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Is the Risk Matrix 2000 applicable to intellectually disabled sex offenders?

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ABSTRACT

Background: Sex offender risk assessment is complex, especially when this concerns intellectually disabled sex offenders (IDSOs). This subgroup of sex offenders require specific attention in relation to risk assessment, yet tools designed for non-IDSOs continue to be applied to them.
Method: This review examines the Risk Matrix 2000, a static risk assessment tool that is designed to assess risk of sexual and violent recidivism. Its validity, reliability and practical utility for sex offenders with intellectual disabilities are explored.
Results: Appraisal of this tool indicates that although empirical support exists for its use with sex offenders without intellectual disability, the Risk Matrix 2000 is not established as reliable or valid for use with IDSOs. Although less extensively empirically examined than the Risk Matrix 2000, the ARMIDILO-S, which incorporates protective factors as well as risk factors, shows superior predictive validity to the Risk Matrix 2000 with IDSOs and its use may therefore be more ethically defensible. Specific testing of actuarial (and other types) of tools is required on IDSOs.
Conclusions: Further empirical support is needed to support the use of the Risk Matrix 2000 with IDSOs, and other risk assessment tools that are designed specifically for this subgroup of sex offenders may be more appropriate to use. The Risk Matrix 2000 and its resulting risk groups should not be relied upon for IDSOs and its continued use on this subgroup is questionable.

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1. Introduction

The assessment of risk of sex offenders is a complex clinical area in which to practice, as well as an area fraught with litigation. It is widely accepted that within sex offender risk assessment, structured assessment outperforms clinical judgment (Hanson & Morton-Bourgon, 2004; Janus & Prentky, 2003). Clinicians have a variety of risk assessment tools available to them, both of an actuarial (static, nomothetic) nature and those developed to be applied using a structured professional judgment (SPJ) approach. Ethically and legally there is pressure on them to choose to apply the most appropriate tool to the case in question both from the perspective of minimizing risk of future victimization and public protection, and also from the perspective of offenders who do not wish to be inappropriately classified as high risk and have their liberty impinged upon. Inaccurate assessments lead to the unnecessary detention of individual offenders (Bonta, 2002) at high financial and personal cost; conversely, errors of mis-classification as low risk can lead to the release from custody of individuals who pose a risk (Harris & Tough, 2004; Janus & Prentky, 2003).

Clinicians are reliant on the development and testing of sex offender risk assessment tools on populations consistent with the type of offender that they are assessing, which is something that the authors of such tools usually describe in the related user manuals, and on reviews of the testing of these tools such as Tully, Chou, and Browne (2013). Such reviews are reliant on the literature and studies that are in existence, and examination of the effectiveness of sex offender risk assessment tools on intellectually disabled sex offenders (IDSOs) is an emerging, rather than established, area within the literature; yet, risk assessment tools are routinely applied to IDSOs seemingly without caution. This is despite increasing onus on clinicians and services to ensure that assessments of sexual offenders' likelihood of reoffending are both accurate and transparent (Craig, Beech, & Browne, 2006).

IDSOs are a group of people about which particular concerns exist about accurate risk assessment (Lindsay et al., 2008) in part because this is a group of people particularly at risk of stigmatization (Lambrick & Glaser, 2004). Historically, services managing IDSOs have developed their own risk assessments in the absence of appropriate evidence-based tools (Lindsay & Beail, 2004). However, these have lacked predictive validity (Lindsay et al., 2008), and communication between services has been hindered by the use of different assessment tools (Lindsay & Beail, 2004). Alternatively, services apply the same tools that they use on non-IDSOs to IDSOs, which without adequate evidence of predictive validity or clinical utility is concerning. There is a pressing need to advance the risk assessment of IDSOs (e.g., Lindsay & Beail, 2004).

Assessment of sex offenders has typically focused on the factors that increase the likelihood of an individual reoffending (risk factors), rather than those protective factors that may contribute to an individual being less likely to reoffend (Parent, Guay, & Knight, 2012). The Risk Matrix 2000 (RM2000; Thornton et al., 2003) is a static risk assessment tool used widely within prison and probation services in England and Wales, which is no different; it consists solely of markers of risk as opposed to a balance between risk and protective factors. Its primary use with IDSOs located in prison and probation settings is to screen and prioritize individuals for treatment, and it is commonly cited within parole proceedings when decision makers are considering prisoners for release on parole. Tully and Browne (2013) highlighted ethical concerns about the use of the Risk Matrix 2000 with subgroups of sex offenders, including IDSOs, given the lack of empirical support of the efficacy of these tools with this subgroup. This current review aims to critique the validity and reliability of the Risk Matrix 2000 when considering its use with IDSOs. Given that there are few sex offender risk assessment tools designed specifically for use with IDSOs, this review also considers one of the few such tools: the Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend Sexually (ARMIDILO-S; Boer, Tough, & Haaven, 2004; Boer et al., 2013). Unlike the Risk Matrix 2000, this tool does incorporate protective factors alongside risk factors. The empirical support for the use of the ARMIDILO-S with IDSOs is considered as a potential alternative to the Risk Matrix 2000.

2. Risk Matrix 2000: an overview

The Risk Matrix 2000 is an assessment tool designed to predict risk of sexual and violent reoffending by adult male sex offenders. It is actuarial in nature, utilizing statistically derived scoring rules to provide a quantitative estimate of the recidivism risk posed by an individual, through comparisons to the behavior of others with similar characteristics (Janus & Prentky, 2003). It comprises static factors, which are unchanging variables (e.g. ever offended against a male victim), or those such as age that change only in direction (Bonta, 2002). The tool is designed to classify an offender into a risk group, by the user applying a defined algorithm. The resulting risk group is then utilized by being placed in the context of the rate at which men in that risk group were reconvicted (Thornton et al., 2003). The reconviction rates that currently tend to be cited within the prison and probation services in England and Wales are those from Barnett, Wakeling, and Howard (2010). It is important to highlight that the reconviction rates cited within any research are just that, *reconviction*, rather than *reoffense* rates, because it is generally accepted that reconviction, or 'proven reoffending', rates will inevitably underestimate true reoffense rates (Falshaw, Bates, Patel, Corbett, & Friendship, 2003; Rice, Harris, Lang, & Cormier, 2006).

The Risk Matrix 2000 was developed for use with males aged 18 or older who have been convicted or cautioned for at least one sexual offense when aged 16 or older. It comprises three scales: RM2000/s (assessing sexual reconviction risk), RM2000/v (assessing violent reconviction risk) and RM2000/c (assessing the combined risk of sexual or violent reconviction).

The RM2000/s scale uses a step-wise scoring approach, modifying the initial risk category based on the presence or absence of specific aggravating factors (Thornton et al., 2003). The RM2000/v scale consists of three items, totaled to calculate the final risk category. The combined scale is now rarely utilized in clinical practice in services in England and Wales. The algorithm is applied and a risk category is assigned to the individual on each subscale. The categories awarded by the Risk Matrix 2000 (low, medium, high, very high) represent relative risk groupings (Thornton, 2010).

Informed consent is not required from the client in order to complete the Risk Matrix 2000 (Thornton, 2010); and it can be completed based on file information below, which may add to its clinical utility in cases where time is limited and/or a client is at risk of reoffending but is not engaging or his whereabouts is unknown. However, consideration should be given to the ethics of scoring, interpreting and disseminating the assessment without informed consent of the person being assessed and careful consideration of this against risk of harm to the public is an issue that may be considered here. Additionally, although the Risk Matrix 2000 can be completed without cooperation from the client, this might make accurate scoring more challenging. Although the algorithm is clearly defined, which may lead to less likelihood of scoring errors, some items require the assessor to understand the parameters of the item and its particular definition. There are some items where information provided by the offender might help score the items within their strict definition such as the 'stranger victim' item (relating to having known the victim for less than 24 h) and 'single' item (not having had a live-in intimate relationship lasting at least 2 years). These involve specific criteria that may not routinely be recorded in forensic settings and about which information from the client may prove invaluable. However, in relation to gaining this type of information from IDSOs, it is recognized that memory impairment is a significant feature of ID (Beail, 2002) which could impact on the accuracy of self-report information provided by IDSOs and this is an area about which caution may be required, and about which there is no specific guidance within the scoring guidance of this tool. However, ideally, multiple sources of information would benefit the scoring of any risk assessment.

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