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High or very high recidivism risk? The possibilities of recidivism risk assessment under the Polish SVP law (the Act of 22 November 2013)

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Summary

The paper presents an analysis of possibilities of performing recidivism risk assessment under the Act of 22 November 2013 on the treatment of people with mental disorders posing a threat to life, health or sexual freedom of others. The Act allows, among others, the post-penitentiary isolation of persons posing a threat. The risk assessment at "very high" level is one of the key elements taken into account in adjudication of this procedure. The first part presents basic information on the recidivism risk assessment procedure: types of risk factors and different approaches to recidivism risk assessment. Then, three main limitations related to the assessment under the Act were discussed. These are: (1) the problem of the scope of the predicted events, (2) the problem of differentiation between the upper sub-categories of recidivism risk, (3) the problem of the lack of full Polish adaptations of recidivism risk assessment instruments. In consequence of these limitations, the risk assessment under the Act has lower precision. The problem of the lack of Polish adaptations can be solved with validation of the appropriate instruments. However, the other two challenges result directly from the provisions of the Act and cannot be faced with its current form. Therefore, main conclusion of the paper focuses on the need to take into account the discussed limitations by experts, officials participating in the proceedings and the institutions issuing decisions. Risk assessment should be based on the measurement of all types of recidivism risk factors, including primarily static and then stable dynamic ones.

Key words: sex offenders, civil commitment, recidivism risk assessment

Introduction

According to the so-called 'risk principle' [1], penitentiary and isolation measures should be based on risk assessment in order to be effective. A specific type of this assessment that determines whether the risk is high or very high for a given offender constitutes part of the application of the Act on Procedures for Dealing with Persons with Mental Disorders Who Pose a Threat to the Lives, Health or Sexual Freedom of Other Persons of November 22, 2013 (hereinafter referred to as the Act).

The Act introduces to the Polish legal system means based on American Sexual Violent Predator (SVP) laws. The main premises for using them are [2]: 1) history of sexually violent offences; 2) suffering from mental disorders resulting in reduced control of these behaviours; 3) predicting a person's future sexually violent behaviours. SVP laws legitimise the isolation of people deemed to be a risk to others after they have already served their sentence for the crimes they had committed. This isolation may be combined with treatment and it is indefinite – it is used as long as the premises exist. In practice, the result is that the decision-makers remain convinced that the person 'is a risk' and the subjects are rarely released from detention [3, 4]. The Polish lawmakers adapted a uniquely American feature, i.e. carrying out the proceedings under the SVP laws within civil proceedings, hence the isolation is also known as civil commitment. It is not the only option, though. Janus [5] points out the significant similarity between civil commitment and German preventive detention which is decided upon as a result of penal proceedings and also results in indefinite isolation after time has been served, although it is not limited to sex offenders [6].

The regulations included in the Polish Act are very similar to the American ones with the exception of a much broader application which is not limited to sex offenders, rendering this solution similar to German preventive detention. Pursuant to Art. 1, section 1 of the Act, a prior imprisonment sentence for any crime is sufficient. A crucial factor for applying the means provided for by the Act is recidivism risk assessment. Pursuant to Art.1, section 3 of the Act, at least high risk of committing a criminal offence constitutes the basis for implementing the means provided for by the Act; while according to Art. 14, section 1, only very high risk may be the basis for placing a person in the National Centre for Preventing Antisocial Behaviours. The result is the necessity to assess recidivism risk within this range. According to Art. 11 of the Act, appointing expert witnesses in this matter is obligatory.

The aim of this article is to analyse the possibility of carrying out a recidivism risk assessment under the conditions set out by the Act. In order to build a foundation for further considerations, the article presents basic information about recidivism risk assessment, which is the basis for the next section – a detailed discussion of the specific difficulties in assessing risk as conditioned by the Act: (1) the problem of the range of categories of events covered by the prediction, (2) the problem of distinguishing between the upper risk subcategories and (3) difficulties caused by the lack of complete Polish adaptations of recidivism risk assessment instruments (further referred to as

RRAIs). This article does not, however, aim to evaluate the specific solutions included in the Act. Readers interested in this topic may find the negative evaluation of those solutions in the works of Gierowski [7] and Bocheński [8]. Readers interested in Polish literature on issues of recidivism risk assessment may reach for the publication of authors such as Stańdo-Kawecka [9] or Sztuka [10].

Recidivism risk assessment

Estimating the risk of recidivism is based on the presence of recidivism risk factors. These are factors whose occurrence has been empirically proven to be linked to an increased risk of reoffending. The basic division of risk factors covers static factors, stable dynamic factors and acute dynamic factors, which can be characterised as outlined below.

– *Static risk factors*

These are factors that cannot be changed by any intervention, e.g. the age of the offender at the time of the first offence [11]. Most of them are related to the presence of certain events in a person's past (so-called historical factors), e.g. their prior convictions or adaptation difficulties in childhood.

– *Stable dynamic risk factors*

The presence of these factors is relatively constant, i.e. they are specific to a given period of time and do not change depending on the situation, but they can change throughout the entire life [12]. These are features or characteristics of a person's psychological functioning [13], such as, e.g. attitude towards the use of violence, addictions, self-assessment and self-control deficits.

– *Acute dynamic risk factors*

The presence of these factors may rapidly change – in a matter of weeks, days or even hours [14]. These include, among others, the offender's current actions, current life situation and psychological state (e.g. frequency of sexual fantasies), remaining unemployed, high level of social isolation and availability of potential victims.

The assessment of the presence of risk factors that is finally presented as recidivism risk assessment may be carried out in one of three manners described as: clinical judgement, actuarial risk assessment or structured professional judgement [15].

1. *Clinical judgement*
   The key feature of this risk assessment type is the use of methods whose prognostic characteristics in this field have not been empirically proven. These include, primarily, the use of various tools developed by clinical psychologists for other purposes. In some cases, it takes the form of unstructured collection of data which, according to the clinician's personal opinion, is related to recidivism [16]. This process is time-consuming [17], susceptible to the influence of the professional's intuition [18] and it leaves no possibilities of the evaluation or detailed replication

of the assessment procedure [17]. Its characteristic feature is the frequent lack of agreement among the clinicians assessing the risk [19] and, most importantly, very low predictive accuracy [12].

2. *Actuarial risk assessment*
   It is based on the use of strictly-defined rules in order to determine the possible presence of risk factors for the assessed subject, hence it is also referred to as a 'mechanical measure' [20]. The key advantages of actuarial tools are: obtaining results based on empirical data, high agreement among the professionals using them, relatively low amount of time needed for the assessment, relatively limited competence necessary to use them and, primarily, good predictive accuracy [21]. The key disadvantage of actuarial approach tools is that they are difficult to apply for measuring risk factors other than static ones. Thus, the results will be insusceptible to changes in someone's life, including the results of therapy [11]. Due to these difficulties, the actuarial tools taking dynamic factors into account are sometimes referred to as 'semi-actuarial' [22].
3. *Structured professional judgement (SPJ)*
   It is based on structuring the clinical assessment so that it can reach high predictive accuracy and at the same time be more useful – the results of using such methods are amenable to change and yield information not limited to the risk level; they also indicate the range and type of treatment needed in a given situation. The purpose of SPJ tools is a holistic risk assessment, so they account for both static and dynamic factors [23].

RRAIs are aimed at assessing the risk of a specific type of recidivism. Most often, they concern general recidivism, violent recidivism or sexual recidivism. A review of selected sexual and violent recidivism risk assessment tools is presented in Table 1.

Table 1. **The most popular recidivism risk assessment tools**

	Tool type	
	Actuarial & semi-actuarial	SPJ
Any recidivism	COMPAS [24] LSI-R [25]	-
Violent recidivism	BARR-2002R [26] VRAG [27] VRAG-R [28]	HCR-20 [29] SARA [30] SAPROF [31]
Sexual recidivism	Static-99 [32] Static-99R [33] Risk Matrix-2000 [34] Static-2002R [35] SORAG [27] VRAG-R [28] STABLE-2007 & ACUTE-2007 [36]	SVR-20 [37] RSVP [38]

SPJ: Structured Professional Judgement

Problems with assessing risk as required by the Act

Scope of events covered by prediction outside clinical definitions

Art. 1, section 3 and Art. 14, items 2 and 3 of the Act define the set of events whose risk of occurrence shall be assessed as 'a criminal offence including the use of violence or threat of violence against life, health or sexual freedom, subject to imprisonment of up to at least 10 years'. This range relates to the sum of the ranges of events referred to in psychology and forensic psychiatry as violent recidivism and sexual recidivism, although it is not a precise equivalent.

First of all, violent recidivism is most often understood as any conviction for any sort of violent act [39]. The Act, however, requires it to be a criminal offence against life and health or sexual freedom. The definition provided in the Act does not cover offences in which life and health are indicated as additional subjects of protection (e.g. mugging) or offences in which violence occurs in the course of the offence while there are no additional subjects of protection (e.g. when a carjacker throws the driver out of the car).

Secondly, sexual recidivism is understood in psychological and psychiatric literature as a repeat conviction for any sexual offence (which implicates a reference to national legal systems) or 'other criminal behaviour related to sexual intent' [40, p. 14]. Offences covered by the latter category, a classic example of which is burglary to steal a subject of a fetish, are outside the scope determined by the Act. Additionally, outside that scope are also criminal offences against sexual freedom in which the offender does not use or threaten to use violence, e.g. rape in which the offender used only deception in order to force sexual intercourse.

Thirdly, clinical definitions of violent and sexual recidivism do not include a minimum grade of the offence covered by the prediction. The definition included in the Act does introduce such a threshold – an offence subject to imprisonment of up to 10 years. As a result, multiple offences covered by clinical definitions, such as participation in an aggravated assault (Art. 158, Section 2 of the Penal Code), rape without sexual intercourse solely including other sexual activity (Art. 197, Section 2 of the Penal Code) or the so-called paedophilic exhibitionism (Art. 200, Section 4 of the Penal Code) are outside the scope included in the Act.

The above-mentioned differences cause the scope of clinical definitions of recidivism to be broader than those provided in the Act. This discrepancy has great practical implications, since the recidivism risk assessment tools are based on clinical definitions of recidivism. As a result, transforming the conclusions reached by using RRAIs into an occurrence probability assessment of the events specified in the Act decreases the precision of this assessment.

Differentiating between 'high' and 'very high' probability

One of the most problematic issues with the Act is the necessity to select offenders from the groups of 'high' and 'very high' probability of committing an offence and to precisely differentiate between these two offender groups.

The use of the imprecise categories of 'high' and 'very high' probability has already been criticised from a legal point of view by Gierowski and Paprzycki [41] and Bocheński [42]. This wording is controversial from the perspective of an expert witness as well. It is unknown whether the assessed person shall be assigned to either of these groups based on criteria relative to other offenders from each group or based on absolute criteria, i.e. on a previously agreed probability value determined to be 'high' or 'very high'. In the former case (relative criteria), an expert witness determines how probable a repeat offence is relative to the average probability for a given offender group. In the case of absolute criteria, the expert witness's task will be to calculate whether the probability of a repeat offence is above the previously determined threshold value. Each of these approaches has significant consequences.

An expert witness who decides to use the relative criteria faces a number of challenges. First, RRAIs do not usually include separate norms for the 'very high risk' category – the authors claim they are impossible to create due to the small number of offenders that fit this risk level [40]. Risk Matrix 2000 [34] is an exception, but – as will be presented later on – this category is not useful due to the problem of confidence intervals. Second, RRAIs differ in terms of structure and approach to determining diagnostic categories for individual tools. In the case of Static-99, for instance, the risk of recidivism within five years of release from prison for a second-to-top category offender was 29 percent ('moderate/high' risk), while for the top category the risk was 39 percent ('high' risk) [40]. In the Risk Matrix 2000 tool, the percentages for the top two categories are 26 percent ('high risk') and 50 percent ('very high risk'). As a result, an expert witness classifying an offender into the highest risk category available in a given tool might have two significantly different risk values in mind (39 vs. 50 percent). Babchishin et al. [43] propose a solution to manage such situations, which is to formulate an opinion on the basis of more than one RRAI.

Another issue particularly important for the differentiation between the 'high' and 'very high' probability categories is confidence interval. It indicates the range that the result predicted by the tool will, with a certain level of probability, fall into. For instance, Helmus et al. [44] report that for subjects assessed using Risk Matrix 2000 and characterised with a 'very high risk' of 95 percent, the confidence interval for reoffending within five years from their release from prison was between 31.5 and 68.5 percent. The observed spread of confidence intervals shows that the assessed subjects classified into a single risk category may significantly differ in terms of their predicted recidivism risk. The size of the spread results from a characteristic feature of all studies of sexual recidivism: low number of offenders with the highest probability of recidivism. As a result, any attempts to isolate additional smaller groups are subject

to a higher than usual risk of error. Similar reservations were voiced about Static-99 by Donaldson et al. [45], among others. None of the currently known recidivism risk assessment methods allows for precise differentiation between offenders from the groups of high and very high recidivism risks.

Lack of complete Polish adaptations of RRAIs

Complete adaptation of a recidivism risk assessment tool (RRAI) includes the following stages:

I Translation of the handbook (coding/assessment rules) with possible adaptation of the assessment criteria to national criminal justice system;
II Examining instrument reliability;
III Examining instrument validity;
IV Instrument normalisation. This stage applies to actuarial instruments, and does not apply to SPJ tools.

Lack of completion of any of the above-mentioned stages has negative consequences, decreasing the value of assessment performed using a given tool. The analysis of each of the stages will begin when discussing the last stage, instrument normalisation, to show the proliferation of limitations.

Lack of instrument normalisation. Actuarial instrument normalisation means determining absolute or relative risk rates of recidivism for groups of offenders scoring similarly in a given tool. The ability to refer to norms while determining risk level is a mean to avoid bias in transforming the result into risk ranges, which is the greatest advantage that actuarial methods hold over all other tool types [46]. Using this instrument type without the possibility to refer to norms is equal to abandoning this advantage and decreasing measurement accuracy – although not below the accuracy of SPJ methods.

Tool validity has not been examined. A key factor for the possibility of using an RRAI is its predictive validity. Its level provides information on how effective the instrument is for differentiating future reoffenders from non-reoffenders. An RRAI must be proven to have satisfying validity prior to its application. If the validity of a recidivism risk assessment tool has not been determined for the population of the country it is to be used in, the point of reference is the validity determined for other populations. It is an acceptable measure whenever there are reasons to believe that the tool has cross-population stability, i.e. it is accurate for many populations, hopefully with similar accuracy results. Considering the fact that it means that the precise accuracy score is unknown, any analysis carried out using such tools is to be considered less precise.

Tool reliability has not been examined. The reliability of RRAIs is measured by means of consistency assessment of a few (usually between two to four) people assessing the same cases [11]. High consistency means that the correct use of assessment rules

provided in the manual yields a specific (i.e. non-random) result. Hence determining that an RRAI's adaptation is reliable means that the assessment rules created for the purposes of one population allow for calculating the risk (with a non-random, but not necessarily accurate result) in another, and that the professionals carrying out the assessment have been properly prepared. Lack of such adaptation means an increase in the randomness of the assessment, and a decrease in its precision.

No translation of handbooks. RRAI handbooks should be routinely used in the process of using the instruments. The users are to apply the rules and guidelines provided in them; they are to refer directly to the source, not only to their own knowledge. The first consequence of the lack of translation is that this is not possible. The second consequence is the unavailability of tool training in the users' native language. These consequences could both be neutralised by very good command of the original language of the handbook, including the specialised vocabulary that the RRAI users are required to know. However, it significantly limits the number of users. The third consequence is related to the lack of adaptation of the assessment rules: in the course of using an RRAI that has not been fully adapted, there are situations that have not been predicted in the original version caused by the differences between the criminal justice systems in the two countries. The adaptation of the assessment rules allows for consulting on such difficulties with the authors of the original version and adapting the text of the assessment rules to the adaptation country's criminal justice system while preserving their essence. The lack of adaptation forces the users to make decisions in this area in the course of assessment, which decreases its precision and causes differences between the assessments carried out by various raters.

During the preparation of this publication, adaptation work is underway for three RRAIs: Structured Assessment of Protective Factors for Violence Risk (SAPROF [31]), Historical-Clinical-Risk Management, Version 3 (HCR-20 [47]) and Static-99 [40]. The first two of these are SPJ instruments used for calculating the risk of violent offence. In their case, when the article was being prepared, the first stage of adaptation was completed. Static-99 is an actuarial instrument measuring the static risk of sexual recidivism. In this case, the second stage of adaptation was completed. As can be seen, no RRAI has been fully adapted in Poland yet. Even if the work currently in progress were completed, the three tools mentioned above would not allow for comprehensive diagnosis of all key risk factors, e.g. there would still be no tool to assess dynamic risk of sexual recidivism. In this situation, consideration should be given to the possibility of using a variety of risk assessment tools. The justification for this is the existing data indicating the inter-population stability of the psychometric properties of these tools. In the case of Static-99 [44] and HCR-20 [48] it has been shown that they are not only accurate and reliable in many populations, but also that the country of the population does not significantly affect the size of these parameters. SAPROF has not been validated as many times as the above-mentioned tools, but the research so far shows its relevance in various populations (e.g. [49-51]). How accurate the use of aggregate data on the risk of recidivism from different populations could be, was the subject of

a meta-analysis of Helmus et al. [44]. In conclusions the authors stated that such action is justified when determining relative risk (i.e. assessment of how dangerous a given offender is against other offenders and qualifying him to a specific risk group) but not when determining absolute risk (i.e. numerical determination of the probability of recidivism together with confidence interval), because in this case different base level of recidivism in various populations is a significant source of variability.

Conclusions and recommendations

The Act requires the courts to make decisions based on the performed recidivism risk assessment. In order to consider this assessment to be meeting all the required standards, it should be based on the assessment of all types of risk factors. However, different types of risk factors have different magnitudes in this situation. According to the Association for the Treatment of Sexual Abusers' [52] recommendation in the case of making decisions about measures that include term isolation – and placing in the National Centre for Preventing Antisocial Behaviours is definitely such measure – static risk factors are the most important ones, followed by stable dynamic factors. The least important are the acute dynamic risk factors. Moreover, given the rapid changes acute factors may undergo, it is the probability of their occurrence after the release that should be considered rather than their presence at the time directly before release. Measuring all types of risk factors might be carried out by combining actuarial and semi-actuarial RRAIs or by using a tool from the SPJ approach which is based on static and dynamic factors.

The choice of tools is to some extent determined by the type of offence the offender has previously been sentenced for. If it was a violent crime, a violent recidivism risk assessment tool should be used. Sexual recidivism risk assessment tools have little use in this situation because a prior conviction for a sexual offence is a necessary condition for their application. The other important argument for this statement is the results of studies showing offenders convicted of a violent offence rarely commit sexual offences later on [53]. For people convicted of sexual offences, both sexual and violent RRAIs should be used. For the purposes of violent RRAIs, prior convictions for sexual offences are treated as violent offences. The necessity of such assessment is stipulated by study results showing that violent recidivism is common among sexual offenders, even more common than sexual recidivism [54].

The precision of assessment for the purposes of the Act is significantly diminished due to the limitations discussed earlier: predictive range does not fully overlap with clinical definitions, high risk is very hard to distinguish from very high risk and there are no complete Polish adaptations of RRAIs. Only the last limitation can be fully remedied by means of completely adaptating of the RRAIs, which would increase the assessment's precision. The first two limitations result directly from the provisions of the Act, which means they will always be present and the assessment's precision will be diminished unless the Act itself is amended.

Polish adaptations should comprise a set of RRAIs allowing for measuring all types of risk factors (static, stable dynamic and acute dynamic) separately for violent recidivism and sexual recidivism. Also useful would be presence of both actuarial and semi-actuarial RRAIs as well as instruments used in the SPJ approach for each of these two types of recidivism. In the case of actuarial and semi-actuarial tools, there would be a preference for the adaptation of tools that have accompanying rules for combining the results, e.g. Static-99 together with Stable-2007 [55] since such combination results in the best possibilities for distinguishing the top ranges of the risk.

Besides from the preparation of the instruments, the competence of their users is of key importance. The necessary requirements depend on the type of the applied RRAI. Using actuarial tools requires expert knowledge of coding rules, but no general knowledge is required in terms of criminogenic needs, violent phenomena, sexual aggression and so on. However, such knowledge is expected of the person carrying out the assessment pursuant to the Act, since the assessment is holistic in nature. Higher level of competence is required of users of semi-actuarial instruments, since the assessment comprises the presence of dynamic factors, which in turn requires much more preparation on the part of the user, including competence in assessing the presence of specific psychological characteristics of the assessed subject. The highest level of competence is required of the users of SPJ instruments. In this case, determining the presence of a certain number of risk factors is not automatically transformed into an assignment to a certain risk level, which is always an individual decision of the instrument's user. In consequence, the user must not only know the application rules of an instrument and have the competence necessary to assess the presence of dynamic risk factors; they also must have the competence to transform the results into a risk level.

The implementation of solutions for assessing recidivism risk specified in the discussed Act is problematic for a number of reasons analysed above. However, contemporary science is able to indicate courses of action to be followed in order to limit the risk of occurrence of undesirable effects. This creates the requirement for expert witnesses of appropriate competence to use RRAIs that have been properly adapted for this purpose and to follow the procedures they require. The main conclusion of this paper is the necessity to take into account the limitations concerning the process of differentiation between high and very high risk and the necessity to adhere to the standards associated with it. The expert witnesses carrying out the assessments, the officials participating in the proceedings and the institutions issuing decisions pursuant to the Act should all be mindful of that fact.

References

1. Andrews DA, Bonta J, Hoge RD. *Classification for effective rehabilitation: Rediscovering psychology.* Crim. Justice Behav. 1990; 17(1): 19–52.
2. Kansas v. Hendricks, 521 U.S. 346 (1997).

3. Felthous AR, Ko J. *Sexually violent predator law in the United States.* East Asian Arch. Psychiatry 2018; 28(4): 159–173. Doi: 10.12809/eaap1835.
4. Burns K, Bechara A. *Decision making and free will: A neuroscience perspective.* Behav. Sci. Law 2007; 25(2): 263–280. Doi: 10.1002/bsl.751.
5. Janus ES. *Preventive detention of sex offenders: The American experience versus international human rights norms.* Behav. Sci. Law 2013; 31(3): 328–343. Doi: 10.1002/bsl.2059.
6. Harrison K. *Sentencing sex offenders: An international comparison of sentencing policy and legislation.* In: Harrison K, Rainey B ed. *The Wiley-Blackwell handbook of legal and ethical aspects of sex offender treatment and management.* Hoboken: Wiley-Blackwell; 2013. P. 150–167. Doi: 10.1002/9781118314876.ch9.
7. Gierowski JK. *Apel w związku z wejściem w życie Ustawy z dnia 23 października 2013 roku o postępowaniu wobec osób z zaburzeniami psychicznymi stwarzającymi zagrożenie życia, zdrowia lub wolności seksualnej innych osób oraz wynikającymi z niej dla opieki psychiatrycznej implikacjami organizacyjnymi, diagnostycznymi, terapeutycznymi i opiniodawczymi.* Psychiatria Pol. 2013; 47(6): 967–972.
8. Bocheński M. *Kogo „uleczy" Krajowy Ośrodek Zapobiegania Zachowaniom Dyssocjalnym?* Ruch Prawniczy, Ekonomiczny i Socjologiczny 2014; 76(3): 149–160.
9. Stańdo-Kawecka B. *Badania osobopoznawcze skazanych i oddziaływania terapeutyczne w historii rozwoju więziennictwa.* In: Habzda – Siwek E, Kabzińska J ed. *Psychologia i prawo. Miedzy teorią a praktyką.* Sopot: GWP; 2014. P. 433–453.
10. Sztuka M. *Szacowanie ryzyka w pracy kuratora: Polskie rozwiązania i ich odpowiedniki w rozwiniętych systemach zachodnich.* In: Konopczyński M, Kwadrans Ł, Stasiak K ed. *Polska kuratela sądowa na przełomie wieków: Nadzieje, oczekiwania, dylematy*. Kraków: Oficyna Wydawnicza „Impuls"; 2016. P. 79–91.
11. Craig LA, Browne KD, Beech AR. *Assessing risk in sex offenders: A practitioner's guide.* Assess. Risk Sex Offenders A Pract. Guid. 2008; 1–249. Doi: 10.1002/9780470773208.
12. Hanson RK, Bussière TM. *Predicting relapse: A meta-analysis of sexual offender recidivism studies.* J. Consult. Clin. Psychol. 1998; 66(2): 348–362. Doi: 10.1037/0022-006X.66.2.348.
13. Thornton D. *Constructing and testing a framework for dynamic risk assessment.* Sex Abus. A J. Res. Treat. 2002; 14(2): 139–153. Doi: 10.1177/107906320201400205.
14. Ward T, Beech AR. *The etiology of risk: A preliminary model.* Sexual Abuse 2004; 16(4): 271–284. Doi: 10.1177/107906320401600402.
15. Yundina E, Stuebner S, Hollweg M, Stadland C. *Forensische Psychiatrie als interdisziplinäre Wissenschaft: Festschrift zum Geburtstag von Norbert Nedopil.* Berlin: MWV Medizinisch Wissenschaftliche Verlagsgesellschaft; 2012.
16. Stadtland C, Hollweg M, Kleindienst N, Dietl J, Reich U, Nedopil N. *Risk assessment and prediction of violent and sexual recidivism in sex offenders: Long-term predictive validity of four risk assessment instruments.* J. Forensic Psychiatry Psychol. 2005; 16(1): 92–108. Doi: 10.1080/1478994042000270247.
17. Mandeville-Norden R, Beech AR. *Risk assessment of sex offenders: The current position in the UK.* Child Abus. Rev. 2006; 15(4): 257–272. Doi: 10.1002/car.944.
18. Hart SD, Laws DR, Kropp PR. *The promise and the peril of sex offender risk assessment.* In: Ward T, Laws DR, Hudson SM ed. *Sexual deviance: Issues and controversies.* Thousand Oaks: SAGE Publications, Inc.; 2003. P. 207–225. Doi: 10.4135/9781483328751.n12.
19. Menzies R, Webster CD, McMain S, Staley S, Scaglione R. *The dimensions of dangerousness revisited – Assessing forensic predictions about violence.* Law Hum. Behav. 1994; 18(1): 1–28. Doi: 10.1007/BF01499141.

20. Hanson RK, Morton-Bourgon KE. *The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies.* Psychol. Assess. 2009; 21(1): 1–21. Doi: 10.1037/a0014421.
21. Tully RJ, Chou S, Browne KD. *A systematic review on the effectiveness of sex offender risk assessment tools in predicting sexual recidivism of adult male sex offenders.* Clin. Psychol. Rev. 2013; 33(2): 287–316. Doi: 10.1016/j.cpr.2012.12.002.
22. Beech AR, Wakeling HC, Szumski F, Freemantle N. *Problems in the measurement of dynamic risk factors in sexual offenders.* Psychol. Crime Law 2016; 22(1–2): 68–83. Doi: 10.1080/1068316X.2015.1109095.
23. Blacker J, Beech AR, Wilcox DT, Boer DP. *The assessment of dynamic risk and recidivism in a sample of special needs sexual offenders.* Psychol. Crime Law 2011; 17(1): 75–92. Doi: 10.1080/10683160903392376.
24. Brennan T, Dieterich W, Ehret B. *Evaluating the predictive validity of the COMPAS risk and Needs Assessment System.* Crim. Justice Behav. 2009; 36(1): 21–40.
25. Andrews DA, Bonta J. *LSI–R: The Level of Service Inventory – Revised.* Toronto: Multi-Health Systems; 1995.
26. Babchishin KM, Hanson RK, Blais J. *Less is more: Using Static–2002R subscales to predict violent and general recidivism among sexual offenders.* Sex. Abus. J. Res. Treat. 2016; 28(3): 187–217.
27. Quinsey VL, Harris GT, Rice ME, Cormier CA. *Violent offenders: Appraising and managing risk.* Washington, DC: American Psychological Association; 1998.
28. Harris GT, Rice ME, Quinsey VL, Cormier CA. *Violent offenders: Appraising and managing risk (3rd ed.).* Washington: American Psychological Association; 2015. Doi: 10.1037/14572-000.
29. Douglas KS, Hart SD, Webster CD, Belfrage H. *HCR–20V3: Assessing risk of violence – User guide.* Burnaby: Mental Health, Law, and Policy Institute; 2013.
30. Kropp PR, Hart SD. *The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders.* Law Hum. Behav. 2000; 24(1): 101–118. Doi: 10.1023/A:1005430904495.
31. De Vogel V, de Ruiter C, Bouman Y, de Vries Robbé M. *SAPROF: Structured Assessment of Protective Factors for violence risk. Guidelines for the assessment of protective factors for violence risk. English Version. 2nd Edition.* Utrecht: Van der Hoeven Stichting; 2009.
32. Hanson RK, Thornton D. *Improving risk assessments for sex offenders: A comparison of three actuarial scales.* Law Hum. Behav. 2000; 24(1): 119–136.
33. Phenix A, Fernandez Y, Harris AJ, Helmus RM, Hanson RK, Thornton D. *Static–99R coding rules: Revised.* 2016. http://static99.org/pdfdocs/Coding_manual_2016_v2.pdf (retrieved: 11 March 2019).
34. Thornton D. *Scoring guide for the Risk Matrix 2000.9/SVC.* 2007. https://www.birmingham.ac.uk/Documents/college-les/psych/RM2000scoringinstructions.pdf (retrieved: 20 March 2019).
35. Phenix A, Doren D, Helmus L, Hanson RK, Thornton D. *Coding Rules for Static-2002.* Ottawa: Public Safety Canada; 2008. http://static99.org/pdfdocs/static2002codingrules.pdf (retrieved: 12 March 2019).
36. Hanson R, Harris A, Scott T. *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project.* Ottawa: Public Safety Canada; 2007.
37. Boer DR, Hart SD, Kropp PR, Webster CD. *Manual for the Sexual Violence Risk – 20.* Vancouver: The British Columbia Institute Against Family Violence; 1997. P. 96.

38. Hart S, Kropp P, Laws D, Klaver J, Logan C, Watt K. *The Risk for Sexual Violence Protocol (RSVP).* Ment. Heal. Law Policy Inst. Simon Fraser Univ. Pacific Psychol. Assess. Corp. Br. Columbia Inst. Against Fam. Violence; 2003.
39. Nilsson T, Wallinius M, Gustavson C, Anckarsäter H, Kerekes N. *Violent recidivism: A long-time follow-up study of mentally disordered offenders.* PLoS One 2011; 6(10): e25768. Doi: 10.1371/journal.pone.0025768.
40. Harris A, Phenix A, Thornton D, Hanson RK. *Static 99: Coding Rules Revised 2003.* Ottawa; 2003.
41. Gierowski JK, Paprzycki LK. *Kontrowersje związane z ustawą z dnia 22 listopada 2013 r. o postępowaniu wobec osób z zaburzeniami psychicznymi stwarzającymi zagrożenie życia, zdrowia lub wolności seksualnej innych osób – perspektywa prawna i psychiatryczno-psychologiczna.* Palestra 2014; 59(9): 144–161.
42. Bocheński M. *Populizm penalny w polskim wydaniu – Rzecz o kryminologicznej problematyce ustawy o postępowaniu wobec osób stwarzających zagrożenie.* Czas Prawa Karnego i Nauk Penal. 2015; 1: 127–144.
43. Babchishin KM, Hanson RK, Helmus L. *Even highly correlated measures can add incrementally to predicting recidivism among sex offenders.* Assessment 2012; 19(4): 442–461. Doi: 10.1177/1073191112458312.
44. Helmus L, Hanson RK, Thornton D, Babchishin KM, Harris AJR. *Absolute recidivism rates predicted by Static-99R and Static-2002R sex offender risk assessment tools vary across samples.* Crim. Justice Behav. 2012; 39(9): 1148–1171. Doi: 10.1177/0093854812443648.
45. Donaldson T, Abbott BR. *Problems with the Static-99R prediction estimates and confidence intervals.* Open Access J. Forensic Psychol. 2012; 4: 1–23.
46. Harris GT, Rice ME. *Characterizing the value of actuarial violence risk assessments.* Crim. Justice Behav. 2007; 34(12): 1638–1658. Doi: 10.1177/0093854807307029.
47. Douglas KS, Hart SD, Webster CD, Belfrage H, Guy LS, Wilson CM. *Historical-Clinical-Risk Management-20, Version 3 (HCR-20 V3): Development and overview.* Int. J. Forensic Ment. Health 2014; 13(2): 93–108. Doi: 10.1080/14999013.2014.906519.
48. Yang M, Wong SCP, Coid J. *The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tools.* Psychol. Bull. 2010; 136(5): 740–767. Doi: 10.1037/a0020473.
49. Persson M, Belfrage H, Fredriksson B, Kristiansson M. *Violence during imprisonment, forensic psychiatric care, and probation: Correlations and predictive validity of the risk assessment instruments COVR, LSI–R, HCR–20v3, and SAPROF.* Int. J. Forensic Ment. Health 2017; 16(2): 117–129. Doi: 10.1080/14999013.2016.1266420.
50. De Vries Robbé M, de Vogel V, Douglas KS, Nijman HLI. *Changes in dynamic risk and protective factors for violence during inpatient forensic psychiatric treatment: Predicting reductions in post-discharge community recidivism.* Law Hum. Behav. 2015; 39(1): 53–61. Doi: 10.1037/ lhb0000089.
51. Yoon D, Turner D, Klein V, Rettenberger M, Eher R, Briken P. *Factors predicting desistance from reoffending: A validation study of the SAPROF in sexual offenders.* Int. J. Offender Ther. Comp. Criminol. 2018; 62(3): 697–716. Doi: 10.1177/0306624X16664379.
52. Gotch K, Hanson MK. *ATSA risk assessment for males who have engaged in harmful or illegal sexual behavior.* 2016. https://www.atsa.com/pdfs/.
53. Hunt K, Iaconetti MJ, Maass K. *Recidivism among federal violent offenders.* Washington, DC; 2019.
54. Rettenberger M, Matthes A, Boer DP, Eher R. *Prospective actuarial risk assessment.* Int. J. Offender Ther. Comp. Criminol. 2010; 54(2): 169–186. Doi: 10.1177/0306624X08328755.

55. Brankley AE, Helmus LM, Hanson RK. *STABLE–2007 evaluator workbook: Updated recidivism rates (includes combinations with Static–99R, Static–2002R, and Risk Matrix 2000)*. Ottawa; 2017. Unpublished report.

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