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RESEARCH REPORT

LOW RISK OFFENDERS: WHAT DOES THE RESEARCH TELL US?

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Low Risk Offenders: What Does the Research Tell Us?

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Executive Summary

Key words: low risk offenders; risk principle; assessment of risk; risk management.

The Risk principle of the effective corrections Risk-Need-Responsivity (RNR) framework advises that higher intensity service and programs should be reserved for higher risk offenders, while lower risk offenders should be provided with low intensity or minimal services. The purpose of the present paper was to review the current body of knowledge on effective corrections with a focus on the assessment and treatment of low risk offenders. It was anticipated that an up-to-date look at the literature may prove valuable in helping to establish clearer guidelines for the provision of interventions to offenders assessed as low risk.

Results of the academic literature review confirmed the utility of the Risk principle, with the majority of studies showing that correctional interventions are more likely to demonstrate a treatment effect if the participants in higher intensity programs are moderate or high risk. Low risk offenders, on the other hand, require lower intensity and, in some cases, no direct service. Nevertheless, the literature falls short with respect to providing a complete understanding of what defines 'low risk' in the correctional context.

Risk communication across correctional constituencies and even across offence types is inconsistent - the definition of 'low risk' varies considerably. For example, sex offenders as a group are statistically lower risk (i.e., have lower base rates of reoffending) than acquisitive offenders, yet are frequently assessed as higher risk; and women, even those designated as high risk, generally have lower base rates of reoffending than men at any risk level. Risk designation usually follows the allocation of resources with higher risk offenders being afforded closer supervision and more intensive intervention. Violation of this principle can mean that low risk offenders are allocated to services that are unnecessary and, therefore, not cost effective.

A recent development in the field may assist in clarifying who is low risk and the level of service that would be appropriate. The Risk Communication Project involving correctional research experts from the US and Canada (Council of State Governments Justice Center, 2016) has issued a draft document containing preliminary ideas on how to organize thinking around the designation of offenders at five risk levels. At the lowest level this includes descriptions of the offence history and needs level of individuals designated at two levels of low risk as well as guidance on intervention approaches required for these offenders to remain low risk. Using the categories described by the Council, it appears that few offenders within CSC would be classified at the lowest risk category (risk level equivalent to the general public; no criminogenic needs). Most low risk offenders in CSC would fall within the second low risk category, requiring at least low intensity programming and community supervision in order to reduce their risk to non-offender levels. Although still under development, this work, which launches an important debate on how general risk can be understood across constituencies, could help agencies in directing program and supervision strategies related to assessed risk level. Missing at this stage is a further discussion of whether risk assessment should consider the potential degree of harm associated with reoffending in addition to an assessment of risk and need levels.

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Introduction

Over the last 20 years, correctional practice in the Correctional Service of Canada (CSC) has adopted an approach that adheres to the Risk-Need-Responsivity (RNR) model of offender rehabilitation (e.g., Andrews & Bonta, 2010b; Andrews, Bonta, & Hoge, 1990). According to the Risk principle, the amount and intensity of service should be proportionate to an offender's risk to reoffend. More specifically, lower risk offenders should be provided with low intensity or minimal services, while the focus of the correctional effort should be placed on providing supervision and services for higher risk offenders. There is a wealth of evidence in the literature confirming that offenders assessed as low risk (using validated measures) are much less likely than offenders assessed as higher risk to respond to intensive case management practices with a reduction in recidivism (Lowenkamp & Latessa, 2004). Although the general risk principle appears to have robust empirical support, administrators adopting this effective corrections approach still must interpret what the details of the principle mean in practice. For example, what is the understood definition of a low risk offender and does it mean the same thing for offenders in different constituencies and with different ethnic or offence profiles? Furthermore, what does effective low intensity supervision look like and what comprises lower risk interventions?

Understanding the importance of correctional programs in preparing offenders for safe release into the community, the recent Auditor General of Canada report (Office of the Auditor General of Canada, 2015) highlighted some concern over CSC's use of interventions in preparing low risk offenders for release. Thus, an up-to-date look at the literature may prove valuable in helping to establish clearer guidelines for the provision of interventions to offenders assessed as low risk.

The purpose of this paper is to review the current body of knowledge (up to 2016) on effective corrections with a focus on the assessment and treatment of low risk offenders. The paper will begin by reviewing CSC's response to low risk offenders, and whether this approach is aligned with that of other correctional constituencies. The existing body of academic literature is then examined to assess whether current research continues to confirm the Risk principle. This is followed by a more in-depth examination of what is meant by "low risk" and what a given risk level means in terms of correctional practice, especially for CSC.

Correctional Service of Canada's Response to Low Risk Offenders

The *Corrections and Conditional Release Act* (CCRA) and the *Correctional and Conditional Release Regulations* (CCRR), mandates that one of CSC's main legislated responsibilities is the provision of correctional interventions to assist offenders with their reintegration into the community. Accordingly, CSC has prioritized the delivery of correctional programs to contribute to reduced rates of re-offending and increased safety in the community. Evaluations of CSC's correctional programming have associated correctional program participation with a greater likelihood of conditional release, reductions in readmissions, and decreases in violent, general, and sexual re-offending (CSC, 2009).

Actuarial risk assessment tools are used as a basis for referral to correctional programs within CSC. The Statistical Information on Recidivism – Revised (SIR-R1) is used for non-Aboriginal offenders, the Custody Rating Scale (CRS) is used for Aboriginal offenders, and a sex offender assessment which incorporates the Static- 99R is used for sex offenders. The ratings generated by these tools allow CSC to classify offenders into one of three risk categories: high, medium, or low (CSC, n.d.b). For women offenders, CSC offers a variety of programs that are designed using a holistic approach to correctional programming that target behaviours that lead to crime. Programs within this approach form the “Continuum of Care”.¹ CSC also offers Aboriginal women offender correctional programs, which is similar to the Continuum of Care, but is referred to as the “Circle of Care” (CSC, n.d.c). Risk assessment for the purpose of Women Offender Correctional Program (WOCP) referrals is based on the CRS (CSC, 2015).

The guiding principle in correctional planning and supervision for offenders within CSC is to match the level of intervention to the offender's level of risk and needs. The correctional program referral guidelines require that offenders who present the lowest level of risk not be referred to correctional programs unless they present specified indicators of need. It is considered that, in most cases, routine case management is sufficient for the low risk offender population. This includes access to a variety of resources such as social programs, education programs, employment and employability initiatives, psychological services and/or mental health support, ethnocultural activities, faith-based programs, Aboriginal liaison, volunteer programs, peer support programs, and community-partnered initiatives. In cases where an offender does not meet

¹ Includes an engagement program, a moderate intensity program, a high intensity program, a self-management program, a modular intervention program, and a sex offender program.

the referral criteria for a correctional program, but the Parole Officer's evaluation suggests that there are risk factors that need to be addressed through correctional programming, the Parole Officer may recommend an override if the offender meets the override eligibility criteria (as outlined in Guidelines 726-2; CSC, 2015). A woman offender assessed as minimum security on the CRS and presenting low needs is not referred to moderate or high intensity correctional programs, but may participate in an engagement program. Nevertheless, low risk women offenders may be considered for participation in a moderate intensity correctional program if they meet override criteria (as outlined in Guidelines 726-2; CSC, 2015).

Other Constituencies' Response to Low Risk Offenders

To determine to what extent CSC's response to the assessment and treatment of lower risk offenders is aligned with the approach of other correctional jurisdictions globally, we attempted to gather information regarding practices used by other constituencies. The scan indicated that information on practices involving low risk offenders was scarce. As a result, we contacted several correctional organizations informally to inquire about how they approached the management of low risk offenders. We received information from four countries. In general, these organizations' approach to the management of low risk offenders was similar to that of CSC in that low risk offenders are provided with less intensive services than their higher risk counterparts. Specific rehabilitation programs are not necessarily offered to low risk offenders unless the need for an override is identified. One country stated that their organization provides their low security offenders with access to low intensity substance intervention programs. All countries noted that their lower risk offenders are provided the opportunity to participate in other rehabilitative efforts such as education, employment, and cultural interventions.

Does the Current Research Continue to Confirm the Risk Principle?

In general, research has demonstrated that correctional programs adhering to the risk principle reduces recidivism by up to 35% (Andrews & Bonta, 2010a). A number of meta-analyses have shown that programs serving a greater percentage of higher risk offenders are more effective than those that do not (Andrews et al., 1990). This finding is consistent when examining juvenile offenders (Dowden & Andrews, 1999b), female offenders (Dowden & Andrews, 1999a), and violence as an outcome measure (Dowden & Andrews, 2000). In a meta-analysis of cognitive-behavioral treatment (CBT) with juvenile and adult offenders, Lipsey, Landenberger,

and Wilson (2007) found that the effects of CBT were greater for those offenders with a higher risk of recidivism than those with a lower risk. Andrew and Dowden's (2006) meta-analysis of correctional treatment programs for adult offenders also demonstrated support for the risk principle, especially those programs deemed appropriate according to the principles of need and responsivity. In contrast, Tong and Farrington's (2006) first meta-analyses of 'Reasoning and Rehabilitation' programs among adult offenders found a similar impact for both low- and high-risk offenders. In an updated meta-analysis (Tong & Farrington, 2008), however, they found that only the results with high risk offenders were significant. Finally, the principles of effective correctional treatment have also been found to apply to sexual offenders, with programs adhering to RNR principles showing the largest reductions in sexual and general recidivism (Hanson, Bourgon, Helmus, & Hodgson, 2009).

In a large test of the Risk principle, Lowenkamp, Latessa, and Holsinger (2006) used data from two independent studies of 97 correctional programs to examine whether programs that adhere to the risk principle are effective in reducing recidivism. Overall, the research indicated that, for both residential and nonresidential programs, adhering to the risk principle had a strong relationship with a program's ability to reduce recidivism. For instance, "programs that provided at least .5 more units of service or referrals to offenders who were higher risk compared to offenders who were lower risk were more effective as were those that kept offenders who were higher risk in the program as long as or longer than offenders who were lower risk" (pg. 87). Based on their findings, Lowenkamp et al. (2006) made the following recommendation regarding lower risk offenders: "Length of programming and supervision needs to be clearly tied to levels of risk. Offenders who are lower risk are best served with more traditional levels of supervision, whereas offenders who are higher risk should be kept in programming longer to address their risk factor and needs. Although this concept seems straightforward, very few programs in this study met this principle" (p. 89).

In addition to the numerous meta-analyses and the large-scale review conducted by Lowenkamp et al. (2006), several primary studies have also been conducted that include information specific to the effectiveness of correctional programs for lower risk offenders. The following will provide a brief summary of these studies that include interventions offered in institutional and community settings. A full list of the studies that were reviewed for present paper that have examined adherence to the risk principle is presented in Appendix A.

There is a lack of research conducted in institutional settings, with only one study identified. In an evaluation of a prison treatment for sex offenders in England and Wales, Friendship, Mann, and Beech (2003) found that low risk sex offenders did not benefit from treatment but medium-low and medium-high offenders did.

Most of the research examining the impact of the risk principle has been conducted in community samples. For instance, Bonta, Wallace-Capretta, and Rooney (2000) evaluated a cognitive-behavioural treatment program delivered within the context of intensive community supervision via electronic monitoring, and results showed that treatment was effective in reducing recidivism for higher risk offenders.

Several projects were conducted that evaluated Ohio's community-based correctional facilities (CBCF) and halfway house (HWH) programs. In the first project, Lowenkamp and Latessa (2002) found evidence for the utilization of CBCFs and HWHs with moderate and high-risk offenders but not with lower risk offenders. In their 2005 report, Lowenkamp and Latessa reiterated significant differences in the effectiveness of programming based on various levels of risk. In a follow-up evaluation of the CBCF and HWH programs, Latessa, Lovins, and Smith's (2010) findings were consistent with the 2002 study whereby programs increased recidivism for low risk offenders. Finally, Lovins, Lowenkamp, and Latessa (2009) found that sex offender treatment delivered in a halfway house setting was also ineffective for low risk offenders.

Zweig, Yahner, and Redcross (2011) examined whether a transitional jobs program (titled the 'Center for Employment Opportunities Program') had an impact on the recidivism of offenders at different risk levels of reoffending. A strength of the study was that offenders were randomly assigned to the transitional jobs program. Results showed that the program reduced recidivism for the high-risk offenders but not for the low or medium risk offenders. It is interesting to note that in their policy essay, entitled '*Deconstructing the risk principle*', Gaes and Bales (2011) argued that this is one of the strongest tests of date of the risk principle.

In another study examining the interaction between level of risk and dosage of treatment, Sperber, Latessa, and Makarios (2013) sought to identify the number of hours of treatment that was necessary to reduce recidivism in a sample of offenders placed in a residential community corrections facility. Results showed substantial reductions in recidivism for high-risk offenders receiving 200 or more hours of treatment. Interestingly, however, increasing the dosage from minimal to moderate levels was found to be effective at reducing recidivism in low risk offenders.

According to the authors, this may have been a result of the low risk category of offenders containing a mix of low- and low/moderate-risk offenders, and thus the offenders categorized as low risk more closely resembling moderate-risk offenders. Nonetheless, the authors argued that “greater returns on outcome were observed when high-risk cases were targeted for increased dosage.”

Community-based supervision

According to Barnes et al. (2010), one major form of risk-based corrections is the growing use of low-intensity supervision for low risk probationers and parolees. For instance, the New York City Probation Department model of low-intensity supervision consists of an automated kiosk reporting system where low risk probationers check in at a computerized kiosk once a month to answer basic questions about their contact details, employment, and new arrests. An evaluation of the program revealed that two-year re-arrest rates for high-risk probationers declined from 52% to 47% after being assigned to more intensive supervision, while two-year re-arrest rates for low risk probationers assigned to the kiosk reporting system declined from 31% to 28% (Wilson, Naro, & Austin, 2007).

In another assessment of community-based supervision, Ahlman and Kurtz (2008) described the results of a 2007-2008 field experiment of large caseloads of low risk offenders under the supervision of the Philadelphia Adult Probation and Parole Department (APPD). The results indicated that large caseloads did not increase the risk of arrest for low risk offenders, and the authors concluded that such a low risk supervision program could help free up probation and parole officers to supervise more high-risk offenders in small caseloads. In another study of the Philadelphia Low-Intensity Community Supervision Experiment, Barnes et al. (2010) identified 1,559 low risk offenders who were randomly assigned to either a standard or reduced frequency of mandatory office visits. Similar to Ahlman and Kurtz’s (2008) study, results for the one year follow-up revealed no significant difference in reoffending outcomes between the standard and reduced frequency groups. The authors therefore concluded that the lower-intensity supervision can allow fewer officers to supervise low risk offenders in the community without increasing the risk of recidivism. Barnes, Hyatt, Ahlman, and Kent (2012) also updated results of the Philadelphia Low Intensity Community Supervision Experiment, and found similar results.

Summary of the academic literature

On balance, the literature confirms the risk principle, but the question arises as to why participation in higher intensity interventions can have a positive impact on high-risk offenders, but can have no or even unintended negative consequences for low risk offenders. Several explanations have been proposed. For instance, Lowenkamp and Latessa (2004) have suggested three key points: (1) placing low risk offenders in more intense correctional interventions means they are likely to be exposed to higher-risk offenders and antisocial associates is an established risk factor; (2) placing lower-risk offenders, who by definition are fairly prosocial, in a highly structured, restrictive program, can disrupt the protective factors that make them low risk; and, (3) some low-functioning, low risk offenders could be manipulated by more sophisticated, higher-risk, predatory offenders. In addition, increased monitoring is more likely to result in observation of rule violations and reoffending that may not have been detected in lower intensity supervision and programming. Based on their research, Lowenkamp and Latessa (2004) have advised that low risk offenders should be identified and excluded from higher-intensity correctional interventions. Instead, their correctional plans should involve returning these offenders to the environment that made them “low risk” as soon as possible by referring them to low intensity, short term programming.

Gaes and Bales (2011) have also speculated on the reason for the apparent iatrogenic effect of providing higher intensity programs to low risk offenders. In their policy essay, *‘Deconstructing the risk principle’*, Gaes and Bales (2011) state that “Whether or not participating in community supervision programs actually interferes with the successful integration of low risk offenders into the community really depends on the way the program is designed. If it is the kind of program that requires the offender to give up his/her job and spend time in intensive supervision under the constant watch of the program provider as well as the community supervision agent, perhaps this is a causal mechanism for failure” (p.983).

The research suggests then, that if low risk offenders are allocated to programs or interventions, it is preferred that: 1) they receive short-term interventions that do not interfere with the prosocial activities and social supports that they already enjoy; and 2) that they not be included in groups or activities with higher risk offenders. Case managers’ role in their supervision would be to shore up the protective factors in these offenders’ lives that have contributed to their low risk status (Stewart, Brine, Wilton, Power, & Hnain, 2015).

The Issue of Defining and Assessing Risk

Simply speaking, Lowenkamp and Latessa (2004) have defined “risk” as the probability of reoffending. Estimates of risk of offending should define the period of time of follow-up. A low risk offender is one with a relatively low probability of reoffending (i.e., evidencing few risk factors), while a high-risk offender has a high probability of reoffending (i.e., many risk factors). This would seem fairly straight-forward, but, in fact, the area requires an analysis of how the risk level is determined. That is, what tools are used, what threshold is accepted as being within the risk band, and what type of reoffending is being predicted. For instance, some types of reoffending are high volume and can occur frequently (e.g., acquisitive offending), while other types such as sexual offending, domestic violence, or general violence are associated with a lower probability of reoffending, but these types of offences typically involve more serious harm to a potential victim. The impact of failure to identify and manage an offender at risk to perpetrate a sexual or violent offence to victims is significant; therefore, the tolerance for error is lower than it is for non-violent crimes.

There are now a myriad of well-validated risk assessment tools designed to assess general and offence-specific reoffending. Two noted researchers have described the development of the risk tools along a progressively more sophisticated continuum (Bonta & Andrews, 2007). The first generation tools relied uniquely on unstructured professional judgement. Second generation measures were developed in response to evidence that such assessments were not valid. These tools applied evidence-based research to the development of actuarial assessment instruments that included factors demonstrated to increase the risk of reoffending. The Statistical Information on Recidivism (SIR) scale developed for CSC (Nuffield, 1982) is one such tool that is still in use in CSC. Third generation tools combined evidence-based actuarial assessment with a recognition that risk based on static historical factors alone did not allow insight into what changeable or ‘dynamic’ factors impinge on risk. These tools combined the criminal history items with factors related to the offenders’ circumstances. The results can be used to establish risk levels and also to guide decisions on what changeable factors should be targeted for intervention. Examples of these tools are the “risk-need” instruments such as the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) and the Dynamic Factors Identification and Analysis (DFIA) used within CSC (Brown & Motiuk, 2005). Fourth generation tools are described as ‘systematic and comprehensive’. According to Bonta and Andrews (2007), these instruments “integrate systematic

intervention and monitoring with the assessment of a broader range of offender risk factors heretofore not measured and other personal factors important to treatment”. An example of a fourth generation risk assessment instrument is the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta & Wormith, 2004).

Risk Communication: What Does a Given Risk Level Mean?

Changes in risk assessment tools over time and the proliferation of the number of these tools has contributed to confusion on the communication of risk with definitions of risk categories varying across measures. A team of experts from the US and Canada under the auspices of the Council of State Governments Justice Center has undertaken to examine the feasibility of a cross constituency approach to communicating risk. Their work has the potential for making a contribution to the field of corrections and helping researchers and administrators to conceptualise and agree on what risk level means and the type and intensity of service required to reduce a given risk level (Council of State Governments Justice Center, 2016; Hanson, Coligado, Bourgon, Kroner, & D’Amora, 2015). The committee proposes five categories of risk for general recidivism based on risk-needs levels of offenders. For each level they provide information on the percentile rank (relative risk compared to other offenders), risk ratios (how much riskier an offender is than others in the reference group), and absolute risk (the percent likelihood that individuals in the risk band will reoffend):

- Category 1: The very lowest risk group. Offenders in this group evidence no or only transitory criminogenic and non-criminogenic needs and have clear personal and social protective factors. Their expected rate of reoffending is not measurably higher than individuals in the non-offender community (< 5%). These offenders require little supervision and few or no human services. Within CSC, it is likely that few offenders would be at this risk level. In Canada, most of these offenders would be found in the provincial system, possible under probation orders.
- Category 2: Offenders in this group also have few needs that were likely acute or transitory, and have good personal and social resources. Their base rate of reoffending is slightly higher than individuals without a criminal record, but lower than typical offenders. According to the committee, this group requires only brief correctional interventions and minimal community supervision. The few needs identified can be brokered with social problem solving aided

through existing community services. Once these needs are met, risk level is reduced to non-offender levels. The description of offenders within this category suggest that most low risk offenders in CSC may fall into this group.

- Category 3: Criminogenic needs will be severe in one or two areas or less chronic/severe across multiple needs. Non-criminogenic needs will be typical of offenders. Offenders will have some identifiable personal and social resources. Their base rate of reoffending is average relative to offenders as a group. To reduce risk these offenders will require structured services that target criminogenic needs over several months; (e.g. ~ 100-200 hours of service) and assistance with non-criminogenic needs/responsivity factors. Community supervision should focus on change-focused supervision. Recidivism is likely in the short term but long term desistance is expected.
- Group 4: Offenders in this group have multiple chronic criminogenic and non-criminogenic needs that are moderate to severe and they have few identifiable personal and social resources. Their risk is higher than the rate for offenders in general. They require structured comprehensive services targeting multiple criminogenic needs over a lengthy period with community follow-up and support (e.g., ~ 300+ hours of service) and intensive community supervision. Risk can be reduced with appropriate strategies but would still be significant.
- Category 5: Offenders in this group have multiple, chronic and entrenched criminogenic needs and multiple, moderate to severe non-criminogenic needs. They have few identifiable personal and social resources and are oriented toward procriminal pursuits. Their base rate for reoffending is 85%, placing them at the top 5% of offenders. These offenders require structured comprehensive services targeting multiple criminogenic needs over years ideally prior to community release (e.g., ~ 300+ hours of service) and assistance with non-criminogenic needs/responsivity factors. Community supervision requires an intensive/risk management focus. These offenders are chronic but their offending rate gradually declines after decades or advanced age.

Although still under development, this work launches an important debate on how general risk can be understood across constituencies and measures and could help agencies in directing program and supervision strategies related to risk level. Missing at this stage of the project is a further discussion of whether risk assessment should consider the potential degree of harm associated with potential reoffending. Offenders with histories of violence and sexual offending,

for example, may require a level of intervention that would be more intensive than their reoffending rate assessed through actuarial tools would suggest in order to mitigate their risk of future physical harm to victims.

Discussion

In the spring of 2015, the Office of the Auditor General of Canada published a report entitled “Preparing Male Offenders for Release – Correctional Service Canada”. In this report, they presented several key findings and made recommendations regarding lower-risk offenders. One of the concerns highlighted was that many low risk offenders were not referred to correctional programs while in custody, despite having an identified risk to reoffend. Moreover, they found that CSC guidelines did not clearly demonstrate how interventions available to low risk offenders prepare them for safe reintegration. Thus, part of the impetus for the present paper was to take an up-to-date look at the literature in order to ascertain whether current research continues to confirm the risk principle. A second impetus for the present paper was to clarify the definition of low risk and how this is communicated across correctional constituencies.

Based on the current literature review of low risk offenders and recent developments in the field of risk communication, we conclude with four key points on what the research tells us on low risk offenders:

- 1) The Risk principle is still relevant to correctional planning and supervision. Research has demonstrated that the lowest risk offenders as assessed on well-validated tools require low or no service to maintain a risk level that is comparable to non-offenders.
- 2) A challenge to the Risk principle, however, is determining what exactly defines ‘low’ risk. Most tools assess outcomes based on risk for general reoffending and may not be as sensitive to assessing risk for specific offence patterns, particularly for those involving sexual and violent offending. Consideration should, therefore, be given to pairing estimate of general reoffending with an assessment of potential for serious harm.
- 3) The Risk Communication Project (Council of State Governments Justice Center, 2016) provides preliminary ideas of how to organize thinking around what constitutes a low risk offender and what low risk offenders might require in order to remain low risk. CSC may want to participate in further discussions with this group and consider adopting their approach.
- 4) Using the categories proposed by the Council of State Governments Justice Center (2016), it is likely that relatively few offenders within CSC would be classified at the lowest risk category. Case management practices should be careful not to allow interventions to interfere with low risk offenders’ protective factors that have contributed to their low risk designation such as: prosocial networks, participation in structured leisure, and involvement in employment.

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Appendix A: List of Studies Examining the Risk Principle

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
<i>Meta-analyses</i>					
Andrews et al. (1990)	<ul style="list-style-type: none"> Juvenile & adult offenders 	Recidivism	Meta-analyses of prison-based & community-based programs	-	<ul style="list-style-type: none"> Treatment programs which were appropriate (e.g., adhered to the risk principle, among other factors) were significantly more effective than criminal sanctions or inappropriate treatment programs.
Dowden & Andrews (1999a)	<ul style="list-style-type: none"> Predominately female offenders 	Recidivism	Meta-analysis of correctional-based programs	-	<ul style="list-style-type: none"> Stronger treatment effects were found when treatment targeted higher vs. lower risk cases.
Dowden & Andrews (1999b)	<ul style="list-style-type: none"> Young offenders (< 18 years) 	Recidivism	Meta-analysis of correctional-based programs	-	<ul style="list-style-type: none"> Treatment programs were associated with a significantly higher mean effect size when delivered to higher-risk vs. lower-risk offenders.
Dowden & Andrews (2000)	<ul style="list-style-type: none"> Juvenile & adult offenders 	Violent outcomes	Meta-analysis of correctional-based programs	-	<ul style="list-style-type: none"> Although the treatment effects were in the direction predicted by the risk principle, it was not statistically

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
Landenberger & Lipsey (2005)	<ul style="list-style-type: none"> Adult & juvenile offenders Canada, US, UK, New Zealand 	Recidivism	Meta-analysis of cognitive-behavioral treatment (CBT) interventions (probation, incarceration, or during/after parole)	-	<p>significant.</p> <ul style="list-style-type: none"> Larger effect sizes were associated with higher risk participants.
Andrews & Dowden (2006)	<ul style="list-style-type: none"> Predominately male offenders 	Recidivism	Meta-analysis correctional-based programs	-	<ul style="list-style-type: none"> Appropriate treatment delivered to higher-risk offenders showed a modest correlation with reduced recidivism, whereas treatment delivered to low risk offenders had hardly any effect.
Tong & Farrington (2006)	<ul style="list-style-type: none"> Adult offenders (Canada, US, UK, Sweden) 	Recidivism	Meta-analyses of evaluations of 'Reasoning & Rehabilitation' programs (institutional and community settings)	-	<ul style="list-style-type: none"> For low risk offenders there was 22% decrease in recidivism compared to the control group. For high-risk offenders there was an 11% decrease in recidivism compared to the control group. The effect size for low risk offenders was not

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
Lipsey, Landenberger, & Wilson (2007)	<ul style="list-style-type: none"> Juvenile & adult offenders 	Recidivism	Meta-analysis of CBT programs	-	<p>significantly greater than the effect size for high-risk offenders.</p> <ul style="list-style-type: none"> The effects of CBT were greater for offenders with higher risk of recidivism than those with lower risk.
Tong & Farrington (2008)	<ul style="list-style-type: none"> Builds on previous meta-analyses (Tong & Farrington, 2006) 	Recidivism	'Reasoning & Rehabilitation' programs (institutional and community settings)	-	<ul style="list-style-type: none"> The R&R program benefited both low and high risk offenders. The effect size was greater with low risk offenders, possibly because of the greater likelihood of high risk offenders dropping out of the program and faring worse than those who had never participated in the program. But, only the results with high risk offenders were significant.

Institutional Setting

Friendship, Mann, & Beech (2003)	<ul style="list-style-type: none"> Adult male offenders (sentenced to prison for at least 4 years) 	Recidivism	Evaluation of a prison treatment for sex offenders	Static-99	<ul style="list-style-type: none"> Low risk sex offenders did not significantly benefit from
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Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
	<ul style="list-style-type: none"> England & Wales 				treatment, whereas medium-low and medium-high risk offenders did.
Bourgon & Armstrong (2005)	<ul style="list-style-type: none"> Adult male offenders Canadian provincial system 	Recidivism	Evaluation of a prison-based CBT treatment program (5-week, 10-week, or 15-week)	Level of Service Inventory–Ontario Revision (LSI-OR)	<ul style="list-style-type: none"> Treatment significantly reduced recidivism and that the amount of treatment or dosage played a significant role. Tentatively suggested that 100 hrs of treatment can be effective for offenders of moderate risk or few needs, but this amount of treatment appears to be insufficient for offenders with high-risk and/or multiple needs.
Mailloux et al. (2003)	<ul style="list-style-type: none"> Adult male offenders Canadian federal system 	Dosage of correctional programming	Variety of sex offender treatment programs	Level of Service Inventory (LSI) Psychopathy Checklist-Revised (PCL-R)	<ul style="list-style-type: none"> Low-intensity and moderate-intensity groups took significantly fewer sex offender programs than the high-intensity group. There were no significant differences between the low- and moderate-

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
					intensity groups.
<i>Community Setting</i>					
Bonta, Wallace-Capretta, & Rooney (2000)	<ul style="list-style-type: none"> • Adult male offenders • Canadian provincial system 	Recidivism	Evaluation of a CBT program delivered within the context of intensive community supervision via electronic monitoring	Level of Service Inventory-Revised (LSI-R)	<ul style="list-style-type: none"> • Treatment was effective in reducing recidivism for higher risk offenders. • Low risk offenders who received treatment demonstrated higher recidivism rates (32.3%, compared to 14.5% in non-treated low risk offenders), whereas high-risk treated offenders showed decreases in recidivism (31.6%, compared to 51.1% in non-treated high-risk offenders).
Lowenkamp & Latessa (2002)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Ohio) 	Recidivism	Evaluation of halfway house & community-based correctional facility programs	Risk measure developed for study	<ul style="list-style-type: none"> • Evidence for the utilization of halfway houses and community-based correctional facilities with moderate and high-risk offenders. • Null or contrary effects were seen with

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
					lower risk offenders while treatment effects were seen with higher risk offenders in most of the programs.
Lowenkamp & Latessa (2005)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Ohio) 	Recidivism	Evaluation of halfway house & community-based correctional facility programs	Risk measure developed for study	<ul style="list-style-type: none"> • Offenders who successfully completed residential programming were compared with a group of offenders under parole/post-release control who were not placed in residential programming. • Significant and substantial differences in the effectiveness of programming were found on the basis of various risk levels.
Lowenkamp, Latessa, & Holsinger (2006)	<ul style="list-style-type: none"> • Adult offenders • US community corrections 	Recidivism	Analyzes data from two separate studies (97 programs): Study 1: Halfway houses & community-based correctional facilities Study 2: Nonresidential	Modified the risk measure developed for prior research involving the sample	<ul style="list-style-type: none"> • Adhering to the risk principle had a strong relationship with a program's ability to reduce recidivism. • Programs which

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
			programs		<p>provided more service/referrals to offenders who were higher risk compared to offenders who were lower risk were more effective.</p> <ul style="list-style-type: none"> • Programs which kept offenders who were higher risk in treatment as long as or longer than offenders who were lower risk were more effective.
Lowenkamp, Pealer, Smith, & Latessa (2006)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Ohio) 	Recidivism	Examination of 66 community-based correctional programs	Used a risk measure developed in previous research	<ul style="list-style-type: none"> • On average, programs where higher-risk offenders received more referrals than lower-risk offenders reduced recidivism by 7%. • Programs where lower-risk offenders received more referrals or there was no difference in referrals among risk levels only saw a 1% reduction in recidivism.
Lovins et al. (2007)	<ul style="list-style-type: none"> • Adult female offenders • US community 	Recidivism	Evaluation of community-based	Risk measure developed for study	<ul style="list-style-type: none"> • Low risk women who participated in

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
	<ul style="list-style-type: none"> • Sample of female offenders from Lowenkamp & Latessa (2002) 		residential treatment programs (halfway houses & community-based correctional facilities)		residential treatment were 3 times more likely to be rearrested than low risk women not exposed to residential services.
Hanson et al. (2009)	<ul style="list-style-type: none"> • Juvenile and adult Sex offenders 	Recidivism	Meta-analysis of recidivism outcome studies	-	<ul style="list-style-type: none"> • Analyses based on the risk principle were not statistically significant in any of the analyses.
Lovins, Lowenkamp, & Latessa (2009)	<ul style="list-style-type: none"> • Adult sex offenders • US community corrections 	Recidivism	Part of statewide halfway house evaluation project (Lowenkamp & Latessa, 2002)	Modified version of the Salient Factor Score	<ul style="list-style-type: none"> • Sex offender treatment delivered in a halfway house setting appears to be effective for all risk categories except for low risk offenders. • Low risk offenders who successfully completed treatment were 27% more likely to be reincarcerated than those who did not receive halfway house services.
Latessa, Lovins, & Smith (2010)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Ohio) 	Recidivism	Follow-up to Lowenkamp & Latessa (2002); Examination of halfway house and community based correctional facility	Risk measure developed for study	<ul style="list-style-type: none"> • When only successful completers were considered, programs on average showed ~5% reduction in

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
			programs		recidivism; this rate increased substantially for high risk offenders, while programs on average increased recidivism rates for low risk offenders.
Zweig, Yahner, & Redcross (2011)	<ul style="list-style-type: none"> • Adult parolees • US community corrections (New York) 	Recidivism	Examination of a transitional job program	Generated risk of recidivism score	<ul style="list-style-type: none"> • There was no significant program impacts on recidivism for offenders in the low risk subgroup.
Sperber, Latessa, & Mackarios (2013)	<ul style="list-style-type: none"> • Adult male offenders • Discharged from a community-based correctional facility • US community corrections (Ohio) 	Recidivism	Examination of placement in a residential community corrections facility (<99 hrs, 100-199 hrs, 200+ hrs)	Level of Service Inventory–Revised (LSI-R)	<ul style="list-style-type: none"> • A 13 percentage point reduction in recidivism was observed for low risk cases when dosage increased from minimal (<99 hrs) to moderate (100-199 hrs of treatment). • Reductions in recidivism were more modest for moderate-risk offenders, with an overall drop of 9 percentage points as cases moved from the lowest level of dosage to the highest level of

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
					<p>dosage.</p> <ul style="list-style-type: none"> • Of particular importance is that the largest reduction in recidivism from dosage occurs for the group of high-risk offenders who received the highest levels of dosage.
<i>Community-based Supervision</i>					
Hanley (2006)	<ul style="list-style-type: none"> • Adult offenders • US community corrections 	Recidivism	Examination of community-based supervision (levels of service and supervision)	Risk measure developed for study	<ul style="list-style-type: none"> • Low risk offenders who received intensive services reoffended at a higher rate (24.6%) than those low risk offenders who received low intensity services (19.1%).
Wilson, Naro, & Austin (2007)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (New York) 	Recidivism	Assessment of NYC's 'Automated Reporting System' (kiosks)	Risk scores on a classification instrument used by NYC Probation	<ul style="list-style-type: none"> • Two-year re-arrest rates for low risk probations assigned to the kiosk program were lower than the probationer cohort who experienced regular supervision (28% vs. 31%). • Two-year failure to report rates for low risk

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
Ahlman & Kurtz (2008)	<ul style="list-style-type: none"> • Adult male parolees • US community corrections (Philadelphia) 	Recidivism	Assessment of community-based supervision (being placed in large low risk caseloads as opposed to standard caseloads)	Dr. Berk's (U of Pennsylvania) statistical model	<p>probationers assigned to the kiosk program were higher than the probationer cohort who experienced regular supervision (41% vs. 27%).</p> <ul style="list-style-type: none"> • Those offenders in large caseloads of low risk offenders were significantly less likely to be issued absconder warrants than those offenders in standard caseloads. • There were no statistically significant differences between the treatment and control group in: new arrests, new serious arrests, type of new arrest, months to arrest, any failure.
Barnes et al. (2010)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Philadelphia) 	Recidivism	Assessment of community-based supervision (low-intensity vs. standard)	Berk's (2009) random forests forecasting model for serious crime	<ul style="list-style-type: none"> • Offenders placed in low-intensity supervision did not significantly differ in any post-assignment offending

Study	Sample	Outcome Examined	Treatment	Assessment of Risk	Findings
Barnes, Hyatt, Ahlman, & Kent (2012)	<ul style="list-style-type: none"> • Adult offenders • US community corrections (Philadelphia) 	Recidivism	Assessment of community-based supervision; expands on previous results by expanding follow-up time.	Berk's (2009) random forests forecasting model for serious crime	<p>when compared to offenders on standard supervision.</p> <ul style="list-style-type: none"> • Reduced supervision intensity does not increase the prevalence or frequency of new offending by low risk probationers.