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Current standards and practices in violence risk assessment at a maximum security forensic hospital following a high profile sexual homicide

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ABSTRACT

Often high profile cases impact the standards for ethical practices in forensic psychology and psychiatry. In Minnesota, a high profile sexual homicide allegedly committed by a parolee who was not civilly committed as mentally ill and dangerous or sexually dangerous (likely due to older age) has brought to question the state's risk assessment policies. Due to the high profile nature of this case, the State Operated Forensic Services (SOFS) in Minnesota has attempted to implement heightened standards in their violence risk assessment policy for both mentally ill and dangerous and sexually violent offender populations. The rationale for this article is to outline how the publicity of a high profile sexual homicide can result in changes in a state's risk assessment procedures. The author will briefly outline the revised risk assessment standards within a state operated civil commitment forensic hospital and describe a case study of a civilly committed sex offender who was examined under these new standards. The author will also question whether more is better. Specifically, the question will be asked whether such standards and practices are efficient and necessary given the issues of incremental validity and the fact that there will always be false negatives (an offender who is deemed to be non-dangerous, who ultimately is).

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1. The impact of a high profile sexual homicide

On November 22, 2003, an attractive 22-year-old female University of North Dakota student, Dru Sjodin, was allegedly abducted by a paroled sex offender, Alfonso Rodriquez Jr. Mr. Rodriquez is a registered sex offender from Minnesota who had recently completed a 23-year prison term for a prior sex offense. He was a patterned sex offender who was previously convicted of a prior rape and a prior stabbing and attempted kidnapping of a female. Ms. Sjodin's body was discovered April 17, 2004, near Rodriquez's home and a federal grand jury charged Rodriguez with kidnapping and murder.

The horrific murder of Dru Sjodin profoundly affected the heart and soul of the citizens of Minnesota and North Dakota, and ultimately impacted the election for the Minnesota governor position. The governor also considered reinstating death penalty legislation due to the brutal nature of the homicide. Consequently, there has also been a political demand for enhanced and more structured violence risk assessments for both mentally ill and sexually violent offender populations within the State of Minnesota's Department of Corrections and their State Operated Forensic Services where the civilly committed offenders are housed.

Although there were sexual violence risk assessments conducted prior to his release by the Minnesota Department of Corrections, Rodriquez was not deemed dangerous enough (primarily due to his older age) to be civilly committed under the state's commitment procedures.

The failure to civilly commit Rodriquez has raised many questions regarding the practices of risk assessments in prison and how aggressively county prosecutors are seeking commitments. Before being released from prison, all “level 3” sex offenders, those with the highest chance to re-offend, are referred to county attorneys, and it is up to them to find a psychologist's recommendation for or against commitment. Apparently, the state's attorney's office did not request such an evaluation from an independent expert to evaluate Rodriquez and he was released.

Since the Sjodin homicide, there has been a drastic increase in the number of attorney general petitions for commitment of sex offenders throughout the State of Minnesota and this trend has affected nearby states including Iowa and North Dakota. Further, the scrutiny on how risk assessments are conducted for any mentally ill and dangerous and sexually dangerous civilly committed offender has been magnified leading to more intense and structured risk appraisals.

The following section will briefly outline the State of Minnesota's civil commitment legislation for mentally ill and dangerous and sexually dangerous offenders.

2. Minnesota's statutes for the mentally ill and dangerous and sexually violent offender populations

Like many states, the State of Minnesota has adopted legislation under the Minnesota Commitment and Treatment Act to manage violent offenders (Minn. Stat. 253B.01). Under this statute, both the mentally ill and dangerous and sexually violent predator offender populations are subject to its sanctions.

Mentally ill offenders who commit violent acts can be subject to indefinite civil commitment before, during, or after their pretrial assessments for competency and sanity for example. Sexually dangerous and sexual psychopathic personality offenders may be indefinitely civilly committed after their prison term is completed.

Under the Mentally Ill and Dangerous Statute (MI&D) (Minn. Stat. 253B Subd. 17) a “person mentally ill and dangerous to the public” is a person (a) who is mentally ill; and (b) who as a result of that mental illness presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm to another. Importantly, many MID offenders have a history of sexually violent offenses but were not committed as SPP or SDP.

In contrast, high risk sex offenders can be committed under the Sexual Psychopathic Personality (SPP) (Minn. Stat. 253B Subd. 18b) or Sexually Dangerous Person (SDP) (Minn. Stat. 253B Subd. 18c) statutes. The “sexual psychopathic personality” is defined as the existence in any person of such conditions of emotional instability, or impulsiveness of behavior, or lack of customary standards of good judgment, or failure to appreciate the consequences of personal acts, or a combination of any of these conditions, which render the person irresponsible for personal conduct with respect to sexual matters, if the person, has evidenced, by a habitual course of misconduct in sexual matters, an utter lack of power to control the person's sexual impulses and, as a result, is dangerous to other persons. A ‘sexually dangerous person’ means a person who: (1) has engaged in a course of harmful sexual conduct; (2) has manifested a sexual, personality, or other mental disorder or dysfunction; and (3) as a result, is likely to engage in acts of harmful sexual conduct.

These statutes ultimately require forensic psychiatric/psychological risk assessments regarding these two distinct offender populations.

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3. Standards and practices in risk assessment

In recent decades, there has been evolving research and developments addressing standards and practices in violence risk assessment and communication (Borum, 1996; Elbogen, 2002; Heilbrun, 1997; Heilbrun et al., 2004; Meloy, 2000; Monahan, 1981, 1996, 2000; Monahan & Steadman, 1996; Mossman, 1994; Otto, 1994; Quinsey, 1995; Quinsey, Harris, Rice, & Cormier, 1998).

Various approaches to the examination of risk include assessments based on structured/guided and unstructured/unguided judgment; clinical judgment based on anamnestic data; research guided clinical judgment, clinically guided actuarial assessment; and purely actuarial examination (Doren, 2002; Melton, Petrila, Poythress, & Slobogin, 1997).

There has been an empirical push by some researchers towards actuarial assessments and away from reliance on traditional clinical judgment (Harris & Rice, 2003). Alternatively, clinical judgment may be useful in allowing for an individual analysis of the offender's behavior in line with specific contextual and dynamic risk factors. Perhaps the most widely accepted risk assessment practice includes structured guided clinical assessments via the use of structured professional judgment instruments.

4. A need for quality risk assessments following a high profile homicide

Traditionally, any offender within the realms of MI&D, SDP, or SPP commitments was examined and assessed for increase of privileges and liberty by the treatment team staff. The former treatment team risk assessments were grounded in a traditional unstructured clinically guided risk assessment approach. Since the homicide, there has been a change in policy in which an independent group of forensic psychologist examiners within the SOFS evaluates the patient pursuant to risk of future violence and/or sexual violence, independent from and in addition to the treatment team's recommendations.

Ideally, this independent review process will provide an enhanced risk assessment method by evaluators with expertise in violence risk assessment. The revised risk appraisal process primarily meets two objectives:

1) An autonomous risk appraisal may diminish the effects of bias that could result form the sole reliance on an assessment by the treatment team (de Vogel & de Ruiter, 2004).
2) The risk assessment process will be conducted by forensic mental health professionals who apply more current risk assessment techniques, i.e., actuarial methods and structured guided judgment instruments that are widely accepted within their field as being more accurate than traditional unstructured clinical judgment (Dawes, Faust, & Meehl, 1989, Gardner, Lidz, Mulvey, & Shaw, 1996; Grove, Zald, Boyd, Snitz, & Nelson, 2000; Grove & Meehl, 1996; Hanson & Bussiere, 1998; Hilton & Simmons, 2001).

Essentially, any request for reduction of custody, including full or provisional discharge from MI&D/SDP/SPP commitments and transfer to transitional services, or increase in liberty such as initiation of pass plans or grounds privileges, necessitates a thorough risk appraisal by a clinician from this independent examiner team. Less significant requests in liberty, such as initiations of grounds privileges, only require an internal team meeting, security review team review, and a less intense risk appraisal. Petitions for reduction in custody require a hearing in front of the Special Review Board (SRB). If the patient is denied their petition for a reduction in custody by the SRB, they are entitled to an appeal and a Supreme Court Appeals Panel (SCAP) review. Therefore, the various consumers of the risk appraisals include treatment teams, SRB's, and SCAP's.

Finally, the new patients who are found MID/SDP/SPP and initially evaluated by community independent experts to determine if they should be committed, are subject to a risk appraisal process once placed in the hospital. They are required to participate in a risk appraisal within their first 60 days of commitment to address whether they still qualify for commitment and to determine the least restrictive treatment setting. The committing judge determines whether the patient continues to qualify for commitment and what least restrictive treatment setting is most appropriate.

As outlined above, prior to the sexual homicide of Dru Sjodin, the civilly committed mentally ill and dangerous and sexually dangerous offenders were evaluated relevant to increases in liberty by their respective treatment team staff. These risk examinations were primarily based on unstructured clinical judgment and reliance on what clinicians viewed as common risk factors. Although some forensic clinicians doubt the necessity and efficacy of structured risk assessments (Maden, 2003) such practices are becoming the rule.

After the homicide, the forensic evaluation team who primarily conducted competency to stand trial and sanity at the time of the offense evaluations began developing risk appraisal protocols for the various requests in reduction of custody and increases in privileges. The team decided to incorporate into their risk appraisals the assessment of psychopathy, the use of structured guided clinical assessments (structured professional judgment); the use of actuarial risk assessment instruments; the consideration of data from meta-analyses (Bonta, Hanson, & Law, 1998; Gendreau, Little, & Goggin, 1996; Hanson & Bussiere, 1998) examining primarily static factors related to recidivism; and the application of dynamic risk factors that are changeable and are more susceptible to risk management in the community (Douglas & Skeem, 2005).

5. Examining risk for two offender populations

5.1. The current Minnesota mentally ill and dangerous risk assessment model

5.1.1. HARE PCL-R and PCL-R:SV

Psychopathy is a critical factor to assess in any violence risk assessment (Douglas, Ogloff, Nicholls, & Grant, 1999; Harris, Skilling, & Rice, 2001). Psychopathy is a clinical construct that is associated with violence and criminal offending amongst various

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populations including male and female criminal offenders and forensic psychiatric populations (Hare, 1996, 1999, 2004; Harris, Rice, & Cormier, 1991; Serin, 1991; Serin & Amos, 1995; Tengström, Grann, Långström, & Kullgren, 2000).

When assessing MID patients, staff at SOFS employ either the Psychopathy Checklist—Revised (PCL-R) or the Psychopathy Checklist: Screening Version (PCL:SV). Both instruments have shown predictive validity with future violence (Cooke, Forth, & Hare, 1996; Hare, Clark, Grann, & Thorton, 2000; Hart, 1998; Hemphill, Hare, & Wong, 1998; Salekin, Rogers, & Sewell, 1996; Tengström, Hodgins, Grann, Långström & Kullgren, 2004).

When applying these instruments to the MI&D, SDP, and SPP risk examinations, specific scores and percentage ranks among criminal and forensic populations are not offered; rather, the examiners employ ranges of psychopathy (very high, high, moderate, low, very low) and often highlight and describe individual items that apply and match with the offenders' behavioral patterns.

5.1.2. VRAG

The Violence Risk Appraisal Guide (VRAG) is also utilized with MID patients. The objective of the instrument is to predict which offenders would be violent when given the opportunity i.e., release to community, minimum security hospital or halfway house (Quinsey et al., 1998). The ability of the tool to predict violent recidivism for mentally disordered and convicted offenders has been extensively researched (Barbaree & Seto, 1998; Belanger & Earls, 1996; Hanson & Harris, 2000; Quinsey, Coleman, Jones, & Altrows, 1997; Rice & Harris, 1997).

When utilizing the VRAG for the state's risk appraisals, specific percentages and probabilities of recidivism are not offered, rather the instrument is described in terms of which factors contribute to risk and which do not. Further, there should be a statement offered concerning the range of likelihood of recidivism, such as low, medium or high ranges, based on the overall scoring ranges on the instrument (Loza, Villeneuve, & Loza-Faous, 2002).

5.1.3. HCR-20

Structured clinical examination of violence attempts to integrate the scientific (actuarial) approach and the clinical judgment practice of risk assessment (Doyle & Dolan, 2002). The creators of structured professional judgment risk assessment instruments such as the HCR-20, Assessing Risk for Violence instrument, (Webster, Douglas, Eaves, & Hart, 1997) and the SVR-20, Sexual Violence Risk instrument, (Boer, Hart, Kropp, & Webster, 1997), developed empirically based guidelines that encourage a systematic and consistent method to assess risk.

There have been studies suggesting a predictive relationship and accuracy between structured clinical tools, especially the HCR-20, with violent outcome (Douglas et al., 1999; Douglas, Ogloff, & Hart, 2003; Douglas & Ogloff, 2003; Douglas & Webster, 1999; Doyle, Dolan, & McGovern, 2002; Gray et al., 2003; Kroner & Mills, 2001; McNeil, Gregory, Lam, Binder, & Sullivan, 2003; Nicholls, Ogloff, & Douglas, 2004; de Vogel & de Ruiter, 2005).

When applying the HCR-20 to MI&D clients, the forensic examiners describe the individual factors listed on the HCR-20 as "not contributing to risk," "not clearly contributing to risk," and "contributing to risk." Further, when summarizing factors aggravating and mitigating risk, the HCR-20 items may be characterized accordingly.

5.2. The current Minnesota sexual psychopathic personality and sexually dangerous persons risk assessment model

5.2.1. Static 99 and Minnesota Sex Offender Screening Tool—Revised (MnSOST-R)

When examining civilly committed sex offenders relevant to the sexual recidivism risk appraisal process, the two actuarial instruments; Static 99 (Hanson & Thorton, 2000) and Minnesota Sex Offender Screening Tool—Revised, MnSOST-R, (Epperson, Kaul, Huot, Goldman, & Alexander, 2003) are typically administered followed by the SVR-20. Plethysmograph and polygraph testing are new assessment strategies that are currently being utilized.

The Static 99 offers adequate predictive validity findings for sexual recidivism (Barbaree, Seto, Langton, & Peackock, 2001; Bartosh, Garby, Lewis, & Gray, 2003; Beech, Friendship, Erikson, & Hanson, 2002; Hanson & Thorton, 2000; Harris et al., 2001; Harris et al., 2003; Sjöstedt & Långström, 2001; Thorton, 2002). It also has been useful in examining recidivism for older sex offenders, a population relevant to civil commitment evaluations (Hanson, 2005).

The authors of the MnSOST-R have reported acceptable reliability and validity (Epperson et al., 2003). Unlike other actuarial instruments, the MnSOST-R not only assesses static/historical variables but also dynamic factors that focus on treatment amenability and institutional misconduct. Useful for Minnesota SDP and SPP risk evaluations, the instrument was initially normed on a group of sex offenders released from the Minnesota Department of Corrections as both populations share similarities.

When incorporating actuarial data into the risk appraisal process, examiners do not offer percentages and probabilities of recidivism, instead, the results are described in terms of which factors contribute to risk and which do not. Statements relevant to the ranges of likelihood of sexual recidivism depicted by the authors of the instruments are offered.

5.2.2. SVR-20

The SVR-20 is a structured professional judgment instrument designed for the assessment of sexual offending behaviors (Boer et al., 1997). The instrument is not well studied with civilly committed sexual offender populations. The *sexual offense* items assessing sexual assault behavioral patterns may be the most useful factors to consider when assessing these serious repeat sex offenders.

When examining SDP and SPP cases, the forensic evaluators indicate "not contributing to risk," "not clearly contributing to risk," and "contributing to risk" when administering the SVR-20 items. Moreover, the items aggravating and mitigating risk may be summarily described relevant to each offender's pattern of sexual violence and potential future risk.

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5.2.3. HARE PCL-R

Psychopathy when coupled with sexual deviance (especially when measured with penile plethysmography PPG data) has been revealed to correlate with sexual recidivism (Rice, Harris, & Quinsey, 1990; Serin, Malcolm, Khanna, & Barbaree, 1994; Serin, Mailloux, & Malcolm, 2001; Seto & Lalumiere, 2000). The examiners administer the PCL-R and again describe the results in terms of range of scores.

5.2.4. Plethysmograph and polygraph

The use of phallometric data as assessed by the penile plethysmograph is being considered in combination with the polygraph in certain high risk sex offender cases. Ideally, phallometric data will provide a current snapshot of sexual arousal patterns to deviant and non-deviant stimuli and the polygraph may provide data concerning whether the offender was being honest during the plethysmography assessment.

The polygraph will likely enhance the risk appraisal process, as questions to be tested address several relevant areas while the offender is in treatment including: a) current deviant sexual practices and preoccupations, i.e., masturbatory patterns, sexual fantasy, phone sex, exhibitionism; b) recent substance use; c) recent illegal activities; and d) offense history. Interestingly, the SOFS in Minnesota is finding that some offenders are admitting to high risk and sexually deviant behaviors after they are tested, and others are admitting to similar behaviors before they are examined. Subsequently, some offenders are withdrawing their petitions for reduction in custody due to these results. Importantly, the forensic examiners participate in periodic meetings with the polygrapher expert regarding formal education on the empirical foundations of polygraphy, i.e., validity, reliability, as well as test question selection. The forensic examiners incorporate the polygrapher's findings into the risk appraisal.

6. Knowing the research

6.1. Meta-analytic studies

In addition to using actuarial and structured clinical guidelines in the assessment of violence and sexual violence, the forensic examiners occasionally have team meetings addressing current research concerning violent and sexual recidivism. When conducting empirically guided clinical assessments, examiners must utilize the research addressing relevant risk factors. Accordingly, meta-analytic studies which quantitatively analyze associations in individual investigations that address potential risk factors of violence/sexual violence are considered (Bonta et al., 1998; Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004; Salekin et al., 1996).

6.2. Dynamic/contextual risk factors

Identifying static risk factors that define an offender's *risk status* and their propensity to predict violent behavior is useful; it is less valuable when attempting to direct specific intervention and management attempts toward essential targets (Douglas & Kropp, 2002; Douglas & Skeem, 2005). When venturing to make day to day risk management decisions, dynamic and changeable risk factors must be evaluated closely for both mentally disordered offenders and sex offenders.

6.3. Age effects on recidivism

Many civilly committed individuals, both the mentally ill who have committed violent offenses, and sex offenders, have spent years incarcerated before being detained within a security hospital setting. Consequently, these individuals are often older than 50 years of age when assessed. Older age effects have been one of the most profound factors diminishing risk, more so for violent offenders (Bonta et al., 1998) than rapists, and finally child molesters (Hanson, 2001; Hanson & Bussiere, 1998). Practically, many older offenders who qualify for a great number of risk factors are granted heightened liberties/privileges and even release solely because of age effects and the implementation of risk management programming.

7. Case study of Michael

Michael was committed as a Sexually Dangerous Person and Sexual Psychopathic Personality to the maximum security hospital for sex offender treatment. The risk appraisal referral addressed whether he continued to qualify for the commitments and to determine the least restrictive treatment environment.

At the time of the risk assessment Michael was 45 years old. His criminal history included a conviction for one sex offense which occurred when he was 29 years of age. The offense included rape, kidnapping, and felonious assault in which he vaginally, anally, and orally assaulted an adult female (repeatedly for hours) whom he had dated prior to the offense. Michael had prior allegations for sexually assaultive conduct towards other intimate partners, but no charges or convictions. Michael had a prior criminal history as a juvenile positive for offenses such as auto theft, aggravated robbery, and trespassing. His adult criminal record included theft, assaults, arson, and the sex offense. He was incarcerated on at least three occasions and had a history of prison infractions for antisocial and sexually inappropriate behaviors. Diagnostically, Michael had alcohol and cannabis abuse problems, Antisocial Personality Disorder, and it was uncertain whether he qualified for Paraphilia Not Otherwise Specified (with traits of nonconsent-rape subtype and exhibitionism). Michael had engaged in outpatient sex offender treatment, but had never participated in an

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inpatient/residential treatment program. He was refusing sex offender treatment within the maximum security hospital at the time of the risk appraisal.

Concerning the risk assessment process, Michael scored in the medium–high range on the Static 99 relevant to sexual recidivism. He scored in the low range on the MnSOST-R. He scored in the high range of psychopathy when assessed with the Hare PCL-R. When considering the SVR-20, eleven of the items clearly contributed to risk, five items did not contribute to risk, and four items did not clearly contribute to risk.

Overall, static and dynamic risk factors relevant to sexual recidivism for Michael included:

- Prior violent offenses
- Prior nonviolent offenses
- Prior violent offenses within the sex offense conviction
- Prior substance abuse problems
- Prior supervision violations
- Poor employment history
- Incarceration discipline history for sexually inappropriate behaviors
- Antisocial Personality Disorder and high range of psychopathic traits
- Relationship problems with women and intimacy deficits
- Denial of sex offense, attitudes supporting/condoning inappropriate sexual conduct/macho attitude
- Current sex offender treatment resistance
- Unrelated victim
- Single marital status
- General and sexual self-regulation problems
- Problems coping with negative affective responses, i.e., anger and hostility.

Factors indicating diminished risk of sexual recidivism included:

- One sexual offense on record (no prior sex offenses)
- Commencing sex offending at an older age (29 years of age)
- No stranger victims
- No male victims
- No formal sexual deviancy diagnoses
- No recent sexually inappropriate behaviors during civil confinement
- No sex offender treatment termination.

Empirical factors unclearly related to sexual recidivism included:

- Victim of child sexual abuse
- Use of weapons and threats of death during sex offense/heinousness of sexual offense.

Michael's sexual arousal patterns were not easily determined as he denied deviant masturbatory practices and he had not been phallometrically or polygraph tested.

When determining his risk, the forensic examiner opined that Michael's risk for general and violent recidivism was high, and his risk for sexual recidivism was medium–high. The examiner cited Michael's medium–high and low actuarial risk assessment scores and his medium–high range of dynamic risk factors. The examiner believed Michael to continue to qualify as a Sexually Dangerous Person as he met diagnostic criteria for Antisocial Personality Disorder and rule out of Paraphilia Not Otherwise Specified. He engaged in a course of harmful sexual conduct including the sex offense conviction and repetitive sexually inappropriate behaviors while in prison. He also presented as likely to engage in harmful acts of sexual conduct.

When considering whether Michael continued to meet the criteria for Sexual Psychopathic Personality, the forensic examiner was less convinced. Although Michael experienced emotional instability, impulsiveness of behavior, a lack of good judgment, a failure to appreciate the consequences of personal acts and was irresponsible for personal conduct in sexual matters, it was less certain whether he had an utter lack of power to control his sexual impulses. Rather, the forensic examiner believed that Michael could ultimately control his impulses, but chose not to do so and was not markedly volitionally impaired, citing his history of only one formal sex offense conviction, his last several years of no disciplinary infractions, and a lack of sexual deviancy diagnoses.

The forensic examiner recommended that Michael participate in inpatient/residential sex offender treatment and not be granted privileges until he commence participation.

The judge ultimately ruled that Michael continued to qualify for both Sexually Dangerous Persons and Sexual Psychopathic Personality commitments citing Michael's past criminal record, the violent nature of the sex offense, his inappropriate sexual behaviors in prison, his prior allegations for sexually assaultive behaviors, and his resistance to treatment.

8. Why all the fuss? More is not necessarily better

The State of Minnesota State Operated Forensic Services is responding to political forces demanding heightened practices and standards in risk assessment. Despite these good intentions, unfortunately, there will always be false negatives that occur

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in the practice of risk assessment, perhaps similar to the homicide of Dru Sjodin by Mr. Rodriguez. This leaves a question to be asked. Is this risk assessment model practical, efficient, justifiable, and accurate or simply a response to a high profile murder?

On one hand, the current risk assessment standards outlined here provide organized and empirically guided assessments of risk without traveling beyond the scope of the forensic examiners' expertise. Conversely, one may ask if this practice is "overkill" given the time and resources involved in conducting these assessments. It is also unclear whether this system assures incremental validity. Specifically, does the use of all of these instruments offer a special contribution to a risk appraisal over the utilization of only a few (Borum, Personal Communication, March, 2006; Seto, 2005) and over unstructured clinical judgment (Mossman, 1994)?

For example, Kroner, Mills, and Reddon (2005) pitted the PCL-R, VRAG, and LSI-R and "coffee can" measures that randomly combined the scales from those measures against one another to predict violations and recidivism. The measures were highly correlated with one another to the point that using multiple assessment measures for the sake of "thoroughness" would be inefficient and would not provide heightened accuracy. Further, adding more data will likely confuse the legal decision makers, i.e., judges, juries, or legal tribunals.

Seto (2005) compared four actuarial tools used to predict recidivism by sex offenders: Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), Static-99, Sex Offender Risk Appraisal Guide (SORAG), and the Violence Risk Appraisal Guide (VRAG). Each one of these tools is a good predictor for sexual recidivism. Seto attempted to determine which tool was most accurate in predicting sexual recidivism, and whether combining the tools would add predictive accuracy rather than simply applying one instrument. None of the combinations significantly improved the accuracy of the best single prediction. In fact, in most cases, using more than one risk assessment made the prediction slightly worse. Seto concluded that the best tool already works well, so merging it with the second best tool has no value and is inefficient in practice.

In Michael's case, the two actuarial instruments which measure somewhat different constructs and were normed on different sex offender populations yielded contrasting results. The SVR-20 has not been consistently endorsed with civilly committed sex offender populations, although the instrument essentially yielded a medium–high range of risk factors in this case. Michael's high range of psychopathic traits increases his risk for general and violent crime more so than sexual recidivism. The combination of significant psychopathic traits and sexual deviance has been said to be a lethal combination relevant to sexual recidivism, however, Michael was not phallometrically tested and his levels of sexually deviant arousal patterns are unknown.

9. Conclusion

This article demonstrates how a high profile sexual homicide can cause tremendous political and societal upheaval, and lead to changes in a state forensic system's risk assessment procedures. Unfortunately, at the time that this article was written, this author had no access to evaluate the empirical consequences of these changes in risk assessment policy, therefore, it is unclear whether such changes were for the good. Specifically, it is uncertain whether these procedures exhibited predictive validity in accounting for increases or decreases in offenders being approved for reductions of custody or increases in liberty. Further, other variables would affect such data including primarily how the Special Review Boards interpret the new risk assessment procedures and how much the boards are impacted by the notorious sexual homicide.

Risk assessment practices should be considered successful when forensic examiners and the systems they exist in can demonstrate reduced rates of violence associated with risk assessment procedures (Douglas & Kropp, 2002). The goal of violence risk assessment is to place objectively higher risk offenders under greater security and supervision than lower risk offenders (Hilton, Harris, Rawson, & Beech, 2005).

Risk appraisals assist in identifying offenders likely to engage in future violence as well as classifying risk factors that can be managed; ultimately guiding treatment planning and community placement. Risk assessments also can assist in identifying the longitudinal course of mental illness; clarifying diagnostic formulation; helping the patient better understand his mental illness, risk factors, and treatment interventions for targeted behaviors; and identifying community forensic needs and informing community resources on violence risk assessment issues (Moran, Sweda, Fragala & Sasscer-Burgos, 2001). Legal applications to the forensic utility of violence risk assessments include a single decision based on the most accurate information and focus on the predictive model (Heilbrun, 1997).

This new risk appraisal method may at first glance appear inefficient, arduous, and even impractical, yet all of the "fuss" has minimally led to a focus and dedication to risk assessment procedures within a state operated forensic system.

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