Risk assessment tools have been created to identify justice-involved individuals who are most in need of treatment and supervision. The most effective correctional and forensic systems make sure that only the individuals most likely to reoffend receive the most intensive treatment and supervision. Actuarial methods compare individual data to data from large groups of similar individuals, and they are substantially more accurate than relying on clinical judgment. However, early research showed that actuarial risk assessment tools were not used in decisions about forensic patients’ level of security. We studied decisions that forensic review boards made about the level of security for 63 men in our forensic hospital in 2009-2012. The board meets to make decisions about patients’ security every year. We compared the security decisions to the results of an actuarial risk assessment tool, the Violence Risk Appraisal Guide (VRAG). The VRAG was created at our hospital, and has been shown to be an excellent predictor of violence and re-offending in dozens of studies.

Over the past 20 years, review board decisions have become more related to actuarial risk assessment results. In the past, review boards were just as likely to use maximum security beds for the lowest and highest risk individuals, meaning fewer secure beds for higher risk patients. Forensic review boards still mostly relied on clinicians’ input. However, their recent decisions are increasingly related to patients’ VRAG scores. We found no evidence that risk assessment was only used when risk was higher or when clinicians agreed with the VRAG results.

The Criminal Code of Canada changed in 2014 by introducing a new “high risk” category for persons found not criminally responsible. The law says that patients found “high risk” can be held in hospital without a review board hearing for 3 years. This study shows that actuarial risk assessment could be used to evaluate whether the “high risk” category is accurate and unbiased.


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