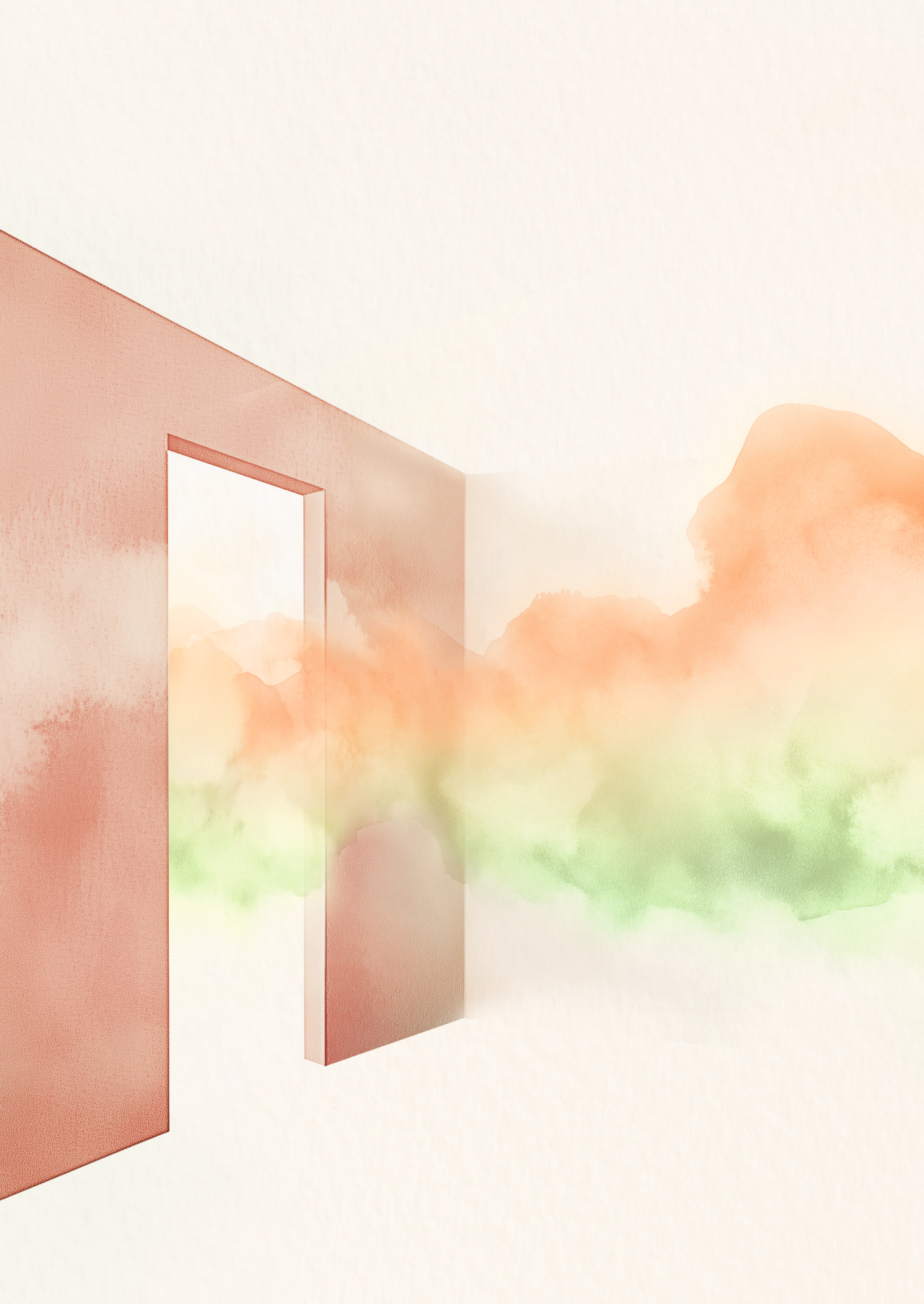
Screening for safety: predicting violence concerns among detained individuals in the Netherlands using the Risk Screener Violence (RS-V)

Smeekens, M.V.



CHAPTER 1

General Introduction

Marjam Smeekens

The occurrence of violence has a wide-ranging impact and influences every layer of society. Violent and aggressive behavior has significant direct and indirect effects on its victims (e.g., physical, psychological, and social impact) and their families (e.g., disrupted family dynamics and intergenerational trauma) (Andrews et al., 2003; Bancroft et al., 2011; Cirici Amell et al., 2023; Langton, 2014; Lünnemann et al., 2019). Not to mention, the incidence of violence may cause safety concerns and ethical challenges among practitioners, may influence feelings of unsafety and stigmatization within the community, and may foster the normalization of violence in wider society (Iqbal et al., 2021; Jussab & Murphy, 2015; Magin, 2006; Murvartian et al., 2023; Schwab-Stone et al., 1995; Storm-Mathisen, 2024; Waters et al., 2005). Research regarding prevention strategies that aim to diminish the occurrence of violence and improve overall safety is therefore important. The prevention of violent behavior begins with identifying which individuals are more prone to be violent, and thus who would benefit the most from preventive measures in order to successfully (re)integrate and function well within society. Within this thesis, research is presented that investigates whether a screening instrument called the Risk Screener Violence (RS-V) sufficiently predicts which detained individuals are more likely to display violent behavior, both inside and outside prison.

In the following paragraphs, the prevalence of violent behavior within the prison setting and within the community is highlighted. Subsequently, risk assessment instruments are explained, underscoring the difference with risk screening instruments. The paragraphs thereafter zoom in on the Dutch prison system and risk management strategies. Next, information about the development and content of the RS-V is provided. Finally, this chapter concludes with the aim and outline of this thesis.

The prevalence of violence

Within the prison setting

The prevalence rates of violence within prisons have been studied most frequently within Western countries, using various data sources. For instance, prison records within England and Wales contained a prevalence rate of 315 physical assaults per 1,000 imprisoned individuals in 2023, with 11% of all assaults being serious (e.g., physical assaults requiring serious medical treatment, or sexual assaults) (Ministry of Justice, 2024). In addition, 29% of Spanish detained individuals reported being physically victimized during a time-frame of six months in prison (Caravaca-Sánchez et al., 2019). Furthermore in Belgian prisons, 18% of the incarcerated persons reported being a victim of physical violence during their prison stay (Plettinckx et al., 2023). In line with this finding, a systematic review by Caravaca-Sánchez and colleagues (2023) estimated the prevalence of physical victimization during incarceration among detained individuals to be 19%. Although prevalence rates of incidents may vary across countries due to

local circumstances, these studies show that the proportion of violent victimization among incarcerated persons appears to be substantial.

Zooming in on the perpetration of violence by detained individuals, this violent behavior can be directed toward fellow detained individuals or toward staff members. Semi-structured interviews conducted among 56 ex-detainees in Canada revealed that all respondents witnessed some form of prisoner-on-prisoner violence while being incarcerated (Ricciardelli & Sit, 2016). Additionally, personal experiences from prison workers in the U.S. demonstrated that more than half (55%) of the correctional officers were threatened by a detained individual at least once during a time-frame of three months (Ellison & Jaegers, 2022). What is more, prison officers are more than twice as likely to experience violent assaults than mental health workers (Schenk & Fremouw, 2012). Moreover, self-report studies conducted in the U.S. among detained individuals found that 4% of the respondents reported to have physically assaulted a prison staff member in the past 12 months, and 17% indicated to have physically assaulted a fellow detainee (Lahm, 2008, 2009). Although in-prison violence research focuses mostly on male populations, several studies have indicated that violence perpetrated by female detainees is less common than violence perpetrated by male detainees (Berg & DeLisi, 2006; Reidy et al., 2017; Warren et al., 2018). To be more specific, the U.S. self-report prevalence rates of physical assault were lower among female perpetrators compared to male perpetrators, targeting either staff members (2% vs. 3%) or fellow inmates (8% vs. 12%) (Celinska & Sung, 2014).

Within the Dutch prison setting, 8% of the prison employees reported being confronted with physical violence, and 26% with violent threats by a detained individual at least once during their employment (Federatie Nederlandse Vakbeweging, 2022). In addition, 73% of these employees experience that intimidation by detained individuals is increasing. Another study conducted within the Netherlands reveals that, even though violent incidents may occur, prison directors view the Dutch prison system as being relatively safe (Van Ginneken, 2024). At the same time, their primary concern is the threat of serious violence, particularly when directed at staff members. Even though the reported prevalence studies vary in the operationalization of violence and used research methods, it can be concluded that the relatively high incidence of violence during incarceration is problematic.

Within the community

Once an individual is released from prison, the reoccurrence of offending within the community also poses challenges. Worldwide general recidivism rates are estimated at 26% **–** 60% for rearrests, 20 **–** 63% for reconvictions, and 14% **–** 45% for reinarcerations

within two years after imprisonment (Yukhnenko et al., 2020). More specifically regarding violent reoffending, almost one-third of the American ex-detainees (29%) was rearrested for a violent crime within five years after release from prison (Durose & Snyder, 2015). In addition, the U.S. violent crime rearrest rate was higher for violent offenders (39%) than for non-violent offenders (22%) eight years after discharge (Cotter et al., 2022). In England and Wales, the violent reoffending rate one year after imprisonment was 31%, and 43% after two years of imprisonment (Beaudry et al., 2023). Finally, the violent reoffending rate for Dutch ex-detainees within two years after imprisonment was 16% (Fazel et al., 2019).

Research regarding the specific prevalence of community violence among females is relatively scarce, but the occurrence of violence among females is considered to be consistently low compared to males (Heimer, 2000; Rennison, 2009). This gender gap in offending is reflected on in an American study by Olson and colleagues (2016), who found a rearrest prevalence rate of 15% for females and 30% for males regarding a violent crime within approximately 3.5 years after incarceration. Within the Netherlands, 5% of the female offenders violently reoffended within two years after incarceration, in contrast to 12% of the male offenders (Van Der Knaap et al., 2012). These prevalence rates reveal that the reoccurrence of violence within the community is reason for concern.

Risk assessment instruments

With the purpose of preventing violence from occurring either during incarceration or within the community after discharge, prisons administer risk assessment instruments. The main objective of risk assessment instruments is to estimate the likelihood that an individual will commit a (new) offense and to provide guidance in order to prevent this. Judicial information, prison records, clinical assessments, interviews, self-reports, and behavioral observations form the foundation for completing risk assessment instruments aimed at creating a comprehensive risk profile of an individual. A lower-risk or higher-risk classification is based on several risk factors. These factors are known to be associated with an increase in the occurrence of offending (Bonta & Andrews, 2016). Based on ratings of the included risk factors, an overall conclusion is drawn regarding the risk level of a specific individual.

Most risk-focused assessment instruments contain two types of risk factors: 1) static risk factors, which are often historical and not changeable by intervention, such as ‘number of prior offenses’ and ‘age at first offense’, and 2) dynamic risk factors, which are changeable through intervention, such as ‘substance misuse’, ‘impulsivity’, and ‘criminal social network’. Examples of risk assessment instruments that include both static and dynamic risk factors are the Level of Service/Case Management Inventory (LS/CMI; Andrews et al., 2004) and the Historical-Clinical-Risk Management Version

3 (HCR-20^{V3}; Douglas et al., 2013), the latter one being the most commonly used risk assessment instrument within forensic psychiatry worldwide. Apart from risk factors, protective factors are often incorporated into risk assessment instruments in order to gain a more comprehensive overview of the risk level of an individual. In contrast to risk factors, the presence of protective factors is associated with a decrease of offending (De Vogel et al., 2012a). The Structured Assessment of Protective Factors for violence risk (SAPROF; De Vogel et al., 2012a) exclusively focuses on protective factors to estimate the risk of recidivism. Examples of protective factors included within the SAPROF are 'motivation for treatment', 'self-control', and 'life goals'. Protective factors as reflected by the SAPROF exhibit incremental validity when used in combination with a risk-focused tool (Burghart et al., 2023).

Several risk assessment instruments are developed for specific subgroups of offenders and may therefore include factors specifically applicable for the corresponding target group. For instance, tools such as the Violence Risk Scale (VRS; Wong & Gordon, 2006) have been specifically developed for predicting violent offenses and include risk factors like 'violence during institutionalization'. Other tools focus exclusively on sexual violent offending, such as the Static-99 which includes risk factors like 'prior sex offenses' (Hanson & Thornton, 1999**).** In addition, the Structured Assessment of Violence Risk in Youth (SAVRY; Borum et al., 2020) focuses on juvenile offenders and therefore includes 'poor school achievement' as a risk factor, and the Female Additional Manual (FAM, an addition to the HCR-20^{V3}; De Vogel et al., 2012b) concentrates on female offenders and includes 'pregnancy at young age' as a risk factor.

Besides differing in content and target group, risk assessment instruments also differ in their approach to arrive at an overall judgment of the risk level of an individual. Actuarial instruments, such as the Violence Risk Appraisal Guide (VRAG; Harris et al., 1993), assign a numerical value to each factor and generate an overall score using a predetermined formula. In contrast, using Structured Professional Judgment (SPJ) based instruments, such as the HCR-20^{V3} or the Short-Term Assessment of Risk and Treatability (START; Webster et al., 2004), allows the assessor to incorporate their own expertise, enabling more flexibility and individualization. These two structured risk assessment methods generally outperform Unstructured Clinical Judgement (UCJ) in predicting criminal behavior, where selecting, measuring, and combining risk factors is solely based on the assessor's expertise (Wertz et al., 2023). Overall, meta-analyses have shown that structured risk assessment instruments perform reasonably well when it comes to identifying which individuals pose a higher risk of reoffending (Campbell et al., 2009; Singh et al., 2011), underscoring the wide-spread use of these risk evaluation tools inside and outside custodial settings.

It should be noted that the administration of risk assessment instruments is only an initial element in overall risk management. Risk management refers to all efforts that are made to reduce or neutralize the risk of recidivism (Bouman et al., 2020). Generally, risk management consists of three steps: 1) identification: identifying risk and protective factors, 2) construction of theory: formulating a hypothesis or theory about the relations between the rated factors and their possible association with criminal behavior, including a description of the individual's risk level and responsivity characteristics, and 3) risk management: formulating a risk management plan or strategy for treatment or supervision (Hutten et al., 2022). This process has been specified as the Risk Assessment and Management Pathway (RAMP) (Hutten et al., 2022; Viljoen & Vincent, 2020). The studies described in this thesis mostly zoom in on the first step (identification) and second step (construction of theory). However, the results of these studies cannot be disentangled from the third step (risk management). That is to say, determining the risk and protective factors of an incarcerated individual by using risk assessment instruments and forming a hypothesis regarding their risk profile is not helpful in diminishing violence if the assessor does not instate follow-up measures based on this information. A translation into a personalized risk management plan is essential (Hutten et al., 2022).

Risk assessment versus risk screening

The administration of risk assessment instruments is relatively time-consuming and requires specific behavioral expertise, which often makes these extensive tools not suitable for forensic institutions with high turnover rates, limited resources, and minimal treatment options. Therefore, apart from risk assessment instruments, forensic institutions may use risk screening instruments to aid the estimation of violence risk. Risk screening instruments differ from risk assessment instruments regarding several aspects: 1) aim, 2) depth of analysis, 3) time investment, 4) assessor, and 5) context. Each of these aspects will be explained in more detail in the following paragraphs.

Aim. Whereas risk assessment instruments are developed to provide an extensive overview of an individual's risk and/or protective factors, risk screening instruments are developed to provide a rapid and early identification of the most important risk and/or protective factors of an individual. In addition, risk assessment instruments aim to guide follow-up measures for supervision, management, and intervention strategies, while the goal of risk screening instruments is to result in more global recommendations for follow-up measures. This could in fact include further risk assessment. In this regard, risk screening is complementary to risk assessment and may serve as triage (De Vries Robbé et al., 2021). To be more specific, an assessor may decide to follow-up on the results of a screening tool by advising to conduct an extensive risk assessment

instrument. This is specifically recommended for individuals who are classified as being higher-risk based on the initial screening, to create a more comprehensive insight into the risk profile of this individual.

Depth of analysis. In line with the difference in aim, the administration of risk assessment instruments allows for a more in-depth analysis of violence risk compared to the administration of risk screening instruments. This is reflected by the number of included factors. For instance, the SAPROF, the HCR-20^{V3}, and the Level of Service Inventory-Revised (LSI-R) are comprised of respectively 17 factors, 37 factors (including 12 subfactors), and 54 factors (Andrews & Bonta, 2000; De Vogel et al., 2012a; Douglas et al., 2013). In comparison, risk screening instruments contain fewer factors and these factors are usually easily observable, such as recent violent behavior or substance use. For example, the LSI-R: Screening Version (LSI-R:SV; Andrews & Bonta, 2001) contains 8 factors in total, and the Dynamic Appraisal of Situational Aggression (DASA; Ogloff & Daffern, 2006) includes 7 factors (Ferguson et al., 2009). Additionally, by offering a more nuanced analysis of the included factors, risk assessment tools are in general able to provide a sound risk estimation on the long term (Brookstein et al., 2021; Dyck et al., 2018; Kröner et al., 2007). In contrast, risk screening tools are initially more focused on the estimation of short term-risks. For instance, the DASA specifically assists in short-term assessment during the next 24 hours (Ogloff & Daffern, 2006).

Time investment. The administration of risk assessment instruments is more time-consuming than the administration of risk screening instruments. For example, completing the HCR-20^{V3} may take up to 14 hours on average (including reviewing a patient's file, clinical interviewing, collecting collateral information and writing a report) (Green et al., 2010). This extended time reflects the comprehensive nature of the assessment process, which involves multiple steps to gather detailed information. Risk screening instruments are designed to be more time-efficient, often taking just a few minutes to administer. For instance, the LSI-R:SV has an estimated administration time of five to ten minutes (Andrews & Bonta, 2001), focusing on a brief evaluation of a limited number of factors.

Assessor. On the one hand, the majority of risk assessment instruments need to be administered by trained behavioral professionals, such as forensic psychiatrists and psychologists, at least requiring a moderate degree of clinical skill (Douglas et al., 1999). Forensic psychiatrists and psychologists have a strong foundation in forensic criminology and are experts when it comes to the evaluation of psychological factors, personality traits, and cognitive abilities underlying criminal behavior (Treska & Fleura Shkembi, 2023). This expertise makes them well equipped to administer and interpret comprehensive risk assessment tools. On the other hand, risk screening tools are designed to be

administered by trained staff members who do not necessarily have specific behavioral expertise (e.g., administrative employees, case managers, and supervisors). This feature makes risk screening instruments specifically applicable to settings were specialized behavioral expertise may not always be readily available, such as in prison.

Context. Within forensic psychiatric clinics, the use of risk assessment instruments is common practice. For instance in the Netherlands, individuals may receive a TBS (terberschikkingstelling) order if they commit a serious violent or sexual offense and at the same time suffer from a mental disorder that diminishes their responsibility for the committed offense (De Ruiter, 2016). Individuals with a TBS order are generally admitted to a specialized maximum security forensic psychiatric hospital with an average treatment duration of eight years (TBS Nederland, 2023). The focus of TBS is gradual resocialization and preventing further serious offending through long-term individualized treatment and risk management, making repeated thorough (violence) risk analysis necessary. The relatively long average treatment duration and the availability of specific behavioral expertise allows for a detailed and periodical administration of violence risk assessment instruments. Instead, risk screening tools are usually used in settings with limited treatment opportunities, where quicker decisions are needed, or where the availability of trained behavioral specialists is limited (Davies & Dedel, 2006). For instance, prisons within the Netherlands have an average detention duration of four months (Dutch Custodial Institutions Agency, 2023a), and the majority of individuals within the Dutch prison system do not require specialized forensic psychological treatment. As a result, specific behavioral expertise is not readily available for all detained individuals (Russo et al., 2020), which makes the administration of risk screening instruments more suitable if risk evaluation for all individuals is desirable.

The Dutch prison system

The Dutch prison system consists of 25 prisons, with an inflow of 26.769 individuals (94% males and 6% females) in 2023 (Dutch Custodial Institutions Agency, 2024b). In the same year, the Dutch prison system housed an average of 8,980 individuals on a daily basis. Most individuals reside within regular prison regimes for convicted offenders or remand regimes for pre-trial offenders. Examples of other Dutch regimes are minimum-security regimes for individuals soon to be released, extra care facilities for vulnerable individuals, penitentiary psychiatric centers for individuals with (serious) psychiatric problems, and facilities for persistent offenders (Van Ginneken et al., 2018). In addition, there are separate facilities for males and females. As stated above, Dutch detained individuals have a relatively short average prison stay of four months, with 24% of individuals being discharged within two weeks and 72% within three months (Dutch Custodial Institutions Agency, 2024b). Furthermore, the 2022 incarceration rate

of the Netherlands (52 to 100,000 inhabitants) is relatively low compared to England and Wales (132 to 100,000 inhabitants) or the U.S. (531 to 100,000 inhabitants) (Ann Carson & Kluckow, 2023; Dutch Custodial Institutions Agency, 2024b).

When an individual enters a Dutch prison, prison employees start with an admission, screening and selection process (Dutch Custodial Institutions Agency, 2023b). The aim of this screening process is to rapidly create initial insight into several important aspects related to a successful reintegration into society: valid identification documents, employment and income, housing, (psychological) care, finances, and social network. In addition, prison employees (e.g., correctional officers, unit supervisors, and case managers) observe the detained individual during the first weeks of detention and report on these observations within the detainee's digital file. Based on the behavioral observations, prison records, and information from collaborating institutions (such as the municipality or parole services) a Detention and Reintegration (D&R) plan is formulated (Dutch Custodial Institutions Agency, 2020b). In this D&R plan, the detained individual agrees to work on (behavioral) goals throughout the detention period. The case manager and the mentor discuss the draft of the D&R plan with the incarcerated individual to include personal needs, (reintegration) goals, and possible remarks. The D&R plan may be updated during the entire detention period of an individual and may provide information regarding risk management and reintegration related leave. Formulating a D&R plan promotes individualized guidance toward a safe and successful reintegration into society.

Every six weeks (in some prisons nine weeks), each detained individual is discussed during a multidisciplinary team meeting (MDO) in order to (re)evaluate the D&R plan. Various prison employees attend these meetings (e.g., back office employees, correctional officers, unit supervisors, and case managers). The primary aim of the MDO is to report on the status of the formulated reintegration goals and on the engagement and motivation of the detained individual regarding these goals. Additionally, if applicable, the extramural detention process is monitored and an advice for the leave committee is formulated. The leave committee utilizes this advice, among other information sources, to decide upon granting leave and reintegration procedures for a safe reintegration process. Prior to the MDO where the detained individual's case will be addressed, the mentor and case manager meet with the individual for a trajectory meeting. During these trajectory meetings concrete reintegration goals and actions are formulated, updated, and actively monitored (Dutch Custodial Institutions Agency, 2020a)).

Risk management within Dutch prisons

Risk management within the Dutch prison system is an integrated approach that ideally involves appropriate guidance, supervision, and social support (e.g., regarding housing,

income, and care), is supported by risk evaluation, and is complemented by tailored behavioral and treatment interventions (if applicable) (Dutch Custodial Institutions Agency, 2021). Each prison is appointed at least one risk management psychologist who can be consulted by the prison board or by case managers to coordinate the detention and reintegration of a detained individual with regard to risk management. In the case of short-stay individuals (72% is released within three months; Dutch Custodial Institutions Agency, 2024b), risk management is primarily focused on guiding an individual toward after-care facilities such as probation services, local authorities, or outpatient clinics, and informing these stakeholders about known risks. In the case of longer stay individuals, multiple interventions may be offered to higher-risk individuals (Dutch Custodial Institutions Agency, 2021). For instance, providing additional social work, financial and employment aid, or behavioral interventions such as individual or group therapies or skills training. The ultimate goal is to safely reintegrate individuals into society.

To gain in-depth knowledge regarding the current risk and protective factors of an incarcerated person and to guide overall risk management, Dutch prison psychologists may administer the following risk assessment instruments: the Historisch, Klinisch, Toekomst-Revised (HKT-R, developed in the Netherlands and quite similar to the HCR-20^{V3}; Spreen et al., 2013), the FAM for female offenders, the Static-99R/Stable-2007 for those with a history of sexual offending (Hanson et al., 2007; Hanson & Thornton, 1999; Smid et al., 2014), and/or the SAPROF for assessing protective factors (Dutch Custodial Institutions Agency, 2021). Extensive risk assessment with these tools is only conducted for a small group of Dutch detained individuals who stay in a penitentiary psychiatric center or who are transferred to forensic psychiatric care after their prison stay. In addition, risk assessment tools can be conducted upon request when deemed necessary by prison staff, for example for individuals who qualify for leave or for whom serious concerns exist regarding internal or external safety. Given the required time investment to perform comprehensive risk assessment and the general shortage of behavioral experts in the Dutch prison system; these assessments are only being carried out for a very small number of individuals. Completing extensive risk assessment instruments for all Dutch detained individuals is simply not feasible. Furthermore, the administration of elaborate risk evaluation is only necessary or efficient for the subgroup of individuals that have a higher risk of displaying violent behavior (De Vries Robbé et al., 2021). Due to the mentioned restrictions and considerations, the risk level of the majority of detained individuals remained unnoticed. This was unfortunate, since incarceration provides a window of opportunity to gain more in-depth insight into the offender population and a possibility to closely monitor individual risky behaviors.

In the context of further improving risk management and risk evaluation for all detained individuals (Dutch Custodial Institutions Agency, 2021), the Dutch prison system searched for a relatively simple risk evaluation instrument that could be conducted rapidly for all individuals at an early stage of incarceration (De Vries Robbé et al., 2021). This screening instrument should be able to identify general concerns regarding future violent behavior, and serve as potential triage for the administration of extensive risk assessment instruments (De Vries Robbé et al., 2021). Initiatives regarding the development of violence risk screening tools have been emerging in several settings (e.g., mental health services, psychiatric units, community corrections, and hospital emergency departments) (Daniel et al., 2015; Davies & Dedel, 2006; Langan, 2010; Rosenfeld et al., 2017). Likewise, a few violence risk screening instruments have been developed for the prison setting. For instance, the mentioned LSI-R:SV and the DASA, but also the VRS-Screener Version (VRS-SV; Wong & Gordon, 2007) and an even more compact version thereof (Ogloff et al., 2018). However, these and other pre-existing instruments were not deemed suitable for the prison context within the Netherlands. For an extensive analysis of the examined instruments, see De Vries Robbé et al. (2021). The Dutch prison system valued an instrument that: 1) is aimed at the prison setting, 2) incorporates both risk and protective factors, 3) is specifically aimed at the prediction of violence, 4) is based on SPJ principles to arrive at an overall judgement regarding initial violence risk, and 5) is able to predict both violence inside prison as well as outside prison (De Vries Robbé et al., 2021). After careful consideration, a new violence risk screening tool called the Risk Screener Violence (RS-V) was developed in 2020 (De Vries Robbé & Van den End, 2020).

The Risk Screener Violence (RS-V)

The RS-V is a risk screening instrument aimed at estimating concerns regarding future violent behavior of a detained individual, both inside and outside prison (De Vries Robbé & Van den End, 2020). The RS-V offers a first impression of the most important risk and protective factors of an individual, and aims to contribute to both internal safety as well as community safety. The RS-V has been developed for the prison setting and may be administered for males as well as females. Within the Netherlands, the RS-V is being conducted across all prison regimes, except in penitentiary psychiatric centers and immigration detention facilities. The tool is developed to be conducted by trained general prison employees, who are not specifically equipped with behavioral expertise. The definition of violent behavior used within the RS-V and within this thesis is: *'attempting, threatening with, or actual physical violence toward others (including sexual violence)'* (De Vries Robbé & Van den End, 2020). Within Dutch prison practice, the RS-V is administered during the first few weeks after admission and if an individual qualifies for leave. In addition, the RS-V may be administered periodically for individuals with a

longer detention duration to retain an accurate and updated overview of the violence risk level. Moreover, prison employees may decide to rate the RS-V on indication whenever deemed necessary, for instance if new violence risk related information becomes available (De Vries Robbé & Van den End, 2020). The RS-V consists of three parts and includes ten factors in total. Based on the ratings of the included factors, three final conclusions are formed regarding violent behavior displayed within prison, outside of prison after discharge, and during leave. For an overview of the included factors within the RS-V, see table 1.1.

The first part of the RS-V includes an historical risk factors subscale, consisting of two historical risk factors (De Vries Robbé & Van den End, 2020). The first historical risk factor (H1) concerns the occurrence of previous violent behavior within the community. To be more specific, the number of formal convictions for a violent offense prior to admission (including the index offense). The second historical risk factor (H2) is rated based on the occurrence of previous violent behavior within prison. Meaning, violent incidents (including violent threats) that occurred during prior prison stays. Moreover, additional historical risk-related information may be added (e.g., homelessness, trauma, or school difficulties). Within the Dutch prison setting, H1 and H2 are rated by a back office employee based upon criminal records and prison records respectively. Back office employees are responsible for the administration process regarding the admission, possible transfer, reintegration, and release of an individual. Both historical risk factors are rated within one or two days after admission of an individual to prison. As a result, the historical risk factors subscale is rated for all individuals who enter a Dutch prison. If an individual showed violent behavior prior to the current prison stay, a signal is, send out to the head of the ward/department where this individual currently resides. This allows for timely intervention regarding, for instance, the approach or placement of an individual.

The second part of the RS-V contains four dynamic risk factors (R1 to R4) and four dynamic protective factors (P1 to P4), see table 1.1 (De Vries Robbé & Van den End, 2020). Within Dutch prisons, these factors are rated by a case manager based on reports of behavioral observations of a detained individual during the past six months, or during the first few weeks after admission. The presence of the dynamic factors can be rated as follows: 'not or hardly present', 'moderately present', 'clearly present'. The case manager rates all eight dynamic factors within six weeks after admission and prior to the second MDO. In addition, the case manager provides sound argumentation for each rating and adds other dynamic risk-related information if applicable (e.g., medication use, financial issues, or psychological problems). A case manager within

the Dutch prison system is responsible for the detention and reintegration process of a small group of incarcerated persons.

Within the third part of the RS-V, three final conclusions regarding future violent behavior are formulated (De Vries Robbé & Van den End, 2020). These conclusions contain concerns regarding violence: A) inside prison, B) outside prison after release, and C) outside prison during leave. Final conclusion C is only completed in the case of proposed leave. Based on the ratings of the individual factors, the argumentation, and additional violence related information, the final conclusions are rated as follows: 'low concerns', 'moderate concerns', or 'serious concerns' for future violence, including sound argumentation. When developing the RS-V, the term 'concern' was preferred above the term 'risk' to indicate more clearly that the RS-V is a screening instrument and the results are only an initial indication of violence risk. Within the Dutch prison system, the final conclusions are rated during the second MDO that occurs after six weeks of admission. This automatically means that for individuals with a detention duration of less than six weeks, only part one of the RS-V is rated. However, six weeks is deemed necessary for prison employees to gather enough information about a detained individual to properly rate the RS-V (De Vries Robbé et al., 2021).

Table 1.1 The content of the RS-V and corresponding qualitative labels

Part	Timeframe	Content	Qualitative labels
1	Entire past	Historical risk factors subscale	0x
		H1. Previous interpersonal violence outside prison	1x
		H2. Previous interpersonal violence inside prison	2 – 3x
			4 – 5x
			≥6x
2	Past six months in prison	Dynamic risk factors subscale	Not or hardly present
		R1. Recent interpersonal violence	Moderately present
		R2. Substance use	Clearly present
		R3. Negative/defiant attitude	
		R4. Impulsive behavior	
		Dynamic protective factors subscale	
		P1. Following rules and agreements	
		P2. Coping with problems and frustrations	
		P3. Positive influences from social network	
		P4. Motivation for crime free future	
3	Coming six months	Final conclusions. Concerns regarding future:	Low concerns
		A. Violence inside prison	Moderate concerns
		B. Violence outside prison after release	Serious concerns
		C. Violence outside prison during leave	

As stated above, according to the RAMP, the identification of risk and protective factors and the construction of theory (i.e., formulating the final conclusions) is only effective if a risk management plan and follow-up measures are formulated. Discussing the final conclusions in a multidisciplinary manner offers the opportunity for prison staff to subsequently discuss follow-up measures based on the results of the screening. The results of the RS-V may guide decision making regarding the administration of extensive risk assessment instruments, granting leave, the deployment of behavioral interventions, the placement of individuals within certain regimes or within single or double cells, and/or risk communication to collaboration institutions or aftercare facilities. Specifically for individuals with moderate or serious concerns regarding future violent behavior based on the RS-V, implementing follow-up measures is advisable in order to contribute to the prevention of violence. The results of the screening and the intended follow-up measures may be discussed with the detained individual during a trajectory meeting.

To find out whether the RS-V is an effective instrument for the Dutch prison context, a pilot study was conducted in 2019 involving seven prisons (De Vries Robbé et al., 2021). The results of this pilot study were promising. Namely, the ratings on the pilot version of the RS-V showed excellent inter-rater reliability and sound predictive validity for violent behavior, both inside prison and outside prison after release. In addition, employees within the seven participating prisons indicated that the RS-V was relatively easy to administer and created more insight into concerns regarding violent behavior of detained individuals (De Vries Robbé et al., 2021). After some minor adjustments, it was therefore decided to implement the final version of the RS-V in all 25 Dutch prisons in 2021. During implementation, the RS-V became embedded within the work processes of the Dutch prison system. For instance, the tool was incorporated into the D&R plan and discussed during the scheduled MDOs and trajectory meetings. However, further validation and investigation of the psychometric quality of the RS-V within the entire Dutch prison system was deemed necessary.

It is important to use properly validated risk assessment methods within forensic settings. Not in the first place because implemented instruments should provide accurate predictions. In the case of the RS-V, it is important to find out whether the tool is sufficiently able to identify which individuals in prison are more prone to display violent behavior. This is called the predictive validity of an instrument: the extent to which a test result is able to predict a future criterion (Cronbach & Meehl, 1955). A sound predictive validity is necessary in forensic practice since decision-making based on the results of the assessment may significantly impact an individual's life (in the case of false positive predictions) and in-prison or public safety (in the case of false negative

predictions) (Shingler et al., 2020). Using tools with an accurate predictive validity will help to minimize errors and biases. In addition, studying the validity of risk evaluation tools in forensic practice will promote the refinement and improvement of the specific tool (American Psychological Association, 2020). Consequently, tools are better able to address the needs of the targeted offender population, possibly leading to better outcomes regarding safety enhancement.

Aim and outline of the thesis

The general aim of this thesis is to determine the practical application of the RS-V within the Dutch prison system and to discover its psychometric ability to predict future violent behavior of detained individuals. **Chapter 2** describes a study that investigates differences in RS-V ratings between two cohorts after the initial implementation of the RS-V within Dutch prison practice, and between subgroups of incarcerated persons (males vs. females[1], young adults vs. adults, first-time vs. recurrent detainees). In addition, this chapter gives insight into the user experiences of prison employees who administer the RS-V on a daily basis. **Chapter 3** zooms in on a study that retrospectively analyzes the predictive validity of RS-V ratings for violent and aggressive incidents occurring during prison stay. These RS-Vs are rated by researchers based on digital file information of detained individuals. **Chapter 4** illustrates a similar study design. However, this large prospective study includes RS-Vs scored by prison employees in prison practice, related to incidents of violence during incarceration. **Chapter 5** describes retrospective research that zooms in on the predictive values of RS-V ratings regarding violent recidivism after release from prison, including a distinction between males and females. The prospective study included in **Chapter 6** looks into the predictive validity of RS-V ratings by prison employees for violent (re)offending versus general (re)offending within the community after release. Finally, **Chapter 7** contains a General Discussion including a summary and interpretation of the results, limitations and strengths of the thesis, implications for Dutch prison practice, and recommendations for future research. Table 1.2 displays an overview of the chapters and the corresponding scientific studies included within this thesis.

1 In this thesis, gender differences are analyzed using 'male' and 'female' as recorded in detention files. It is important to acknowledge that these categories might not reflect individuals' gender identities or broader socio-cultural factors.

Table 1.2. Overview of the chapters and corresponding scientific studies included within this thesis

	Chapter 2	**Chapter 3**	**Chapter 4**	**Chapter 5**	**Chapter 6**
Research questions	- Is there a difference in the practical application of the RS-V in prison practice between two time cohorts? - Is there a difference in RS-V scores between subgroups of detained individuals? - What are the user experiences of prison staff with the RS-V across time?	- What is the predictive validity of RS-V scores for violent incidents within prison practice? - Is there a difference in the predictive validity of RS-V scores for violence toward staff versus violence toward other detained individuals?	- What is the predictive validity of RS-V scores for violent incidents within prison practice? - Is there a difference in the predictive validity of RS-V scores for individuals with a shorter detention duration versus individuals with a longer detention duration?	- What is the predictive validity of RS-V scores for violent recidivism after release from prison? - Is there a difference in the predictive validity of RS-V scores for males versus females?	- What is the predictive validity of RS-V scores for violent recidivism after release from prison? - Is there a difference in the predictive validity of RS-V scores for violent recidivism versus general recidivism?
The included RS-Vs are rated by	Prison staff within prison practice	Researchers based on file information	Prison staff within prison practice	Researchers based on file information	Prison staff within prison practice
Timeline of data collection	Prospective	Retrospective	Prospective	Retrospective	Prospective
Sample	Detained individuals (*n* = 8,960) Prison employees (*n* = 821)	Detained individuals (*n* = 181)	Detained individuals (*n* = 958)	Ex-detainees (*n* = 571)	Ex-detainees (*n* = 1322)
Outcome measures	-	- Violent incidents - Aggressive incidents	- Violent incidents - Aggressive incidents	- Violent (re)offending	- Violent (re)offending - General (re)offending
Follow-up period	-	4 months within prison	4 months within prison	6, 12, and 24 months within the community	6 and 12 months within the community