



Hertfordshire Partnership 
University NHS Foundation Trust

FORENSIC LD: LECTURE SERIES 4/12: AN OVERVIEW OF STATIC RISK ASSESSMENTS IN INTELLECTUAL DISABILITY AND AUTISM

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AIMS

- To define static and dynamic risk factors.
- To explore notable static risk factors for offending behaviour.
- To describe the key actuarial risk assessment instruments, their characteristics and where to access them or get specialist help.



RISK ASSESSMENT

- A Perpetual Expectation
- The Impossible Task?



RISK ASSESSMENT

- A Perpetual Expectation
 - Wherever we work, we will be asked to assess, and manage, risk
- The Impossible Task?



RISK ASSESSMENT

- A Perpetual Expectation
 - Wherever we work, we will be asked to assess, and manage, risk
- The Impossible Task?
 - But how can we predict what will happen in the future?



THE DRIVE HOME...



THE DRIVE HOME...

- How might I assess the risk of my journey home?



THE DRIVE HOME...

- How might I assess the risk of my journey home?
- I might think of things like...
 - Tiredness
 - The weather
 - Busyness of the roads
 - Other road users



THE DRIVE HOME...

- How might I assess the risk of my journey home?
- I might think of things like...
 - Tiredness
 - The weather
 - Busyness of the roads
 - Other road users
- But if I were an insurer assessing my risks...
 - Age
 - Gender
 - Points on my licence
 - Previous claims



THE DRIVE HOME

- Which approach would we take when assessing someone else's drive home?



PREDICTING OFFENDING

- Various studies appeared to show a relationship between learning disability and offending behaviour.
- BUT conclusions the result of methodological flaws and the evidence now suggests a non-linear relationship between intelligence and offending behaviour.
- The rate of recorded offending appears to increase as the recorded IQ score decreases.
- However, when the IQ score goes below 80-85, that linear relationship is no longer evident.



PREDICTING OFFENDING

- As a group, people with learning disability are more likely to be victims of crime than perpetrators, but a significant number do have other mental health problems and behaviour that is described as challenging.
- The dividing line between this challenging behaviour and offending behaviour can be thin and depend on a number of factors including:
 - the seriousness of the act
 - the visibility of the act
 - the visibility of disability
 - the availability of advocacy
 - the availability of professional resources
 - the values and attitudes of professionals who are involved



PREDICTING OFFENDING

- The majority of those with behaviour that challenges receive therapeutic input from community learning disability teams (CLDTs).
- However, when they are described as having 'offending' behaviour that needs 'forensic' input, there is concern that staff working within CLDTs do not have adequate expertise and that they need access to more specialist skills.



ASSESSING RISK

- Professionals and carers will need not only to accurately assess the risk of future offending, but also identify those factors and contexts in which such offending may occur.
- While there is an extensive body of knowledge available in this field regarding general offender populations and those in contact with mainstream mental health services, it is relatively less well developed for people with learning disability and ‘offending behaviours’



STATIC VS DYNAMIC

- In understanding risk, it is essential that clinicians understand the distinction between static and dynamic risk factors:
 - (1) **Static risk factors** are those which happened in the past and cannot be changed. These include things like being male, having a history of substance misuse, or a history of violent offending.
 - 2) **Dynamic risk factors** reflect changeable environmental variables and internal states that are temporary such as attitudes, cognitions or impulsivity. They can change, and may change with intervention, thus lowering risk.



A JOINED UP UNDERSTANDING

- In line with the risk-needs-responsivity model of understanding risk...
 - **static risk factors** may be seen as determining ‘who’ should be treated (i.e. by identifying the higher risk offender),
 - **dynamic measures** as determining ‘what’ should be treated (i.e. by identifying the criminogenic needs to be targeted)
 - and **the responsivity principle** as determining ‘how’ to deliver that treatment (i.e. by targeting the individual’s unique characteristics).



STATIC RISK FACTORS

- Static risk factors are those that are historical or unchanging.
- These risk factors are used in actuarial risk assessment instruments that are described in the next section.
- Though not as robust as that in general offender and mental health groups, there is evidence that some static risk factors are predictive of recidivism (“reoffending”) in this group. Of particular relevance are:
 - (1) being younger and male,
 - (2) having a history of substance misuse,
 - (3) a diagnosis of personality disorder
 - (4) a history of violence and offending.
- These factors do not significantly differ from those for mentally disordered offences and hence those risk assessment instruments developed for that group should be valid for use here too



RISK FACTORS FOR OFFENDING – CRIMINAL HISTORY

- Factors related to criminal history were the best predictors of recidivism (“reoffending”) for both general and violence offences
- Demonstrated both for mentally disordered offenders and those with intellectual disability
- The number of previous offences, number of previous acquisitive offences, number of previous drug offences and number of previous bail offences were significantly related to general reconvictions in offenders with intellectual disability.
- A history of violence is predictive of future violence – even a very basic measure of a history of violence was able to predict future violence above a chance level.



RISK FACTORS FOR OFFENDING - AGE

- There is evidence that offenders with intellectual disability are older than other offenders
- Deinstitutionalisation in 1990s may have inflated the age of offenders with intellectual disability
- Being young increased the likelihood of reoffending in offenders with intellectual disability
- On balance, it seems more reliable to suggest that offenders with intellectual disability are younger at the time of offending.



RISK FACTORS FOR OFFENDING – SUBSTANCE MISUSE

- On investigation of the characteristics of those with intellectual disability in police stations, compared with a control group who had not offended, the offender group more likely to have a history of substance misuse or dependence
- Evidence that alcohol abuse is a problem for offenders with intellectual disability
- More recently, found that a history of substance misuse is predictive of recidivism in offenders with intellectual disability



RISK FACTORS FOR OFFENDING - DIAGNOSIS

- Offenders with a learning disability are more likely to have a diagnosis of personality disorder than of major mental illness
- 39.3% of offenders with a learning disability had a comorbid diagnosis of personality disorder, mostly antisocial personality disorder (Lindsay et al 2008)
- Comparison across levels of security found those in high security more likely to have a comorbid diagnosis of personality disorder, with most of those with a comorbid diagnosis of mental illness residing in the community
- Diagnosis of personality disorder, especially antisocial, associated with poorer long term outcomes: admission to HSU; serious and repeat offending



RISK FACTORS FOR OFFENDING - DIAGNOSIS

- Psychopathy Checklist – Revised (PCL-R) has been found to be important in the prediction of harm to others
- Significantly correlated also with incidents of violence in an institutional context
- Significantly inversely proportional to treatment progress
- Psychopathy Checklist Screening Version (PCL-SV) and PCL-R have predictive validity in offenders with a learning disability



RISK FACTORS FOR OFFENDING – IN SUMMARY

- There is evidence that static risk factors are predictive of recidivism
- Evidence to suggest that offenders with intellectual disability are:
 - younger and male
 - have a history of substance abuse problems
 - have an increased likelihood of diagnosis of personality disorder
 - have a history of violence and offending
- These factors should therefore be considered in risk assessment



RISK FACTORS FOR OFFENDING – IN SUMMARY

- These factors do not significantly differ from those for other mentally disordered offenders, which suggests risk assessment instruments developed for other mentally disordered offenders should be valid for offenders with intellectual disability
- Advantageous to use the existing evidence base for well-established risk assessment instruments



ACTUARIAL RISK ASSESSMENT INSTRUMENTS

- Risk assessment of violence towards others based purely on clinical opinions have been shown to be poor and inaccurate - hence the drive to develop actuarial risk assessment instruments based on static risk factors.
 - Actuarial = “*a statistically calculated prediction of the likelihood that an individual will pose a threat to others or engage in a certain behaviour (e.g., violence) within a given period.*” (Dictionary of Psychology, American Psychological Association)
 - These instruments relied on a smaller and more relevant set of factors that predicted future violence in populations and combined them using a statistical model that was highly reliable and free from personal bias.
 - This has been shown to be superior to clinical judgement when predicting violence.
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ACTUARIAL RISK ASSESSMENT INSTRUMENTS

- The applicability of these tools for offenders with learning disability is affected by the fact that many people with learning disability do not get formal convictions
 - e.g. a long term follow-up of discharges from a forensic unit showed that while the reconviction rate was only around 11%, 59% reportedly had offending behaviour that did not attract a formal conviction
- Notwithstanding these limitations, the actuarial risk assessment instruments recommended for this group, have reasonable predictive validity



VIOLENCE RISK APPRAISAL GUIDE (VRAG)

- Well validated 12 item tool that has been consistently shown to predict future violent offences in mentally disordered offenders.
- Predictive efficacy in patients within forensic learning disability units has been demonstrated in a series of studies to be comparable to that in mentally disordered offenders.
- Preliminary evidence to suggest the same in community settings.
- The 12 items of the VRAG are:
 - (1) lived with biological parents till the age of 16
 - (2) elementary school maladjustment
 - (3) history of alcohol problems
 - (4) marital status
 - (5) total Cormier- Lang score for non-violent offences
 - (6) failure of conditional discharge
 - (7) age at index offence
 - (8) victim injury
 - (9) any female victim
 - (10) diagnosis of personality disorder
 - (11) diagnosis of schizophrenia- inversely scored
 - (12) psychopathy as measured by PCL-R or PCL-SV*



OFFENDER GROUP RECONVICTION SCALE (OGRS)

- Originally developed within the prison service in the UK, now routinely used by the probation service.
- Looks at the percentage likelihood of committing any offence within 2 years leading to reconviction
- Now in its third version- OGRS 3 – which has 6 items.
- A score of 50% or more means that an offender is more likely than not to commit a proven re-offence within 2 years.
- OGRS 2 was shown to have good predictive utility when used with those treated in forensic learning disability hospital settings
- The use of this instrument may need the involvement of professionals within the community learning disability or forensic teams.



H SUBSCALE OF THE HCR-20

- The History, Clinical, Risk management 20 (HCR-20) is a structured clinical guide which looks at the risk of future violence.
- Its history subscale – made up of 10 items – has been used as a static risk assessment.
- The 10 historical items include:
 - (1) violence
 - (2) other anti social behaviour
 - (3) relationships
 - (4) employment
 - (5) substance misuse
 - (6) major mental disorder
 - (7) personality disorder
 - (8) traumatic experiences
 - (9) violent attitudes
 - (10) treatment or supervision response.
- It has been shown to have good predictive utility when used with those treated in forensic learning disability hospital settings
- Use may need the involvement of professionals within the community learning disability or forensic teams.



RISK ASSESSMENT PROTOCOL FOR INTELLECTUAL DISABILITIES (RAPID)

- RAPID is a screening tool developed in offenders with a learning disability
- It has 8 items:
 - (1) adult violent behaviour
 - (2) violent behaviour in childhood or adolescence
 - (3) childhood deprivation, maltreatment or abuse
 - (4) childhood delinquency
 - (5) drug or alcohol use and related problems
 - (6) enduring problems of personality
 - (7) rule breaking, problems with authority or lack of respect
 - (8) compliance with treatment and management.
- Found to have predictive efficacy for violent and general reconvictions; and institutional aggression among in-patients with a learning disability and those in the community
- The tool is designed to be completed by non-specialist assessors. This is a particular benefit.



STATIC-99

- Instruments for sexual offending.
- Static-99 is a ten item instrument for use with adult male sexual offenders who are at least 18 year of age at time of release to the community. In 2012, the age item for the scale was updated, creating Static-99R.
- Its ten items include:
 - (1) age at release from index sex offence
 - (2) ever lived with a lover
 - (3) index non-sexual violence- any convictions
 - (4) prior non-sexual violence- any convictions
 - (5) prior sex offences
 - (6) four or more prior sentencing dates
 - (7) any convictions for non-contact sex offences
 - (8) any unrelated victims
 - (9) any stranger victims
 - (10) any male victim.
- It generates 5 risk levels: very low risk, below average risk, average risk, above average risk and well above average risk.
- The tool was found to have good predictive efficacy for offenders with learning.
- The use of this instrument may need the involvement of professionals within the community learning disability or forensic teams.

RAPID RISK ASSESSMENT FOR SEXUAL OFFENCE RECIDIVISM (RRASOR)

- STATIC-99 was developed as an improvement on the Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR) scale which considered 4 variables: (1) prior sex offences (2) age at release (3) victim gender and (4) relationship to victim.
- RRASOR's predictive efficacy for offenders with learning disability was modest.



SUMMARY OF RISK ASSESSMENT INSTRUMENTS

- Offenders with intellectual disability are younger males, with a criminal history and history of violence, a history of substance misuse and a diagnosis of personality disorder
- These risk factors are in line with other offender populations – and there is evidence that offenders with intellectual disability do not necessarily need to be considered as a specialist subgroup of mentally disordered offenders, when considering risk factors for violence and recidivism
- Static risk assessment instruments identified as best practice in mentally disorder offenders – such as VRAG, OGRS, history subscale of HCR-20, and RAPID – also have predictive validity in offenders with intellectual disability



SUMMARY OF RISK ASSESSMENT INSTRUMENTS

- The items used in these instruments tend to reflect the static, sociological and criminological risk factors reported in the research literature as predictive of violence and recidivism in general offender populations, in mentally disorder offender populations and in offenders with intellectual disability
- This is not exclusive to sociocriminogenic variables and clinical variables have an important role to play, particularly those related to personality disorder, substance misuse, and compliance with treatment and management



GOING FORWARD

- An advantage of static risk assessments is that they are designed to predict future violence and recidivism across the long-term – however most published studies have relatively short follow-up periods – so more evidence to long term predictability required
- Also, it would not be expected that these instruments would predict very short term changes to risk – while services are required to manage risk in the immediate term
- Decisions about imminent risk are important – and there is developing literature on the value of dynamic risk prediction in those with intellectual disability
- Best practice would be to complete a static risk assessment to assess long term risk of recidivism in conjunction with structured clinical instrument designed to predict shorter-term risk mediated by dynamic factors; and to develop a formulation of the reasons underpinning the risk of violence and recidivism to assist in intervention and risk management

GOING FORWARD

- Important to consider the ability of service users to be involved in the process
- Advancement in risk assessment instruments in mentally disordered offenders places greater emphasis on service user involvement
- Static risk assessment tools have not been developed specifically to facilitate this process
- Some tools have been used to try and support service users involvement – such as “Keeping Me Safe and Well” (KMSAW) screen and the Human Rights Joint Risk Assessment and Management Plan (HR-JRAMP)
- These tools are written in clear language, with the use of pictures and a traffic light system to facilitate understanding of the process and content – and it useful to consider the principles highlighted

SUMMARY

- Defined static and dynamic risk factors
- Considered risk factors for offending in individuals with an intellectual disability
- Explored the rationale for actuarial risk assessment based on static factors
- Discussed actual risk assessment instruments available
- Noted considerations going forward, especially with regards to assess of dynamic factors and the importance of involving service users in the process



QUESTIONS AND COMMENTS

