Contents lists available at ScienceDirect



Research in Developmental Disabilities



The predictive validity of common risk assessment tools in men with intellectual disabilities and problematic sexual behaviors $^{\diamond}$



J. Paul Fedoroff^{a,b,*}, Deborah Richards^c, Rebekah Ranger^{a,b}, Susan Curry^b

^a Sexual Behaviours Clinic, Integrated Forensics Program, The Royal, Canada

^b University of Ottawa Institute of Mental Health Research, Canada

^c DS Consulting, Pelham Psychotherapy Practice, Canada

ARTICLE INFO

Article history: Received 2 June 2015 Received in revised form 10 June 2016 Accepted 14 June 2016 Available online 30 June 2016

Keywords: Sex offenders Intellectual disability Risk assessment Predictive validity

ABSTRACT

This CIHR-funded study examined whether certain current risk assessment tools were effective in appraising risk of recidivism in a sample of sex offenders with intellectual disabilities (ID). Fifty men with ID who had engaged in problematic sexual behavior (PSB) were followed for an average of 2.5 years. Recidivism was defined and measured as any illegal or problematic behavior, as well as any problematic but not necessarily illegal behavior. At the beginning of the study, each participant was rated on two risk assessment tools: the Violence Risk Appraisal Guide (VRAG) and the Sex Offender Risk Appraisal Guide (SORAG). During each month of follow-up, participants were also rated on the Short-Dynamic Risk Scale (SDRS), an assessment tool intended to measure the risk of future problematic behaviors. Data was analyzed using t-tests, Cohen's d and area under the curve (AUC) to test predictive validity of the assessment tools. Using the AUC, results showed that the VRAG was predictive of sexual (AUC = 0.74), sexual and/or violent (AUC = 0.71) and of any criminally chargeable event (AUC = 0.69). The SORAG was only significantly predictive of sexual events (AUC = 0.70) and the SDRS was predictive of violent events (AUC = 0.71). The t-test and Cohen's d analyses, which are less robust to deviations from the assumptions of normal and continuous distribution than AUC, did not yield significant results in each category, and therefore, while the results of this study suggest that the VRAG and the SORAG may be effective tools in measuring the short term risk of sexual recidivism; and the VRAG and SDRS may be effective tools in appraising long term risk of sexual and/or violent recidivism in this population, it should be used with caution. Regardless of the assessment tool used, risk assessments should take into account the differences between sex offenders with and without ID to ensure effective measurement.

© 2016 Published by Elsevier Ltd.

http://dx.doi.org/10.1016/j.ridd.2016.06.011 0891-4222/© 2016 Published by Elsevier Ltd.

[☆] This research was supported by Canadian Institute of Health Research Grant #MOP-67771.

^{*} Corresponding author at: Sexual Behaviours Clinic, Integrated Forensics Program, The Royal, Canada. *E-mail addresses*: paul.fedoroff@theroyal.ca (J.P. Fedoroff), rebekah.ranger@theroyal.ca (R. Ranger).

1. Introduction

1.1. The scope of the issue

Comprehensive identification and classification of people who commit sexual crimes and the accurate appraisal of their risk of recidivism is a clinical and research pre-occupation of modern forensic mental health professionals. Over the past two decades, research has identified important factors that may be of assistance in the assessment of risk in sex offenders, spawning a variety of instruments designed to assist in the prediction of sexual recidivism (Green, Gray, & Willner, 2002).

Sex offenders with ID have not been afforded the same degree of attention or amount of research (Barron, Hassiotis, & Banes, 2002; Blacker, Beech, Wilcox, & Boer, 2011; Green et al., 2002; Harris & Tough, 2004; Richards & Fedoroff, 2016). The prevalence of myths and misconceptions regarding the sexuality of people with ID has hindered research efforts (Fedoroff & Moran, 1997). Not only is research in this area limited, it is especially deficient concerning problematic sexual interests and behaviors in people with ID who have not been charged, arrested or convicted. Sex offenders with ID require individualized assessment and treatment that considers their unique risks, needs and therapeutic vulnerabilities, of which many current risk assessment tools lack. Without standardized assessment for sex offenders with ID, clinicians may resort to their own judgment in the assessment of risk, which is not consistently accurate. To complicate matters further, because sex offenders with ID are less likely to be charged, arrested and convicted, their environments may have a larger influence on their assessment than sex offenders without ID. This would support the use of more dynamic tools in the assessment of their risk.

1.2. Risk assessment

The goal of risk assessment is to assist in the estimation of the level of risk the individual poses for future recidivism and to assist in the development and management strategies tailored to the needs of that individual, with the goal of preventing recidivism. A second goal is to assess the amount and type of treatment needed. Risk assessment also aids in decisions regarding institutional release and in determining the level and intensity of the supervisory process needed when offenders are returned to the community (Hudson, Wales, Bakker, & Ward, 2002). According to Blacker et al. (2011), the applicability of current risk assessments designed for sex offenders without ID, continues to be in need of validation for sex offenders with ID.

Lack of research and unclear criteria have fostered contradictory conclusions. For example, Johnston (2002) concluded that existing risk assessment instruments that have been standardized on samples of offenders without ID do not provide accurate appraisals of risk for offenders with ID. Others have argued that current instruments for populations without ID do not account for the unique needs and issues specific to sex offenders with ID (Blacker et al., 2011; Green et al., 2002). However, Gray, Fitzgerald, Taylor, MacCulloch, and Snowden (2007) reported that several actuarial risk assessment instruments did not require modifications for those with ID. Further, Camilleri and Quinsey (2011) have argued that research in the last five years has shown promise, in that specific instruments for sex offenders without ID may need only minor adaptations, such as increased dynamic measurements to sufficiently appraise risk in offenders with ID.

The prevalence of ID in recidivism literature can be complicated by varied definitions of what is meant by the term "intellectual disability" (Griffiths, Fedoroff, & Richards, 2010). Lindsay (2002) did a meta-analysis to investigate the relationship between sex offending behavior and ID. It was found that past research was based on varied criteria in several prevalence studies. For example, the criteria for what constitutes ID has varied in regard to cut-off IQ (Intelligence Quotient) scores (i.e. the difference between an IQ score of 70 and an IQ score of 80). Further, a number of studies are based on individuals who reside in penal institutions, locked facilities, or other housing arrangements that restrict opportunity to recidivate but also increase level of surveillance. In order to increase the reliability and accuracy of risk assessment and measurement in this population, not only is it critical to have adequately controlled studies, but to create standard definitions that can be used to replicate findings.

Several authors have recognized that although sex offenders with ID present with problems similar to sex offenders without ID, there are important differences indicating that assessment and service provisions need to be modified to suit their needs (Craig, 2010; Day, 1997; Johnston, 2002; Lindsay, 2002). Green et al. (2002) discussed the overall increased frequency of risk factors in individuals with ID. These include: "never married", past behavior difficulties, "challenging" behaviors in childhood, history of being sexually abused during childhood, and life-long difficulty forming intimate relationships. Lindsay (2002) reported an increased prevalence of psychiatric disorders, sexual naïveté, and lack of socio-sexual knowledge in this group. These markers have all been identified in current instruments intended to assess risk of recidivism in men without ID.

There are two main types of sex offender risk assessments: actuarial risk measures and structured professional judgment (Hanson, 1998). These measures are statistically more accurate than predictions based solely on clinical judgment, which is only slightly better than chance (average = 0.10; Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2009). This is due to the tendency of clinicians to overestimate risk.

Several risk assessment scales have been developed in the past two decades. Among these, the most widely used are the Violent Risk Appraisal Guide (VRAG; Quinsey, Harris, Rice, & Cormier, 1998), the Rapid Risk Assessment of Sex Offense Recidivism (RRASOR; Hanson, 1997), the Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 1998), the Static-99, Static-99R

Download English Version:

https://daneshyari.com/en/article/371002

Download Persian Version:

https://daneshyari.com/article/371002

Daneshyari.com