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Executive Bulletin



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Rossegger, A., Gerth, J., Singh, J. P., & Endrass, J. (2013). Examining the predictive validity of the SORAG in Switzerland. *Sexual Offender Treatment*, 8, 1-12. <http://tinyurl.com/m9k85cw>

EXECUTIVE SUMMARY

Rossegger and colleagues investigated the inter-rater reliability and predictive validity of the Sex Offender Risk Appraisal Guide (SORAG) in 137 convicted violent offenders released from prison and/or undergoing court-mandated therapy in Switzerland. The SORAG is a 14-item actuarial instrument designed to aid in the prediction of violent reconviction risk in previously convicted sex offenders. Total scores on the instrument are used to classify offenders into one of nine risk categories, each of which has an estimated recidivism rate. The study authors followed the sample for seven years after release to see who was charged with and/or convicted of a new violent offense. There were four principal findings:

- (1) SORAG assessments produced a good level of inter-rater reliability between Master's-level psychologists.
- (2) SORAG assessments produced a good level of predictive validity.
- (3) The estimated recidivism rates published in the SORAG manual were higher than what the study authors observed.
- (4) The percentiles published in the SORAG manual to help professionals determine how many offenders have higher or lower SORAG scores were not accurate.

The authors advised caution in interpreting their findings because of the small number of participants in the sample and the fact that they did not take into account the possible effect of treatment on recidivism risk.

CLINICAL IMPLICATIONS

- (1) The SORAG produces reliable assessments of recidivism risk for violent offenders.
- (2) Violent offenders in higher SORAG risk categories tend to recidivate more often.
- (3) The rates of recidivism published in the SORAG manual should not be relied upon when making important public safety and civil rights decisions for violent offenders.
- (4) The percentiles published in the SORAG manual should not be relied upon when ranking violent offenders.

CRITICAL QUESTIONS FOR LAWYERS

- (1) “Is it true that the rates of recidivism published in the SORAG manual have been found to be unstable?”
- (2) “Is it true that the percentile rankings published in the SORAG manual have been found to be unstable?”

SUPPORTIVE QUESTIONS FOR LAWYERS

- (1) “Is it true that the SORAG has been found to produce reliable risk assessments for violent offenders?”
- (2) “Is it true that offenders in higher SORAG risk categories have been found to be more likely to recidivate than those in lower risk categories?”

Dayan, K., Fox, S., & Morag, M. (2013). Validation of Spouse Violence Risk Assessment Inventory for police purposes. *Journal of Family Violence*, 28, 811-821. <http://tinyurl.com/kaxy9hj>

EXECUTIVE SUMMARY

Dayan and colleagues validated a new instrument, the Spouse Violence Risk Assessment Inventory (SVRA-I), intended for police use in Israel. The SVRA-I is a 45-item actuarial instrument designed to aid in the prediction of intimate partner violence (IPV) recidivism risk in men suspected of IPV. Total scores are used to classify perpetrators into one of three risk categories (Low, Intermediate, High). The article included five studies:

- (1) The first study established an excellent level of inter-rater reliability for SVRA-I assessments conducted by students and the study authors on 19 male IPV perpetrators.
- (2) The second study established an excellent positive relationship between SVRA-I assessments and unstructured assessments by social workers and clinical criminologists on 206 male IPV perpetrators.
- (3) The third study established a fair positive relationship between SVRA-I assessments and unstructured assessments by social workers and prosecutors on fictional vignettes of 30 low, intermediate, and high risk male IPV perpetrators. There was evidence of the SVRA-I underestimating risk.
- (4) The fourth study established the predictive validity of SVRA-I assessments on 1,133 male IPV perpetrators. Interviews conducted with the perpetrators' partners 18-30 months after assessment found a fair level of validity when predicting complaints, physical violence, and murder threats.
- (5) The fifth study established the predictive validity of SVRA-I assessments on 81 male IPV perpetrators. Interviews conducted with the perpetrators' partners 18 months after assessment found a good positive relationship between SVRA-I scores and both the frequency and severity of violence.

The authors advised caution in interpreting their findings because some offenders were under restraining orders, in prison, or in rehabilitation programs during the follow-up period, which may have resulted in an underestimation of recidivism rates.

CLINICAL IMPLICATIONS

- (1) The SVRA-I can be used by both professionals with advanced degrees and by students with similar usefulness in assessing IPV recidivism risk.
- (2) SVRA-I assessments largely agree with unstructured clinical judgments by social workers, clinical criminologists, and prosecutors.
- (3) Men with higher SVRA-I scores tend to have complaints brought against them, to be physically violent, and to threaten murder more often.

CRITICAL QUESTIONS FOR LAWYERS

- (1) "Is it true that SVRA-I assessments are only 'fair' in their prediction of IPV recidivism risk?"
- (2) "Is it true that, compared to traditional clinical judgments, SVRA-I assessments may underestimate IPV recidivism risk?"

SUPPORTIVE QUESTIONS FOR LAWYERS

- (1) "Is it true that the SVRA-I has been found to be just as useful when administered by specialists as by non-specialists?"
- (2) "Is it true that perpetrators judged to be at higher risk according to the SVRA-I recidivate more frequently and severely than those found to be at lower risk?"

van der Put, C. E., van Vugt, E. S., Stams, G. J. J. M., Deković, M., & van der Laan, P. H. (2012). Short-term general recidivism risk of juvenile sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 57, 1374-1392. <http://tinyurl.com/k9ddtl3>

EXECUTIVE SUMMARY

van der Put and colleagues investigated the predictive validity of the Washington State Juvenile Court Prescreen Assessment (WSJCPA) in 21,810 juvenile sex and non-sex offenders on probation in the United States. The WSJCPA is a 22-item actuarial instrument designed to aid in the prediction of general recidivism risk in convicted juvenile offenders. Total scores on the instrument are used to classify offenders into one of three risk categories (Low, Moderate, High). The study authors followed the sample for 18 months in the community to see who was convicted of any new criminal offense. There were four principal findings:

- (1) Different items on the WSJCPA were associated with recidivism for non-sex offenders, misdemeanor sex offenders, felony sex offenders, and child abusers.
- (2) WSJCPA assessments produced an excellent level of predictive validity for male felony sex offenders and a good level of predictive validity for male non-sex offenders, misdemeanor sex offenders, and child abusers.
- (3) WSJCPA assessments were more accurate for male misdemeanor sex offenders and male felony offenders than for male non-sex offenders.
- (4) WSJCPA assessments produced a fair level of predictive validity for female non-sex offenders and a good level of predictive validity for female sex offenders.

The authors advised caution in interpreting their findings because of the small number of female participants in the sample, the relatively short follow-up period, and the use of official records that may have underestimated the actual recidivism rate.

CLINICAL IMPLICATIONS

- (1) Which risk factors should be targeted for juvenile offenders will vary based on the offender's index offense.
- (2) The WSJCPA is useful for both juvenile male and female offenders, though caution is warranted when the tool is used with female non-sex offenders.
- (3) The WSJCPA is particularly useful in predicting recidivism for juvenile male sex offenders.
- (4) General recidivism risk assessment instruments for juveniles not developed specifically for sex offenders may be useful for this population, as well.

CRITICAL QUESTIONS FOR LAWYERS

- (1) “Is it true that WSJCPA assessments may not be equally accurate for all juvenile offenders?”
- (2) “Is it true that there is evidence that WSJCPA assessments are more accurate for boys than for girls?”

SUPPORTIVE QUESTIONS FOR LAWYERS

- (1) “Is it true that WSJCPA assessments can help identify treatment targets for juvenile offenders with different index offenses?”
- (2) “Is it true that WSJCPA assessments show fair to excellent accuracy in predicting general recidivism for both male and female juvenile offenders?”

Niesssen, O. (2013). Scientific and ethical problems with risk assessment in clinical practice. *Australian and New Zealand Journal of Psychiatry*, 47, 1198-1199. <http://tinyurl.com/mcbjqlt>

EXECUTIVE SUMMARY

Niesssen provided a critical commentary on a recent paper by Allnutt and colleagues (2013), which investigated the clinician's role in managing violence risk. The author made five principal arguments:

- (1) There is no research evidence that risk assessments actually prevent violence.
- (2) The use of violence risk assessments in the clinical decision making process can result in the misallocation of therapeutic resources.
- (3) Violence risk assessments are too frequently incorrect to be useful in practice.
- (4) Violence risk assessments should not be used to make inferences about the risk of other behaviors.
- (5) Violence risk assessments are too often conducted without the permission of the individual being assessed.
- (6) The risk assessment industry profits greatly from the implementation of violence risk assessment instruments into practice, resulting in conflicts of interest.

CLINICAL IMPLICATIONS

- (1) Caution is warranted when making public health and safety decisions based solely on risk assessments.
- (2) Caution is warranted when suggesting how resources should be allocated based solely on risk assessments.
- (3) Caution is warranted in making inferences about suicide risk based on violence risk assessments.
- (4) Informed consent should be sought from patients before conducting violence risk assessments.
- (5) Any potential conflicts of interest should be disclosed when conducting violence risk assessments.

CRITICAL QUESTIONS FOR LAWYERS

- (1) “Is it true that there is no evidence that risk assessments actually result in the prevention of future violence?”
- (2) “Is it true that you did not obtain informed consent from my client before conducting your risk assessment?”
- (3) “Can you please inform the court about any potential conflicts of interest you have with the risk assessment industry?”

SUPPORTIVE QUESTIONS FOR LAWYERS

- (1) “Is it true that being at high risk of suicide does not make someone at high risk of violence?”
- (2) “Is it true that being at high risk of violence does not make someone at high risk of suicide?”

Rettenberger, M., Haubner-Maclean, T., & Eher, R. (2013). The contribution of age to the Static-99 risk assessment in a population-based prison sample of sexual offenders. *Criminal Justice and Behavior*, 40, 1413-1433. <http://tinyurl.com/nywocxg>

EXECUTIVE SUMMARY

Rettenberger and colleagues compared the predictive validity of the Static-99 to its revision, the Static-99R, in 1,077 sexual offenders in Austria. The Static-99 is a 10-item actuarial instrument used to aid in the prediction of new sexual charges and/or convictions in previously charged and/or convicted sex offenders. The total score on the instrument is used to classify individuals into one of four risk categories (Low, Moderate-Low, Moderate-High, High), each of which has an estimated recidivism rate. The Static-99R is a modification of this instrument that adjusts estimates for offender age. The study authors followed the sample for five years in the community to see who was convicted of any new violent or sexual offense. There were six principal findings:

- (1) Static-99 assessments of violence and sexual recidivism risk produced excellent levels of predictive validity.
- (2) Static-99R assessments of violence recidivism risk produced a good level of predictive validity, whereas assessments of sexual recidivism risk produced an excellent level of predictive validity.
- (3) Static-99 and Static-99R assessments were equally accurate when predicting violence and sexual recidivism risk.
- (4) The estimated recidivism rates published in the Static-99 and Static-99R manuals were accurate.
- (5) Both Static-99 and Static-99R assessments were more accurate for child molesters than rapists.
- (6) Taking an offender's age into consideration resulted in more accurate Static-99 assessments of violence recidivism risk but not sexual recidivism risk.

The authors advised caution in interpreting their findings because few older offenders were included in the sample, outcome information on recidivism was retrieved from only one source, and they were not able to calculate 10-year recidivism rates.

CLINICAL IMPLICATIONS

- (1) There is not a pressing need to replace the Static-99 with its revision.
- (2) The estimated rates of recidivism published in the Static-99 and Static-99R manuals are accurate outside of Canada and the United Kingdom, where the scheme was first developed.
- (3) More confidence should be placed in Static-99 and Static-99R assessments of child molesters than rapists.
- (4) Offender age is more important in assessing violence recidivism risk than sexual recidivism risk.

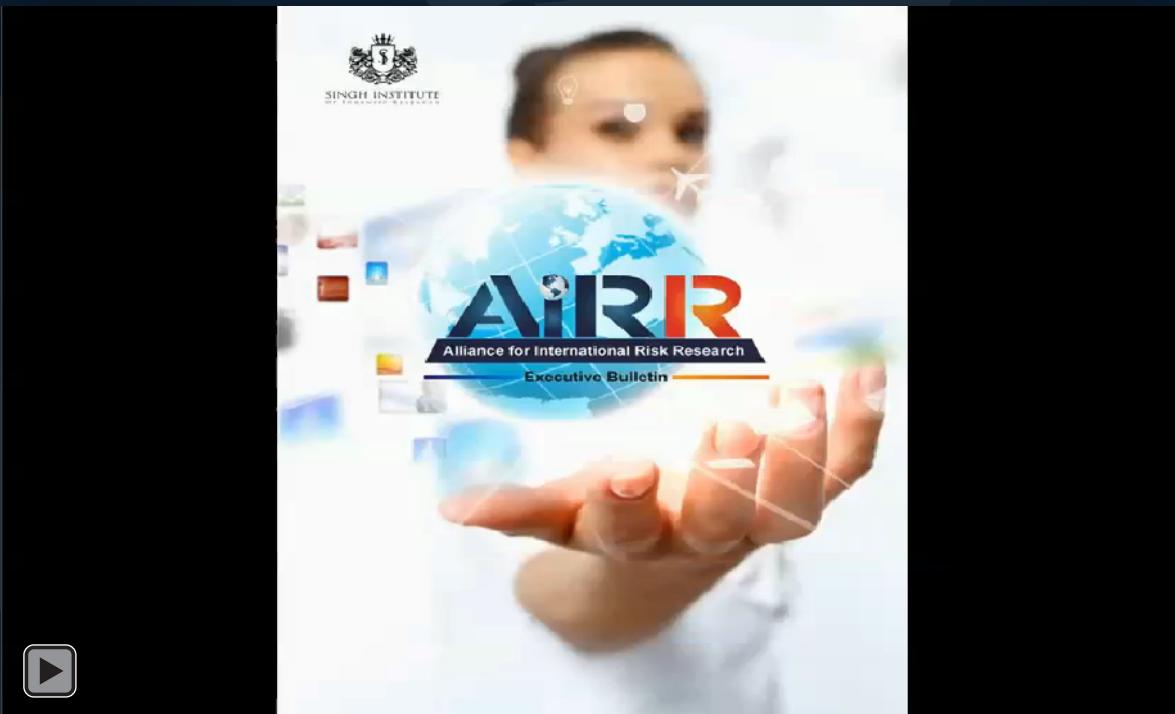
CRITICAL QUESTIONS FOR LAWYERS

- (1) "Is it true that my client's age is likely not a relevant factor in assessing sexual recidivism risk?"
- (2) "Is it true that the Static-99 and Static-99R are not as accurate for rapists as for other offender groups?"

SUPPORTIVE QUESTIONS FOR LAWYERS

- (1) "Is it true that my client's age is a relevant factor in assessing violence recidivism risk?"
- (2) "Is it true that the Static-99 and Static-99R are more accurate for child molesters than for other offender groups?"

MONTHLY INTERVIEW

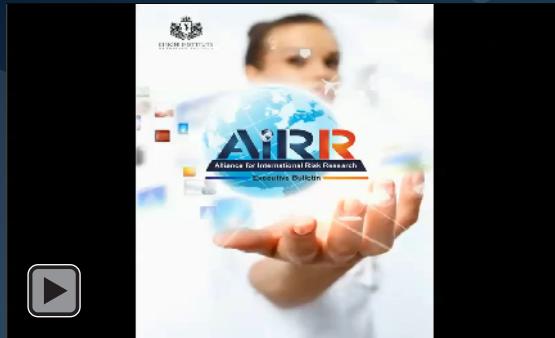


EXCLUSIVE INTERVIEW WITH DR. JAY P. SINGH

Jay P. Singh, PhD is Associate Professor of Health Sciences at Molde University College, Norway. A former Postdoctoral Fellow in the Mental Health Law and Policy Department at the University of South Florida, he completed his graduate studies at the University of Oxford.

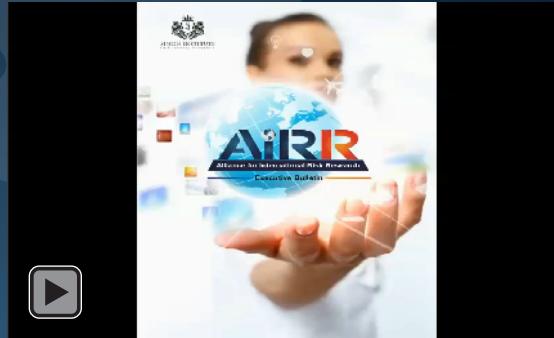
Dr. Singh's primary research interest is forensic risk assessment, the attempt to predict the likelihood of future criminal behavior in order to identify those at greatest need of intervention. The widespread, often legally-required use of structured risk assessment tools to aid in this pursuit necessitates the regular and high-quality review of the evidence base concerning their ability to accurately identify individuals who will go on to commit crimes. Towards this end, Dr. Singh's recent research has used systematic review and meta-analytic methodology to explore a number of major issues concerning the utility of forensic risk assessment tools. In addition, Dr. Singh is actively involved in the development of novel statistical methodologies for measuring predictive validity as well as tool construction. Dr. Singh has been the recipient of numerous awards and recognition from organizations including the American Psychology-Law Society, the American Institute for the Advancement of Forensic Studies, the Royal College of Psychiatrists, the European Congress on Violence in Clinical Psychiatry, the Society for Research in Child Development, and the Society for Research in Adolescence.

EXCLUSIVE TRAININGS



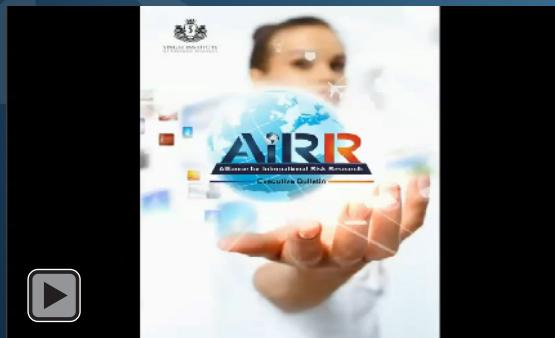
A PRIMER ON RISK ASSESSMENT

Jay P. Singh, PhD presents an introduction to the fundamental principles of risk assessment in criminal justice and mental health.



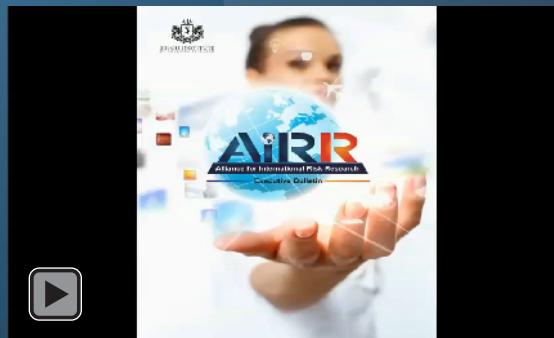
INTEGRATING RISK RESEARCH INTO PRACTICE

Kevin S. Douglas, PhD discusses methods of applying risk assessment research into practice in criminal justice and mental health settings.



IMPLEMENTING A RISK ASSESSMENT TOOL IN CORRECTIONS

Sarah Desmarais, PhD shares her experience of how to successfully implement a risk assessment tool into practice in correctional settings.



IMPLEMENTING A RISK ASSESSMENT TOOL IN MENTAL HEALTH

Quazi Haque, FRCPsych shares his experience of how to successfully implement a risk assessment tool into practice in mental health settings.



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