

Colorado Probation Research in Brief

Risk Factors for Recidivism in Offenders with Intellectual Disabilities

Fitzgerald, S., Gray, N., Taylor, J., and Snowden, R. (2011). *Risk Factors for Recidivism in Offenders with Intellectual Disabilities*. *Psychology, Crime and Law* 17(1):43-58.

Key Words: intellectual disabilities, developmentally disabled, special offenders, risk assessment

Predicting Risk in an ID Population

Summary/Conclusions

The source article describes two studies conducted on the same population of intellectually disabled offenders. The first study examined if “the same criminogenic variables and deviant lifestyle variables that consistently predict re-offending in general offender populations” also predict with intellectually disabled offenders. The second study used a subsample of the population of intellectually disabled offenders to determine if the criminogenic risk assessment instrument, used in probation, predicted risk in this special population as effectively as it predicted risk in the general offender population.

Limitations of Information

The study was conducted in the UK, with a risk assessment not used by Colorado probation, so direct comparisons are limited. Not all records were available on all sample subjects, so some analyses were conducted on subsamples. The number of those reconvicted was low, so conclusions should be interpreted with caution. Also, female representation was too low to provide statistically relevant conclusions on the gender.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

In Part I of the current study, researchers explored “if the same criminogenic variables and deviant lifestyle variables that consistently predict re-offending in general offender populations...are also predictive of recidivism in offenders with ID” (Intellectual Disabilities). In Part II, researchers examined if the risk assessment used for the general population, would accurately predict risk with ID offenders. Recidivism, in this study, was measured by re-conviction.

The study examined 145 patients who had been released from medium secure facilities. Each had been diagnosed with Mental Impairment (MI) (the same as Mental Retardation in the DSM IV) and were followed for two years post-discharge. The severity of MI varied, and over half (96) also had a mental disorder diagnosis. Data was collected on criminal history variables, as well as any history of alcohol and drug abuse. Alcohol abuse and drug use was labeled as “deviant lifestyle variables.”

The analysis measured the effect of each variable on outcomes. The number of those who were reconvicted was limited, but the analysis still resulted in some significant relationships. To begin, 9.7% (14) of the population recidivated. Those who were reconvicted significantly differed from those who did not on half of the criminal history variables and all of the deviant lifestyle measures. The authors concluded that criminogenic variables associated with recidivism in the general population are also associated with recidivism in ID offenders and predict better than clinical variables.

In Part II, the study used a criminogenic risk assessment instrument (developed in the UK using 30,000 community supervision offenders) to examine if the tool predicted risk as well for ID offenders as for the general population. Findings indicated the instrument was an “excellent predictor of risk of recidivism within a population of patients with ID.”

Practical Applications

- ✓ Use the LSI to determine recidivism risk, in conjunction with any specialized assessments that treatment providers might complete for mental health or disability issues.
- ✓ Initially, case plans need to address acute stability issues, but as the probationer stabilizes, the goals should be tied to the LSI assessment.
- ✓ Partner with community agencies to address the client’s acute, stabilization factors.
- ✓ Ensure case plans are developed that connect the top criminogenic needs specifically to the plan’s goals and action steps.
- ✓ If substance abuse issues are present, or the client has a noted history of drug or alcohol abuse, ensure any referral for services takes into consideration the diminished intellectual capacity of the client.
- ✓ Address anti-social thinking and attitudes, each time the client makes a statement or acts in a way that is anti-social in nature. If you use exercises, such as those in the Carey Guides, ensure the client understands the material and then have them demonstrate the skill over the course of several visits.

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