

Gray, N. S., Fitzgerald, S., Taylor, J., MacCulloch, M. J., & Snowden, R. J. (2007). Predicting future reconviction in offenders with intellectual disabilities: The predictive efficacy of VRAG, PCL-SV, and the HCR-20. *Psychological Assessment, 19*(4), 474-479.
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Intellectual disabled (ID) offenders, a sizable minority of the offender population, have been ignored in the formal risk assessment of future dangerousness methods even though they may be four to five times more likely to commit a violent offense (Barron, Hassiotis, & Barnes, 2004; Hodgins, 1992; Holland, Clare, & Mukhopadhyay, 2002; Johnston, 2002; McBrien, 2003). It has been found that clinical judgment is unable to predict future violence in mentally disordered offenders and more structured assessments have been created (Fuller & Cowan, 1999; Monahan, 1981; Quinsey, Harris, Rice, & Cormier, 1998, 2006). While more support is needed regarding the frequency of violent offenses by individuals with ID, there needs to be an examination if these created risk assessment methods are effective with this population for future prevention (Lindsay, Taylor, & Sturmey, 2004). Morrissey et al. (2005) looked at the modified PCL-R and found a weak relationship to institutional violence while Lindsay et al. (2007) found the VRAG and HCR-20 did predict institutional violence but neither study included a non-ID comparison group. Quinsey et al. (2004) examined the VRAG modified by removing the PCL-R score and inserted the Childhood and Adolescent Taxon and found its prediction of violent and sexual incidents was comparable to both ID and non-ID groups. The current authors examined the abilities of these instruments, the VRAG, PCL-SV and HCR-20, to predict future general and violent reconvictions without altering them in both an ID and non-ID groups (Gray, Fitzgerald, Taylor, MacCulloch, & Snowden, 2007).

Case notes were analyzed on 1,141 patients discharged from four hospitals in the United Kingdom between 1990 and 2001. The scoring was done after discharge, at least two years after release to allow for any reoffending, but was blind to reconvictions. These individuals were admitted to hospitals for serious mental illness, ID, personality disorders, conviction of criminal offense, or exhibiting behavior that led to conviction due to other circumstances. Those 145 within the ID group were all diagnosed with mental retardation (MR): 121 were coded as mild MR, 18 with moderate MR, 5 with severe MR, and 1 with unspecified MR. The non-ID group all had some form of psychiatric diagnosis but not ID (Gray et al., 2007).

The ID group had higher VRAG total scores, PCL-SV total scores, and HCR-20 scales, in addition to other individual subsections of each instrument. The only subsection that the two groups did not significantly differ on was the Risk Management subscale of the HCR-20 assessment. The ID group was reconvicted at about half the rate of the non-ID group for both violent and general offenses. From the evidence in this study, it appears that the VRAG predicts general and violent reconviction at a similar level for those with ID and those diagnosed with other disorders. Similarly, the PCL-SV was a good predictor of both reconvictions with large effect sizes and didn't differ significantly from the non-ID group. The HCR-20 was a very good predictor of violent recidivism with a very large effect size and was larger than the non-ID group, but was not statistically significant. The HCR-20 for general reoffending was a better predictor than the non-ID group and this was statistically significant. When statistical analyses were run to see which of the three assessments had the best performance in comparison to each other, there were no significant differences found (Gray et al., 2007).

Overall, all three instruments, the VRAG, PCL-SV, and HCR-20, were able to predict violent recidivism over a five year period with large effect sizes as well as general offending. All

assessments were at least as good in the ID group as they were in the control sample of other disorders. This means that these assessments can be used without modification in the ID population to predict future violence. It is important to note that the ID group had a different base rate of offending compared to the non-ID group and the average number of convictions was less in the ID group. Even with these considered, the group of ID still scored significantly higher on all of the risk assessments. It could be suggested that this study was based on convictions and thus reoffending could have occurred but professionals treated those with ID differently than those with other disorders and diverted away from the criminal justice system (Gray et al., 2007).