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# Mind, Crime, and Risk: The Complexities of Assessing Dangerousness in Mentally Ill Offenders

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## Abstract

Risk Assessment of Mentally Ill Offenders is a modern issue that lies at the crux of clinical and criminal psychology. Sentencing and Rehabilitation choices, as well as criminal profiling, are affected by the presence of psychological disorders like schizophrenia, bipolar disorder, and antisocial personality disorder. This paper offers a broad review of up-to-date clinical and actuarial risk assessment instruments, namely the Historical, Clinical, and Risk Management (HCR -20), Static-99, and Psychopathy Checklist -Revised (PCL-R), in the assessment of offenders with serious mental illnesses. The paper also highlights the flaws of existing appraisal processes, such as clinician bias, the dynamic nature of mental illness, and ethical concerns regarding the balance of public protection against individual rights. Existing research reveals that there is a need for better evidence-based models of risk appraisal for offenders with serious mental illnesses. The objective pursued is to develop recommendations for accurate, fair, and clinically relevant risk appraisal processes.

## Keywords

- Mentally Ill Offenders
- Risk Assessment
- Psychological Disorders
- HCR - 20
- Static- 99
- PCLR

## Introduction

Risk assessment of violence in offenders with mental illness is a field of practice that sits at the crossroads of clinical psychology and criminal justice. There has been a growing need for reliable, valid and ethically defensible risk assessment tools required for the legal system. This is to help them deal with criminal offender questions regarding culpability, sentencing, and the potential treatment options available for offenders with mental illness. Risk assessment results can be used not only in sentencing, but in providing all the information needed to administer public safety, conditions of parole, and assess potential treatment plans for offenders with serious mental illness.

Earlier, mentally ill offenders have been considered unreliable and dangerous, and, for perceived risks disproportionate to dangers, often lost their liberty or civil rights

through incarceration. Modern scholarship has nuanced this understanding (Lurigio & Harris, 2007; Scott & Resnick, 2006). While tools like the Historical, Clinical, and Risk Management (HCR-20), Psychopathy Checklist- Revised (PCL-R), Violence Risk Appraisal Guide (VRAG), and Violence Risk Appraisal Guide- Revised (VRAG-R) have been developed in an attempt to quantify and predict risk with greater precision but the concerns of exaggeration of risk, bias, or issues with generalizability are still relevant (Douglas & Webster, 1999; Hare, 2003; Jaber & Mahmoud, 2013).

The validity of these assessment instruments in practice continues to be a topic of active research. For example, the validation studies on the HCR-20, which assesses the degree to which an individual is prone to violent behaviour (Douglas & Webster, 1999), show promise, while studies on structural variations in the HCR assessment instruments reveal limitations (Rice et al., 2013). Moreover, there is evidence that demographic and historical individual factors (i.e., age, prior convictions, and the presence of substance use) have variable predictive utility across populations (Phillips et al., 2005). Also of note, the omnipresent ethical questions involving possible clinician bias, stigmatisation, and the possible misuse of psychiatric diagnoses in forensic evaluations prevail (Nicholls et al., 2005).

In this paper, a critical review of the literature related to the use of violence risk assessment instruments with offenders diagnosed with mental disorders is presented. Through an examination of empirical and evidence-based reviews, we investigate how violence risk assessment instruments work, their strengths and limitations, and the implications for policy related to justice and mental health. Ultimately, this review aims to challenge the prevailing assumptions in forensic risk evaluations and urge clinicians to adopt more contextualised, sensitive and humane approaches when assessing offenders with mental illnesses.

## Evolution of Risk Assessment in Mentally Ill Offenders and Historical Context

Treatment received by mentally ill individuals within the criminal justice system has gone through a major shift over the years. Historically, mental illness has been misunderstood or has been ignored completely, leading to the widespread criminalisation of mental health conditions. Instead of getting treated, individuals showing symptoms of psychiatric disorders were incarcerated— often by default. There was little to no difference made between criminal behaviour and manifestations of mental illness, and the focus was majorly on punishment, not care or rehabilitation (Chaimowitz, 2012).

As years passed, things changed when psychiatry and clinical psychology were

established as respected scientific disciplines of knowledge. Then, when evidence-based practice became more accepted, the justice system gradually began to accept that mentally ill offenders had to be evaluated differently. This precipitated the development of structured professional judgement (SPJ) instruments, which are now utilised to determine risk of future violence and to inform parole, sentencing, or treatment decisions. Tools like HCR-20 represent a shift— where risk is no longer determined by intuition or outdated stigma, but by validated indicators based on historical, clinical, and risk management factors. As Nicholls et al. (2005) and Lurigio & Harris (2007) point out, these structured tools aim to balance public safety with clinical understanding— offering a more just and humane approach to forensic risk evaluation.

## The Relationship between Violence and Mental Illness

One of the most prevalent— and harmful— assumptions is that mental illness directly equates to violence. It is often due to popular media, which often portrays having mental illness as being a violent person, although in reality, multiple empirical studies, including those by Lurigio & Harris (2007) and Scott & Resnick (2006), states that there cannot be any links drawn between mental illness and violence, it is often weak, indirect, or conditional.

The paper predominantly focuses on the diagnosis; one must also look at the mediating factors that are responsible for behaviour. For instance, those with untreated psychiatric illness along with substance abuse problems, who are homeless, or have a history of trauma, are more at risk— not only because of their diagnosis, but also because of the additional vulnerability and absence of care. Having conditions like these can also raise the chances of the individual being involved with the criminal justice system. This suggests that mental illness is not the entire problem; it's just part of the equation. It is essential to grasp this complexity to achieve more equitable risk assessment procedures and a kinder justice policy.

## Tools Used for Risk Assessment: Their Content and Comparison

The HCR-20 stands for Historical, Clinical, and Risk Management, and is a risk assessment scale which helps measure how prone an individual is to the risk of violence. Its purpose is to cater to a wide range of population, which means the test takers can vary from being civil and forensic psychiatric patients to correctional

offenders. This assessment tool consists of 20 variables and 3 scales. The 3 scales are the Historical (H), the Clinical (C), and the Risk Management (R).

The Historical scale (H) has 10 items, assessing unchangeable past risks, such as previous violence (H1), young age at first violent incident (H2), etc. The Clinical scale (C) consists of 5 items, such as lack of insight (C1), and active symptoms (C3), that evaluates present mental state. Lastly, the Risk Management scale (R) has 5 items that inquire about the person's reaction to future circumstances, such as release plans (R1) and stress coping (R5) and anticipates post-discharge outcomes.

The scoring system has 3 levels: items that score are 0 (absence of the item), 1 (mild presence of the item), and 2 (definite presence of the item). This gives total scores ranging from 0 to 40, where higher numbers indicate more risk. It takes the scoring pattern from PCL-R, which derives its results in the same manner (Douglas & Webster, 1999).

The PCL-R, which stands for Psychopathy Checklist- Revised, is a risk assessment scale that draws from Cleckley's clinical description and Hare's empirical factor-analytical research in forensic samples, which serves as a connection for research and discussions concerning the legal framework of psychopathy (Hare, 2021). There are 2 subscales in the PCL-R. One scale includes items such as lack of empathy and presence of manipulateness, which help measure emotional and interpersonal deficits of an individual. The other scale consists of items related to behavioural aspects such as parasitic life and poor control over behaviour (Douglas & Webster, 1999).

The VRAG and VRAG-R, which is an abbreviation of Violence Risk Appraisal Guide-Revised, is an assessment tool that has been the most widely used actuarial system to assess the risk of violence, developed in the 1990s. (Rice et al., 2013) This assessment tool has shown effectiveness for the appraisal of violence risk, especially in correctional and psychiatric individuals, and it has 60 replications around the world. The tool consists of 12 risk instruments, and it is constructed on a sample of more than 618 forensic patients. These patients were followed for an average of 7 years post-release (1-10 years). These 12 items are scored based on a weighting procedure developed from the calibration sample (Douglas & Webster, 1999).

The three tools listed above are all used to predict the same thing, recidivism and risk of violence; they differ in structure. VRAG scale relies on empirically derived risk factors, which outperform clinical judgement, but is not effective in assessing factors associated with changeable aspects of violence. PCL-R measures stable psychopathy traits, but is said to be static in nature and considered rigid. HCR-20 incorporates dynamic items in its clinical and risk management scales, enabling flexibility for imminent risk and scenario planning (Lurigio & Harris, 2009).

Even though these three tools differ in their predictive abilities, they do share similar benefits of high reliability and low personal biases. Further, they share some limitations, such as all three tools are time-consuming and require expertise from the administrator's end.

## Clinical, Demographic, and Historical Predictors

The potential for violence among offenders with serious mental illness cannot be determined only by clinical diagnosis; it also requires analysis of various interfering factors that have an impact on an individual's behaviour over time and setting. These predictors are generally classified into three significant categories: demographic, historical, and clinical. Demographic factors are usually static (for eg, age, gender, etc). Historical factors are mostly static (for eg, childhood trauma, past violent behaviour). Clinical factors are dynamic factors, i.e. changing in relation to time, treatment, and environment. Together, they form the foundation of the majority of contemporary forensic risk assessments (The Behavioural Wellness Group, 2025).

Demographic variables often act as the background against which risk unfolds. Therefore, age and gender are factors influencing violence patterns as young male adults are the highest-risk demographic group across mentally ill populations and general offenders. Another important factor is socioeconomic status, where, with increased likelihood, individuals coming from low-income backgrounds face systemic barriers of access to adequate education, housing instability, and fewer mental health services. These structural disadvantages bring chronic stress and marginalisation, which can heighten psychiatric vulnerability at the same time as justice contact (Phillips et al., 2005).

The factors that provide crucial insight into behavioural patterns over time are historical or 'static' factors. One of the most reliable sources to predict future violent activities and behaviour is the individual's history of prior offences and the degree of violence involved. Emotional development and coping skills can be disrupted during childhood due to exposure to trauma, neglect and family instability. This then creates a foundation in adolescence for maladaptive behaviour and violent behaviour that is carried on till adulthood. Along with these factors, if there is a history of substance abuse, it complicates this picture (Phillips et al., 2005).

The most subtle and dynamic indicators of the current psychological functioning of an individual, and the ones that directly mirror it, are the clinical factors. Type and the level of psychiatric symptoms are of utmost importance. For instance, the risk of violence can increase if there is some untreated psychosis along with paranoia or

hallucination. One cannot predict behaviour just by mere diagnosis of a mental disorder; the particular behaviour paired with other stressors and factors also plays an important role. Compliance with treatment also has a significant part to play here. Patients who are not engaged in therapy or medication non-compliance tend to experience symptom relapse, leading to acute behavioural crises. Additionally, some personality traits like absence of empathy, impulsivity, or emotional dysregulation are typical among patients with antisocial or borderline personality disorders and are often associated with higher violence risk against others (Douglas & Webster, 1999; Scott & Resnick, 2006).

What makes these predictors strong is not their singular effect, but their synergy. Contemporary risk assessment instruments such as the HCR-20 and VRAG-R are founded upon the premise that violence stems from the interaction of historical vulnerabilities, current mental status, and stressors in the environment. These instruments both include fixed and mutable variables and provide a more integrative approach to risk. But even their power depends largely on the clinician's ability to translate the numbers into the individual's particular situation. Individual history, situation, support system, and motivation to go through with treatment all exert an influence on his or her course—determinants that are impossible for an instrument to ever completely reflect.

It can be concluded that historical, demographic, and clinical predictors are the underpinnings of modern risk prediction but are most appropriately applied when used in considered, case-by-case utilisation. In order to make principled and educated decisions, especially when such decisions feed into legal determinations and affect individual lives, clinicians require context, but risk assessment tools provide just numbers.

## Ethical Considerations and Limitations

Violence risk assessment tools play a crucial role in our society, but they also pose several ethical concerns. The most common and major issue they pose is overprediction and false positives (Nicholls et al., 2018). This happens when a person is falsely marked at high risk by a test, which leads the individual to face harsh and unnecessary restrictive measures. This not only has an impact on the individual's social factors of life, but also tends to affect the psychological well-being. Even though some of the tools are made to provide justice and safety to the public at large, they fail to provide it when such issues arise.

A similar issue is bias in tool construction and implementation. Risk assessment tools, which previously were to most of the part based on the western male population, are now employed all over the world, which causes cultural and gender bias. The test

results using these tools are rather skewed and uncertain, and have yet to have any adaptation of these tools which include these diverse cultures and various genders. Due to this prolonged discrimination, these biases regarding certain populations remain, which perpetuates structural inequalities and prejudice of these disadvantaged populations within the legal and clinical system (The Behavioral Wellness Group et al., 2025).

Risk of civil rights violation and stigmatisation is another challenge faced in the realm of ethical concerns. Reintegration into society after being labelled as a psychopathic individual would lead to social stigma and harm the rehabilitation efforts and personal identity of an individual. Only relying on the test scores without having considered what an individual would go through infringes on the civil liberties of an individual, which raises human rights concerns (Nicholls et al., 2018).

The need to have a balance between public safety and respecting the client's dignity also leads clinicians to face ethical dilemmas and responsibilities. As the tools are predictive in nature and strictly mentioned to prioritise precautionary measures, even when the clinical judgement for the case would suggest otherwise (Jaber & Mahmoud, 2013). According to ethical practice, there should be transparency and informed consent where possible, but risk assessment tools often control decisions of the patients rather than letting them make the decisions (The Behavioral Wellness Group et al., 2025).

In conclusion, even though these tools are important and contribute largely to society, their ethical application requires changes and awareness. Through the interaction of culturally sensitive approaches and contextual factors, this risk could be mitigated. Clear guidance should be set to provide a flexible environment for clinicians to navigate complex ethical challenges.

## Implications for Practice and Policy

The score a person gets on these tests is what determines how the individual will be treated henceforth. Risk assessment tools shape the way the mass public would see the individual; it is the test which determines the degree of punishment. This is a test that decides whether parole is granted. The validity of the test plays an important role in treatment. The degree of supervision an individual would be kept under is based on the structural evaluation given by the test regarding the person's violent potential. Thus, the validity and reliability of the risk tools are important to provide fair justice to every individual (Jaber & Mahmoud, 2013).

Even though some past traumas often act as triggers, if the tools are used wisely, they can be used as interventional strategies to help the person control their violent

tendencies. A risk assessment tool should take into account the past events and dig deep into what actually makes this behaviour occur, and how it could be used to manage the behaviour (Phillips et al., 2005b).

Risk Assessment tools consist of all the factors which have a cause and effect on violent behaviour, but they never take into account the cultural factors. Cultural factors are an important factor which could determine an individual's reason for violent tendencies. The world consists of a diverse population and cultures, and each culture has its unique features. Assessment tools need to take into account the social context of an individual to provide a result free of cultural bias (The Behavioral Wellness Group et al., 2025).

Correctional cases are where legal authorities and mental health professionals come together to work with an individual to bring them to justice. These two branches should work together to make a collaborative model that can enhance the accuracy of the assessment of an individual. They can come up with a tool which balances everything perfectly, from providing safety to the public by just and fair verdicts, but also prioritising the rehabilitation of the offender to avoid dehumanising the individual.

## Research Gaps and Future Directions

While decades of research and continued improvement exist, risk assessment of violence in offenders with serious mental disorders remains a developing field— one that holds great promise, but also continues to be beset by ongoing constraints. While current measures like the VRAG, HCR-20, and PCL-R have played significant roles in melding forensic mental health practice, serious questions persist regarding their ethical implications, wider applicability, and long-term effects. To construct a more efficient and fairer future for forensic evaluation, both practitioners and researchers need to fill a variety of essential gaps (Jaber & Mahmoud, 2013).

Perhaps the most urgent of these is the issue of a lack of validation in different populations. Those risk assessment tools that have been commonly used have been normed and designed to a great extent within Western, male, incarcerated samples. This has significant implications concerning whether they can be generalised across other groups, such as women, ethnic minorities, neurodivergent people, and non-Western countries. Investigations by Phillips et al. (2005) and others have indicated that cultural and demographic variables can significantly impact both behaviour and risk interpretation. Applying instruments developed under one setting to another— without cultural adjustment— predisposes one to generating biased or inaccurate results. Future studies need to give high priority to culturally valid studies that explore how these instruments function in other sociocultural, clinical, and legal environments.

The other developmental aspect pertains to assimilating dynamic, real-time risk factors into the practice. The traditional approach would often consider static factors such as criminal background, age, or diagnosis, that, although significant, might fail to represent either the person's mental state at the given moment or the situational stressors they could be facing. New approaches are fast developing with the swift evolution of modern technology, including ecological momentary assessment (EMA) or artificial intelligence-based predictive analytics. These methods provide a perspective on mood variability, behavioural patterns, sleep patterns, and social engagement, all of which are variable with time. In theory, this would enable mental health professionals to notice an elevation of such risk before it becomes an emergency, thereby leading to timely and efficacious intervention. Still, with the questions of privacy, consent, and voluntary watching being unethical now thrown into the mix, they will need to be reckoned with (Bell et al., 2017).

Paralleling this, the stigmatising implications of the classical risk-assessment models are increasingly established in the literature. Being labelled "high-risk" based on an assortment of static factors may have far-reaching consequences: for instance, in legal settings, it may be justification for longer incarceration. Such labelling could equally cut off socialisation or induce a form of internalised stigma. In persons with a disabled mind, it reinstates feelings of hopelessness and alienation, thereby reducing motivation towards treatment or recovery. Thus, a great challenge indeed is to move away from deficit models into strength-based and recovery-oriented approaches that acknowledge not only what could go wrong but also which things act as protective factors. Responsiveness to treatment, motivation to change, social support systems, and coping resources need to be consciously integrated into those measures of assessment (Lurigio & Harris, 2009).

Another vital concern for reform is the integration of forensic assessment into holistic mental health care systems. Current models often isolate risk assessment as a legal tool, without regard to mental health recovery, rehabilitation, and reintegration. In a recovery context, this would have to be reoriented so that risk assessment is merely one component of a broader, person-centred care plan. It would then shift away from merely predicting future violence to actively reducing that risk through customised interventions such as support services and community resources that enhance psychological resilience. This approach is not only more efficient but more humane in the long term, because it attacks the root cause of the risk rather than attempting to supervise it in its manifestations (The Behavioral Wellness Group et al., 2025).

Lastly, there should be stronger interdisciplinarity. Psychologists, psychiatrists, legal professionals, and social workers-the whole panoply, including data scientists-must collaborate to hone tools that are empirically based but contextually sensitive, ethical, and accessible. Interdisciplinary research may connect the clinical insight to systemic

implementations, with the residue of translating theory into meaningful practice.

In conclusion, the future of risk assessment of mentally ill offenders involves changing the subject matter from control and prediction to understanding and prevention; validating the tools across different populations, welcoming innovation responsibly, reducing stigma, and seeing risk management as part of the larger picture of recovery. It is through such comprehensive and futuristic measures that forensic mental health will really move towards being a system that is just and compassionate.

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