Source	Citation	Abstract	Link	Notes
	Aho A, Remahl , Paavilainen E. Homicide in the western family and background factors of a perpetrator. Scand J Public Health. 2017 Jul;45(5):555-568.	AIMS: Familicide is a multiple-victim homicide incident in which the killer's spouse and one or more children are slain. A systematic review was conducted to reveal the background factors of western homicide perpetrators. METHODS: The systematic search was performed in the Arto, Medic, Cinahl, Medline, EBSCOhost Academic Search Premier and Social Services abstracts databases. The keywords were familicide, family homicide, familicide-suicide, filicide-suicide, extended suicide, child, murder, family, filicide and infanticide. The searches revealed 4139 references from the databases. The references were filtered and 32 peer-reviewed research articles revealed in years 2004-2014 were selected as data. The articles were analysed using inductive content analysis, by finding all possible background factors related to homicide. RESULTS: The factors were described as percentages of the range. The background factors of familicide perpetrators were categorised as follows: perpetrators who had committed homicide of a child and intimate partner and possibly committed suicide; a father had who killed a child; a mother who had killed a child; a father who had committed a filicide-suicide; and a mother who had committed a filicide-suicide. CONCLUSIONS: Psychological instability, violence and crime were found in all these categories of familicides. Perpetrators who had committed a suicide in addition to the familicide had more often been diagnosed with depression, but they sought treatment for mental health problems less often and had violence and self-destructiveness less often in their background than in other familicide categories. Social and healthcare professionals should be more sensitive to emerging family problems and be prepared for intervention.	https://journals.sagepub.com/doi/abs/10.1177/1403494817705587?rfr_dat=cr_pub%3Dpubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&journalCode=sjpc	
	Bielefeldt AØ, Danborg PB, Gøtzsche PC. Precursors to suicidality and violence on antidepressants: systematic review of trials in adult healthy volunteers. J R Soc Med. 2016;109(10):381–392. doi:10.1177/0141076816666805	OBJECTIVE: To quantify the risk of suicidality and violence when selective serotonin and serotonin-norepinephrine reuptake inhibitors are given to adult healthy volunteers with no signs of a mental disorder. DESIGN: Systematic review and meta-analysis. MAIN OUTCOME MEASURE: Harms related to suicidality, hostility, activation events, psychotic events and mood disturbances. SETTING: Published trials identified by searching PubMed and Embase and clinical study reports obtained from the European and UK drug regulators. PARTICIPANTS: Double-blind, placebo-controlled trials in adult healthy volunteers that reported on suicidality or violence or precursor events to suicidality or violence. RESULTS: A total of 5787 publications were screened and 130 trials fulfilled our inclusion criteria. The trials were generally uninformative; 97 trials did not report the randomisation method, 75 trials did not report any discontinuations and 63 trials did not report any adverse events or lack thereof. Eleven of the 130 published trials and two of 29 clinical study reports we received from the regulatory agencies presented data for our meta-analysis. Treatment of adult healthy volunteers with antidepressants doubled their risk of harms related to suicidality and violence, odds ratio 1.85 (95% confidence interval 1.11 to 3.08, p = 0.02, I2 = 18%). The number needed to treat to harm one healthy person was 16 (95% confidence interval 8 to 100; Mantel-Haenszel risk difference 0.06). There can be little doubt that we underestimated the harms of antidepressants, as we only had access to the published articles for 11 of our 13 trials. CONCLUSIONS: Antidepressants double the occurrence of events in adult healthy volunteers that can lead to suicide and violence.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5066537/	

PubMed search	Bransfield RC. Aggressiveness, violence, homicidality, homicide, and Lyme disease. Neuropsychiatr Dis Treat. 2018 Mar 9;14:693-713.	BACKGROUND: No study has previously analyzed aggressiveness, homicide, and Lyme disease (LD). MATERIALS AND METHODS: Retrospective LD chart reviews analyzed aggressiveness, compared 50 homicidal with 50 non-homicidal patients, and analyzed homicides. RESULTS: Most aggression with LD was impulsive, sometimes provoked by intrusive symptoms, sensory stimulation or frustration and was invariably bizarre and senseless. About 9.6% of LD patients were homicidal with the average diagnosis delay of 9 years. Postinfection findings associated with homicidality that separated from the non-homicidal group within the 95% confidence interval included suicidality, sudden abrupt mood swings, explosive anger, paranoia, anhedonia, hypervigilance, exaggerated startle, disinhibition, nightmares, depersonalization, intrusive aggressive images, dissociative episodes, derealization, intrusive sexual images, marital/family problems, legal problems, substance abuse, depression, panic disorder, memory impairments, neuropathy, cranial nerve symptoms, and decreased libido. Seven LD homicides included predatory aggression, poor impulse control, and psychosis. Some patients have selective hyperacusis to mouth sounds, which I propose may be the result of brain dysfunction causing a disinhibition of a primitive fear of oral predation. CONCLUSION: LD and the immune, biochemical, neurotransmitter, and the neural circuit reactions to it can cause impairments associated with violence. Many LD patients have no aggressiveness tendencies or only mild degrees of low frustration tolerance and irritability and pose no danger; however, a lesser number experience explosive anger, a lesser number experience homicidal thoughts and impulses, and much lesser number commit homicides. Since such large numbers are affected by LD, this small percent can be highly significant. Much of the violence associated with LD can be avoided with better prevention, diagnosis, and treatment of LD.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851570/	
	Buitelaar NJ, Posthumus JA, Buitelaar JK. ADHD in Childhood and/or Adulthood as a Risk Factor for Domestic Violence or Intimate Partner Violence: A Systematic Review. J Atten Disord. 2015 May 20. pii: 1087054715587099	OBJECTIVE: To date, treatment programs for adult domestic violence (DV) or intimate partner violence (IPV) have had minimal impact. To make treatment more effective, programs should be adjusted to psychopathology of the offender. As emotional lability and poor emotional self-regulation and self-control are common features of ADHD, it may play a pivotal role as a predictor for adult DV/IPV. METHOD: This systematic review synthesizes the available evidence for childhood and/or adult ADHD being a risk factor for DV/IPV. RESULTS: Four case control studies and three cohort studies were included in the review. Although three case control studies showed positive associations between childhood and/or adult ADHD and adult DV/IPV, two did insufficiently control for the presence of comorbid Conduct Disorder (CD) or Antisocial Personality Disorder (ASPD). CONCLUSION: Cohort studies identified hyperactive, impulsive, and inattention symptoms as risk factors for adult IPV. CD and ASPD were regarded as mediators in three studies.	http://journals.sagepub.com/doi/full/10.1177/1087054715587099?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed	
PubMed search	Černý M, Hodgins S, Kučíková R, Kážmér L, Lambertová A, Nawka A, Nawková L, Parzelka A, Raboch J, Bob P, Vevera J. Violence in persons with and without psychosis in the Czech Republic: risk and protective factors. Neuropsychiatr Dis Treat. 2018 Oct 23;14:2793-2805	Purpose: To prevent violence among persons with psychosis, further knowledge of the correlates and risk factors is needed. These risk factors may vary by nation. Patients and methods: This study examined factors associated with violent assaults in 158 patients with psychosis and in a matched control sample of 158 adults without psychosis in the Czech Republic. Participants completed interviews and questionnaires to confirm diagnoses, report on aggressive behavior, current and past victimization, and substance use. Additional information was collected from collateral informants and clinical files. Multiple regression analyses were conducted to identify factors that were independently associated with committing an assault in past 6 months. Results: The presence of a psychotic disorder was associated with an increased risk of assaults (OR =3.80; 95% CI 2.060–7.014). Additional risk factors in persons with and without psychosis included recent physical victimization (OR =7.09; 95% CI 3.922–12.819), childhood maltreatment (OR =3.15; 95% CI 1.877–5.271), the level of drug use (OR =1.13; 95% CI 1.063–1.197), and the level of alcohol use (OR =1.04; 95% CI 1.000–1.084). Increasing age (OR =0.96; 95% CI 0.942–0.978) and employment (OR =0.30; 95% CI 0.166–0.540) were protective factors. Except for drug use, which appeared to have greater effect on violence in the group without psychosis, there were no major differences between patients and controls in these risk and protective factors. To our knowledge, this is the first published comparison of assault predictors between schizophrenia patients and matched controls. Conclusion: Recent physical victimization was the strongest predictor of assaults. Our findings are consistent with the emerging empirical evidence pointing to the very important role of victimization in eliciting violent behavior by the victims. Some current prediction instruments may underestimate the risk of violent behavior as they take little account of current victimization. Although psychosis per se elevates the risk of violence, other risk and protective factors for violence in persons with psychosis and comparison group are largely similar.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205133/	

	Choenni V, Hammink A, van de Mheen D. Association Between Substance Use and the Perpetration of Family Violence in Industrialized Countries: A Systematic Review. Trauma Violence Abuse. 2017 Jan;18(1):37-50.	This review examines the association between alcohol and illicit drug use and the perpetration of intimate partner violence (IPV) and child maltreatment (CM). In clinical populations, alcohol use is related to IPV, although other variables are also known to influence this relationship. Studies in specialized social/health care and in the community have also demonstrated the association between alcohol use and IPV. Although data on the association between illicit drug use and IPV are less clear, in most studies perpetration seems related to the use of cannabis and cocaine. The occurrence of CM is related to alcohol use in specialized social/health care and community populations but has not been extensively investigated in clinical samples. These findings also apply to studies on the association between illicit drug use and CM. Moreover, many studies on CM fail to distinguish between the effects of alcohol and those of illicit drugs. This review concludes with recommendations for future research about substance use and family violence and discusses implications for prevention and treatment.	https://journals.sagepub.com/doi/full/10.1177/1524838015589253?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed	
PubMed search	Chung S, Williams B, Dobrinsky C, Patten A, Yang H, Laurenza A. Perampanel with concomitant levetiracetam and topiramate: Post hoc analysis of adverse events related to hostility and aggression. Epilepsy Behav. 2017 Oct;75:79-85.	In 4 Phase III registration trials (3 in patients with partial seizures, N=1480; 1 in patients with PGTCS, N=163), perampanel administered to patients already receiving 1-3 concomitant antiepileptic drugs (AEDs) demonstrated statistically superior efficacy compared to placebo in reducing seizure frequency. However, use of perampanel in these studies was associated with a risk of psychiatric and behavioral adverse reactions, including aggression, hostility, irritability, anger, and homicidal ideation and threats. The present study is a post hoc analysis of pooled data from these 4 trials to determine if concomitant treatment with levetiracetam and/or topiramate increased the risk of hostility- and aggression-related AEs. Treatment-emergent AEs (TEAEs) were determined using a "Narrow & Broad" search based on the Medical Dictionary for Regulatory Activities (MedDRA) standard MedDRA query (SMQ) for hostility- and aggression-related events. The rate of hostility- and aggression-related TEAEs was observed to be similar among perampanel-treated patients: a) receiving levetiracetam (N=340) compared to those not receiving levetiracetam (N=779); b) receiving topiramate (N=223) compared to those not receiving topiramate (N=896); and c) receiving both levetiracetam and topiramate (N=47) compared to those not receiving levetiracetam and topiramate (N=1072). Severe and serious TEAEs related to hostility and aggression were rare and occurred at a similar rate regardless of concomitant levetiracetam and/or topiramate therapy. Taken together, these results suggest that concomitant treatment with levetiracetam and/or topiramate has no appreciable effect on the occurrence of hostility- or aggression-related TEAEs in patients receiving perampanel.	https://linkinghub.elsevier.com/retrieve/pii/S1525-5050(17)30258-5	Maybe not include - is about effect of seizure drug on risk of violence
PubMed search	Cox J, Fairfax-Columbo J, DeMatteo D, Vitacco MJ, Kopkin MR, Parrott CT, Bownes E. An update and expansion on the role of the Violence Risk Appraisal Guide and Historical Clinical Risk Management-20 in United States case law. Behav Sci Law. 2018 Sep;36(5):517-531.	An individual's risk for future violent behavior may be considered in various legal contexts, including civil commitment, criminal sentencing, or suitability for parole. Among the assessment tools forensic evaluators use to assess violence risk are the Violence Risk Appraisal Guide (VRAG; Quinsey, Harris, Rice, & Cormier,) and the Historical Clinical Risk Managment-20 (HCR-20)/Historical Clinical Risk Management-20, Version 3 (HCR-20V3) (Webster, Douglas, Eaves, & Hart, and Douglas, Hart, Webster, & Belfrage, , respectively). Previous surveys and case law research suggest that these measures are widely used and perceived to be useful in aiding forensic clinicians. This study provides an update to Vitacco, Erickson, Kurus, and Apple () and examines the use of the HCR-20 and VRAG in United States case law. A LexisNexis review revealed 134 cases decided between 1 January 2010 and 21 December 2016 that included the HCR-20, VRAG, or both. Results revealed that these measures are typically introduced by the prosecution to inform opinions regarding general violence risk. In addition, consistent with previous research, these data suggest the introduction of the HCR-20 and VRAG is rarely challenged and, when challenged, these challenges are rarely successful. However, data suggest that courts and parole boards may focus on specific risk factors (e.g., lack of insight) at the expense of other, more objective factors. Finally, we offer suggestions for clinicians who have transitioned to the newest version of the HCR-20.	https://onlinelibrary.wiley.com/doi/abs/10.1002/bsl.2376	Opinion
PubMed search	Dack C, Ross J, Papadopoulos C, Stewart D, Bowers L. A review and meta-analysis of the patient factors associated with psychiatric in-patient aggression. Acta Psychiatr Scand. 2013 Apr;127(4):255-68.	OBJECTIVE: To combine the results of earlier comparison studies of in-patient aggression to quantitatively assess the strength of the association between patient factors and i) aggressive behaviour,ii) repetitive aggressive behaviour. METHOD: A systematic review and meta-analysis of empirical articles and reports of comparison studies of aggression and non-aggression within adult psychiatric in-patient settings. RESULTS: Factors that were significantly associated with in-patient aggression included being younger, male, involuntary admissions, not being married, a diagnosis of schizophrenia, a greater number of previous admissions, a history of violence, a history of self-destructive behaviour and a history of substance abuse. The only factors associated with repeated in-patient aggression were not being male, a history of violence and a history of substance abuse. CONCLUSION: By comparing aggressive with non-aggressive patients, important differences between the two populations may be highlighted. These differences may help staff improve predictions of which patients might become aggressive and enable steps to be taken to reduce an aggressive incident occurring using actuarial judgements. However, the associations found between these actuarial factors and aggression were small. It is therefore important for staff to consider dynamic factors such as a patient's current state and the context to reduce in-patient aggression.	https://onlinelibrary.wiley.com/doi/full/10.1111/acps.12053	In-patient

PubMed search	Dawson NL, Lachner C, Vadeboncoeur TF, Maniaci MJ, Bosworth V, Rummans TA, Roy A, Burton MC. Violent behavior by emergency department patients with an involuntary hold status. Am J Emerg Med. 2018 Mar;36(3):392-395.	BACKGROUND:Violence against health care workers has been increasing. Health care workers in emergency departments (EDs) are highly vulnerable because they provide care for patients who may have mental illness, behavioral problems, or substance use disorders (alone or in combination) and who are often evaluated during an involuntary hold. Our objective was to identify factors that may be associated with violent behavior in ED patients during involuntary holds. METHODS:Retrospective review of patients evaluated during an involuntary hold at a suburban acute care hospital ED from January 2014 through November 2015. RESULTS:Of 251 patients, 22 (9%) had violent incidents in the ED. Violent patients were more likely to have a urine drug screen positive for tricyclic antidepressants (18.2% vs 4.8%, P=0.03) and to present with substance misuse (68.2% vs 39.7%, P=0.01), specifically with marijuana (22.7% vs 9.6%, P=0.06) and alcohol (54.5% vs 24.9%, P=0.003). ED readmission rates were higher for violent patients (18.2% vs 3.9%, P=0.02). No significant difference was found between violent patients and nonviolent patients for sex, race, marital status, insurance status, medical or psychiatric condition, reason for involuntary hold, or length of stay. CONCLUSION:Violent behavior by patients evaluated during an involuntary hold in a suburban acute care hospital ED was associated with tricyclic antidepressant use, substance misuse, and higher ED readmission rates.	https://linkinghub.elsevier.com/retrieve/pii/S0735-6757(17)30688-5	
Groshong	Dayan, K., et al. (2013). "Validation of Spouse Violence Risk Assessment Inventory for police purposes." Journal of Family Violence 28(8): 811-821.	The Spouse Violence Risk Assessment Inventory (SVRA-I) is a new scale developed by the Israeli police to measure the likelihood of male perpetrators repeating violent behavior toward their partners. This article describes the objectives of the inventory, its distinction in comparison to existing inventories, and the process of its development. Our preliminary study demonstrated a reasonable level of inter-rater reliability. Two subsequent studies examined the relationships between clinical assessments and SVRA-I scores, and additional two studies tested the validity of the inventory against criteria of repeated partner abuse. The inventory was found to be a valid and efficient tool for predicting recidivism of intimate partner violence (IPV). In the discussion, we review the limitations of devices aimed at predicting repeated IPV.	https://link.springer.com/article/10.1007/s10896-013-9547-4	
	Dellazizzo L, Potvin S, Beaudoin M, Luigi M, Dou BY, Giguère CÉ, Dumais A. Cannabis use and violence in patients with severe mental illnesses: A meta-analytical investigation. Psychiatry Res. 2019 Feb 6;274:42-48.	BACKGROUND: The relationship between cannabis and violence remains unclear, especially amid those with severe mental illnesses (SMI). The objective of this meta-analysis was to investigate the cannabis-violence association in a population of individuals with a SMI. METHOD: A systematic search of literature using PubMed, PsychINFO, Web of Science and Google scholar was performed (any time-August 2018). All peer-reviewed publications assessing both cannabis use and the perpetration of violence in an SMI sample were included. Data on several key study characteristics such as the proportion of SMI in the sample as well as the number of cannabis users and violent participants were extracted. Odds ratios (OR) were likewise extracted and aggregated with random-effects models. RESULTS: Of the potential 2449 articles that were screened for eligibility, 12 studies were analyzed using a random-effect meta-analysis. Results showed a moderate association between cannabis use and violence (OR = 3.02, CI = 2.01-4.54, p = 0.0001). The association was significantly higher when comparing cannabis misuse (OR = 5.8, CI = 3.27-10.28, p = 0.0001) to cannabis use (OR = 2.04, CI = 1.36-3.05, p = 0.001). CONCLUSION: These findings are clinically relevant for violence prevention/management and highlight the necessity of further investigations with methodologically-sound studies. Thus, longitudinal studies adjusting for important confounding factors (i.e., psychopathic traits and stimulant use) are warranted.	https://linkinghub.elsevier.com/retrieve/pii/S0165-1781(18)32386-2	
	Douglas KS, Guy LS, Hart SD. Psychosis as a risk factor for violence to others: a meta-analysis. Psychol Bull. 2009 Sep;135(5):679-706.	The potential association between psychosis and violence to others has long been debated. Past research findings are mixed and appear to depend on numerous potential moderators. As such, the authors conducted a quantitative review (meta-analysis) of research on the association between psychosis and violence. A total of 885 effect sizes (odds ratios) were calculated or estimated from 204 studies on the basis of 166 independent data sets. The central tendency (median) of the effect sizes indicated that psychosis was significantly associated with a 49%-68% increase in the odds of violence. However, there was substantial dispersion among effect sizes. Moderation analyses indicated that the dispersion was attributable in part to methodological factors, such as study design (e.g., community vs. institutional samples), definition and measurement of psychosis (e.g., diagnostic vs. symptom-level measurement, type of symptom), and comparison group (e.g., psychosis compared with externalizing vs. internalizing vs. no mental disorder). The authors discuss these findings in light of potential causal models of the association between psychosis and violence, the role of psychosis in violence risk assessment and management, and recommendations for future research.	http://content.apa.org/journals/bul/135/5/679	

Groshong	Doyle M, Logan C. Operationalizing the assessment and management of violence risk in the short-term. Behav Sci Law. 2012 Jul-Aug;30(4):406-19.	Assessing risk of violence in the short term is crucial for managing and preventing violence, especially in institutions such as psychiatric units and prisons. Despite a lack of consensus on the definition of "short term", a number of recent tools and guidelines have been developed to aid short-term clinical decision-making. Whereas the supporting evidence for the new tools is impressive, limitations remain in terms of the focus on prediction, limited consideration of strengths, and poor integration with formulation and risk management. The Short-Term Assessment of Risk and Treatability (START) is a brief clinical guide for the dynamic assessment of risks, strengths and treatability. It focuses on short-term risks and the characteristics of the individual that, if changed, might lead to an increase or decrease in risk. The START has the potential to operationalize the structured professional judgment (SPJ) approach in order to inform the evaluation of multiple risk domains relevant to everyday psychiatric clinical practice. However, explicit guidance on integrating risk assessment, formulation and management is limited in the START and this paper describes the SPJ approach, reviews recent developments in approaches to risk, and considers how the START can be used to inform SPJ approaches and link risk assessment, formulation, and management.	https://doi.org/10.1002/bsl.2017	
PubMed search	Eidhammer G, Fluttert FA, Bjørkly S. User involvement in structured violence risk management within forensic mental health facilities -- a systematic literature review. J Clin Nurs. 2014 Oct;23(19-20):2716-24.	AIMS AND OBJECTIVES: To examine empirical literature on user involvement in collaboration between patients and nurses. The scope of the review was limited to structured violence risk management interventions in forensic mental health settings. BACKGROUND: Violence in forensic mental health settings represents a significant problem for patients and staff. Structured violence risk management interventions in forensic mental health have been reported to ignore patient participation, despite the growing attention on user involvement in clinical practice. DESIGN: A systematic review. METHOD: Searches were conducted in six databases: the Cochrane Systematic Reviews, MEDLINE, CINAHL, ProQuest, ScienceDirect and PsycINFO. Papers were assessed according to a predetermined set of inclusion and exclusion criteria. RESULTS: After searches of the reference lists of retrieved articles were conducted, only three papers met the inclusion criteria. CONCLUSIONS: This review has shown that empirical research on the topic of risk management interventions in which patients are involved is scarce. RELEVANCE TO CLINICAL PRACTICE: There is barely any research evidence of the clinical effect of user involvement approaches on violence risk management in forensic mental health practice. Therefore, we suggest that clinicians may learn from positive experiences concerning user involvement in general psychiatry and carefully adapt and test them out in the forensic treatment context.	https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.12571	
	Erskine HE, Norman RE, Ferrari AJ, Chan GC, Copeland WE, Whiteford HA, Scott JG. Long-Term Outcomes of Attention-Deficit/Hyperactivity Disorder and Conduct Disorder: A Systematic Review and Meta-Analysis. J Am Acad Child Adolesc Psychiatry. 2016 Oct;55(10):841-50.	OBJECTIVE: Attention-deficit/hyperactivity disorder (ADHD) and conduct disorder (CD) are common externalizing disorders. Despite previous research demonstrating that both are longitudinally associated with adverse outcomes, there have been no systematic reviews examining all of the available evidence linking ADHD and CD with a range of health and psychosocial outcomes. METHOD: Electronic databases (EMBASE, Medline, and PsycINFO) were searched for studies published from 1980 up to March 2015. Published cohort and case-control studies were included if they reported a longitudinal association between ADHD or CD and adverse outcomes with a minimum follow-up of 2 years. Outcomes with sufficient data were pooled in a random effects meta-analysis to give overall odds ratios (ORs) with corresponding 95% CIs. RESULTS: Of the 278 studies assessed, 114 met inclusion criteria and 98 were used in subsequent meta-analyses. ADHD was associated with adverse outcomes including academic achievement (e.g. failure to complete high school; odds ratio [OR] = 3.7, 95% CIs 2.0-7.0), other mental and substance use disorders (e.g. depression; OR = 2.3, 1.5-3.7), criminality (e.g. arrest; OR = 2.4, 1.5-3.8), and employment (e.g., unemployment; OR = 2.0, 1.0-3.9). CD was associated with outcomes relating to academic achievement (e.g. failure to complete high school; OR = 2.7, 1.5-4.7), other mental and substance use disorders (e.g., illicit drug use; OR = 2.1, 1.7-2.6), and criminality (e.g. violence; OR = 3.5, 2.3-5.3). CONCLUSION: This study demonstrated that ADHD and CD are associated with disability beyond immediate health loss. Although the analyses could not determine the mechanisms behind these longitudinal associations, they demonstrate the importance of addressing ADHD and CD early in life so as to potentially avert a wide range of future adverse outcomes.		

PubMed search	Fazel S, Lichtenstein P, Grann M, Goodwin GM, Långström N. Bipolar disorder and violent crime: new evidence from population-based longitudinal studies and systematic review. Arch Gen Psychiatry. 2010 Sep;67(9):931-8.	CONTEXT:Although bipolar disorder is associated with various adverse health outcomes, the relationship with violent crime is uncertain. OBJECTIVES:To determine the risk of violent crime in bipolar disorder and to contextualize the findings with a systematic review. DESIGN:Longitudinal investigations using general population and unaffected sibling control individuals. SETTING:Population-based registers of hospital discharge diagnoses, sociodemographic information, and violent crime in Sweden from January 1, 1973, through December 31, 2004. PARTICIPANTS: Individuals with 2 or more discharge diagnoses of bipolar disorder (n = 3743), general population controls (n = 37 429), and unaffected full siblings of individuals with bipolar disorder (n = 4059). MAIN OUTCOME MEASURE:Violent crime (actions resulting in convictions for homicide, assault, robbery, arson, any sexual offense, illegal threats, or intimidation). RESULTS:During follow-up, 314 individuals with bipolar disorder (8.4%) committed violent crime compared with 1312 general population controls (3.5%) (adjusted odds ratio, 2.3; 95% confidence interval, 2.0-2.6). The risk was mostly confined to patients with substance abuse comorbidity (adjusted odds ratio, 6.4; 95% confidence interval, 5.1-8.1). The risk increase was minimal in patients without substance abuse comorbidity (adjusted odds ratio, 1.3; 95% confidence interval, 1.0-1.5), which was further attenuated when unaffected full siblings of individuals with bipolar disorder were used as controls (1.1; 0.7-1.6). We found no differences in rates of violent crime by clinical subgroups (manic vs depressive or psychotic vs nonpsychotic). The systematic review identified 8 previous studies (n = 6383), with high heterogeneity between studies. Odds ratio for violence risk ranged from 2 to 9. CONCLUSION: Although current guidelines for the management of individuals with bipolar disorder do not recommend routine risk assessment for violence, this assertion may need review in patients with comorbid substance abuse.	
Groshong	Fazel S, Singh JP, Doll H, Grann M. Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24 827 people: systematic review and meta-analysis. BMJ. 2012;345:e4692. Published 2012 Jul 24. doi:10.1136/bmj.e4692	Objective To investigate the predictive validity of tools commonly used to assess the risk of violence, sexual, and criminal behaviour. Design Systematic review and tabular meta-analysis of replication studies following PRISMA guidelines. Data sources PsycINFO, Embase, Medline, and United States Criminal Justice Reference Service Abstracts. Review methods We included replication studies from 1 January 1995 to 1 January 2011 if they provided contingency data for the offending outcome that the tools were designed to predict. We calculated the diagnostic odds ratio, sensitivity, specificity, area under the curve, positive predictive value, negative predictive value, the number needed to detain to prevent one offence, as well as a novel performance indicator—the number safely discharged. We investigated potential sources of heterogeneity using metaregression and subgroup analyses. Results Risk assessments were conducted on 73 samples comprising 24 847 participants from 13 countries, of whom 5879 (23.7%) offended over an average of 49.6 months. When used to predict violent offending, risk assessment tools produced low to moderate positive predictive values (median 41%, interquartile range 27-60%) and higher negative predictive values (91%, 81-95%), and a corresponding median number needed to detain of 2 (2-4) and number safely discharged of 10 (4-18). Instruments designed to predict violent offending performed better than those aimed at predicting sexual or general crime. Conclusions Although risk assessment tools are widely used in clinical and criminal justice settings, their predictive accuracy varies depending on how they are used. They seem to identify low risk individuals with high levels of accuracy, but their use as sole determinants of detention, sentencing, and release is not supported by the current evidence. Further research is needed to examine their contribution to treatment and management.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404183/

	Fazel S, Smith EN, Chang Z, Geddes JR. Br J Psychiatry. 2018 Oct;213(4):609-614.	BACKGROUND: Interpersonal violence is a leading cause of morbidity and mortality. The strength and population effect of modifiable risk factors for interpersonal violence, and the quality of the research evidence is not known.AimsWe aimed to examine the strength and population effect of modifiable risk factors for interpersonal violence, and the quality and reproducibility of the research evidence. METHOD: We conducted an umbrella review of systematic reviews and meta-analyses of risk factors for interpersonal violence. A systematic search was conducted to identify systematic reviews and meta-analyses in general population samples. Effect sizes were extracted, converted into odds ratios and synthesised, and population attributable risk fractions (PAF) were calculated. Quality analyses were performed, including of small study effects, adjustment for confounders and heterogeneity. Secondary analyses for aggression, intimate partner violence and homicide were conducted, and systematic reviews (without meta-analyses) were summarised. RESULTS: We identified 22 meta-analyses reporting on risk factors for interpersonal violence. Neuropsychiatric disorders were among the strongest in relative and absolute terms. The neuropsychiatric risk factor that had the largest effect at a population level were substance use disorders, with a PAF of 14.8% (95% CI 9.0-21.6%), and the most important historical factor was witnessing or being a victim of violence in childhood (PAF = 12.2%, 95% CI 6.5-17.4%). There was evidence of small study effects and large heterogeneity. CONCLUSIONS: National strategies for the prevention of interpersonal violence may need to review policies concerning the identification and treatment of modifiable risk factors.Declarations of interestJ.R.G. is an NIHR Senior Investigator. The views expressed within this article are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6157722/
	Gardner BO, Boccaccini MT, Bitting BS, Edens JF. Personality Assessment Inventory scores as predictors of misconduct, recidivism, and violence: A meta-analytic review. Psychol Assess. 2015 Jun;27(2):534-44.	More than 30 studies have examined the ability of scores on the Personality Assessment Inventory (PAI; Morey, 1991, 2007) to predict violence or misconduct. The Antisocial Features (ANT), Aggression (AGG), and Violence Potential Index (VPI) Scales of the PAI, in particular, have received substantial attention as predictors of institutional infractions and criminal recidivism. The current study used meta-analysis to provide a comprehensive review of the ability of scores on these and other PAI scales to predict misbehavior. Scores on the ANT (d = .26 to .39) and AGG (d = .23 to .40) scales consistently emerged as small to moderate predictors of misbehavior. Effects tended to be larger in correctional than treatment settings (e.g., ANT d = .44 vs. .20), for institutional misconduct than recidivism (e.g., AGG d = .37 vs. .23), and for institutional misconduct studies with follow up periods of at least 1.5 years (e.g., ANT d = .46). Overall, findings provide support for the predictive validity of multiple PAI scales.	http://content.apa.org/journals/pas/27/2/534
PubMed search	Gaynes BN, Brown CL, Lux LJ, Brownley KA, Van Dorn RA, Edlund MJ, Coker-Schwimmer E, Weber RP, Sheitman B, Zarzar T, Viswanathan M, Lohr KN. Preventing and De-escalating Aggressive Behavior Among Adult Psychiatric Patients: A Systematic Review of the Evidence.Psychiatr Serv. 2017 Aug 1;68(8):819-831.	OBJECTIVE: The project goal was to compare the effectiveness of strategies to prevent and de-escalate aggressive behaviors among psychiatric patients in acute care settings, including interventions for reducing use of seclusion and restraint. METHODS:Relevant databases were systematically reviewed for comparative studies of violence prevention and de-escalation strategies involving adult psychiatric patients in acute care settings. Studies (trials and cohort studies) were required to report on aggression or seclusion or restraint outcomes. Both risk of bias, an indicator of quality of individual studies, and strength of evidence (SOE) for each outcome were independently assessed by two study personnel. RESULTS:Seventeen primary studies met inclusion criteria. Evidence was limited for benefits and harms; information about characteristics that might modify the interventions' effectiveness, such as race or ethnicity, was especially limited. All but one study had a medium or high risk of bias and thus presented worrisome limitations. For prevention, risk assessment reduced both aggression and use of seclusion and restraint (low SOE), and multimodal interventions reduced the use of seclusion and restraint (low SOE). SOE for all other interventions, whether aimed at preventing or de-escalating aggression, and for modifying characteristics was insufficient. CONCLUSIONS:Available evidence about strategies for preventing and de-escalating aggressive behavior among psychiatric patients is very limited. Two preventive strategies, risk assessment and multimodal interventions consistent with the Six Core Strategies principles, may effectively lower aggressive behavior and use of seclusion and restraint, but more research is needed on how best to prevent and de-escalate aggressive behavior in acute care settings.	https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600314?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&

Groshong	Gerbrandij J, Rosenfel B, Nijdam-Jones A, Galietta M. (2018). Evaluating risk assessment instruments for intimate partner stalking and intimate partner violence. Journal of Threat Assessment and Management, 5(2), 103-118.	Research indicates that most stalking victims are harassed by a prior intimate partner and that this group of victims is at a higher risk for violence than other stalking victims. Furthermore, many researchers found a relationship between prior intimate partner stalking (IPS) and intimate partner violence (IPV). The present study focused on identification of overlapping and unique risk factors among IPS and IPV offenders. This was done by examining the accuracy and utility of abridged versions of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and the Guidelines for Stalking Assessment and Management (SAM) in a sample of 158 low-risk offenders charged with crimes targeting an intimate partner. Follow-up ranged from one to 8.5 years; outcome variables were renewed (or continued) stalking and violent reoffending. Receiver operating characteristic (ROC) curves indicated that both instruments had weak, nonsignificant predictive validity for both violent or stalking reoffending when considered in isolation. However, each instrument added significantly to the logistic regression model when predicting stalking recidivism when entered after the PCL:SV and relevant covariates, but neither improved predictive accuracy when added after the other was already in the model. Neither instrument added to logistic regression models predicting violent reoffending. Analysis of individual items revealed that items measuring distress and violations of supervision (SAM) and violations of court orders (B-SAFER) were the most consistent predictors of renewed stalking but not violence. The findings of this study question the utility of these tools for predicting violent reoffending but provide qualified support for the prediction of stalking.	https://psycnet.apa.org/record/2018-29044-004	
PubMed search	Golenkov A, Nielssen O, Large M. Systematic review and meta-analysis of homicide recidivism and schizophrenia. BMC Psychiatry. 2014;14:46. Published 2014 Feb 18. doi:10.1186/1471-244X-14-46	BACKGROUND: The aim of this study was to estimate the proportion of homicide recidivists among population studies of homicide offenders with schizophrenia. METHODS: Systematic review and meta-analysis of published studies of homicide associated with schizophrenia conducted in defined populations and indexed in Medline, PsychINFO, or Embase between January 1960 and November 2013. Published data was supplemented with unpublished data about recidivism obtained by personal communication from the authors of published studies of homicide and schizophrenia. Random effects meta-analysis was used to calculate a pooled estimate of the proportion of homicide recidivists. RESULTS: Three studies reported that 4.3%, 4.5%, and 10.7% of homicide offenders with schizophrenia had committed an earlier homicide. Unpublished data were obtained from the authors of 11 studies of homicide in schizophrenia published in English between 1980 and 2013. The authors of 2 studies reported a single case of homicide recidivism and the authors of 9 studies reported no cases. The rates of homicide recidivism between studies were highly heterogeneous (I-square = 79). The pooled estimate of the proportion of homicide offenders with schizophrenia who had committed an earlier homicide was 2.3% (95% CI (Confidence Interval) 0.07% to 7.2%), a figure that was not reported in any individual study. The pooled proportion of homicide recidivists from published reports was more than ten times greater (8.6%, 95% CI 5.7%-12.9%) than the pooled proportion of homicide recidivists estimated from data provided by personal communication (0.06%, 95% CI 0.02% to 1.8%). CONCLUSIONS: In most jurisdictions, homicide recidivism by people with schizophrenia is less common than published reports have suggested. The reasons for the variation in the rates of homicide recidivism between studies are unclear, although in most jurisdictions long-term secure treatment and supervision after release appears to be effective in preventing homicide recidivism. A prospective study conducted in a large population or in multiple jurisdictions over a long period of time might result in a more accurate estimate the risk of a second homicide by a person with schizophrenia.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3933385/	
PubMed search	Graham LM, Sahay KM, Rizo CF, Messing JT, Macy RJ. The Validity and Reliability of Available Intimate Partner Homicide and Reassault Risk Assessment Tools: A Systematic Review. Trauma Violence Abuse. 2019 Jan 22:1524838018821952.	At least one in seven homicides around the world is perpetrated by intimate partners. The danger of intimate partner homicide (IPH) associated with intimate partner violence (IPV) has led to the development of numerous IPV reassault and IPH risk assessment tools. Using 18 electronic databases and research repositories, we conducted a systematic review of IPH or IPV reassault risk assessment instruments. After review, 43 studies reported in 42 articles met inclusion criteria. We systematically extracted, analyzed, and synthesized data on tools studied, sample details, data collection location, study design, analysis methods, validity, reliability, and feasibility of use. Findings indicate that researchers in eight countries have tested 18 distinct IPH or IPV reassault risk assessment tools. The tools are designed for various professionals including law enforcement, first responders, and social workers. Twenty-six studies focused on assessing the risk of male perpetrators, although eight included female perpetrators. Eighteen studies tested tools with people in mixed-sex relationships, though many studies did not explicitly report the gender of both the perpetrators and victims/survivors. The majority of studies were administered or coded by researchers rather than administered in real-world settings. Reliable and valid instruments that accurately and feasibly assess the risk of IPH and IPV reassault in community settings are necessary for improving public safety and reducing violent deaths. Although researchers have developed several instruments assessing different risk factors, systematic research on the feasibility of using these instruments in practice settings is lacking.	https://journals.sagepub.com/doi/abs/10.1177/1524838018821952?rfr_dat=cr_pub%3Dpubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&journalCode=tvaa	Systematic Review

PubMed search	Green K, Browne K, Chou S. The Relationship Between Childhood Maltreatment and Violence to Others in Individuals With Psychosis: A Systematic Review and Meta-Analysis. Trauma Violence Abuse. 2017 Jan 1:1524838017708786.	BACKGROUND:There is a growing body of literature identifying a relationship between experiences of child abuse and symptoms of psychosis in adults. However, the impact of this relationship on risk of violence has not been systematically explored. AIMS:This meta-analysis aimed to consider the influence of childhood abuse on the risk of violence among individuals with psychosis. METHOD:Five bibliographic databases and two gray literature resources were systematically searched to identify quantitative research which measured risk of violence and experiences of childhood maltreatment in individuals with psychosis. Risk of bias for each study was assessed under predefined criteria. Logged odds ratios (OR) were synthesized quantitatively in a meta-analysis. RESULTS:A total of 6,298 studies were identified, 11 of which were included in the final analysis (N = 2,215), all studies were of a cross-sectional or case-control design. Individuals with psychotic illnesses who reported historical child maltreatment were at approximately twice the risk of perpetrating violence than patients who reported no early abuse, OR = 2.46, 95% confidence interval (CI) = [1.91, 3.16]. There was no statistical heterogeneity between main effects (τ = .00; $\chi2$ = 8.87, df = 10, p = .54, I2 = 0%). DISCUSSION:Risk assessments and interventions may benefit from considering the unique contribution of trauma to violence in this population. Future research considering the interaction between childhood experiences and other risk factors for violence in this population, including specific symptoms of psychosis, would inform the current findings. Findings are limited by the lack of longitudinal research in this area, and there was some evidence of publication bias.	https://journals.sagepub.com/doi/abs/10.1177/1524838017708786?rfr_dat=cr_pub%3Dpubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&journalCode=tvaa
Groshong	Harris GT, Rice ME. Progress in violence risk assessment and communication: hypothesis versus evidence. Behav Sci Law. 2015 Feb;33(1):128-45.	We draw a distinction between hypothesis and evidence with respect to the assessment and communication of the risk of violent recidivism. We suggest that some authorities in the field have proposed quite valid and reasonable hypotheses with respect to several issues. Among these are the following: that accuracy will be improved by the adjustment or moderation of numerical scores based on clinical opinions about rare risk factors or other considerations pertaining to the applicability to the case at hand; that there is something fundamentally distinct about protective factors so that they are not merely the obverse of risk factors, such that optimal accuracy cannot be achieved without consideration of such protective factors; and that assessment of dynamic factors is required for optimal accuracy and furthermore interventions aimed at such dynamic factors can be expected to cause reductions in violence risk. We suggest here that, while these are generally reasonable hypotheses, they have been inappropriately presented to practitioners as empirically supported facts, and that practitioners' assessment and communication about violence risk run beyond that supported by the available evidence as a result. We further suggest that this represents harm, especially in impeding scientific progress. Nothing here justifies stasis or simply surrendering to authoritarian custody with somatic treatment. Theoretically motivated and clearly articulated assessment and intervention should be provided for offenders, but in a manner that moves the field more firmly from hypotheses to evidence.	https://doi.org/10.1002/bsl.2157
PubMed search	Hodgins S. Aggressive Behavior Among Persons With Schizophrenia and Those Who Are Developing Schizophrenia: Attempting to Understand the Limited Evidence on Causality. Schizophr Bull. 2017 Sep 1;43(5):1021-1026.	People with, and those who are developing, schizophrenia are at increased risk to engage in aggressive behavior (AGB). Some incidents lead to criminal prosecution. Most people with schizophrenia who commit crimes engage in delinquency and/or AGB prior to first episode. A large proportion of these individuals have a history of childhood conduct disorder (CD) and brain abnormalities suggestive of abnormal neural development distinctive from that of others with schizophrenia. Factors contributing to schizophrenia that is preceded by CD include failing to learn not-to-behave aggressively in early childhood, impairments in understanding emotions in the faces of others, maltreatment, and subsequent re-victimization. Others with no history of antisocial behavior begin engaging in AGB as positive symptoms increase and illness onsets. They too are at elevated risk to be victimized. Specific genetic variants linked to stress regulation in combination with adversity have been associated both with AGB and psychotic symptoms. Effectively treating conduct problems and preventing victimization would reduce AGB by persons with schizophrenia.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5581895/

Groshong	Hurducas CC, Singh JP, de Ruiter C, Petrila J. Violence risk assessment tools: A systematic review of surveys. The International Journal of Forensic Mental Health. 2014. 13(3): 181-192.	The present study is a systematic review exploring the methodological quality and consistency of findings for surveys on the use of violence risk assessment tools. A systematic search was conducted to identify surveys of violence risk assessment tool use published between January 1, 2000 and January 1, 2013 using PsycINFO, MEDLINE, and EBSCO Criminal Justice Abstracts. Characteristics of survey administration and more findings were extracted, and a checklist of 26 reporting quality markers in survey research was used for coding. Nine surveys were identified, fulfilling on average approximately half of the quality markers (M D 15.5, SD D 1.6). An average of 104 respondents (SD D 93) participated, with a range of 10 to 300 respondents. Most surveys examined the practices of psychologists in the United Kingdom or the United States. The Psychopathy Checklist-Revised and the Historical, Clinical, Risk Management-20 were the most commonly used instruments by practitioners. No surveys investigated differences in assessment practices across professional disciplines or continents, and none examined the use or perceived usefulness of structured instruments in risk management or risk monitoring. There continues to be a need for transparent, high quality clinical surveys on the use and perceived utility of violence risk assessment tools in the forensic mental health field. Given the growing cross-jurisdictional use of risk assessment tools, comparisons of international practice are particularly important.	https://www.researchgate.net/publication/265270726_Violence_Risk_Assessment_Tools_A_Systematic_Review_of_Surveys	
PubMed search	Iozzino L, Ferrari C, Large M, Nielssen O, de Girolamo G. Prevalence and Risk Factors of Violence by Psychiatric Acute Inpatients: A Systematic Review and Meta-Analysis. PLoS One. 2015;10(6):e0128536. Published 2015 Jun 10. doi:10.1371/journal.pone.0128536	BACKGROUND: Violence in acute psychiatric wards affects the safety of other patients and the effectiveness of treatment. However, there is a wide variation in reported rates of violence in acute psychiatric wards. OBJECTIVES: To use meta-analysis to estimate the pooled rate of violence in published studies, and examine the characteristics of the participants, and aspects of the studies themselves that might explain the variation in the reported rates of violence (moderators). METHOD: Systematic meta-analysis of studies published between January 1995 and December 2014, which reported rates of violence in acute psychiatric wards of general or psychiatric hospitals in high-income countries. RESULTS: Of the 23,972 inpatients described in 35 studies, the pooled proportion of patients who committed at least one act of violence was 17% (95% confidence interval (CI) 14-20%). Studies with higher proportions of male patients, involuntary patients, patients with schizophrenia and patients with alcohol use disorder reported higher rates of inpatient violence. CONCLUSION: The findings of this study suggest that almost 1 in 5 patients admitted to acute psychiatric units may commit an act of violence. Factors associated with levels of violence in psychiatric units are similar to factors that are associated with violence among individual patients (male gender, diagnosis of schizophrenia, substance use and lifetime history of violence).	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4464653/	
Groshong	Klepfisz G, Daffern M, Day K. Understanding dynamic risk factors for violence. 2016. Psychology, Crime & Law 22(1-2): 124-137.	Recent years have seen a consensus emerge regarding the dynamic risk factors that are associated with future violence. These risk factors are now routinely assessed in structured violence risk assessment instruments. They provide a focus for treatment in structured group programmes. However, relatively little attention has been paid to risk-related theoretical issues, whether these dynamic risk factors are causally related or simply correlates of violent offending, or the extent to which they change as a consequence of treatment. More challenging is the lack of evidence to suggest that changes in these dynamic risk factors actually result in reductions in violent offending. In this paper we consider the meaning of the term dynamic risk, arguing that only those factors that, when changed, reduce the likelihood of violent recidivism, can be considered to be truly dynamic. We conclude that few of the violence risk factors commonly regarded as dynamic fulfil this requirement. There is a need to think more critically about assessment findings and treatment recommendations relating to dynamic risk, and conduct research that establishes, rather than assumes, that certain dynamic risk factors are directly related to violence. Some suggestions for advancing knowledge and practice are provided.	https://www.tandfonline.com/doi/abs/10.1080/1068316X.2015.1109091	
PubMed search	Klomek AB, Sourander A, Elonheimo H. Bullying by peers in childhood and effects on psychopathology, suicidality, and criminality in adulthood. Lancet Psychiatry. 2015 Oct;2(10):930-41.	Bullying is shown to be associated with adverse outcomes in cross-sectional studies, but only a few studies have prospectively examined the effects of childhood bullying on adult outcomes. Our Series paper focuses on prospective longitudinal studies that used large, population-based, community samples analysed through quantitative methods and published between 1960 and 2015. We describe the results of childhood bullying in adulthood in three of the most burdensome areas: psychopathology, suicidality, and criminality. We note that the different groups involved (ie, victims, bullies, and bully-victims) are at risk of difficulties later in life, but their risk profiles differ and the contributions are probably not independent. Controlling for confounders reduces the risk and sometimes eliminates it. Victims are at a high risk of internalising disorders. Bullies seem to be at risk of later externalising disorders and criminality, mainly violent crime and illicit drug misuse. Bully-victims seem to be at risk of internalising disorders, externalising disorders, and criminality, but not all studies examined bully-victims as a separate group. Boys and girls differ in their long-term outcomes. A dose effect exists in which frequent bullying involvement in childhood is most strongly associated with adult adversities. Future studies need to control for additional factors (including genetic, psychosocial, and environmental) to account for the mechanisms behind the reported longitudinal associations.	https://linkinghub.elsevier.com/retrieve/pii/S2215-0366(15)00223-0	

PubMed search	Large M, Smith G, Nielssen O. The relationship between the rate of homicide by those with schizophrenia and the overall homicide rate: a systematic review and meta-analysis. Schizophr Res. 2009 Jul;112(1-3):123-9.	BACKGROUND: It is widely believed that the rate of homicide by the mentally ill is fixed, differs little between regions and is unrelated to the total homicide rate. METHODS: We conducted a systematic review and meta-analysis of population-based studies conducted in developed countries of homicide committed by persons diagnosed with schizophrenia. FINDINGS: We found that rates of homicide by people diagnosed with schizophrenia were strongly correlated with total homicide rates (R=0.868, two tailed, P<0.001). Using meta-analysis, a pooled proportion of 6.48% of all homicide offenders had a diagnosis of schizophrenia (95% confidence intervals [CI]=5.56%-7.54%). Rates of other homicides did not contribute to the heterogeneity in the proportion of homicides committed by those with schizophrenia (slope=-0.055, P=0.662). CONCLUSIONS: Homicide rates by people with schizophrenia are associated with rates of all homicides. It is therefore likely that both types of homicide have some common etiological factors. Accordingly, measures to reduce the likelihood of a person committing homicide during a psychotic illness should not only attempt to optimise treatment, but include attention to those factors associated with an increased risk of all homicides, such as improving the social circumstances of disadvantaged patients, treating substance abuse and reducing access to weapons.	https://www.sciencedirect.com/science/article/pii/S0920996409001698?via%3Dihub
	Lofthouse R, Golding L, Totsika V, Hastings R, Lindsay W. How effective are risk assessments/measures for predicting future aggressive behaviour in adults with intellectual disabilities (ID): A systematic review and meta-analysis. Clin Psychol Rev. 2017 Dec;58:76-85.	BACKGROUND: Risk assessments assist professionals in the identification and management of risk of aggression. The present study aimed to systematically review evidence on the efficacy of assessments for managing the risk of physical aggression in adults with intellectual disabilities (ID). METHODS: A literature search was conducted using the databases PsycINFO, EMBASE, MEDLINE, Web of Science, and Google Scholar. Electronic and hand searches identified 14 studies that met the inclusion criteria. Standardised mean difference effect sizes Area Under Curve (AUC) were calculated for studies. Random effects subgroup analysis was used to compare different types of risk measures (Actuarial, Structured Professional Judgment and dynamic), and prospective vs. catch-up longitudinal study designs. RESULTS: Overall, evidence of predictive validity was found for risk measures with ID populations: (AUC)=0.724, 95% CI [0.681, 0.768]. There was no variation in the performance of different types of risk measures, or different study design. CONCLUSIONS: Risk assessment measures predict the likelihood of aggression in ID population and are comparable to those in mainstream populations. Further meta-analysis is necessary when risk measures are more established in this population.	https://linkinghub.elsevier.com/retrieve/pii/S0272-7358(16)30420-2
PubMed search	Nielssen O, Bourget D, Laajasalo T, Liem M, Labelle A, Häkkänen-Nyholm H, Koenraadt F, Large MM. Homicide of strangers by people with a psychotic illness. Schizophr Bull. 2011 May;37(3):572-9.	BACKGROUND: The homicide of strangers by people with psychosis, referred to here as "stranger homicides," are rare and tragic events that generate adverse publicity for mental health services and have resulted in significant changes in mental health policy and law. AIM: To estimate the incidence of stranger homicides, using data from previously published studies, and to compare the characteristics of psychotic offenders who killed strangers with the characteristics of those who killed a close relative. METHOD: Meta-analysis of the population-based studies of homicide by persons suffering from a psychosis in which the number of subjects who killed strangers was also reported. Characteristics of stranger homicide and family homicide offenders were examined in a multicenter case-control study of homicide during psychotic illness in four high-income countries. RESULTS: A pooled estimate of 1 stranger homicide per 14.3 million people per year (95% confidence interval, 1 in 18.9 million to 1 in 11.5 million people per year) was calculated by meta-analysis of 7 studies. The characteristics of the 42 stranger homicide offenders from New South Wales [NSW], Quebec and Eastern Ontario, Finland, and the Netherlands were identified. Twenty seven (64%) of these had never previously received treatment with antipsychotic medication. The stranger homicide offenders were more likely to be homeless, have exhibited antisocial conduct, and had fewer negative symptoms than those who killed family members. The victims of stranger homicide were mostly adult males and the homicides rarely occurred in the victim's home or workplace. CONCLUSIONS: Stranger homicide in psychosis is extremely rare and is even rarer for a patient who has received treatment with antipsychotic medication. A lack of distinguishing characteristics of stranger homicide offenders and an extremely low base rate of stranger-homicide suggests that risk assessment of patients known to have a psychotic illness will be of little assistance in the prevention of stranger homicides.	https://academic.oup.com/schizophreniabulletin/article/37/3/572/1891903

PubMed search	Oram S, Trevillion K, Feder G, Howard LM. Prevalence of experiences of domestic violence among psychiatric patients: systematic review. Br J Psychiatry. 2013 Feb;202:94-9.	BACKGROUND: Domestic violence has been linked with many mental disorders, including anxiety, depression, post-traumatic stress disorder, eating disorders and psychosis. AIMS: To estimate the prevalence (adult lifetime and past year) of different types of domestic violence experienced by men and women receiving psychiatric treatment. METHOD: In a systematic review, a search of 18 electronic databases was supplemented by hand searching, citation tracking and updating a recent systematic review of criminal victimisation in psychiatric populations. Two reviewers independently extracted data and appraised study quality. RESULTS: Forty-two studies were included. The median prevalence of lifetime partner violence reported in high-quality papers was 30% (interquartile range (IQR) 26-39) among female in-patients and 33% (IQR 21-53) among female out-patients. Among male patients, one high-quality study reported a lifetime prevalence of 32% across mixed psychiatric settings. No study included a control group. CONCLUSIONS: Psychiatric patients experience a high prevalence of domestic violence but there is limited information on family (non-partner) domestic violence, the prevalence of emotional abuse and the extent of risk compared with non-psychiatric controls.	https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/prevalence-of-experiences-of-domestic-violence-among-psychiatric-patients-systematic-review/074B835636C93EF150534E9F7DD46563	
PubMed search	O'Shea LE, Dickens GL. Short-Term Assessment of Risk and Treatability (START): systematic review and meta-analysis. Psychol Assess. 2014 Sep;26(3):990-1002.	This article describes a systematic review of the psychometric properties of the Short-Term Assessment of Risk and Treatability (START) and a meta-analysis to assess its predictive efficacy for the 7 risk domains identified in the manual (violence to others, self-harm, suicide, substance abuse, victimization, unauthorized leave, and self-neglect) among institutionalized patients with mental disorder and/or personality disorder. Comprehensive terms were used to search 5 electronic databases up to January 2013. Additional articles were located by examining references lists and hand-searching. Twenty-three papers were selected to include in the narrative review of START's properties, whereas 9 studies involving 543 participants were included in the meta-analysis. Studies about the feasibility and utility of the tool had positive results but lacked comparators. START ratings demonstrated high internal consistency, interrater reliability, and convergent validity with other risk measures. There was a lack of information about the variability of START ratings over time. Its use in an intervention to reduce violence in forensic psychiatric outpatients was not better than standard care. START risk estimates demonstrated strong predictive validity for various aggressive outcomes and good predictive validity for self-harm. Predictive validity for self-neglect and victimization was no better than chance, whereas evidence for the remaining outcomes is derived from a single, small study. Only 3 of the studies included in the meta-analysis were rated to be at a low risk of bias. Future research should aim to investigate the predictive validity of the START for the full range of adverse outcomes, using well-designed methodologies, and validated outcome tools.	https://psycnet.apa.org/record/2014-16288-001	
PubMed search	Persson M, Belfrage H, Kristiansson M. Violent victimization and health service utilization in a forensic psychiatric context: a comparison between offenders with mental disorders and matched controls. BMC Psychiatry. 2017;17(1):91. Published 2017 Mar 11. doi:10.1186/s12888-017-1251-0	BACKGROUND: Offenders with mental disorders constitute a particularly exposed group in society, with high rates of morbidity, mortality, and social deprivation. Often thought of primarily as perpetrators, these individuals may also be subjected to violence. Previous research indicates that violent victimization during lifespan is a risk factor for violent perpetration among psychiatric patients, but victimization studies on the group of offenders with mental disorders are scarce. Health services are pivotal to this group, but although most individuals do utilize these services, their vulnerability seems to remain. This study aimed at exploring the rates of victimization and health service utilization, including perceptions of unmet health care needs, among offenders with mental disorders. METHODS:Two hundred detainees undergoing a forensic psychiatric evaluation in Stockholm were asked about violent victimization and health service utilization. Each detainee was compared with three controls from the general population, matched regarding age, sex, and occupation. RESULTS:Victimization during the past year was reported by 52.3% of the detainees and 11.1% of the controls, with a corresponding risk ratio of 8.2. Health service utilization during the past three months was reported by 47.7 and 23.7%, respectively (risk ratio 2.0); and unmet health care needs by 42.2 and 16.7%, respectively (risk ratio 3.4). There was no distinct association between victimization and health service utilization among detainees. CONCLUSIONS:Offenders with mental disorders are at great risk of being victimized, and they experience impediments to receiving requisite health care. A possible way to reduce victimization and improve health service utilization may be to establish interdisciplinary yet specialized health centers with outreach teams but without complicated referral procedures.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5346204/	

	Petersson J, Strand SJM. Family-Only Perpetrators of Intimate Partner Violence: A Systematic Review. Trauma Violence Abuse. 2018 Jan 1:1524838018770410	This article presents the first systematic review of family-only intimate partner violence (IPV) perpetrators (as originally proposed by Holtzworth-Munroe & Stuart). The aims of the present review were to summarize and describe the prevalence of the family-only perpetrator subtype, as well as to investigate what characteristics were associated with perpetrators within this subtype. Electronic literature searches in several databases (e.g., PsychINFO, Web of Science, and PubMed) were carried out. Of the 3,434 studies identified, 30 studies met the inclusion criteria as well as the methodological quality criteria. Thematic analyses were conducted, where several themes and subthemes were identified. The proportion of family-only perpetrators, averaged across sample types, was 47.5%. Drawing on the thematic analyses of the reviewed studies, family-only perpetrators presented as a less violent subtype, displaying several pro-social personality traits, as well as a lower degree of psychopathology. The findings were in line with Holtzworth-Munroe and Stuart's predictions. The findings also demonstrated the utility of a 2-fold typology, consisting of a family-only and a generally violent (GV) subtype, as well as the need to reconsider the one-size-fits-all approach to IPV treatment. We also included a discussion of the terminology of the subtypes and propose an adoption of the terms "partner only violent" and "generally violent" subtypes.	https://journals.sagepub.com/doi/abs/10.1177/1524838018770410?rfr_dat=cr_pub%3Dpubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&journalCode=tvaa	
PubMed search	Poa E, Kass JS. Managing outpatients with suicidal or homicidal ideation. Continuum (Minneap Minn). 2015 Jun;21(3 Behavioral Neurology and Neuropsychiatry):838-43.	Regardless of their specialty, physicians encounter various potential clinical emergencies in their outpatients that may require referring patients for the appropriate level and urgency of care. One such situation is the outpatient who presents with suicidal or homicidal ideation. In this circumstance, the physician is faced with performing a rapid evaluation of the symptoms, determining the acuity of the situation, and safely referring the patient to an appropriate level of care. Using case vignettes, this article reviews some of the immediate critical factors to consider in evaluating and managing the outpatient who expresses thoughts of suicide or homicide.	http://insights.ovid.com/pubmed?pmid=26039858	
PubMed search	Poldrack RA, Monahan J, Imrey PB, Reyna V, Raichle ME, Faigman D, Buckholtz JW. Predicting Violent Behavior: What Can Neuroscience Add? Trends Cogn Sci. 2018 Feb;22(2):111-123.	The ability to accurately predict violence and other forms of serious antisocial behavior would provide important societal benefits, and there is substantial enthusiasm for the potential predictive accuracy of neuroimaging techniques. Here, we review the current status of violence prediction using actuarial and clinical methods, and assess the current state of neuroprediction. We then outline several questions that need to be addressed by future studies of neuroprediction if neuroimaging and other neuroscientific markers are to be successfully translated into public policy.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5794654/	
PubMed search	Ramesh T, Igoumenou A, Vazquez Montes M, Fazel S. Use of risk assessment instruments to predict violence in forensic psychiatric hospitals: a systematic review and meta-analysis. Eur Psychiatry. 2018 Aug;52:47-53.	BACKGROUND AND AIMS:Violent behaviour by forensic psychiatric inpatients is common. We aimed to systematically review the performance of structured risk assessment tools for violence in these settings. METHODS:The nine most commonly used violence risk assessment instruments used in psychiatric hospitals were examined. A systematic search of five databases (CINAHL, Embase, Global Health, PsycINFO and PubMed) was conducted to identify studies examining the predictive accuracy of these tools in forensic psychiatric inpatient settings. Risk assessment instruments were separated into those designed for imminent (within 24 hours) violence prediction and those designed for longer-term prediction. A range of accuracy measures and descriptive variables were extracted. A quality assessment was performed for each eligible study using the QUADAS-2. Summary performance measures (sensitivity, specificity, positive and negative predictive values, diagnostic odds ratio, and area under the curve value) and HSROC curves were produced. In addition, meta-regression analyses investigated study and sample effects on tool performance. RESULTS:Fifty-two eligible publications were identified, of which 43 provided information on tool accuracy in the form of AUC statistics. These provided data on 78 individual samples, with information on 6,840 patients. Of these, 35 samples (3,306 patients from 19 publications) provided data on all performance measures. The median AUC value for the wider group of 78 samples was higher for imminent tools (AUC 0.83; IQR: 0.71-0.85) compared with longer-term tools (AUC 0.68; IQR: 0.62-0.75). Other performance measures indicated variable accuracy for imminent and longer-term tools. Meta-regression indicated that no study or sample-related characteristics were associated with between-study differences in AUCs. INTERPRETATION: The performance of current tools in predicting risk of violence beyond the first few days is variable, and the selection of which tool to use in clinical practice should consider accuracy estimates. For more imminent violence, however, there is evidence in support of brief scalable assessment tools.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6020743/	

PubMed search	Rosenfeld B, Foellmi M, Khadivi A, Wijetunga C, Howe J, Nijdam-Jones A, Grover S, Rotter M. Determining when to conduct a violence risk assessment: Development and initial validation of the Fordham Risk Screening Tool (FRST). Law Hum Behav. 2017 Aug;41(4):325-332.	Techniques to assess violence risk are increasingly common, but no systematic approach exists to help clinicians decide which psychiatric patients are most in need of a violence risk assessment. The Fordham Risk Screening Tool (FRST) was designed to fill this void, providing a structured, systematic approach to screening psychiatric patients and determining the need for further, more thorough violence risk assessment. The FRST was administered to a sample of 210 consecutive admissions to the civil psychiatric units of an urban medical center, 159 of whom were subsequently evaluated using the Historical Clinical Risk Management-20, version 3, to determine violence risk. The FRST showed a high degree of sensitivity (93%) in identifying patients subsequently deemed to be at high risk for violence (based on the Case Prioritization risk rating). The FRST also identified all of the patients (100%) rated high in potential for severe violence (based on the Serious Physical Harm Historical Clinical Risk Management-20, version 3, summary risk rating). Sensitivity was more modest when individuals rated as moderate risk were included as the criterion (rather than only those identified as high risk). Specificity was also moderate, screening out approximately half of all participants as not needing further risk assessment. A systematic approach to risk screening is clearly needed to prioritize psychiatric admissions for thorough risk assessment, and the FRST appears to be a potentially valuable step in that process. (PsycINFO Database Record.	http://content.apa.org/journals/lhb/41/4/325	
PubMed search	Roszko PJ, Ameli J, Carter PM, Cunningham RM, Ranney ML. Clinician Attitudes, Screening Practices, and Interventions to Reduce Firearm-Related Injury.Epidemiol Rev. 2016;38(1):87-110.	Firearm injury is a leading cause of injury-related morbidity and mortality in the United States. We sought to systematically identify and summarize existing literature on clinical firearm injury prevention screening and interventions. We conducted a systematic search of PubMed, Web of Science, Cumulative Index of Nursing and Allied Health Literature (CINAHL), PsycInfo, and ClinicalTrials.gov for English-language original research (published 1992-2014) on clinical screening methods, patient-level firearm interventions, or patient/provider attitudes on the same. Unrelated studies were excluded through title, abstract, and full-text review, and the remaining articles underwent data abstraction and quality scoring. Of a total of 3,260 unique titles identified, 72 were included in the final review. Fifty-three articles examined clinician attitudes/practice patterns; prior training, experience, and expectations correlated with clinicians' regularity of firearm screening. Twelve articles assessed patient interventions, of which 6 were randomized controlled trials. Seven articles described patient attitudes; all were of low methodological quality. According to these articles, providers rarely screen or counsel their patients-even high-risk patients-about firearm safety. Health-care-based interventions may increase rates of safe storage of firearms for pediatric patients, suicidal patients, and other high-risk groups. Some studies show that training clinicians can increase rates of effective firearm safety screening and counseling. Patients and families are, for the most part, accepting of such screening and counseling. However, the current literature is, by and large, not high quality. Rigorous, large-scale, adequately funded studies are needed.	https://academic.oup.com/epirev/article/38/1/87/2754861	
PubMed search	Rund BR. A review of factors associated with severe violence in schizophrenia.Nord J Psychiatry. 2018 Nov;72(8):561-571.	BACKGROUND: There is a modest but consistent association between violence and schizophrenia. The consequences of serious violence could be catastrophic for the victims, as well as the patients themselves and the community. Any knowledge that would help to prevent acts of serious violence would be of considerable value for the individual and the society. AIM: To identify external and clinical risk factors for serious violence in schizophrenia, in addition to considering the strength of the association between the factors assessed and severe violence. METHODS: This was accomplished by a literature survey. One-hundred and two relevant papers were identified that were published during the past 20 years. Forty-four papers were assessed for eligibility. In all, 27 studies including clinical or cognitive variables were reviewed systematically. An effect size was reported where an odds ratio (OR) could be identified or calculated from available data. Five external factors and six clinical domains were evaluated. RESULTS: Substance abuse is robustly linking schizophrenia and violence. Among the clinical factors, insight, impulsivity, psychopathy, motor speed and a global measure of cognition are the factors with the strongest empirical evidence for an association with severe violence. CONCLUSION: This is the first systematic review of risk factors for severe violence in schizophrenia, in which a great number of clinical and external factors have been evaluated. Most of the clinical factors have been compared on effect size. The identified factors that represent an increased risk of violence in patients with schizophrenia should be included in risk assessments.	https://www.tandfonline.com/doi/abs/10.1080/08039488.2018.1497199?journalCode=ipsc20	

PubMed search	Sands N, Elsom S, Gerdtz M, Khaw D. Mental health-related risk factors for violence: using the evidence to guide mental health triage decision making. J Psychiatr Ment Health Nurs. 2012 Oct;19(8):690-701.	Mental health clinicians working in emergency crisis assessment teams or mental health triage roles are required to make rapid and accurate risk assessments. The assessment of violence risk at triage is particularly pertinent to the early identification and prevention of patient violence, and to enhancing the safety of clinical staff and the general public. To date, the evidence base for mental health triage violence risk assessment has been minimal. This study aimed to address this evidence gap by identifying best available evidence for mental health-related risk factors for patient-initiated violence. We conducted a systematic review based on the National Health and Medical Research Council of Australia's methodology for systematic reviews. A total of 6847 studies were retrieved, of which 326 studies met the study inclusion criteria. Of these studies, 277 met inclusion criteria but failed the quality appraisal process, thus a total of 49 studies were included in the final review. The risk factors that achieved the highest evidence grading were predominantly related to dynamic clinical factors immediately observable in the patient's general appearance, behaviour and speech. These factors included hostility/anger, agitation, thought disturbance, positive symptoms of schizophrenia, suspiciousness and irritability.		
PubMed search	Sariaslan A, Larsson H, Lichtenstein P, Fazel S. Neighborhood Influences on Violent Reoffending Risk in Released Prisoners Diagnosed With Psychotic Disorders. Schizophr Bull. 2017 Sep 1;43(5):1011-1020.	Released prisoners diagnosed with psychotic disorders have elevated rates of violent reoffending risk and their exposure to adverse neighborhood environments may contribute to this risk. We identified all released sentenced prisoners in Sweden between 2003 and 2013 (n = 47226) and followed them up for a median period of 4.4 years. We identified prisoners who had ever been diagnosed with a psychotic disorder (n = 3782) or prescribed antipsychotics (n = 7366). We examined 3 neighborhood characteristics: income, proportion of welfare recipients, and crime rate. By fitting generalized mixed-effects and negative binomial regression models and adopting within-individual designs that controlled for all time-invariant unmeasured confounders within each individual, we estimated neighborhood intraclass correlations (ICCs) and associations between specific neighborhood characteristics and violent reoffending. Neighborhood factors explained 13.5% (95% CI: 10.9%; 16.6%) of the violent reoffending risk among released prisoners diagnosed with psychotic disorders. This contrasted with 4.3% (95% CI: 3.7%; 4.9%) in all released prisoners. However, after controlling for unmeasured confounding, these estimates were not statistically significant (ICCpsychotic disorders = 0.9%; 95% CI: -0.8%; 2.3%; ICCall prisoners = 0.3%; 95% CI: -0.02%; 0.6%). Similarly, none of the within-individual correlations between the specific neighborhood factors and violent reoffending were significantly different from zero. We found consistent results when we investigated prisoners with other psychiatric and substance use disorders. These findings suggest that placing released prisoners with psychotic disorders in less deprived neighborhoods might not reduce their violent reoffending risk, which may also apply to other psychiatric disorders. The assessment, treatment, and community linkage of high-risk prisoners as a strategy to reduce reoffending needs further research.	https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/28575527/	
PubMed search	Sariaslan A, Lichtenstein P, Larsson H, Fazel S.Triggers for Violent Criminality in Patients With Psychotic Disorders. JAMA Psychiatry. 2016 Aug 1;73(8):796-803.	RESULTS:Among the sample of 2 827 607 individuals (1 492 186 male and 1 335 421 female), all of the examined trigger events were associated with increased risk of violent crime in the week following exposure. The largest 1-week absolute risk of violent crime was observed following exposure to violence (70-177 violent crimes per 10 000 persons). For most triggers, the relative risks did not vary significantly by diagnosis, including unintentional injuries (aOR range, 3.5-4.8), self-harm (aOR range, 3.9-4.2), and substance intoxication (aOR range, 3.0-4.0). Differences by diagnosis included parental bereavement, which was significantly higher in patients with schizophrenia spectrum disorders (aOR, 5.0; 95% CI, 3.0-8.1) compared with controls (aOR, 1.7; 95% CI, 1.3-2.2). CONCLUSIONS AND RELEVANCE: In addition to identifying risk factors for violence, clarifying the timing of the triggers may provide opportunities to improve risk assessment and management in individuals with psychotic disorders.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047356/	

	Sedgwick O, Young S, Baumeister D, Greer B, Das M, Kumari V. Aust N Z J Psychiatry. 2017 Dec;51(12):1178-1197.	OBJECTIVES: To assess whether there are shared or divergent (a) cognitive and (b) emotion processing characteristics among violent individuals with antisocial personality disorder and/or schizophrenia, diagnoses which are commonly encountered at the interface of mental disorder and violence. Cognition and emotion processing are incorporated into models of violence, and thus an understanding of these characteristics within and between disorder groups may help inform future models and therapeutic targets. METHODS: Relevant databases (OVID, Embase, PsycINFO) were searched to identify suitable literature. Meta-analyses comparing cognitive function in violent schizophrenia and antisocial personality disorder to healthy controls were conducted. Neuropsychological studies not comparing these groups to healthy controls, and emotion processing studies, were evaluated qualitatively. RESULTS: Meta-analyses indicated lower IQ, memory and executive function in both violent schizophrenia and antisocial personality disorder groups compared to healthy controls. The degree of deficit was consistently larger in violent schizophrenia. Both antisocial personality disorder and violent schizophrenia groups had difficulties in aspects of facial affect recognition, although theory of mind results were less conclusive. Psychopathic traits related positively to experiential emotion deficits across the two disorders. Very few studies explored comorbid violent schizophrenia and antisocial personality disorder despite this being common in clinical practice. CONCLUSION: There are qualitatively similar, but quantitatively different, neuropsychological and emotion processing deficits in violent individuals with schizophrenia and antisocial personality disorder which could be developed into transdiagnostic treatment targets for violent behaviour. Future research should aim to characterise specific subgroups of violent offenders, including those with comorbid diagnoses.	https://journals.sagepub.com/doi/full/10.1177/0004867417731525?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed	
PubMed search	Singh JP, Serper M, Reinharth J, Fazel S. Structured assessment of violence risk in schizophrenia and other psychiatric disorders: a systematic review of the validity, reliability, and item content of 10 available instruments. Schizophr Bull. 2011 Sep;37(5):899-912.	OBJECTIVES: To undertake a systematic review on structured violence risk assessment tools in individuals with schizophrenia. METHODS: A systematic search was conducted from 1990 to 2011 to identify violence risk assessment tools and studies examining their predictive validity. Item content of the identified instruments was analyzed, and areas under the curve (AUC) from the studies were extracted. In addition, an 11-item checklist was developed to assess the utility and psychometric properties of these tools. RESULTS: Ten risk assessment tools designed to predict community violence in psychiatric patients were identified, but only 2 studies reporting predictive validity estimates in patients with schizophrenia were found (median AUC = 0.69; interquartile range = 0.60-0.77). When inclusion criteria was broadened to include studies measuring accuracy for any diagnostic group, mixed evidence of predictive validity was found, with median AUCs ranging from 0.62 to 0.85 depending on the population. Item content included mostly clinical, sociodemographic, and criminal history factors. As only 1 tool included a neurobiological item, a structured review of brain-based and cognitive risk factors for violence was included, and 3 clusters (neurocognitive ability, neurocognitive awareness, and attitudinal cognition) were identified. CONCLUSIONS: While a number of violence risk assessment tools exist that can be used to predict the likelihood of community violence in psychiatric patients, there is currently little direct evidence for their utility in individuals with schizophrenia. In addition, there is large variation in item content between instruments, and further research is necessary to determine whether the inclusion of alternative factors could improve risk assessment.		
Groshong	Skeem JL, Manchak SM, Lidz CW, Mulvey EP. The utility of patients' self-perceptions of violence risk: Consider asking the person who may know best. Psychiatr Serv. 2013 May 1 64(5): 410-415.	Objective The authors compared the predictive accuracy of two risk assessment methods that are feasible to use in routine clinical settings: brief risk assessment tools and patients' self-perceptions of risk. Methods In 2002–2003, clinical interviewers met with 86 high-risk inpatients with co-occurring mental and substance use disorders (excluding schizophrenia) to carefully elicit the patients' global rating of their risk of behaving violently and to complete two brief risk assessment tools—the Clinically Feasible Iterative Classification Tree (ICT-CF) and the Modified Screening Tool (MST). Two months after discharge, patients were reinterviewed in the community to assess their involvement in violence. Results Patients' self-perceptions of risk performed quite well in predicting serious violence (area under the curve [AUC]=.74, sensitivity=50%), particularly compared with the ICT-CF (AUC=.59, sensitivity=40%) and the MST (AUC=.66, sensitivity=30%). Self-perceived risk also added significant incremental utility to these tools in predicting violence. Conclusions Patients' self-perceptions hold promise as a method for improving risk assessment in routine clinical settings. Assuming it replicates and generalizes beyond the research context, this finding encourages a shift away from unaided clinical judgment toward a feasible method of risk assessment built on patient collaboration.	https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.001312012	

PubMed search	Szabo KA, White CL, Cummings SE, Wang RS, Quanbeck CD. Inpatient aggression in community hospitals. CNS Spectr. 2015 Jun;20(3):223-30.	Physical violence is a frequent occurrence in acute community psychiatry units worldwide. Violent acts by patients cause many direct injuries and significantly degrade quality of care. The most accurate tools for predicting near-term violence on acute units rely on current clinical features rather than demographic risk factors. The efficacy of risk assessment strategies to lower incidence of violence on acute units is unknown. A range of behavioral and psychopharmacologic treatments have been shown to reduce violence among psychiatric inpatients.	https://www.cambridge.org/core/journals/cns-spectrums/article/inpatient-aggression-in-community-hospitals/AF5F29C797117FC1D1421AC68B21023B	
	Vachon DD, Lynam DR, Johnson JA. The (non)relation between empathy and aggression: surprising results from a meta-analysis. Psychol Bull. 2014 May;140(3):751-73.	Assumptions regarding the importance of empathy are pervasive. Given the impact these assumptions have on research, assessment, and treatment, it is imperative to know whether they are valid. Of particular interest is a basic question: Are deficits in empathy associated with aggressive behavior? Previous attempts to review the relation between empathy and aggression yielded inconsistent results and generally included a small number of studies. To clarify these divergent findings, we comprehensively reviewed the relation of empathy to aggression in adults, including community, student, and criminal samples. A mixed effects meta-analysis of published and unpublished studies involving 106 effect sizes revealed that the relation between empathy and aggression was surprisingly weak (r = -.11). This finding was fairly consistent across specific types of aggression, including verbal aggression (r = -.20), physical aggression (r = -.12), and sexual aggression (r = -.09). Several potentially important moderators were examined, although they had little impact on the total effect size. The results of this study are particularly surprising given that empathy is a core component of many treatments for aggressive offenders and that most psychological disorders of aggression include diagnostic criteria specific to deficient empathic responding. We discuss broad conclusions, consider implications for theory, and address current limitations in the field, such as reliance on a small number of self-report measures of empathy. We highlight the need for diversity in measurement and suggest a new operationalization of empathy that may allow it to synchronize with contemporary thinking regarding its role in aggressive behavior.	http://content.apa.org/journals/bul/140/3/751	
PubMed search	Viljoen JL, Cochrane DM, Jonnson MR. Do risk assessment tools help manage and reduce risk of violence and reoffending? A systematic review. Law Hum Behav. 2018 Jun;42(3):181-214.	Although it is widely believed that risk assessment tools can help manage risk of violence and offending, it is unclear what evidence exists to support this view. As such, we conducted a systematic review and narrative synthesis. To identify studies, we searched 13 databases, reviewed reference lists, and contacted experts. Through this review, we identified 73 published and unpublished studies (N = 31,551 psychiatric patients and offenders, N = 10,002 professionals) that examined either professionals' risk management efforts following the use of a tool, or rates of violence or offending following the implementation of a tool. These studies included a variety of populations (e.g., adults, adolescents), tools, and study designs. The primary findings were as follows: (a) despite some promising findings, professionals do not consistently adhere to tools or apply them to guide their risk management efforts; (b) following the use of a tool, match to the risk principle is moderate and match to the needs principle is limited, as many needs remained unaddressed; (c) there is insufficient evidence to conclude that tools directly reduce violence or reoffending, as findings are mixed; and (d) tools appear to have a more beneficial impact on risk management when agencies use careful implementation procedures and provide staff with training and guidelines related to risk management. In sum, although risk assessment tools may be an important starting point, they do not guarantee effective treatment or risk management. However, certain strategies may bolster their utility.	https://psycnet.apa.org/record/2018-15316-001	
PubMed search	Warburton KD, Scott CL. Violence risk assessment and treatment. CNS Spectr. 2014 Oct;19(5):366-7	n/a	https://www.cambridge.org/core/journals/cns-spectrums/article/violence-risk-assessment-and-treatment/90D83F8D8F25215810C7CE15313FA643	

PubMed search	Whittington R, Hockenhull JC, McGuire J, Leitner M, Barr W, Cherry MG, Flentje R, Quinn B, Dundar Y, Dickson R. A systematic review of risk assessment strategies for populations at high risk of engaging in violent behaviour: update 2002-8. Health Technol Assess. 2013 Oct;17(50):i-xiv, 1-128.	designed for use in mental health services or the criminal justice system. It adopted much broader inclusion criteria than previous reviews in the same area in order to capture and summarise data on the widest possible range of available instruments. OBJECTIVES:To address two questions: (1) what study characteristics are associated with a risk assessment instrument score being significantly associated with a violent outcome? and (2) which risk assessment instruments have the highest level of predictive validity for a violent outcome? DATA SOURCES:Nineteen bibliographic databases were searched from January 2002 to April 2008, including PsycINFO, MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Allied and Complementary Medicine Database, British Nursing Index, International Bibliography of the Social Sciences, Education Resources Information Centre, The Cochrane Library and Web of Knowledge. REVIEW METHODS:Inclusion criteria for studies were (1) evaluation of a structured risk tool; (2) outcome measure of interpersonal violence; (3) participants aged 17 years or over; and (4) participants with a mental disorder and/or at least one offence and/or at least one indictable offence. A series of bivariate analyses using either a chi-squared test or Spearman's rank-order correlation were conducted to explore associations between study characteristics and outcomes. Data from a subset of studies reporting area under the curve (AUC) analysis were combined to provide estimates of mean validity. RESULTS: For the overall set of included studies (n = 959), over three-quarters (77%) were conducted in the USA, Canada or the UK. Two-thirds of all studies were conducted with offenders who had either no formal mental health diagnosis (43%) or forensic samples with a formal diagnosis (25%). The Psychopathy Checklist-Revised was tested in the largest number of studies (n = 192). Most studies (78%) reported a statistically significant (p < 0.05) relationship between the instrument score and a violent outcome. Prospective data collection (chi-squared = 4.4, p = 0.035), number of people recruited (U = 27.8, p = 0.012) and number of participants at end point (U = 26.9, p = 0.04) were significantly associated with predictive validity. For those instruments tested in five or more studies reporting AUC values, the General Statistical Information on Recidivism instrument had the highest mean AUC (0.73). LIMITATIONS: Agreement between pairs of reviewers in the initial pilot exercises was good but less than perfect, so discrepancies may be present given the complexity and subjectivity of some aspects of violence research. Only five of the seven calendar years (2003-7) are completely covered, with partial coverage of 2002 and 2008. There is no weighting for sample or effect sizes when results from studies are aggregated. CONCLUSIONS: A very large number of studies examining the relationship between a structured instrument and a violent outcome were published in this relatively short 7-year	https://www.journalslibrary.nihr.ac.uk/hta/hta17500/	
PubMed search	Witt K, van Dorn R, Fazel S. Risk Factors for Violence in Psychosis: Systematic Review and Meta-Regression Analysis of 110 Studies	BACKGROUND: Previous reviews on risk and protective factors for violence in psychosis have produced contrasting findings. There is therefore a need to clarify the direction and strength of association of risk and protective factors for violent outcomes in individuals with psychosis. Method We conducted a systematic review and meta-analysis using 6 electronic databases (CINAHL, EBSCO, EMBASE, Global Health, PsycINFO, PUBMED) and Google Scholar. Studies were identified that reported factors associated with violence in adults diagnosed, using DSM or ICD criteria, with schizophrenia and other psychoses. We considered non-English language studies and dissertations. Risk and protective factors were meta-analysed if reported in three or more primary studies. Meta-regression examined sources of heterogeneity. A novel meta-epidemiological approach was used to group similar risk factors into one of 10 domains. Sub-group analyses were then used to investigate whether risk domains differed for studies reporting severe violence (rather than aggression or hostility) and studies based in inpatient (rather than outpatient) settings. Findings There were 110 eligible studies reporting on 45,533 individuals, 8,439 (18.5%) of whom were violent. A total of 39,995 (87.8%) were diagnosed with schizophrenia, 209 (0.4%) were diagnosed with bipolar disorder, and 5,329 (11.8%) were diagnosed with other psychoses. Dynamic (or modifiable) risk factors included hostile behaviour, recent drug misuse, non-adherence with psychological therapies (p values<0.001), higher poor impulse control scores, recent substance misuse, recent alcohol misuse (p values<0.01), and non-adherence with medication (p value <0.05). We also examined a number of static factors, the strongest of which were criminal history factors. When restricting outcomes to severe violence, these associations did not change materially. In studies investigating inpatient violence, associations differed in strength but not direction. Conclusion Certain dynamic risk factors are strongly associated with increased violence risk in individuals with psychosis and their role in risk assessment and management warrants further examination.	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0055942	Yes

Groshong	Yakeley J, Meloy JR. Understanding violence: Does psychoanalytic thinking matter?. Aggression and Violent Behavior. 2012. 17(3): 229-239.	A coherent psychoanalytic theory of violence has been hindered by the very few psychoanalysts who have actually worked with violent patients, by political allegiance to certain psychoanalytic schools of thought, a naïve belief that all violence is typically not intentional, but rather a problem of impulse control, and the lack of understanding of recent neurobiological findings concerning aggression. Although intensive psychoanalytic treatment is usually not appropriate for violent individuals, the authors assert that a comprehensive understanding of violent behavior from a psychoanalytic perspective is of relevance for all mental health practitioners interested in the nature of human aggression. Actual violence is informed by bodily enactments and regressions to primitive subjective states; the effects of trauma on representation and symbolic functioning; the demarcation between affective and predatory violence; and understanding how all of our mental processes, including cognitions, wishes, memories, unconscious phantasies, ego-defenses, and object relations, are originally rooted in the body. The authors review the historical psychoanalytic literature on violence and critique contemporary psychoanalytic theorizing regarding the etiology of violent behavior in the light of some neurobiological research findings. They conclude with treatment recommendations for those clinicians whose patients have been violent toward others.	https://forensiseuropa.files.wordpress.com/2012/12/understandingviolence_2012.pdf	
PubMed search	Yu R, Branje S, Meeus W, Koot HM, van Lier P, Fazel S. Victimization Mediates the Longitudinal Association Between Depressive Symptoms and Violent Behaviors in Adolescence. J Abnorm Child Psychol. 2018 May;46(4):839-848.	Despite evidence of a positive link between depressive symptoms and violent behaviors, the pathways underlying this longitudinal association remain unknown. Depressive symptoms might drive and reinforce victimization which in turn could increase risk of individuals becoming violent towards others. Thus, we tested whether victimization mediated the link between depressive symptoms and violent behaviors using a 6-year longitudinal study of a community sample of adolescents. The sample included 682 Dutch adolescents (54% boys) from an ongoing longitudinal study RADAR (Research on Adolescent Development and Relationships). From ages 13 to 18 years, depressive symptoms, victimization experiences, and violent behaviors were annually assessed. We conducted longitudinal mediation analyses to test pathways to violence in adolescents with depressive symptoms. Longitudinal analyses revealed that victimization mediated the association between depressive symptoms and violent behaviors from early to late adolescence. As part of this, we found that adolescents' depressive symptoms predicted victimization, and this victimization increased risk of subsequent violent behaviors. In conclusion, links between depressive symptoms and violent behaviors are potentially important to understand adolescent development. Decreasing the occurence of victimization is likely to be an important target for the prevention of violent behaviors in adolescents with depressive symptoms.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5826590/	
PubMed search	Zhou J, Witt K, Xiang Y, Zhu X, Wang X, Fazel S. Violence risk assessment in psychiatric patients in China: A systematic review. Aust N Z J Psychiatry. 2016 Jan;50(1):33-45.	OBJECTIVES:The aim of this study was to undertake a systematic review on violence risk assessment instruments used for psychiatric patients in China. METHODS:A systematic search was conducted from 1980 until 2014 to identify studies that used psychometric tools or structured instruments to assess aggression and violence risk. Information from primary studies was extracted, including demographic characteristics of the samples used, study design characteristics, and reliability and validity estimates. RESULTS:A total of 30 primary studies were identified that investigated aggression or violence; 6 reported on tools assessing aggression while an additional 24 studies reported on structured instruments designed to predict violence. Although measures of reliability were typically good, estimates of predictive validity were mostly in the range of poor to moderate, with only 1 study finding good validity. These estimates were typically lower than that found in previous work for Western samples. CONCLUSION:There is currently little evidence to support the use of current violence risk assessment instruments in psychiatric patients in China. Developing more accurate and scalable approaches are research priorities.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4702215/	