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A case for risk assessment

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Risk assessment is a means of determining the 'risk' an offender poses in terms of future offending behavior. Against the backdrop of offenders repeating criminal acts and being reimprisoned, a case will be made here that by utilizing standardized, evidence-based risk assessment tools, an offender can be more effectively and efficiently treated and supported during the period of contact with the criminal justice system. To support this argument, this article starts with the evolution of risk assessment, and continues to describe the key model and empirical base driving this initiative, including the positive outcomes stemming from adhering to the principles of effective treatment, those of risk, need, and responsivity, as well as when using the Level of Service (LSI) instruments to predict general recidivism. While advising caution regarding instrument applicability to other populations, this review indicates that empirically-supported risk assessment tools can better service the offending client, the criminal justice professional, and the public at large.

Key words : re-offending, risk assessment, offender risk, criminogenic needs, offender rehabilitation, LSI

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Introduction

With all its prevalence and regularity in news headlines (e.g., Barns, 2011; British Broadcasting Corporation [BBC], 2010; Lambert, 2011), the cost of incarceration and recidivism to the taxpayer would be of little surprise to most people. In the United Kingdom (U.K.), this figure ranges from £9.5 to £13 billion per year (Home Office and Ministry of Justice, 2013), while in America, the cost of placing an offender in a prison institution (US$28,948.00 per year) is eight times the cost of placing the same offender under probationary supervision (US$3,347.41 per year; Administrative Office of the U.S. Courts, 2013).

Arguably, this subject matter is fodder for the media due to the relatively large figures. Yet this should not obscure the more pressing question of whether incarceration is an intelligent use of invested resources. The U.K. Home Office and Ministry of Justice (2013) reported that almost half of offenders released from prison recidivate within twelve months. In Australia, studies flagged up reimprisonment rates, within two to seven years of release from prison, to be in the range of 38 to 54 percent (Payne, 2007). If we know that much crime is being committed by people who have been through the criminal justice system (e.g., Department of Corrections, 2007; Watkins, 2011), a better question to ask ourselves would be can we do better to identify these individuals, to help them reduce the likelihood of reoffending, and furthermore, to protect from harm who would be future victims and also the community at large.

In trying to see that resources are put to efficient and effective use, proponents of risk assessment have lobbied for the use of evidence-based risk assessment practices (e.g., Barnoski, 2006; Dahle, 2006; Flores, Lowenkamp, Smith, & Latessa, 2006; Latessa & Lovins, 2010). These voices are supported by research: Andrews, Bonta, and Wormith 's (2006) review suggested that correctional agencies that adhered to such risk and need assessments had a greater impact (larger effect size) on recidivism as compared to agencies that did not have such protocol. However, in some systems, the lack of sound screening and assessment procedures translates into misguided effort in intervention, where there is a misalignment of what needs to be addressed in intervention and a mismatch between risk level of the offender and intervention received (Bonta, Wallace-Capretta, & Rooney, 2000; Lowenkamp & Latessa, 2004).

The present article shall introduce the premises and research supporting evidence-based risk assessment and the targeting of criminogenic factors in the delivery of psychological treatment of offending behavior, to support the endorsement and utilization of such empirically-supported practices in the criminal justice services.

What is Risk Assessment

Risk assessment has evolved throughout the years, from its first-generation (1G) ancestry in unstructured professional judgment, to atheoretical but empirically-based second-generation (2G) instruments, comprising largely static items, and theory-guided third-generation (3G) tools which consist of more dynamic (changeable) risk items. With the fourth-generation (4G) instruments, there is a shift to see risk measures eventuate into pragmatic intervention planning efforts. These instruments encompass a wider range of risk and need factors as well as strengths, and allow for integration with throughcare efforts to provide services from initial contact until termination (Andrews et al., 2006; Brennan, Dieterich, & Ehret, 2009; Latessa & Lovins, 2010).

Against this backdrop, "what works" in risk assessment, management and intervention has been demonstrated to be the evidence-based clinical practice model of risk, need, and responsivity, alongside professional discretion. These principles form the risk-need-responsivity (RNR) model, widely recognized as one of the current best practice approaches in offender risk assessment, risk management, and intervention planning. Support for this has come from multiple reviews and meta-analyses (e.g., Andrews et al., 2006; Andrews & Dowden, 2007; Dowden & Andrews, 2004). For one, Andrews and Bonta (2010) highlighted a review of 80 studies which not only revealed that program adherence to the RNR principles was significantly associated with reduced recidivism (mean effect size phi coefficient = .30), but furthermore that interventions which had not considered the RNR principles suggested increases in recidivism (phi coefficient = -.06).

The first principle in the RNR model, the risk principle (the "who"), holds that the level of service provided should correspond with the offender's risk level, with higher levels of service reserved for higher risk offenders. While some might intuitively consider providing many, or more intensive intervention programs as a means of casting the net wider - to catch more reaped fruits, this principle suggests that such indiscriminate practice is ineffectual and can even have the unintended opposite effect. Hanley (2006) found that offenders who received services matched to their risk level had a 42 percent decrease in the likelihood of being rearrested, compared to offenders who did not receive risk-appropriate services, and that low risk offenders who received intensive services recidivated at a higher rate (24.6%) than low risk offenders who received low intensity services (19.1%). In the same vein, Bonta and colleagues (2000) as well as Lowenkamp and Latessa (2004) have reported that intensive interventions that reduced recidivism in higher-risk offenders had in fact increased recidivism rates for low-risk offenders. Such findings underscore the importance of developing interventions that are

based on the offender's risk level.

Next, the need principle (the "what") acknowledges that dynamic risk factors, "criminogenic needs," lead to offending behavior. The strongest "Big Four" in this area have been consistently demonstrated to be (1) history of antisocial behavior, (2) antisocial associates and isolation from prosocial people, (3) antisocial/procriminal attitudes, values, and beliefs, and (4) temperament and personality (e.g., being low in self-control or high in pleasure-seeking; Latessa & Lovins, 2010). Recommended practice is to address and reduce the effect of these factors via intervention, with meta-analyses suggesting correlations between intervention adherence to the need principle and effect size (Pearson's r) to be in the range of r=.58 (Andrews et al., 2006).

How an offender would respond to and receive intervention efforts needs to be considered. This is encapsulated by the responsivity principle (the "how"). To acknowledge general responsivity factors would mean better adherence to treatment models that have been empirically shown to contribute toward better outcome, in this case, cognitive-behavioral and social learning models (Dowden & Andrews, 2004; Losel & Schmucker, 2005; Schaffer, Jeglic, Moster, & Wnuk, 2010). On top of this, style and mode of treatment delivery should be adjusted accordingly to maximize effective programming: Andrews and colleagues (2006) reported correlations of responsivity with effect size to reach r=.60 with proper management, training, and clinical supervision of staff. In addition, there are the specific responsivity factors, such as personality, cognitive ability, readiness, or as basic as age and language fluency. Being sensitive to strong predictors of treatment attrition, including low motivation, poor engagement, denial, and disruptive behavior during treatment (Olver, Stockdale, & Wormith, 2011), would allow treatment engagement to be enhanced and treatment attrition to be managed.

Finally, professional discretion acts as an override button in the case where peculiar or idiosyncratic risk and protective factors call for special attention. The RNR model is not a formula or a checklist, and ultimately requires a skilled clinical opinion to guide and inform reasonable opinions on the matter. This is a view commonly echoed by researchers and psychologists (e.g., Dahle, 2006; Latessa & Lovins, 2010).

As a result, there is a need to understand what and how risk factors increase the likelihood of an outcome, in this case, offending behavior. Risk factors can be conceived as static (historical and thus fixed) or dynamic (proximal and so amenable to change). As suggested by their very nature, static risk factors are unalterable so close to nothing can be done to reverse these factors. Nonetheless, they can be plugged into actuarial methods to obtain static risk scales for long-term recidivism. Hanson and

Morton-Bourgon (2009) reported moderate to large effect sizes for actuarial measures, as indicated by the standardized mean difference *d*, which "measures the average difference between the recidivists and the nonrecidivists and compares this difference to how much recidivists differ from each other and how much nonrecidivists differ from each other" (p. 5), to be in the range of .67 to .97, but advised caution with interpretation of the values. One reason for this pertains to the applicability of an instrument to a specific sample or client. For instance, while indigenous and minority groups are often overrepresented in the criminal justice system (e.g., Marie, 2010; Office of the Correctional Investigator, 2012), assessment tools tend to have been developed and validated using predominantly Caucasian samples. An understanding of the tool's characteristics is thus important. In their investigation, Babchishin, Blais, and Helmus (2012) found lower predictive accuracy for sexual recidivism with Canadian aboriginal offenders on the Static-2002 (area under the curve AUC for aboriginal offenders = .617 vs. AUC for non-aboriginal offenders = .763), albeit not with the Static-99 (AUC for aboriginal offenders = .698 vs. AUC for non-aboriginal offenders = .719), where the AUC score suggests prediction: a value of .50 suggests that the instrument is no better than chance, values in the .60s are poor, those in the .70s are moderate, and those above .80 suggest strong predictive accuracy (Tape, 2003).

Coherent with the need principle, it follows that dynamic risk factors should be the target for *effective* treatment (Andrews et al., 2006; Beggs & Grace, 2011). On top of that, identifying an offender's dynamic risk factors as stable dynamic or acute dynamic can further assist intervention planning. Factors in the former group, like tendency toward anger or procriminal attitudes, remain stable over a longer period of time, while those in the latter group can vary or fluctuate according to circumstances, like a transient negative mood or state (e.g., being drunk), or physically being in a high-risk environment (e.g., a person with pedophilic tendencies working as an elementary school teacher). The utility of examining and addressing these factors in intervention also stands when working with special populations; Steptoe, Lindsay, Murphy, and Young (2008) found antisocial behavior, intolerance/agreeableness, as well as mood to predict violent incidents (AUC $\geq$ .70) in male forensic patients with mild intellectual disability.

A Risk Assessment Tool for Level of Service

In various systems and jurisdictions around the world, like in North America (Colorado Division of Criminal Justice, 2007; Skilling, 2012; Vose, Cullen, & Smith, 2008), Ireland (Davies, 2007), Scotland (Risk Management Authority, 2007), Australia (Ringland, 2011;

Watkins, 2011), and, in Asia, Singapore (Leo, 2012), amongst the most used assessment for general reoffending risk and treatment planning would be the Level of Service Inventory (LSI) instruments, namely, the 3G Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) and its 4G counterpart the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004). The empirical evidence for this family of risk assessment tools is well-established. For example, a review by Vose and colleagues (2008) of 47 studies on the predictive validity of all versions of the LSI tools found that nearly all of the studies (97.9%) reported that total LSI score correlated positively with recidivism.

With offenders ages 16 and older, the LSI-R is commonly used. It is a broad-based risk and needs assessment tool with a theoretical basis in effective correctional theory that posits that interventions need to target empirically-based predictors of recidivism in order to effect change (Andrews & Bonta, 2010; Vose et al., 2008). The LSI-R thus comprises 54 items in the ten risk domains of (1) criminal history, (2) education/employment, (3) financial, (4) family/marital, (5) accommodation, (6) leisure/ recreation, (7) companions, (8) alcohol/drug problems, (9) emotional/personal, and (10) attitudes/orientation. The risk level, criminogenic needs, and responsivity factors identified through assessment provide the targets and direction for a risk management, supervision, and intervention approach that is tailored for the particular offender.

There is significant empirical support for this instrument 's reliability and predictive validity internationally and also with offenders from a variety of settings: The LSI-R fared well in predicting the general recidivism of long-term inmates in Washington State who had been in prison for over ten years (AUC = .73; Manchak, Skeem, & Douglas, 2008), while Dahle (2006) reported an AUC of .70 with a German sample of male inmates who had been observed for a minimum of ten years post-release. In relation to sexual reoffending, Barnoski (2006) increased predictive accuracy with Washington State sex offenders from weak (AUC = .650) to moderate (AUC = .778) using the best five predictors from the LSI-R. As for probationers, an AUC of .689 was found between the LSI-R and subsequent incarceration (Flores et al., 2006).

The LS/CMI is considered a 4G tool because of new sections for comprehensive case management and specific responsivity factors. Existing LSI-R content was reviewed and reconfigured to eventuate 43 items in eight risk domains: (1) criminal history, (2) education/ employment, (3) family/marital, (4) leisure/ recreation, (5) companions, (6) attitudes, (7) alcohol/drug problems, and (8) antisocial pattern. Empirical studies have found the LS/CMI to demonstrate relatively strong predictive accuracy for violent recidivism and mixed accuracy for

nonviolent recidivism (e.g., Wormith, Olver, Stevenson, & Girard, 2007). In practice, there have been positive reports from sites looking to migrate from the LSI-R to the LS/CMI. In Hennepin County, Minnesota, offender scores were converted, using a recommended algorithm from the LS/CMI's authors, to compare LSI-R and LS/CMI predictions. Here, nearly equal AUC values (.62) were obtained for both instruments, with the LS/CMI providing better differentiation in risk classification due to revised cut points (Skilling, 2012). In Singapore, since 2011, the Singapore Prison Service has been using the LSI-R for pre-sentencing and pre-release decisions, and the LS/CMI for inmates sentenced to a term of over a year (Leo, 2012).

Other Considerations and Conclusion

As understanding in the area of criminal reoffending unfolds, and research advances practice, assessment tools can be refined to enhance accuracy. With the usage of such instruments, relevant criminogenic factors can be pinpointed in assessment and targeted in intervention to reduce recidivism in the most cost-effective manner to glean optimal outcomes not just for the client but all stakeholders. A plethora of research studies support the validity of the described evidence-based instruments and the outcomes of this approach. On the other hand, mention must be made of models that criticize the RNR approach. One might note the strength-based approaches, such as the Good Lives Model (GLM), which argue for the promotion of positive and protective factors, rather than purely that of reducing negative aspects (risk factors), in order to have a more comprehensive approach to help reduce recidivism (e.g., Lindsay, Ward, Morgan, & Wilson, 2007; Yoon, Spehr, & Briken, 2011).

Also, concern over the lack of universal applicability of risk assessment instruments provides a note of caution when considering adopting these tools to other settings. In this regard, there have been contrary results regarding the LSI-R's applicability across different ethnicities. Sites in America found more false positives (overclassification errors) for LSI-R rearrest predictions for African American male offenders, compared to those for other races (Fass, Heilbrun, DeMatteo, & Fretz, 2008; Whiteacre, 2009), whereas in Australia, the LSI-R demonstrated ethnic neutrality between indigenous aboriginal offenders and non-aboriginal offenders (Watkins, 2011). As with the application of professional discretion in any offender's risk assessment, there may not be a "one-size-fits-all" approach in relation to the assessment instrument. The onus remains on the test user to ensure that an assessment instrument is suitably ethnically or culturally sensitive when considering whether its predictions and classifications will accurately represent the likelihood of recidivism in a specific population.

Nonetheless, as can be seen, the strong

empirical evidence behind the LSI instruments is immensely encouraging. All in all, with updated research and validation studies, these risk assessment instruments will prove to be invaluable to the criminal justice professional. As with how we would hope to receive medical care from a doctor, analogously for the offender, there needs to be evidence-based diagnostic procedures (risk assessment) in place to identify disease symptoms (risk factors) such that we can receive the right prescription (treatment and intervention). In the absence of such an approach, any intervention efforts with the offending client would not be optimized.

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위험성 평가 방안

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위험성 평가는 범죄자가 미래의 범죄 행동을 저지를지에 대한 '위험성'을 판단하는 방법을 말한다. 범죄자의 지속적인 범죄 행위와 수감되는 것을 방지하기 위해 표준화되고 증거에 기반한 위험성 평가 도구를 사용하여 범죄자들이 형사사법 기관으로부터 보호를 받게 될 때 좀 더 효과적이고 효율적으로 치료받고 지원받을 수 있는 방안을 모색하고자 한다. 이러한 의견을 뒷받침하기 위해 위험성 평가의 발전을 시작으로 RNR(Risk, Need, Responsivity)과 LSI(Level of Service) 도구를 포함하여 효과적인 치료에 바탕이 되는 중요한 모델과 경험적 기초에 대해 설명하고자 한다. 이러한 도구를 타 집단에 적용하는 것은 주의를 요하지만, 실증적으로 지지된 위험성 평가 도구들이 범죄자, 형사사법에 종사하는 전문가, 그리고 공공을 위해 좀 더 나은 서비스를 제공할 수 있다.

주제어 : 재범, 위험성 평가, 범죄자 위험성, 범죄 욕구, 범죄자 복귀, LSI

† 싱가폴 정부에서 운영하는 법임상 기관에서 법임상 위험성 평가, 정서·행동·성격·지능 평가 및 장학금 후보자 선정을 위한 평가 등의 전문적인 영역에서 수석 심리학자로 일하였다. 보호 관찰 대상 성인과 청소년, 그리고 시설보호 청소년들에게 전문화된 개입 및 심리치료를 제공하였다. 공공 서비스 기관에 위험성 평가 및 위험성 감소 전문가로서 법임상심리영역에 대한 컨설팅 및 훈련을 제공하였다. 또한, 두 대학에서 강사로 심리학 관련 수업을 가르치고 있다. 연락처는 jiaylim@hotmail.com이다.