Risk Principle of Case Classification in Correctional Treatment: A Meta-Analytic Investigation
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Int J Offender Ther Comp Criminol 2006 50: 88
DOI: 10.1177/0306624X05282556

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What is This?
Risk Principle of Case Classification in Correctional Treatment

A Meta-Analytic Investigation

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Recent meta-analyses have documented considerable evidence demonstrating that correctional treatment programs are indeed effective for reducing recidivism in offender populations. The effect of client risk, an issue that has received extensive coverage in the extant literature from an assessment perspective, has been relatively ignored in these efforts. The present study marks the first exhaustive meta-analytic investigation of the risk principle and its effects on correctional treatment program effectiveness. The results reveal moderate support for its utility, although the magnitude of the findings are affected by the reporting practices used in the primary studies. Finally, the evidence supporting the risk principle is much stronger for female offenders and young offenders and within programs that are deemed appropriate according to the principles of need and responsivity. It should be noted that justice interventions that did not include elements of human service (e.g., increased sanctions) yielded negative results regardless of level of client risk.

Keywords: risk principle; meta-analysis; what works; treatment

Two issues in regard to risk assessment are prominent in the health, human, and social services. One issue is now reasonably well understood. In many domains of human functioning and behavior and certainly in the analysis of criminal behavior, it is understood that individuals may be differentiated according to their chances of displaying negative outcomes such as reoffending (Andrews, 1989; Andrews & Bonta, 1998, 2002; Baird, Heinz, & Bemus, 1979; Dowden & Brown, 2002; Gendreau, Little, & Goggin, 1996; Hoffman, 1994; Lipsey & Derzon, 1998; Loeber & Stouthamer-Loeber, 1996; Simourd & Andrews, 1994). Without denying resistance to systematic

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assessment and prediction (Andrews & Bonta, 1998, Resource Note 9.1; Grove & Meehl, 1996), it does appear that the antiprediction and antipsychological elements within mainstream criminology and justice (Andrews & Wormith, 1989) are dampening. They are dampening because of the volume and depth of the evidence regarding individual differences and the empirical clarity of the difference between major and minor risk factors provided by the meta-analytic reviews cited above.

Less well appreciated are the implications of risk assessment for purposes of planning and delivering human services aimed at reduced reoffending. According to the risk principle of case classification, intensive human service is best delivered to higher risk cases, whereas low-risk cases have a low probability of negative outcome even in the absence of service (Andrews, 1982, 1989; Andrews & Bonta, 1998, 2002; Andrews, Bonta, & Hoge, 1990; Andrews, Zinger, et al., 1990). Unlike the massive evidence regarding risk and need factors, empirical evidence in support of the risk principle of case classification is not voluminous in corrections. A recent review of more than 200 studies of the effects of correctional treatment found less than 10% of the studies even bothered to report on the effectiveness of the intervention separately for lower and higher risk cases (Andrews, Dowden, & Gendreau, 1999).

The risk principle may appear obvious: “If it ain’t broke, don’t fix it.” “You won’t discover that aspirin reduces headaches if you only study people who do not get headaches.” “If the base rate of recidivism is only 7%, the most you can possibly affect is a percentage point reduction of 7.” As obvious as it may appear, and as Lipsey and Wilson (1998) note, the contrary view is often expressed—that is, hardened cases are the least amenable to treatment. Indeed, in clinical social work, according to the case work paradox, service is considered useful as long as the client is not too needy. In clinical psychology, according to YAAVISS, treatment services are useful as long as the client is young, anxious, attractive, verbally intelligent, and socially successful. And now, in forensic psychology, the predictive validity of instruments such as the Psychopathy Checklist–Revised (PCL-R); Hare, 1990) is being used as a reason not to treat. Obvious perhaps, but as noted, the risk principle is rarely tested, and sometimes researchers report surprise that they are obtaining larger effects with more difficult cases or that the effects were not greater because, after all, they were working with low-risk cases. No matter how obvious is the opposite, many human service professionals and researchers continue to believe that service works best with lower risk cases.

Appreciation of the risk principle is sometimes dampened because it is interpreted as a management tool, that is a means of restructuring the activity and workload of correctional and human service professionals. Moreover, it is well known that some mental health workers do not actively seek out the more antisocial cases, and correctional professionals such as some probation officers do not like to have fewer sessions with cooperative and motivated, low-risk cases (Gordon & Nicholaichuk, 1996; Schneider, Ervin, & Snyder-Joy, 1996). There is no question that the principle has management and resource implications (Andrews & Bonta, 2002; Baird et al., 1979). When the interest is reduced reoffending, however, it is first and foremost a clinical principle of effective service that guides cases to the appropriate level of human service.
Appreciation of the risk principle in human service is also weakened by risk assessment’s strong ties to policy and practice in the domains of sentencing and parole (for a brief review, see Clements, 1996; Gottfredson & Gottfredson, 1988). By tradition and sometimes legislation, risk of reoffending is considered an aggravating factor and hence a rationale for increasing the severity of the penalty or the level of custody or level of supervision, or level of accountability or obligation, is imposed. In rhetoric at least, increases in severity of the penalty according to risk level is supportable according to sanctioning purposes such as incapacitation, just desert, and deterrence (Greenwood, 1982; Hoffman, 1983; O’Leary & Clear, 1984) and, perhaps, the restorative notions of accountability and creating obligations (Zehr & Mika, 1998). Moreover, for some authors in the sanctioning tradition, the appeal of risk and punishment was partially supported by the “nothing works” perspective wherein treatment does not work with lower or higher risk cases (Jones, 1996). Empirically, with the cost-effectiveness of incapacitation remaining to be understood, the deterrence and retributive elements of sanctions are not associated with reduced reoffending (Andrews et al., 1999; Andrews, Zinger, et al., 1990; Gendreau, Goggin, Cullen, & Andrews, 2000; Hill, Andrews, & Hoge, 1991). Rather, the action resides in the delivery of human service.

The risk principle of case classification relates not to the retributive or deterrent aspects of justice but to the objective of reduced reoffending through rehabilitative programs. Let justice be done and let the just penalty be set, the just obligations be established, and the just decisions be made. The risk principle of human service becomes relevant when, in that just context, interest extends to public protection through the delivery of human services.

The risk principle does not apply to all forms of human service. Rather, it applies to services that are otherwise appropriate according to the additional principles of need (target dynamic risk factors linked with crime) and general responsivity (employ generally powerful influence strategies such as social learning or behavioral techniques). In other words, the risk principle does not predict that intensive but poorly targeted and weak service strategies will work with higher risk cases.

The present article is the first meta-analytic enquiry to focus on the risk principle. The study explores the empirical validity of the risk principle in a sample of 374 tests of correctional treatment. Potential moderators of the risk principle explored include studies of human service as opposed to studies of severity of punishment (with the former expected to yield larger effects), consideration of internal validity such as random assignment (with all such considerations predicted to be irrelevant), considerations of case characteristics such as age, gender, ethnicity, and history of violence (all predicted to be irrelevant), and considerations of the most potent control variables identified by Andrews et al. (1999).

The final set was summarized with a composite measure of the four control variables that were independently supportive of large effect sizes. That summary measure counted sponsorship by an agency other than a public justice agency; referral to service by a justice agent; community-based, nonresidential setting; and an evaluator who was involved in the design and delivery of the service being evaluated. The
hypothesis is that the validity of the risk principle survives controls for the other major sources of variability in effect size.

Finally, but not unimportant, our earlier reports on clinically appropriate treatment did not analyze the risk principle separate from overall appropriateness because so few primary studies even allowed a within-study differentiation of lower and higher risk cases. Now, following Lipsey (1989), when a within-study differentiation is impossible, we characterize the risk level of samples according to whether a majority of the cases have a record of involvement in the justice system and are currently under formal correctional supervision. Our prediction is that the within-study approach will yield greater support for the risk principle than will the aggregate approach (because of the imprecision of characterizing a sample as a whole on the basis of a majority of cases).

Method

Sample of Studies

The two samples of studies created by Andrews et al. (1999) were pooled for this report. The first sample (154 tests of treatment) was derived from Whitehead and Lab (1989) and the additional studies included in Andrews, Zinger, et al. (1990). The second sample (220 tests) was composed of the expanded set reported on by Andrews (1996) and Andrews and Bonta (1998, Resource Note 10.1) and still additional studies gathered by the second author. The list of 230 primary studies can be found in Dowden (1998).

Articles selected to be included in the present meta-analysis possessed the following characteristics:

- The study included a follow-up period. If multiple follow-up periods were reported, data from the longest follow-up were coded to ensure maximum time at-risk in the community.
- The study compared a group of offenders who received some form of intervention to a comparison group who did not receive the primary intervention. Individual comparison groups could have received a diluted form of the treatment program and could have even received alternate services as long as these services could be differentiated from those received by the treatment group.
- A measure of recidivism was included in the report. Recidivism was defined in several ways and included rearrest, reconviction, and parole failures or revocations. The preferred measure of recidivism was reconviction.
- The study provided enough information to allow for an effect size estimate to be calculated based on the recidivism information. If a study reported a nonsignificant relationship between program participation and recidivism and evidence indicated that appropriate statistical analyses had been conducted to test this assertion, the effect size was recorded as .00.
Procedure

Coding was completed with a manual that has been deposited with the National Institute of Corrections Information Centre, with Andrews et al. (1999) providing a more detailed description of the variables explored here. Interrater agreement rates \((n = 29)\) for the coding of human service, risk, need, general responsivity, and appropriate treatment were 100%, 90%, 90%, 90%, and 86%, respectively.

Calculation of Effect Sizes

The measure of effect size is the Pearson product–moment correlation coefficient, most typically a \(\Phi\) coefficient, because the vast majority of tests of treatment were derived from \(2 \times 2\) tables (with two levels of recidivism and two levels of intervention). Multiple effect size estimates were computed if the primary studies allowed separate estimates by case (e.g., gender, race) or setting (e.g., community vs. institutional) characteristics.

Major Variables

**Risk.** Both the within-sample and aggregate sample approach to coding risk was used for this meta-analysis, with the former being the preferred measure. The within-sample approach was used in cases where the study authors separated the results based on the risk level of the program clients \((n = 44)\). When this was not the case, the aggregate approach developed by Lipsey (1989) was used with a study being coded as involving high-risk offenders if the majority of them had formally penetrated the judicial system at the time of the study and had a prior criminal record.

**Criminogenic needs predominant.** Each treatment program was coded for the presence of any criminogenic or noncriminogenic needs outlined by Andrews and Bonta (2002; see Table 1). Once this coding was completed, a dichotomous need variable was created by considering the difference score between the number of criminogenic and noncriminogenic needs targeted \((0 = \text{the difference score was less than or equal to} 0; 1 = \text{the difference score was greater than or equal to} 1)\). Because of the low number of certain categories, similar needs were combined to form aggregate categories following the work of Dowden and Andrews (1999a, 1999b).

**General responsivity.** Similar to Andrews, Zinger, et al. (1990), behavioral programs were coded as appropriately addressing general responsivity. More specifically, social learning or cognitive-behavioral programs that used modeling, role-play, problem-solving exercises, or graduated practice were considered as appropriately addressing general responsivity.

**Appropriate treatment.** Dowden and Andrews (1999a, 1999b) introduced a more objective method for determining appropriate treatment by simply counting the prin-
principles of risk, need, and responsivity that were appropriately adhered to within the human service program (0-3, with 3 being the most appropriate). However, given that the risk principle was the focus of this article, appropriate treatment in this context is described as adherence to the need and responsivity principles. In other words, the same calculation was conducted as discussed above but with the exclusion of risk. Thus, the appropriateness score of the program could range from 0 to 2, with 2 being most appropriate. It should be noted, as discussed by Dowden and Andrews (1999a, 1999b), programs focusing on altering the severity of criminal sanctions were automatically coded as 0.

Results

A total of 225 unique studies contributed 374 effect sizes to this meta-analysis. Not surprisingly, the gender composition of the majority of the treatment studies was entirely (46.5%) or predominantly (26.2%) male. Approximately 80% of the effect sizes were based on studies conducted in the United States, and the predominant ethnicity of the sample was Caucasian.

Overall, the risk principle received modest support in 374 tests (see Table 2). The mean effect size was .03 in 96 tests of correctional treatment with lower risk cases and .10 in 278 tests with higher risk cases ($\eta = .17, p < .00$). Note that the most sensitive within-study approach was used in only 44 tests, whereas 330 of the tests used the aggregate designation of lower versus higher risk cases. This reliance on the aggregate approach did dampen the risk effect in that the eta coefficient was .36 with the within-study approach, compared to only .12 with the aggregate approach. Unfortunately, we have no alternative but to use a measure of risk that is based on the weaker approach.
Risk is thought to be particularly important in the study of service as opposed to sanctioning. Inspection of Table 2 reveals that this was the case where risk was not significantly associated with the effects of sanctions ($\eta = .10, \text{ns}$), but it was to a statistically significant degree with the effects of human service programs ($\eta = .16, p < .000$). Even within human service programs, risk is thought to be particularly important when the intervention is delivered in a manner consistent with the principles of need and general responsivity. Inspection of Table 3 reveals that the risk effect was exclusive to programs in which criminogenic needs were predominantly targeted and/or powerful social learning or behavioural strategies were employed.

### Table 2
Mean Effect Size by Risk Level of Offenders and Approach to Coding Risk and Delivery of Human Service: Number of Tests (k) and Strength of Association With Effect Size ($\eta$)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Lower Risk</th>
<th></th>
<th>Higher Risk</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$k$</td>
<td>$M$</td>
<td>$k$</td>
<td>$\eta$</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>.03</td>
<td>96</td>
<td>.10</td>
<td>278</td>
<td>.17**</td>
<td></td>
</tr>
<tr>
<td>Approach to coding of risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within study</td>
<td>–.05</td>
<td>22</td>
<td>.07</td>
<td>22</td>
<td>.36**</td>
<td></td>
</tr>
<tr>
<td>Aggregate</td>
<td>.05</td>
<td>74</td>
<td>.10</td>
<td>256</td>
<td>.12*</td>
<td></td>
</tr>
<tr>
<td>Any human service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>–.05</td>
<td>34</td>
<td>–.02</td>
<td>67</td>
<td>.10 ns</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.07</td>
<td>62</td>
<td>.14</td>
<td>211</td>
<td>.16**</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. **p < .01.

### Table 3
Mean Effect Size of Human Service Programs by Risk Level of Offenders and Criminogenic Need and General Responsivity: Number of Tests (k) and Strength of Association With Effect Size ($\eta$)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Lower Risk</th>
<th></th>
<th>Higher Risk</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$k$</td>
<td>$M$</td>
<td>$k$</td>
<td>$\eta$</td>
<td></td>
</tr>
<tr>
<td>Criminogenic needs predominant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>–.01</td>
<td>24</td>
<td>.01</td>
<td>82</td>
<td>.05 ns</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.11</td>
<td>38</td>
<td>.22</td>
<td>129</td>
<td>.25***</td>
<td></td>
</tr>
<tr>
<td>General responsivity: Behavioral or social learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>.05</td>
<td>50</td>
<td>.09</td>
<td>147</td>
<td>.09 ns</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.12</td>
<td>12</td>
<td>.26</td>
<td>64</td>
<td>.25*</td>
<td></td>
</tr>
<tr>
<td>Appropriate treatment: According to need and general responsivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>–.00</td>
<td>23</td>
<td>.00</td>
<td>78</td>
<td>.01 ns</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>.11</td>
<td>39</td>
<td>.22</td>
<td>133</td>
<td>.26***</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. ***p < .001.
To further explore the robustness of the risk principle according to need principle, separate analyses were conducted across specific program types (e.g., personal criminogenic targets, interpersonal criminogenic targets, personal noncriminogenic targets, interpersonal noncriminogenic targets and their subsidiaries) according to a relatively recent meta-analysis (Dowden & Andrews, 1999a, 1999b). The mean effect size for each need according to the predominant risk level of program clients and the magnitude of the association with effect size is presented in these tables.

Inspection of Tables 4 and 5 reveals an interesting pattern of findings. More specifically, in every case under the criminogenic need categories with the exception of substance abuse treatment, programs delivered to higher risk cases yielded significantly higher mean effect sizes than those that involved lower risk cases. However, when noncriminogenic needs were examined, the corresponding relationships were all not significant.

Finally, as mentioned previously, the risk principle should apply across justice contexts such as setting and justice model, across design conditions, and across different types of cases. The effect of risk did not vary with the quality of the research design (randomized design, few attrition problems, rated comparability of groups); restorative justice (yes-no); community setting (yes-no); or a composite control variable for

Table 4
Criminogenic Needs and Corresponding Mean Effect Sizes When Targeted With Low-Risk and High-Risk Offenders, Correlation With Effect Size, and Interrater Agreement Rates

<table>
<thead>
<tr>
<th>Need Area Targeted</th>
<th>Low Risk</th>
<th></th>
<th>High Risk</th>
<th></th>
<th>Correlation With Φ</th>
<th>Interrater Agreement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M Φ</td>
<td>k</td>
<td>M Φ</td>
<td>k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal criminogenic targets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antisocial cognition and skill deficits</td>
<td>.12</td>
<td>17</td>
<td>.23</td>
<td>80</td>
<td>.20**</td>
<td>90</td>
</tr>
<tr>
<td>Antisocial cognition</td>
<td>.11</td>
<td>12</td>
<td>.23</td>
<td>66</td>
<td>.22*</td>
<td>80</td>
</tr>
<tr>
<td>Self-control deficits</td>
<td>.11</td>
<td>9</td>
<td>.25</td>
<td>50</td>
<td>.23*</td>
<td>90</td>
</tr>
<tr>
<td>Interpersonal criminogenic targets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and peers</td>
<td>.12</td>
<td>16</td>
<td>.25</td>
<td>56</td>
<td>.26**</td>
<td>100</td>
</tr>
<tr>
<td>Family process</td>
<td>.14</td>
<td>7</td>
<td>.34</td>
<td>23</td>
<td>.38**</td>
<td>100</td>
</tr>
<tr>
<td>Antisocial associates</td>
<td>.10</td>
<td>10</td>
<td>.24</td>
<td>41</td>
<td>.28**</td>
<td>100</td>
</tr>
<tr>
<td>Matched individual need</td>
<td>.13</td>
<td>21</td>
<td>.25</td>
<td>40</td>
<td>.36**</td>
<td>97</td>
</tr>
<tr>
<td>School or work</td>
<td>.08</td>
<td>25</td>
<td>.18</td>
<td>63</td>
<td>.26**</td>
<td>90</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>.06</td>
<td>9</td>
<td>.13</td>
<td>27</td>
<td>.20 ns</td>
<td>97</td>
</tr>
</tbody>
</table>

Note: n = 29.

a. Antisocial cognition is antisocial attitudes + anger.
b. Family process is affection + supervision.
c. Antisocial associates is increase contact with prosocial + decrease contact with antisocial.
d. School or work is school + vocational skills + vocational skills plus obtaining work.
e. Substance abuse is treatment + information.

*p < .05. **p < .01. ***p < .001.
involved evaluator, justice sponsorship, justice referral and community-based setting, or case-based factors such as ethnicity (minority-majority) and history of violence. Risk, however, did interact significantly \((p < .10)\) with age and gender. Inspection of Table 6 reveals that the risk effect was particularly weak within adult offender samples and was very strong for female offenders.

### Discussion

Overall, the results from the present meta-analysis provided solid support for the risk principle. In fact, when studies that reported treatment outcome data by the risk
level of the sample were meta-analyzed separately, the findings were even stronger. Furthermore, it is important to note that the risk principle only enhanced correctional treatment effectiveness in programs that adhered to the principles of need and general responsivity, which have been previously reported to be elements of effective correctional programming (Andrews & Bonta, 2002; Andrews, Zinger, et al., 1990; Dowden & Andrews, 2000). More important, when programs were classified based on specific need types (e.g., criminogenic personal targets, criminogenic interpersonal targets, etc.), the results were maintained in that the risk principle continued to only apply in programs in which criminogenic needs were predominant. In other words, the therapeutic effects of this principle are limited to clinically and psychologically appropriate treatment.

It should also be noted that empirical support for the risk principle of case classification did not vary with justice context (community or institutional, restorative or nonrestorative), with quality of study (randomized design, attrition problems, rated comparability of groups, independent evaluator), or with ethnicity of offender (majority or minority) or a history of violence. Risk did interact with age and gender, however, with the risk principle receiving most support in samples of women and in samples of younger offenders.

The last interactions were not predicted in advance and indeed are surprising because age and gender effects were not found for the need principle, the general responsivity principle, or the composite of clinically appropriate treatment based on the simple count of adherence to those principles (Andrews et al., 1999; Dowden & Andrews, 1999a, 1999b, 2000). At a minimum, the need for an expansion of the number of primary studies of female offenders (Dowden & Andrews, 1999a) and adult offenders (Andrews & Dowden, 2005) is once again apparent because the number of tests is so low under certain conditions that the interaction must be considered unstable.

The apparent limitation of the risk principle to emerge within adult offender samples must also be put in its appropriate context, however, as it may reflect a weakness in coding (because of poor reporting practices in the primary studies where client risk level is not addressed) rather than a weakness in the principle itself. More specifically, as was evidenced previously, the strongest and most precise test of the risk principle occurred in programs where the within-sample approach was used, in other words in those programs where the results were separated based on the tested risk level of the sample. Therefore, without these appropriate test conditions, this weakness in coding must be taken into consideration when interpreting the overall results of this study. Support for this interpretation comes from the fact that none of the cases testing the risk principle with adult offenders used the more robust within-sample approach in the present meta-analysis.

Another possible alternative may explain why results were not forthcoming for the validity of the risk principle with older offenders. As stated previously, the approach used to code for risk in the presented meta-analysis was adopted from the meta-analytic work of Lipsey (1989, 1995). However, Lipsey’s meta-analyses were conducted on young offenders, and therefore it is quite likely that the procedures used for adult offenders do not provide an appropriate test of this principle for an older population.
For example, one of the measures used by Lipsey (1989) was whether the offender had formally penetrated the criminal justice system. Although this was introduced to ensure that at-risk youth were captured within their review, the likelihood of an adult offender’s not being processed through the official system is low. Thus, expanding the coding of risk when including adult offender seems warranted.

This report is the first extended meta-analytic survey with a focus on the risk principle and the first to document the significant dampening of the magnitude of the risk effect as a function of having to rely on aggregate categorizations of the risk level of cases. We ask researchers to entertain the systematic introduction of risk assessments on a routine basis so that the within-study approach may be more widely applied and good programs are not missed simply because of an insensitive test. We chose to base the aggregate approach on the Lipsey (1989) variables, but other means of characterizing the risk level of the sample should be explored in future studies. Finally, the effects of appropriate treatment need to be explored with very high-risk groups such as psychopaths.

Notes

1. Please note that the entire list of studies used in this meta-analysis can be obtained from the authors on request.
2. It should be noted that there were too few cases involving low-risk offenders in the individual needs underlying the subsidiary categories to allow independent exploration of their effectiveness.

References

Andrews, Dowden / Risk Principle of Case Classification


