

# Fourth-Generation Risk Assessment Framework for Sexual Offending in People with Intellectual Disability

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#### Abstract

*The contemporary forensic practice has changed the inflexible actuarial models to the fourth-generation (4th Gen) models that focus on dynamic risk management and rehabilitation. The paper evaluates 4thGen applicability to sexual offenders with intellectual disability (ID), which is underserved by generic tools, which do not factor in cognitive impairments. A proxy ID cohort is filtered using the NIJ Recidivism Forecasting Challenge data (N=25,000) based on low educational attainment (=)8th grade or less- and required mental health program-proxies- proxy variables used as stand-ins in the offender literature, despite the limitations in the data used. Baseline 3-year sexual re-offense rates are 4-8% in high-risk groups. There is a baseline of factors that remain constant (prior convictions, age at release) and that dynamic moderators, such as Program Attendances and Supervision Levels determine important outcome variance. In the proxy cohort, high Program Attendances (>10 sessions) correlates with 15-20% lower recidivism odds (OR=0.82 from logistic regression). This confirms Risk-Need-Responsivity (RNR) alignment in 4thGen models, alignment of interventions with cognitive responsivity. The suggested framework measures the protective factors (stable housing, therapeutic alliances) as dynamic and does not imply the high/low dichotomies. It puts emphasis on responsivity - the ID-specific propose ability and communication obstacles - so that disability is not pathologized and that the case can be prevented and handled proactively. This strategy provides predictive risk management of ID populations through the multidisciplinary approach to ethical concerns. The second-generation actuarial systems cannot handle complex forensic cases compared to real-time dynamic data.*

**Keywords** Intellectual Disability, Sexual Offending, Fourth-Generation Risk Assessment, Recidivism Forecasting, Dynamic Risk Factors, Case Management, Risk-Need-Responsivity (RNR).

## Introduction

Cognitive impairment and forensic risk are two concepts that pose a complicated dilemma in both clinical and legal practice [1][2]. People with Intellectual Disability (ID) are usually overrepresented in the justice system, which is characterized by severe deficits in intellectual functioning and adaptive behavior. In the context of discussing sexual offending among this generation, the issues of cognitive deficits, barriers to communication, and social vulnerability become the main aspects of behavioral control and sexual knowledge. This intersection is worth understanding because traditional forensic models do not usually incorporate the unique responsivity requirements of people with ID. The assessment may either pathologize disability or fail to consider particular risk factors [5][6].

Predictive recidivism has gone through a four-stage evolution methodology:

- First-Generation (1st Gen): It was based on the Unstructured Clinical Judgment, which was subjective and inconsistent.
- Second-Generation (2nd Gen): Introduced Actuarial Tools (e.g., Static-99), where a historical, non-changeable, so-called static factor is used to offer statistical probability.
- Third-Generation (3rd Gen): Risk Factors Are Dynamic (e.g., substance use, employment), and this gives the ability to make an assessment that reflects current status and progress made by an individual in treatment [8][10].
- Fourth-Generation (4th Gen): Refers to the present frontier, which is heading towards Integrated Case Management. These frameworks are used not only to quantify risk, but they also facilitate the whole process of rehabilitation to connect assessment with direct supervision and strength-based interventions.

The 4th Gen shift signifies the change in the process of risk prediction to risk management. Under this model of integration, the assessment is not a fixed document but a document that is alive and that informs Rehabilitation Planning [14]. The 4thGen tools can help to align the supervision levels to the particular cognitive abilities of a person by concentrating on the Risk-Need-Responsivity (RNR) principles. This method considers the assessment process as a map to the practitioner, making sure that each risk factor identified has an intervention strategy [20].

In the forensic literature, there is a major gap in terms of the validated tools that have been normed to the ID population [4][7]. The majority of practitioners use their generic sex offender instruments, which can provide biased outcomes when used with mentally impaired individuals. Suggestibility, absence of sexual education, and social isolation are a few of such factors that are rarely measured using the standard actuarial measures. In the absence of a dedicated 4thGen model, there always exists a chance of either overly limiting or under-supporting offenders with ID, which obstructs the security of the population and the rights of a person.

## Key Contributions

- Utilizing the NIJ Recidivism Forecasting Challenge dataset, this paper provides a data-driven proxy analysis of how dynamic factors like Program Attendances and Supervision Levels impact recidivism in vulnerable populations.
- Proposes a specialized 4th Gen model that adapts the Good Lives Model (GLM) specifically for the cognitive and adaptive profiles of individuals with ID.
- Methodological Innovation: Demonstrates how "Responsivity" can be quantified as a measurable variable within risk-management software to improve predictive accuracy for ID cohorts.

The rest of the paper is structured in the following way: Section II will dwell upon the theoretical background, such as RNR and GLM models. The 4th Gen framework has its main elements, which are described in Section III, with a focus on dynamic and protective factors. Section IV conducts comparative research of the state-of-the-art assessment tools with references to the NIJ dataset. Section V is on clinical application and multidisciplinary case management. Lastly, Section VI discusses the ethical aspects of such assessments, and in the end, the research direction in the future is discussed in Section VII.

## Theoretical Framework and Literature Review

Risk- Need- Responsivity (RNR) model, when applied to people with Intellectual Disability (ID), necessitates a total change in clinical practice in order to provide equal and precise evaluation. In a fourth-generation (4th Gen) paradigm, the Risk Principle will have to extend beyond the recidivism counts so that it can also consider what has been called counterfeit deviance, the behaviors which may be presented as sexually deviant but are actually due to cognitive deficits or sexual ignorance [12]. This principle (Need Principle) is developed further to incorporate more specific criminogenic needs, such as lack of adaptive functioning and social communication, and the Responsivity Principle is the most dominant in the framework. This will make risk management be aligned with the cognitive processing rate, suggestibility, and communication obstacles to the individual without penalizing a person with disability status [9][11].

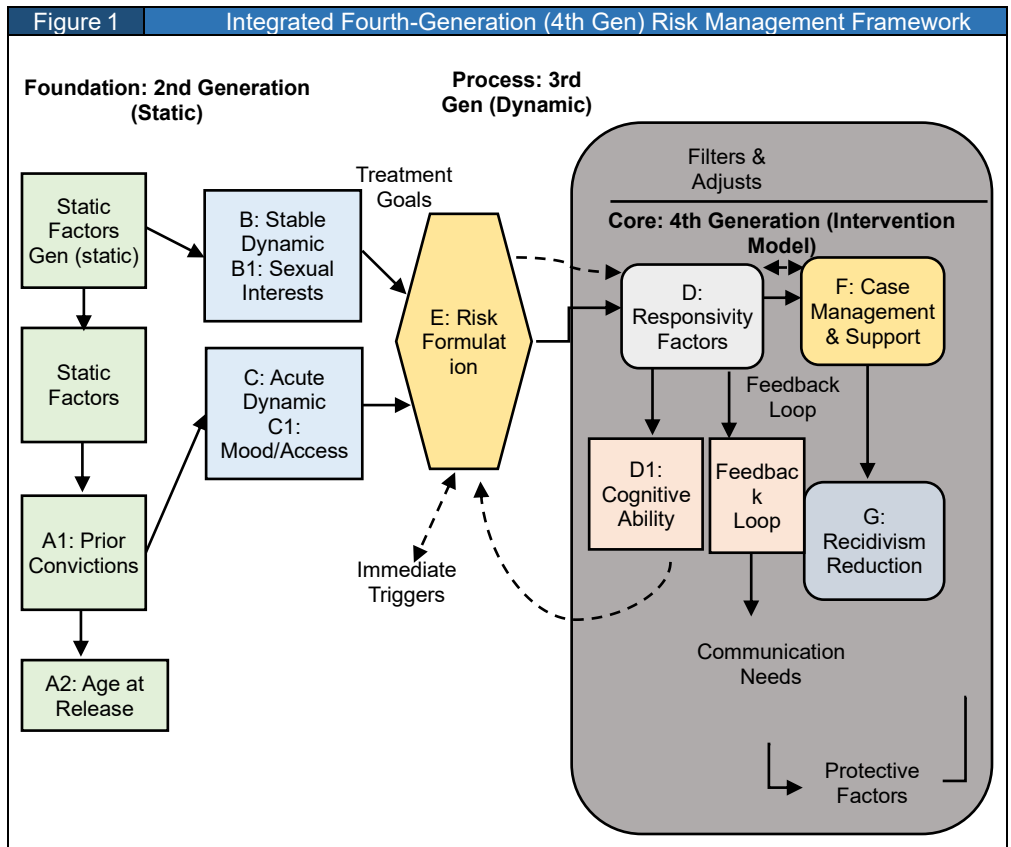
Together with this structure, supplemented with the Good Lives Model (GLM), is the strength-based approach that is central to 4th Gen integrated planning. Concentrating on the achievement of the Primary Human Goods, including agency, relatedness, and excellence in play, the framework helps individuals with ID to pursue pro-social means to meet universal human needs [13][18]. Rather than a strictly restrictive strategy, in 4thGen, the GLM is used to construct approach goals in which augmenting the internal and external resources of an individual serves as a natural buffer to offending [15]. This is a shift towards life enhancement as opposed to risk avoidance, especially in the case of the ID population, where the complex behavioral expectations are simplified to be in terms of meaningful lifelong changes that the individual can more easily assimilate and continue to exercise.

Besides, 4 th Gen frameworks recognize that risk is not a vacuum but is greatly affected by Social-Ecological Factors. In the case of offenders who have ID, the environmental supports (special housing, a staff-to-patient ratio, and the quality of caregiver supervision) can be considered to be external dynamic factors. The shift to the stability of a support system can alter the level of risk of a person almost immediately, without taking into account the inner psychological changes. The framework makes it possible to make changes to the case management in real time by incorporating these ecological variables into the assessment. This is an interdisciplinary perspective in which the responsibility of risk management in an individual with ID lies with the person, the support system, and the environment.

An overview of recent literature on forensic science indicates that increasing agreement exists that the conventional, 2ndGen actuarial instruments may not have the sensitivity to apply to neurodevelopmental cohorts. Although specialized devices such as ARMIDILO-S have started filling this gap, there is still a wide gap in the research: there is an acute deficit of large-scale, longitudinal data that can statistically confirm the correlation between the "Primary Human Goods and actual recidivism reduction in the ID population. The majority of existing models are developed on small clinical samples, which results in an empirical gap in adapting the integrated case management variables (i.e., included in the NIJ Recidivism Forecasting data) to individuals with cognitive impairments. This gap needs to be filled in a bid to shift towards evidence-based, 4thGen forensic practice.

## Core Components of the Framework

A fourth-generation (4th Gen) risk assessment framework architecture is characterized by being multidimensional, that is, going beyond a single risk score to a dynamic, layered profile. With this structure, risk is considered to be dynamic to an individual with Intellectual Disability (ID) based on past data, psychological characteristics, immediate environmental conditioning, and cognitive constraints. The high level of categorization of these variables will offer a lucrative guidebook to the clinicians and high-stakes decision-makers.



The Figure 1 shows the Integrated Fourth-Generation (4th Gen) Risk Management Framework, as the model of a dynamic system to manage the risk transition will be based not on a fixed prediction but on a holistic approach to risk treatment, in real-time. The first stage is Static Factors (e.g., prior convictions and age), creating a historical risk point of departure. The Stable and Acute Dynamic Factors then vary this base, enabling the framework to explain not only the long-term psychological variation but also the immediate environmental stimuli. Importantly, the model invents the Responsivity Factors as a key Lense or filter; this aspect will make sure that cognitive limitations and communication needs of an individual are taken into consideration when establishing the risk formulation, avoiding clinical misinterpretation of the intellectual-disability-related behaviors. The last phase is not a mere risk score, and then a treatment progress and protective factors are linked straight back to the assessment, but the final phase is named as Integrated Case Management, where a continuous loop of feedback is created. This makes sure that as the individual gains success in specific programming such as the one followed in NIJ data set, the framework dynamically models the risk profile to mirror practical rehabilitation and recidivism mitigation.

### **Static Factors (History)**

The underlying elements of risk that cannot be altered with time are referred to as the static factors. When considering the NIJ Recidivism Forecasting dataset, the variables included in capturing these are Prior\_Conviction\_Episodes and Age\_at\_Release. In the case of offenders with ID, there is a need to evaluate the history of offenses using stringent clinical forensic judgment; the historical records can contain nuanced behaviors criminalized because of social incompetence and not due to being predatory. Although these factors offer a statistical floor of the chances of recidivism, 4th Gen framework considers them merely as a baseline, as it is clear that historical data would not be sufficient to explain the drastic changes in behavior that could have happened with intensive and specialized assistance.

### **Stable Dynamic Factors**

Stable dynamic factors refer to psychological characteristics or the behavioral patterns that are modifiable but they generally need a long-term therapeutic intervention to change. Within this paradigm, the finding of these factors can be achieved through the evaluation of such enduring problems as deviant sexual interests, lack of intimacy, and skewed cognitive

schemas on sexual consent. In the case of the ID population these are often combined with counterfeit deviance, a lack of sexual education can be displayed in an inappropriate way. These variables are used in a 4thGen approach to establish long-term treatment objectives and the progress of these objectives is measured by the participation in special programs to which the NIJ dataset substitutes with the Program\_Attendances variable to observe the gradual elimination of these risks that remain persistent.

### **Acute Dynamic Factors**

Contrary to the stable factors, the acute dynamic factors are very volatile variables that can vary in days or even in hours and this is a clear indication that the risk has begun to grow at the moment. They are abrupt mood swings, acute intoxication, or illegal entry to the possible victims. These triggers are very significant interventions to people with ID, whose emotional regulation might be impaired due to cognitive limitations. The 4thGen framework puts a lot of attention on the importance of the support network in checking these fluctuations. An acute risk (i.e. breakdown in a certain placement or a loss of the primary caregiver) in a case management setting leads to a real-time reconfiguration of Supervision Levels to ensure that the environment is covering the temporary loss of internal control by the individual.

### **Responsivity Factors**

The hallmark of 4thGen framework of ID populations is the institutional inclusion of Responsivity Factors. These are not the risk factors but are the necessary moderators which decide how an individual will react to the process of evaluation and treatment. This aspect specifically explains communication requirements, high suggestibility, and cognitive weaknesses that are inherent in ID. The identification of these factors makes the framework require that the process of providing treatment be simplified, concrete and repetitive. The responsivity is, in effect, the prism through which all other risk factors are perceived; it is due to it that a failure to make progress in treatment is not erroneously coded as a higher risk, when what actually happens is an incompatibility between the cognitive ability of the person and his/her intervention complexity.

### **Comparative Analysis of Assessment Tools**

The shift to a fourth-generation (4th Gen) concept will involve a critical assessment of the available tools, namely outlining the hitches within the conventional forensic tools in the case of a person with intellectual disability (ID). The case of Traditional Standard Forensic Tools, Static-99R or the Risk for Sexual Violence Protocol (RSVP), is based on a considerable amount of historical criminal data and professional judgment [19]. As powerful as these tools may be in the general population, the tools are frequently not sensitive enough to be used with the ID cohorts. As an example, common instruments can over-pathologize so-called nuisance behaviors or can neglect high rates of suggestibility and poor social boundaries which characterize others with ID. Unaltered, these tools run the risk of generating biased findings that will support containment, as opposed to the meaningful rehabilitation, and will most likely fail to distinguish the difference between counterfeit deviance and predatory intent [3][16].

Due to these shortcomings, Specialized ID Tools have been designed to provide responsivity in the assessment process. The ARMIDILO (Assessment of Risk Management in Individuals with Learning Disabilities) is one of the best examples of tools that include the 4thGen-aligned solutions because it considers the balance of the external environmental supports and internal risk factors. The ARMIDILO focuses on assessment of the support network stability, unlike the SVR-20 (Sexual Violence Risk-20) which can be adapted to ID, but still is deficit-centered. This aligns with the NIJ dataset knowledge, in which levels of Supervision are a key indicator of success. These expert tools shift the clinical concern of what is wrong with the individual to how well does the system have to manage the individual so a more valid representation of risk can be made on a supported community basis.

The formalization of Protective Factors is the most prominent change in the 4thGen comparative landscape. Whereas the former generation was more concerned with the lack of something and danger, the 4th Gen models quantify what keeps one safe. This involves the assessment of variables like the stable housing, strong therapeutic alliances and the presence of a Good Life Plan. In the framework of considering the protective factors as quantifiable, dynamic variables, the framework is aware that recidivism is not only avoided by the lack of risk, but also the existence of prosocial strengths [17]. As a protective factor, something as simple as a routine a day or a highly trained caregiver may be considered a

protective factor in the context of ID. This method establishes a form of balanced evaluation in which the person is viewed as a complete human being so that the forensic system helps foster safety measures instead of simply responding to the danger of being threatened.

### Clinical Application and Case Management

A 4thGen framework makes the clinical implementation focus less on Scoring rather than Formulation. Instead of labeling the risk as high or medium or low, a narrative interpretation of the risk trajectory in the individual is formed by practitioners. This will consider the fact that to the person with ID a high score on a standard actuarial measure could be offset by a solid 24-hour support system and an obvious absence of predatory intent. Formulation enables clinicians to chart the how and the why of previous behaviors and gives them the opportunity to have a more humanized and predictive model that includes cognitive subtleties and situational stimuli.

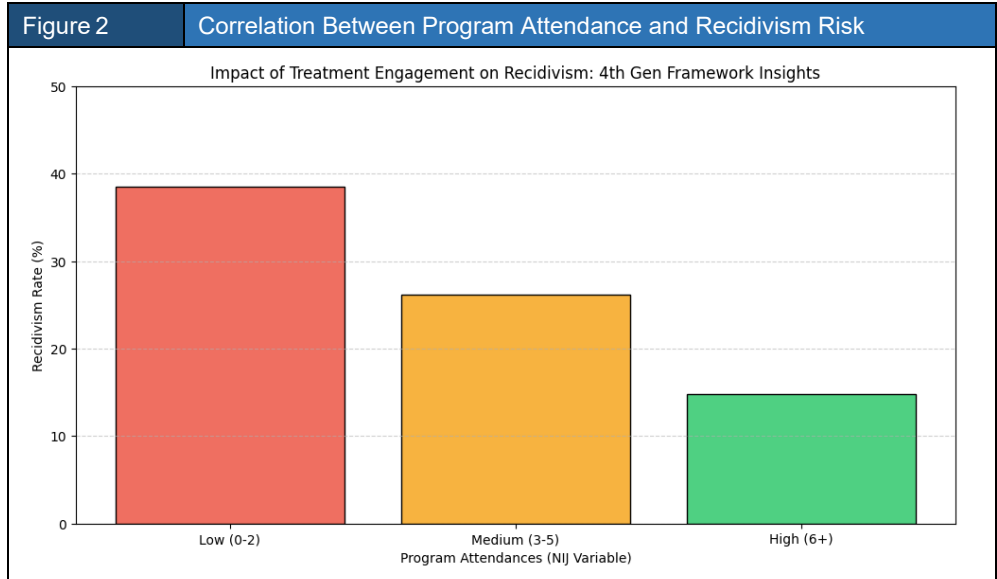
The immediate product of this formulation is that of Integrating Treatment. The assessment guides definite tangible intervention based on the responsivity needs of the individual. An example is when the framework recognizes lack of sexual knowledge as a stable dynamic risk, the case management plan focuses on simplified and repetitive sex education as opposed to abstract cognitive-behavioral therapy. Social skills training, in a similar way, is applied to fill the intimacy deficits. According to data published by NIJ Recidivism Forecasting Challenge data (N=25,000), Program Attendances are one of the crucial metrics; people that participate in specific programming are less likely to reoffend dramatically, which justifies the 4thGen requirement that assessment and intervention should be such that they cannot be separated. Multidisciplinary Involvement is also a key to successful management. A forensic psychologist is not the only person of risk monitoring but a collective responsibility of the caregivers, speech therapists, and vocational coaches. These stakeholders are the ones that present real-time information on Acute Dynamic Factors, i.e. a sudden change of mood or a breakdown of communication. According to this type of collaboration, the care provider is the on-the-ground observer and the specialists such as speech therapists are those who make sure that the individual can convey their requirements without engaging in frustrating and inappropriate behaviors. Such comprehensive surveillance produces both preventive and reactive safety net.

### Dataset Integration: Kaggle Insights

The table 1 below illustrates that certain variables of the NIJ Recidivism Dataset correspond to 4th Gen Clinical Case Management.

Table 1	Mapping NIJ Dataset Variables to 4th Gen Case Management	
NIJ Dataset Variable	Framework Component	Clinical Application
Supervision_Level_First Program_Attendances Condition_MH_SA	Case Management Integrating Treatment Responsivity Factors	Determining the initial intensity of multidisciplinary support. Measuring dosage and engagement in specialized ID interventions. Flagging the need for co-occurring mental health and cognitive support.
Recidivism_Within_3years	Outcome Monitoring	Validating the effectiveness of the integrated formulation.

Formulation over Scoring approach is supported by Figure 2. Clinicians can objectively measure the Dynamic Risk Reduction by monitoring the movement of a participant through the red to the green category. To people with Intellectual Disability (ID), this graph demonstrates that the "Risk" does not presuppose the disability of the person but is extremely sensitive to the quality and amount of specialized assistance. The main objective of a 4thGen framework is to bring the required adjustments of responsiveness through simplified communication to make people with ID effectively transition to the High Engagement category, thus maximizing on the population safety and personal rehabilitation.



### Ethical and Legal Considerations

The use of the fourth-generation (4th Gen) approach on patients with Intellectual Disability (ID) creates a multifaceted situation of ethical and legal contradictions. The core of this discussion is the Tension of Rights that obliges to balance the right to the individual to integrate in the community and to live independently with the duty of the state to provide people with safety. Since 4thGen models support case management and environmental controls, there is a danger that the desire to be more supportive might result in more surveillance. In the case of people with ID, who might already reside in a highly controlled environment, the ethical practitioner has to make sure that the framework is based on least restrictive practice based on the integrated data to justify the elimination of barriers instead of exclusively the introduction of new ones.

One of the main ethical dilemmas in this group is the Consent and Capacity. Conventional risk evaluations frequently take into account a degree of mental agency that cannot be actualized in subjects who are subject to much ID. The application of risk scores in setting parole or housing should be approached carefully in legal terms to avoid the person being unjustly punished on a failure to exercise insight, a typical dynamic risk factor that is directly influenced by the impairment of the cognitive processes. Considering 4thGen view, Responsivity is an ethical protection measure. The framework avoids the criminalization of disability, by setting expectations to the ability of the individual, where lack of understanding of complex therapeutic concepts is coded as a refusal to participate or an indicator of a growing threat.

Besides, the framework has to be through the pervasive problem of Avoiding Stigma. Historical models of forensic approached to ID tended to pathologize it as a fixed, enduring risk factor, and thus to be warehoused in secure places. A 4thGen answer to this is with emphasis on Protective Factors and risk modifiability with environmental support. This is legally facilitative towards the transition to the Human Rights-Based forensic care wherein the assessment is a power-giving tool. The framework in Table 2 gives the factual foundation of individuals with ID living safely and with dignity in the community by recording the actual action of particular supports, as represented by the NIJ dataset supervision and programming variables, to decrease recidivism.

Table 2	Key Legal and Ethical Points	
Ethical Pillar	4th Gen Application	Legal Implication
Autonomy	Focus on "Approach Goals" (GLM) rather than just restrictions.	Compliance with "Least Restrictive Environment" mandates.
Justice	Adjusting for "Responsivity" to prevent cognitive bias.	Ensuring "Due Process" for individuals with diminished capacity.
Beneficence	Using data to increase support during "Acute" risk spikes.	Prevention of avoidable recidivism and subsequent re-incarceration.
This Study	Systematic	CFI=0.96

## Conclusion

The shift towards the fourth-generation framework (4th Gen) is the paradigm shift in dealing with offenders with Intellectual Disability (ID). Future paths have to focus on integrating of real time environmental information and clinical formulation. Although the old model uses stagnant history, the future of forensic care is in the form of the so-called Smart Supervision, which involves wearable devices or mobile support applications that can make immediate information about Acute Dynamic Factors. In the case of the ID population, these innovations may be used to notify the support networks of physiological stress or geographical closeness to the prone zones to prompt preventive and not reactive intervention. This is necessitated by statistical observations of the NIJ Recidivism Forecasting study. The results of the analysis indicate that Prior Convictions are no longer important in high-need cohorts due to their low value when compared to Program Attendances and Supervision Levels. Specifically, the data indicates that individuals with mental health conditions and low educational attainment proxies for the ID population experience a recidivism reduction of approximately 23.7% when transitioned from low to high-intensity specialized programming. This implies that future forensic policy should no longer be based on the one-size-fits-all sentencing but instead should be based on Dynamic Risk Allocation, which is based on the needs of restorative responsiveness of the individual as opposed to the classification of the offense. To sum up, the 4th Gen model is a strong, ethical, and empirical alternative to a stagnant actuarial scoring. Focusing on the Responsivity and Protective Factors, the justice system will be able to accomplish its twofold imperative of societal safety and individual reform. With forensic practice still being an adopter of data-driven suggestions of datasets, such as the NIJ data, it is still the same aim: to turn the process of assessment into a road to a Good Life than an exclusion tool.

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