



WebPsychEmpiricist

On the Admissibility of Testimony Utilizing an *Aide-mémoire* in a *Frye* State

5/8/04

Gregory DeClue

Sarasota, FL

When assessing an individual's risk for future violence generally or future sexual violence specifically, psychologists and other mental-health professionals are aided by the use of forensic assessment instruments. In actuarial risk assessment, a risk-assessment instrument allows the evaluator to combine risk factors via a pre-determined mathematical formula. Guided clinical risk assessment, also known as structured professional judgment, utilizes an *aide-mémoire* (memory aid) consisting of a checklist of risk factors to consider and a guide for collecting and considering the data. Most currently used risk assessment instruments have been developed within the past ten years or so. When an evaluator testifies in court using a novel scientific technique, the admissibility of that testimony is subject to challenge following legal rules described in [Daubert v. Merrell Dow Pharmaceuticals, Inc. \(1993\)](#) or [Frye v. United States, \(1923\)](#). One such case, [Collier v. State \(2003\)](#), was an involuntary civil commitment proceeding regarding a sex offender alleged to be a sexually violent predator. A Florida District Court of Appeal held that the State had not met its burden to demonstrate the general scientific acceptability of the Sexual Violence Risk-20 ([SVR-20](#); Boer, Hart, Kropp, & Webster, 1997), a set of structured professional guidelines for assessing risk of sexual violence. This article addresses the general question of how to consider whether an *aide-mémoire* passes the *Frye* test ([Frye v. United States, 1923](#)) and the more specific question of whether the SVR-20 could pass a *Frye* test in Florida. The author concludes that the SVR-20 is now *Frye* admissible.

Address correspondence to: Gregory DeClue, Ph.D., 16443 Winburn Place, Sarasota, FL 34240-9228. Voice/Fax (941) 951-6674. email: gregdeclue@mailmt.com <http://gregdeclue.myakkatech.com>

The author wishes to thank the following for comments on drafts of this paper: attorneys Norman O'Rourke and Maury Halpern who represented the State and the Respondent, respectively, in *State v. Collier*; psychologist Peter Bursten who testified in the *Frye* hearing of *State v. Collier*; and the following psychologists: Joel Dvoskin, Stephen Hart, R. Karl Hanson, Eric Mart, and Philip Witt. The author is solely responsible for opinions expressed, and for any mistakes.

On the Admissibility of Testimony Utilizing an *Aide-mémoire* in a *Frye* State

5/8/04

In *Collier v. State* (2003) a Florida District Court of Appeals held that the State had not met its burden to demonstrate the general scientific acceptability of the Sexual Violence Risk-20 (SVR-20; Boer, Hart, Kropp, & Webster, 1997). This article addresses the general question of how to consider whether an *aide-mémoire* passes the *Frye* test (*Frye v. United States*, 1923) and the more specific question of whether the SVR-20 could pass a *Frye* test in Florida.

I. *Aides-mémoire* and the *Frye* Test

A. *Aides-mémoire*

Since the 1980s there have been fundamental changes in the procedures and practices for conducting assessments of violence risk, including the risk for future sexual violence (Borum, Bartel, & Forth, 2002). Two assessment trends have emerged: a) the development of actuarial formulas as a method of assessing violence risk and b) the use of structured professional judgment, also known as guided clinical assessment.

Both actuarial assessment and guided clinical assessment rely on empirically-derived risk factors – factors that have been identified in research studies as being associated with increased risk for violence. In *actuarial risk assessment*, a limited set of risk factors is scored using a predetermined, numerical weighting system. The same factors are used on each case, and the same mathematical formula is used to combine the factors into an estimate of risk for future violence.

In *guided clinical risk assessment*, the evaluator considers a wide range of empirically validated risk factors and uses her clinical judgment to decide how much weight to give each factor in a given case. Evaluators are encouraged to use a list of risk factors to structure the evaluation and to insure that relevant risk factors are not overlooked. Rather than a test *per se*, the list of factors is used as an *aide-mémoire* (memory aid) or guide. As a shopping list helps a person remember to purchase the necessary ingredients before preparing dinner, an *aide-mémoire* helps the evaluator remember to consider factors that research has shown to be associated with greater risk. As Webster, Douglas, Eaves, and Hart (1997) write in the HCR-20 manual, their main aim was to produce an *aide-mémoire* and research instrument that would serve as “a guide which would be rooted in scientific knowledge, be organized around a few but important cross-disciplinary ideas, be defined precisely enough to permit testing of items, be

written so that it would invite application to a variety of issues and settings, and be designed for efficiency with time constraints in mind” (p. 5).

The following *aides-mémoire* have been prepared to guide assessment of risk for violence: for adults, the [HCR-20](#) (Webster, Douglas, Eaves, & Hart, 1997); for youths, the [SAVRY](#) (Borum, Bartel, & Forth, 2002); for risk of sexual violence by adults, the [SVR-20](#) (Boer, Hart, Kropp, & Webster, 1997) and the [RSVP](#) (Hart, Kropp, & Laws, 2003), and for spousal assault, the [SARA](#) (Kropp, Hart, Webster, & Eaves, 1995). For information about these and other risk assessment guides, see [McMaster University’s PsychDirect](#).

B. The *Frye* Test

In 1923 a Federal Appellate Court considered whether expert testimony based on a “systolic blood pressure deception test,” an early version of a lie detector, should be admitted as evidence at trial. The Court wrote:

The rule is that the opinions of experts or skilled witnesses are admissible in evidence in those cases in which the matter of inquiry is such that inexperienced persons are unlikely to prove capable of forming a correct judgment upon it, for the reason that the subject-matter so far partakes of a science, art, or trade as to require a previous habit or experience or study in it, in order to acquire a knowledge of it. When the question involved does not lie within the range of common experience or common knowledge, but requires special experience or special knowledge, then the opinions of witnesses skilled in that particular science, art, or trade to which the question relates are admissible in evidence.

Numerous cases are cited in support of this rule. Just when a scientific principle or discovery crosses the line between the experimental and demonstrable stages is difficult to define. Somewhere in this twilight zone the evidential force of the principle must be recognized, and while courts will go a long way in admitting expert testimony deduced from a well-recognized scientific principle or discovery, the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs.

In applying the *Frye* test, a court considers “whether the scientific principles and procedures relied upon to create such evidence are generally accepted by a relevant scientific

community” *Collier v. State* (2003, p. 945). If an attorney wants to present scientific evidence involving a new technique, that attorney bears the burden of showing that the technique, though new to court, is generally accepted in the scientific community: “The burden of proving the general acceptance of a particular technique and its application to the case at hand lies with the proponent of the evidence and is a preponderance of the evidence” *Collier v. State* (2003, p. 945).

The four-step process that governs the admissibility of expert opinion testimony concerning a new or novel scientific principle was explained in *Ramirez v. State*, (1995, p. 1167, citations omitted):

First, the trial judge must determine whether such expert testimony will assist the jury in understanding the evidence or in determining a fact in issue. Second, the trial judge must decide whether the expert’s testimony is based on a scientific principle or discovery that is “sufficiently established to have gained general acceptance in the particular field in which it belongs. ...” The third step in the process is for the trial judge to determine whether a particular witness is qualified as an expert to present opinion testimony on the subject in issue. ... Fourth, the judge may then allow the expert to render an opinion on the subject of his or her expertise, and it is then up to the jury to determine the credibility of the expert’s opinion, which it may either accept or reject.

C. Pure-opinion Testimony or a Scientific Technique?

The *Frye* test is not applied to pure-opinion testimony, which is based upon the expert’s training and clinical experience. As described in *Flanagan v. State*, 625 So.2d 827 (Fla.1993), an expert’s pure-opinion testimony comes cloaked with the expert’s credibility and the jury can evaluate this testimony in the same way it evaluates other opinion or factual testimony.

What is ‘pure-opinion’ testimony? This was addressed in *Kuhn v. Sandoz Pharmaceuticals Corp.* (Kan. 2000, pp. 1179-80):

‘Pure opinion’ refers to expert opinion developed from inductive reasoning based on the expert’s own experience, observation, or research, whereas the *Frye* test applies when an expert witness reaches a conclusion by deduction, from applying [a] new and novel scientific principle, formula, or procedure developed by others.

If an expert's opinion is based at least in part on conclusions drawn from others' research, then her opinion is not pure-opinion testimony and may be subject to a *Frye* test.

D. How to Demonstrate General Acceptance

Trial and appellate courts conducting a *Frye* general acceptance analysis can consider evidence from a variety of sources, including expert opinion, scientific publications, legal publications, and judicial opinions (*Hadden v. State*, 1997). The court's process of reviewing scientific literature can be aided by expert testimony (*Brim v. State*, 2000), but it is not sufficient for an expert witness to simply assert that her methods are based on well-recognized scientific principles (*Ramirez v. State*, 1995).

II. The SVR-20 and the *Frye* Test in Florida

A. Pure-opinion Testimony

The [manual for the SVR-20](#) describes the tool as a guide rather than a test. Along these lines, [McMaster University's PsychDirect](#) includes: "Little is currently known about its effectiveness as a predictive device. Its main current usefulness lies in its ability to help structure clinical assessments." An expert can use the SVR-20 to structure a clinical assessment, considering the 20 risk factors and any other factors important in the case at hand, and then develop an opinion as to the likelihood that the person would engage in new acts of sexual violence. Could the expert then say that her testimony was pure-opinion testimony, and therefore not subject to *Frye* analysis? Perhaps. Here is the logic for that approach.

An expert could form an opinion about a person's likelihood to reoffend solely on the basis of her (the expert's) training and clinical experience; testimony based on that would be pure-opinion testimony. If the expert developed a list of risk factors to consider for such cases, and the list was based on the expert's training and experience, the expert would be using a guided clinical approach to risk assessment (see above). Still, the expert would be offering pure-opinion testimony. If the expert uses the SVR-20 as designed, the expert would use the 20 items of the SVR-20 as an *aide-mémoire*, that is, as a list of risk factors to consider. The actual factors considered on a given case would be *guided* by the list of items on the SVR-20, but in the given case the expert decides how much weight, *if any*, to give to each of the SVR-20 items, and the expert considers additional factors *based on the expert's own knowledge and experience*. Therefore, arguably, the opinion is based on the expert's own knowledge and experience, guided by the SVR-20.

To qualify as pure-opinion testimony, the expert's testimony must not include reference to research or others' opinions about the accuracy of assessments guided by the SVR-20. A similar analysis may apply to individual risk factors. Consider the following:

Lawyer (L): On what did you base your opinion about Mr. X's likelihood to re-offend?

Expert witness (EW): A list of risk factors.

L: From where did this list come?

EW (1): From my training and experience. – or –

EW (2): From the SVR-20. – or –

EW (3): From my professional experience and my reading of research articles and other professional publications. – or –

EW (4): From my professional experience, the SVR-20, and my reading of research articles and other professional publications.

If the expert witness says that the list of risk factors comes from her own training and experience, then I would expect her testimony to be treated as pure-opinion testimony. To maintain that status, she would not be able to bolster her testimony by referring to research on either a) the individual risk factors or b) the SVR-20 instrument as a whole.

If the expert witness says that the list of risk factors comes from the SVR-20, which was designed to assist in predicting risk of future sexual violence, then the expert's testimony *may* be considered as pure-opinion testimony if she says nothing to suggest that the use of the SVR-20 (which was developed by people other than herself) enhances the accuracy of her assessment. In other words, if she says the sole advantage of the SVR-20 is to remind her of what risk factors to consider, then her testimony *may* be considered pure-opinion testimony. Alternatively, if the expert describes the SVR-20 as an assessment tool that enhances the accuracy of one's assessment, then I would expect that her testimony would not be considered pure-opinion testimony, and her use of the SVR-20 would be subject to *Frye* analysis.

The third option would be for the expert to eschew mention of "SVR-20" but say that she relied on her professional experience and her reading of research articles and other professional publications. For example, *on direct examination* the expert might say that one of the factors she considered in estimating a person's risk for sexual violence was whether the person has committed frequent acts of sexual violence when at risk to do so. *On direct examination*, she would not refer to any research to bolster her opinion that this factor aids in prediction of future

sexual violence. Then, *on cross examination*, if asked why that was a risk factor for future sexual violence, she could describe the research studies listed on page 64 of the SVR-20 manual, along with other studies, without mentioning “SVR-20.” Would this testimony be subject to *Frye* analysis? I doubt it. I expect that there is nothing new or novel about an expert considering research when estimating a person’s risk for future sexual violence. Any research mentioned by the expert could be challenged in front of the jury to encourage the jury to give little if any weight to the opinion, but no *Frye* analysis is warranted.¹

The fourth option for describing the source of the list of risk factors is to mention both “SVR-20” and one’s reading of research articles and other professional publications. I believe that this *could* be considered pure-opinion testimony, for the reasons described in the previous two paragraphs.

B. Scientific Technique

If the expert chooses to testify that the SVR-20 enhances the accuracy of one’s prediction of future sexual violence, then I expect that that testimony would be subject to *Frye* analysis. It would not be sufficient for the expert to testify that the SVR-20 is generally accepted. The attorney calling the expert to testify will have the burden of showing that the instrument is generally accepted. The expert can assist the attorney and the court in making that determination. Evidence supporting the admission of the SVR-20 can include a) whether it is useful for enhancing the accuracy of the prediction of sexual violence and/or b) whether the instrument is accepted by the relevant scientific community.

Accuracy

At the time of this writing, I believe that the best evidence regarding whether the SVR-20 enhances the accuracy of risk assessment can be found in [Hanson & Morton-Bourgon \(2004\)](#) and the articles cited therein. While no tool for the assessment of risk for future sexual violence is

¹ Joel Dvoskin (personal communication on 5/4/04) comments: “If one uses the HCR-20 or SVR-20 as you describe, to omit mention of it is simply disingenuous, and would have no effect upon whether or not *Frye* analysis was warranted. ... I think that most courts would analyze this as follows: If you are asking the court to ‘take the word of the test’ then the test will receive a great deal of scrutiny. ... This is another way of the court asking the best question there is, ‘How do you know that?’ ... If, on the other hand, you are merely using the test to organize a bunch of questions, each of which stands on its own, as with a mental status exam or an unstructured or semi-structured interview, then the instrument will not receive much scrutiny, but the court will justifiably scrutinize the individual questions, the answers, and any inferences that the expert draws from them.” Logically I agree with Dr. Dvoskin, but in practice I have experienced a situation in which a judge forged a compromise by allowing an expert witness to testify using the SVR-20 factors without a *Frye* hearing, with the proviso that the witness would not mention “SVR-20.” In that case the *Frye* challenge arose during trial and I believe the judge wanted to proceed with the trial rather than make the jury wait outside during a *Frye* hearing.

perfect, in this recent meta-analysis the SVR-20 was as accurate as or more accurate than any of the cross-validated actuarial instruments (e.g., Static-99, SORAG). Indeed, no single factor or risk assessment tool was more accurate than the SVR-20.² In an absolute sense (rather than in comparison to other risk assessment instruments) there is a large relationship between the SVR-20 and sexually violent recidivism. Based on this research, it is fair to characterize extant research as follows:

1. The SVR-20 is a good predictor of future sexual violence.
2. For prediction of future sexual violence, the SVR-20 is at least as accurate as any other factor or risk assessment tool.

It is important to acknowledge two caveats: the total number of subjects in the SVR-20 studies was under 1000, and there was substantial variability in accuracy rates of the SVR-20 across the six SVR-20 studies.

Acceptance

At the time of this writing, I believe that the best evidence regarding whether the SVR-20 is generally accepted can be found in [Lally \(2003\)](#).³ Lally surveyed diplomates of the American Board of Forensic Psychology (ABFP)⁴ regarding six areas of forensic practice: mental state at the time of the offense (MSO), risk for future violence, risk for future sexual violence, competency to stand trial (CST), competency to waive *Miranda* rights, and malingering. I concur with the author's description that because of ABFP's rigorous credential requirements, "these diplomates in forensic psychology appear to represent an ideal sample to query about the acceptability of a test or technique within the field of forensic psychology" (Lally, 2003, p. 492). The majority of the respondents (57%) rated the SVR-20 as acceptable for use in evaluations of an individual's risk for sexual violence.⁵

² There was one exception: unvalidated risk scales developed and tested on the same sample. Accuracy rates of such instruments inevitably decrease on cross validation (see [Hanson & Morton-Bourgon, 2004](#)).

³ This link will only work for subscribers to the American Psychological Association's journals and/or online services.

⁴ The ABFP is the recognized board-certifying agency of the American Board of Professional Psychology and is widely recognized by state licensing boards and national associations (Lally, 2003).

⁵ Of course the SVR-20 is not *universally* considered to be acceptable for use. Individual evaluators or agencies may have positions pro or con. Here are two that show acceptance. First, although his review also noted some limitations of the SVR-20, Witt (2000) wrote that the SVR-20 "is an admirable integration of research and clinical practice." Second, "SVR-20 is being used by the Scottish Prison Service to provide a more detailed assessment of risk of sexual violence among offenders initially assessed using HCR-20" [Scottish Executive Publications](#).

Summary of Part II

I expect that if an expert testifies that the SVR-20 is a tool or technique that enhances the accuracy of risk assessment, then the SVR-20 would be subject to *Frye* analysis. I expect that the SVR-20 can survive a *Frye* analysis because there is sufficient evidence supporting a) the accuracy of the SVR-20 and b) acceptance of the SVR-20 among well-trained forensic psychologists for use in evaluations of an individual's risk for sexual violence.

III. Summary and Conclusion

I have expressed the opinion that an expert witness's use of the SVR-20 may or may not be subject to *Frye* analysis depending on how the witness uses the technique and on how the witness communicates her use of the technique. Consider two expert witnesses who use the SVR-20 for risk assessments and are prepared to testify. Expert Witness A has not kept up with developing research. She agrees with the view of the SVR-20 expressed by [McMaster University's PsychDirect](#): "Little is currently known about its effectiveness as a predictive device. Its main current usefulness lies in its ability to help structure clinical assessments." My understanding is that Expert Witness A's use of the SVR-20 would not be subject to *Frye* analysis.

Expert Witness B is familiar with [Hanson & Morton-Bourgon \(2004\)](#)'s meta-analysis and the underlying studies, and believes that her use of the SVR-20 enhanced the accuracy of her risk assessment. She plans to present testimony that a) the SVR-20 is a memory guide that when properly used enhances the accuracy of risk assessment, b) she used the instrument properly, and c) her use of the SVR-20 enhanced the accuracy of her risk assessment. I expect that Expert Witness B's use of the SVR-20 would be subject to *Frye* analysis.

Evaluators who use the SVR-20 and judges who scrutinize our work should be mindful of the Cautionary Note in the HCR-20 manual ([Webster, Douglas, Eaves, and Hart, 1997](#), p. iv), which is equally applicable to the SVR-20:

This book is intended to provide accurate and authoritative information about its subject. However, no book is a substitute for scientific study, formal academic and clinical training, and supervised experience. Readers are cautioned to assess carefully their professional competence and preparedness before they use the procedures described herein. It is the sole responsibility of the reader to insure that he or she is practicing in an ethically appropriate fashion in accord with appropriate practice standards.

It is not just the SVR-20 or other *aides-mémoire* that are subject to *Frye* analysis, but also the expert witness's use of the instruments. For the SVR-20 to aid in risk assessment, the evaluator must have been trained in risk assessment, must be aware of ongoing research in sex-offender risk assessment, and must have sufficient reliable data about the person being evaluated.

There is a trade-off between actuarial and guided clinical risk assessment. Actuarial instruments enhance uniformity; clinical risk assessment guides allow flexibility. Too much structure can be a limitation: "actuarial risk assessment tends to disengage professionals from the evaluation process. By design, actuarial instruments are so structured that they require minimal professional judgment. Unless evaluators are sufficiently schooled in psychometric theory to have a healthy respect for the strengths and limitations of test data, professionals may tend to over- or under-utilize actuarial data when making decisions about individuals" (Boer, Hart, Kropp, & Webster, 1997, pp. 5-6; see [DeClue, 2002](#), for examples). Guided clinical risk assessment using an instrument such as the SVR-20 allows, and indeed *requires* flexibility; evaluators must use knowledge, understanding, and judgment when assessing risk.⁶

On the other hand, the lack of uniformity in considering all the risk factors to arrive at a summary risk rating likely contributes to the variability in the accuracy rates for the SVR-20 in the six studies in the [Hanson & Morton-Bourgon \(2004\)](#) meta-analysis.⁷ By its design, two evaluators could use the SVR-20 in conducting a risk assessment of the same person yet arrive at different assessments of the person's risk for committing future acts of sexual violence. But also by design, the more accurate assessment is likely to be the one that is based on accurate data regarding the person being assessed, along with comprehensive integration of up-to-date research findings. This flexibility in arriving at a summary risk rating allows an evaluator to give less weight to SVR-20 factors that have been less strongly supported by research (e.g., victim of child abuse), more weight to SVR-20 (e.g., psychopathy, high density sex offenses) and additional factors (e.g., sexual preoccupations, emotional identification with children) that have been

⁶ Even for those who prefer to use an actuarial instrument, it is important to have a guided-clinical-risk-assessment instrument available for cases that lack sufficient data to properly score the actuarial instrument ([DeClue, 2002](#)).

⁷ R. Karl Hanson, personal communication, 5/4/05. Hanson termed the SVR-20 summary risk assessment process a "free-for-all." Variability in the SVR-20 accuracy rates may also be due to differences in the samples, raters, and versions of the SVR-20 used. The study with the lowest accuracy rates for the SVR-20 was the first use of the Swedish translation of the SVR-20 in a research study, the ratings were based entirely on case files (no interviews), and nearly half the sample had been given a "medico-legal insanity declaration" (Sjöstedt & Långström, 2002, p. 29). The authors note that "the SVR-20 was constructed for use in structured clinical judgment situations and comprises several items and a global risk estimate that are likely to be difficult to rate from retrospective file-only information. This might have compromised the performance of the SVR-20 more than the other tested instruments" (Sjöstedt & Långström, 2002, p. 36).

supported by research, and to give adequate attention to ideographic factors that suggest higher (e.g., stated intent to act out current sexually sadistic fantasies at first opportunity) or lower (e.g., severe physical disability) risk for re-offense.

Recall that in *Collier v. State* (2003), the Court ruled that the State did not meet its burden to demonstrate the general scientific acceptability of the SVR-20. In that case, the respondent exercised his right to a trial within 30 days of the adversarial probable cause hearing, and events proceeded quickly. The *Frye* hearing was held without much time for preparation for either side, and although the trial court ruled that the State met its *Frye* burden, the appeals court (three years later) did not find sufficient information on the record to support that decision. Since the time of that *Frye* hearing, August 2000, important new information about the SVR-20 has emerged, including the *Hanson & Morton-Bourgon* (2004) meta-analysis and *Lally's* (2003) survey of diplomats in forensic psychology. Now recall some of the language from *Frye v. United States* (1923):

Just when a scientific principle or discovery crosses the line between the experimental and demonstrable stages is difficult to define. Somewhere in this twilight zone the evidential force of the principle must be recognized, and while courts will go a long way in admitting expert testimony deduced from a well-recognized scientific principle or discovery, the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs.

My review of the literature convinces me that the SVR-20 has emerged from the twilight zone: its potential to enhance the accuracy of sexually violent risk assessment is well established, it has gained general acceptance among well-trained forensic psychologists, and therefore the SVR-20 is now *Frye* admissible.

References

- Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C.D. (1997). *Manual for the Sexual Violence Risk – 20*. Vancouver, BC: British Columbia Institute against Family Violence.
- Borum, R., Bartel, P., & Forth, A. (2002). *Manual for the Structured Assessment of Violence Risk in Youth (SAVRY)*. Tampa, FL: Florida Mental Health Institute.
- Brim v. State*, 779 So.2d 427 (Fla. 2d DCA 2000).
- Collier v. State*, 857 So.2d 943 (Fla.App. 4 Dist. 2003).
- [Daubert v. Merrell Dow Pharmaceuticals, Inc. 509 U.S. 579 \(1993\).](#)
- DeClue, G. (2002). Avoiding garbage in sex offender re-offense risk prediction: A case study. *Journal of Psychiatry and Law*, 31, 361-368.
- Frye v. United States*, 293 F. 1013, D.C. Cir. 1923.
- Hadden v. State*, 690 So.2d 573 (Fla. 1997).
- Hanson, R. K. & Morton-Bourgon (2004). Predictors of sexual recidivism: An updated meta-analysis. Retrieved 4/28/04 from http://www.psepc-sppcc.gc.ca/publications/corrections/pdf/200402_e.pdf.
- Hart, S. D., Kropp, P. R., and Laws, D. R. (2003). *Risk for Sexual Violence Protocol (RSVP): Structured professional guidelines for assessing risk of sexual violence*. Vancouver, BC: British Columbia Institute against Family Violence.
- Kropp, P. R., Hart, S. D., Webster, C. D., and Eaves, D. (1995). *Manual for the Spousal Assault Risk Assessment Guide (2d. ed.)*. Vancouver, BC: British Columbia Institute against Family Violence.
- Kuhn v. Sandoz Pharmaceuticals Corp.*, 14 P. 3d 1170 (Kan. 2000).
- Lally, S. J. (2003). What tests are acceptable for use in forensic evaluations? A survey of experts. *Professional Psychology: Research and Practice*, 34, 491-498.
- Ramirez v. State*, 651 So.2d 1164 (Fla. 1995).
- Scottish Executive Publications. Serious Violent and Sexual Offenders: The Use of Risk Assessment Tools in Scotland. Retrieved 4/28/04 from <http://www.scotland.gov.uk/library5/justice/svso-18.asp>.
- Sjöstedt, G. & Längström, N. (2002). Assessment of risk for criminal recidivism among rapists: A comparison of four different measures. *Psychology, Crime, and Law*, 8, 25-40.
- Witt, P. H. (2000). A practitioner's view of risk assessment: The HCR-20 and the SVR-20. *Behavioral Sciences and the Law*, 18, 791-798 (2000).