

Hart, S. D. (1998). The role of psychopathy in assessing risk for violence: Conceptual and methodological issues. *Legal and Criminological Psychology*, 3, 121-137.

A robust association has been found connecting psychopathy and violence (Hart, in press; Hart & Dempster, 1997; Hart & Hare, 1996, 1997; Hemphill, Hare, & Wong, 1998; Patrick & Zempolich, in press; Salekin, Rogers, & Sewell, 1996). When looking specifically at Hemphill, Hare, & Wong's (1998) article, they made two key findings. First is that psychopaths are more likely than non-psychopaths to have a history of community and institutional violence. When at risk to do so, psychopaths committed more violence and more types of violence than non-psychopaths. They were motivated factors like material gain, opportunism, and sadism. Second, they stated that psychopaths are more likely than non-psychopaths to engage in future community and institutional violence. They commit an elevated level of violence after assessment in a variety of different forensic populations (Hemphill et al., 1998).

While it is agreed upon that there is an association between psychopathy and violence, there are several speculations regarding the mechanism behind this (Blair, Jones, Clark, & Smith, 1995, 1997; Hart, in press; Hart & Dempster, 1997; Hart & Hare, 1996; Newman & Wallace, 1993; Patrick & Zempolich, in press). The growing consensus is that the violence may stem from a deficit in affect functioning, though there is still disagreement about the specifics. This association has practical implications for assessment, treatment, and management of patients and offenders. The present article focuses on the role of psychopathy in the clinical assessment for risk of violence (Hart, 1998).

Hart (1998) most generally defines risk assessment as "the process of identifying and studying hazards to reduce the probability of their occurrence" (p. 122). In regards to

professionals assessing for the risk of violence, violence risk assessment is defined as “the process of evaluating individuals to characterize the likelihood they will commit acts of violence and secondly to develop interventions to manage or reduce that likelihood (Hart, 1998, p. 122). Hart (1998) indicates that he will avoid using the synonymous terms “assessing dangerousness” or “predicting violence” because the clinical task is violence prevention, not violence prediction.

There are two main decision-making approaches in regards to risk assessment. First, the most previously used type of instruments was the unstructured or the professional judgment. There are no specific guidelines on how the clinician should make his/her decision and can be subjective and informal (Grove & Meehl, 1996). Some criticisms of this approach are that there is a lack of consistency across evaluators, little evidence that it results in accurate decisions, and lack of information on method of how the decision was reached. This method is praised for its flexibility and focus on violence prevention. The other major approach is the actuarial risk assessment where the evaluators make a decision based on fixed rules in which they apply information to (Hart, 1998). This method has been described as “mechanical” and “algorithmic” (Grove & Meehl, 1996, p. 293). There is little controversy surrounding the idea that the actuarial approach is support to the professional judgment, but important to emphasize that actuarial instruments do also have their criticisms. Actuarial tools tend to focus on the small number of risk factors, tend to focus on the stable/static features, may include risk factors that are unacceptable on legal grounds, they are constructed using an approach that is optimized to produce a specific outcome, and they tend to disengage evaluators from the evaluation process (Gottfredson & Gottfredson, 1986; Hart, 1996, 1998; Lyon et al., 1997).

An alternative to these two decision-making approaches is the structured clinical judgment method. This is a process where the decision is based on guidelines that have been

developed based on professional practices and empirical knowledge. They are not considered actuarial because they do not specify how an ultimate decision should be reached (Hart, 1998). The present author supports that the structured clinical judgment is the more appropriate method of assessing violence risk because it is consistent but flexible to handle the diversity of clients' needs; is transparent but encourages professional discretion; and is empirically based in addition to being practical (Hart, 1998). While some may take this stance, there are others who state that if any other approach is used besides actuarial tools it is unscientific and unethical (Grove & Meehl, 1996).

When looking at factors that affect risk, there is a substantial amount of research regarding demographic, clinical, and criminal history factors (Monahan & Steadman, 1994). Although there is considerable research, the factors do vary with how they are defined, assessed, and measured. On top of the variability of definitions among risk factors, there is also much inconsistency on how violence is defined and measured throughout the research. Definitions of violence could be based on type of criminal act committed, the acquaintanceship of the victim, the severity of harm suffered by the victim, sexual vs. nonsexual acts, or even offender motivations. The method of measuring violence could be based on official records, self-report, or even collateral sources with the time of follow-up also variable (Hart, 1998).

In conclusion, Hart (1998) makes three recommendations for practice and provides implications for future research. First, he states that "psychopathy is a necessary, but not sufficient, factor in the assessment of violence risk" (p.133). While psychopathy is an aspect of any comprehensive assessment, it would be negligent to base the entire risk assessment on just one single factor. Second, Hart (1998) claims that "psychopathy may be sufficient, but not necessary, to conclude that an individual is a high risk for violence" (p. 133). Many psychopaths

are at an increased risk for violence, but not everyone at an increased risk of violence could be classified as a psychopath. Lastly, “when conducting violence risk assessments, psychopathy should be assessed by appropriately qualified and trained personnel using standardized procedures” (Hart, 1998, p. 134). Future research should entail follow-up studies that examine risk of violence associated with psychopathy in many different contexts in addition to studying the different co-factors that would cause the risk to fluctuate. An emphasis on the dynamic factors that can change over time is made by Hart (1998). It is also of interest to examine the subgroup of psychopaths who do not commit further criminal or violent behavior and whether this is due to the fact that they do not get caught or if they have found other prosocial behaviors aside from violence. Along with follow-up studies, there should be an empirical focus on affective, cognitive, and behavioral factors that lead to psychopaths to commit violence and intervention studies that decrease risk of future violence (Hart, 1998).