices concerning the assessment of risk for future violence. This is essential, as these practices are used to determine the use of limited resources, restrict freedom of movement and association, regulate possession and use of property, and to monitor and intervene in individuals' lives.²

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ATAP recognizes that threat assessment activities are either performed by or involve a range of professionals from different backgrounds (e.g., mental health, law enforcement, security) who are obligated to meet different standards of practice appropriate to their respective professions. This document and all its parts are not intended to serve as an ethical standard or dismiss the applicability of other empirically supported factors or procedures appropriate to the situation at hand. The nature of the questions asked; time, setting, and situational factors; and applicable laws should be taken into consideration when performing risk assessments. As this document evolves, different scenarios and potential conflicts may arise and will be considered. These guidelines do not replace the need for judgment, thorough training, and consultation with colleagues when appropriate.

RISK ASSESSMENT GUIDELINE ELEMENTS FOR VIOLENCE:

CONSIDERATIONS FOR THE THREAT ASSESSMENT OF FUTURE VIOLENT BEHAVIOR

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1.0 TITLE

The title of this document is:
**RISK ASSESSMENT GUIDELINE ELEMENTS for VIOLENCE:
CONSIDERATIONS FOR THE
THREAT ASSESSMENT OF FUTURE VIOLENT BEHAVIOR**

2.0 ORIGINAL COMMITTEE MEMBERS 2006

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Factor One

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3.0 SCOPE

The Association of Threat Assessment Professionals' Risk Assessment Guideline Elements for Violence (RAGE-V) has applicability for both the private and public sectors. RAGE-V is an exploration and explanation of interrelated processes and activities that will assist in evaluating the potential risk of future violence.

4.0 SUMMARY

RAGE-V is an informative document to assist individuals and organizations to consider the factors and steps necessary to provide for thorough, well-considered opinions concerning the potential risk of future violence. It is based on a review of relevant literature, as well as the practical processes developed and implemented for this purpose by a range of professionals and organizations that make up the threat assessment and violence risk assessment communities. The applicability of these considerations, in any specific case, may depend on the situation, context, and environment of the concerning conduct, the core discipline, and background of the individual assessor (e.g., education, licensing, etc.), and the particular facts and circumstances of the assessment.

5.0 PURPOSE

At the time of the original publication of the RAGE-V and still today, many assessments of future violence are conducted in an eclectic manner, without an agreed upon approach or process, either on the part of the requestors of these assessments, or the assessors that provide them. This often leaves the individual being assessed and the venues that use these assessments without an adequate understanding of what elements might be considered, if not acted on, for arriving at valid assessment conclusions. It also means there are end users of these assessments that are at a loss about how to determine whether the underlying assessment methodology used in any individual assessment was based on best practices that allow for that assessment to be trusted. Ideally, a solidly based and trusted assessment would be the basis for taking actions that would significantly affect the safety and liberty of individuals and society as a whole.

The purpose of this document is to provide empirically based and practice supported considerations, based upon a cohesive, multidimensional understanding of appropriate risk assessment process elements for violence related cases. It provides a stepwise process to be considered during each assessment of potential risk for violence. This document was designed to be used by all providers and end users of these assessments. This document was developed by a multidisciplinary team and reviewed by a wide array of threat assessment professionals, academics in the area of Behavior Threat Assessment and Management (BTAM) of risk for violence, and end users, and represents the currently perceived best practices for consideration in a wide range of assessment cases. This document continues to serve as an important guideline to aid the continued development of practice guidelines and standards for the assessment and management of the potential risk of violence.



6.0 KEYWORDS and TERMINOLOGY

Approach-Behavior: Seeking physical proximity toward the targeted individual(s)/entity(ies).

Assessor: A person conducting a behavioral assessment of an individual, group, or situation to form an opinion regarding the current level of risk for all forms of violence.

Baseline Behavior: A steady state of behavior against which the effects of introducing an independent variable may be compared.

Commitments: In this context it refers to involuntary hospitalization for behavioral health concerns. Hospitalizations may occur when someone is believed to pose a danger to themselves, others, or is unable to significantly care for self.

Concerning Behaviors: Actions that intimidate, disturb, or otherwise raise a fear of future violent action.

Emergency Mental Health Evaluation: The ability to request an immediate evaluation of a subject who may pose a threat of harm to themselves or others. This evaluation in most jurisdictions must be accomplished within a designated limited period of time.

Inevitability: The belief that no matter what actions one takes the course of events will not change.

Intervention Strategies: Detailed plans leading to actions taken that are specifically intended to indirectly or directly influence the person of concern's ability or desire to engage in violent actions.

Mitigation Strategies: Detailed plans that lead to actions to lessen or eliminate the occurrence or impact of potential violence.

Pathway Warning Behaviors: Any behavior that is suggestive of research, planning, preparation, or implementation of an attack.

Protective Factors: Perceptions or processes which constrain the individual's conduct in the pursuit of violence, such as:

- Treatment availability, utilization, and past receptivity.
- Supportive family or other relationships.
- Other social support.
- Spiritual or religious beliefs opposing violence.
- Connectedness and healthy affectional bonds.
- Fear of consequences.
- Seeking legal or procedural alternatives to address grievance.
- Perception of sufficient control over one's circumstances.
- Steady employment, financial stability.

Response Strategies: Actions taken to further the threat assessment process or provide protective measures that are not intended to directly or indirectly influence the person of concern to change their course of action (e.g., conducting collateral interviews, conducting a background investigation, etc.)

Risk Factors: Those biological, psychological, sociological, contextual, and environmental elements linked to an increase in probability of violent action.

Targeted Violence, also known as predatory, intentional, or instrumental violence: Is the domain of threat assessment. It involves pre-meditated attacks against specific individuals, populations, or facilities with perpetrators engaged in behaviors that precede and are related to the attacks. Situations involve an identifiable (or potentially identifiable) perpetrator who poses (or may pose) a threat of violence to a particular individual or group. Perpetrators of targeted violence consider, plan, and prepare before engaging in acts of violence. Planning and preparation steps are often detectable, providing an opportunity for disruption of the intended violence. Motivation for targeted violence may not be limited to a single cause.

Threat: 1. An expression of intent to harm. 2. Behavior that portends harm.

Threat Assessment: The process of evaluating the thinking, emotional intensity, and the behaviors of a concerning individual or group to determine the potential risk of violence. This involves evaluating risk factors, contextual factors, and environmental factors in an operational context to determine the risk of violence towards a specific target.

Threat Assessment Team (TAT): A group of individuals, knowledgeable about violence risk factors and ideally representative of multiple disciplines, who come together to assess concerning behavior and recommend a management plan for the purpose of deterring escalation to violence. When a concern is beyond the scope of the team's level of expertise, it is recommended that the TAT consult with external subject matter expert(s).

*Professional responsibility requires recognizing one's own limitations given the facts and circumstances of a particular situation, and consulting with others as needed to reasonably ensure competence in threat assessment and threat management.

See: ATAP Code of Ethics. Section 2. Competence

Threat Management: The process of applying response mitigation and intervention strategies to lessen the probability that a violent act will occur.

Triggers (Activating Events): Actions or processes which propel an individual toward violent action.

Violence Risk Assessment (VRA): An analytical process of evaluating an individual's probability of committing an act of violence based on personal and situational variables by a qualified professional (with requisite training/education and experience) to make risk determinations and recommendations for response, management, and mitigation of that risk. (Threat Assessment Glossary)

7.0 PERCEPTION and BEHAVIORAL FACTORS

NOTE: Several factors identified below may be real or perceived. Perception of the individual being assessed is an essential consideration. (e.g., The person of concern believes that they and the target are married; however, they have never met.)

Behavioral Information of Interest Often Include:

Risk Factors:

- The subject makes a physical approach to the target for the purpose of direct contact, surveillance, intimidation, communication, or research/planning.
- Indication of escalation – (e.g. New or increased concerning activity).
- Rehearsal of harmful action.
- -Indication of deterioration – physical health, mental state, psychosis, emotional instability.
- Violent/Homicidal fantasies or thoughts.
- Humiliation, real or perceived. Particularly if the humiliation was to be of a public nature.
- Novel risk taking behaviors. (e.g., financial, or sexual risk-taking behavior).
- Inappropriate fixation on issue or individual.
- Diminishing protective factors. (e.g. social support, financial stability, employment, etc.).
- Sense of hopelessness or despair.
- Pre-attack or ritualistic preparatory actions to claim credit and detail motives (e.g: writing of suicide note, creation of manifesto, “legacy token” or suicide video, final acts, etc.)
- Recent acquisition or preparation of weapons. (e.g. escalation of practice.)
- Subject's inappropriate response to assessment and inquiries.
- Disrupted relational attachments (e.g., family, friends, work, school, faith-based community, etc.)
- Perceptions of injustice or insoluble problems.
- History of poor therapeutic and/or psychopharmacological compliance.
- Substance Abuse: Including alcohol, methamphetamine, other illegal or illicit drugs and/or the inappropriate use of prescription medications. To include chronic use of marijuana with THC level of 30% or more.

- History of violence (e.g., stalking, threats, assaultive behavior, etc.)
- Violations of established boundary setting measures (e.g., conditional release, violation of protective orders, trespass orders, stay away orders, etc.)
- Inappropriate responses to limit setting.
- Prior voluntary mental health admission or involuntary mental health commitments involving danger to self or others.
- Past suicide ideation, gestures, or attempts.
- Inappropriate researching, referencing, or identifying with violent or extremist ideologies/actors/groups espousing the use of violence.
- History of angry outbursts.
- Preoccupation/obsession over being victimized by others, real or perceived.
- Isolation/loneliness.
- Past or present impaired coping.
- Inability or limited insight to perceive alternatives to violence.
- Traumatic Brain Injury (TBI) or other brain disorder affecting behavior (e.g. brain tumor.)
- Concerning symptomatic behavior related to major mental or personality disorder. May include:
 - Paranoia
 - Psychopathic traits
 - Personality disorders (narcissistic, paranoid, borderline, antisocial, histrionic)
 - Major mood disruption
 - Command hallucinations thought insertion/ withdrawal, paranoia of imminent threat – diminishing inhibitions
 - Co-occurring substance abuse and major mental illness

Protective Factors:

- Treatment availability, utilization, and past/current receptivity
- Supportive family or other relationships
- Other social support (e.g., friends, work, faith-based community, school, etc.)
- Spiritual or religious beliefs opposing violence
- No known or perceived financial, health, or legal stressors
- Engages in realistic planning for the future
- Connectedness and healthy affectional bonds
- Fear of consequences (e.g., judicial proceedings, loss of employment, etc)
- Seeking legal or procedural alternatives to address grievances
- Perception of sufficient control over one's circumstances
- Positive childhood experiences (e.g., secure attachment, positive school experiences, positive role models
- Engaging in healthy stress management strategies (e.g., hobbies, recreation, exercise)

Potential Triggers (Activating Events):

- Perceived imminent negative event. (Loss of job, loss of relationship, lost legal recourse, etc)
- Perceived rejection or abandonment
- Increased psychosis (e.g., Changes in hallucinations and delusions moving toward action)
- Recent disruption in access to or compliance with ongoing mental health treatment
- Recent disruption of support system
- Recent real or perceived financial, health, or legal stressors
- Incitement that negatively influences the subject's perception of reality

Assessment Guidelines:

Assessment involves analysis and consideration of all the gathered information that provides context for the current situation. (e.g., deterrent and mitigating factors, protective factors, risk factors, environmental factors, potential stressors, and resiliency factors). Assessors must also be aware of the contextual, legal, ethical, and regulatory issues that may impact the threat assessment process. The assessment considers the credibility and sufficiency of information gathered and should avoid over-reliance on any single factor.

Factors considered should be those customarily considered within the threat assessment field based upon empirical and published literature. and those that reflect the best practices supported by the consensus of practitioners in the field. When assessing risk level, one must recognize professional limitations and seek out relevant consultation or expertise when needed. Appropriate assessment is predicated on the gathering of as much credible information that is lawfully and ethically available from multiple sources, considering all relevant risk and protective factors.

Data should be organized and placed into a chronological timeline. Doing so may help to identify changes in behavioral patterns that could be indicative of movement toward or away from an act of targeted violence.

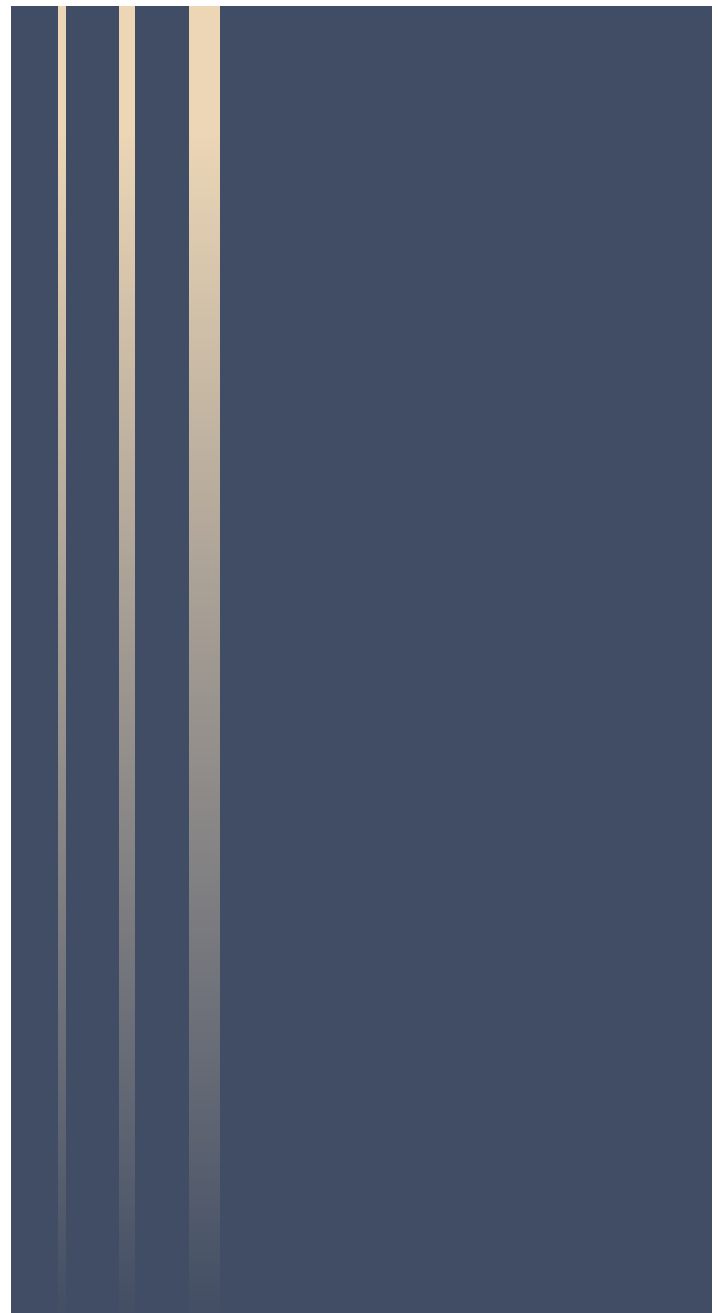
An assessment tool can be helpful. If using, choose an instrument that is empirically tested (e.g. interrater reliability, predictive validity, etc.) designed for and tested on that particular type of case (e.g. domestic violence, stalking, organizational violence, etc.) and type of subject (e.g. age, mental health condition, association with the organization, etc.). These appropriately structured and tested tools can help to assure that relevant factors are considered. Of note, the use of instruments/tools, though proven to be effective and helpful in Threat Assessment, does not guarantee acceptance in any regulatory or court proceeding.

- Assessor must avoid sole reliance on any instrument/tool
- Assessor must be trained and qualified on each relevant instrument/tool
- Assessor must be aware of the limitations of any instrument/tool
- Assessor must stay current with new developments and updated versions and associated training updates related to any instrument/tool

Additional Considerations:

The assessor must recognize their professional limitations pertinent to any particular threat assessment and:

- Seek out relevant consultation or expertise when necessary
- Note the limitations of the assessment (e.g., availability of information, recognize assumptions, potential changes in relevant context, time limited nature of assessment)
- Be aware of the complex contextual, environmental, legal, ethical, cultural differences, and regulatory issues that impact the assessment



8.0 PRACTICE ADVISORY: INFORMATION GATHERING

In general, the more behavioral information available about the person of concern being assessed, the greater the probability of providing an accurate assessment. The ability to gather information in any specific case, at any particular stage of an assessment, can depend on:

- the imminence of the potential concerning action(s)
- the laws/policies/protocols around the protection or release of information
- the assessor's access to relevant information

The list below includes types of information that have been found to be helpful in assessments; however, depending on the circumstances of each individual case, this information might not be available in a timely manner, could be protected from disclosure, or not legally attainable by a particular assessor. Some information may be absent from the assessment because the assessor has determined it to be probable that the process of obtaining that information would unnecessarily increase the risk of violence and/or create a safety risk that cannot be justified. In these situations, the assessor should be prepared to clearly articulate these circumstances, along with any efforts they have made to mitigate concerns arising from moving forward without that information.

Obtain information on reporting parties (When different from the target)

- Past history of reports
- Motivation for reporting
- Possibility of unintentional or intentional misinformation
- Credibility

Focus of Information on Target:

- Consistency of reported information from initial reporting through information gathering and any follow-up
- What is the history of prior reports involving target and/or reporting party
- Is the target and/or reporting party in a position, context, or situation that facilitates the receiving of threats or inappropriate contacts?
- What is the motivation for making the report?
- Possibility of unintentional or intentional misinformation.

Information on the Person of Concern:

Information on the person of concern should be gathered to the extent possible and practical.

Make a thoughtful analysis about whether seeking additional insight about the subject from sources close to the subject (e.g., family, friends, co-workers, etc.) can be done safely. Minimize placing anyone at risk or creating new concerns when possible.

When safe and appropriate, take advantage of opportunities to establish communication with the subject to determine future intentions.

Take note of otherwise unexplained changes in subject's baseline behavior:

- Current location
- Ability to access the target
- Research behavior(s). Online or by other means.
- Motivation: both positive and negative.
- Behaviors of concern/history: Including but not limited to
 - Concerning behaviors-nuisance/harassing behaviors
 - Threatening or violent behavior
 - Problematic approach toward the targeted individual(s)/entity(s).
 - Boundary testing/noncompliance
 - Stalking behavior
 - Pathway behaviors showing movement from ideation toward attack.
- Relevant history may include:
 - Local, State, and Federal criminal history, and/or violations of Uniform Code of Military Justice (arrests/convictions/citations, violation of protection orders, etc.)
 - Compliance with legal or administrative directives or stated expectations
 - Local, State and Federal law enforcement contacts/calls for service at the subject's residence and/or involving the subject in any capacity (person of interest, reporting party, victim etc.). Obtain reports when possible.
 - History of behavior in a jail, detention, or correctional institution
 - Probation or parole history.

- Academic history including any disciplinary issues in the school setting
- Civil court history: federal, state, local level
- Mental health history
 - Does the subject have a history of mental health treatment or non-compliance with treatment/medication?
 - Does the subject display overt signs of mental illness/crisis?
 - Acceptance of/compliance with treatment
- Substance use or abuse
- Military history/training
- Support structure (family, social, professional)
- Weapons skills, seeking, possession, recent acquisition, or recent modification
- Recent changes in behavior including but not limited to:
 - Increase in driving violations which could be related to mental and/or emotional changes.
 - Relationships
 - Employment
- Social media presence and content
- Final Act Behaviors which could include but not limited to:
 - Giving away belongings
 - New life insurance
 - Communicating farewell written or verbal to friends and family
 - Pre-attack explanation/leakage

9.0 PRACTICE ADVISORY: LAW

For civil testimony on the risk of future violent behavior to be admissible in court in the United States, taking into account the jurisdiction, the expert might have to comply with the standards set forth in Daubert v. Merrell Dow Pharmaceuticals Inc, 509 U.S. 579 (1993), and Kumho Tire Co. v. Carmichael, 526 U.S. 137 (1999). Criminal courts may have different standards, as do some state courts. The trial judge, when relying on Daubert, must be satisfied that the evidence is based on scientific knowledge, or is reliable, and ensure that the evidence will assist the trier of fact, or is relevant. The Daubert court decision provided four factors that could be used in this evaluation: 1) whether the theory has been tested or is testable; 2) whether the theory or study has been subject to peer review; 3) whether there is a known or potential error rate; and 4) whether the technique is generally accepted in the relevant field. (Daubert, 509 U.S. at 594)

Each discipline or field of investigation imposes upon its members sets of different legal controls and expectations. For example, a law enforcement officer may have additional obligations pertaining to searching law enforcement databases not accessible to other individuals in the private sector. Mental health assessors may have Duties to Protect and Warn in different jurisdictions. Psychologists may have the burden of selecting appropriate measures relying upon testing and ethical standards. Warnings regarding protections against self-incrimination differ for different disciplines and, thus, the burden shifts accordingly based upon these expectations. This document cannot address practice and professional standards for all the disciplines involved in violence risk assessment or dangerousness appraisal. It does not take the place of any individual assessor's need to know what standards and procedures are in their area of expertise. Nonetheless, there is a shared foundation and approach that all professionals in this area can be held accountable when performing an assessment and arriving at their opinions.

For civil cases in the United States, it is standard, based on Rule 26 of the Federal Rules of Civil Procedure, for expert witnesses offering an opinion on the risk of future violent behavior to provide a written report prior to testifying. This

report sets forth their opinions and the reasons for their conclusions, information relied upon, qualifications of the expert witness, and compensation being exchanged for the assessment and testimony. Any assessor offering an opinion on the risk of future violent behavior should have an appropriate basis for their opinion and documentation in a form suitable for its intended purpose, which may include the production of written reports.

Threat assessors should expect that attorneys for all parties to the litigation will review the report carefully before the assessor/expert witness takes the stand. The assessor/expert witness should expect to be questioned on the methodology they used. The assessor/expert witness's background and experience in the field of threat assessment will also be questioned. How many assessments have they done? Have they qualified as an expert in a court of law? If so, how many times? What are their credentials? What materials have they reviewed and relied on in forming their opinion? Who have they spoken to, and for how long? Section 9.0 of this guideline provides a good checklist of issues to explore with an assessor/expert witness.

10.0 APPENDIX A: ATAP THREAT ASSESSMENT PROCESS CONSIDERATIONS

Conclusion:

These guidelines are intended to provide a multidisciplinary, common framework to help ensure important factors are not overlooked but rather are considered when assessing and managing violence risk. Recognizing that threat assessments take place in a variety of settings, we recommend this document be used as a general guideline in concert with other informed approaches for the assessment and management of violence risk.



ATAP Model Violence Risk Assessment Process

Notification of Concerning Behavior / Incident

- Initial assessment of immediacy of violence and accessibility of target
- Assess source quality (e.g., first-hand information? direct or indirect contact with reporting party? Intentional or unintentional motivation for biased report?)
- Content, Context, Circumstances – what is new / changed?
- Initial consideration of protective actions – including appropriate initial notification and what information to share



Initiate Fact Finding

- Target(s)
- Witnesses
- Friends, co-workers, family members including intimate partners
- Law enforcement contacts
- Person of concern
- Others who may have information (e.g., neighbors, acquaintances)
- Contact information – direct (verbal or physical contact) or indirect (mail, electronic messages, letters, packages, etc.)
- Records – Restricted / Private / Public (e.g., financial, civil, criminal, employment, etc.)
- Social media and other open-source information
- Audio and/or video footage or surveillance
- Examination of case evidence as available

Behavioral information of interest could include information from direct or indirect sources:



Risk Factors

Protective Factors

Triggers

See the next page for examples of risk factors, protective factors, triggers to consider.

Consider the use of an appropriate empirically supported and evidence-based violence risk assessment tool to aid in the assessment of risk.

Assessment

- Consideration of all information gathered to date
- Consideration of the impact of gathering information and investigative/threat assessment process itself upon risk
- Avoid over-reliance on any single factor
- Recognize professional limitations and seek out relevant consultation or expertise as needed
- Awareness of the contextual, legal, ethical, and regulatory issues impacting the assessment
- Qualify the assessment as appropriate (e.g., note availability of information, dynamic nature of some information, any assumptions, potential changes in relevant context, time-limited nature of assessment)



Categorize the Level of Concern / Risk

(e.g., Low, Moderate, or High)



Provide assessment results to appropriate parties:

(e.g., individual victim, employer, Incident Management Team, law enforcement, court, correctional system, probation, parole)



Continue to Gather Information, Re-Assess, Update Assessment Results

Risk Factors:

- The subject makes a physical approach to the target for the purpose of direct contact, surveillance, intimidation, communication, or research/planning.
- Indication of escalation – (e.g., new or increased concerning activity)
- Rehearsal of harmful action
- Indication of deterioration – physical health, mental state, psychosis, emotional instability
- Violent/Homicidal fantasies or thoughts
- Humiliation, real or perceived. Particularly if the humiliation was to be of a public nature
- Novel risk taking behaviors. (e.g., financial, or sexual risk-taking behavior)
- Inappropriate fixation on issue or individual
- Diminishing protective factors. (e.g., social support, financial stability, employment, etc.).
- Sense of hopelessness or despair
- Pre-attack or ritualistic preparatory actions to claim credit and detail motives (e.g., writing of suicide note, creation of manifesto, “legacy token” or suicide video, final acts, etc.)
- Recent acquisition or preparation of weapons. (e.g., escalation of practice.)
- Subject’s inappropriate response to assessment and inquiries
- Disrupted relational attachments (e.g., family, friends, work, school, faith-based community, etc.)
- Perceptions of injustice or insoluble problems
- History of poor therapeutic and/or psychopharmacological compliance
- Substance Abuse: Including alcohol, methamphetamine, other illegal or illicit drugs and/or the inappropriate use of prescription medications. To include chronic use of marijuana with THC level of 30% or more and/or inappropriate use of prescription medication.
- History of violence (e.g., stalking, threats, assaultive behavior, etc.)
- Violations of established boundary setting measures (e.g., conditional release, violation of protective orders, trespass orders, stay away orders, etc.)
- Inappropriate responses to limit setting
- Prior voluntary mental health admission or involuntary mental health commitments involving danger to self or others
- Past suicide ideation, gestures, or attempts
- Inappropriate researching, referencing, or identifying with violent or extremist ideologies/actors/groups espousing the use of violence
- History of angry outbursts
- Preoccupation/obsession over being victimized by others, real or perceived
- Isolation/loneliness
- Past or present impaired coping

- Inability or limited insight to perceive alternatives to violence
- Traumatic Brain Injury (TBI) or other brain disorder affecting behavior (e.g. brain tumor)
- Concerning symptomatic behavior related to major mental or personality disorder. May include:
 - Paranoia
 - Psychopathic traits
 - Personality disorders (narcissistic, paranoid, borderline, antisocial, histrionic)
 - Major mood disruption
 - Command hallucinations thought insertion/ withdrawal, paranoia of imminent threat – diminishing inhibitions
 - Co-occurring substance abuse and major mental illness

Protective Factors:

- Treatment availability, utilization, and past/current receptivity
- Supportive family or other relationships
- Other social support (e.g., friends, work, faith-based community, school, etc.)
- Spiritual or religious beliefs opposing violence
- No known or perceived financial, health, or legal stressors
- Engages in realistic planning for the future
- Connectedness and healthy affectional bonds
- Fear of consequences (e.g., judicial proceedings, loss of employment, etc.)
- Seeking legal or procedural alternatives to address grievances
- Perception of sufficient control over one’s circumstances
- Positive childhood experiences (e.g., secure attachment, positive school experiences, positive role models)
- Engaging in healthy stress management strategies (e.g., hobbies, recreation, exercise)

Potential Triggers (Activating Events)

- Perceived imminent negative event (Loss of job, loss of relationship, lost legal recourse, etc.)
- Perceived rejection or abandonment
- Increased psychosis (e.g., changes in hallucinations and delusions moving toward action)
- Recent disruption in access to or compliance with ongoing mental health treatment
- Recent disruption of support system
- Recent real or perceived financial, health, or legal stressors
- Incitement that negatively influences the subject’s perception of reality

