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Sex Offender Treatment

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**OVERVIEW OF THE
ASSESSMENTS USED IN THE
TREATMENT AND MANAGEMENT
OF SEX OFFENDERS**

Presenter: Timothy L. Sinn

SESSION OBJECTIVES

- 1) Understand the application of risk assessment in the overall treatment and management of sex offenders
 - 2) Review the most up to date actuarial assessments utilized with sex offenders
 - 3) Provide an overview of the physiological measures used in the evaluation of sex offenders
 - 4) Discuss the risk assessments used in the evaluation of juvenile sex offenders
-

WHY ARE SEX OFFENDER RISK ASSESSMENTS IMPORTANT?

- ❑ Provides a base level of risk (Low, Moderate, High)
 - ❑ Determines the focus of treatment
 - ❑ Determines the intensity and frequency of treatment and supervision/prioritizes caseload
 - ❑ Informs the client of underlying and unrecognized issues
-

Characteristics* of recidivists

Meta-analysis

- Multiple victims
- Diverse victims
- Stranger victims
- Juvenile sexual offenses
- Multiple paraphilias
- History of abuse and neglect
- Long-term separations from parents
- Negative relationships with their mothers
- Antisocial personality disorder
- Unemployed
- Substance abuse problems
- Chaotic, antisocial lifestyles

*It should be noted that these are not necessarily risk factors
(Hanson and Harris, 1998)

Three Approaches to Risk Assessment

(R. Karl Hanson, ATSA Risk Assessment)

➤ **Empirically-guided clinical judgment**

The evaluator formulates an overall assessment of risk based on the observed combination of risk factors.

➤ **Pure actuarial prediction**

The actuarial approach provides explicit rules for combining risk factors into specific probability estimates.

➤ **Clinically adjusted actuarial prediction**

Actuarial predictions are adjusted up or down based on external factors (e.g., increase risk when intention to reoffend is stated; decrease risk when offender is disabled by disease).

Prediction of Sexual Recidivism

| Type of Measure | Predictability | N |
|------------------------|----------------------|--------|
| Unstructured | .43 (.28-.58) | 1,723 |
| Structured Judgment | .57 (.41-.73) | 965 |
| Mechanical | .66 (.56-.75) | 4,592 |
| Empirical Actuarial | .70 (.64-.75) | 14,160 |

Actuarial Risk Assessments

Static & Dynamic

Sexual Recidivism Risk Assessment Tools by Type of Risk Factor (s) Measured

| Static Risk Factors | Dynamic Risk Factors | Both Static & Dynamic Risk Factors |
|---|----------------------|------------------------------------|
| RRASOR | SONAR | MnSOST-R |
| Static-99 | | SVR-20 |
| | Stable-2007 | VASOR |
| SORAG | | RSVP |
| MnSOST-R (abbrev. Static version) | Acute-2007 | MASA |
| SACJ-Min | | SONAR |
| | | J-SOAP** |
| | | ERASOR** |
| | | J-SORRAT-II** |
| **for use with adolescent sex offenders | | |

Other Assessments Used in the field

- VRAG
 - LSI
 - PCL-R
 - PAI
 - MMPI
 - MCMI
 - MSI-2
-

Actuarial – Empirical (Sex Recidivism)

| Tool | Predictability | N |
|-----------|----------------|--------|
| STATIC-99 | .70 (.64-.76) | 13,288 |
| RRASOR | .59 (.52-.65) | 8,673 |
| MnSOST-R | .72 (.58-.86) | 1,684 |

Dynamic Supervision Project

STATIC-99

- “WHAT IS THE LIKELIHOOD OF RE-OFFENDING?”
- Assessed ONCE

Stable 2007

- “WHAT SHOULD TREATMENT TARGET?”
- Assessed every six months

Acute 2007

- “WHEN SHOULD WE INTERVENE?”
 - Assessed at supervision (weekly, monthly)
-

State of the Art Assessment of Sexual Offenders

The Stable-2007 and Acute-2007 are to be used in conjunction with the Static-99 to form a comprehensive picture of risk of sexual re-offending that captures not only long-term risk potential, but also assists in the treatment of offenders and management of risk for the supervision of offenders in the community.

(Anderson, April 2008)

WHAT EACH ASSESSES

□ STATIC-99

Assesses risk from the standpoint of static (i.e. unchangeable) risk factors

□ STABLE-2007

Examines the enduring dynamic risk factors that are amenable to intervention, and this can adjust the baseline of risk level

□ ACUTE-2007

Assesses the factors that are suggestive of sexual recidivism taking place in the near future and thus structures our supervision of offenders by high-lighting the important factors worth attending to in order to decide when to intervene (risk management)

Static, Stable, and Acute Risk Factors Definitions

- ❑ Static – Non-changeable life factors that relate to risk for sexual recidivism, generally historical in nature
 - ❑ Stable – Personality characteristics, skill deficits, and learned behaviors that relate to risk for sexual recidivism that may be changed through intervention
 - ❑ Acute – Risk factors of short or unstable temporal duration that can change rapidly, generally as a result of environmental or intra-personal conditions
-

STATIC-99

- ❑ Developed by Hanson & Thornton
 - ❑ Risk Level Only changes with age and relationship status
-

STATIC-99

An actuarial risk tool used for the prediction of sexual and violent recidivism among adult male sexual offenders

Static Risk Factors

- Don't change (on the whole)
- Allow you to gauge the long-term level of risk for sexual recidivism
- Allows you to determine an appropriate level of supervision and treatment for the individual

(Andrews & Bonta, 2007)

Appropriate Populations

STATIC-99

- Adult male sexual offenders
 - 18 years or older at time of release
 - Charged or convicted for an offense that is known to have a sexual motivation/component
 - Victims
 - Children
 - Non consenting adults
 - Other (corpses, animals)
-

LIMITATIONS OF STATIC-99

- Not normed on Juvenile Offenders
 - Not normed on Female Offenders
 - Not for Statutory Rape Offenders
 - Not for offenders offense free for 10+ years in the community
 - Does not incorporate new information
-

STATIC-99 Coding Items

- **Young Aged** (0,1)
 - **Ever Lived With – lover for 2 years** (0,1)
 - **Index non-sexual violence** (0,1)
 - **Prior non-sexual violence** (0,1)
 - **Prior Sex Offences** (0,1,2,3)
 - **Prior sentencing dates (excluding index)** (0,1)
 - **Convictions for non-contact sex offences** (0,1)
 - **Any Unrelated Victims** (0,1)
 - **Any Stranger Victims** (0,1)
 - **Any Male Victims** (0,1)
-

Created from RRASOR (Hanson, 1997 and SACI-Min (Thornton)

RISK CATEGORY

Suggested Nominal Risk Categories

| <u>POINTS</u> | <u>Risk Category</u> |
|---------------|-----------------------|
| 0,1 | Low |
| 2,3 | Moderate-Low |
| 4,5 | Moderate--High |
| 6+ | High |

Recidivism Statistics

STATIC-99

| Static-99 score | Sample size | Sexual Recidivism | | | Violent Recidivism | | |
|-----------------|-------------|-------------------|----------|----------|--------------------|----------|----------|
| | | 5 years | 10 years | 15 years | 5 years | 10 years | 15 years |
| 0 | 107 | .05 | .11 | .13 | .06 | .12 | .15 |
| 1 | 150 | .06 | .07 | .07 | .11 | .17 | .18 |
| 2 | 204 | .09 | .13 | .16 | .17 | .25 | .30 |
| 3 | 206 | .12 | .14 | .19 | .22 | .27 | .34 |
| 4 | 190 | .26 | .31 | .36 | .36 | .44 | .52 |
| 5 | 100 | .33 | .38 | .40 | .42 | .48 | .52 |
| 6+ | 129 | .39 | .45 | .52 | .44 | .51 | .59 |

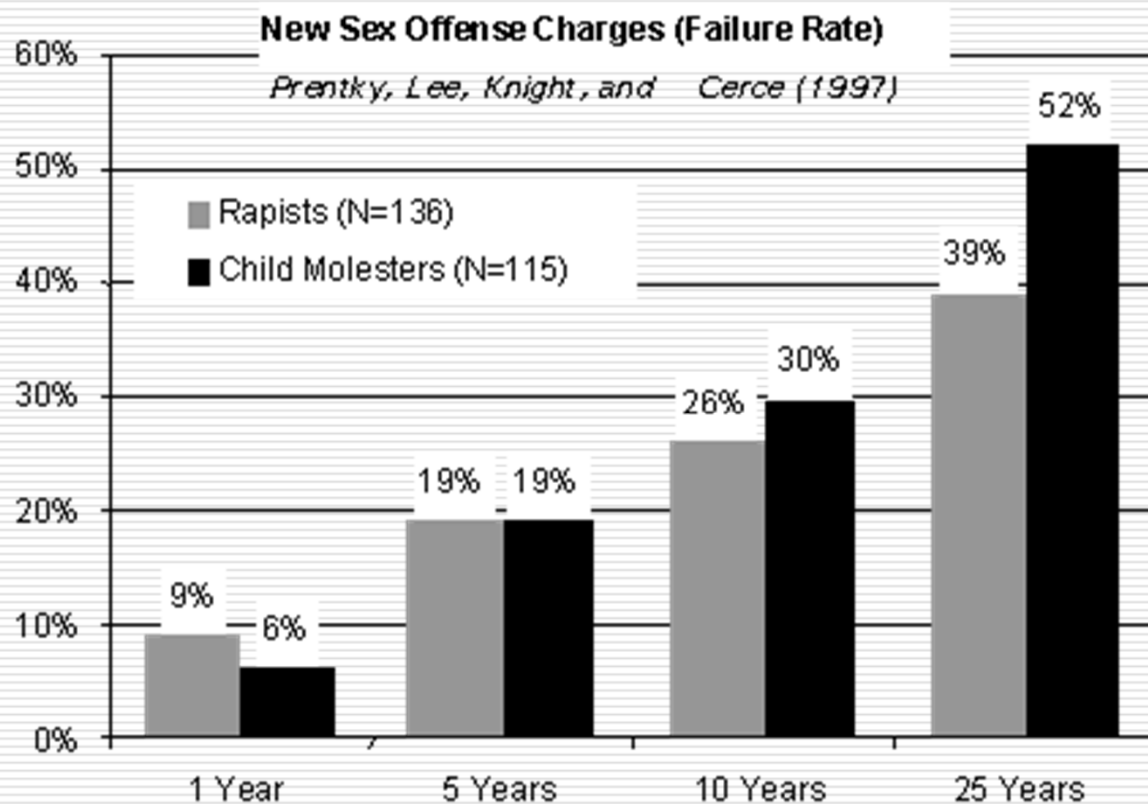
| Average | | | | | | | |
|---------|------|-----|-----|-----|-----|-----|-----|
| 3.2 | 1086 | .18 | .22 | .26 | .25 | .32 | .37 |

STATIC-99: Scoring Exercise

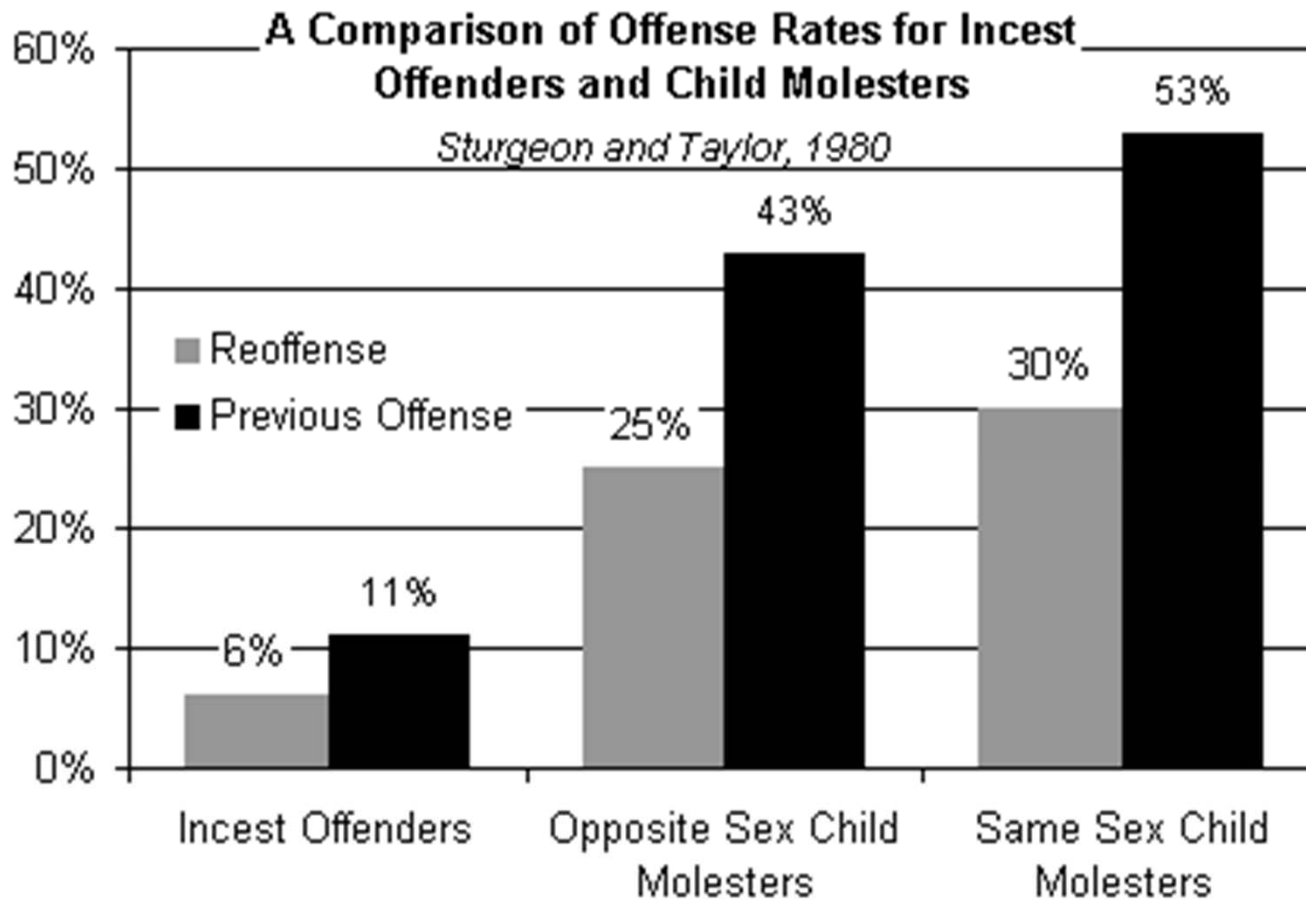
| Scoring Exercise | | | | |
|-----------------------------|--|--|---|--|
| Name: Mr. Reckless | | | | |
| DOB: 1974-11-11 | | | | |
| Assessment date: 2005-12-11 | | | | |
| | | | | |
| DATE | CHARGES | | CONVICTIONS | |
| 3/ 12/ 1989 | Theft Under \$50 | | Theft Under \$50/ Resitution | |
| 3/ 6/ 1990 | Possession of Stolen Property Breaking and Entering Possession of Burglary Tools | | Possession of Stolen Property 6 months probation | |
| 7/ 15/ 1990 | Assault | | Dismissed | |
| 3/ 31/ 1993 | Armed Robbery | | Armed Robbery: 6 years | |
| 8/ 18/ 1997 | Parole Violation: Theft Under \$50 | | Parole Violation; Recommited | |
| 2/ 1/ 2002 | Public Mischief | | Public Mischief; \$100 fine | |
| 10/ 23/ 2002 | Forcible Confinement Sexual Assault | | Forcible Confinement: 3 years | |
| | | | | |

Relationship History: Prior to 1993, Mr. Reckless dated a number of women, but no relationship lasted longer than six months. While serving time for the ~~1993 Armed Robbery~~, Mr. Reckless began a relationship with a prison volunteer. He lived with her when he was paroled in May 1997, and they married in July 1997. They stay in the relationship when he returned to prison in August 1997, and they lived together when he was released in February 1999. They separated in May 1999, Sexual Assault Victim 1: Joan M. (D.O.B. 4/12/81). On the evening of 10/8/02, Mr. Reckless recognizes Joan, a neighbor at his usual bar. She does not remember seeing him before. After an evening of drinking and dancing, they return to Mr. Reckless' apartment, where Joan is bound with tape and sexually assaulted . She frees herself and escapes after Mr. Reckless falls asleep beside her.

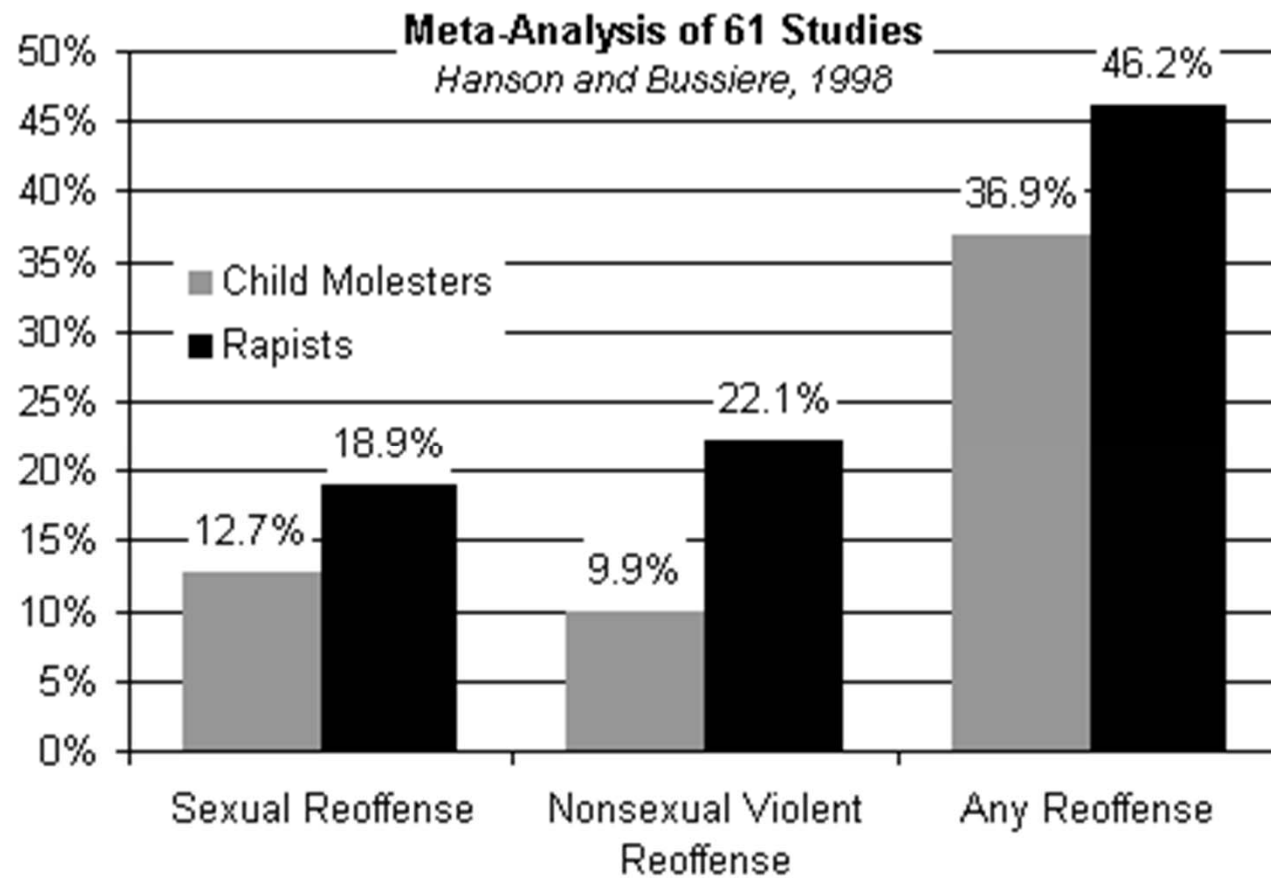
RECIDIVISM RATES



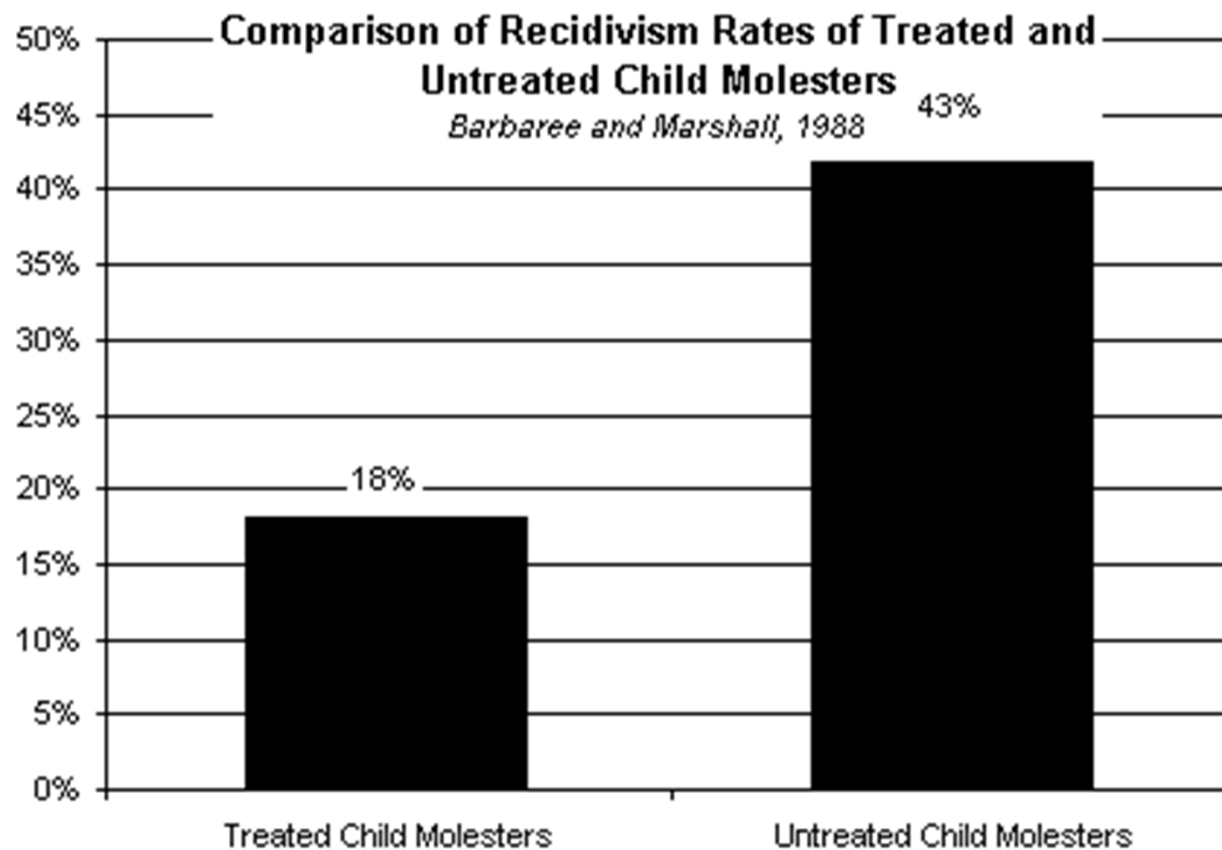
OFFENSE RATES (5 year follow-up) Child and Incest Offenders



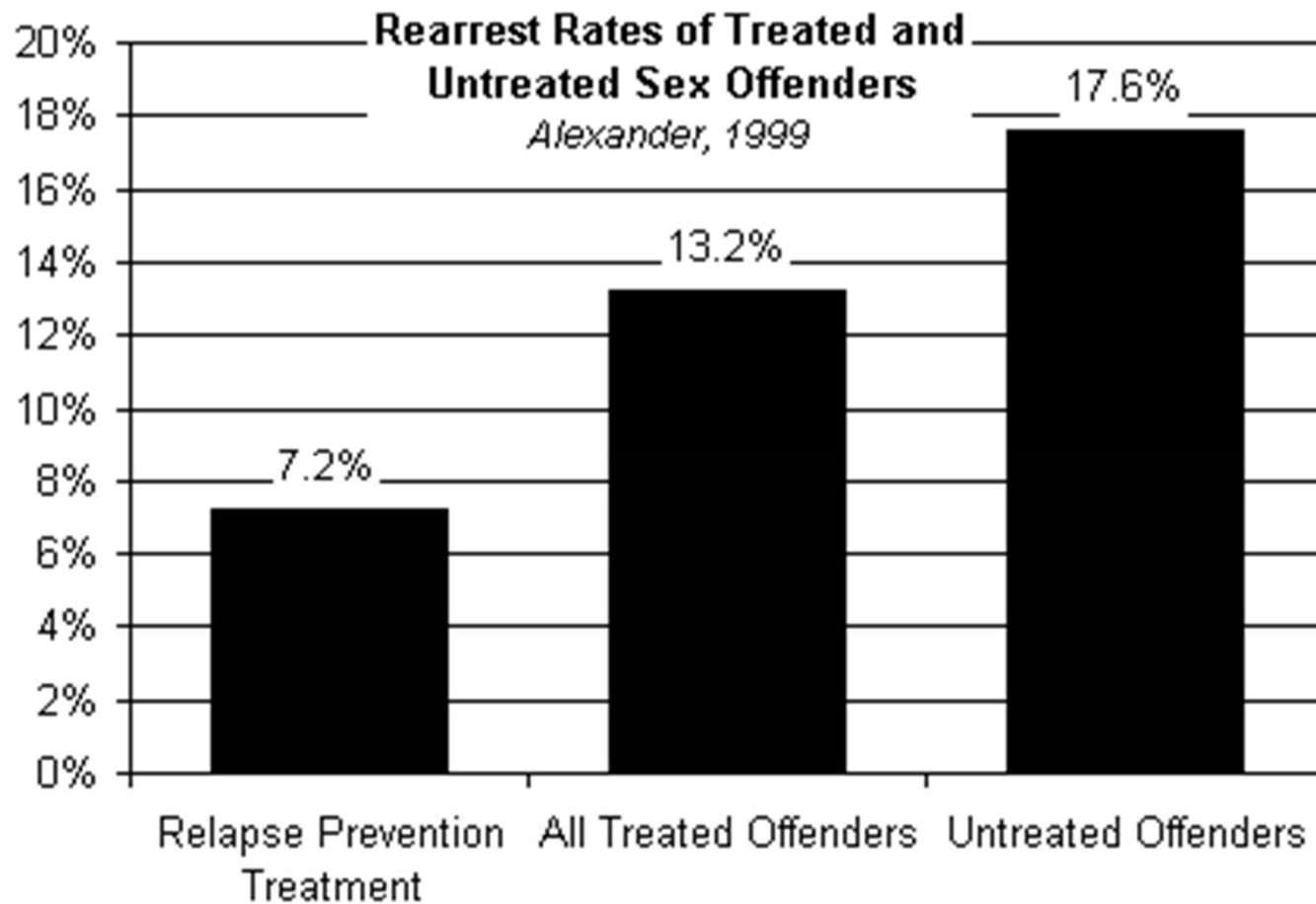
Meta-Analysis of 61 Studies



Treated vs. Untreated Child Molesters 4 year follow-up rates



Treated vs. Untreated 3-5 year Follow-up rates



Recidivism Study Review

Marshall and Barbaree (1990) found in their review of studies that the recidivism rate for specific types of offenders varied:

Marshall and Barbaree (1990) (continued)

- ❑ Incest offenders ranged between 4 and 10 percent
 - ❑ Rapists ranged between 7 and 35 percent
 - ❑ Child molesters with female victims ranged between 10 and 29 percent
 - ❑ Child molesters with male victims ranged between 13 and 40 percent
 - ❑ Exhibitionists ranged between 41 and 71 percent
-

STABLE-2007

Developed from:

- SONAR (Hanson & Harris, 2000)
 - STEP (Beech et al., 2002)
 - SRA (Thornton, 2002)
-

STABLE-2007

5 sections for a total of 13 Items

- Significant Social Influences
 - Intimacy Deficits
 - General Self-regulation
 - Sexual Self-regulation
 - Co-operation with Supervision
-

Stable 2007 variables:

1. Significant Social Influences

2. Intimacy Deficits:

- 1: Capacity for Relationship Stability**
- 2: Emotional Identification with Children**
- 3: Hostility toward women**
- 4: General Social Rejection/Loneliness**
- 5: Lack of concern for others**

3. General Self-Regulation

- 1: Impulsive Acts**
- 2: Poor Cognitive Problem Solving**
- 3: Negative Emotionality/Hostility**

4. Sexual Self-Regulation

- 1: Sexual Pre-occupation/sex drive**
- 2: Sex as Coping**
- 3: Deviant Sexual Interests**

5. Cooperation with Supervision

STABLE – 2007 Total Score

- ❑ 12 Items for non-child molesters
- ❑ 13 Items for child molesters
- ❑ Each Item worth 2 points
- ❑ Sum the 13 Items

Interpretative Ranges

| | |
|--------|----------|
| 0 – 3 | Low |
| 4 – 11 | Moderate |
| 12+ | High |

STABLE 2007

Stable Factors

- Significant social influences
 - Capacity for Relationship Stability
 - Emotional Identification with children
 - Hostility Towards Women
 - General Social Rejection/Loneliness
 - Lack of Concern for Others
-

STABLE 2007

Stable Factors (continued)

- Impulsive Acts
 - Poor Cognitive Problem Solving
 - Negative Emotionality/Hostility
 - Sexual Pre-occupation/Sex Drive
 - Sex as Coping
 - Deviant Sexual Interest
 - Cooperation with Supervision
-

Treatment – What does all this mean?

- ❑ STABLE factors are your best treatment targets
 - ❑ Use STABLE assessment to inform your treatment and supervision efforts
 - ❑ STABLE assessment represents the beginning of “diagnostic” treatment assessment for sexual offenders
-

Special Note: STABLE-2007

Stable-2007 can be used with adult females. The section, Hostility Toward Women is skipped.

STABLE-2007 Scoring

□ Scoring

- 0, 1, 2

□ Maximum Score Totals

- Child Victim – Max Score: **26**
 - NO Child Victim – Max Score: **24**
-

STABLE – 2007

Interpretive Ranges

| <u>POINTS</u> | <u>Interpretive Risk</u> |
|---------------|--------------------------|
| 0 - 3 | Low |
| 4 - 11 | Moderate |
| 12+ | High |

Combining STATIC-99 and STABLE-2007 – Empirical Rules

| STATIC-99 Risk Category | STABLE-2007 Need Category | Overall Priority |
|------------------------------------|--------------------------------------|---------------------------------------|
| Low | Low Moderate High | Low Low Moderate-Low |
| Moderate-Low | Low Moderate High | Low Moderate-Low Moderate-High |
| Moderate-High | Low Moderate High | Moderate-Low Moderate-High High |
| High | Low Moderate High | High High Very High |

Recidivism Rates for STATIC/STABLE Risk Categories (combined)

| Sexual Recidivism | | | | |
|-------------------|--------|---------|---------|---------|
| Risk Category | 1 Year | 2 Years | 3 Years | 4 Years |
| Low | 1.5 | 2.2 | 3.6 | 3.6 |
| Moderate-Low | 4.1 | 5.5 | 6.2 | 6.2 |
| Moderate-High | 5.7 | 10.5 | 14.1 | 14.1 |
| High | 15.6 | 20.8 | 25.8 | 25.8 |
| Very High | 18.4 | 24.8 | 27.3 | 30.6 |
| Overall | 5.6 | 8.2 | 10.2 | 10.5 |

ACUTE-2007

- ❑ Developed for Dynamic Supervision Project
 - ❑ Hanson & Harris, et al.
-

Acute Risk Factors

- Short term risk
- Timing of reoffence
- Represent current expression of risky behavior

Note: Average rating over time
(4 months) performs better than
any individual assessment

ACUTE-2007 PREDICTORS

Two Factors

Sex/Violence Score

(Four Items)

- Victim Access
- Hostility
- Sexual Pre-occupation
- Rejection of Supervision

General Recidivism Score

(All Seven Items)

- Victim Access
- Hostility
- Sexual Pre-occupation
- Rejection of Supervision
- Emotional Collapse
- Collapse of Social Supports
- Substance Abuse

(Predicts all types of relapse)

ACUTE-2007 Rating System

- 0 – no problem
 - 1 – may be a problem, not sure
 - 2 – yes, a concern
 - IN – intervene now
-

ACUTE-2007 Risk Calculations

| Sexual/Violence Risk Nominal Categories | General Recidivism Risk Nominal Categories |
|--|---|
| 0 = Low | 0 = Low |
| 1 = Moderate | 1 - 2 = Moderate |
| 2 = High | 3+ = High |

ACUTE-2007 RATING IMPLICATIONS for SUPERVISION

Individuals who score "**Moderate**" on the ACUTE-2007 should receive twice the supervisory priority as those who score "Low".

Individuals who score "**High**" on the ACUTE-2007 should receive four times the supervisory priority as those who score "Low".

Combining STATIC/STABLE and ACUTE Risk Factors

| STATIC – STABLE-2007 | ACUTE SCORE | CURRENT Priority |
|--|-------------------------|---|
| Low Priority | Low Moderate High | Low Low Moderate |
| Moderate-low or Moderate-high Priority | Low Moderate High | Low Moderate High |
| High or Very-high Priority | Low Moderate High | Moderate High High |

PHYSIOLOGICAL ASSESSMENTS

-
- AASI – 2: Abel Assessment for Sexual Interest
 - PPG – Penile Plethysmograph
 - Polygraph
-

What is the Abel Assessment for Sexual Interest – 2?

The Abel Assessment for Sexual Interest – 2 is a technologically advanced psychological test that is designed to measure a client's ***sexual interests*** and obtain information regarding involvement in a number of problematic sexual behaviors.

(Abel, 2006)

AASI-2: WHEN TO USE

- ❑ Beginning of treatment to assess sexual interest patterns
 - ❑ For use in evaluations to make recommendations for treatment and supervision
 - ❑ To evaluate progress in treatment around deviant interest patterns (reassessment)
 - ❑ To educate the client on sexual interest patterns (beyond awareness)
 - ❑ If client is unable to achieve an erection due to medical or medication issues
-

AASI – 2 yields 3 types of information

1. Objective Measure – Visual reaction time (VRT) of 22 categories of images
 2. Self-Report:
 - Details of 21 different sexual behaviors and 2 sexual health concerns
 - Assesses cognitive distortions and social desirability
 - Alerts evaluator to possible areas of dangerousness
 3. Probability of PAST CSA (child sexual abuse) Behavior
-

AASI – 2

Appropriate Populations

- Adult Males
- Adult Females
- Adolescent Males
- Adolescent Females
- Intellectually Disabled Males (*ABID)

*ABID: Abel-Blasingame Assessment
System for Individuals with
Intellectual Disabilities

VRT – The Objective Measure

Objective measures taken beyond the client's awareness

- 160 images of children, teens and adults; male and female; Caucasian and African-American
 - The models in all of the slides are clothed; one model per image; no sexual content represented in the images
-

AASI-2: Categories of Images

- Preschool children
 - Grade school children
 - Teenagers
 - Adults
 - Problematic sexual behaviors
 - Exhibitionism against adult females
 - Voyeurism against adult females
 - Frottage against adult females
 - Sadomasochism against females
 - Sadomasochism against males
 - Fetishism
-

Penile Plethysmography (PPG)

What does it measure?

The Penile Plethysmograph measures the increase in Penile Tumescence (which results from blood flow to the penis). The PPG measures ***actual sexual arousal*** to visual and auditory stimuli.

NOTE: Kurt Freund invented the “Phallometric Method” in the 1950’s using Volumetric Measurement.

Penile Plethysmograph (PPG)

When to use?

- Beginning of treatment to assess sexual arousal patterns
 - For use in evaluations to make recommendations for treatment and supervision
 - To evaluate progress in treatment around deviant arousal patterns (reassessment)
 - To educate the client on sexual arousal patterns
 - Individual is able to become physiologically aroused
-

PPG – Physical Apparatus

- Portable Penile Plethysmograph Data Recording Device
 - MONARCH 21 Laptop and stimuli
 - Video goggles (viewing stimuli)
 - Intercom Link and Headphones
 - Hand Button (for measuring attention)
 - Indium/Gallium Gauge
 - Respiration Belt
 - GSR Sensors
-

POLYGRAPHY

Polygraph Examinations measure a client's Physiological responses; Respiration, Perspiration, and Blood Pressure Cuff when asked a series of YES or NO questions.

Evaluating Polygraph Results

The physiological traces from the polygraph examination are evaluated by the Polygrapher to determine whether the test was:

- Non-deceptive
 - Deceptive
 - Inconclusive
-

TYPES OF POLYGRAPH EXAMS

1. Full Disclosure (Sexual History)
 2. Maintenance (Assess compliance with Supervision and Treatment conditions)
 3. Single Issue (To focus on a specific issue of concern)
-

Polygraph Findings

Recent research suggests that many offenders have histories of assaulting across genders and age groups, rather than against only one specific victim population.

Researchers in a 1999 study (Ahlmeyer, English, and Simons) found that, through polygraph examinations, the number of offenders who "crossed over" age groups of victims is extremely high. The study revealed that before polygraph examinations, 6 percent of a sample of incarcerated sex offenders had both child and adult victims, compared to 71 percent after polygraph exams.

Caution must be taken in
placing sex offenders in
exclusive categories

Juvenile Typologies

- Curious/Experimental
 - Abuse Reactive
 - Impulsive/Opportunistic
 - Conduct Disordered Offender
 - "True" Juvenile Offender
-

Curious/Experimental

- May have seen adults, peers or older siblings engaging in sexual intercourse
 - May have viewed pornographic material
-

Abuse Reactive

- Acts out sexually in response to being victimized
 - May act out if offense was violent/intrusive
 - May act out if experience was perceived as pleasurable
-

Impulsive/Oppportunistic

- Often characterized by poor boundaries and offends in opportunistic manner
 - Not reading social cues appropriately
 - Over responding to flirtation
 - Views sexual talk as invitation
 - May wait until victim is in a "vulnerable" position
-

Conduct Disordered Offender

- Offending is an extension of a poor sense of other
 - Disregard for societal rules
 - Poor moral development
-

"True" Juvenile Offender

- May contain components of all of the above
 - Has an offense pattern and victim profile
 - Has deviant arousal
 - Evolves from other typologies
-

JUVENILE SEX OFFENDERS RISK ASSESSMENTS

- JSOAP-II
 - ERASOR
 - JRAT
 - J-SORRAT-II
 - SAVRY
-

Juvenile Sex Offender Assessment Protocol-II

I Sexual Drive/Preoccupation Scale

- 1. Prior legally charged sex offenses**
- 2. Number of sexual abuse victims**
- 3. Male child victim**
- 4. Duration of sex offense history**
- 5. Degree of planning in sexual offense/s**
- 6. Expressive aggression in the sexual offense**
- 7. Sexual drive and preoccupation**
- 8. Sexual victimization history**

Sexual Drive Preoccupation Scale Total

II Impulsive, Antisocial Behavior Scale

- 9. Caregiver consistency**
- 10. Pervasive anger**
- 11. School behavior problems**
- 12. History of conduct disorder < 10**
- 13. Juvenile antisocial behavior (10-17)**
- 14. Charged or arrested < 16**
- 15. Multiple types of offenses**
- 16. Physical assault history/exposure to family violence**

III Intervention Scale

- 17. Accepting responsibility for offense/s**
- 18. Internal motivation for change**
- 19. Understands risk factors/Applies strategies**
- 20. Empathy**
- 21. Remorse and guilt**
- 22. Cognitive distortions**
- 23. Quality of peer relationships**

Intervention Scale Total

IV Community Stability/Adjustment Scale

- 24. Management of sexual urges and desire in the community**
- 25. Management of anger**
- 26. Stability of current living situation**
- 27. Stability in school**
- 28. Positive community support systems**

Community Stability Scale Total

J-RAT

Juvenile Risk Assessment Tool

Each domain is comprised of individual elements which together can provide a sense of the risk for re-offense attached to that particular domain.

Assessing Risk Domains

Each risk domain is assessed as a low, moderate, or high risk predictor of re-offense. By assessing each individual element within each domain, the level of risk associated with that domain becomes apparent, and an Overall Risk Factor level is assigned for the domain. However, there is no clearly defined scientific or reliably proven way to assess the risk for re-offending. Similarly, there is no simple way to adequately “score” different items and thus create a valid or reliable composite score that indicates risk with certainty.

Weighting Risk Domains

An assessment is typically a clinical process that requires the assessor to determine risk based upon a review of records, interviews, and observations. In so doing, the clinician may choose to place emphasis (weight) on one specific risk domain or even a specific single item. For instance, although highly functional in many areas, the assessor may place added weight on any single area that suggest high risk, such as the nature of the actual prior offense if it was severe or otherwise suggests tremendous dysfunctionality.

TREATMENT EXPECTATIONS FOR SEX OFFENDERS

- Complete any restitution to the victim(s).
- Complete a clarification letter to the victim(s).
- Write and present to treatment group an autobiography.
- Discuss and deal with deviant fantasies.
- Identify low, medium and high risk situations and how to avoid them.
- Identify sexual assault cognitive distortions.
- Complete a deviant cycle.
- Manage anger in a responsible manner.
- Be open about sexuality.
- Learn and develop here and now cycles.
- Complete a relapse prevention plan with interventions and practice it.
- Have an informed support network and use it.
- Have stable employment.
- Have a stable living arrangement.
- Be financially responsible

QUESTIONS

END
OF
PRESENTATION
