

The background features a dark blue gradient with several faint, light-colored circular patterns. On the left side, there is a large circular scale with numerical markings from 140 to 260 in increments of 10. The scale is partially obscured by other circular elements. The text is centered on the right side of the image.

DEVELOPMENTS IN ASSESSING PSYCHOLOGICAL RISK FACTORS RELEVANT TO SEXUAL OFFENDING

PART 1: GENERAL DEVELOPMENTS

OUTLINE

- What are psychological risk factors?
- Using psychological risk factors to refine risk assessment
- Using psychological risk factors to understand risk
- Psychological risk factors as treatment targets
- Psychological risk factors and change in risk

WHAT ARE PSYCHOLOGICAL RISK FACTORS?

The background features a blue gradient with a field of white dots. Several faint, semi-transparent circular diagrams are overlaid, including a large one in the top right with numerical markings (100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210) and arrows, and smaller ones in the bottom left and bottom right.

PSYCHOLOGICAL FACTORS THAT PREDISPOSE TO SEXUAL OFFENDING

- Hard to absolutely determine that something is predisposing, but, following Mann et al., 2010
- How do you identify PRF?
 - Credible theoretical reason for expecting it to predispose
 - Associated with increased recidivism
- Mann et al reviewed meta-analytic evidence for the predictiveness of candidate PRF
- These fall into the domains originally identified by Thornton, 2002
 - Sexual Interests
 - Distorted Attitudes
 - Relational Style
 - Self-Management

| Domains | SRA-FV 1.55 | SRA-FV 2 | STABLE-2007 | VRS-SO | SOTIPS |
|---------------------|--|--|--|--|--|
| Sexual Interests | Sexual Interest in Children Sexualized Viol Sexual Preoccupation | Sexual Interest in Children Sexualized Violence Hypersexuality | Deviant Sex Interests Sex Drive Sex as Coping | Sexually Deviant Lifestyle Sexual Compulsivity Offense Planning Sex Offending Cycle Dev Sex Pref | Sexual Behavior Sexual Interests |
| Distorted Attitudes | | Hostility to Women | Hostility to Women | Cognitive Distortions Insight Release to HR Situ Treatment Compliance | Sexual Attitudes Sex Offense Responsibility Sex Off Risk Manag Stage of Change Coop with Treatment |
| Relational Style | Emotional Congruence LEIRA Callousness Grievance Thinking | PEMR Callousness Grievance Thinking | Relational stability Emotional identification General Social Rejection Lack of Concern Hostility | Intimacy Deficits Interpersonal Aggression | |
| Self-Management | Resistance Lifestyle Imp Dysfunctional Coping | Resistance Substance Abuse | Impulsive Acts Poor Cog Problem-solving Coop with Supervision | Criminal Personality Emotional Control Substance Abuse Impulsivity Compliance with Supervision | Criminal Att & Behav Emotion Management Problem-solving Impulsivity Coop with Supervision |

SOME THINGS THAT DON'T QUITE FIT

- Significant Social Influence (STABLE)
- Social Influence (SOTIPS)
- Community Support (VRS)
- Employment (SOTIPS)
- Residence (SOTIPS)

- These seem to be trying to capture potential protective influences in the release environment

THE ENVIRONMENT AS A RISK DETERMINANT

- This idea that the environment can contribute to risk or protection can also be found in ARMIDILO-S
- This includes a similar range of psychological risk factors together with environmental factors
 - Attitudes of support persons towards the client
 - Communication among support persons
 - Client-specific knowledge by support persons
 - Consistency of supervision
- This instrument is intended for lower functioning individuals but a similar emphasis on the role of the environment is found in the SAPROF which is used with adults

SAPROF INCORPORATES THE ENVIRONMENT AS

- Engagement with social aspects of the environment
 - Work
 - Leisure
 - Social Network
 - Intimate Relationships
- Engagement with professional aspects of the environment
 - Professional Care
 - Living Circumstances
 - External control

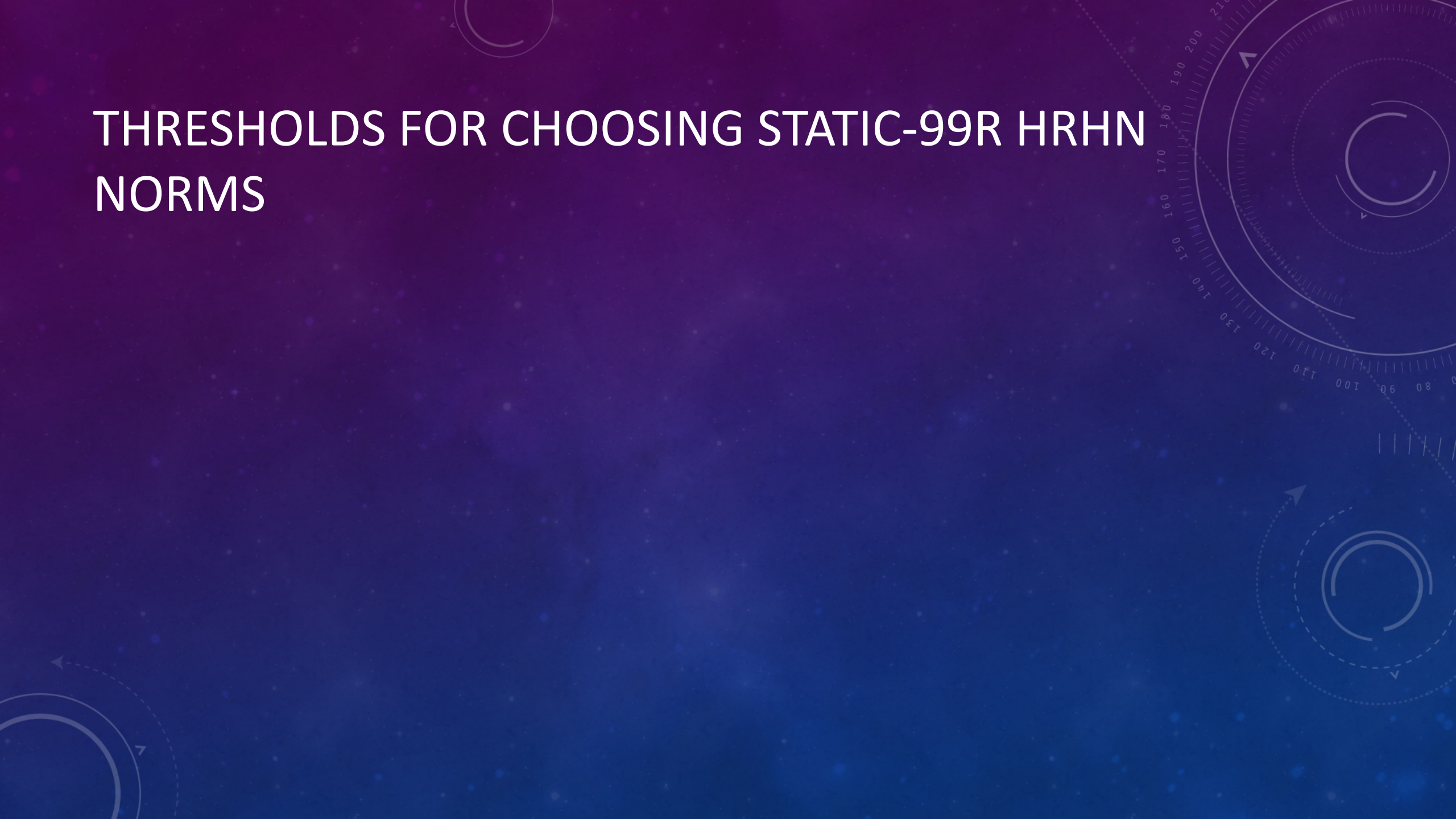
IMPROVING RISK ASSESSMENT BY INCORPORATING PRF



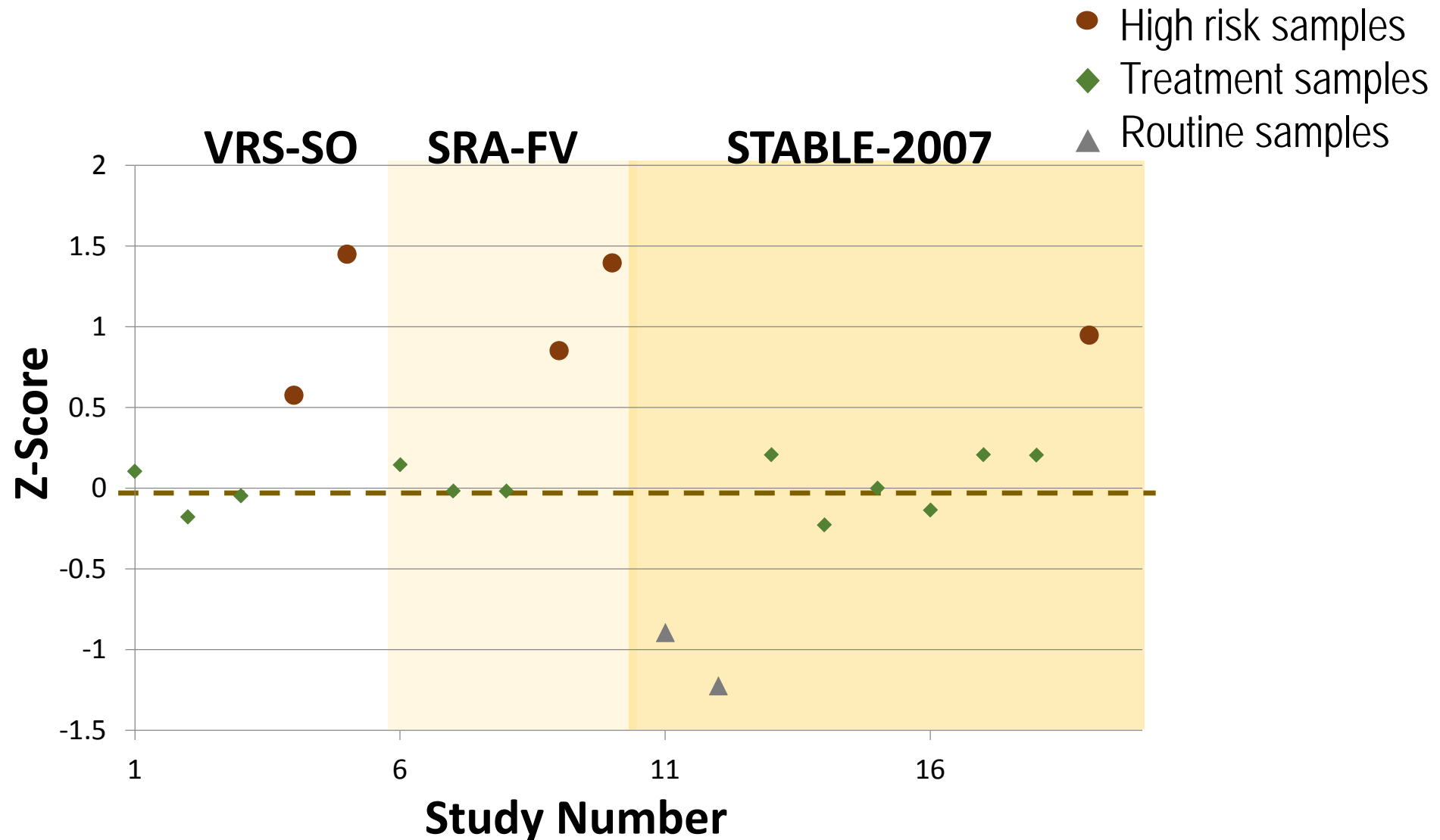
INCREMENTAL VALIDITY

- Static risk assessment instruments provide the starting point for risk assessment but over the last decade we have learned that using them effectively depends on combining them with systematic measurement of psychological risk factors
- PRF play two roles
 - Guide selection of recidivism norms for static instruments
 - Combine directly in tables or equations with static factors
- The basis for the added value of PRF is that
 - They measure similar factors to the static instrument but in a different way so allowing the underlying factor to be measured more completely and reliably
 - They measure factors that the static actuarials (largely) don't measure

THRESHOLDS FOR CHOOSING STATIC-99R HRHN NORMS



Sample Type Differ in their Degree of Risk Factors External to Static-99/R



Average Scores on External Risk Factors based on Degree of Preselection

| Sample Type | Z-score | Weighted <i>M</i> | | | <i>N</i> (<i>k</i>) |
|-----------------------------------|---------|-------------------|--------|-------------|-----------------------|
| | | VRS-SO | SRA-FV | Stable-2007 | |
| Routine | -1.06 | - | - | 7.06 | 1,198 (2) |
| Preselected for Treatment | 0.0 | 20.74 | 2.22 | 10.99 | 1,566 (12) |
| Preselected High Risk/Need | 1.04 | 27.24 | 3.26 | 14.70 | 1,212 (5) |

Note: Z-scores based on M(SD) of Treatment Groups

THRESHOLDS FOR HRHN NORMS

- Principle: Use HRHN norms if level of PRF for individual is at least as high as the mean PRF level in HRHN samples
 - VRS-SO = 28+
 - SRA-FV 1.55 = 3.3+
 - STABLE = 15+
- But are these thresholds really equivalent?
- We examined this recently in 87 WI-SVPs
- SRA-FV 1.55 and VRS-SO applied to the same cases who were each classified according to whether they met the HRHN threshold

CONVERGENCE?

| | VRS – below 28 | VRS 28+ |
|-----------------------|----------------|---------|
| SRA-FV 1.55 below 3.3 | 1% | 17% |
| SRA-FV 1.55 3.3 + | 0% | 82% |

SO SRA-FV THRESHOLDS APPEAR TO BE MORE CONSERVATIVE

- May reflect samples
 - HRHN samples for VRS were highly selected prison treatment programs (perhaps 10-20% of SOs)
 - HRHN samples for SRA-FV were committed samples (perhaps less than 5% of SOs)
 - Note that the Static normative data included both kinds of sample
- May reflect content – e.g.
 - Sexual interest domain in VRS includes offense planning and sexually deviant lifestyle in addition to deviant sexual interests while SRA-FV 1.55 does not include planning or deviant lifestyle
 - VRS attends to sexual compulsivity while SRA-FV 1.55 focuses more on Socio-sexuality

ANOTHER PROBLEM WITH USE OF NORMATIVE REFERENCE GROUPS

- Treats PRF as if they only come in two levels
 - The level typical of Routine samples
 - The level typical of HRHN samples
- But clearly in fact they come in every level in between

INTEGRATION THROUGH EQUATIONS

- A better approach is to combine static risk assessment with PRF through fitting prediction equations that include both factors
- The result is more exact and more differentiated
- Sadly, most evaluators aren't able to solve equations to get predicted recidivism rates
- Jim Mundt is going to talk more about that shortly

UNDERSTANDING RISK

The background is a dark blue gradient with a field of small white dots. Several circular and semi-circular patterns are overlaid, including a large circular scale on the right with numerical markings from 80 to 210, and various dashed and solid lines forming arcs and circles.

SEXUAL INTEREST DOMAIN

- Deviant Sexual Interests
 - Sexual Interest in Children
 - Agonistic Sexual Interests
- Hypersexuality
 - Sexual Compulsivity
 - Socio-sexuality

SEXUAL COMPULSIVITY IN KNIGHT & GRAHAM'S WORK

- A continuum, not a taxon
- Low Sex Fantasies
- Thinking about Sex
- Interference with Routine
- Loss of Control
- Dimension found in MIDSA data from students and sex offenders

ONE POTENTIAL BASIS FOR HYPERSEXUALITY

- Self-centered Impulsivity & Excessive recruitment of mesolimbic reward circuit (heightened midbrain dopamine or failure of inhibitory mechanisms)
- You get focused on something and just go for it, losing sight of consequences or other people's perspectives

HYPERSEXUALITY IN THE WORK OF KAFKA & REID

- Factor Analysis of Hypersexual Behavior Inventory in treatment seeking samples of hypersexual (non-offender) men
 - Loss of control / inability to control sexual thoughts/feelings/behavior
 - Coping – using sex to cope with restlessness, worries, negative feelings, emotional pain, problems
 - Consequences – sexual functioning interferes with work, school, other life goals, interferes with getting things done
- Factors separable but highly correlated
- Implies sexualized coping also plays a central role

Sexual Compulsivity

Sexualized Coping

Impulsive, Self-centeredness
Over –focus on rewards



HYPERSEXUALITY IN SRA-FV 2

- Sexual Compulsivity: Intense sex drive, loss of control
 - Frequent masturbation / porn use
 - Frequent sex acts with others
 - Multiple paraphilias
 - Sexualized coping
 - Rapid re-offending / multiple victims in short period
- Socio-sexuality: Strong interest in partnered sex outside relationships
 - Larger number of partners
 - Repeated cheating on relationships or no committed relationships
 - Large amounts of casual sex

AGONISTIC CONTINUUM – KNIGHT / THORNTON

- Initially conceptualized as
 - Consensual Preference
 - Indifference between Consent and Coercion
 - Coercion Preference
 - Indifference between Coercion & Brutality
 - Brutality Preference

AGONISTIC CONTINUUM CAN BE UNDERSTOOD AS VARYING INTENSITIES OF SADISM



DIAGNOSTIC OPTIONS

- Sexual Sadism Disorder
- OSPD (Coercion/Nonconsent etc)
- OSPD (Sadistic Traits)

PSYCHOLOGICAL RISK FACTORS AS TREATMENT TARGETS

- Hanson et al., 2009, found that programs that targeted known psychological risk factors were more effective in reducing sexual recidivism (consistent with RNR model)
- This is relevant to setting targets – what is his baseline level of dysfunction for each potential psychological risk factor? What positive target can be agreed to address this?
 - Motivation
 - Regulation
 - Healthy functioning
 - Protective factors

CHANGE

- Typically an offender will have a history of concerning behavior in the community, then some record of institutional behavior, perhaps over many years, and probably changing gradually over those years
- Additionally, we may have change that is apparent during and shortly after participation in a treatment program
- Essentially the question of “change” is asking how we should use a record of institutional/recent functioning to revise an assessment based on functioning up to and including the index offense
- There are significant challenges in making these judgments

ASSESSING PRF IN SECURE SETTINGS

- Secure settings involve a controlled environment, designed to suppress / remove opportunity for antisocial behavior
 - Is there an opportunity for factors relevant to a PRF to occur?
 - Is the risk factor challenged by the environment in the same way it would be in the community?
 - How well monitored and recorded are behavioral expressions of PRFs?
 - Does evidence for change involve behavior demonstrating healthy functioning vs. similar an absence of risky behavior?

CHANGE IN THE VRS-SO

- Identifies PRF that are present to a significant degree prior to intervention
- Assesses stage of change prior to intervention for each of these PRF
- Assesses stage of change now (if part way through a continuing intervention) or Stage of Change at end of intervention
- Program partially reinstates some of the stresses that were involved in the outside environment
 - Walk through memories of past offending / stress of feedback from others breaking through how he had insulated himself from these events
 - Program enables close clinical observation
- Shift in stage of change in response to opportunity and pressure of the program

VRS RESEARCH HAS FOUND

- Independent contributions to predicting recidivism from
 - Static
 - PRF (Initial Deviance)
 - Change (in stage of change)