

# Kann man Kriminalität behandeln? – Aktuelle Erkenntnisse zur Wirksamkeit der forensischen Psychotherapie

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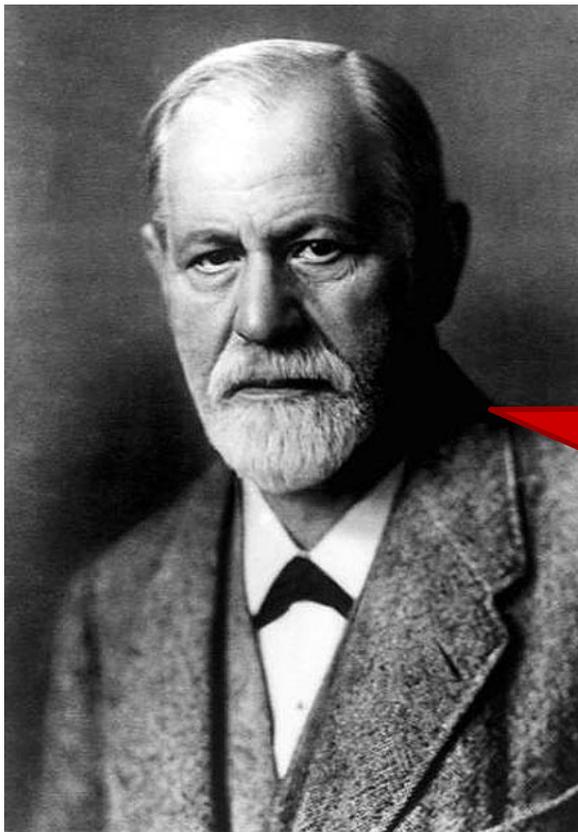
## Gliederung des Vortrags

- 1. Behandlung im Zwangskontext
- 2. Wirksamkeit der Behandlung von Kriminalität
- 3. Therapeutische Beziehung, Anstaltsklima und Strukturqualität
- 4. Ist Psychopathie behandelbar?
- 5. Ist Extremismus behandelbar?
- 6. Relevanz von Diagnostik und Kriminalprognose
- 7. Fazit: Kann man Kriminalität behandeln?

## 1. Behandlung im Zwangskontext



## 1. Behandlung im Zwangskontext



Quelle: [www.pinterest.com](https://www.pinterest.com)

„Sie ist auch bei Personen nicht anwendbar, die sich nicht selbst durch ihr Leiden zur Therapie gedrängt fühlen, sondern sich einer solchen nur infolge des Machtgebotes ihrer Angehörigen unterziehen.“ (Freud, 1905, S. 21)

## 1. Behandlung im Zwangskontext



Quellen: [www.kontrastkammer.de](http://www.kontrastkammer.de); [www.gea.de](http://www.gea.de)

## 1. Behandlung im Zwangskontext

- Behandlung straffälliger Personen im „Zwangsdilemma“ (Saimeh, 2012)
  - Nicht Klient/Patient bringt Inhalte ein, sondern Therapeut/-in
  - Nicht Klient/Patient beendet Intervention, sondern Gesetz & Gericht
  - Erfolgskriterium: Rückfallrisiko vs. subjektives Wohlbefinden (resp. Linderung des Leidens)

## 1. Behandlung im Zwangskontext

- Vorhersage des Therapieerfolgs  $\Rightarrow$  Außerhalb des forensischen Kontexts (Kandale & Rugenstein, 2022)
- Indikatoren für eine positive Prognose sind:
  - Leidensdruck, Veränderungsbereitschaft, Introspektionsfähigkeit, Motivation (pünktliches und regelmäßiges Erscheinen, Mitarbeit)
  - Intelligenz, verbale Kompetenz, emotionale Reaktionsfähigkeit auf Probedeutungen
  - Frustrationstoleranz, fehlende Chronifizierung, präziser Auftrag, stabile Lebenssituation und finanzielle Sicherheit

## 1. Behandlung im Zwangskontext

- Unterschiede zu anderen Interventionsbereichen
  - Intrinsische Motivation
    - Freiwilligkeit, Hilfsbedürftigkeit, Eigenständigkeit
    - Freiheit als Voraussetzung individueller Entwicklung
  - Extrinsische Motivation
    - Gesetz, Gericht, Strafe
    - Individuelle Entwicklung als Voraussetzung für Freiheit
- Gefahr der Reaktanz (von Franqué, 2016)

## 1. Behandlung im Zwangskontext

- Behandlung auch im Zwangskontext möglich, benötigt aber Anpassungen  
(Dahle, 2005; Marshall et al., 2011; Schwarze & Schmidt, 2008; von Franqué, 2016)
- Zentrale Motivationsfaktoren:
  - Auf Seiten der Klienten/Patienten: Belastungserleben und Problemerkognition
  - Auf Seiten der Therapeuten/-innen: (Zunächst) Fokus auf empathisches Verstehen
  - Vermittlung von Wissen und Selbstwirksamkeitserwartung
  - Entwicklung spezifischer Interventionstechniken (Bsp. Leugnung)

## 2. Ist Behandlung wirksam?



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**Tab. 1: Mittlere Effekte einiger Meta-Analysen zur Straftäterbehandlung (Lösel, 2014)**

	Anzahl der Studien	Effektstärke (d)
<b>Behandlungsprogramme für Straftäter allgemein</b>		
Andrews et al. (1990): Verschiedene Programmarten (s/a)	154	.20
Dowden & Andrews (1999): Programme für weibliche Straftäter (s/a)	45	.28
Landenberger & Lipsey (2005): Kognitiv-behaviorale Programme (s/a)	58	.24
Lipton et al. (2002): Therapeut. Gemeinschaften & Milieutherapie (s/a)	42	.28
Lösel et al. (1987): Sozialtherapeutische Anstalten (s)	18	.22
Petrosino (1997): Verschiedene Behandlungsarten, randomisierte Studien (s/a) <sup>b</sup>	115	.20
Redondo et al. (1999): Verschiedene Programmarten in Europa (s/a)	32	.24
<b>Behandlungsprogramme für jugendliche Straftäter</b>		
Gottschalk et al. (1987): Verschiedene Programmarten (a)	101	.12
Koehler et al. (2013): Programme in Europa <sup>c</sup>	25	.16
Latimer et al. (2003): Verschiedene Programmarten (s/a)	176	.18
Lipsey (1992): Verschiedene Programmarten (s/a)	397	.10
Lipsey & Wilson (1998): Versch. Programme, schwer Delinquente (s/a)	200	.12
Whitehead & Lab (1989): Verschiedene Programmarten (s/a)	50	.24
<b>Behandlungsprogramme für Sexualstraftäter<sup>e</sup></b>		
Aos et al. (2001): Verschiedene Programmarten (s/a)	14	.19
Hall (1995): Verschiedene Programmarten (s/a)	12	.24
Hanson et al. (2002): Psychosoziale Programme (s/a)	43	.12
Lösel & Schmucker (2005): Psychosoziale & biologische Programme (s/a)	80	.28
Hanson et al. (2009): Psychosoziale Programme (s/a)	23	.23
Schmucker & Lösel (2015): Psychosoziale Programme (s/a)	28	.20

Lösel, F. (2016). Wie wirksam ist die Straftäterbehandlung im Justizvollzug. In M. Rettenberger & A. Dessecker (Hrsg.), *Behandlung im Justizvollzug* (S. 17-52). Wiesbaden: Kriminologische Zentralstelle.

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## 2. Ist Behandlung wirksam?

- Interventionen bei straffällig gewordenen Personen sind wirksam (Lösel, 2014)
  - $d = 0.20 \pm 0.10$  ( $r = .10 \pm 0.05$ )
  - KG = 55% Rückfallrate vs. EG = 45% Rückfallrate
- Effektstärken niedriger als bei anderen Erlebens- und Verhaltensproblemen (Lösel, 2016)
- Ambulante Maßnahmen erzielen größere Effekte als intramurale Interventionen (Andrews & Bonta, 2010; Koehler et al., 2013)

## 2. Ist Behandlung wirksam?

- Das gilt für
  - Sexualstraftäter
  - Gewaltstraftäter
  - Andere Deliktbereiche erwachsener Personen
  - Jugendliche bzw. junge straffällige gewordene Personen
- Aber das gilt nicht für alle Programme in gleicher Form ⇒ Risk-Need-Responsivity (RNR) Modell  
(Andrews & Bonta, 2010; Bonta & Andrews, 2017)

## 2. Ist Behandlung wirksam?

- **Risk-Prinzip** ⇒ Mit welcher Intensität soll behandelt werden ⇒ Je höher das Rückfallrisiko, desto mehr Behandlung
- **Need-Prinzip** ⇒ Was soll behandelt werden? ⇒ Das, was erwiesenermaßen mit Rückfälligkeit im Zusammenhang steht ⇒ „Kriminogene Bedürfnisse“ (orig. *Criminogenic Needs*)
- **Responsivity-Prinzip** ⇒ Wie soll behandelt werden? ⇒ Abgestimmt auf die spezifischen Fähigkeiten, Bedürfnisse und Charakteristika der Klienten/-innen und Patienten/-innen

## 2. Ist Behandlung wirksam?

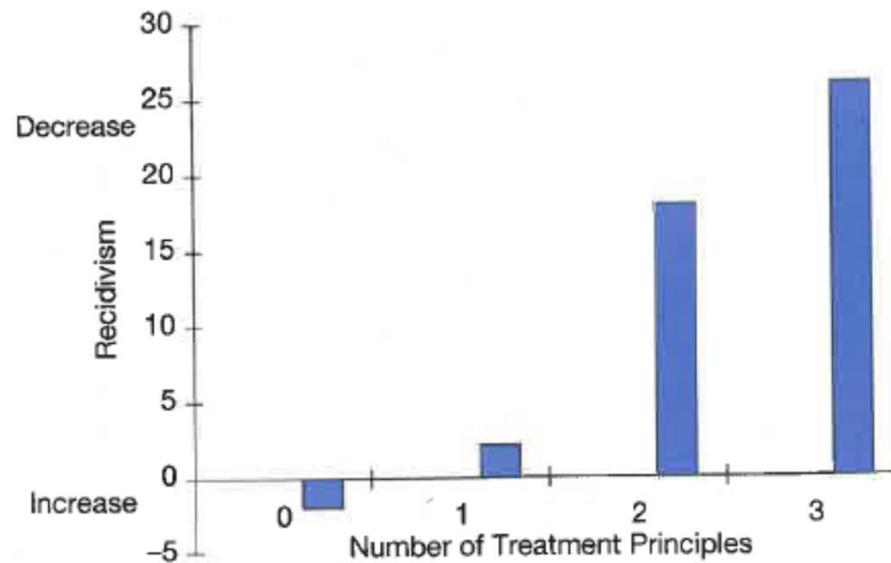


Figure 11.1  
Mean Effect Size by Adherence to RNR

Bonta, J. & Andrews, D. A. (2017). *The psychology of criminal conduct* (6<sup>th</sup> ed.). London: Routledge.

## 2. Ist Behandlung wirksam?

- Es gibt noch mehr Qualitätsprinzipien als „die großen Drei“ (Andrews et al., 1990; Andrews & Bonta, 2010; Bonta & Andrews, 2017)
- Insgesamt 15 Kriterien, aufgeteilt nach
  - übergeordneten Prinzipien (z. B. 1. Respekt für die Person und den normativen Kontext oder 2. Psychologisch-theoretische Fundierung)
  - klinische Prinzipien (neben dem RNR-Modell z. B. 9. Multimodalität, 10. Ressourcenorientierung oder 11. Strukturiertheit der Diagnostik)
  - organisatorische Prinzipien (z. B. 15. Förderung von Aus-, Fort- und Weiterbildung, Super- und Intervision und Qualitätsmonitoring der Implementierung von Maßnahmen)



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## Clinical Psychology Review

journal homepage: [www.elsevier.com/locate/clinpsychrev](http://www.elsevier.com/locate/clinpsychrev)



### Review

## Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness



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<sup>a</sup> Centre of Research and Education in Forensic Psychology, School of Psychology, University of Kent, UK

<sup>b</sup> Department of Psychology, University of Saskatchewan, Canada

### HIGHLIGHTS

- This meta-analysis examined psychological offense treatment and recidivism.
- Overall, 70 studies were identified; including over 55,000 individuals.
- Treatment was associated with offense-specific and general recidivism reductions.
- Programs with consistent input from a qualified psychologist had best results.

### ARTICLE INFO

#### Keywords

Offense treatment  
Meta-analysis  
Sexual offending  
Domestic violence  
General violence

### ABSTRACT

A meta-analysis was conducted to examine whether specialized psychological offense treatments were associated with reductions in offense specific and non-offense specific recidivism. Staff and treatment program moderators were also explored. The review examined 70 studies and 55,604 individuals who had offended. Three specialized treatments were examined: sexual offense, domestic violence, and general violence programs. Across all programs, offense specific recidivism was 13.4% for treated individuals and 19.4% for untreated comparisons over an average follow up of 66.1 months. Relative reductions in offense specific recidivism were 32.6% for sexual offense programs, 36.0% for domestic violence programs, and 24.3% for general violence programs. All programs were also associated with significant reductions in non-offense specific recidivism. Overall, treatment effectiveness appeared improved when programs received consistent hands-on input from a qualified registered psychologist and facilitating staff were provided with clinical supervision. Numerous program variables appeared important for optimizing the effectiveness of specialized psychological offense programs (e.g., arousal reconditioning for sexual offense programs, treatment approach for domestic violence programs). The findings show that such treatments are associated with robust reductions in offense specific and non-offense specific recidivism. We urge treatment providers to pay particular attention to staffing and program implementation variables for optimal recidivism reductions.

## 2. Ist Behandlung wirksam?

- 70 Studien;  $N = 55,604$ ;  $\emptyset$  Follow-up: 66 Monate
- Deliktspezifische Rückfälligkeit: 13.4 % vs. 19.4 %, relative Reduktionen
  - sexuelle Rückfälligkeit um 32.6 %
  - häusliche Gewalt um 36.0 %
  - allgemeine Gewaltrückfälligkeit um 24.3 %
- Diverse Moderatoren: Implementierung, Supervision, Ausbildung, etc.



*Welcome to our next IATSO Conference in Trondheim, Norway!*

**August 30<sup>th</sup> to September 1<sup>st</sup>, 2023**

**at the Scandic Nidelven**

*Sex offender treatment in a lifespan perspective –*

*New challenges from social media and from children and adolescents with harmful sexual behavior*

On behalf of the Scientific and the Local Organizing Committees, we invite you to the 17<sup>th</sup> conference of The International Association for the Treatment of Sexual Offenders (IATSO) in Trondheim. The conference takes place from **August 30<sup>th</sup> to September 1<sup>st</sup>, 2023** at the riverside hotel Scandic Nidelven located in the very city center.

The conference theme is sex offender treatment in a lifespan perspective. Some start their offending career as a child or an adolescent, others when they are grown-ups. In many cases, perpetrators basic emotional needs might have been ignored or even been seriously violated from early childhood on.

To meet the complexity of sexual offending behavior, it is necessary to have a lifespan perspective. Developing treatment programs for children and young persons with harmful sexual behavior is a way of reaching the persons on their pathway from childhood to adulthood. Here we can see how childhood and adulthood is interacting with each other. Here we can also see that sexual offending behavior should not be understood just in the light of individual, psychological factors. Ideas about masculinity, femininity and sexuality are a part of overarching, general, ideological attitudes in society.

When focusing on treatment in a lifespan perspective, we also will look into the challenges from the new electronic media. A rapid growing internet disrupts the dividing lines between fantasy and reality. Wide ranges of questions emerge; such as the understanding of what a sexual offence might be, what is the difference between fantasy and reality, the relations between online offences and hands on offences. And so on.

*We welcome you to three exciting days in Trondheim!*

Knut Hermstad, Chair of the Local Organizing Committee

Oddfrid Skorpe Tennfjord, Vice Chair of the Local Organizing Committee

Sabrina Eberhaut, Conference Organizing Committee

Martin Rettenberger, IATSO president elect

Reinhard Eher, IATSO president



Welcome to our next IATSO Conference in Trondheim, Norway!

August 30<sup>th</sup> to September 1<sup>st</sup>, 2023

## Aktuelle Trends der Behandlungsforschung:

- Entwicklungspsychologisch-  
ätiologische Aspekte (Bindung, Trauma)
- Primäre und sekundäre Prävention
  - „Neue“ Deliktformen  
(Missbrauchsabbildungskonsum,  
Cybergrooming, etc.)

Knut Hermstad, Chair of the Local Organizing Committee

Oddfrid Skorpe Tennfjord, Vice Chair of the Local Organizing Committee

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## 3. Wie wird (erfolgreich) behandelt?





## Merkmale und Perspektiven der (psycho-)therapeutischen Behandlung im Justizvollzug

Eine Vollerhebung der therapeutischen Praxis in den sozialtherapeutischen Einrichtungen in Deutschland

Maeve Moosburner<sup>1</sup>, Sonja Etzler<sup>1,2</sup> und Martin Rettenberger<sup>1</sup>

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<sup>2</sup>Goethe-Universität, Frankfurt am Main, Deutschland

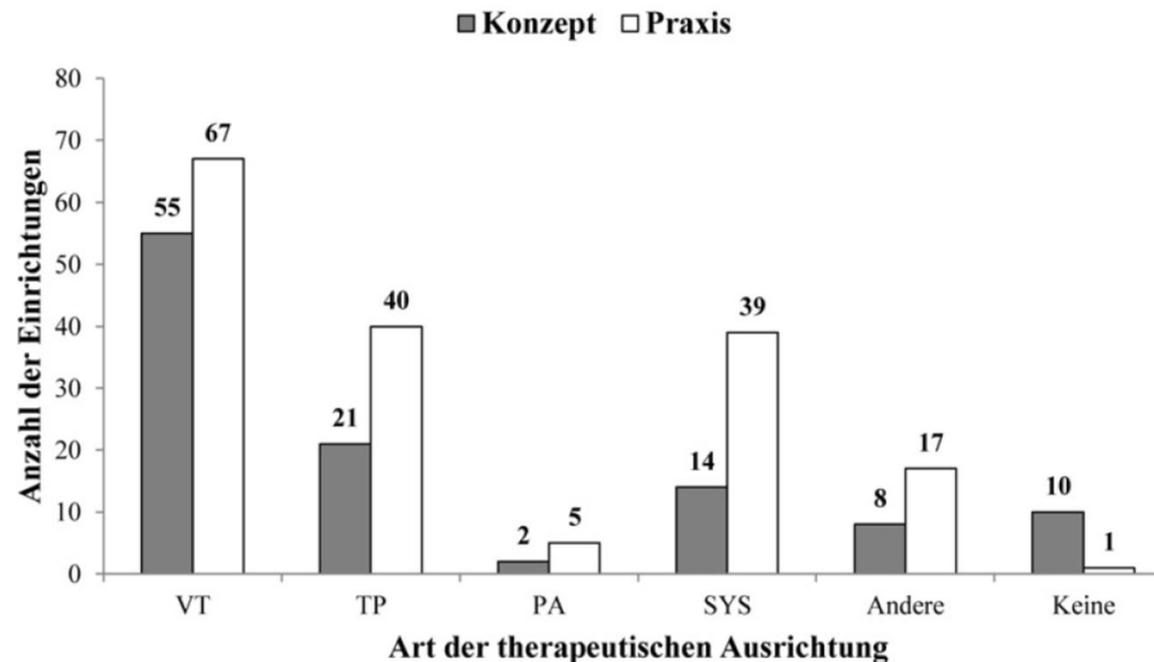
**Zusammenfassung:** *Hintergrund:* Sozialtherapeutische Einrichtungen des Justizvollzugs (SothEn) dienen der Behandlung von (Sexual- und Gewalt-)Straftätern, um deren Rückfallrisiko nachhaltig zu reduzieren. *Fragestellung und Methode:* Die vorliegende Studie erfasste unterschiedliche Merkmale der gesprächsbasierten therapeutischen Behandlung in allen 71 SothEn in Deutschland. Gesprächsbasierte Behandlung wurde dabei definiert als durch Gespräche vermittelte Behandlung, die auf eine Besserung der psychischen Gesundheit sowie auf eine Reduktion des Rückfallrisikos abzielt. *Ergebnisse und Schlussfolgerungen:* Aus der Sicht der befragten Einrichtungen wird die Wirksamkeit der gesprächsbasierten Behandlung durch eine hohe Fluktuation des Personals, mangelnde Qualifikationsmöglichkeiten sowie die eingeschränkte Autonomie der Behandlungseinrichtung von der Gesamtanstalt eingeschränkt. Die Wirksamkeit der Behandlung ließe sich demnach durch einen gezielten Ausbau empirisch abgesicherter therapeutischer Maßnahmen sowie durch erhöhte Ressourcen und Alltagsnähe für Lockerungen, Übergang und Nachsorge steigern.

**Schlüsselwörter:** Sozialtherapie, Strafvollzug, Behandlung, Sexualstraftaten, Kriminalprävention

## 3. Wie wird (erfolgreich) behandelt?

60

M. Moosburner et al., Merkmale und Perspektiven der (psycho-)therapeutischen Behandlung im Justizvollzug



*Anmerkung.* Es sind Mehrfachnennungen möglich. VT = Verhaltenstherapie; TP = Tiefenpsychologisch fundierte Therapie; PA = Psychoanalytische Therapie; SYS = Systemische Therapie.

**Abbildung 2.** Anzahl der therapeutischen Ausrichtung im Konzept und in der Praxis nach Art der Ausrichtung 2019

## 3. Wie wird (erfolgreich) behandelt?

- Allgemeine Psychotherapieforschung zeigt:  
(z. B. Delgadillo et al., 2020; Goldberg, 2020; Wampold et al., 2017; Wampold & Carlson, 2011)
  - Die Wahrnehmung der Beziehung aus Sicht der Patienten/-innen bzw. Klienten/-innen ist besonders relevant
  - Merkmale der Therapeuten/-innen erklären einen Großteil der Varianz von Therapieeffekten
- Beziehungen und Personen wichtiger als Manuale und Programme

## *Therapist Features in Sexual Offender Treatment: Their Reliable Identification and Influence on Behaviour Change*

W. L. Marshall,<sup>1\*</sup> G. Serran,<sup>2</sup> H. Moulden,<sup>2</sup> R. Mulloy,<sup>1</sup>  
Y. M. Fernandez,<sup>1</sup> R. Mann<sup>3</sup> and D. Thornton<sup>3</sup>

<sup>1</sup> *Department of Psychology, Queen's University, and Rockwood Psychological Services, Canada*

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<sup>3</sup> *Offending Behaviour Programme Unit, HM Prison Service, London, UK*

In the first of the two studies reported here, we established that trained judges could reliably identify 18 therapist features that occurred with reasonable frequency. In the second study 17 of these features were examined to determine how well they related to changes in sexual offenders with treatment. Five videotapes from each of five different prison programs were rated for the presence of these 17 features and correlational analyses examined their relationship with changes in 44 measures of treatment targets. The primary findings indicated that empathy and warmth displayed by the therapists and their directive and rewarding behaviours, were the features that most strongly predicted therapeutic benefits. The results are discussed in terms of their clinical and research implications. Copyright © 2002 John Wiley & Sons, Ltd.

## 3. Wie wird (erfolgreich) behandelt?

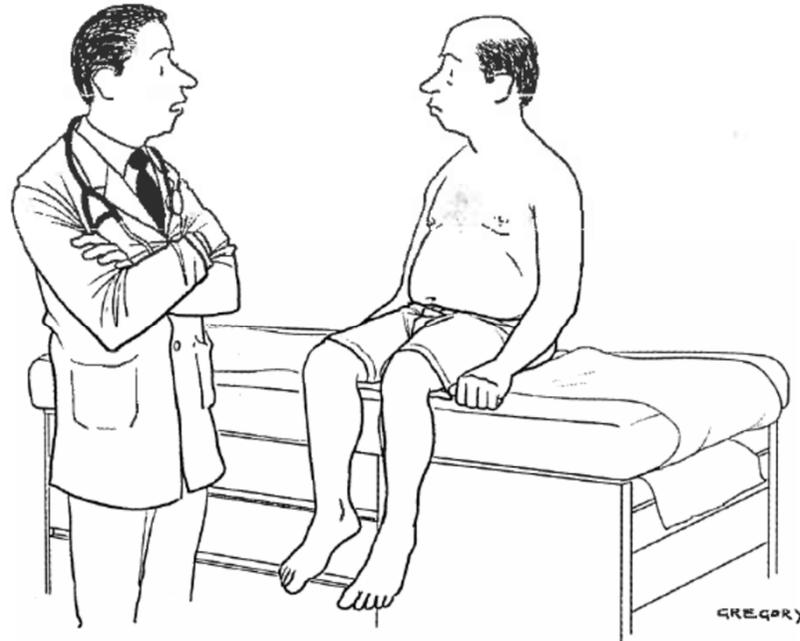
- Auch im forensischen Kontext sind Persönlichkeit und Beziehung entscheidend
- Wichtigste Korrelate interventionsinduzierter Änderungen (Marshall et al., 2002)
  - Empathie
  - Wärme
  - Direktives Verhalten
  - Positive Verstärkung

## 3. Wie wird (erfolgreich) behandelt?

- Anstaltsklima steht im Zusammenhang mit
  - Merkmalen der Therapeuten/-innen (Guèridon, 2020)
  - Teamklima und Arbeitszufriedenheit (Bareis et al., 2020; Sauter et al., 2019)
  - Therapiemotivation (Stasch et al., 2017)
- Das Anstaltsklima korreliert mit
  - höherem Therapieerfolg (Stasch et al., 2018)
  - weniger Gewalt und Fehlverhalten (Boxberg et al., 2014; Klatt et al., 2017)

## 4. Behandlung von Psychopathie

THE NEW YORKER

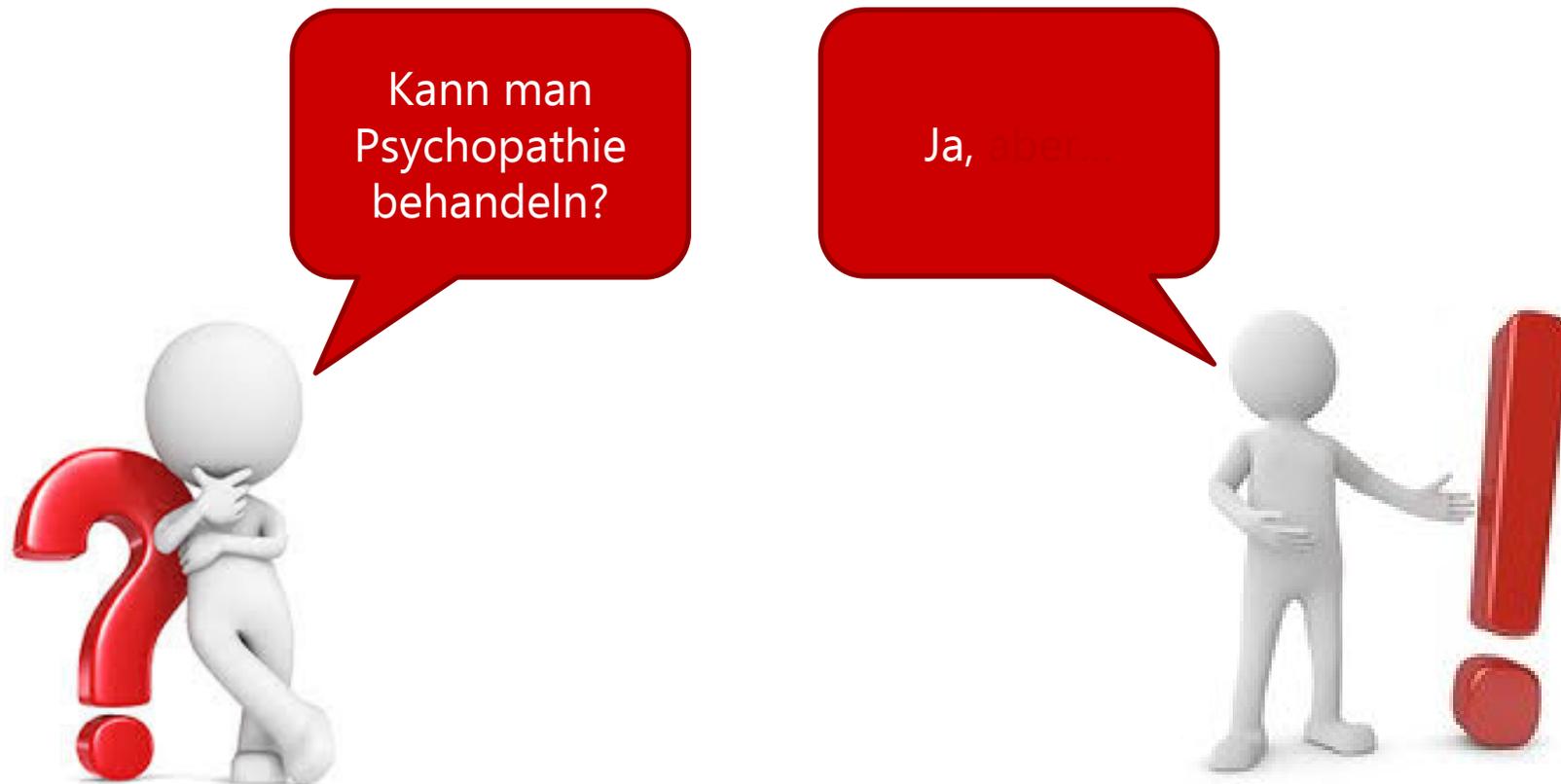


*“Stress is killing you—you need an easier job,  
a smaller house, and a different family.”*

## 4. Behandlung von Psychopathie



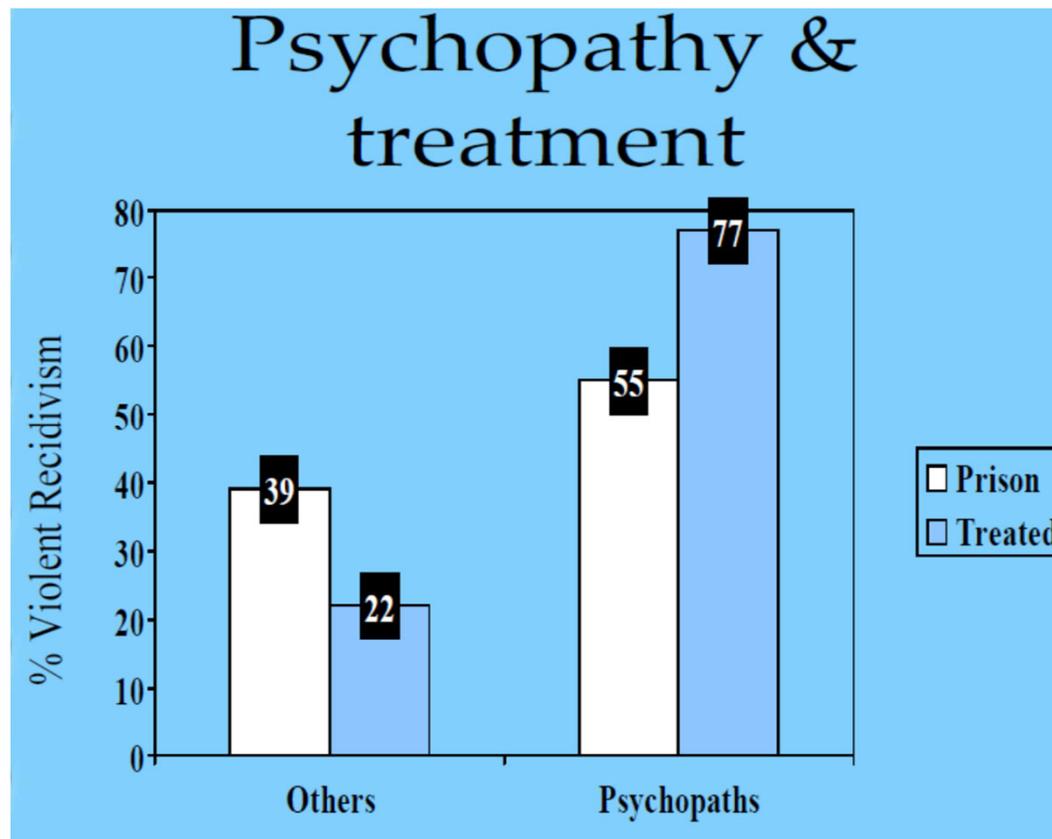
## 4. Behandlung von Psychopathie



## 4. Behandlung von Psychopathie



## 4. Behandlung von Psychopathie



Rice, M. E., Harris, G. T. & Cormier, C. A. (1992). An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders *Law & Human Behavior*, 16(4), 399-412.

## 4. Behandlung von Psychopathie

- „Behandlung“ war teilweise äußerst fragwürdig ⇒ psychotrope Substanzen (LSD) und „marathon nude encounter sessions“ (Hecht et al., 2018, S. 285)
- Evidenz indifferent ⇒ keine Belege, dass Behandlung nicht funktionieren kann (Doren & Yates, 2008; Polaschenk & Wong, 2020)

### Effectiveness of Sex Offender Treatment for Psychopathic Sexual Offenders

Dennis M. Doren  
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*Cabot Consulting and Research Services, Ottawa, ONT, Canada*

Meta-analyses have suggested that sexual offender treatment (SOT) completion is associated with lowered sexual recidivism rates for convicted sexual offenders. The paucity of properly designed studies allows for the alternative explanation of less recidivism among treated samples as reflecting that lower risk offenders disproportionately self-select into treatment. A test of the “self-selection explanation” can occur by investigating treatment effect on known high-risk offenders. Psychopathy correlates with increased sexual recidivism risk, such that an exploration of the SOT effect on psychopathic offenders could clarify the accuracy of the self-selection hypothesis. Additionally, the debated degree to which psychopaths are treatable might obtain clarification by a research review. This article examines empirical findings concerning the effectiveness of SOT for psychopathic sexual offenders. Ten studies were found to meet the minimal quality standards used, stemming from only four data sources. Shortcomings of existing research precluded clear conclusions, though trends in the data are delineated.

**Keywords:** *psychopathy; sex offender treatment; treatment effectiveness; sexual offender*

There have been at least six major research analyses concerning the effectiveness of sex offender treatment on lowering sexual recidivism of convicted sexual offenders (Alexander, 1999; Furby, Weinrott, & Blackshaw, 1989; Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999; Hall, 1995; Hanson et al., 2002; Lösel & Schmucker, 2005). With the exception of Furby et al. (1989), each of these stud-

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## 4. Behandlung von Psychopathie

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DOI: 10.1080/14999013.2012.746760



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2009, Vol. 77, No. 2, 328–336

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0022-006X/09/\$12.00 DOI: 10.1037/a0015001

### The Effectiveness of Violence Reduction Treatment for Psychopathic Offenders: Empirical Evidence and a Treatment Model

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### Therapeutic Responses of Psychopathic Sexual Offenders: Treatment Attrition, Therapeutic Change, and Long-Term Recidivism

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University of Saskatchewan

Stephen C. P. Wong  
University of Nottingham, University of London,  
and University of Saskatchewan

The authors examined the therapeutic responses of psychopathic sex offenders ( $\geq 25$  Psychopathy Checklist—Revised; PCL—R) in terms of treatment dropout and therapeutic change, as well as sexual and violent recidivism over a 10-year follow-up among 156 federally incarcerated sex offenders treated in a high-intensity inpatient sex offender program. Psychopathy and sex offender risk/treatment change were assessed using the PCL—R and the Violence Risk Scale—Sexual Offender version (VRS—SO), respectively. Although psychopathic participants were more likely than their nonpsychopathic counterparts ( $< 25$  PCL—R) to drop out, almost 75% of the former completed treatment. Psychopathic offenders who failed to complete sex offender treatment were more likely to violently but not sexually recidivate than completers. Positive treatment changes were associated with reductions in sexual and violent recidivism after psychopathy and sexual recidivism risk were controlled. Overall, the results suggest that given appropriate treatment interventions, sex offenders with significant psychopathic traits can be retained in an institutional treatment program and those showing therapeutic improvement can reduce their risk for both sexual and violent recidivism.

**Keywords:** psychopathy, sexual and violent risk, sex offender treatment, treatment change

Psychopathy, a personality disorder, is characterized by dysfunctional and externalizing affective and interpersonal traits that can be manifested as violent and antisocial behaviors. Psychopathic individuals are often referred for treatment in criminal justice or forensic mental health settings to reduce the harm they may inflict on themselves and others. While the “what works” treatment approaches to reduce recidivism and violence have enjoyed widespread support, therapeutic nihilism for psychopathy abounds. A two-component model is proposed to provide a conceptual framework for the treatment of psychopathy. Three studies on the treatment of psychopathic offenders to reduce violence and offending behaviors are reviewed and show positive treatment outcomes. The study results support the efficacy for the treatment of psychopathic individuals and for the proposed model.

**Keywords:** psychopathy, treatment, violence, offenders, effectiveness

“Habit is habit and not to be flung out of the window by any man, but coaxed downstairs a step at a time.” *Mark Twain*

mainly to the affective and interpersonal domains. Psychopathic individuals are often seen and detained in criminal

Sexual violence is a significant social and criminal justice problem worldwide. Of importance, recent meta-analytic reviews have suggested that providing appropriate treatment (i.e., broadly following the principles of effective correctional intervention)<sup>1</sup> for sex offenders assessed as posing substantial sexual offense risk can reduce posttreatment sexual recidivism (Hanson et al., 2002).

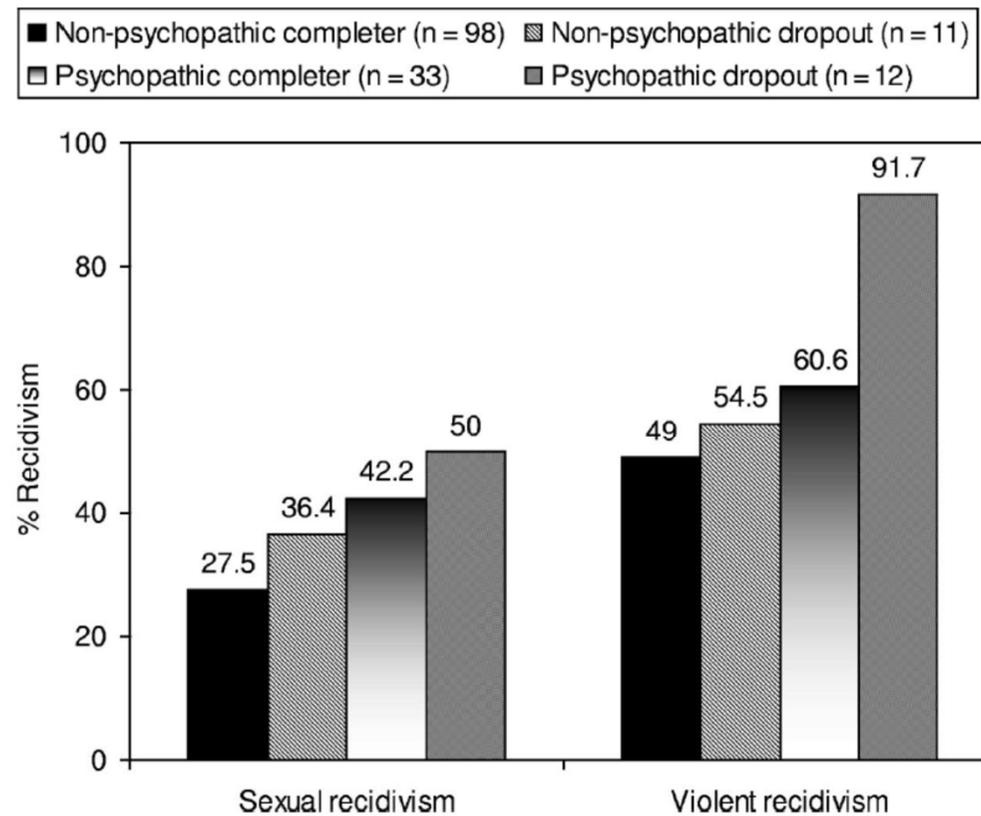
To better inform treatment and evaluate therapeutic change, researchers have developed risk assessment tools with both static (i.e., unchangeable) and dynamic (i.e., potentially changeable) variables. Correctional treatment that produces positive changes in dynamic variables or criminogenic needs should lead to reductions in recidivism. However, there has been a dearth of empirical inves-

offenders. Therapeutic change scores computed from the Violence Risk Scale—Sexual Offender version (VRS—SO; Wong, Olver, Nicholaichuk, & Gordon, 2003) were significantly associated with reductions in sexual recidivism after the effect of static risk was controlled. Change was also significantly negatively correlated with sexual recidivism among higher risk, but not lower risk, offenders. The results, consistent with the risk and need principles, suggest that higher risk offenders stand to benefit more from treatment and that the changes higher risk offenders make (or the lack thereof) are likely more prognostic of their outcome following release than for lower risk offenders who are already less likely to reoffend, irrespective of any changes they make.

## 4. Behandlung von Psychopathie

- 2-Komponenten Modell der Behandlung von Psychopathie (Wong et al., 2012; Wong & Hare, 2005)
  - Komponente 1  $\Rightarrow$  Interpersonale Anteile  $\Rightarrow$  Faktor 1 der PCL-R  $\Rightarrow$  Persönlichkeitsbezogene Aspekte der Psychopathie
  - Komponente 2  $\Rightarrow$  Konsequenzen der Psychopathie, insb. Gewalt  $\Rightarrow$  Faktor 2 der PCL-R
- Besonders starke Fokussierung auf das RNR-Modell: Noch mehr, noch strukturierter, noch zielgerichteter

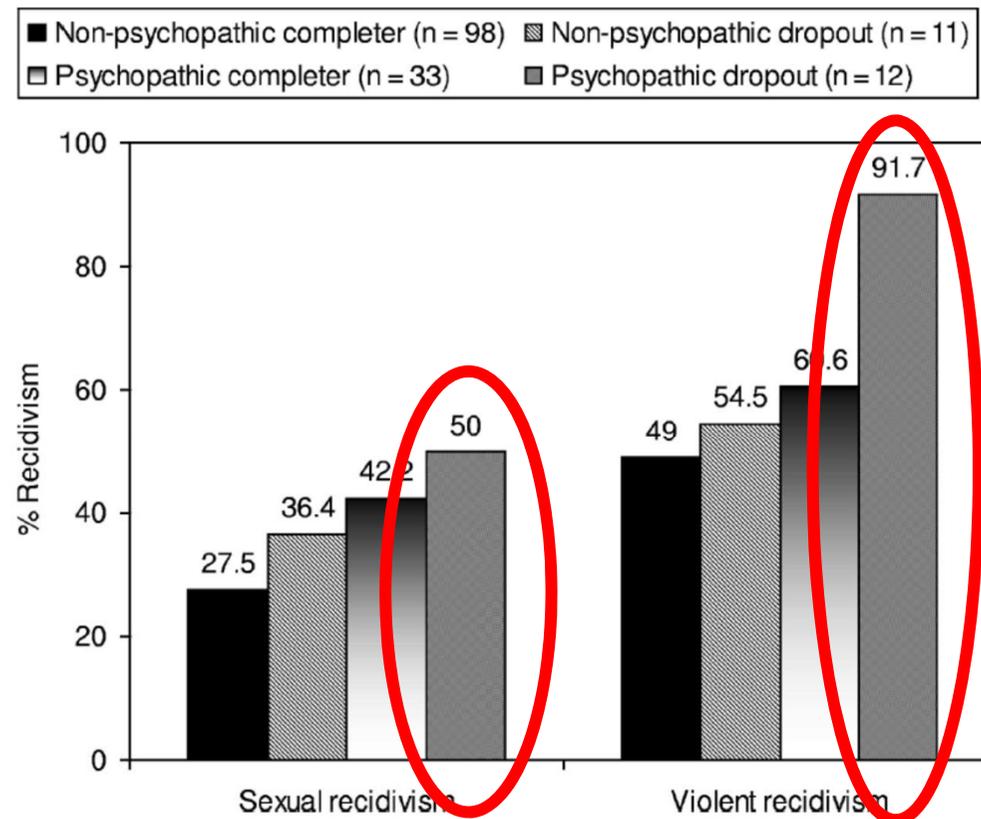
## 4. Behandlung von Psychopathie



Olver, M. E. & Wong, S. C. P. (2009). Therapeutic responses of psychopathic sexual offenders: Treatment attrition, therapeutic change, and longterm recidivism. *Journal of Consulting and Clinical Psychology, 77*(2), 328–336.

Figure 1. Relationship of dropout to sexual and violent recidivism as a function of psychopathy.

## 4. Behandlung von Psychopathie



Olver, M. E. & Wong, S. C. P. (2009). Therapeutic responses of psychopathic sexual offenders: Treatment attrition, therapeutic change, and longterm recidivism. *Journal of Consulting and Clinical Psychology, 77*(2), 328–336.

Figure 1. Relationship of dropout to sexual and violent recidivism as a function of psychopathy.

## Das Problem der Abbrecher...



### Determinants of Dropout From Correctional Offender Treatment

*Franziska Brunner<sup>1\*</sup>, Insa Neumann<sup>1†</sup>, Dahlnym Yoon<sup>2</sup>, Martin Rettenberger<sup>3,4</sup>,  
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Germany

Research indicates that approximately one third of offenders admitted to social-therapeutic correctional facilities in Germany fail to complete treatment and that treatment dropout is linked to higher recidivism in both sexual and violent offenders. The purpose of this study was to examine determinants of treatment dropout in

## Studie SothA-HH, $N = 205$

- 70 Personen brachen ab (34.1 %),  
Zusammensetzung der Stichprobe  
vergleichbar mit anderen Einrichtungen
- Abbrecher im Vergleich Nicht-Abbrechern:
  - Mehr Gewalttäter
  - Höheres Rückfallrisiko
  - Höhere Psychopathie-Werte
  - Weniger protektive Faktoren

Maeve Moosburner\*, Sonja Etzler und Martin Rettenberger

## **Aufnahme, Verbleib und Beendigung einer sozialtherapeutischen Behandlung: Eine Vollerhebung der sozialtherapeutischen Einrichtungen in Deutschland**

### **Admission to-, Stay in and Termination of Social Therapy: A Complete Survey of Social Therapy Units in Germany**

<https://doi.org/10.1515/mks-2022-0006>

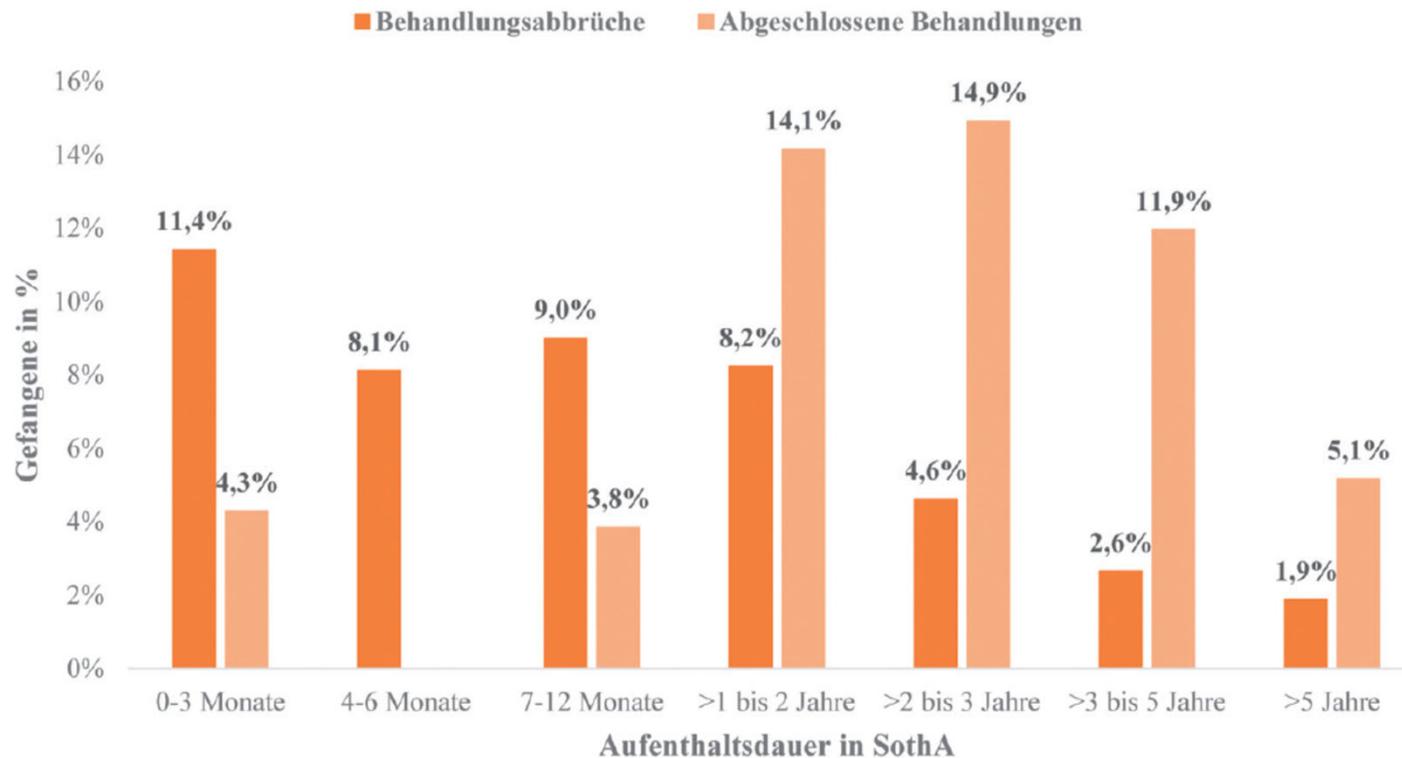
**Zusammenfassung:** Sozialtherapeutische Einrichtungen des Justizvollzugs (SothEn) dienen der Behandlung von (Sexual- und Gewalt-)Straftätern, um deren Rückfallrisiko nachhaltig zu reduzieren. Die vorliegende Studie erfasste unterschiedliche Merkmale zur Aufnahme, Verbleib und Beendigung einer sozialtherapeutischen Behandlung in allen  $N = 71$  SothEn in Deutschland. Dabei wurde vor allem auf die Entscheidungsfindung in der Praxis wert gelegt. Aufnahmen erfolgten im gleichen Maße nach aktuell geltenden gesetzlichen Regelungen für Sexual- und Ge-

der Abbrüche aufgrund unzureichender Behandlungsmotivation unverändert hoch, weshalb insbesondere die Motivationsförderung der Hochrisikoklientel weiterhin im Mittelpunkt zukünftiger Bemühungen stehen sollte.

**Schlüsselwörter:** Sozialtherapie, Strafvollzug, Behandlung, Sexualstraftaten, Kriminalprävention

**Abstract:** The main aim of Social Therapy Units (STUs) in the German prison system is to treat violent and sexual offenders to reduce their recidivism risk. The present study examines the different characteristics of the admission to-,

## Das Problem der Abbrecher...



**Abbildung 2:** Anteilige Aufenthaltsdauer der Gefangenen, die zum Stichtag am 31. März 2021 aus der SothA entlassen wurden, aufgeteilt nach Behandlungsabbrüchen und abgeschlossenen Behandlungen

## Das Problem der Abbrecher...

Journal of Consulting and Clinical Psychology  
2011, Vol. 79, No. 1, 6–21

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0022-006X/11/\$12.00 DOI: 10.1037/a0022200

### A Meta-Analysis of Predictors of Offender Treatment Attrition and Its Relationship to Recidivism

Mark E. Olver  
University of Saskatchewan

Keira C. Stockdale  
Saskatoon Health Region

J. Stephen Wormith  
University of Saskatchewan

**Objective:** The failure of offenders to complete psychological treatment can pose significant concerns, including increased risk for recidivism. Although a large literature identifying predictors of offender treatment attrition has accumulated, there has yet to be a comprehensive quantitative review. **Method:** A meta-analysis of the offender treatment literature was conducted to identify predictors of offender treatment attrition and examine its relationship to recidivism. The review covered 114 studies representing 41,438 offenders. Sex offender and domestic violence programs were also examined separately given their large independent literatures. **Results:** The overall attrition rate was 27.1% across all programs ( $k = 96$ ), 27.6% from sex offender programs ( $k = 34$ ), and 37.8% from domestic violence programs ( $k = 35$ ). Rates increased when preprogram attrition was considered. Significant predictors included demographic characteristics (e.g., age,  $r_w = -.10$ ), criminal history and personality variables (e.g., prior offenses,  $r_w = .14$ ; antisocial personality,  $r_w = .14$ ), psychological concerns (e.g., intelligence,  $r_w = -.14$ ), risk assessment measures (e.g., Statistical Information on Recidivism scale,  $r_w = .18$ ), and treatment-related attitudes and behaviors (e.g., motivation,  $r_w = -.13$ ). Results indicated that treatment noncompleters were higher risk offenders and attrition from all programs significantly predicted several recidivism outcomes ranging from  $r_w = .08$  to  $.23$ . **Conclusions:** The clients who stand to benefit the most from treatment (i.e., high-risk, high-needs) are the least likely to complete it. Offender treatment attrition can be managed and clients can be retained through an awareness of, and attention to, key predictors of attrition and adherence to responsivity considerations.

**Keywords:** offender, treatment attrition, responsivity, recidivism

The failure of clients to complete psychological treatment has been a longstanding concern for psychotherapy service providers in general (Wierzbicki & Pekarik, 1993) and the mental health

treatment engage in high-risk behaviors that threaten public safety (Beyko & Wong, 2005; McMurrin & Theodosi, 2007; Nunes & Cortoni, 2006b).

## 5. Behandlung von Extremismus



## 5. Behandlung von Extremismus



## 5. Behandlung von Extremismus



## 5. Behandlung von Extremismus





# Praktische Relevanz

Quellen: [www.zeit.de](http://www.zeit.de); [www.tagespiegel.de](http://www.tagespiegel.de); [www.focus.de](http://www.focus.de); [www.faz.net](http://www.faz.net); [www.bild.de](http://www.bild.de); [www.haz.de](http://www.haz.de)

25. April 2025

Kann man Kriminalität behandeln?

# Praktische Relevanz



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# Praktische Relevanz



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## 5. Behandlung von Extremismus

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### Systematic Review on the Outcomes of Primary and Secondary Prevention Programs in the Field of Violent Radicalization

Sébastien Brouillette-Alarie<sup>a1</sup>, Ghayda Hassan<sup>a</sup>, Wynn Paul Varela<sup>a</sup>, Sarah Ousman<sup>a</sup>, Deniz Kilinc<sup>a</sup>, Éléa Laetitia Savard<sup>a</sup>, Pablo Madriaza<sup>a</sup>, Shandon Harris-Hogan<sup>b</sup>, John McCoy<sup>c</sup>, Cécile Rousseau<sup>d</sup>, Michael King<sup>e</sup>, Vivek Venkatesh<sup>f</sup>, Eugene Borokhovskii<sup>f</sup>, David Pickup<sup>f</sup>

<sup>a</sup>Université du Québec à Montréal, <sup>b</sup>Victoria University, <sup>c</sup>University of Alberta, <sup>d</sup>McGill University, <sup>e</sup>Organization for the Prevention of Violence, <sup>f</sup>Concordia University

#### Abstract

Since 2001, attacks attributed to extremist movements or “lone actors” have intensified and spread around the world, prompting governments to invest significant sums of money into preventing violent radicalization. Nonetheless, knowledge regarding best practices for prevention remains disparate, and the effectiveness of current practices is not clearly established. Consequently, we conducted a systematic review on the outcomes of primary and secondary prevention programs in the field of violent radicalization. Of the 11,836 documents generated, 33 studies published between 2009 and 2019 were eligible for inclusion as they comprised an empirical (quantitative or qualitative) evaluation of a prevention initiative using primary data. The majority of these studies evaluated programs targeting violent Islamist or “general” radicalization. Negative or iatrogenic effects mostly stemmed from programs aimed at specific ethnic or religious groups or focusing on surveillance and monitoring. Positive effects were noted in programs aimed at improving potential protective factors against violent radicalization. However, the reviewed studies had numerous limitations (i.e., weak experimental designs, small biased samples, unclear definitions, incomplete methodological sections, and conflicts of interests) that hinder one’s confidence in their conclusions. Also, many studies lacked a logic model, failed to differentiate between intermediate and final outcomes, and often did not assess for negative outcomes. Encouragingly, however, some of the most methodologically sound studies contained results attesting to the effectiveness of improving protective factors against violent radicalization.

**Keywords:** Radicalization, Extremism, Violent, Systematic Review, Prevention, Programs, Primary, Secondary, Guidelines

#### Introduction

Between 2001 and 2014, planned and executed attacks attributed to extremist movements or lone actors have intensified and spread across many parts of the world (START, 2019), amplifying the fears of local populations and prompting governments to invest significant

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Applied to Legal Context

<https://journals.copmadrid.org/ejpalc>



### Psychosocial Prevention Programs against Radicalization and Extremism: A Meta-Analysis of Outcome Evaluations

Irina Jugl<sup>a</sup>, Friedrich Lösel<sup>a,b</sup>, Doris Bender<sup>c</sup>, and Sonja King<sup>a</sup>

<sup>a</sup>Friedrich Alexander, University Erlangen-Nürnberg, Germany; <sup>b</sup>University of Cambridge, United Kingdom

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Meta-análisis  
Eficacia

#### ABSTRACT

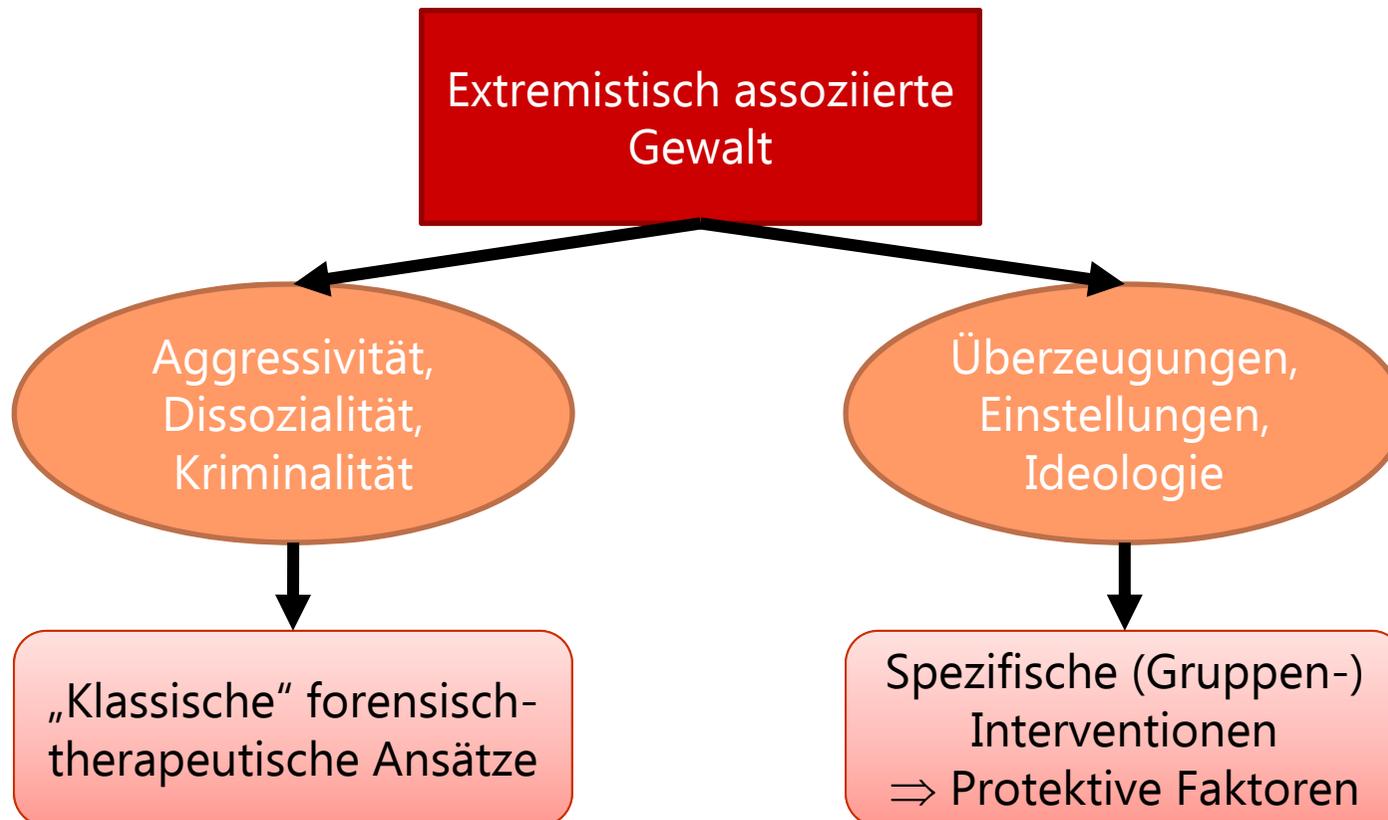
Politically, religiously, and otherwise motivated radicalization and violent extremism is a topic of high priority in many countries. Therefore, beyond intelligence and police measures, there is a strong increase of psychosocial prevention programs in this field. However, little is known about their effectiveness. We aimed to fill this research gap by conducting a systematic international review and meta-analysis of outcome evaluations. We screened about 14,000 reports on the topic of extremism prevention, but in spite of broad criteria of eligibility, we only found nine more or less well-controlled outcome evaluations from seven countries. Six programs addressed religious/ethnic extremism, one targeted nationalist/separatist extremism, and one different types of extremism. Most evaluations had a quasi-experimental pre-post design, only one contained a randomized controlled trial (RCT). Overall, programs had a significant mean positive effect on behavioral and psychosocial outcomes related to extremism ( $d = 0.50$ ,  $SE = 0.12$ ). Regarding the specific effects of the programs on psychosocial aspects such as for example extremist attitudes alone, we found similar results ( $d = 0.56$ ,  $SE = 0.11$ ). We found stronger effects for programs with target groups from mixed ethnic backgrounds and approaches addressing both at-risk individuals and participants from the general population. Despite these promising results, the low internal validity of most evaluations and small number of eligible studies limit generalization. More high-quality evaluations are clearly needed. These would help to allocate resources in an evidence-oriented manner and provide a better understanding of the mechanisms of successfully preventing radicalization and violent extremism.

### Programas de prevención psicosocial contra la radicalización y el extremismo: meta-análisis de las evaluaciones de los resultados

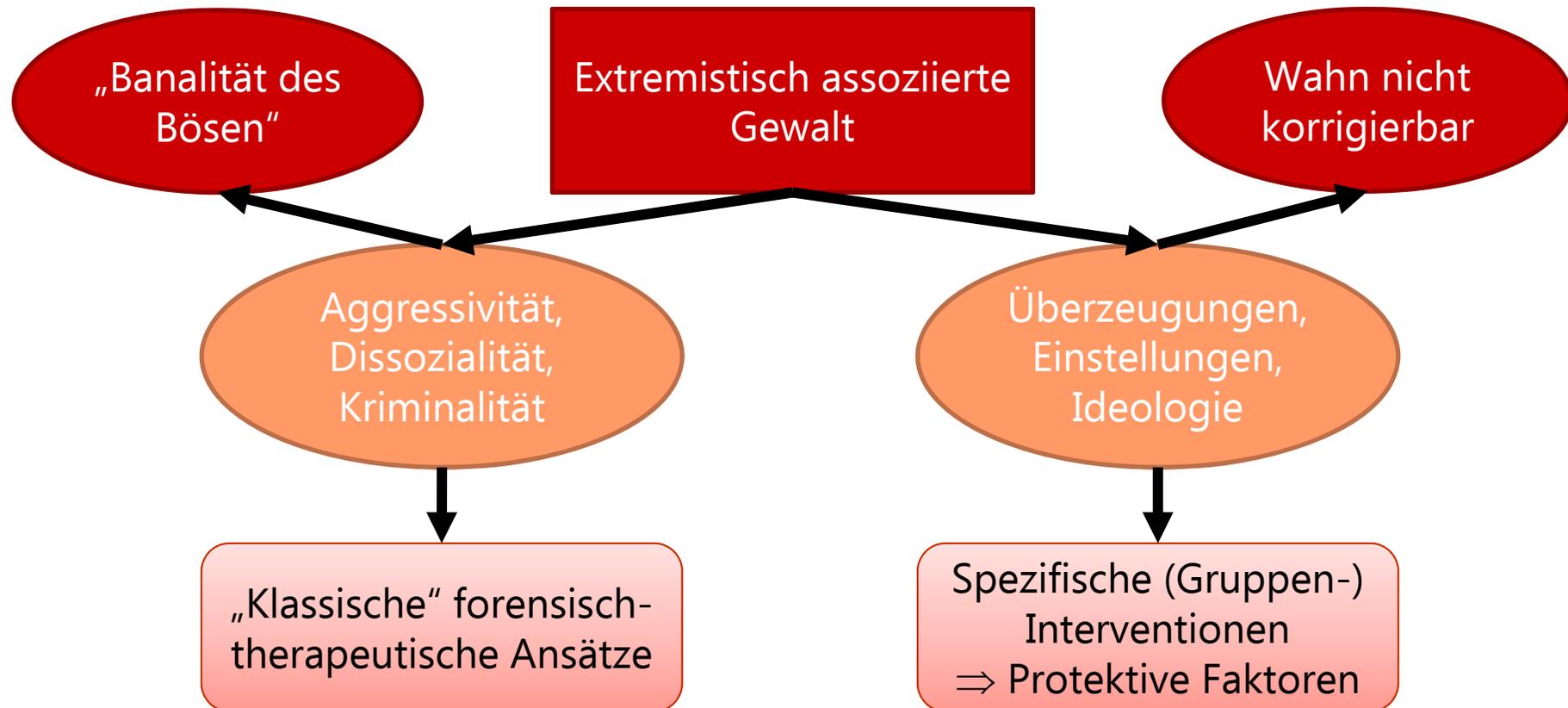
#### RESUMEN

La radicalización y el extremismo violento por causas políticas, religiosas o de otro tipo es un tema prioritario en muchos países. Además, más allá de las medidas de servicios de inteligencia y policiales, hay un aumento de los programas de prevención psicosocial en este campo. Sin embargo, no se sabe mucho de su eficacia. Para llenar este vacío en la investigación llevamos a cabo una revisión sistemática internacional y un meta-análisis de la evaluación de los resultados. Revisamos alrededor de 14,000 informes sobre prevención del extremismo, pero a pesar de que utilizamos un criterio de selección de artículos amplio solo encontramos nueve evaluaciones de resultados más o menos bien controladas de siete países. Seis programas abordaban el extremismo religioso/étnico, uno el nacionalista/separatista y uno consistía en un ensayo controlado aleatorizado (ECA). En general, los programas mostraron un efecto promedio positivo y significativo en los resultados comportamentales y psicosociales relacionados con el extremismo ( $d = 0.50$ ,  $SE = 0.12$ ). En cuanto a los efectos específicos de los programas en las dimensiones psicosociales, tal como las actitudes extremistas, encontramos unos efectos similares ( $d = 0.56$ ,  $SE = 0.11$ ). Hallamos efectos mayores en los programas con grupos diana de antecedentes étnicos mixtos y enfoques que se dirigían tanto a sujetos en riesgo como a participantes de la población general. A pesar de unos resultados prometedores, la escasa validez interna de la mayoría de las evaluaciones y el bajo número de estudios que cumplían los criterios de selección limitan la generalización. En consecuencia, se necesitan más estudios con diseños de buena calidad. Estos ayudarían a asignar los recursos sobre la base de evidencia científica y proporcionarían una mejor comprensión de los mecanismos de prevención con éxito del extremismo violento y la radicalización.

## 5. Behandlung von Extremismus



## 5. Behandlung von Extremismus





## Praxishandbuch Extremismus und Justizvollzug

Islamistischer Radikalisierung begegnen

Whitney Hatton

BM-Online  
Elektronische Schriftenreihe der KrimZ

Band 23

## 6. Diagnostik und Kriminalprognose



## 6. Diagnostik und Kriminalprognose

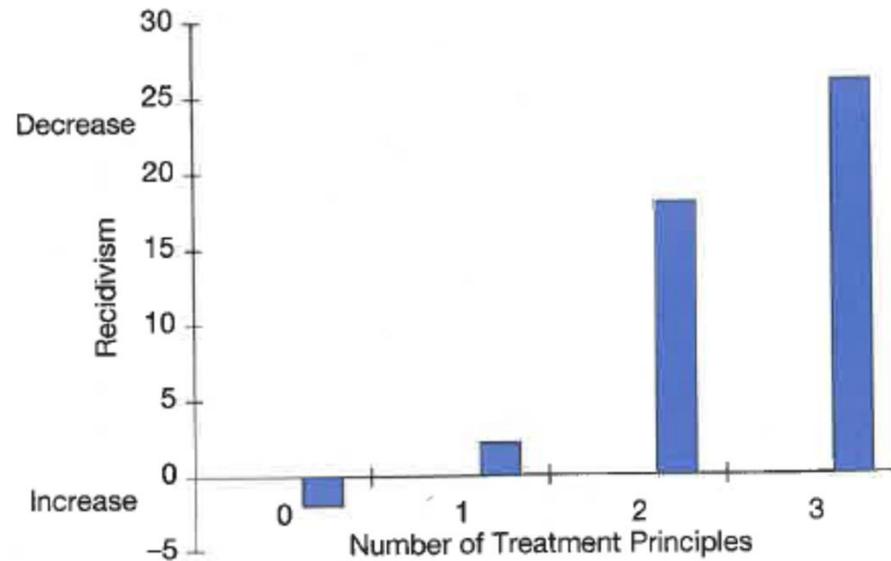


Figure 11.1  
Mean Effect Size by Adherence to RNR

Bonta, J. & Andrews, D. A. (2017). *The psychology of criminal conduct* (6<sup>th</sup> ed.). London: Routledge.

## Evaluation der risikoorientierten Bewährungshilfe in Hessen

Die Prognose- und Interventionspraxis im  
Sicherheitsmanagement II

Lisanne Breiling  
Viktoria Reese  
Martin Rettenberger

BM-Online  
Elektronische Schriftenreihe der KrimZ

Band 27

## Die risikoorientierte Bewährungshilfe

- Risikoorientierung: Standardisierter Einsatz von Prognoseinstrumenten zur Ressourcensteuerung
- Untersuchungsgruppe:  $n = 1.307$  Probanden/-innen des Sicherheitsmanagement (SIMA) II
- Kontrollgruppe:  $n = 1.307$  mittels prognosebasiertem Matchingprocedere
- Nachbeobachtungszeitraum:  $M = 2.75$  Jahre ( $SD = 0.46$ )

# Die risikoorientierte Bewährungshilfe

Rückfallereignis	Rückfallquote in %		Testwerte		
	Untersuchungsgruppe	Kontrollgruppe	$\chi^2$	$p$	OR
Allgemeiner Rückfall	32.7	42.4	26.06	< .001	1.51
StGB-Verstoß	26.6	38.6	42.56	< .001	1.73
Nichtsexuelle Gewalt	8.0	12.7	15.93	< .001	1.68
Freiheitsstrafe	16.7	30.1	66.09	< .001	2.16

## How the Risk Principle Reduces Recidivism: The Impact of Legislative Revisions on the Release and Reoffense Rates of Individuals Convicted of Sexual Offenses

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<sup>2</sup> Department of Psychology, Johannes Gutenberg-University Mainz (JGU)

<sup>3</sup> Federal Evaluation Centre for Violent and Sexual Offenders, Austrian Ministry of Justice

**Objective:** The present study examined the relationship between legislative revisions regarding sexual offenses and the release decisions and recidivism rates of individuals convicted of sexual offenses. In 2008, the Austrian government passed a package of revised criminal laws aiming to decrease incarceration rates. At the same time, connecting recidivism risk to professional risk management efforts was expected to increase public safety. **Hypotheses:** Given the strong empirical background of the implemented risk assessment and management efforts, we expected both an increase in the percentage of conditional release decisions and a decrease in recidivism rates. **Method:** We analyzed the data of 2,610 male individuals convicted of sexual offenses who were released from the Austrian Prison System between 2001 and 2016 within a natural experiment using a prospective-longitudinal quasi-experimental study design. **Results:** The results indicated that the percentage of conditional releases of individuals convicted of sexual offenses increased substantially since 2008. Additionally, within the same period, the recidivism rates of individuals convicted of sexual offenses decreased further. **Conclusion:** Even if both developmental processes are only correlational and a causal relationship cannot be examined, the present results supported the empirical evidence of the risk principle—at least if it is based on scientifically sound risk assessment and management methods.

### Public Significance Statement

Criminal policy aims to reduce reoffense rates of individuals released from prison after serving prison sentences because of previously committed severe offenses. The present study provided evidence that changes in criminal laws could lead to reductions in the reoffense rates of individuals convicted of sexual offenses if these changes are systematically related to scientifically based risk assessment and management efforts.

**Keywords:** risk assessment, sexual offenses, sexual recidivism, Static-99, risk principle

The sentencing, incarcerating, and releasing of individuals convicted of sexual offenses represent an important societal and political issue with high public interest in most countries worldwide. Societies generally agree on the need to protect the public from further possible offenses committed by individuals already convicted of a sexual offense. Because those individuals are already identified as persons who have committed crimes in the past, the public usually expects that the judicial authorities are particularly attentive when it comes to release decisions in

these cases. For example, the majority of the U.S. population supports repressive and punitive sexual offense policies such as registration, notification, and residency restrictions, which could imply negative collateral consequences for both the individuals convicted of a sexual offense (e.g., by straining their personal relationships or impeding stable housing and employment opportunities; Cubellis et al., 2018; Tewksbury, 2005) and the community (e.g., by causing immense fiscal

DeMatteo David served as action editor.

Martin Rettenberger  <https://orcid.org/0000-0002-0979-4295>

Reinhard Eher  <https://orcid.org/0000-0001-5349-7741>

The authors have no known conflict of interest to disclose.

Martin Rettenberger played a lead role in conceptualization, data curation, formal analysis, and writing—original draft and an equal role in investigation, project administration, and writing—review and editing. Reinhard Eher played

a lead role in conceptualization and project administration, a supporting role in formal analysis and writing—original draft, and an equal role in data curation, investigation, methodology, and writing—review and editing. 

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## 6. Diagnostik und Kriminalprognose



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### Impact of Risk Assessment Instruments on Rates of Pretrial Detention, Postconviction Placements, and Release: A Systematic Review and Meta-Analysis

Jodi L. Viljoen, Melissa R. Jonnson,  
Dana M. Cochrane, and Lee M. Vargen  
Simon Fraser University

Gina M. Vincent  
University of Massachusetts Medical School

**Objectives:** Many agencies use risk assessment instruments to guide decisions about pretrial detention, postconviction incarceration, and release from custody. Although some policymakers believe that these tools might reduce overincarceration and recidivism rates, others are concerned that they may exacerbate racial and ethnic disparities in placements. The objective of this systematic review was to test these assertions. **Hypotheses:** It was hypothesized that the adoption of tools might slightly decrease incarceration rates, and that impact on disparities might vary by tool and context. **Method:** Published and unpublished studies were identified by searching 13 databases, reviewing reference lists, and contacting experts. In total, 22 studies met inclusion criteria; these studies included 1,444,499 adolescents and adults who were accused or convicted of a crime. Each study was coded by 2 independent raters using a data extraction form and a risk of bias tool. Results were aggregated using both a narrative approach and meta-analyses. **Results:** The adoption of tools was associated with (a) small overall decreases in restrictive placements (aggregated odds ratio [OR] = 0.63,  $p < .001$ ), particularly for individuals who were low risk and (b) small reductions in any recidivism ( $OR = 0.85$ ,  $p = .020$ ). However, after removing studies with a high risk of bias, the results were no longer significant. **Conclusions:** Although risk assessment tools might help to reduce restrictive placements, the strength of this evidence is low. Furthermore, because of a lack of research, it is unclear how tools impact racial and ethnic disparities in placements. As such, future research is needed.

## 6. Diagnostik und Kriminalprognose

Originalarbeit

### Psychologische Diagnostik im Rahmen der Behandlung von Gewalt- und Sexualstraftätern im Justizvollzug

Eine Vollerhebung diagnostischer Praxis der sozialtherapeutischen Einrichtungen in Deutschland

Sonja Etzler und Martin Rettenberger

Kriminologische Zentralstelle (KrimZ) e. V., Wiesbaden

**Zusammenfassung:** Sozialtherapeutische Einrichtungen des Justizvollzugs dienen der Behandlung von (Sexual-) Straftätern, um deren Rückfallrisiko nachhaltig zu reduzieren. Das weltweit bekannteste Rehabilitationsmodell, nach dem intramurale Behandlung strukturiert werden sollte, um möglichst positive Behandlungseffekte zu erzielen, ist das Risk-Need-Responsivity-Modell (RNR-Modell). Psychologische Diagnostik nimmt in der Umsetzung dieser RNR-Prinzipien eine Schlüsselposition ein, um im Rahmen der Eingangs-, Verlaufs- und Abschlussdiagnostik den Therapieprozess anzuleiten. Ziel der vorliegenden Studie ist eine empirische Darstellung der intramuralen psychodiagnostischen Praxis anhand einer Vollerhebung aller 71 sozialtherapeutischen Einrichtungen im Jahr 2016. Von 71 Einrichtungen führen 62 eine Eingangs-, 50 eine Verlaufs- und 36 eine Abschlussdiagnostik durch. Dabei erfolgt die Eingangsdiagnostik in der Regel standardisiert, während Verlaufs- und Abschlussdiagnostik seltener einem standardisierten Schema folgen. Besonders häufig wurden Risikoprognoseverfahren zur Einschätzung des Rückfallrisikos eingesetzt, wobei insgesamt eine starke Anlehnung an das RNR-Modell zu konstatieren ist.

**Schlüsselwörter:** Sozialtherapie, Strafvollzug, Diagnostik, RNR-Modell, Vollerhebung

# R&P

## Recht und Psychiatrie

Priscilla Gregório Hertz, Lisanne Breiling, Daniel Turner, Martin Rettenberger

### Die Praxis der ambulanten Nachsorge für haftentlassene Sexualstraftäter in Deutschland

Aufgrund der aktuellen gesetzlichen Bestimmungen in Deutschland werden Personen, die aufgrund von sexuell motivierten Straftaten verurteilt wurden, im Anschluss an ihre Entlassung aus dem Justizvollzug extramural von ambulanten Einrichtungen (weiter-)behandelt und betreut. In der vorliegenden Untersuchung wurde erstmals der Versuch unternommen, deutschlandweit den Ist-Stand der extramuralen Versorgungsstrukturen, die in den letzten Jahren für aus dem Justizvollzug entlassene (oder zu einer Bewährungsstrafe verurteilte) Sexualstraftäter aufgebaut wurden, abzubilden. Zu diesem Zweck wurde ein Online-Fragebogen konzipiert und an alle Einrichtungen versandt, die zuvor als Anbieter extramuraler Betreuungs- und Behandlungsleistungen identifiziert werden konnten. Dabei wurden unter anderem Informationen über die zu behandelnden Personen, die dabei zum Einsatz kommenden Behandlungstechniken und die Anwendungspraxis standardisierter diagnostischer und kriminalprognostischer Verfahren erhoben. Für den vorliegenden Beitrag wurden besonders relevante Ergebnisse dieses Projekts ausgewählt und vor dem Hintergrund der Möglichkeiten und Grenzen ambulanter Nachsorge von Sexualstraftätern diskutiert.

**Schlüsselwörter:** Sexualstraftäter, ambulante Behandlung, Nachsorge, Wirksamkeit, Rückfälligkeit

## 6. Diagnostik und Kriminalprognose

- Der Großteil der Einrichtungen führt fachlich fundierte Diagnostik durch
- Standardisierte Eingangsdagnostik
- Verwendung standardisierter Prognoseinstrumente
- Verbesserungspotentiale
  - Verlaufs- und Abschlussdiagnostik
  - Multimodale Diagnostik und Prognose
  - Weiter- und Fortbildung, Infrastruktur und Ausstattung

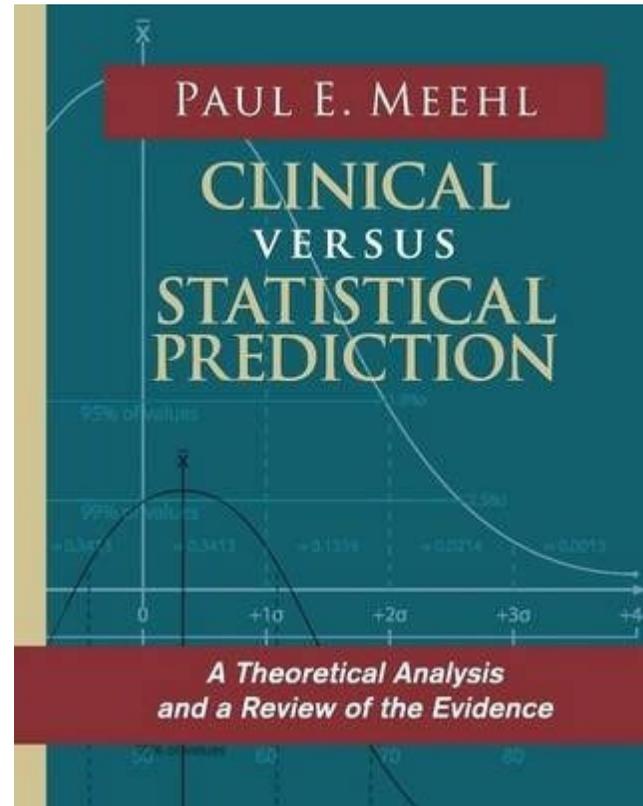
## 6. Diagnostik und Kriminalprognose

- Verwendung standardisierter Prognoseinstrumente

## Warum Prognoseinstrumente?



Paul E. Meehl (1920 – 2003)



(1954/2013)

# Warum Prognoseinstrumente?

Psychological Assessment  
2000, Vol. 12, No. 1, 19–30

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1040-3590/00/\$5.00 DOI: 10.1037/1040-3590.12.1.19

## Clinical Versus Mechanical Prediction: A Meta-Analysis

William M. Grove, David H. Zald, Boyd S. Lebow, Beth E. Snitz, and Chad Nelson  
University of Minnesota, Twin Cities Campus

The process of making judgments and decisions requires a method for combining data. To compare the accuracy of clinical and mechanical (formal, statistical) data-combination techniques, we performed a meta-analysis on studies of human health and behavior. On average, mechanical-prediction techniques were about 10% more accurate than clinical predictions. Depending on the specific analysis, mechanical prediction substantially outperformed clinical prediction in 33%–47% of studies examined. Although clinical predictions were often as accurate as mechanical predictions, in only a few studies (6%–16%) were they substantially more accurate. Superiority for mechanical-prediction techniques was consistent, regardless of the judgment task, type of judges, judges' amounts of experience, or the types of data being combined. Clinical predictions performed relatively less well when predictors included clinical interview data. These data indicate that mechanical predictions of human behaviors are equal or superior to clinical prediction methods for a wide range of circumstances.

Two general classes of data combination procedures have been extensively studied in the psychological and medical literatures: clinical judgment and mechanical prediction. *Clinical judgment* refers to the typical procedure long used by applied psychologists and physicians, in which the judge puts data together using informal, subjective methods. Clinicians differ in how they do this: The very nature of the process tends to preclude precise specification.

*Mechanical prediction*, including statistical prediction (using explicit equations), actuarial prediction (as with insurance companies' actuarial tables), and what we may call algorithmic prediction (e.g., a computer program emulating expert judges), is by contrast

topic. Sawyer's (1966) later review included 40 studies addressing mechanical versus clinical data combination. He concluded that mechanical prediction often outshines clinical prediction; that is, when it is not superior, it performs as well as clinical prediction. Since then, several reviews and polemics have appeared (Dawes, Faust, & Meehl, 1989; Garb, 1994; Holt, 1970; Marchese, 1992; Sines, 1971; Wiggins, 1981).

We report the results of the first completed meta-analysis to be conducted on studies comparing clinical and mechanical prediction. Except for Holt (1970), the previous reviews of this area have reached largely similar conclusions, favoring statistical prediction.

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### Clinical Versus Mechanical Prediction: A Meta-Analysis

William M. Grove, David H. Zald, Boyd S. Lehew, Beth E. Snitz, and Chad Nelson

**Table 2**  
*Mean Difference of Transformed Effect Sizes  
by Type of Criterion*

Criterion type	<i>N</i>	<i>M</i>	<i>SD</i>
Educational	18	0.09	0.96
Financial	5	0.20	1.53
Forensic	10	0.89	2.16
Medical	51	0.82	3.05
Clinical–Personality	41	0.19	4.83
Other	11	0.14	1.34

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**Note.** All statistics are computed on weighted observations, with weights as explained in the text.  $F(5, 130) = 2.11, p < .07$ .

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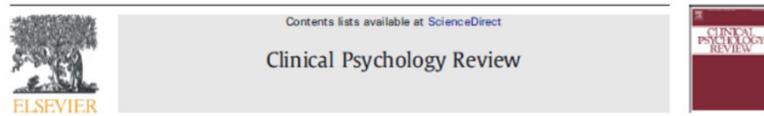
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A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants

Jay P. Singh<sup>a</sup>, Martin Grann<sup>b</sup>, Seena Fazel<sup>a\*</sup>

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ABSTRACT

There are a large number of structured instruments that assist in the assessment of antisocial, violent and sexual risk, and their use appears to be increasing in mental health and criminal justice settings. However, little is known about which commonly used instruments produce the highest rates of predictive validity, and whether overall rates of predictive validity differ by gender, ethnicity, outcome, and other study characteristics. We undertook a systematic review and meta-analysis of nine commonly used risk assessment instruments following PRISMA guidelines. We collected data from 68 studies based on 25,980 participants in 88 independent samples. For 54 of the samples, new tabular data was provided directly by authors. We used four outcome statistics to assess rates of predictive validity, and analyzed sources of heterogeneity using subgroup analysis and metaregression. A tool designed to detect violence risk in juveniles, the Structured Assessment of Violence Risk in Youth (SAVRY), produced the highest rates of predictive validity, while an instrument used to identify adults at risk for general offending, the Level of Service Inventory - Revised (LSI-R), and a personality scale commonly used for the purposes of risk assessment, the Psychopathy Checklist-Revised (PCL-R), produced the lowest. Instruments produced higher rates of predictive validity in older and in predominantly White samples. Risk assessment procedures and guidelines by mental health services and criminal justice systems may need review in light of these findings.

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## Prediction: A Meta-Analysis

J. Lebow, B. E. Snitz, and Chad Nelson

### Effect Sizes

	M	SD
	0.09	0.96
	0.20	1.53
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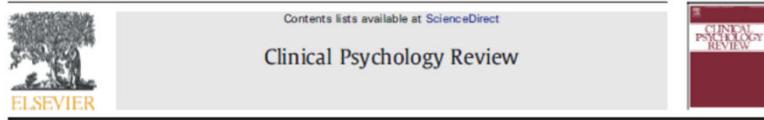
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Psychological Assessment  
2009, Vol. 21, No. 1, 1-21

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## The Accuracy of Recidivism Risk Assessments for Sexual Offenders: A Meta-Analysis of 118 Prediction Studies

R. Karl Hanson  
Public Safety Canada

Kelly E. Morton-Bourgon  
Department of Justice, Canada

### A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants

Jay P. Singh<sup>a</sup>, Martin Grann<sup>b</sup>, Seena Fazel<sup>a\*</sup>

<sup>a</sup> Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, OX3 7JX UK  
<sup>b</sup> Swedish Prison and Probation Service, and Centre for Violence Prevention, Karolinska Institute, Sweden

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There are a large number of structured instruments that assist in the assessment of antisocial, violent and sexual risk, and their use appears to be increasing in mental health and criminal justice settings. However, little is known about which commonly used instruments produce the highest rates of predictive validity, and whether overall rates of predictive validity differ by gender, ethnicity, outcome, and other study characteristics. We undertook a systematic review and meta-analysis of nine commonly used risk assessment instruments following PRISMA guidelines. We collected data from 68 studies based on 25,980 participants in 88 independent samples. For 54 of the samples, new tabular data was provided directly by authors. We used four outcome statistics to assess rates of predictive validity, and analyzed sources of heterogeneity using subgroup analysis and metaregression. A tool designed to detect violence risk in juveniles, the Structured Assessment of Violence Risk in Youth (SAVRY), produced the highest rates of predictive validity, while an instrument used to identify adults at risk for general offending, the Level of Service Inventory - Revised (LSI-R), and a personality scale commonly used for the purposes of risk assessment, the Psychopathy Checklist-Revised (PCL-R), produced the lowest. Instruments produced higher rates of predictive validity in older and in predominantly White samples. Risk assessment procedures and guidelines by mental health services and criminal justice systems may need review in light of these findings.

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E-mail address: seena.fazel@psych.ox.ac.uk (S. Fazel).

This review compared the accuracy of various approaches to the prediction of recidivism among sexual offenders. On the basis of a meta-analysis of 536 findings drawn from 118 distinct samples (45,398 sexual offenders, 16 countries), empirically derived actuarial measures were more accurate than unstructured professional judgment for all outcomes (sexual, violent, or any recidivism). The accuracy of structured professional judgment was intermediate between the accuracy found for the actuarial measures and for unstructured professional judgment. The effect sizes for the actuarial measures were moderate to large by conventional standards (average *d* values of 0.67–0.97); however, the utility of the actuarial measures will vary according to the referral question and samples assessed. Further research should identify the psychologically meaningful factors that contribute to risk for reoffending.

**Keywords:** risk assessment, sexual offenders, meta-analysis

All societies must respond to individuals who commit serious offenses. One important determinant of these responses (e.g., punishment, detention, supervision) is the perceived risk of recidivism. Sexual offenders, in particular, are often the subject of special policies that are meant to improve community safety by managing sexual offenders' risk of future offending (e.g., post-sentence detention, long-term community supervision). The effectiveness of these policies rests on the ability of evaluators to accurately differentiate offenders according to risk level.

The individual characteristics associated with recidivism among sexual offenders have been previously reviewed (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). In general, the two broad domains most strongly associated with sexual recidivism are sexual deviancy and lifestyle instability/criminality. The criminal lifestyle characteristics (e.g., history of rule violation, substance abuse) are also those most strongly related to violent and general (any) recidivism among sexual offenders (Hanson & Morton-

Bourgon, 2004), general offenders (Gendreau, Little, & Goggin, 1996), and mentally disordered offenders (Bonta, Law, & Hanson, 1998).

Although a number of recidivism risk factors have been identified, the relationships between any single risk factor and recidivism are small. Consequently, a range of risk factors should be considered in competent evaluations. The question addressed in the current review is the relative accuracy of different methods of combining risk factors into an overall evaluation of risk.

It is widely accepted that evaluations based on unstructured professional judgment are less accurate than structured risk assessments (Andrews, Bonta, & Wormith, 2006; Janus & Prentky, 2003; Monahan, 2007; Quinsey, Harris, Rice, & Cormier, 2006). The general pattern has been documented for at least 50 years (Meehl, 1954), but only recently have forensic psychologists in the United States routinely used structured risk tools for evaluations of adult sexual offenders (Archer, Buffington-Vollum, Stredny, & Handel, 2006). In high-stakes evaluations, such as civil commitment procedures, most evaluators now consider structured risk tools to be essential (Jackson & Hess, 2007).

Static-99 (Hanson & Thornton, 2000) is by far the most commonly used risk tool with adult sexual offenders (Archer et al., 2006; Interstate Commission for Adult Offender Supervision, 2007; Jackson & Hess, 2007; McGrath, Cumming, & Burchard, 2003). It contains 10 items covering static, historical factors, such as the number of prior offenses, victim characteristics (unrelated, strangers, males), and the offender's age. None of the items were intended to measure psychologically meaningful constructs; they were selected purely on the basis of empirical relationships with recidivism and ease of administration. The scores on each of the items are summed to create a total score, and the total score is associated with the observed recidivism rates pooled from three development samples ( $n = 1,086$ ).

Among forensic psychologists (Archer et al., 2006), the second most widely used measure is the Sexual Violence Risk-20 (SVR-20; Boer, Hart, Kropp, & Webster, 1997). The SVR-20 covers 20

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## A Comparison of the Predictive Accuracy of Structured and Unstructured Risk Assessment Methods for the Prediction of Recidivism in Individuals Convicted of Sexual and Violent Offense

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One of the most commonly replicated results in the research area of recidivism risk assessment is the superiority of structured and standardized prediction methods in comparison to unstructured, subjective, intuitive, or impressionistic clinical judgments. However, the quality of evidence supporting this conclusion is partly still controversially discussed because studies including direct comparisons of the predictive accuracy of unstructured and structured risk assessment methods have been relatively rarely conducted. Therefore, we examined in the present study retrospectively  $N = 416$  expert witness reports written about individuals convicted of violent and/or sexual offenses in Germany between 1999 and 2015. The predictive accuracy of different methodological approaches of risk assessment (subjective clinical [i.e., unstructured clinical judgment; UCJ], structured professional judgment [SPJ], actuarial risk assessment instruments [ARAI], and combinations of ARAIs-/SPJ-based risk assessments) was compared by analyzing the actual reoffenses according to the Federal Central Register (average follow-up period  $M = 7.08$  years). In accordance with previously published results, the results indicated a higher predictive accuracy for structured compared to unstructured risk assessment approaches for the prediction of general, violent, and sexual recidivism. Taken together, the findings underline the limited accuracy of UCJs and provided further support for the use of structured and standardized risk assessment procedures in the area of crime and delinquency.

### *Public Significance Statement*

In order to prevent sexual and violent offenses, it is crucial to use instruments, which could assess the risk of reoffending in individuals already convicted of violent and/or sexual offenses. The present results confirmed previously published evidence for the superiority of structured risk assessment approaches compared to unstructured and intuitively made judgments. Furthermore, the combination of different (structured) risk assessment approaches seemed to be particularly promising.

*Keywords:* sexual offenses, violent offenses, clinical prediction, actuarial prediction, structured professional judgment

**Table 4**

*AUC Values and Logistic Regression Analyses (Odds Ratio; OR) of the Different Methodological Approaches and Actuarial Total Scores (Fixed Follow-up of Five Years) (N = 312)*

Recidivism	Sexual offenses (n = 131)				Sexual contact offenses (n = 101)				Violent offenses (n = 181)				Total sample (N = 312)			
	AUC		OR		AUC		OR		AUC		OR		AUC		OR	
	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI
<b>Any</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.48, .74]	1.39 <sup>ns</sup>	[0.97, 1.98]	.55 <sup>ns</sup>	[.40, .71]	1.21 <sup>ns</sup>	[0.79, 1.84]	.58*	[.48, .68]	1.28*	[0.96, 1.69]	.58*	[.51, .67]	1.31*	[1.03, 1.59]
Actuarial (VRAG-R)	.64*	[.51, .77]	1.03*	[1.01, 1.07]	.61 <sup>ns</sup>	[.44, .77]	1.03 <sup>ns</sup>	[0.99, 1.07]	.78**	[.68, .88]	1.07**	[1.03, 1.10]	.72**	[.63, .80]	1.05**	[1.03, 1.07]
Structured (SPJ)	.65 <sup>ns</sup>	[.46, .84]	1.47 <sup>ns</sup>	[0.86, 2.49]	.71 <sup>ns</sup>	[.51, .92]	1.70 <sup>ns</sup>	[0.92, 3.13]	.86**	[.76, .97]	3.86**	[1.97, 7.56]	.75**	[.64, .85]	2.15*	[1.41, 2.94]
Structured (SPJ + actuarial)	.65 <sup>ns</sup>	[.36, .95]	1.78 <sup>ns</sup>	[0.79, 3.99]	.71 <sup>ns</sup>	[.40, .99]	2.03 <sup>ns</sup>	[0.81, 5.07]	—	—	—	—	.73 <sup>ns</sup>	[.49, .98]	2.03*	[1.04, 4.46]
<b>Nonviolent</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.49, .75]	1.18 <sup>ns</sup>	[0.75, 2.02]	.57 <sup>ns</sup>	[.41, .73]	1.24 <sup>ns</sup>	[0.79, 1.94]	.51 <sup>ns</sup>	[.41, .61]	1.01 <sup>ns</sup>	[0.74, 1.37]	.55 <sup>ns</sup>	[.47, .64]	1.15 <sup>ns</sup>	[0.91, 1.46]
Actuarial (VRAG-R)	.57*	[.43, .72]	1.02 <sup>ns</sup>	[0.99, 1.06]	.55 <sup>ns</sup>	[.36, .73]	1.02 <sup>ns</sup>	[0.98, 1.07]	.53 <sup>ns</sup>	[.39, .66]	1.01 <sup>ns</sup>	[0.98, 1.04]	.55 <sup>ns</sup>	[.46, .65]	1.01 <sup>ns</sup>	[0.99, 1.03]
Structured (SPJ)	.65 <sup>ns</sup>	[.46, .78]	1.21 <sup>ns</sup>	[0.72, 2.04]	.62 <sup>ns</sup>	[.38, .85]	1.34 <sup>ns</sup>	[0.74, 2.40]	.77**	[.64, .90]	2.32**	[1.34, 3.99]	.67**	[.55, .79]	1.60**	[1.12, 2.27]
Structured (SPJ + actuarial)	.66 <sup>ns</sup>	[.37, .83]	1.36 <sup>ns</sup>	[0.84, 2.77]	—	—	—	—	—	—	—	—	.66 <sup>ns</sup>	[.48, .81]	1.55 <sup>ns</sup>	[1.05, 2.19]
<b>Violent</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.37, .76]	1.08 <sup>ns</sup>	[0.45, 2.57]	.57 <sup>ns</sup>	[.34, .79]	1.42 <sup>ns</sup>	[0.34, 8.25]	.57 <sup>ns</sup>	[.44, .70]	1.26 <sup>ns</sup>	[0.91, 1.76]	.58 <sup>ns</sup>	[.42, .66]	1.13 <sup>ns</sup>	[0.85, 1.52]
Actuarial (VRAG-R)	.71 <sup>ns</sup>	[.45, .87]	1.02 <sup>ns</sup>	[0.96, 1.09]	—	—	—	—	.86**	[.76, .95]	1.12**	[1.05, 1.19]	.79**	[.69, .89]	1.08**	[1.04, 1.13]
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	2.19 <sup>ns</sup>	[0.91, 6.35]	.88 <sup>ns</sup>	[.70, .99]	2.18 <sup>ns</sup>	[0.81, 6.85]	.80*	[.68, .92]	2.59*	[0.91, 7.35]	.81*	[.62, .87]	2.24*	[0.97, 5.51]
Structured (SPJ + actuarial)	.94*	[.82, .99]	5.25*	[1.10, 9.78]	.92*	[.78, .99]	5.01*	[1.02, 9.98]	—	—	—	—	.90*	[.76, .99]	3.55*	[1.17, 9.83]
<b>Sexual</b>																
Unstructured clinical (UCJ)	.52 <sup>ns</sup>	[.29, .76]	1.12 <sup>ns</sup>	[0.57, 2.24]	.55 <sup>ns</sup>	[.33, .68]	1.04 <sup>ns</sup>	[0.47, 1.91]	.70 <sup>ns</sup>	[.46, .94]	1.81 <sup>ns</sup>	[0.77, 4.27]	.61 <sup>ns</sup>	[.44, .80]	1.43 <sup>ns</sup>	[0.84, 2.44]
Actuarial (VRAG-R)	.79 <sup>ns</sup>	[.62, .95]	1.08 <sup>ns</sup>	[0.97, 1.20]	.76 <sup>ns</sup>	[.57, .96]	1.08 <sup>ns</sup>	[0.96, 1.24]	.80 <sup>ns</sup>	[.72, .89]	1.08 <sup>ns</sup>	[0.96, 1.22]	.79*	[.70, .88]	1.08*	[1.00, 1.17]
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	3.04 <sup>ns</sup>	[1.96, 6.31]	.88 <sup>ns</sup>	[.70, .99]	3.24 <sup>ns</sup>	[1.76, 6.51]	.96 <sup>ns</sup>	[.90, .99]	4.65 <sup>ns</sup>	[1.98, 7.71]	.92*	[.84, .99]	3.34 <sup>ns</sup>	[1.97, 6.51]
Structured (SPJ + actuarial)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Sexual contact</b>																
Unstructured clinical (UCJ)	.65 <sup>ns</sup>	[.51, .79]	1.70 <sup>ns</sup>	[0.60, 4.79]	.57 <sup>ns</sup>	[.41, .72]	1.43 <sup>ns</sup>	[0.51, 4.04]	.85 <sup>ns</sup>	[.68, .99]	4.33 <sup>ns</sup>	[0.57, 9.66]	.75 <sup>ns</sup>	[.64, .87]	2.41 <sup>ns</sup>	[0.95, 6.09]
Actuarial (VRAG-R)	.78 <sup>ns</sup>	[.53, .99]	1.07 <sup>ns</sup>	[0.95, 1.22]	.75 <sup>ns</sup>	[.47, .99]	1.08 <sup>ns</sup>	[0.93, 1.25]	.78 <sup>ns</sup>	[.69, .88]	1.07 <sup>ns</sup>	[0.91, 1.25]	.77*	[.65, .90]	1.07 <sup>ns</sup>	[0.97, 1.18]
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	3.16 <sup>ns</sup>	[1.79, 6.21]	.88 <sup>ns</sup>	[.70, .99]	3.36 <sup>ns</sup>	[1.79, 6.93]	.96 <sup>ns</sup>	[.90, .99]	6.65 <sup>ns</sup>	[1.98, 9.71]	.92*	[.84, .94]	3.56 <sup>ns</sup>	[1.99, 6.81]
Structured (SPJ + actuarial)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

STRUCTURED VERSUS UNSTRUCTURED RISK ASSESSMENT

*Note.* Sexual offenses were defined as crimes against sexual self-determination including sexual harassment/coercion, sexual assault, rape, sexual abuse, purchase, possession, and distribution of materials containing child/youth pornography, exhibitionism, procuring, and forced prostitution. Sexual contact offenses were defined as sexual offenses including physical contact. Violence offense was defined as nonsexual violence including intentional killing, murder, manslaughter, assault, robbery, hostage taking, blackmail, coercion, deprivation of liberty/abduction, and arson. Recidivism was coded from criminal records according to the Federal Central Register. If a cell is not filled, data were not applicable due to sample size. AUC values and logistic regression analyses (odds ratio [OR]) of the different methodological approaches and actuarial total scores (VRAG-R) among individuals convicted of violent and/or sexual offenses for different recidivism categories (fixed follow-up of 5 years; N = 312). AUC = area under the curve; CI = confidence interval; UCJ = unstructured clinical judgment; VRAG-R = *Violence Risk Appraisal Guide*; SPJ = structured professional judgment; ns = nonsignificant.

\*  $p < .05$ . \*\*  $p < .01$ .

Wertz, M., Schobel, S., Schiltz, K. & Rettenberger, M. (2022). A comparison of the predictive accuracy of structured and unstructured risk assessment methods for the prediction of recidivism in individuals convicted of sexual and violent offense. *Psychological Assessment*. Advance online publication. <https://doi.org/10.1037/pas0001192>

**Table 4**  
*AUC Values and Logistic Regression Analyses (Odds Ratio; OR) of the Different Methodological Approaches and Actuarial Total Scores (Fixed Follow-up of Five Years) (N = 312)*

Recidivism	Sexual offenses (n = 131)				Sexual contact offenses (n = 101)				Violent offenses (n = 181)				Total sample (N = 312)			
	AUC		OR		AUC		OR		AUC		OR		AUC		OR	
	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI	Value	95% CI
<b>Any</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.48, .74]	1.39 <sup>ns</sup>	[0.97, 1.98]	.55 <sup>ns</sup>	[.40, .71]	1.21 <sup>ns</sup>	[0.79, 1.84]	.58*	[.48, .68]	1.28*	[0.96, 1.69]	.58*	[.51, .67]	1.31*	[1.03, 1.59]
Actuarial (VRAG-R)	.64*	[.51, .77]	1.03*	[1.01, 1.07]	.61 <sup>ns</sup>	[.44, .77]	1.03 <sup>ns</sup>	[0.99, 1.07]	.78**	[.68, .88]	1.07**	[1.03, 1.10]	.72**	[.63, .80]	1.05**	[1.03, 1.07]
Structured (SPJ)	.65 <sup>ns</sup>	[.46, .84]	1.47 <sup>ns</sup>	[0.86, 2.49]	.71 <sup>ns</sup>	[.51, .92]	1.70 <sup>ns</sup>	[0.92, 3.13]	.86**	[.76, .97]	3.86**	[1.97, 7.56]	.75**	[.64, .85]	2.15*	[1.41, 2.94]
Structured (SPJ + actuarial)	.65 <sup>ns</sup>	[.36, .95]	1.78 <sup>ns</sup>	[0.79, 3.99]	.71 <sup>ns</sup>	[.40, .99]	2.03 <sup>ns</sup>	[0.81, 5.07]	—	—	—	—	.73 <sup>ns</sup>	[.49, .98]	2.03*	[1.04, 4.46]
<b>Nonviolent</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.49, .75]	1.18 <sup>ns</sup>	[0.75, 2.02]	.57 <sup>ns</sup>	[.41, .73]	1.24 <sup>ns</sup>	[0.79, 1.91]	.58 <sup>ns</sup>	[.41, .61]	1.01 <sup>ns</sup>	[0.74, 1.37]	.55 <sup>ns</sup>	[.47, .64]	1.15 <sup>ns</sup>	[0.91, 1.46]
Actuarial (VRAG-R)	.57*	[.43, .72]	1.02 <sup>ns</sup>	[0.99, 1.06]	.55 <sup>ns</sup>	[.36, .73]	—	—	.58 <sup>ns</sup>	[.42, .66]	1.13 <sup>ns</sup>	[0.85, 1.52]	.55 <sup>ns</sup>	[.47, .64]	1.15 <sup>ns</sup>	[0.91, 1.46]
Structured (SPJ)	.65 <sup>ns</sup>	[.46, .78]	1.21 <sup>ns</sup>	[0.72, 2.04]	.62 <sup>ns</sup>	[.38, .85]	—	—	.79**	[.69, .89]	1.08**	[1.04, 1.13]	.75**	[.64, .85]	2.15*	[1.41, 2.94]
Structured (SPJ + actuarial)	.66 <sup>ns</sup>	[.37, .83]	1.36 <sup>ns</sup>	[0.84, 2.77]	—	—	—	—	.81*	[.62, .87]	2.24*	[0.97, 5.51]	.73 <sup>ns</sup>	[.49, .98]	2.03*	[1.04, 4.46]
<b>Violent</b>																
Unstructured clinical (UCJ)	.61 <sup>ns</sup>	[.37, .76]	1.08 <sup>ns</sup>	[0.45, 2.57]	.57 <sup>ns</sup>	[.34, .79]	—	—	.86**	[.67, .99]	2.19 <sup>ns</sup>	[0.91, 6.35]	.88 <sup>ns</sup>	[.70, .99]	—	—
Actuarial (VRAG-R)	.71 <sup>ns</sup>	[.45, .87]	1.02 <sup>ns</sup>	[0.96, 1.09]	—	—	—	—	.94*	[.82, .99]	5.25*	[1.10, 9.78]	.92*	[.78, .99]	—	—
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	2.19 <sup>ns</sup>	[0.91, 6.35]	.88 <sup>ns</sup>	[.70, .99]	—	—	.90*	[.76, .99]	3.55*	[1.17, 9.83]	.92*	[.78, .99]	—	—
Structured (SPJ + actuarial)	.94*	[.82, .99]	5.25*	[1.10, 9.78]	.92*	[.78, .99]	—	—	—	—	—	—	—	—	—	—
<b>Sexual</b>																
Unstructured clinical (UCJ)	.52 <sup>ns</sup>	[.29, .76]	1.12 <sup>ns</sup>	[0.57, 2.24]	.55 <sup>ns</sup>	[.33, .68]	—	—	.90*	[.76, .99]	3.55*	[1.17, 9.83]	.52 <sup>ns</sup>	[.29, .76]	1.12 <sup>ns</sup>	[0.57, 2.24]
Actuarial (VRAG-R)	.79 <sup>ns</sup>	[.62, .95]	1.08 <sup>ns</sup>	[0.97, 1.20]	.76 <sup>ns</sup>	[.57, .96]	—	—	—	—	—	—	.79 <sup>ns</sup>	[.62, .95]	1.08 <sup>ns</sup>	[0.97, 1.20]
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	3.04 <sup>ns</sup>	[1.96, 6.31]	.88 <sup>ns</sup>	[.70, .99]	—	—	—	—	—	—	.86 <sup>ns</sup>	[.67, .99]	3.04 <sup>ns</sup>	[1.96, 6.31]
Structured (SPJ + actuarial)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>Sexual contact</b>																
Unstructured clinical (UCJ)	.65 <sup>ns</sup>	[.51, .79]	1.70 <sup>ns</sup>	[0.60, 4.79]	.57 <sup>ns</sup>	[.41, .72]	1.43 <sup>ns</sup>	[0.51, 4.04]	.85 <sup>ns</sup>	[.68, .99]	4.33 <sup>ns</sup>	[0.57, 9.66]	.75 <sup>ns</sup>	[.64, .87]	2.41 <sup>ns</sup>	[0.95, 6.09]
Actuarial (VRAG-R)	.78 <sup>ns</sup>	[.53, .99]	1.07 <sup>ns</sup>	[0.95, 1.22]	.75 <sup>ns</sup>	[.47, .99]	1.08 <sup>ns</sup>	[0.93, 1.25]	.78 <sup>ns</sup>	[.69, .88]	1.07 <sup>ns</sup>	[0.91, 1.25]	.77*	[.65, .90]	1.07 <sup>ns</sup>	[0.97, 1.18]
Structured (SPJ)	.86 <sup>ns</sup>	[.67, .99]	3.16 <sup>ns</sup>	[1.79, 6.21]	.88 <sup>ns</sup>	[.70, .99]	3.36 <sup>ns</sup>	[1.79, 6.93]	.96 <sup>ns</sup>	[.90, .99]	6.65 <sup>ns</sup>	[1.98, 9.71]	.92*	[.84, .94]	3.56 <sup>ns</sup>	[1.99, 6.81]
Structured (SPJ + actuarial)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

STRUCTURED VERSUS UNSTRUCTURED RISK ASSESSMENT

*Note.* Sexual offenses were defined as crimes against sexual self-determination including sexual harassment/coercion, sexual assault, rape, sexual abuse, purchase, possession, and distribution of materials containing child/youth pornography, exhibitionism, procuring, and forced prostitution. Sexual contact offenses were defined as sexual offenses including physical contact. Violence offense was defined as nonsexual violence including intentional killing, murder, manslaughter, assault, robbery, hostage taking, blackmail, coercion, deprivation of liberty/abduction, and arson. Recidivism was coded from criminal records according to the Federal Central Register. If a cell is not filled, data were not applicable due to sample size. AUC values and logistic regression analyses (odds ratio [OR]) of the different methodological approaches and actuarial total scores (VRAG-R) among individuals convicted of violent and/or sexual offenses for different recidivism categories (fixed follow-up of 5 years; N = 312). AUC = area under the curve; CI = confidence interval; UCJ = unstructured clinical judgment; VRAG-R = *Violence Risk Appraisal Guide*; SPJ = structured professional judgment; ns = nonsignificant.

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## Warum ist das so? Woher die Überlegenheit?

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<https://doi.org/10.1007/s11757-017-0463-y>

ÜBERSICHT



**Intuitive, klinisch-idiographische und statistische Kriminalprognosen im Vergleich – die Überlegenheit wissenschaftlich strukturierten Vorgehens**

Martin Rettenberger<sup>1,2</sup>

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### Zusammenfassung

Der vorliegende Beitrag beschäftigt sich mit unterschiedlichen methodischen Zugängen zur Erstellung kriminalprognostischer Gutachten und Stellungnahmen und stellt intuitive, statistische und klinisch-idiographische Kriminalprognosen gegenüber. Zunächst wird die Überlegenheit statistischer Vorhersagen im Vergleich zu intuitiven Urteilen thematisiert, die als das am häufigsten replizierte Ergebnis der humanwissenschaftlichen Prognoseforschung gilt. Sie wurde für viele unterschiedliche Bereiche menschlichen Verhaltens nachgewiesen und teilweise vielfach repliziert. Im vorliegenden Beitrag soll der Versuch unternommen werden, zentrale Ergebnisse dieses Forschungsfeldes darzustellen, um ihre Relevanz für die Kontroverse um die Qualität von Prognosegutachten (und anderen kriminalprognostischen Expertisen) zu diskutieren. Die bisher vorliegenden Ergebnisse verdeutlichen die Stärken statistisch-aktuarischer Erkenntnisse für die Erstellung kriminalprognostischer Gutachten und machen sie zu einem unverzichtbaren Werkzeug für eine wissenschaftlich fundierte methodische Vorgehensweise im Rahmen kriminalprognostischer Einschätzungen. Gleichzeitig weist die statistisch-aktuarische Methode Begrenzungen auf, die ein klinisch-idiographisches Vorgehen unabdingbar machen, das dann aber nicht intuitiv, sondern ebenfalls gemäß wissenschaftlichen Standards erfolgen sollte.

**Schlüsselwörter** Kriminalprognose · Statistische Prognose · Aktuarische Prognose · Klinische Prognose · Intuition

# R & P

## Recht und Psychiatrie

Martin Rettenberger und Reinhard Eher

**Potenzielle Fehlerquellen bei der Erstellung von Kriminalprognosen, die gutachterliche Kompetenzillusion und mögliche Lösungsansätze für eine bessere Prognosepraxis**

Der vorliegende Beitrag gibt einen Überblick über potenzielle Fehlerquellen und Verzerrungsmechanismen, denen forensische Gutachter/-innen bei der Erstellung von kriminalprognostischen Einschätzungen ausgesetzt sind. Ausgehend von der seit Jahrzehnten hinlänglich bekannten Tatsache, dass insbesondere intuitive und erfahrungsbasierte Prognosegutachten Trefferquoten erzielen, die kaum über dem Zufallsniveau liegen, werden kurz die kognitiv-psychologischen Grundlagen erörtert, die für die mangelnde Prognosequalität (mit-)verantwortlich sind und gleichzeitig zu dem unerschütterlichen Glauben an die Fähigkeit menschlicher Intuition beitragen. Dieser zuletzt genannte allgemeinspsychologische Mechanismus, der im Bereich der psychologischen Literatur unter anderem auch als »Kompetenzillusion« bezeichnet wird, führt zu einer generellen Überschätzung der eigenen diagnostischen und prognostischen Fähigkeiten und trägt entscheidend dazu bei, dass wissenschaftlich fundierte (Weiter-)Entwicklungen im Bereich der internationalen forensisch-kriminologischen Forschung immer noch zu wenig in der alltäglichen Begutachtungspraxis angenommen werden. Nichtsdestotrotz schließt der vorliegende Beitrag mit einer kurzen Darstellung möglicher Lösungsansätze, anhand derer die Prognosepraxis verbessert werden könnte.

**Schlüsselwörter:** Kriminalprognose, Verzerrung, Kompetenzillusion, Basiswahrscheinlichkeit, Risikokommunikation

# KRIMZ

## Methoden der Kriminalprognose

Standardisierte  
Methoden-  
zugänge

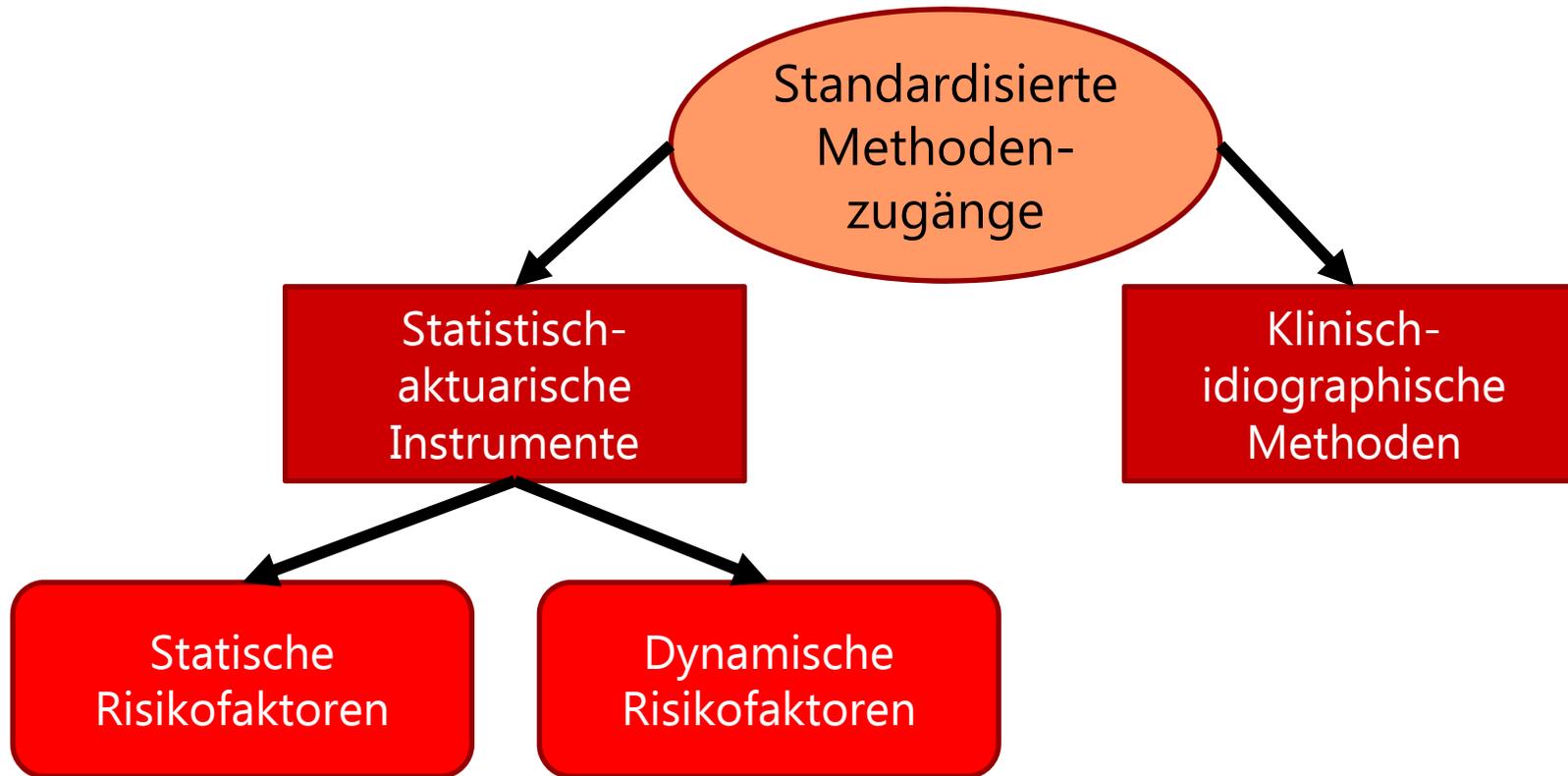
# KRIMZ

## Methoden der Kriminalprognose



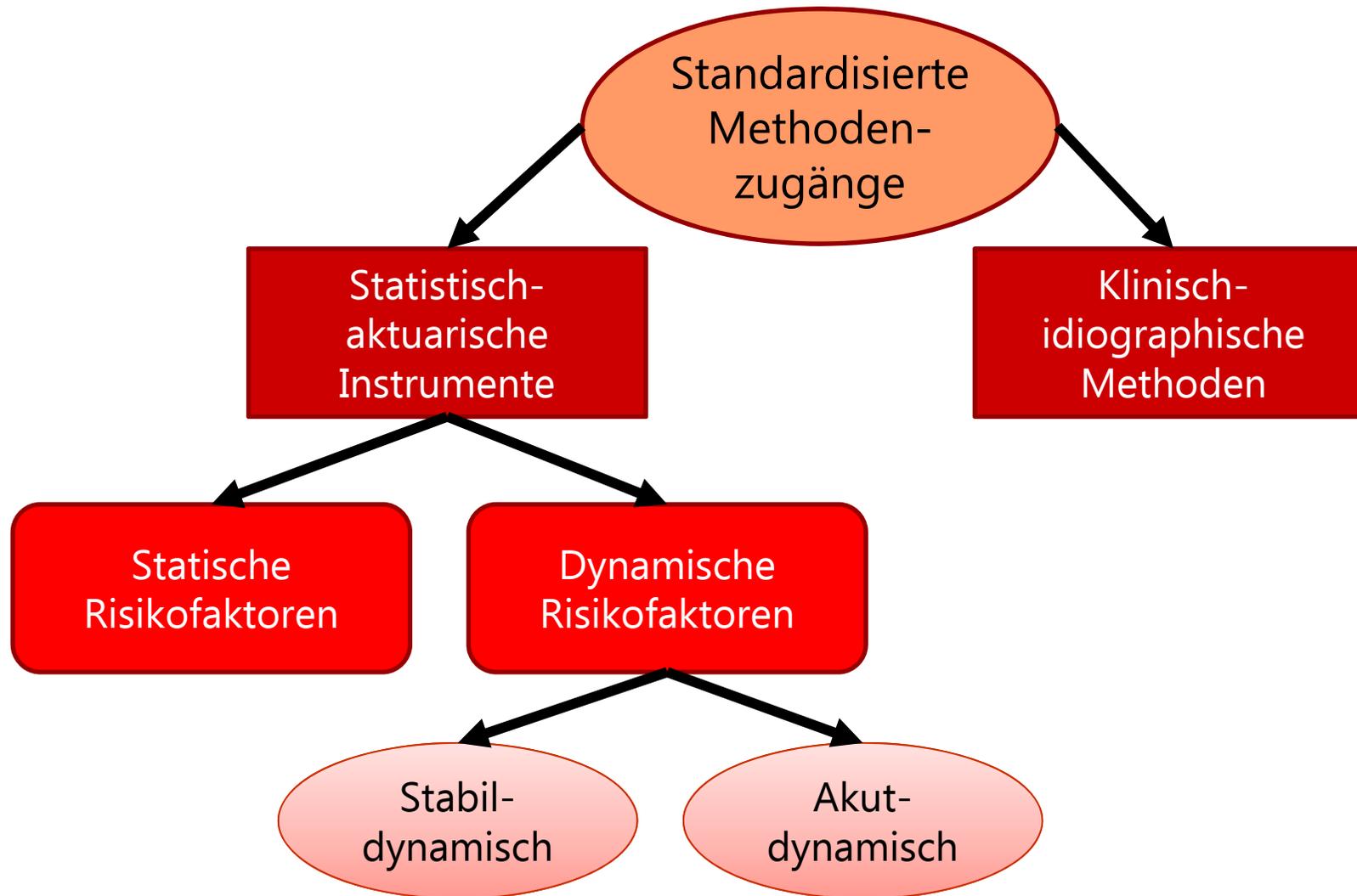
# KRIMZ

## Methoden der Kriminalprognose



# KRIMZ

## Methoden der Kriminalprognose





## Effekte der Tertiärprävention bei Sexualstraftätern – ein kriminalpräventives Erfolgsmodell

Martin Rettenberger

### 1 Primär-, Sekundär-, Tertiär- und Quartärprävention bei sexualisierter Gewalt

Greift man bei der Einteilung der unterschiedlichen (Kriminal-)Präventionsformen zur Verhinderung sexualisierter Gewalt auf etablierte Modelle zurück, die im Bereich der Medizin und der psychosozialen Versorgung von Patienten/-innen und Klienten/-innen als etabliert gelten können (Caplan 1964; Kühlein 2014), kann man die aktuelle Versorgungslage im Bereich der Prävention sexualisierter Gewalt wie folgt strukturieren:

- Die Primärprävention umfasst Programme, durch die insbesondere junge Menschen für sexuell grenzverletzendes Verhalten sensibilisiert werden sollen, wobei bewusst und zielgerichtet auch solche Gruppen angesprochen werden sollen, die zunächst keinen Anlass für ein besonders erhöhtes Risiko geben, sexualisiert-gewalttätiges Verhalten zu zeigen. Ausgehend von medial intensiv begleiteten und von weiten Teilen der Bevölkerung wahrgenommenen Fallschilderungen sexualisierter Gewalt an US-amerikanischen (Elite-)Universitäten wurden zuletzt beispielsweise die Sinnhaftigkeit universitärer Präventionsprogramme diskutiert, um das Risiko des Auftretens sexualisierter Gewalt unter Studierenden zu reduzieren (Sicorello et al. 2016).
- Programme zur Sekundärprävention konzentrieren sich hingegen auf solche Personen(-Gruppen), die zwar möglicherweise noch nicht in sexueller Motivation übergriffig oder gar gewalttätig waren, die jedoch aufgrund psychosozialer Risikofaktoren eindeutig eine Hoch-Risiko-Gruppe darstellen. Hier sind insbesondere die mittlerweile zahlreichen sogenannten „Dunkelfeld“-Ambulanzen des deutschlandweiten „Kein Täter werden“-Netzwerks zu nennen, in denen sich tatgeneigte Personen unter Wahrung der Anonymität einer ambulanten Psycho-

## 7. Fazit: Kann man Kriminalität behandeln?



## 7. Fazit: Kann man Kriminalität behandeln?

- 1. Behandlung im Zwangskontext ist möglich
- 2. Behandlung von Kriminalität ist wirksam
- 3. Therapeutische Beziehung, Anstaltsklima und Strukturqualität sind wichtig
- 4. Auch Psychopathie ist behandelbar
- 5. Auch Extremismus ist behandelbar
- 6. Diagnostik und Kriminalprognose fester Bestandteil wirksamer forensischer Psychotherapie
- 7. Kann man Kriminalität behandeln?

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- 7. Kann man Kriminalität behandeln? **Ja!**

## Fachtagung

### Die Zukunft der Kriminalität und ihrer Kontrolle

24. und 25. Oktober 2024  
in Wiesbaden

Tagungsleitung  
*Prof. Dr. Axel Dessecker*  
*Prof. Dr. Martin Rettenberger*

**Veranstaltungsort:**  
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## 18. internationale IATSO- Konferenz:



26. bis 28. August 2025 in Posen



## Vielen Dank für Ihre Aufmerksamkeit!

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## Fragen? Diskussion?

