Title Page

Title of paper:

Female Service User's experiences of collaborative HCR-20V3 risk assessment on a low and medium secure ward.

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This project was developed by practitioners, who are passionate about improving the experiences of women who present to forensic settings. The authors would like to acknowledge and thank the women who took part in this research and shared their experiences of violence risk assessment, and who we hope to have played a vital role in enhancing the practice that other women in secure services across the country receive.

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The first and third authors of this research project were both clinicians working on the female wards. The collaborative risk assessment pilot was also developed and implemented by the first author, who also conducted the semi-structured interviews with participants.

Female Service User's experiences of collaborative HCR-20V3 risk assessment on a low and medium secure ward.

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Abstract

Best practice guidelines within violence risk assessment have advised collaboration with service users, with potential benefits including increased insight, shorter stays in hospital, and increased transparency. Previous research has explored the experiences of males, although to date there is no published research exploring the experiences of women. This article explores the experiences and perspectives of adult female service user's engagement with collaborative HCR-20V3 violence risk assessment in a low and medium secure mental health service. Following the introduction of collaborative HCR-20V3 risk assessment within the female service, six service users were recruited from a low or medium secure mental health ward and they undertook a semi-structured qualitative interview. Thematic Analysis identified five superordinate themes: (i) Improved understanding of use of HCR-20V3 and value of collaboration, (ii) Improved understanding of own violence risk, (iii) Development of goals for the future, (iv) Uncomfortable emotions and re-traumatisation", (v) Improvements to the collaborative process. Clinical implications and future research directions are discussed.

Keywords: collaboration, co-production, violence, risk assessment, forensic psychology, female offending.

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Introduction

Common practice with the structured professional judgment (SPJ) risk assessment process is the completion of forensic risk assessments by a trained practitioner. Historically, SPJ risk assessment advises the practice of triangulation, to collect a wide range data to best inform the risk assessment process and develop a more rounded understanding of risk from several sources (e.g., file information, interviews etc). A significant component of the SPJ assessment process, involves the collation of file information, written by professionals about the service user. This information then forms the basis for the development of clinical interview with service users and staff. Overall, it could be suggested that traditionally forensic service users are only involved in a small component of the risk assessment process (e.g., interview).

The Historical, Clinical and Risk Management-20 Version 3 (HCR-20V3) (Douglas et al., 2013) is commonly utilised for the assessment and management of violent behaviours and has been nationally adopted in the UK as a commissioning standard for all service users residing within secure services (Gray et al., 2020). Each service user is required to receive 6 monthly HCR-20V3 risk assessment updates. As this is a commonly utilised structured professional judgment risk assessment tool within secure inpatient services in the UK alongside violent offence being the most common risk category within secure services (Vollm et al., 2018), the authors chose to focus on exploring the collaborative process of the HCR-20V3 risk assessment tool.

Women, secure services and violence risk assessment

Women make up 4.1% of the prison population in England and Wales and it is projected to rise by 16% by November 2027 (MOJ Prison Population Projections 2023-2028). Research has indicated that women who encounter the criminal justice system are more likely to receive a hospital order in court, rather than being sent to prison (Sahota, 2010).

Within secure settings, women most commonly present with an index offence of arson or criminal damage (Sarkar & di Lustro, 2011) and have been found to have been victims of both childhood and adulthood abuse, a lower socioeconomic status, and diagnoses of schizophrenia or multiple diagnoses (Ribeiro et al., 2015). Further, women who are admitted to secure services, who may not have a previous criminal conviction have often been referred and accepted due to difficulties managing self-harm, suicidal acts, or aggression towards staff in other settings (Bartlett, 2001).

Whilst overall rates of violence committed by women is lower than men, within secure inpatient services, Sahota et al., (2010) found that women committed more violence than men both 2 years, and 5 years after discharge, which included a much higher rate of arson. The authors have chosen to explore the collaborative process of the HCR-20V3 risk assessment tool with women, due to high rates of violence within secure inpatient settings. Although the authors recognise that collaboration within SPJ risk assessment tools could be utilised with all genders and characteristics, the majority for the evidence for the HCR-20V3

risk assessment tool is based on a male population (de Vogel et al., 2022), and as such the authors selected female service user's to provide balance within the evidence base.

Best Practice Guidelines and Risk Assessment:

In the UK, risk assessment best practice guidelines were developed by the Department of Health during 2007 (updated 2009). This included a framework to underpin principles of risk assessment and management in all clinical settings. Within the principles best practice identified one principle of risk assessment being conducted in the "spirit of collaboration" (Horstead and Cree, 2013).

Horstead and Cree (2013) highlighted that risk assessment within the secure service they worked in was something "done to" service users, who were passive in the process, with a multiteam of professionals discussing and agreeing on service user coding of risk items on the HCR-20V3 with no service user collaboration. This is a similar process that had been taking place within the low and medium secure female wards before June 2022.

Mann, Matias, and Allen (2014) highlighted three pitfalls in relation to the common procedure of practitioners completing the HCR-20V3 risk assessment without the input of service users. Mann et al, (2014) indicated that by restricting the input to solely professionals: (i) service users have a poor understanding and awareness of the risk factors that are keeping them in hospital; (ii) lack of transparency in risk assessment may lead to passivity and a lack of responsibility in service users, thus making it difficult for them to manage their own risks in the long term; (iii) service users may develop resentment towards the service and clinicians.

Collaborative Risk Assessment and Service User Experiences:

More recently, Markham (2020) highlighted that there is very little literature available regarding service user's views and experiences of risk assessment and risk management.

In 2021, Gray et al (2021) used interpretative phenomenological analysis (IPA) to understand male service users experiences of risk assessment within a secure service. Service users described risk assessment as a "game". This included feeling like their lives were in clinicians hands; the stigma of offending made them feel they were a villain in the "game"; interpreting the Ministry of Justice (MOJ) being a higher power in the "game"; feeling "stuck in the game"; needing to gain knowledge to work through the system; and feeling that knowing themselves, was key to discharge from services.

To date**,** there has been research exploring male service user's views and experiences of risk assessment (Gray et al., 2021; O'Dowd et al., 2022) however there is limited understanding of the views and experiences of collaborative violence risk assessment for female service users who have committed offences.

This paper aims to address this gap, reporting analysis of qualitative data generated with female mental health service user's who engaged with a collaborative HCR-20V3 violence risk assessment on low and medium secure wards.

Method

Research Design

The study design was qualitative, and participants were asked to discuss their experiences of collaborative risk assessments, via open questions in a semi-structured interview. Ethical approval was obtained for the study from the Health and Care Research Authority (HRA) of England and Wales (IRAS ref: 317805). This design allowed for the collection of rich data, regarding the experiences of service user's, thus meeting the aims and purpose of the study.

Researcher Description

The research study team were made up of two clinicians, JS and LM working within the study setting (one trainee psychologist, one consultant clinical psychologist), as well as a research academic, TW, based at Durham university in the UK. The study was designed and conducted by the JS, who has experience of collaborative HCR-20V3 risk assessment, alongside clinical supervision from LM. TW supported with data analysis and the paper write up, due to their wealth of experience in academic research.

Participants

The sample included 6 female mental health service users formally detained under the Mental Health Act, 1983 (revised, 2007) and had a history of violent behaviours and/or convictions for violent offences. See Table 1 below for further information.

Purposive sampling (Robinson, 2014) was used to identify 6 service users who had experienced the collaborative HCR-20V3 risk assessment process. This included two secure female mental health wards, located in the study setting.

Participants had prior therapeutic relationships with author one and author 3, ethical implications are highlighted within the discussion section. The participant recruitment process is discussed within the study procedure.

Study setting

The research study recruited from an adult, forensic mental health population of women detained under the Mental Health Act, 1983 (revised, 2007). The service users were residing on a low or medium secure ward in the North of England.

Table 1: Demographic information of participants

Pseudonym	Age of Participant	Mental Health Act (1983; revised, 2007) Section Type	Mental Health Diagnoses of Participants
Clara	37	Section 37/41	*Schizoaffective Disorder*
Karen	54	Section 37/41	*Schizoaffective Disorder*
Janine	34	Section 37	*Schizophrenia & PTSD*
Abigail	56	Section 37/41	*Borderline Personality Disorder*
Salma	32	Section 3	*Borderline Personality Disorder & PTSD*
Christine	24	Section 3	*Borderline Personality Disorder & PTSD*

Procedure:

Before potential participants were approached for the research study, a member of the study team, met with and discussed each service user's potential participation with the Responsible Clinician (RC) overseeing their care. This was to ensure the service user had mental capacity to consent to engaging in the research. If a service user was deemed as not having mental capacity, or were experiencing acute mental health symptoms, they were not approached to take part.

When the RC confirmed a potential participant could be involved, they were approached by the research team and provided with a participant information sheet (PIS). Participants were provided with at least 24 hours to read the PIS before meeting with a member of the study team where they could ask questions. During this meeting the study team assessed understanding of the research (to confirm mental capacity), participants were reminded that participation in the study was voluntary, and they had the right to withdraw from the study within a 14-day period. Service users who agreed to take part and were deemed as having mental capacity, were then able to provide written informed consent.

After providing written informed consent, participants were then scheduled to complete a qualitative interview about their experiences of the collaborative HCR-20V3 risk assessment process. Interviews took place on the low or medium secure ward in a clinical interview room. Interviews were recorded using an NHS encrypted Dictaphone and they lasted between 30-45 minutes in length. Following completion of the interview, service users were debriefed and provided with a participant debrief form. Interviews took place between October 2023 and March 2024.

All audio recordings of the participant's interviews were transferred and stored onto a secure NHS computer within the secure personal drive of the first author. The first author transcribed all interviews using validated software (big hand) and gave participants a pseudonym and removed any anonymous data.

Data Collection:

A semi-structured interview protocol was designed by JS utilising the evidence base and the aim was to capturing data regarding service user's experiences of collaborative risk assessment employing open questions, as well as follow up questions to draw out rich experiential data (Turner, 2010).

One to one interviews were carried by JS, with interview length ranging between 20 and 45 minutes, with the average length of interview being 30 minutes. Interviews were recorded on an encrypted Dictaphone, and transcribed following completion of interview.

Data Analysis:

The study utilised qualitative data analysis to identify themes and patterns within the interview transcripts. Themes were identified by JS utilising Thematic Analysis (TA) (Braun & Clarke, 2006). Braun and Clarke (2006), 6 step method of conducting robust TA analysis was utilised, and the analysis itself was guided by Maguire and Delahunt (2017) practical guide of conducting TA.

TA was selected as a qualitative analysis method as it allows for a "bottom up" approach, transforming raw data from interviews into meaningful categories and patterns, reducing researcher's preconceptions or bias about the research (Braun & Clarke, 2006). TA allowed for flexible adaptation to data, including shorter interviews and less rich data sets, unlike other qualitative techniques. This would not be appropriate for methods such as Interpretive Phenomenological Analysis (IPA; Smith, 1996) which require richer and more vast data sets (Pietkiewicz & Smith, 2014). TA also offered a clear step by step process to analyse data, allowing for a thorough and systematic approach. As such, it felt most appropriate for this study.

The 6 step method identified included: (i) becoming familiar with the data, by reading and re-reading the transcripts (ii) generating the initial codes, by labelling the data and identifying key features (iii) searching for themes, whereby the codes and data are pulled together in order to describe patterns in the data, (iv) reviewing themes, whereby the preliminary themes identified in step 3, are revised, modified and developed to ensure they make sense for the research question, (v) defining and naming themes, whereby the final themes are refined and explored to provide a detailed analysis and story of the data, and (vi) write up, whereby the findings of the themes are written up into a report.

Whilst completing the data analysis, JS completed reflexive journals, and utilised a line-by-line coding procedure to generate initial codes. This produced patterns in the data, that were coded, and overall themes identified. Supervision of TA analysis was provided by the TW, to enhance and ensure quality, alongside a review of codes and themes by the TW to ensure accuracy.

Thematic Analysis identified 5 subordinate themes, with 7 sub-themes. The themes and sub-themes are identified and explored below.

Table 2: Table of themes and subthemes

Theme/Subtheme	Participants included in this theme
Improved understanding of use of violence tool and value of collaboration.	Clara, Karen, Janine, Abigail, Salma, Christine
Limited or no previous understanding or experience of HCR-20V3 before the collaborative process.	Clara, Karen, Janine, Abigail, Salma, Christine
Improved understanding of the HCR-20V3 tool following collaborative engagement.	Clara, Karen, Janine, Abigail, Salma, Christine
Understanding of the utility of HCR-20V3 for service users	Salma, Abigail, Karen, Clara, Christine
Improved understanding of individuals own risk	Clara, Karen, Janine, Abigail, Salma, Christine
Improved Insight into violence risk factors	Salma, Karen, Janine, Abigail, Christine
Accountability and control of own risk behaviours	Abigail, Salma, Karen, Clara
Development of goals for the future	Janine, Salma, Abigail, Karen
Barrier of uncomfortable emotions and potential re-traumatisation	Karen, Salma, Abigail, Christine, Clara
Improving the collaborative risk assessment process	Clara, Karen, Janine, Abigail, Salma, Christine
Materials to aid with the collaborative process	Clara, Abigail, Karen, Christine
From the beginning of service user's journey in services.	Janine, Abigail, Salma, Karen, Clara

Results:

Theme 1: Improved understanding of the use of HCR-20V3 and the value of collaboration

Participants shared that before engaging with the collaborative HCR-20V3 risk assessment process, they had a limited understanding of the HCR-20V3 tool but following engagement service users developed an improved understanding, including the rationale for its use and the purpose of the tool for both staff and service users.

Three sub-themes were identified, including: (i) limited/no previous understanding or experience of the HCR-20V3 risk assessment before engaging in the collaborative process, (ii) improved understanding of the HCR-20V3 risk assessment after engaging in collaborative process (iii) understanding the purpose of the HCR-20V3 for service users.

(i) *Limited/no previous understanding or experience of the HCR-20V3 risk assessment before engaging collaboratively.*

All six participants highlighted having limited/no previous experience of understanding of the HCR-20V3 risk assessment tool, before the collaborative risk assessment process was piloted. Salma shared that she felt there was limited information available within the hospital that informed her of violence risk assessments.

"Well before I did it with [you] I didn't like know what it was about. Cause I had never heard of a HCR-20 before. So I felt quite out of the loop, cause I didn't know what it was about and that"
(Salma)

All participants highlighted before engaging in the collaborative risk assessment pilot, they had *never* previously been involved in their HCR-20V3 updates whilst in secure services.

"In the past to be honest, it was never something I have heard of or done before doing it with you. Even when I was in High security years ago, it was never something I was involved with.
(Abigail)

(ii) *Improved understanding of the HCR-20V3 risk assessment tool following engagement collaboratively.*

All six participants shared feeling as though their understanding and knowledge of the HCR-20V3 risk assessment tool improved following engaging in the collaborative risk assessment process. This is supported by Karen below.

"It gave me a better understanding of how the assessment process works, as well as the areas that you look at around violence".
(Karen)

(iii) *Understanding the purpose of the HCR-20V3 risk assessment tool for service users*

Five participants highlighted how they believed the HCR-20V3 risk assessment tool was useful for supporting individuals understanding and managing their own violent risk behaviours. Salma felt the HCR-20V3 was important to support service users identifying incidents that lead to violence, with the aim to reduce them in the future:

"I think it's useful for patients as well, we can like look back at how we behaved and realise what we've done ourselves and try to stop it happening again in the future. It might give some people like a shock and make them want to change things for the future"
(Salma)

One participant, Abigail, then went on to expand upon the utility of the HCR-20V3 for service users to use as a tool for understanding their violence and how it may be useful to work towards discharge from inpatient settings.

"I guess patients can look back on their violence and make better choices in the future. Nobody wants to be in hospital forever and I guess it helps people learn hey can do things differently. I think it helps people not make the same mistakes again.
(Abigail)

Theme 2: Improved understanding of individual's own violence risk

All six participants discussed that following engaging with collaborative HCR-20V3 update assessments, they felt that they had an improved understanding of their own violence risk. Thematic analysis identified two sub-themes (i) Increased insight into violence risk (understanding), and (ii) Increased accountability and control of violent behaviours (action).

(i) *Increased Insight into violence risk*

Five participants identified an increased understanding of their own individual violence risk, following engaging with the collaborative HCR-20V3 risk assessments. Janine expressed she felt that she developed a better understanding of her own risk factors and violent behaviours following engaging in the process.

"Taking part in the violence risk assessment process allowed me to think about my own risk and understand why I become violent"
(Janine)

This was further supported by Christine, who felt that following taking part in the collaborative risk assessment helped her understand the factors she struggles with which result in violent incidents within the inpatient ward.

"After I was involved, it let me see that I struggle controlling my emotions and anger. I just see red, and then become violent to staff. I can see that I need to work on my problems with anger now"
(Christine)

(i) *Increased accountability and control of violent behaviours*

Four participants identified an increased level of accountability into their violence risk, as well as an increased control of their violence behaviours following completing the HCR-20V3 collaborative risk assessment. Within this sub-theme, participants identified being able to act and change their behaviours, because of understanding their risk. Service user's identified that they felt that involvement with the process would allow themselves or other individuals to take responsibility and change their violent behaviours.

"I think I am managing difficulties on the ward differently, so yesterday there was an incident on the ward between other patients. In the past I think I would have self-harmed,

become violent or got into arguments. But I really wanna be in control of my behaviour and make choices that are different. So this time I went to my room and didn't have any problems. I know that I have other strategies"
(Abigail)

Theme 3: Development of goals for the future

Four participants identified the collaborative risk assessment process as a way of developing goals for the future, and as a means of reducing violence and working towards eventual discharge from secure settings.

Salma discussed how the process was a way of working towards the future goal of discharge from secure inpatient services, describing that she was able to develop smaller achievable goals whilst in hospital, to achieve the longer-term goal of discharge.

"I don't want to be in hospital forever, it lets me come up with small plans and achieve one, then achieve the next and hopefully eventually leave hospital and live with family in the community"
(Salma)

Theme 4: Uncomfortable emotions and re-traumatisation

Five participants identified potential barriers or difficulties individual may experience when engaging in the collaborative HCR-20V3 risk assessment process. This included the occurrence of uncomfortable emotions, as well as the potential of re-experiencing trauma memories and experiences.

Karen discussed how the process may trigger uncomfortable emotions, because of reflecting on historical violent incidents.

"it can be challenging to reflect on things that have happened historically, and to be honest with yourself. It's quite a vulnerable position to be In, it might lead to feeling difficult emotions and shame around some previous behaviours"
(Karen)

Alongside challenging emotions, Christine shared that she felt the process, had the potential of re-traumatisation for some individuals, due to discussing historical events and incidents.

"When you have to talk about the bad things you've done, or what happened it can be painful. It might bring bad memories back and people might experience trauma memories"
(Christine)

Theme 5: Improvements to the collaborative risk assessment process

In the final theme, all six participants identified and commented on improvements that could be made to aid with engagement and understanding of the collaborative HCR-20V3 risk assessment process.

Within this, two sub-themes were identified which included (i) the use of materials to aid with the process of collaborative risk assessment, as well as (ii) collaborative HCR-20V3 risk assessment from the beginning of service user journey in secure services.

(i) *Materials to aid service user's with the process of collaborative risk assessment*

Four participants identified that they felt collaborative risk assessment updates could be improved using advertising materials or information sheets. This included visual reminders (e.g. leaflet) of the collaborative process.

Abigail felt a poster would also be useful to increase memory and aid understanding.

"When it's updated on a six monthly basis, I think it's easy to forget how to complete the process. I think something that reminds patients of the process, so they don't have to wait between every 6 months. I think like maybe a poster or information booklet to remind people of the assessment and how its completed"
(Abigail)

(ii) *Collaborative risk assessment from the beginning of a service user's journey in hospital.*

Five participants identified that they felt the collaborative HCR-20V3 assessment process would be beneficial to begin from the beginning of a service user's journey within secure inpatient services.

Janine felt that early collaboration in risk assessment would result in quicker understanding and management of risk behaviours.

"I think it should be straight away from when they come into hospital. That way people will understand their risk better and maybe be able to control their anger and violence better. It would also help the individual understand what behaviours are risky and what aren't.

(Janine)

Discussion:

This research aimed to explore female service user's lived experience of collaboration within HCR-20V3 violence risk assessment updates, within a low and medium secure mental health service. Five superordinate themes were identified using TA, with participants describing the collaborative risk assessment process as:

(i) a tool for the development of goals for the future,
(ii) a tool for increasing their involvement and understanding of violence risk assessment.
(iii) a tool for improving their understanding of their own risk behaviours,
(iv) a tool that presents with some potential barriers and difficulties
(v) a process which can be improved.

Themes identified from participants appear to support some of the conclusions made by previous research. In their commentary on risk assessment Mann et al. (2014) highlighted some pitfalls in relation to lack of collaboration in risk assessment, two of which were service user's having a poor understanding and awareness of their risk factors, and secondly lack of transparency in risk assessment may lead to passivity and a lack of responsibility in service users to manage their own risks.

By collaborating on HCR-20V3 risk assessment's female service user's identified commonalities in which they perceived the collaborative risk assessment process as a tool for increasing their understanding of their own risk behaviours, as well as helping them take accountability and control of their own behaviours. As such, it could be suggested that by regularly collaborating in their violence risk assessment, female service user's may develop insight into their risk behaviours quicker and begin to develop an internalised locus of control (Rotter, 1954), allowing them to begin to control and change behaviours. As such, the collaborative process with violence risk assessment may be a useful tool for aiding recovery and rehabilitation within hospital settings. This may be particularly pertinent for reduction of violence, as poorer levels of insight have been linked to violent behaviours in forensic mental health settings (Buckley et al., 2004; Smith et al., 2019).

Furthermore, the identification of the theme of developing goals for the future may allow for a strengths-based approach supporting service users to develop a life away from offending (McNeil & Weaver, 2010). This includes recognising and developing individual's strengths and building and sustaining hope for the future (Rocque, 2017). As such, services may act by offering individualised strengths-based care, with the aim of aiding and supporting with a future away from offending behaviours.

Strengths and limitations:

To the authors knowledge, this is the first qualitative research project to explore female service user's experiences of collaborative HCR-20V3 risk assessment previous published literature has only explored the experiences of male service users.

The research interviews were carried out by a clinician working directly with service user's on the ward, and who had conducted the collaborative assessment updates with service users. It is recognised there may be some potential bias within the project for example, service user's may have felt they needed to provide favourable responses (e.g., impression management to appear their risk is reducing in a forensic setting; (Harvey & Drake, 2022)

It is recognised there may be conflict of interests as an established therapeutic relationship may have benefited the interview process, due to participants feeling safer discussing their experiences openly with the research team. As such, the therapeutic relationship may have enhanced the interview process (Hamilton, 2010).

Service users were offered the opportunity for the interview to be conducted by an alternative interviewer, but all service users chose to be interviewed by JS. Attempts were made to reduce potential bias by following the semi-structured interview approach, as well as utilising an open question interview style to reduce the presence of any potential leading questions.

Clinical Implications:

Female participant's experiences of engaging in collaborative HCR-20V3 risk assessment, has highlighted promising perceived benefits by service users, including developing insight into their own violence risk, developing accountability and control of their risk behaviours, and the development of goals for the future. Overall, the findings of this study suggest collaborative risk assessment may be an important facilitator towards recovery in forensic services, as well as promoting collaboration, choice, trustworthiness, and empowerment, which are four of the trauma informed principles for working with women in criminal justice settings (Female Offender Strategy, 2018; Female Offender Strategy Delivery Plan, 2023).

Collaborative risk assessment could be utilised alongside the Good Lives Model (Ward & Brown, 2004) and desistance literature to support females to develop a life worth living away from offending behaviours. This would foster hope and future plans, and potentially aid in recovery process. The HCR-20V3 is part of the wider SPJ risk assessment tool family, and as such collaborative risk assessment can be applied to other SPJ tools (e.g. Spousal Assault and Risk Management Version 3; Kropp & Hart, 2015). Within SPJ risk assessment, collaboration can include working collaboratively with service users to develop a formulation of their violence risk, as well as developing case management plans for achieving desistance, with support from practitioners (Hart et al., 2016; Hart & Logan, 2011).

A full systemic approach for the embedding and maintenance of collaborative risk assessment will be required for services to achieve best practice in violence risk assessment. This may include the development and implementation of risk assessment policy, and training for staff.

Whilst this research project and pilot focussed on the introduction of collaborative SPJ risk assessment with women, the authors highlight that themes 2 and 3, appear to mirror and resolve the themes of “needing to gain knowledge to work through the system”; and feeling that “getting to know themselves, was key to discharge from services”, that were found by Gray et al., (2021) using a male secure service sample. Female service users felt that their insight into their own violence increased, and they were able to develop goals for the future to work towards discharge. As such, it is felt that collaborative SPJ risk assessment may be an important facilitator for increasing insight across all forensic populations and contribute towards rehabilitation and discharge across several different risk behaviours, not just violence.

Future research:

Research has now explored both the qualitative experiences of both males and females engaging in collaborative risk assessment. Whilst qualitative experiences suggest positive perceived outcomes of collaborative risk assessment by service users (e.g., increased insight, reduced violence risk etc), further quantitative research is required to understand the relationship/interaction between collaborative risk assessment and factors including insight, risk incidents, recidivism, and length of stay in secure settings for women.

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