**Notes: on Kim, M., & Potegal, M. (2025). Incipient aggression in psychiatric**

**or forensic settings: threat behaviour escalation and prediction**

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[Highlighting and **bolding** emphasis added.]

**Kim, M., & Potegal, M. (2025). Incipient aggression in psychiatric or forensic settings: threat behaviour escalation and prediction. *Academia Mental Health and Well-Being*, 2(3).** <https://doi.org/10.20935/MHealthWellB7896>

**Abstract**

Aggression toward staff by individuals in psychiatric and forensic populations remains a persistent risk, often preceded by observable behavioural cues that are overlooked in formal risk frameworks. While structured assessment tools typically rely on historical or diagnostic factors, they lack sensitivity to the short-term, escalating behaviours that can signal imminent assault. Drawing from ethology, clinical observation, and forensic psychology, this paper synthesises evidence on non-verbal indicators of incipient aggression—such as gaze fixation, postural changes, and spatial intrusion. Particular attention is given to the ‘square-up’ posture as an illustrative example of a high-salience, visually recognizable signal. We argue for the development of a behavioural risk hierarchy that captures the sequential nature of increasing threat, offering a more dynamic and context-sensitive approach to risk assessment. Integrating findings from comparative aggression studies, observational research, and clinical practice, this paper outlines a conceptual framework for interpreting early threat behaviours and highlights opportunities for earlier interventions.

**Keywords:** aggression, risk assessment, behavioural cues, threat escalation, violence prevention

**Early intervention improves staff safety by:**

1. **Preventing Escalation**: Recognizing and addressing early-stage aggression cues (e.g., pacing, clenched fists) can stop the progression to physical violence. ​
2. **Reducing Reactive Responses**: Proactive measures reduce the need for high-risk, reactive actions during violent incidents. ​
3. **Minimizing Exposure to Harm**: Timely interventions lower the likelihood of staff being injured during aggressive outbursts.
4. **Enhancing Situational Control**: Early recognition allows staff to de-escalate situations effectively, maintaining control and reducing chaos. ​
5. **Building Predictive Awareness**: Structured frameworks help staff anticipate aggression, enabling safer decision-making and preparedness. ​

Table 1 **Observable Behavioural Cues:** Evidence on non-verbal indicators of incipient aggression

| **#** | **Observable Behavioural Cue ​** | **Paper's Description of the Cue ​** |
| --- | --- | --- |
| 1 | Fixed Gaze | Sustained, direct eye contact often functions as a challenge or dominance display, signaling rising threat. ​ |
| 2 | Pacing | May signal rising internal tension or agitation, depending on the individual's baseline behavior and context. ​ |
| 3 | Clenched Fists | Indicates heightened arousal or frustration, often preceding physical aggression. ​ |
| 4 | Postural Shifts | Sudden changes in stance or body rigidity can signal escalating threat. ​ |
| 5 | Spatial Intrusion | Invasion of personal space or blocking exits is a high-salience indicator of aggression. ​ |
| 6 | Square-Up Posture | Characterized by squared shoulders, frontal torso alignment, prolonged eye contact, and close proximity, signaling imminent risk. ​ |
| 7 | Verbal Hostility | Erratic or hostile verbal expressions may indicate emotional dysregulation or deliberate intimidation. ​ |
| 8 | Erratic Movements | Unpredictable physical actions that may signal agitation or loss of behavioral control. ​ |
| 9 | Blocking Exits | Physically obstructing pathways or personal space, often signaling dominance or aggression. ​ |
| 10 | Forward Lunging | Sudden movement toward another person, often preceding violent episodes. ​ |

Table 2 Postural and spatial cues in escalating threat

| **#** | **Postural and Spatial Cues in Escalating Threat ​** | **Paper's Description of the Cue ​** |
| --- | --- | --- |
| 1 | Sudden Changes in Stance ​ | Abrupt shifts in posture that may indicate heightened arousal or preparation for aggression. ​ |
| 2 | Increased Physical Proximity ​ | Moving closer to another person, often signaling dominance or an intent to intimidate. ​ |
| 3 | Body Rigidity | Tension or stiffness in the body, which can indicate escalating aggression. ​ |
| 4 | Blocking Exits | Physically obstructing pathways or personal space, signaling dominance or an intent to control the situation. ​ |
| 5 | Square-Up Posture | Characterized by squared shoulders, frontal torso alignment, prolonged eye contact, and close proximity, signaling imminent risk. ​ |
| 6 | Spatial Encroachment | Invading another person’s personal space, often signaling dominance or rising aggression. ​ |
| 7 | Forward Lunging | Sudden movement toward another person, often preceding violent episodes. ​ |

**A structured risk hierarchy enhances safety by:**

1. **Providing Clear Guidance**: It helps staff systematically identify and interpret escalating aggression cues, reducing reliance on intuition. ​
2. **Facilitating Early Detection**: Recognizing behavioral patterns in sequence allows for earlier interventions, preventing escalation to violence. ​
3. **Improving Decision-Making**: Differentiating between low-risk and high-risk behaviors enables staff to respond appropriately and proportionately. ​
4. **Reducing Violent Incidents**: Proactive interventions based on structured observations lower the likelihood of aggression reaching a critical stage. ​
5. **Enhancing Communication**: A shared framework ensures consistent understanding and response among staff, improving teamwork during high-risk situations. ​
6. **Minimizing Coercive Measures**: Early, lower-intensity interventions reduce the need for physical restraint or force, creating a safer environment for both staff and patients. ​

The **benefits of a structured behavioural risk hierarchy**, as outlined in the document, include:

1. **Improved Early Intervention**: Helps staff recognize escalating aggression earlier, allowing for timely and proactive responses. ​
2. **Enhanced Predictive Accuracy**: Interpreting cues in sequence increases the reliability of identifying imminent threats. ​
3. **Reduced Reliance on Coercive Measures**: Early detection enables lower-intensity interventions, minimizing the need for forceful actions. ​
4. **Increased Staff Safety**: Provides a systematic framework for identifying risks, reducing the likelihood of violent incidents. ​
5. **Better Communication**: Offers a shared language and structured approach for staff to interpret and act on warning signs. ​
6. **Safer Care Environments**: Supports the creation of responsive and secure settings for both staff and patients.

Table 3 From early cues to escalation: structuring a behavioural risk hierarchy

| **#** | **From Early Cues to Escalation: Structuring a Behavioural Risk Hierarchy ​** | **Paper's Description of the Cue ​** |
| --- | --- | --- |
| 1 | Glancing | Subtle, early-stage cue indicating mild agitation or attention shift. ​ |
| 2 | Foot-Shifting Stance | Mild physical movement that may signal discomfort or rising tension. ​ |
| 3 | Mild Verbal Irritability | Low-intensity verbal expressions of frustration or annoyance. ​ |
| 4 | Pacing | Mid-stage behavior indicating rising internal tension or agitation. ​ |
| 5 | Clenched Fists | Mid-stage cue signaling heightened arousal or frustration, often preceding physical aggression. ​ |
| 6 | Glaring | Intense, prolonged eye contact signaling dominance or confrontation. ​ |
| 7 | Space Invasion | High-risk behavior involving encroachment into another’s personal space, signaling dominance or aggression. ​ |
| 8 | Physical Blocking | High-risk behavior involving obstructing pathways or personal space, signaling control or dominance. ​ |
| 9 | Square-Up Posture | High-risk cue characterized by squared shoulders, frontal torso alignment, prolonged eye contact, and close proximity, signaling imminent aggression. ​ |

The document suggests that improving staff awareness and interpretation of early non-verbal cues could allow for earlier, lower-intensity interventions. ​ Specifically, it emphasizes the need for structured training and refined observational strategies to help staff recognize and act upon early-stage cues such as glancing, foot-shifting stance, or mild verbal irritability. ​ By understanding these behaviors as part of a broader escalation pathway, staff can proactively intervene before aggression intensifies. ​

Additionally, the paper highlights the importance of context and sequence in interpreting these cues, suggesting that interventions should be tailored to the individual and situation to prevent escalation effectively. ​

**The key non-verbal indicators of aggression** highlighted in the document include:

1. **Fixed Gaze/Prolonged Eye Contact**: Often functions as a dominance display or challenge, signaling rising threat. ​
2. **Postural Shifts**: Changes in body stance, such as foot-shifting or body rigidity, indicating heightened arousal or tension. ​
3. **Clenched Fists**: A mid-stage cue signaling frustration or readiness for physical aggression. ​
4. **Pacing**: A sign of agitation or internal tension, which may escalate to aggression. ​
5. **Spatial Intrusion**: Encroachment into another’s personal space, signaling dominance or confrontation. ​
6. **Blocking Exits**: Physically obstructing pathways, which can indicate control or dominance. ​
7. **Square-Up Posture**: Characterized by squared shoulders, frontal torso alignment, close proximity, and prolonged eye contact, signaling imminent aggression. ​

These indicators, especially when observed in sequence or combination, can serve as reliable markers of escalating aggression. ​

Table 4 Key non-verbal indicators of aggression

| **#** | **Key Non-Verbal Indicators of Aggression ​** | **Paper's Description of the Cue ​** |
| --- | --- | --- |
| 1 | Fixed Gaze/Prolonged Eye Contact ​ | Functions as a dominance display or challenge, often preceding physical confrontation. ​ |
| 2 | Postural Shifts | Includes foot-shifting, body rigidity, or sudden changes in stance, signaling heightened tension. ​ |
| 3 | Clenched Fists | Indicates frustration or readiness for physical aggression, often observed in mid-stage escalation. ​ |
| 4 | Pacing | A sign of agitation or internal tension, which may escalate to aggression depending on context. ​ |
| 5 | Spatial Intrusion | Encroachment into personal space, signaling dominance or confrontation. ​ |
| 6 | Blocking Exits | Physically obstructing pathways, indicating control or dominance. ​ |
| 7 | Square-Up Posture | Characterized by squared shoulders, frontal torso alignment, close proximity, and prolonged eye contact, signaling imminent aggression. ​ |