

# Risk Assessment with Sex Offenders

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# Risk Assessment with Sex Offenders – Training Agenda

- Overview of Psychological Assessment
- Group statistics versus the individual
- Reliability and Validity
- Understanding the Limits of the Assessment

# How a pre-sentence sex offender evaluation figures into subsequent supervision issues

- Intellectual
- Educational
- Overall function
- Personality and mental health
- Social
- Developmental
- Family
- Current Status
- Sexual Issues
- Delinquency and Conduct
- Risk Assessment
- Risk and Protective Factors in the Community
- Awareness of Victim Impact
- Relapse Prevention Resources
- Amenability to Treatment

# Juvenile Risk Assessment Measures

- ERASOR II- Estimate of Risk of Adolescent Sexual Offense Recidivism
- J-SOAP II – Juvenile Sex Offender Assessment Procedure
- J-RAT – Juvenile Risk Assessment Tool
- Older Adolescents – SORAG Sex Offense Risk Assessment Guide
- Older Adolescents – VRAG Violence Risk Assessment Guide
- Psychopathy Check List - Youth Version – PCL-YV (special training needed)

# Adult Risk Assessment Measures

- SORAG Sex Offense Risk Assessment Guide
- VRAG Violence Risk Assessment Guide
- Psychopathy Check List II - PCL-II (special training needed)
- STATIC 99
- RRASOR – Rapid Risk Assessment for Sex Offense Recidivism
- MnSORT-R – Minnesota Sex Offender Screening Tool – Revised
- SONAR – Sex Offender Needs Assessment Rating
- Relevant Research and Other Resources

# Rules

- Ask questions throughout
- All written materials including slides are in your binders
- Electronic versions are on the CD
- Feel free to call or email me after the presentation with any questions
- 913-677-3553 [cappo@clinical-assoc.com](mailto:cappo@clinical-assoc.com)

# About your presenter

- Working with sex offenders since 1987
- Miami County since 1988
- Clinical Associates, P.A.
  - Multi-disciplinary group
  - About 20 practitioners
- ATSA Clinical member
- Evaluation and Forensic Experience
- Sex Predator Transitional Program

# Overview of Psychological Assessment

# Caveats

- I am NOT trying to turn you into psychologists or statisticians
- Some of this is presented in an over-simplified fashion
- You must understand the underlying concepts to avoid misuse of the instruments
- Goal is to understand what is necessary for responsible use

# 6 types of methodologies

- Unguided clinical judgment
- Guided clinical judgment
- Clinical judgment based on anamnestic (medical history) approach
- Research guided clinical judgment
- Clinically adjusted actuarial approach
- Purely actuarial approach

# Unguided clinical judgment

- Review case materials
- No significant theory prioritizing importance of the data obtained
- Each judgment unique

# Guided clinical judgment

- Start with ideas about importance
- Clinician's own ideas
- Without research support
- More consistent than unguided in theory

# Clinical judgment based on anamnestic approach

- Based on medical history
- *a priori* list of factors for consideration and weighting
- Research supported

# Research guided clinical judgment

- Analyze life history to find factors of importance relative to historically documented risk
- Examine degree to which those conditions still exist
- No Research
- Uses individual's own history as guide to recidivism

# Clinically adjusted actuarial approach

- Actuarial instruments
- Potential adjustment to actuarial results based on clinically derived considerations
- Hopefully research based

# Purely actuarial approach

- Most mechanical
- Actuarial instruments with no adjustments
- Consistent results
- Can be utilized by non-professionals or para-professionals with training
- This is what we are here for today
- You will be able to employ these methods based on your training today

# Clinical vs Actuarial

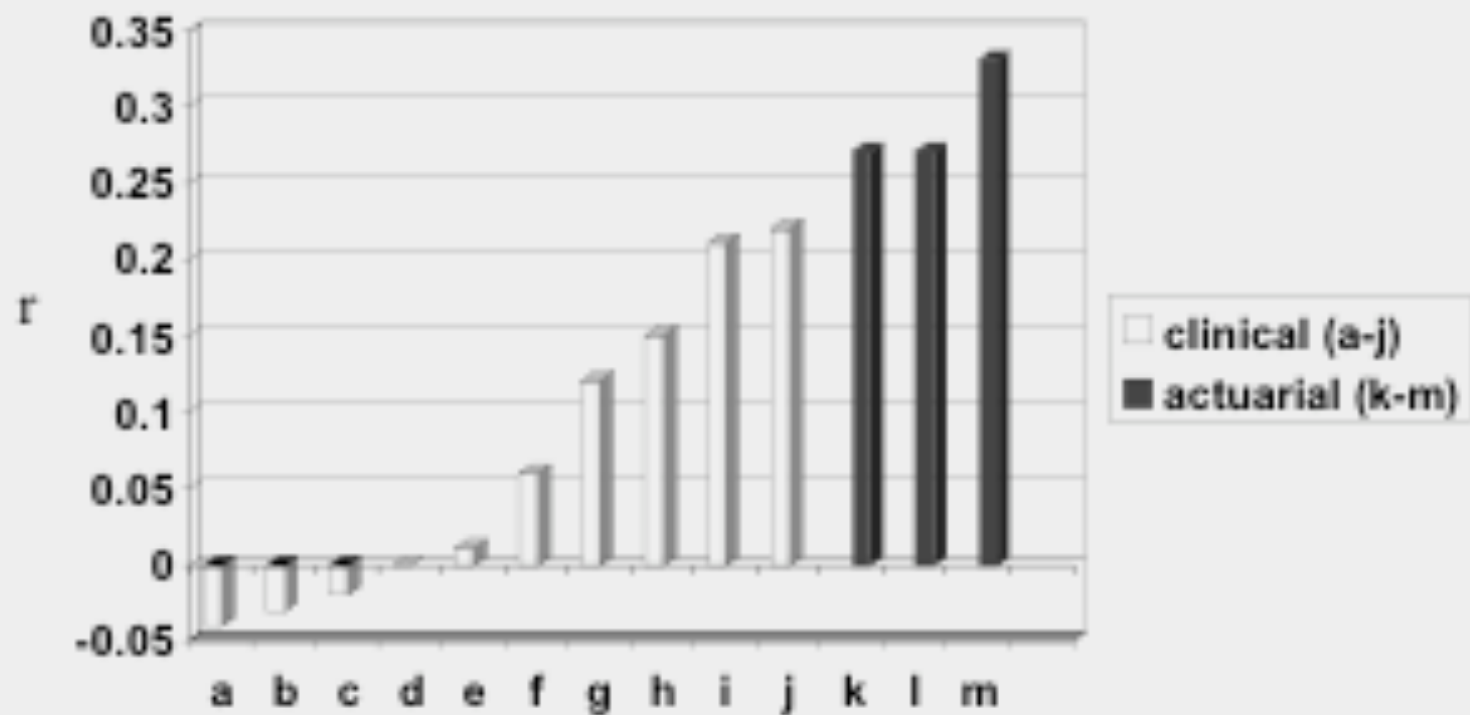
- Studies of sex offenders and recidivism risk
- Two Meta-Analyses
- Same conclusion
- “Mechanical predictions of human behavior are equal or superior to clinical prediction for a wide range of circumstances”

# Combination of Factors

from Dr. Hanson

	<u>type of recidivism</u>		
	sex	violent	any
Clinical	.09	.06	.13
Statistical	.46	.46	.42
General Scales			
SIR	.09	.34	.41
VRAG	.20	.47	
Sex Risk Scales			
Minnesota	.27		
RRASOR (Hanson)	.27	.22	
STATIC-99	.33	.32	

## Accuracy of Clinical and Actuarial Prediction of Sex Offense Recidivism



# Bottom Line

- “There seem, then, to be no barriers to a general preference for mechanical prediction where an appropriate mechanical algorithm is available.”
- Grove et al., 2000, page 19

# Psychologists not obsolete yet...

- 6-16% clinical predictions superior
- Mechanical 10% more accurate than clinical overall
- In some individual cases clinical was better
- Actuarial is only as good as the research behind it
- ...and that research is done by -  
Psychologists !

# Group statistics versus the individual

- Potential problems and errors

# Ecological fallacy

- Inferences about the nature of individuals are based solely upon aggregate statistics collected for the group to which those individuals belong.
- This fallacy assumes that all members of a group exhibit characteristics of the group at large. Stereotypes are one form of ecological fallacy.

# Example

- A study is done that shows people from Springfield score higher on the SAT on average than people from Shelbyville. Assuming that a randomly selected individual from Springfield scored higher on the SATs than a randomly selected individual from Shelbyville is an ecological fallacy. Since the SAT scores given in the study were an average, it is indeed possible that the individual from Springfield scored in the bottom ten percent on the SATs and the individual from Shelbyville just happened to score in the top 10%.

# More complex example

- Imagine two communities, Chiptown and Pittsville. Within each community there is a typical divide between the rich and poor, the rich living in the suburbs and the poor living adjacent to the industrial districts that create carcinogens. In both communities, the poor people have a cancer incidence that is many times that of the wealthy people. In Chiptown, where the dominant industry is high-tech computer manufacturing, the overall salaries are higher for both rich and poor people, but the carcinogens spewed into the environment are particularly nasty, giving cancer to nearly all those exposed (poor people). Prof. Newbie comes along and decides to examine the risk factors for cancer. He looks up the cancer rates and median incomes of these two towns on the CDC and U.S. Census webpages. He finds, to everyone's surprise, that the cancer incidence is higher in the wealthier community. He concludes that higher income is a risk factor for cancer. In fact, we know that exactly the opposite is true. In fact, in the wealthier community of Chiptown, being poor is especially dangerous to one's health.

# Real world example

- The ecological fallacy was a factor in the judge's decision to uphold the election of Christine Gregoire in the court challenge to the 2004 Washington Gubernatorial election. The challengers had attempted to argue that illegal votes cast in the election would have followed the voting patterns of the precincts in which they had been cast, which they contended would have favored Gregoire. The judge determined that this constituted an ecological fallacy, and disallowed the evidence. An expert witness for Gregoire explained ecological fallacy as trying to figure out Ichiro Suzuki's batting average by looking at the batting average of the entire Seattle Mariners team. The ecological fallacy is exceptionally common in population research.

# Reliability and Validity

- Reliability - The consistency of a measure over time
- Validity- the degree to which you are measuring what you think you are measuring

# Types of reliability

- *Test-retest*
- *Alternate Forms*
- *Split Half reliability*
- *Inter-rater Reliability*
- *Internal consistency*

# Types of Validity

- Face validity
- Construct validity
- Criterion validity
- Concurrent validity
- Convergent validity
- Discriminant validity

# Reliable but NOT Valid

- I weigh person 1 every morning on a scale
- The scale always reads 100 pounds
- I weigh person 2 every morning
- The scale always reads 150 pounds
- That scale is reliable
- However, person 1 weighs 175 pounds and person 2 weighs 50 pounds - it is NOT VALID
- We are measuring something consistently but it apparently is not weight

# Valid but NOT Reliable

- I weigh a person every morning on a scale
- The scale readings for one week are as follows:
- 125 pounds, 115 pounds, 125 pounds, 137 pounds
- 125 pounds, 116 pounds, 125 pounds
- That scale is valid - it measures weight
- However, it is NOT RELIABLE - we cannot be assured that it is measuring accurately over time
- We are measuring weight but not consistently

# We want Reliable AND Valid

- We want a scale that measures weight accurately over time, every time
- We want consistent readings of the variable we think we are measuring

# Pre-sentence evaluation and supervision issues

- A good report addresses all of the following issues
- Supervision is impacted, limited and facilitated as a result of where the offender falls in these areas
- Understanding of the relationship between such information and the subsequent requirements directly impacts compliance

# Intellectual and Educational

- Capacity of the offender = intelligence
- Formal academic completion = educational
- There may be a great disparity between the two
- A bright offender is likely to be even more devious and create situations allowing for benefit of the doubt
- This may be unrelated to his formal education level
- In general, higher risk comes from either end of the spectrum
- Persons at the lower and upper extremities are considered higher risk than those in the middle

# Overall function - Personality and mental health

- The higher the better in terms of compliance issues
- Having a high degree of function allows one to drive over the bumps in the road without ending up in the ditch
- Dealing with other factors of stable living increase risk that they will offend as a coping response
- When coping responses are stretched thin, they are most vulnerable
- A personality disorder diagnosis or diagnosis of a severe and persistent mental illness increases risk of re-offending

# Social, Developmental, Family

- These factors relate to one's resiliency
- They also address issues of support which may decrease risk
- A socially adept or facile offender may present greater risk in terms of opportunity and success
- Treatment focus may need to address particular developmental issues such as a 'adultification' at a young age or developmental stagnation
- Family may be a hindrance or a help

# Current Status

- What are the static versus dynamic variables
- Is risk likely to increase or decrease over time
- Does the supervising officer influence or control variables that impact this?
  - Where or with whom he lives - yes
  - Stability of present job - probably not
  - Health issue in offender or relative - no
- Supervising officer should watch for variables / changes that are identified as impacting status
  - Current relationship

# Sexual Issues

- Has offender been married or in appropriate relationships - if so this decreases risk
- What is his current status
- Are there relevant issues due to age in juvenile offenders
- Monitoring relationships in juveniles
- Focusing therapy on relevant topics specific to the offender

# Delinquency and Conduct

- Risk of continued non-sexual legal involvement
- Risk as a function of decision making and other life consequences
- Even though there is a sexual offense - general rules of supervision still hold

# Risk Assessment, Risk and Protective Factors in the Community

- Current risk level
- Static and dynamic factors
- Watch for changes in identified protective factors
  - Parent, spouse or mentor change such as illness or relocation

## Awareness of Victim Impact

- Significant variable
- Ongoing recognition vs able to say the right thing
- Role as a deterrent for future behavior

# Relapse Prevention Resources, Amenability to Treatment

- Resources available in the community
- Willingness to access resources
- Commitment to treatment
- Ability to benefit from treatment
  - IQ, predator status
- Acceptance of problem and treatment

# Juvenile Risk Assessment Measures

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# ERASOR II- Estimate of Risk of Adolescent Sexual Offense Recidivism

- Version 2.0 February 2001
- Designed to assist evaluators to estimate the risk of sexual reoffense ONLY for individuals 12-18 years of age who have previously committed a sexual assault

# Evaluators should...

- Have a high level of training and expertise
- Assess multiple domains - not rely on this alone
- Use multiple methods of data collection (interview, observation, case records)
- Multiple sources (records, police, family, victim, parent)
- Consider static and dynamic factors

# Evaluators should...

- Recognize the validity and be aware of any reservations regarding formulation of level of risk
- Recognize that risk assessments become obsolete both through passage of time and through change

# Communication of Risk Level to Others

- Note limitations of their risk prediction
- Note that estimates are time limited
- Justify risk estimates by presence or absence of specific high risk factors
- Make risk predictions as specific as possible
- List circumstances that might exacerbate risk in the short term
- Note strategies helpful in managing offender's risk

# ERASOR

- Please turn to ERASOR in binder

# J-SOAP II – Juvenile Sex Offender Assessment Procedure

- Prentky and Righthand 2003
- To aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal reoffending
- Designed for use with 12-18 year olds who have been adjudicated for sexual offenses as well as nonadjudicated youths with a history of sexually coercive behavior

# J-SOAP II Caveats

- “Knowledgeable of the challenges”
- Adolescents are in “flux” and “moving targets”
- Results valid no longer than 6 months - possibly less depending on changes
- Training
- Stay current in literature
- Use multiple sources

# Validation

- Sample had 96 juvenile offenders ages 9-20
- Average age 14
- Updated from 1998 version (153 in sample)

# Supervision

- High scores on scale 1 or 2 may require intensive supervision and perhaps secure placement
- Low scores on scales 1 and 2 may suggest offending was more situational and may require limited intervention

# J-SOAP II

- Please turn to J-SOAP II in binder

# J-RAT – Juvenile Risk Assessment Tool

- Stetson School version 2(a), 2003
- Assesses risk domains
  - Responsibility, relationships, etc
- Total of 118 elements
- Allows for clinical weighting
  - Despite a high level of functioning in many areas, a particular emphasis may be placed on a specific area (weight) such as the nature of a prior act if it was severe or indicative of tremendous dysfunctionality

# Ratings

- Allows for change in terms of severity of concern
- + movement toward more severe concerns/problems
- - movement toward less severe concerns/problems
- None - no problem indicated
- Unknown - treat as more severe concern

# J-RAT – Juvenile Risk Assessment Tool

- Please turn to the J-RAT in your binder

# CI/J-RAT – Juvenile Risk Assessment Tool

- Cognitively impaired version
- IQ of 75 or below
- Can be used with IQ of 80 or below at discretion of evaluator

# CI/J-RAT – Juvenile Risk Assessment Tool

- Please turn to the CI/J-RAT in your binder

# Appropriate with older adolescents

## SORAG & VRAG

- Older Adolescents – SORAG Sex Offense Risk Assessment Guide
- Older Adolescents – VRAG Violence Risk Assessment Guide
- These will be covered thoroughly in the adult section

# Psychopathy Check List - Youth Version – PCL-YV

- You will not be trained on this today
- Special training needed through Darkstone - Dr. Hare's educational company
- PCL-YV
- Measure of psychopathy
- Scored as part of SORAG and VRAG
- Hopefully scoring would have been available through prior evaluation by a trained professional
- If not available, then consider as a limitation in the confidence of the assessment

# Psychopathy vs Antisocial Personality

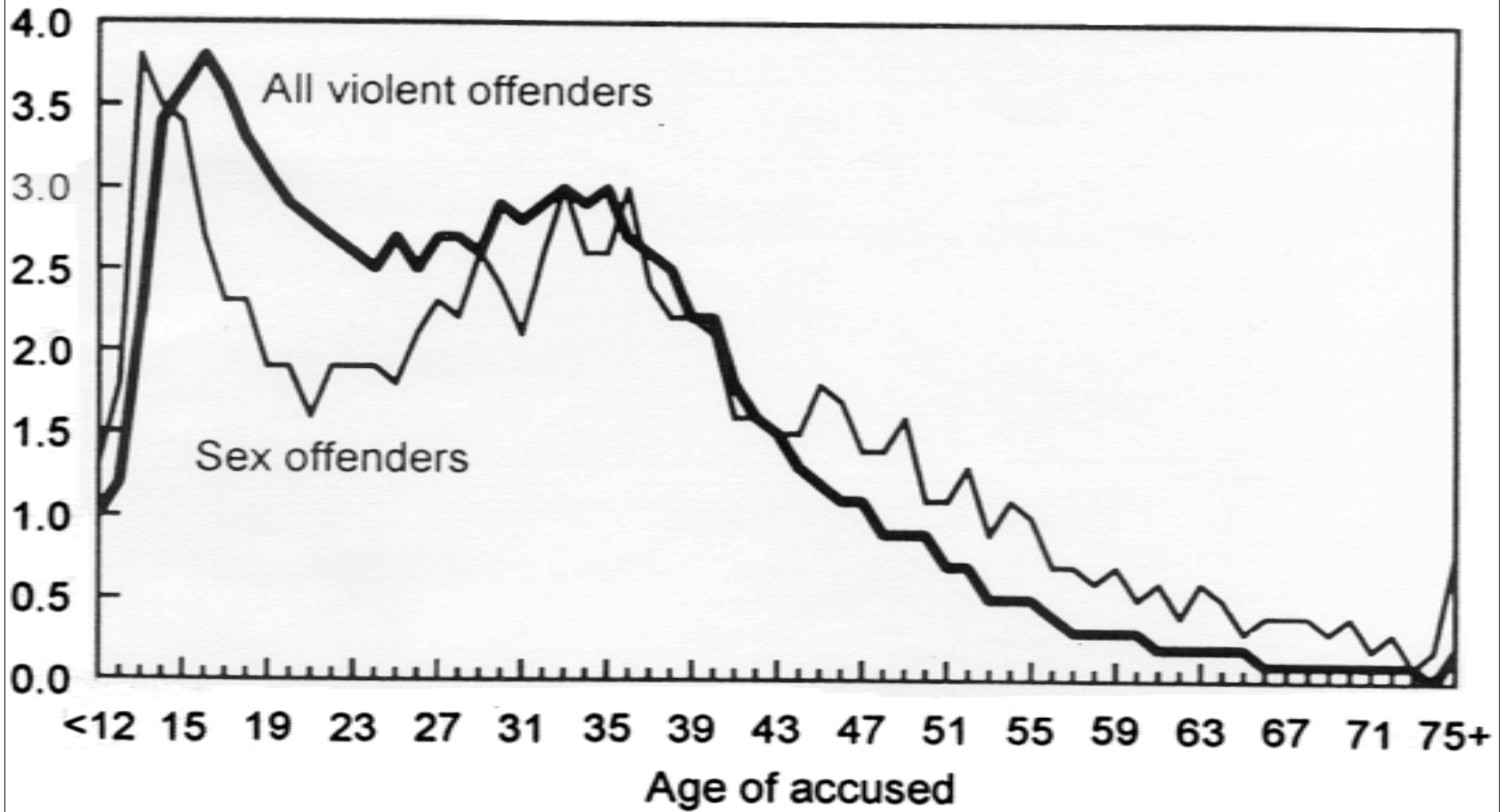
- Psychopathy is a construct
- Antisocial Personality Disorder is a DSM IV diagnosis
  - Given only age 18 or older
  - “features of..” for younger teens
  - Must have conduct disorder diagnosis in history

# **Adult Risk Assessment Measures**

# Sex Offender Risk Assessment

- Static (unchangeable)
  - Prior sexual offenses
  - Age
  - Any extrafamilial victims
- Dynamic (changeable)
  - Stable
    - Marital status
    - Deviant sexual preferences
    - Personality disorders
  - Acute
    - negative mood
    - drunkenness

# Percentage of accused



# VRAG - Violence Risk Assessment Guide

- Probably best measure for classifying reoffense risk of violent offenders
- Only a few items different between VRAG and SORAG - 12 items
- Requires a thorough and reliable social history, knowledge of the offender's DSM diagnosis and a PCL-R score

# SORAG - Sex Offense Risk Assessment Guide

- A variation of the author's earlier "Violence Risk Appraisal Guide" (VRAG)
- Effective though relatively complicated 14-item scale
- Requires a thorough and reliable social history, knowledge of the offender's DSM diagnosis and a PCL-R score

# SORAG

- SORAG may be the best currently available instrument for classifying reoffense risk among violent sexual offenders but appears inferior to other instruments (RRASOR, Static-99) for classifying risk of non-violent offenses often more typical among child molesters

# Complete SORAG/ VRAG info

- Violent Offenders: Appraising and Managing Risk (1999) Quinsey, Vernon L.; Harris, Grant C.; Rice, Marnie E.; and Cormier, Catherine A.
- Available from Sinclair Seminars, ([www.sinclairseminars.com](http://www.sinclairseminars.com))
- \$40.00 + \$2.00 shipping

# SORAG / VRAG

- Turn to the items in your binder
- Will cover together - noting differences on a few questions since they are nearly the same

# SORAG / VRAG

- Lived with both biological parents to age 16 (except for death of parent)
- Yes = -2
- No = +3

# SORAG / VRAG

- Elementary school maladjustment
- No problems = - 1
- Slight (minor discipline or attendance) or moderate problems = +2
- Severe problems (frequent disruptive behavior and/or attendance or behavior resulting in expulsion or serious suspensions) = +5

# SORAG / VRAG

- History of alcohol problems
- One point is allotted for each of the following:
  - Parental alcoholism
  - Teenage alcohol problem
  - Adult alcohol problem
  - Alcohol involved in a prior offense
  - Alcohol involved in the index offense
- 0 = -1
- 1 or 2 = 0
- 3 = +1
- 4 or 5 = +2

# SORAG / VRAG

- Marital status
- Ever married
  - (or lived common law in the same home for at least 6 months) = - 2
- Never married = +1

# SORAG / VRAG

Criminal history score for nonviolent offenses

(from the Cormier-Lang system)

Score 0 = -2

Score 1 or 2 = 0

Score 3 or above = +3

**CORMIER-LANG CRIMINAL HISTORY SCORES  
FOR NON-VIOLENT OFFENSES**

Robbery (bank, store)	7
Robbery (purse snatching)	3
Arson and fire setting (church, house, barn)	5
Arson and fire setting (garbage can)	1
Threatening with a weapon	3
Threatening (uttering threats)	2
Theft over* (includes car theft and possession of stolen property)	5
Mischief to public or private property over*	5
Break and enter and commit indictable offense (burglary)	2
Theft under* (includes possession of stolen goods under)	1
Mischief to public or private property under* (also public mischief)	1
Break and enter (includes break and enter with intent)	1
Fraud (extortion, embezzlement)	5
Fraud (forged cheque, impersonation)	1
Possession of a prohibited or restricted weapon	1
Procuring a person for, or living on the avails of prostitution)	1
Trafficking in narcotics	1
Dangerous driving, impaired driving (driving while intoxicated)	1
Obstructing peace officer (including resisting arrest)	1
Causing a disturbance	1
Wearing a disguise with the intent to commit an offense	1

\*Roughly equivalent to larceny versus grand larceny, based on the value of the stolen property. As of 1997, the critical value was \$1,000.00.

All arrests for all counts for nonviolent criminal offenses (including juvenile record) are scored and then added. When a particular Criminal Code is different from the Criminal Code of Canada, some amount of judgment will be required to approximate offenses in other jurisdictions. For example, larceny does not appear in the Canadian Code but is usually equivalent to theft. *Additional scoring details are provided in Appendix E.*

# SORAG / VRAG

Failure on prior conditional release

(includes parole or probation violation or revocation, failure to comply, bail violation, and any new arrest while on conditional release)

No = 0

Yes = +3

# SORAG / VRAG

Age index offense

(at most recent birthday)

$$39 = -5$$

$$34-38 = -2$$

$$28-33 = -1$$

$$27 = 0$$

$$\underline{\quad} < 26 = +2$$

# VRAG

Victim injury

(for index offense; the most serious is scored)

Death = -2

Hospitalized = 0

Treated and released = +1

None of slight (includes no victim) = +2

# VRAG

Any female victim  
(for index offense)

Yes = -1

No (including no victim) = +1

# SORAG / VRAG

Meets DSM-IV criteria for any personality disorder

No = -2

Yes = +3

# SORAG / VRAG

Meets DSM-IV criteria for schizophrenia

Yes = -3

No = +1

# SORAG / VRAG

Hare Psychopathy Checklist score

$$\leq 4 = -5$$

$$5-9 = -3$$

$$10-14 = -1$$

$$15-24 = 0$$

$$25-34 = +4$$

$$\geq 35 = +12$$

# SORAG

Criminal history score for violent offenses  
(from the Cormier-Lang system)

Score 0 = -2

Score 1 or 2 = 0

Score 3 or above = +6

# SORAG

- History of sex offenses only against girls under 14
- Including index offenses
- If offender was less than 5 years older than victim, always score +4
- Yes = 0
- No = +4

	VRAG Score	7 Years	10 Years
		0	0.08
	-21 to -15	0.008	0.10
	-14 to -8	0.12	0.24
	-7 to -1	0.17	0.31
	0 to +6	0.35	0.48
	+7 to +13	0.44	0.58
	+14 to +20	0.55	0.64
	+21 to +27	0.76	0.82
		1.00	1.00

SORAG Category	SORAG Score	7 Years	SORAG Score	10 years
1	<-9	0.07	<10	0.09
2	-9 TO -4	0.15	-10 TO -5	0.12
3	-3 TO +2	0.23	-4 TO +1	0.39
4	+3 TO +8	0.39	+2 TO +7	0.59
5	+9 TO +14	0.45	+8 TO +13	0.59
6	+15 TO +19	0.58	+14 TO +19	0.76
7	+20 TO +24	0.58	+20 TO +25	0.80
8	+25 TO +30	0.75	+26 TO +31	0.89
9	>+31	1.00	>+31	1.00

Normative Data on the Distribution of *Violence Risk Appraisal Guide (VRAG)* and *Sex Offender Risk Appraisal Guide (SORAG)* Scores

VRAG				SORAG			
Score	Percentile	Score	Percentile	Score	Percentile	Score	Percentile
≤-24	<1	3	59			3	39
-23	1	4	62			4	40
-22	2	5	63			5	41
-20	3	6	66			6	44
-19	5	7	67			7	47
-18	7	8	69			8	50
-17	9	9	72	≤ -17	<1	9	55
-16	11	10	74	-16	1	10	57
-15	13	11	76			11	60
-14	16	12	79			12	64
-13	18	13	81			13	65
-12	20	14	83	-12	2	14	67
-11	22	15	85	-11	4	15	71
-10	25	16	87	-10	5	16	73
-9	28	17	89	-9	6	17	76
-8	30	18	90			18	79
-7	32	19	92	-7	8	19	81
-6	35	20	93	-6	10	20	84
-5	38	21	94	-5	13	21	86
-4	40	22	95	-4	15	22	88
-3	42	23	96	-3	16	23	90
-2	45	25	97	-2	18	24	91
-1	47	26	98	-1	21	25	92
0	50	28	99	0	24	26	93
1	54	≥32	>99	1	27	27	94
2	56			2	30	28	96
						30	98
						34	99
						≥40	>99

# Hare Psychopathy Check List - Revised PCL-R

- You will not be trained on this today
- Special training needed through Darkstone - Dr. Hare's educational company
- Measure of psychopathy - a construct
- NOT a measure of antisocial personality disorder from DSM IV
- Scored as part of SORAG and VRAG
- Hopefully scoring would have been available through prior evaluation by a trained professional
- If not available, then consider as a limitation in the confidence of the assessment
- Percentile rankings and T-scores available for both institutionalized and parole populations
- Britain dictates that incarcerated inmates who score above a cutoff will not be given treatment as they will not benefit - upheld by their courts

# STATIC 99

- Revised 2003
- Appendices useful
- Utilizes 'Static' or unchangeable factors that have been researched to correlate with sexual reconviction in males
- Provides a 'baseline' of risk for sexual and violent reconviction

# STATIC 99

- Karl Hanson and David Thornton
- Amalgamation of RRASOR and SACJ-Min
- Structured anchored clinical judgment - Minimum (1998)
- 10 Items
- Factors that are empirically shown to be associated with recidivism

# STATIC 99

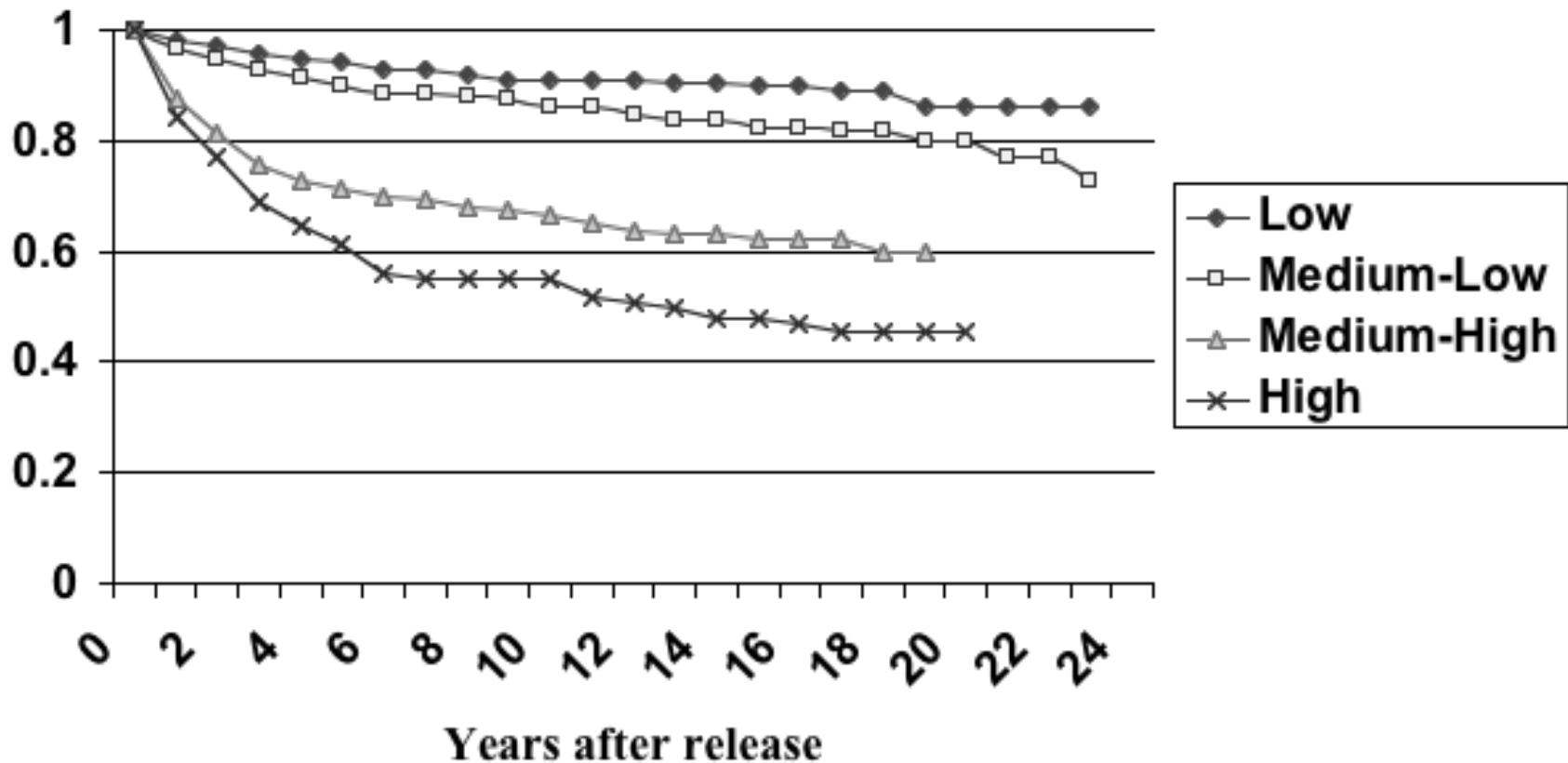
- Interview helpful but NOT necessary
- Only moderate predictive validity
- (ROC = .71) (see next slide)
- Possible to score >6
- 6 is top risk score
- No significant increase in recidivism for scores between 6 and 12
- Diminishing sample size at high score levels

# ROC

- Receiver Operating Characteristic
- Area Under the Curve (AUC)
- Complex statistical concept
- General ROC guidelines
- .90-1 = excellent (A)
- .80-.90 = good (B)
- .70-.80 = fair (C)
- .60-.70 = poor (D)
- .50-.60 = fail (F)

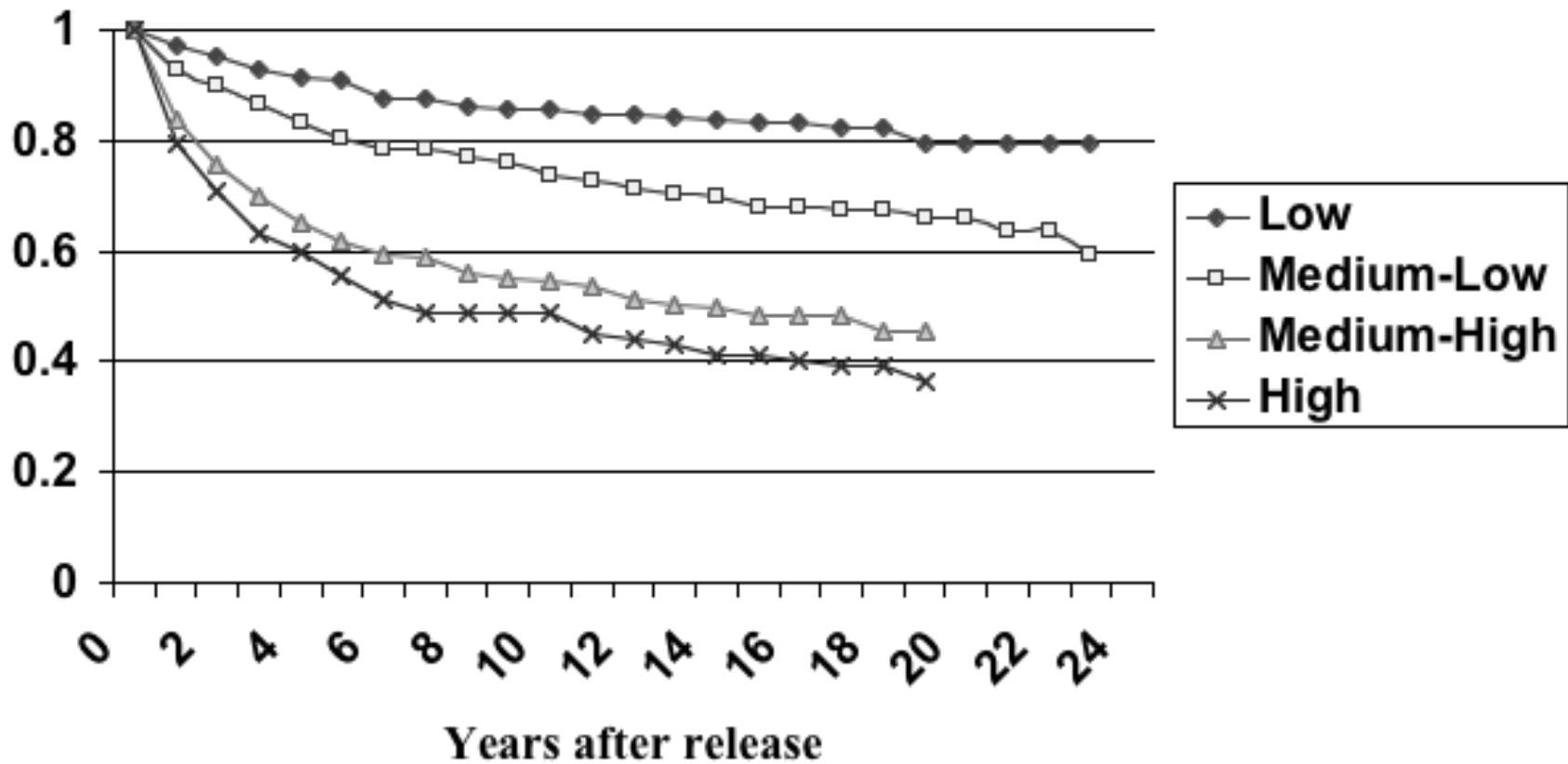
# STATIC-99

## Sexual Recidivism



# STATIC-99

## Violent Recidivism



# Strengths

- Valid risk factors
- Explicit rules for combining factors
- Predicts sexual & violent recidivism
- Explicit probability estimates
- Robust across settings & samples
- Easily scored

# Weaknesses

- Neglects important factors
- Only moderate predictive accuracy

# STATIC 99 vs RRASOR

- If you use only one of the two...
- Average predictiveness of STATIC 99 is higher than for the RRASOR

# Requirements

- Males who have already been charged with a sexual offense
- Not recommended for females
- Not recommended for <18 years old

# Use with Juveniles

- Sample contained persons who offended at age 16 or 17.
- Can use if 16 or 17 and offenses are “adult” in nature
- Interpret with CAUTION - not recommended as a general rule but only in special cases
- SORAG and VRAG can be used with older adolescents as a general rule but NOT STATIC 99
- Research has shown a positive recidivism rate with STATIC 99 scores when used

# Developmentally Delayed

- Can use if appropriate
- Original sample contained “a number” of DD offenders

# When to use

- Offense occurred but not charged
- Offenses against animals
- Anytime there is an identifiable victim
- Not guilty by reason of insanity

# Caution in use

- Substantial period of liberty in community without re-offending
- Some Juveniles
- “No Identifiable Victim” crimes ONLY
- Consenting sexual activity with near age peer (statutory rape)

# Race

- Most research done in Canada and UK
- Most people in samples are White
- Aboriginal offenders are represented
- Some non-White offenders
- In general no race specific factors
- Can use all measures independent of Race
- Measures do not appear to be culturally specific

# Other mental health issues

- Use with Schizophrenics
- Use with mood disorders
- Use with most mental health issues where measure would seem appropriate

# Pseudo-Recidivism

- Multiple crimes
- Currently in legal system
- Additional charges that occurred prior to being apprehended for the current offense
- Earlier crimes never dealt with
- They are brought forward and grouped together at this time

# Index Cluster

- These offenses join the “index offense” even though they are from distinct time periods
- They are not treated as “priors”
- Even though the behavior was long ago  
- they never had legal consequences for them
- These make up the “index cluster”

# Category A and B Offenses

- Category A
  - Crimes against persons - “sexual offenses” as we know them
- Category B
  - Illegal behaviors with consenting parties
  - No specific victim
  - Prostitution, consenting sex in public, possession of pornography, public nudity

# Scoring A & B Offenses

- If ANY category A offenses then
- ALL category B offenses are scored as sex offenses for the purposes of priors to the index offense
- They do not count as victim type items
- If only category B offenses - STATIC 99 not appropriate

# STATIC 99

- Please turn to the STATIC 99 Coding Rules in your binder

<b>Risk Factor</b>	<b>Codes</b>	<b>Score</b>	
Prior Sex Offenses (Same rules as in RRASOR)	<u>Charges</u>	<u>Convictions</u>	
	None	None	0
	1-2	1	1
	3-5	2-3	2
	6+	4+	3
Prior Sentencing dates (excluding index)	3 or less	0	
	4 or more	1	
Any convictions for non-contact sex offenses	No	0	
	Yes	1	
Index non-sexual violence	No	0	
	Yes	1	
Prior non-sexual violence	No	0	
	Yes	1	
Any unrelated victims	No	0	
	Yes	1	
Any stranger victims	No	0	
	Yes	1	
Any male victims	No	0	
	Yes	1	
Young	Aged 25 or older	0	
	Aged 18 – 24.99	1	
Single	Ever lived with lover for at least two years?		
	Yes	0	
	No	1	
Total Score	Add up scores from individual risk factors		

Recidivism rates for Static-99 risk levels.

Static-99 score	sample size	sexual recidivism			violent recidivism	
		5 years	10 years	15 years	5 years	10 years
0	107 (10%)	.05	.11	.13	.06	.12
1	150 (14%)	.06	.07	.07	.11	.17
2	204 (19%)	.09	.13	.16	.17	.25
3	206 (19%)	.12	.14	.19	.22	.27
4	190 (18%)	.26	.31	.36	.36	.44
5	100 (9%)	.33	.38	.40	.42	.48
6 +	129 (12%)	.39	.45	.52	.44	.51
Average						
3.2	1086 (100%)	.18	.22	.26	.25	.32

# RRASOR – Rapid Risk Assessment for Sex Offense Recidivism

- RRASOR requires only four readily available pieces of information:
- prior sex offenses
- offender's current age
- victim gender
- offender's relationship to victim
- surprisingly robust
- best-validated actuarial instrument for application to retarded adult male offenders

# RRASOR

- All items included in STATIC 99
- Easily scored from administrative records
- Not to be used in isolation

# RRASOR

- Please turn to table 4 of the RRASOR handout in the binder

# MnSORT-R – Minnesota Sex Offender Screening Tool – Revised

- Designed to be scored on a file review
- Scores within a single risk level should be treated as equivalent
- Low = 3 and below
- Moderate = 4 to 7
- High = 8 and above

# Recidivism Rates

- Table 6 MnSOST-R technical paper
- Followed for 6 years
- Risk Level 1 = 14%
- Risk Level 2 = 31%
- Risk Level 3 = 61%
- Scores above 13 = 88%

# MnSOST-R

- Please turn to the MnSOST-R screening tool in your binder

# SONAR – Sex Offender Needs Assessment Rating

- Guided by social-cognitive theory
- Intimacy deficits
- Social influences
- Attitudes
- Sexual self-regulation
- General self-regulation
- Acute risk factors

# SONAR

- Helps identify WHEN they might reoffend with acute risk factors
- For each point increase in SONAR scores, the recidivism rate would be expected to increase by 42%
- i.e. if recidivism rate for offenders with scores of 7 was 20%, then offenders with a score of 8 would be expected to recidivate at 28.4% (20% x 1.42 = 28.4%)

# Sex Offender Need Assessment Rating (SONAR)

## Stable Factors (2 points each)

Intimacy Deficits

Negative Social Influences

Attitudes

Sexual Self-Regulation

General Self-Regulation

Subtotal Maximum: 10

# Sex Offender Need Assessment Rating (SONAR)

## Acute factors

Substance Abuse Problems

Negative Mood

Anger

Victim Access

(-1 better, 0 same, +1 worse)

Range of possible scores: -4 to +14

# SONAR

- Please turn to Appendix 1 of the SONAR article in your binder for the scoring criteria and questions

<b>Stable Items</b>		<b>Score</b>
Intimacy deficits	0 – current lover, no troubles 1 – current lover, troubles 2 – current lover	
Social influences	0 – positive social balance of +2 1 – balance of 0 or +1 2 - balance of less than zero	
Attitudes	0 – no agreement with any 1 – agrees with some 2 – agrees with many	
Sexual Self-regulation	0 – no entitlement or preoccupations 1 – some entitlement or some sexual preoccupations 2 – strong entitlement or 3+ sexual preoccupations	
General Self-regulation	0 – no problem 1 – some problem 2 – serious problem	
<b>Acute risk factors</b>		
Substance abuse	-1 = better, 0 = same, -1 = worse	
Negative mood	-1 = better, 0 = same, -1 = worse	
Anger / hostility	-1 = better, 0 = same, -1 = worse	
Opportunities for victim access	-1 = fewer, 0 = same, 1 = more	
<b>Total</b>		

# Intimacy deficits

Low – a stable romantic relationship with an appropriate partner and several constructive long-term friendships

Moderate – some intimate relationships, but short-term or unsatisfying

High – no intimate relationships, or relationships only with wholly inappropriate partners (e.g., children)

# Intimacy deficits

- 0 – current partner, no troubles
- 1 – current partner, troubles
- 2 – no current partner

## Potential Problems

- general conflicts
- sexual problems
- distrust
- affairs / infidelity

# Negative peer influences

Low – all significant people are positive influences

Moderate – a mixture of positive and negative influences

High – overtly deviant peer groups (e.g., pedophile exchange members, bike gang)

# Negative peer influences

Name all the people in the offender's life who are not paid to be with him. For each one, is the influence positive, negative or neutral?

#positive - #negative = balance

0 – balance = 2 or more

1 – balance = 0, 1

2 – balance less than zero

# Attitudes tolerant of sexual assault

Low – identifies no situations in which sexual assault is justified.  
Consistently views sexual offending as wrong

Moderate – generally disapproves of sexual crimes, but occasionally will express excuses / justifications (e.g., mature child, victim asked for it)

High – sees little wrong with sexual offending; able to justify in many situations (e.g., age of consent laws are “arbitrary”)

# Attitudes tolerant of sexual assault

Would the offender agree with the following statements?

## **Rape**

Many women would secretly like to be raped

When women go around wearing short skirts or tight tops they are asking for trouble

A lot of times when women say “no” they are just playing hard to get and really mean “yes”

That women are playing with him sexually

The some rape victims deserve what they get

# Attitudes tolerant of sexual assault

Would the offender agree with the following statements?

## **Child Molesting**

Some children are mature enough to enjoy sex with adults

Some children like to sexually tease him

A child who does not resist sexual touching really feels okay about being touched

Some children are so willing to have sex that it is difficult to stay away from them

# Attitudes tolerant of sexual assault

0 = no agreement with any

1 = agreement with some

2 = agreement with most of the Rape and/or most of the Child Molester items

# Emotional / sexual self-regulation

Low – has consistently coped with stressful situations without resorting to sexual fantasies or high risk behavior

Moderate – occasionally lapses into sexual fantasies (deviant or otherwise) and/or high risk behavior when stressed

High – negative mood/stress consistently trigger sexual imagery, and feels urge to act upon them. Frequently feels sexually frustrated and is unable/unwilling to delay gratification

# Emotional / sexual self-regulation

Would the offender agree with the following statement  
(sexual entitlement)?

Everyone is entitled to sex

Men need sex more than women do

He has a higher sex drive than most people

Once they get you wound-up sexually, you just can't stop

# Emotional / sexual self-regulation

In the last three months, has the offender engaged in any of the following (sexual preoccupations):

Pornography use

Strip bars / massage parlors / prostitutes

Lusty talk

Excessive masturbation

Deviant sexual fantasies / urges

Preoccupation with sex crimes

Preoccupation with sex/porn hookers

# Emotional / sexual self-regulation

- 0 = no entitlement or preoccupations
- 1 = some entitlement; 1-2 preoccupations
- 2 = mostly agrees with entitlement statement or 3+ sex preoccupations

# General self-regulation

Low – consistently cooperative with supervision and/or treatment. Avoids high risk situations, even when it involved personal sacrifices.

Moderate – Recognizes need to self-regulate, but little commitment or weak implementation. Attends treatment but not highly motivated. Occasional missed appointments/rescheduling.

High – Disengaged, or overtly manipulative in supervision. Feels no need to change/self-monitor or feels “out of control”. Frequent non-attendance or treatment drop-out. Commonly exposed to high risk situations.

# General self-regulation

Will make sacrifices to avoid high risk situations (reversed)

Testing known risk factors

Invested in treatment (reversed)

Tries to “play the system”

Tries to be “buddy-buddy” with you

Breaking conditions of community supervision

Ever “no show” with commitments other than community supervision

0 – none of the above

1 – some of the above

2 – most of the above

# Acute Risk Factors

For each of the following problem areas,  
consider whether the offender's behavior has:

Improved (-1)

Deteriorated (+1)

Remained the same since the last  
assessment (0)

# Acute Risk Factors

- Substance abuse problems (alcohol and drugs).  
Look for interference in normal daily activities and/or health problems.
- Negative Mood
  - Depression/discouraged/hopeless
  - Anxiety/excessive worry/stress
  - Frustration
  - Loneliness
  - Suicidal thoughts

# Acute Risk Factors

- Anger
  - Flying off the handle/volatility/anger
  - Anger towards women
  - Any aggressive/rude/threatening action toward others
- Victim access/grooming
  - Access to victims (general)
  - Cruising/creating opportunities to reoffend
  - Grooming of victims
  - Bicycle/4x4/motorcycle/flashy car
  - Computer/surf the net
  - Hobbies: camera/fishing/kites/boats

Sum items: worse -1; same 0; better +1

<b>Stable Items</b>		<b>Score</b>
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Social influences	0 – positive social balance of +2 1 – balance of 0 or +1 2 - balance of less than zero	
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Opportunities for victim access	-1 = fewer, 0 = same, 1 = more	
<b>Total</b>		

# Translating SONAR scores into risk categories

Category	SONAR Score
Low	-4 to 3
Low moderate	4, 5
Moderate	6, 7
High moderate	8, 9
High	10 - 14

# Relevant Research and Other Resources

- LOTS OF STUFF
- Basically research that supports what I've discussed here today
- Assessment manuals on each test
- Policies / manuals from other states
- Abstracts of articles with interesting findings

# Why?

- So you can support your opinions
- So you can have a reference
- So you can see what innovative states are doing
- So you can see that numerous findings all support similar conclusions
- So you can see findings that do not support specific conclusions

# With the goal of ...

- Helping you interpret, score and present data appropriately
- Understand the limits of the data
- Helping offenders get the help they need in the way they need it to facilitate better decisions and behavioral controls
- Helping to keep everyone safer

# Questions

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