Name of Tool	Violence Risk Scale Second Version (VRS-2)
Category	Violence Risk (Validated)
Author / Publisher	Wong and Gordon
Year	2001

Description

- The VRS is a 26-item actuarial risk assessment tool designed to assess the risk of violent re-offending for incarcerated individuals and forensic psychiatric patients being considered for community access.
- The tool consists of six static and twenty dynamic variables. It can be used to monitor variations in risk and motivation to change. The second edition includes an item 'criminal personality' intended to capture the characteristics of psychopathic individuals (Dolan et al., 2008).

Age Appropriateness

18+

Assessor Qualifications

Can be used by workers within the criminal justice system. No professional qualifications required.

Assessors are required to undertake an intensive training course.

Strengths

- Assess risk of violence using a combination of static and dynamic (changeable) risk factors, the latter can be used to identify treatment targets.
- Assesses risk changes as a function of treatment or variations over time.
- Assesses treatment readiness/motivation which can inform approaches to treatment.
- A discretionary clinical over-ride is available for situations that are not captured by the risk factors found in the tool.
- Can be used with females, aboriginal, psychopathic and mentally disordered individuals.

Empirical Grounding

The VRS can be considered as a 'conceptual actuarial scale,' since the risk predictors are primarily derived from the *Psychology of Criminal Conduct*, a text by Andrews and Bonta (2010) that utilises personality, cognitive-behavioural and social learning perspectives to conceptualize the psychology of criminal behaviour. Its static and dynamic risk factors are empirically and/or theoretically related to violent recidivism (Wong and Gordon, 2006).

Inter-Rater Reliability	
a) UK Research	• Doyle et al. (2012) - the VRS total score attained an ICC value of .96 in a sample of male and female patients discharged from acute mental health units. • Dolan et al. (2008) reported high correlation coefficients for inter-rater reliability of the VRS composite score, static subscale and dynamic subscale (ICCs = .89, .96 and .85 respectively).
b) International Research	• Wong and Parhar (2011) found an ICC value of .93 for the VRS total score in a sample of Canadian males on parole or other forms of conditional release in the community. • Lewis, Olver and Wong (2013) reported ICC values ranging between .82 to .84 for the VRS total score in a sample of high risk male Canadian individuals who offended with significant psychopathic traits. • Zhang et al. (2012) reported an ICC of .80 for the VRS total score in a sample of male and female Chinese forensic inpatients in the province of Sichuan, all of whom were suffering from significant mental disorders.

Validation History

General Predictive Accuracy	
The VRS has been developed for use in criminal justice and forensic psychiatric settings (see section 'Applicability: Mentally Disorders).	

Validation History

Applicability: Females	
a) UK Research	• Dolan et al. (2008) reanalysed their results removing the data of female participants from the sample; however, this did not significantly alter the previous findings. It should be taken into consideration that the female sample size was very small (n=11).
b) International Research	• In an unpublished PhD thesis, Stewart (2011) looked at the VRS ratings of 101 federally sentence women in Canada were followed up for approximately 7 years in the community. ICC was .98, AUCs for violent recidivism and institutional misconduct were .84 and .78 respectively.

Validation History

Applicability: Ethnic Minorities									

The normative sample consists of approximately 45% aboriginal males (Wong & Gordon, 2006).

Validation History

Applicability: Mental Disorders									

a) UK Research	• Dolan et al. (2008) reported moderate to high predictive accuracy of the VRS-2 with the occurrence of an aggressive incident in relation to the composite score, the static subscale score and the dynamic subscale score (AUCs = .69, .60 and .70 respectively). The authors tentatively recommend the use of VRS-2 to predict inpatient violence. • Dolan and Fullam (2007) - the VRS was able to discriminate violent and non-violent patients. As an effect size test used to indicate the standardised difference between two means, Cohen's d was equal to .72. Patients who had engaged in institutional violence in the following 12 months post-assessment had higher mean VRS composite and subscale scores than the non-violent group.
b) International Research	• Lewis, Olver and Wong (2013) reported positive results using the instrument with high risk individuals with psychopathic traits. In a fixed 3-year follow-up period (n=110), the VRS post-treatment total score was predictive of violent reconvictions (AUC =.65); however, the pre-treatment total score was not significant (AUC=.60); with a variable follow-up period (n=150), both pre- and post-treatment total scores were significant (AUC=.60, .64 respectively). • Wong and Parhar (2011) reported AUC values of .83 and .72 in predicting violent and any re-offence respectively after 7 years of prospective follow up in the community • Wong and Gordon (2006) – the VRS had attained high AUC values in predicting recidivism in the following domains: 'all convictions' (AUC = .74), 'violent convictions' (AUC = .75), and 'non-violent convictions' (AUC = .72).

Contribution to Risk Practice

- The VRS consists of 20 dynamic factors that can be used to assess risk and identify treatment targets, inform the formulation of risk management plans and in release decision-making
- The VRS incorporates the Stages of Change model within the dynamic risk factors to assess treatment readiness and risk change. Using the combination of dynamic risk factors and the assessment of treatment readiness and change, a VRS assessment can also inform the levels of monitoring and rehabilitation efforts and risk change over time or with treatment (Wong and Gordon, 2006; Lewis et al., 2012; Olver et al., 2013).
- A screening version of the tool was developed to highlight which individuals may require more in-depth assessments or to be used for brief intake evaluations (contact authors for more information, see below).

Other Considerations

- The second edition (VRS-2) was an experimental version so named when it was under development. The content of the VRS and VRS-2 are essentially the same with only minor changes. Currently, the VRS is the appropriate name for the tool.
- For training to use the tool clinically, and for additional research on the tool, please contact the authors (s.wong@sasktel.net or audrey.gordon@outlook.com).