THE SAME RISK FACTORS PREDICT MOST TYPES OF RECIDIVISM

**Question:** Do the same risk factors apply to all types of offenders?

**Background:** Many decisions within the criminal justice system are based on the likelihood that the offender will return to crime. Considerable research has focussed on identifying offender recidivism risk factors, which include characteristics such as prior criminal history, lifestyle instability (unemployment, frequent moves), and negative peer associations.

It is not unusual for different types of offenders to receive differential treatment within the criminal justice system. Offenders with mental health problems, for example, may be diverted from prison and mandated to receive treatment within the health systems. Distinct offender management policies have also been based on the type of the crimes committed. For example, sexual offenders are frequently directed toward specialized treatment programs, and are the only type of offender subject to registration requirements once their sentences have expired.

One assumption motivating different offender interventions is that offenders systematically differ in the nature of their risk factors and criminogenic needs. Criminogenic needs are characteristics that are capable of changing, and, when decreased, reduce the likelihood of reoffending (e.g., substance abuse). To date, the little research that does exist suggests that the same risk factors apply to different offender groups. Consequently, there is a need for a closer look at the extent to which there may be distinct risk factors for different types of offenders.

**Method:** The commonality in risk factors was examined by an examination of previously completed reviews. Specifically, comprehensive reviews have already identified the major risk factors for a) general recidivism among adult male offenders, b) violent recidivism among mentally disordered offenders, and c) sexual recidivism among sexual offenders. These reviews were all quantitative meta-analyses, which allow the size and direction of the effects to be directly compared across offender types.

**Answer:** The recidivism risk factors were similar for all three types of recidivism across the three types of offenders. General, violent, and sexual recidivism were associated with young age, prior criminal history, negative peer associations, substance abuse, and antisocial personality disorder.

The factors that were unrelated to recidivism were also similar. For all groups, recidivism was not significantly related to personal distress, psychosis (even for mentally
disordered offenders), or the severity of violence in the index offence.

There were, however, some differences for sexual recidivism. Offenders of minority race were at increased risk for general and violent recidivism, but not sexual recidivism. As well, deviant sexual interests was related to sexual recidivism among sexual offenders, but was unrelated to general recidivism.

Overall, however, the degree of consistency in the risk factors was striking. Even though mentally disordered offenders, sexual offenders and general adult offenders are treated differently by the corrections and health systems, they shared most of the same risk factors.

Policy Implications:

1. Risk assessment procedures designed for general offenders are likely to be broadly applicable across offender types.

2. The interventions that are effective for reducing recidivism among general offenders are likely to be effective across distinct subgroups. For mentally disordered offenders, for example, interventions targeting lifestyle instability and negative peer associations are more likely to reduce criminal recidivism than are interventions that focus solely on psychosis and personal distress.

3. Deviant sexual interests is a particular concern for the assessment and treatment of sexual offenders. Not all sexual offenders would be expected to be interested in illegal or highly unusual sexual behaviour, but those offenders who do show such interests may require special interventions and management strategies.