Laura Grossi

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Project Summary

Victimization of individuals with mental illness may contribute to increased revictimization risk, exacerbated psychiatric symptoms, and prolonged hospitalization length, among other undesirable secondary outcomes. Despite the importance of understanding victimization, little research has focused on predicting victimization in institutional settings. The present study examines the utility of the Historical, Clinical, Risk Management-20 Version 3 (HCR-20^{V3}; Douglas, Hart, Webster, & Belfrage, 2013) in predicting victimization of hospitalized Not Guilty by Reason of Mental Disease or Defect (NGRI) acquittees. Although the HCR-20^{V3} was not explicitly developed to aid in evaluations of victimization risk, the literature consistently notes common risk factors and overlap between violent and victimized patients.

NGRI acquittees admitted to Kirby Forensic Psychiatric Center between 1985 and 2014 were included in this study (N=145). Subsequently, acquittees were evaluated for dangerousness by psychiatrists/psychologists at least once every two years. The HCR-20^{V3} and START Outcomes Scale (SOS; Nicholls et al., 2007) were coded archivally based on researchers' review of the first two consecutive forensic reports and formal hospital incident reports.

During the inter-evaluation period (M=15.9 months), 37.9% of the sample experienced at least one incident of victimization. Victimized acquittees produced higher mean scores than non-victimized acquittees on the Historical(H) and Clinical(C) scales, and the Violent Ideation or Intent(C2), Instability(C4), and Treatment or Supervision Response(C5) items. Controlling for length of follow up period, the H and C scales in combination predicted victimization status (*p*=.002, Nagelkerke R^2=.15), with the C scale uniquely contributing to the logistic regression

model ($p=.004$). Controlling for length of follow up period, the C2, C4, and C5 scales in combination also predicted victimization status ($p=.001$, Nagelkerke $R^2=.18$), although none uniquely contributed to the model. Broadly, findings suggest that HCR-20[V3] scales and items, although designed to assess violence risk, may have utility in predicting risk for victimization.

References

Douglas, K., Hart, S., Webster, C., & Belfrage, H. (2013). *HCR-20 V3: Assessing risk for violence*. Burnaby, British Columbia, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

Nicholls T. L., Gagnon N., Crocker A.G., Brink, J., Desmarais, S., & Webster, C. (2007). START Outcomes Scale (SOS). Vancouver, BC Mental Health & Addiction Services.