EXPLANATION OF V-RAM RISK FACTORS

STATIC / PREDISPOSING FACTORS ASSOCIATED WITH PREVIOUS VIOLENCE

Static risk factors are attributes of a consumer's past that are stable (i.e. unchangeable or slow to change) and have been found to be associated with previous episodes of violence.

It is important to consider static risk factors as these factors provide insight into the consumer's long-term violence potential and the factors which may predispose a consumer to violence. Even if the violent behaviour occurred a long time ago, static risk factors should be noted and considered because they highlight behaviours that could re-emerge in the context of dynamic risk factors.

Violence risk can exist in the absence of static factors, for example, during a consumer's first experience of a psychotic episode. As such, an absence of static risk factors does not equate to an absence of risk.

Static / predisposing factors associated with previous violence are recorded in this section of the V-RAM.

The V-RAM includes the below stated static risk factors:

RISK FACTORS	
VIOLENCE	Consider if the consumer has exhibited episodes of violence in the past, include violence to people, animals, property; threats of violence; sexual violence; stalking etc. When documenting such information, it is important to describe it in as much detail as possible, including: when it occurred; who the victim was; what the violent act/s were; and the consumer's mental state at the time.
PRO-VIOLENCE ATTITUDES	Pro-violence attitudes include thoughts or beliefs that violence is acceptable. Some consumers will hold a global belief that violence is acceptable. Others' pro-violence attitudes can be limited to specific victim groups or circumstances. For example, they believe violence is acceptable if someone disagrees with them, or that violence towards a particular race, religion, or gender is acceptable. Any pro-violent attitudes (both global and specific) are to be noted.
ANTISOCIAL BEHAVIOUR	Antisocial behaviour is broadly defined as behaviour that causes (or is likely to cause) harassment, alarm or distress to one or more persons; or that violates social norms of acceptable conduct. As a concept, antisocial behaviour is broader than violence. The Australian Institute of Criminology classifies the range of antisocial behaviours as: misuse of public space (e.g., illegal acts in public), disregard for community safety (e.g., dangerous driving), disregard for personal well-being (e.g., drug use or playing truant from school), acts directed at people (e.g., violence, verbal aggression, or bullying), and environmental damage (e.g., property damage and graffiti) (McAtamney & Morgan, 2009).

EXPLANATION OF V-RAM RISK FACTORS

RISK FACTORS	
RELATIONSHIPS	This item refers to the nature of the consumer's social relationships, including romantic relationships, family relationships, and friendships. It is possible to have positive and supportive relationships at the same time as having negative ones. Relationships of any kind which feature conflict, unhealthy dynamics (e.g., patterns of manipulation, patterns of jumping between brief relationships), inappropriate intensity or superficiality, or domestic violence should be noted in this section of the V-RAM. In addition, an absence of significant relationships should also be identified. Positive relationships should be noted in the protective factors section. Any comments made by a clinician about the nature of a consumer's relationships must be supported by documented evidence (e.g., observations, documentation of consumer self-report).
EMPLOYMENT	Employment includes paid work, study at a recognised institution, and voluntary work. This section relates to whether the consumer has a history of stable employment. Employment related factors associated with increased risk of violence include: frequent changes in jobs, having been fired from a workplace(s), and failing to attend work. If the consumer is unable to work due to medical reasons or the nature of their mental disorder, this should also be noted in this section. A history of stable employment or study should be listed as a protective factor.
MAJOR MENTAL DISORDER	According to the World Health Organisation, mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and development disorders including autism. The diagnosis of any historical psychological disorder, excluding substance use disorders and personality disorders, should be noted as a major mental disorder. For more information on these, please click here
PROBLEMATIC SUBSTANCE USE	A substance is anything consumed for intoxicating or performance enhancing effects and includes both illegal and legal substances (e.g., alcohol or prescription medication). Historical problematic substance use includes obtaining or using substances that leads to unsafe or dangerous behaviours; substance use which has historically interfered with work, study, relationships, or daily functioning; and/or issues associated with withdrawal that predispose an individual to violence. Problematic substance use encompasses: prescription medications, legal substances (e.g. petrol or aerosols), alcohol and illegal drugs. Substance use can impact violence through impulsivity; changes in mental state due to intoxication; changes in psychological and physiological state due to withdrawal; desperation in attempts to acquire more of a substance; and substance induced disorders. Comment is to be made about these features if substance use is identified. In addition, it is important to record the type of substance/s being used, as well as frequency, amount, and duration of use.

EXPLANATION OF V-RAM RISK FACTORS

RISK FACTORS	
PERSONALITY DISORDERS	Personality disorders with symptoms that relate to poor emotional regulation, impulse control difficulties, heightened sensitivity to criticism, inflated sense of entitlement, disregard for the feelings of others, low frustration tolerance and misconstruing others' intentions are likely to increase the risk of violence. Of the personality disorders, antisocial personality poses a particular risk in relation to violence.
TRAUMATIC EXPERIENCES	A history of trauma may contribute to violence through a heightened stress response to perceived or actual threat or triggers, increased irritability, negative attributional bias and dissociative symptoms (e.g., flashbacks). Identify possible traumatic experiences and symptoms that may have had an impact on violent episodes.
TREATMENT ADHERENCE AND RESPONSE TO TREATMENT	Indicators of risk relating to treatment adherence include: non-adherence to medical or psychosocial interventions, failure to attend appointments, and non-compliance with conditions under the Mental Health Act (2016). Historical information is to be recorded in the section of the V-RAM addressing static factors, with current information being recorded in the section addressing dynamic factors. Indicators of risk relating to response to treatment relate to the degree to which therapeutic interventions are successful in alleviating problems associated with violence (e.g., the impact of medication on hallucinations, the impact of psychotherapy on emotion regulation). It is also important to assess and document the consumer's attitude towards treatment and their treating team, as this can also impact treatment adherence.
ADDITIONAL FACTORS RELATING TO CHILDREN AND YOUTH:	
PEER GROUP/INFLUENCES	Association with antisocial and/or violent peers or gangs may contribute to a young person's engagement in violent behaviour through processes such as peer pressure, modelling, and peer norm setting. This may take the form of bullying or harassing others, or engaging in violent acts with other young people for instrumental gain (e.g., robbery for mobile phone/money).
SCHOOL ACHIEVEMENT/ ENGAGEMENT	A young person's poor engagement in schooling, truanting behaviour and difficulties with academic performance may contribute to a young person's involvement in violence. This is a result of having less formal structure, prosocial influences and sense of achievement that they might otherwise be exposed to through their connection to educational settings.

EXPLANATION OF V-RAM RISK FACTORS

DYNAMIC RISK FACTORS

Dynamic risk factors are those that are amenable to change in the relative short term (as opposed to static factors, which may require a longer time frame time to change, and which are unchangeable) or have an impact on a consumer's propensity towards violence. Due to their changeable nature, dynamic risk factors are often the target of therapeutic intervention.

Within the V-RAM, dynamic risk factors are broken up into several categories:

- Dynamic factors that precipitated previous violence
- Dynamic factors that contribute to current and future risk, including foreseeable changes that could quickly increase risk
- Inpatient dynamic violence risk factors (for inpatients only)

These will be discussed in further detail below

DYNAMIC FACTORS THAT PRECIPITATED PREVIOUS VIOLENCE

Dynamic risk factors in this context are those that triggered violent behaviours in the past. It is important to collect information on such triggers in order to obtain an understanding of the circumstances which contributed to previous violent behaviours for the consumer. This helps to establish patterns in behaviour.

Dynamic factors that precipitated previous violence are recorded in this section of the V-RAM:

DYNAMIC RISK FACTORS	
THE V-RAM INCLUDES THE FOLLOWING DYNAMIC RISK FACTORS THAT PRECIPITATED PREVIOUS VIOLENCE:	
INSIGHT	Insight is the awareness of one's own mental illness and symptoms, risk factors for relapse, and the impact of treatment(s) on mental health symptoms. Insight in violence risk assessment also refers to the consumer's awareness of their violent behaviour, including what situations trigger violence and the impact of their violence. When assessing violence risk, it is important to document the level of insight you believe a consumer has, and your rationale for this.
DYNAMIC RISK FACTORS	

EXPLANATION OF V-RAM RISK FACTORS

VIOLENT IDEATION	Violent ideation includes: thoughts, plans, desires, fantasies or urges to harm others. Violent ideation is to be recorded on the V-RAM, even if these cause the consumer distress. Important details to document include the frequency and nature of thoughts and fantasies, strength of intent to act on thoughts and urges, specificity of plans made, and the consumer's reactions to these psychological processes.
SYMPTOMS OF MAJOR MENTAL DISORDER	When a major mental illness is recorded as a static factor, it is important to record the symptoms that precipitated previous episodes of violence. This includes any symptoms or behaviours that are driven by intellectual impairment, brain injury or cognitive impairment (in addition to symptoms of disorders identified as a static mental illness).
PROBLEMATIC SUBSTANCE USE	Problematic substance use here refers to the same concept covered in static/predisposing factors. However, in this section, the aim is to record information about issues associated with substance use that triggered past episodes of violence
TREATMENT ADHERENCE AND RESPONSE TO TREATMENT	In this section, treatment adherence and response to treatment refers to the same concept covered in the static/predisposing factors. However, in this section the aim is to record information about issues associated with treatment non-compliance and non-responsiveness that triggered past episodes of violence
LIVING SITUATION	This item refers to the stability and safety of the consumer's living situation. Consider whether their accommodation, neighbourhood, or neighbours cause stress which contributes to the risk of violence. Also note if their neighbours, flatmates or co-tenants are incorporated into their symptoms, or have been identified as potential victims of violence.
STRESS / COPING	Consider whether the consumer had stressors that were beyond their coping ability at the time of previous violence. Reflect on whether the consumer has a lack of coping mechanisms and whether there are any foreseeable stressors. Record as a strength and as a protective factor if the consumer has adequate coping mechanisms, good awareness of their stress levels, and the ability to implement coping strategies when they first notice stress.
INCREASED ANGER	Determine whether the consumer had elevated anger levels at the time of previous violence. Increased anger could be indicated by having a short temper, increased verbal aggression, increased psychomotor activity and/or threats. When conducting the V-RAM, consider whether the consumer's level of anger had increased in recent weeks.
IMPULSIVITY	Impulsivity refers to making decisions suddenly with little forethought, outbursts of behaviour, making reckless decisions and/or behaving without considering alternatives. Impulsivity is associated with some mental disorder symptoms. The role that mental disorder symptoms have on impulsive actions is to be documented. Record whether the consumer showed signs of impulsivity at the time of previous violence and whether impulsivity is a risk factor for future violence.

ADDITIONAL FACTORS RELATED TO CHILDREN AND YOUTH:

EXPLANATION OF V-RAM RISK FACTORS

PEER GROUP/INFLUENCES	Association with antisocial and/or violent peers or gangs may contribute to a young person's engagement in violent behaviour. This may take the form of bullying or harassing others or engaging in violent acts with other young people for instrumental gain (e.g., robbery for mobile phone/money). Consumers who are alienated, rejected, bullied or isolated may also be at increased risk of violence towards others.
SCHOOL ACHIEVEMENT/ ENGAGEMENT	Poor academic performance and/or disengagement from the school community due to disciplinary action (e.g., suspension/ expulsion or poor connections with peers and teachers) may increase the risk for violence.

EXPLANATION OF V-RAM RISK FACTORS

DYNAMIC FACTORS THAT CONTRIBUTE TO CURRENT AND FUTURE RISK (INCLUDING FORESEEABLE CHANGES)

In addition to the above, it is important to assess the presence of any specific thoughts, plan and ideation relating to current or future violence, and to identify dynamic risk factors that perpetuate current risk. Specific examples of the dynamic factors are not included in the V-RAM, as they are likely to mirror those identified in previous sections. Remember that factors that are relevant to a consumer, but not listed as examples on the V-RAM, should also be described and discussed.

In addition it is essential to identify foreseeable changes. These are specific events that are likely to occur in the near future, and that are likely to have a tangible negative impact on risk. An example of a foreseeable risk is an upcoming custody hearing which will determine whether a consumer at risk of violence will be granted shared custody of their children. In this example, the consumer's baseline emotional arousal is likely to increase as the hearing approaches, which will likely increase the risk of violence. In addition, the consumer's risk of violence is likely to escalate greatly if they are not granted shared custody. Careful consideration of foreseeable risks allow for the planning of contingencies to mitigate risk as part of the risk management plan. Specific examples of foreseeable risks are not included in the V-RAM because they are so closely tied to each consumer's unique situation. As such, it is important to use the conceptualisation of the consumer (built through collateral and self-report), as well as collaborative discussion (with both the consumer and caregivers, if possible), to determine foreseeable risks.

Dynamic factors that contribute to current and future risk are recorded in this section of the V-RAM.

DYNAMIC FACTORS THAT CONTRIBUTE TO CURRENT AND FUTURE RISK	
DYNAMIC FACTORS FOR INPATIENTS	Research has identified particular dynamic risk factors associated with short-term violence risk which are specific to the ward environment. Consumers who have been admitted to hospital may have increased dynamic factors arising from being in a restricted, controlled environment where there may be an increase in sensory stimulation, limited opportunity to remove oneself from potential stressors, and a restricted sense of agency. Dynamic factors for inpatients are recorded in this section of the V-RAM.

EXPLANATION OF V-RAM RISK FACTORS

THE V-RAM INCLUDES THE FOLLOWING DYNAMIC RISK FACTORS FOR CONSIDERATION WITH INPATIENTS:	
CONFUSED / OVER-EXCITED BEHAVIOUR	Record whether the consumer understands their surroundings and their orientation to time, place and person. Being over-excited can manifest as being loud, highly energetic, and insistent or intrusive, for example shouting instead of talking or slamming doors. Confusion and boisterousness can also aggravate other consumers in shared environments.
IRRITABLE / SENSITIVE TO PROVOCATION	The consumer is easily annoyed or becomes angry in response to relatively innocuous stimuli. The consumer reacts aggressively to perceived provocation or perceived slights or insults.
PHYSICAL OR VERBAL THREATS / PROPERTY DAMAGE	The consumer threatens to harm others, breaks objects on the ward, kicks or punches property, deliberately encroaches on the personal space of others, and/or aggressively touches others (e.g., pushing, barging, hitting). For example, takes an aggressive stance, grabs another person's clothing, raises their fists, throws objects, or hits windows or furniture.
IMPULSIVE	Impulsivity here refers to the same concept as impulsivity in the "Dynamic factors that precipitated previous violence" section. However, in this section, the focus is on describing how this behaviour manifests in an inpatient setting, and how this impacts violence risk.
UNWILLING TO FOLLOW DIRECTIONS / ANGERED WHEN REQUESTS ARE DENIED	This refers to occasions when the consumer chooses not to comply with reasonable staff directions (e.g., ignoring directions, arguing with reasonable instruction etc). Alternatively, this may refer to the consumer becoming angry or irritable when their requests are denied or when staff make requests of them. For example, requests to turn down the volume of the television or to have a shower.

EXPLANATION OF V-RAM RISK FACTORS

PROTECTIVE FACTORS AND STRENGTHS

It is important to balance consideration of factors which indicate increased risk, with a full assessment of the factors that have reduced a consumer's risk in the past. An understanding of such protective factors provides a more accurate assessment, and assists in the creation of an effective intervention plan. Considering protective factors is also part of adopting a recovery oriented approach to risk assessment and management.

The prevention oriented approach to violence risk management is based on the identification and enhancement of protective factors.

In order to be truly protective, a protective factor must reliably:

- reduce risk
- be available
- be accessible (including a consumers willingness to access the protective factor)
- be valued by the consumer.

Protective factors / strengths are recorded in this section of the V-RAM.

PROTECTIVE FACTORS AND STRENGTHS

THE V-RAM INCLUDES THE FOLLOWING PROTECTIVE FACTORS AND STRENGTHS:

TREATMENT ADHERENCE AND RESPONSE TO TREATMENT	The consumer is compliant with medication and treatment is effective at managing symptoms related to violence. Also note any psychological interventions the consumer has attended (e.g., emotional regulation skills program).
COPING/SOCIAL SKILLS	The consumer has skills to problem solve; and manage conflict, frustration and emotional distress which are adaptive, and do not harm themselves or others. List skills or strategies the consumer is utilising.
STABLE LIVING SITUATION	The consumer has safe, stable and reliable accommodation which is relatively free from stress.
STABLE MENTAL/EMOTIONAL STATE	The consumer's mental/emotional state remains largely asymptomatic across time. In particular, the consumer is able to regulate their own emotions and utilise strategies to cope with their symptoms, even in response to stressors. Note the approximate length of time the consumer has experienced the period of stability in emotional or mental state.

EXPLANATION OF V-RAM RISK FACTORS

PROTECTIVE FACTORS AND STRENGTHS	
RELATIONSHIPS/SUPPORTS	The consumer has positive relationships with friends, family and is linked in to community supports (e.g., social clubs, gym, health practitioners etc). Importantly, these relationships embody supportive, adaptive, and pro-social behaviours.
INSIGHT/AWARENESS OF TRIGGERS	The consumer can identify the triggers for past violent actions and has developed some strategies to cope when triggered. Insight also involves an understanding of the impact of violent behaviour on oneself and others. The consumer appears to have a willingness to learn new skills and implement these to assist in reducing violence.
MEANINGFUL TIME USE	The consumer is engaged in paid (e.g., employment) or unpaid (e.g., training/hobbies) activities that provide a sense of meaning and purpose (e.g., volunteer work, attending a T.A.F.E course, working in a café).
ADDITIONAL FACTORS FOR CHILD AND YOUTH:	
PEER RELATIONSHIPS, SUPPORTS AND ACTIVITIES	The consumer has relationships with peers and other supports which are positive influences. Additionally, the consumer is engaged in activities which provide a sense of belonging, connection and enjoyment.
THE FOLLOWING FACTORS ARE NOT INCLUDED WITHIN THE V-RAM, BUT REMAIN IMPORTANT TO CONSIDER:	
ABILITY TO RECOGNISE AND COPE WITH ACTIVE SYMPTOMS OF MENTAL DISORDER	The consumer understands their diagnoses and how the symptoms impact on their life. They can identify the strategies they use to manage these symptoms.
SKILLS TO COPE WITH STRESS OR INTENSE EMOTIONS	The consumer can identify and employ skills designed to manage stress and intense emotions (e.g., exercising, breathing, calling a support person).

EXPLANATION OF V-RAM RISK FACTORS

MISSING INFORMATION

Missing information refers to aspects of your assessment you are aware are incomplete. Part of the importance of adopting a structured approach to identifying risk factors (as described above) is that it allows clinicians to more easily identify gaps in information. Explicitly considering missing information allows clinicians to target questions asked of a consumer, strategically collect collateral information, or adopt a more conservative approach to conceptualising risk for an individual, if necessary.

Missing information should be recorded in the sections of the V-RAM at which they are most relevant. For example, if the clinician is aware that they are lacking information about an individual's substance use history, this should be recorded in the Static / Predisposing Factors section.