
Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders

Over the last several years, the importance of the risk principle has been well established in many correctional settings. Simply stated, the risk principle indicates that offenders should be provided with supervision and treatment levels that are commensurate with their risk levels. However, there continues to be some confusion regarding the implications of the risk principle and why the trends predicted by the risk principle are observed. The purpose of this article is to discuss what the risk principle is, what it means for corrections, and why we see intensive treatments and supervision leading to no effect or increased recidivism for low-risk offenders.

Perhaps it is important that we begin by defining the concept of “risk” as it pertains to offender recidivism. For some, “risk” is a concept associated with the seriousness of the crime—for example, in the sense that a felon poses a higher risk than a misdemeanor. In actuality, however, though a felon has been convicted of a more serious offense than a misdemeanor, his or her relative risk of reoffending may have nothing to do with the seriousness of the crime.

For our purposes, “risk” refers to the probability of reoffending. A low-risk offender is one with a relatively low probability of reoffending (few risk factors), while a high-risk offender has a high probability (many risk factors). The application of the concept in corrections is similar to that in most actuarial sciences. For example, life insurance is cheaper for a nonsmoker in his 40s than for a smoker of the same age. The reason insurance costs more for the smoker is that smokers have a risk factor that is significantly correlated with health problems. Similarly, an offender who uses drugs has a higher chance of reoffending than someone who does not use drugs.

In 1990, Andrews, Bonta, and Hoge discussed the importance of the risk principle as it relates to the assessment of offenders. Their article makes clear that the risk principle calls for the administration and delivery of more intense services and supervision to higher-risk offenders. In contrast, lower-risk offenders should receive lower levels of supervision and treatment. Since 1990, considerable research has investigated how adhering to the risk principle can impact a correctional program’s effectiveness.

Meta-Analyses Involving the Risk Principle

Meta-analysis after meta-analysis has revealed a similar trend when the risk principle is empirically investigated. Table 1, page 4, shows the results of seven meta-

*Christopher T. Lowenkamp,
Assistant Director,
The Corrections Institute,
University of Cincinnati
and
Edward J. Latessa,
Professor and Head,
Division of Criminal Justice,
University of Cincinnati*

analyses conducted on juvenile and adult offenders in correctional programs or school-aged youth in school-based intervention programs.

The first row of the table lists the results from a study conducted by Andrews, Zinger, Hoge, et al. (1990). This study investigated the effects of correctional interventions from 85 studies. Overall, they found that the correctional programs were much more effective when the correctional program took in mostly higher-risk offenders. Reductions in recidivism of 11% were noted in programs that had mostly higher-risk offenders versus 2% reductions for programs that took in both low- and high-risk offenders (re-analysis by Andrews and Bonta, 1998).

The second, third, and fourth rows summarize the findings of studies conducted by Dowden and Andrews. These three meta-analyses all indicate that programs serving a greater percentage of higher-risk offenders were more effective than those that did not. This finding was observed when looking at juvenile offenders, female offenders, and violence as an outcome measure.

The fifth row reports on the results of a meta-analysis that reviewed the effectiveness of drug courts. Again, drug courts where over half the offenders served had a prior record were twice as effective (10% versus 5% reduction) as drug courts where more than half the offenders served were first-time offenders. Finally, two meta-analyses report on the effectiveness of school-based interventions in reducing delinquent and analogous behaviors (Wilson, Gottfredson, and Najaka, 2002) and aggressive behavior (Wilson, Lipsey, and Derzon, 2003). Both studies indicate better effects when targeting youths who are at risk for the particular behaviors that are to be prevented.

Table 1. Summary of Meta-Analyses Investigating the Risk Principle

Study	No. of Studies Reviewed	Type of Studies Reviewed	Findings
Andrews et al. (1990)	85	Juvenile, mixed	Effect size 5 times as great when focusing on high-risk
Dowden and Andrews (1999a)	26	Juvenile and adult female, or mainly female	Effect size 6 times as great when following risk principle
Dowden and Andrews (1999b)	229	Young offenders	Effect size 4 times as great when when following risk principle
Dowden and Andrews (2000)	35	Juvenile and adult violent outcomes only	Effect size 2 times as great when when following risk principle
Lowenkamp et al. (2002)	33	Juvenile and adult drug courts	Effect size 2 times as great when when following risk principle
Wilson et al. (2002)	165	School-based interventions	Effect size 3 times as great when when targeting high-risk youth
Wilson et al. (2003)	221	School-based interventions targeting aggression	Effect size 4 times as great when when targeting high-risk youth

Differing Treatment Effects for High- and Low-Risk Offenders

While Table 1 provides plenty of support for the risk principle, a recent study that Lowenkamp and Latessa (2002) conducted in Ohio offers even more evidence. This study is the largest ever conducted of community-based correctional treatment facilities. The authors tracked a total of 13,221 offenders who were placed in one of 38 halfway houses and 15 community-based correctional facilities throughout the state. A 2-year follow-up was conducted on all offenders, and recidivism measures included new arrests and incarceration in state penal institutions. Treatments effects were calculated, which represent the difference in recidivism rates for the treatment group (those offenders with a residential placement) and the comparison group (those offenders that received just supervision with no residential placement).

Figure 1 shows the effect for low-risk offenders, using incarceration as the outcome measure. The negative numbers show the programs that were associated with increases in recidivism rates for low-risk offenders. The positive numbers show the few programs that were actually associated with reductions in recidivism for low-risk offenders. As you can see from this figure, the majority of programs in this study were associated with increases in the failure rates for low-risk offenders. Only a handful of programs reduced recidivism for this group, and the largest reduction was 9%.

Fig. 1 Changes in the Probability of Recidivism by Program for Low-Risk Offenders

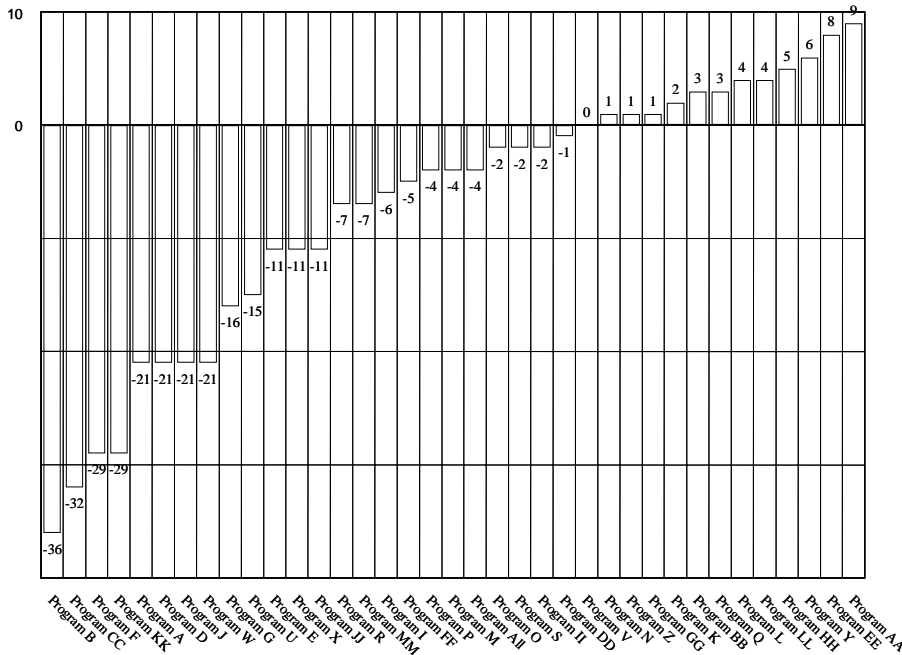
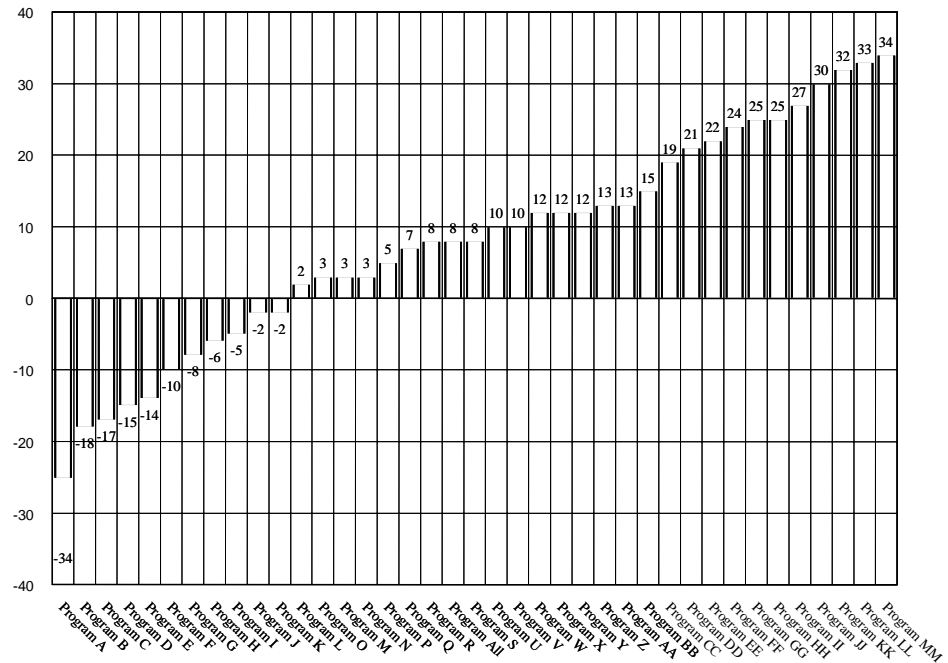


Figure 2 shows the results for high-risk offenders. Not only were most programs associated with reductions in recidivism for this group, but there were also eight programs that reduced recidivism over 20% and three programs that reduced recidivism over 30%. (Note that there were some programs in Ohio that did not reduce recidivism at any level of risk. This is likely related to program integrity. See Lowenkamp and Latessa, 2004.)

Fig. 2. Change in the Probability of Recidivism by Program for High-Risk Offenders



The best illustration of the risk principle can be seen by looking at the programs that had the greatest effect on high-risk offenders. Programs KK and MM each reduced recidivism for high-risk offenders by over 30%, yet looking at their effect for low-risk offenders, we see that Program MM increased recidivism for this group by 7% and Program KK by 29%. Thus, the same programs that reduced recidivism for higher-risk offenders actually increased it for low-risk offenders. The risk principle held across geographic location (rural, metro, urban) and with sex offenders (Lowenkamp and Latessa, 2002).

When taken together, these meta-analyses and individual studies provide strong evidence that more intense correctional interventions are more effective when delivered to higher-risk offenders, and that they can increase the failure rates of low-risk offenders. Recall the meta-analyses and the Ohio study, as well as Hanley (2003) and Bonta, Wallace-Capretta, and Rooney (2000), which both found that intensive supervision reduces recidivism for higher-risk offenders but increases the recidivism rates of lower-risk offenders.

Why Interventions Are More Successful with High-Risk Offenders

A question that continues to arise is why an intervention can have the intended consequences for a high-risk offender but have undesired and unintended consequences for a low-risk offender. To answer this question, one only need look at the risk factors for offending behavior. A review of the meta-analyses on the risk predictors consistently reveals antisocial attitudes, associates, personality, and a history of antisocial behavior as the strongest predictors (Andrews and Bonta, 1998). Other risk factors include substance abuse and alcohol problems, family characteristics, education, and employment (Gendreau, Little, and Goggin, 1996).

Given these risk factors, consider what a high-risk and a low-risk offender would look like. High-risk offenders would have antisocial attitudes, associates, and personalities, or a long criminal history, or substance abuse problems, or poor family relations, and would likely be unemployed. Low-risk offenders, on the other hand, would be fairly prosocial and have good jobs with some, if not many, prosocial contacts. That is, low-risk offenders likely have good jobs, good relationships with their families, good relationships with prosocial acquaintances, fairly prosocial attitudes, a limited criminal history, and few if any substance abuse problems. What happens to that low-risk offender when he/she is placed in a residential facility with high-risk offenders? You have likely come to an explanation for why we see low-risk offenders being harmed by intense correctional interventions.

The increased failure rates of low-risk offenders can largely be understood when considering the following three explanations:

- ◆ When we place low-risk offenders in the more intense correctional interventions, we are probably exposing them to higher-risk offenders, and we know that who your associates are is an important risk factor. Practically speaking, placing high- and low-risk offenders together is never a good idea. If you had a son or daughter who got into some trouble, would you want him or her placed in a group with high-risk kids?
- ◆ When we take lower-risk offenders, who by definition are fairly prosocial (if they weren't, they wouldn't be low-risk), and place them in a highly structured, restrictive program, we actually disrupt the factors that make them low-risk. For example, if I were to be placed in a correctional treatment program for 6 months, I would lose my job, I would experience family disruption, and my prosocial attitudes and prosocial contacts would be cut off and replaced with antisocial thoughts and antisocial peers. I don't think my neighbors would have a "welcome home from the correctional program" party for me when I was released. In other words, my risk would be increased, not reduced.
- ◆ Other factors such as IQ, intellectual functioning, and maturity might be at work. We rarely find programs that assess these important responsibility factors when they place offenders into groups. It could be the case that there

are some low-functioning, low-risk offenders who are manipulated by more sophisticated, higher-risk, predatory offenders.

What all this means for corrections is that low-risk offenders should be identified and excluded, as a general rule, from higher-end correctional interventions. We are pragmatists and therefore say “general rule,” as we realize that programs are often at the mercy of the court or parole board in terms of who is referred to the program. Even so, programs that end up receiving low-risk offenders should make sure that those offenders are returned back to the environments that made them “low-risk.” This can be achieved by developing programming (both treatment and supervision) that is based on the risk level of the offender.

In addition, the research reviewed here and the risk principle also dictate that we should direct the majority of services and supervision to higher-risk offenders because it is with this group of offenders that such interventions are most effective. The first step in meeting the risk principle is identifying the appropriate targets (higher-risk offenders). To achieve this, agencies must assess offenders with standardized and objective risk assessment instruments. Risk assessment is now considered the cornerstone of effective correctional intervention. ■

References

For more information:

Christopher T. Lowenkamp and
Edward J. Latessa
Division of Criminal Justice
University of Cincinnati
P.O. Box 210389
Cincinnati, Ohio 45221-0389
(513) 556-0855
christopher.lowenkamp@uc.edu
edward.latessa@uc.edu

- Andrews, D. A. & Bonta, J. (1998). *The Psychology of Criminal Conduct*. Cincinnati, OH: Anderson Publishing Co.
- Andrews, D. A., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17, 19-52.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology* 8, 369-404.
- Bonta, J., Wallace-Capretta, S., & Rooney, J. (2000). A quasi-experimental evaluation of an intensive rehabilitation supervision program. *Criminal Justice and Behavior* 27, 312-329.
- Dowden, C. & Andrews, D. A. (1999a). What works for female offenders: A meta-analytic review. *Crime and Delinquency* 45, 438-452.
- Dowden, C. & Andrews, D. A. (1999b). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research* 11, 21-24.
- Dowden, C. & Andrews, D. A. (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology*, 449-467.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology* 34, 575-607.
- Lowenkamp, C. T. and Latessa, E. J. (2002). Evaluation of Ohio's halfway house and community based correctional facilities. Cincinnati, Ohio: University of Cincinnati.
- Lowenkamp, C. T. , Holsinger, A. M., and Latessa, E. J. (2004). Are drug courts effective? A meta-analytic review. Unpublished manuscript, Cincinnati, Ohio: University of Cincinnati.
- Lowenkamp, C. T. , Holsinger, A. M., and Latessa, E. J. (2004). Investigating the relationship between program integrity and correctional program effectiveness. *Ohio Department of Rehabilitation and Correction Research Compendium* 2, 208-213.
- Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2002). School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology*, 17, 247-272.
- Wilson, S. J., Lipsey, M. W., & Derzon, J. H. (2003). The effects of school-based intervention programs on aggressive and disruptive behavior: A meta-analysis. *Journal of Consulting & Clinical Psychology*, 2003, 71, 136-149.