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IMPLEMENTATION OF THE RISK ASSESSMENT IN PRISON SENTENCING

PRIMJENA PROCJENE RIZIKA U IZVRŠENJU KAZNE ZATVORA

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ABSTRACT

Parallel to the growing knowledge on the principles of effective treatment of offenders, during the last two decades, there has been significant development in the field of risk assessment. However, there is little research on the use of standardized risk assessment procedures in practice. The objective of this study is to determine the relationship between the individual level of risk and characteristics of the treatment of inmates in the Tuzla Semi-Open Correctional Facility. The sample consisted of 67 inmates of both sexes (70.1% male and 22.9% female), aged from 24 to 67 (M = 40.60; SD = 10.81). Data was collected by analyzing the official records. Results of this study reveals few differences in the treatment of inmates according to their risk level. Statistically significant differences were recorded in 2 of 12 treatment characteristics, namely, an internal classification and the frequency of the individual meeting with a counsellor. These findings indicate the obstacles in the implementation of risk assessment in routine practice.

Keywords: inmates, risk assessment, treatment, prison sentence

SAŽETAK

Paralelno sa unapređivanjem saznanja o principima efektivnog tretmana prestupnika, tokom protekle dve decenije, ostvaren je značajan napredak u oblasti procene rizika. Međutim, malo je istraživanja koja se bave primenom standardizovanih procedura procene rizika u praksi. Cilj ovog rada je utvrđivanje povezanosti između individualnog nivoa rizika i karakteristika tretmana osuđenih lica u Kazneno-popravnom zavodu poluotvorenog tipa u Tuzli. Uzorak čini 67 osuđenih lica, oba pola (70,1% muškaraca i 29,9% žena), starosti od 24 do 67 godina (AS = 40,60; SD = 10,81). Podaci su prikupljeni analizom službene dokumentacije.

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Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Rezultati ovog istraživanja otkrivaju neznatne razlike u tretmanu osuđenih lica u zavisnosti od nivoa rizika. Statistički značajne razlike zabeležene su za 2 od 12 karakteristika tretmana, a to su interna klasifikacija i učestalost individualnih razgovora sa vaspitačem. Ovi nalazi ukazuju na teškoće u primeni procene rizika u svakodnevnoj praksi.

Ključne reči : osuđena lica, procena rizika, tretman, kazna zatvora.

INTRODUCTION

According to the risk principle, intervention intensity should be adjusted to the level of risk of recidivism, so that the most intensive interventions will be applied to high-risk and the least intensive to low-risk offenders. The risk principle has an empirical basis in numerous studies that indicate differences in the effectiveness of treatment depending on the individual level of risk (Andrews & Bonta, 1998; Lipsey & Wilson, 1998; Lowenkamp et al., 2006), as well as meta-analysis that indicate that treatment programs which are aligned with the risk principle achieve significantly greater reduction in recidivism compared to the programs that do not conform to this principle (Andrews et al., 1990a; Andrews & Dowden, 1999; 2006; Dowden & Andrews, 1999). Key step for the successful application of the risk principle is the selection of an appropriate instrument which will provide a reliable prediction of recidivism. In a recent meta-review of studies on the predictive validity of risk assessment, 126 instruments of risk assessment were identified, used by experts in courts, institutions for execution of criminal sanctions, institutions for mental health and the like (Singh & Fazel, 2010). However, the conclusion of this study states that the available empirical data does not reveal that any of these instruments are consistently better that the others. Generally, authors of meta-analytic studies on the predictive validity of risk assessment instruments, report a statistically significant association of moderate intensity between assessment results and recidivism (Fazel et al., 2012; Gendreau et al., 1996; Schwalbe, 2007). The introduction of formal and standardized risk assessment procedures is a complex process, which includes staff training for the application of the assessment instrument, amending legislation to include risk assessment, ensuring the quality of application and establishing a model for applying assessment results in making decisions about further action (Vincent et al., 2012). In Bosnia and Herzegovina, in 2005, with the support of the Council of Europe, a project was started to establish and implement risk assessment and needs of convicts. Representatives of ministries and institutions for the execution of criminal sanctions of both entities participated in the project. Two parts of the project were preparing materials for educating experts employed in institutions for execution of criminal sanctions in the form of manual named: *Assessment of risk and needs of convicts in Bosnia and Herzegovina* (CIDA & Council of Europe, 2006) and training for assessment instrument utilization called the *Risk and Needs Assessment and Treatment Planning Form*.

Dr. Larry Motiuk, an internationally recognized expert in this field, from the Canadian Correctional Service was involved in this project. Thanks to his influence, the project was modeled after the model of standardized and comprehensive assessment of offenders, which has been implemented in Canada since 1994 (Motiuk, 1997).

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

The key components of this model are risk assessment, based on the data on the history of criminal behavior, committed criminal acts, previous convictions and pro-criminal associating, and the identification and analysis of needs in the areas of education, employment, family and social relations, abuse of psychoactive substances, housing, cognitive and emotional functioning. Utilization of this model in Canada has a number of positive effects, such as: systematic monitoring of the number and characteristics of the population of convicted persons, adjusting the treatment to individual risk and needs, continuous evaluation of the course and effects of the treatment, reduction of the number of convicted persons in correctional institutions, more humane treatment, cost reduction, etc. Scientific papers that tackle studying changes in the treatment of convicted persons, which occur after introduction of risk assessment, are very rare and in our area such research has not been done. Aim of this paper was to determine the connection between convicted person's recidivism risk level and the characteristics of treatment within the framework of serving a prison sentence in the semi-open penitentiary in Tuzla. This type of research provides an insight into the advantages and limitations of the application of risk assessment in practice and can contribute to improving the treatment of convicted persons.

MATERIAL AND METHODS

Sample of participants

The research was conducted in 2013, in the semi-open penitentiary in Tuzla. The sample consisted of 67 convicted persons of both sexes (70.1% men and 29.9% women), aged 24–67 years (AS = 40.60; SD = 10.81). The sample included only convicted persons who served a sentence of at least 2 years.

Method of conducting research

Data was collected by analyzing the documentation of the Penitentiary Institution (Registry of Convicts, Register of Convicts, Identity Card and Proceedings File). The results of the initial recidivism risk assessment were taken from the documentation, which was obtained by applying the Risk Scale that represents criminal behavior from the Form for *Risk and Needs Assessment and Treatment Planning* (CIDA & Council of Europe, 2006).

Measuring instruments

Risk Scale representing criminal behavior from the Risk and Needs Assessment and Treatment Planning Form (CIDA & Council of Europe, 2006) was used for the purposes of this research. The scale contains 8 questions related to the history of criminal behavior, with 0 - no and 1 - yes answers. By summing up the positive answers, the individual risk level is calculated according to a three-level scale: high (score 6–8), which reflects a significant frequency of breaking the law or causing death or serious injury; medium (score 3–5), which indicates that the person certainly does not have a low level of risk, nor can he be characterized as a person with a high level of risk; low (score 0–2), which reflects a very low frequency of violations of the law (Motiuk, 2006).

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Data processing methods

Descriptive statistics and chi-square test methods were used in data processing. Statistical data processing was performed in the SPSS 17.0 software package.

RESULTS AND DISCUSSION

Scores on the Criminal Risk Scale range from 1–6, with a mean of 2.06 (SD = 1.713). The largest number of convicted persons, from the sample, had a low risk level (37, i.e. 55.2%), followed by a medium risk level (27, i.e. 40.3%), while the least represented were convicted persons with a high risk level (3, i.e. 4.5%). Table 1 shows the distribution of responses to questions from the Risk Scale representing criminal behavior.

Table 1. Distribution of responses to the questions from the Risk Scale representing criminal behavior

Variables	Yes		No		Total	
	N	%	N	%	N	%
Criminal acts committed in juvenile age	13	19,4	54	80,6	67	100,0
Previous convictions	32	47,7	35	52,3	67	100,0
Committing violent criminal acts	12	17,9	55	82,1	67	100,0
Previous prison sentences	40	59,7	27	40,3	67	100,0
Recidivism in a period less than a year after serving a prison sentence	3	4,5	64	95,5	67	100,0
Escape from the institution or illegal stay at liberty	0	0	67	100,0	67	100,0
Imposing disciplinary penalty in form of solitary confinement	7	10,4	60	89,6	67	100,0
Connections with criminal organizations	21	31,3	46	68,7	67	100,0

Convicted persons from the sample were almost uniformly classified into classification group A (30, i.e. 44.8%) and group B (28, i.e. 41.8%), and significantly less were assigned to group C (9, i.e. 13.4%). All convicted persons from the sample participated in group meetings with an educator, which were held 1-2 times a month. However, the frequency of individual conversations with an educator varies significantly and ranges from 1-2 times a week (9, i.e. 13.4%), 1-2 times a month (28, i.e. 41.8%), to 1-2 times in 3 months (30 or 44.8%). All convicted persons from the sample maintained contacts with the outside world via telephone, letters and visits. Other characteristics of the treatment of convicted persons from the sample are shown in Table 2.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Table 2. Characteristics of the treatment of convicted persons

Treatment characteristics	Yes		No		Total	
	N	%	N	%	N	%
Labor engagement	52	77,6	15	22,4	67	100,0
Education	5	7,5	60	92,5	67	100,0
Cultural activities and entertainment	37	55,2	30	44,8	67	100,0
Sports activities	28	41,8	39	58,2	67	100,0
Religious rights	13	19,4	54	80,6	67	100,0
Rewards	8	11,9	59	88,1	67	100,0
Benefits	61	91,0	6	9,0	67	100,0
Disciplinary punishment	21	31,3	46	68,7	67	100,0

For the purposes of testing statistical significance of differences in treatment depending on the risk level, the convicted persons from the sample were classified into two groups, a group with a low risk level (37, i.e. 55.2%) and a group with a medium or high risk level (30, i.e. 44.8%). Statistically significant differences were shown in the distribution of convicted persons into classification groups A, B and C depending on the measured risk level ($\chi 2$ = 7.455; df = 2; p = 0.024). Convicted persons with a low risk level were mostly assigned to group A (22, i.e. 59.5%), followed by group B (12, i.e. 32.4%) and group C (3, i.e. 8.1%). In contrast, convicted persons with a medium or high risk level were most often assigned to group B (16, i.e. 53.3%), then to group A (8, i.e. 26.7%) and group C (6, i.e. 20%). Statistically significant differences were detected between convicted persons with different risk levels in relation to the frequency of individual conversations with the educator ($\chi 2$ = 7.455; df = 2; p = 0.024). Educators conducted individual conversations with convicted persons with a low risk level most often, 1-2 times in 3 months (22, i.e. 59.5%), 1-2 times a month (12, i.e. 32.4%) and 1-2 times a week (3, i.e. 8.1%). With convicted persons with a medium or high risk level, educators conducted individual conversations 1-2 times a month (16, i.e. 53.3%), and then 1-2 times in 3 months (8, i.e. 26.7%) and 1–2 times per week (6, i.e. 20%). Since all convicted persons attended group meetings with the educator and maintained contacts with the outside world, testing the significance of the differences was not done. Rest of the results of testing the significance of difference in treatment of the low-risk group and medium or high risk groups are shown in Table 3.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Table 3. Differences in treatment characteristics in regards to risk level

Treatment characteristics	Low risk				Medium or high risk				χ^2	p
	Yes		No		Yes		No			
	No	%	No	%	No	%	No	%		
Labor engagement	29	43,3	8	11,9	23	32,8	7	12,0	0,059	0,519
Education	4	6,0	33	49,3	1	1,5	29	43,3	-	-
Cultural activities and entertainment	22	32,8	15	22,4	15	22,4	15	22,4	0,600	0,299
Sports activities	12	17,9	25	37,3	16	23,9	14	20,9	2,975	0,070
Religious rights	8	11,9	29	43,3	5	7,5	25	37,3	0,260	0,424
Rewards	7	10,4	30	44,8	1	1,5	29	43,3	-	-
Benefits	36	53,7	1	1,5	25	37,3	5	7,5	3,962	0,059
Disciplinary punishment	8	11,9	29	43,3	12	17,9	18	26,9	2,672	0,086

Based on the results of this research, it can be concluded that there are differences in the treatment of convicted persons with a low and medium or high risk level, who are serving a prison sentence in the semi-open penitentiary in Tuzla. Statistically significant differences, depending on the level of risk, were discovered in the internal classification of convicted persons and in the frequency of individual conversations with the educator. Classification and reclassification of convicted persons is regulated by legal and by-laws. In accordance with the provisions of the *Law of Bosnia and Herzegovina on the Execution of Criminal Sanctions, Detention and Other Measures*, during the stay of convicted persons in the reception department, a proposal for treatment and a classification group is determined, and at least once a year an assessment of the progress of the convicted person and reclassification is made in accordance with the results achieved in the treatment. According to *the Rulebook on house rules in the semi-open penitentiary in Tuzla*, convicted persons who exhibit appropriate behavior, fully accept the treatment and achieve excellent results in the activities provided for by the treatment are assigned to group A; convicted persons who exhibit satisfactory behavior and achieve average results in the treatment activities are assigned to group B; group C includes convicted persons who exhibit unsatisfactory behavior and who have difficulties in the implementation of treatment, as well as perpetrators of more serious disciplinary violations.

Based on the obtained results, it can be concluded that the internal classification of convicted persons in the semi-open penitentiary in Tuzla, in to groups A, B and C is partially aligned with the results of the risk assessment. Representation of convicted persons with a low risk level in group A is statistically significant, while convicted persons of medium and high risk level are more represented in groups B and C, which are characterized by a stricter treatment regime. Despite that, 40% of convicted persons with low risk level are classified into groups B and C, and almost a third of convicted persons with a medium and high risk level are classified into group A.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

While the significant representation of convicted persons with a medium or high risk level in group A can be explained by progress in achieving positive changes, the large proportion of low-risk convicted persons in groups with a stricter regime implies an inconsistent application of risk assessment results in the classification of convicted persons. This finding is consistent with the results of other research that indicate that experts ignore the results of risk assessment when making decisions and usually opt for more restrictive classification (Miller & Maloney, 2013; Shook & Sarri, 2007). Current research on the relationship between the effects of treatment and the level of risk reveals that the application of intensive interventions to low-risk offenders can lead to an increase in recidivism (Andrews & Bonta, 1998; Bonta et al., 2000; Lowenkamp & Latessa, 2005). These unwanted effects are primarily associated with an exposure to the negative influence of high-risk offenders and disruption of prosocial relationships with family and community (Lowenkamp et al., 2006). Considering aforementioned, general recommendation is that low-risk offenders should not be referred to institutional treatment, and in the case of institutional treatment, they should be separated from high-risk offenders and treatment should be applied that will not jeopardize prosocial relationships (e.g. shorter duration of institutionalization, maintaining contacts with family and friends during treatment, etc.) (Lowenkamp & Latessa, 2005). It should be noted that the results of meta-analytic studies, which confirm greater effectiveness of treatment programs aligned with the risk principle, at the same time, reveal that the contribution of the risk principle is significantly smaller compared to the principle of need and the principle of responsiveness (Andrews & Dowden, 1999; Dowden & Andrews, 1999). This means that risk principle contributes to the effectiveness only if the treatment is aligned with other two principles (Andrews & Dowden, 2006). In addition, available empirical data suggest that the connection of the risk principle to the effectiveness of treatment is significantly stronger in juveniles and females compared to adult male offenders (Andrews & Dowden, 2006). The intensity of individual work with convicted persons is prescribed by the *Rulebook on house rules in the semi-open penitentiary in Tuzla*. Occasional individual work involves holding individual conversations with an educator at least 1-2 times in 3 months, while intensive individual work requires more frequent conversations with an educator, from 1-2 times a week to 1-2 times a month. The obtained results indicate that there are statistically significant differences, in the frequency of individual conversations with an educator, between convicted persons with low risk level, that are occasionally worked with individually, and medium or high risk level convicted persons that have more intensive individual sessions, more often. This finding is not surprising, because, based on a comparison of the distribution of convicted persons according to classification groups and the frequency of individual conversations, it is clear that in practice, the intensity of individual work is determined solely by belonging to the corresponding classification group. On the other hand, no significant differences were observed between the group with a low risk level and the group with a medium or high risk level regarding the following treatment characteristics: frequency of group meetings with an educator, work engagement, attendance at educational programs, participation in cultural and entertainment activities, participation in sports activities, exercising the right to religious needs, contacts with the outside world, rewarding, benefits and disciplinary punishment. These findings require special explanations.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Firstly, the Rulebook on house rules in the semi-open penitentiary institution in Tuzla, prescribes the obligatory meetings for educators with the educational group at least 1-2 times a month. Judging by the presented results, group meetings are held within the limits of the prescribed minimum, regardless of the level of risk. Secondly, the *Law of Bosnia and Herzegovina on Execution of Criminal Sanctions, Detention and Other Measures* stipulates the rights of convicted persons to employment, education, free activities, exercise of religious needs and contacts with the outside world. The absence of significant differences in these treatment characteristics may indicate that, in the semi-open penitentiary in Tuzla, all convicted persons are provided with equal opportunities to exercise their basic rights, regardless of their risk level. However, the absence of differences in remuneration, granting of benefits and disciplinary punishment suggest the need to review the treatment applied in practice. Generally, low-risk offenders have fewer problems, are connected to prosocial institutions and mostly exhibit prosocial behavior, while high-risk offenders are characterized by numerous problems in various domains, weak motivation for change, a criminogenic environment and the manifestation of various forms of antisocial behavior (Lowenkamp & Latessa, 2005). Bearing in mind these differences, it was reasonable to expect variations in the frequency of application of incentive and disciplinary measures towards convicted persons with a low and medium or high level of risk. It can be concluded that the results of this research are in line with the observations of other authors that there are serious difficulties in the implementation of standardized risk assessment procedures in the practice of dealing with convicted persons. Recent research shows that experts, employed in services that have introduced such procedures, mostly use instruments for risk assessment, but that the proportion of experts who do not use them is still large and ranges from 15% (Miller & Maloney, 2013) to 35% (Shook & Sarri, 2007). However, a comparison of the frequency of application of different assessment instruments indicates that experts most often use risk assessment instruments i.e. they use them more often than needs assessment instruments and classification instruments (Flores et al., 2006; Shook & Sarri, 2007). Therefore, most modern authors find that the key problem is that the results of the risk assessment have little influence on the decisions on further treatment of the offenders. This point of view is empirically supported by research that shows that only 42% of experts in practice use the results of the assessment for planning the treatment (Haas & DeTardo-Bora, 2009) and that 25% (Viglione et al., 2014) to over 50% (Miller & Maloney, 2013; Shook & Sarri, 2007) makes decisions about further actions that are not in accordance with the assessment results. Literature describes numerous factors that may hinder the application of the standard procedures of risk assessment. According to the results of previous research, numerous external factors, such as non-compliance with legal regulations, insufficient funding and the absence of appropriate programs and services can hinder the implementation of risk assessment (Miller & Maloney, 2013; Shook & Sarri, 2007). It is possible that the similar reasons have affected the results obtained by this research. Reason for this might be that, in this institution, population of convicted persons is very heterogeneous. The semi-open penitentiary in Tuzla is the only institution for the execution of prison sentences for female convicts, to which all convicted women from the territory of the Federation of Bosnia and Herzegovina are sent.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

Prison sentences are also served in this institution by male convicts, who served a third of their sentence in closed institutions, and were transferred at their personal request or on official duty (for example, due to problems in the implementation of treatment). At the individual level, a significant role is played by the negative attitudes of experts and the concern that such procedures will replace their professional opinion, that they are complicated to apply and that they require more time. Existing research shows that less than a third of experts believe that the introduction of such procedures is good for the service or for offenders (Haas & DeTardo-Bora, 2009), that more than 40% have no confidence in the correctness of the risk assessment results (Viglione et al., 2014), as well as that needs assessment is more valued than risk assessment (Shook & Sarri, 2007). At the same time empirical data suggest that experts with positive attitutes towards risk assessment, at the level of statistical significance, use the assessment results for treatment planning more often (Haas & DeTardo-Bora, 2009) and make decisions about further treatment that are in accordance with the assessment results (Miller & Maloney, 2013; Shook & Sarri, 2007). Some authors find that the training of experts in the application of risk assessment instruments is a significant predictor of further action in accordance with the assessment results (Flores et al., 2006; Miller & Maloney, 2013; Vincent et al., 2012), but there are also studies in which this relationship has not been confirmed (Haas & DeTardo-Bora, 2009). It has been shown that a large number of experts see risk assessment as another task that needs to be integrated into everyday work and that they do not understand the purpose, values and concepts associated with these procedures (Shook & Sarri, 2007; Vincent et al., 2012). For this reason, the training of experts should contain not only instructions for the application of the instrument, but also basic findings about effective programs and principles of effective treatment (Haas & DeTardo-Bora, 2009). After the training, it is necessary to monitor the application of the instrument for risk assessment, as well as the compliance of decisions on further treatment with the results of the assessment. A particular problem can be the discrepancy between the content of the training for risk assessment and the legal regulation, because in such cases experts hesitate to apply the learned skills (Vincent et al., 2012). Empirical data confirm that professional supervision significantly affects the proper implementation of the risk assessment procedure in the service (Miller & Maloney, 2013). In addition to strict control of the application of risk assessment procedures, it is important that the service management has a positive attitude towards risk assessment and supports the decisions of experts made in accordance with the assessment results (Miller & Maloney, 2013; Haas & DeTardo-Bora, 2009).

CONCLUSION

Results of this research indicate that in the semi-open penitentiary in Tuzla, the treatment of convicted persons with a low and medium or high risk level does not differ significantly. Statistically significant differences were observed in 2 out of 12 analyzed treatment characteristics. Differences were observed in treatment characteristics directly related to the risk assessment results and are precisely determined by legislation. The obtained findings point to the conclusion that risk assessment has a certain influence on the internal classification of convicted persons but that it has not yet found a place in the planning and monitoring of the treatment.

Research in Education and Rehabilitation 2023; 6(1): 118-128. **DOI**: 10.51558/2744-1555.2023.6.1.118

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