

*The COUNSELING & PSYCHOTHERAPY
CENTER, Inc.*

*Sex Offender Treatment
Locations in ND, MA, RI, ME, CA*

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Acute risk factors

Acute Factors (Hanson)

- Victim Access
 - Emotional Collapse
 - Collapse of Social Supports
 - Hostility
 - Substance Abuse
 - Sexual Preoccupations
 - Rejection of Supervision
 - Unique Factor (optional)
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DYNAMIC PREDICTORS OF SEX OFFENSE RECIDIVISM

- Harris & Hanson

In general Community Supervising Officers noticed recidivists:

- Had a greater history of sexual deviance
- Had more antisocial characteristics
- Were less cooperative with supervision
- Had less social support in the community
- Had a deterioration in behavior prior to re-offending

WARNING SIGNS

Warning signs provide the offender as well as Probation, Parole, support persons and Treatment Staff with a means of determining early precursors to being at risk to act out.

Warning signs indicate that the individual may be in cycle, that he/she is going down the “road of trouble”, of engaging in some type of negative activity. These are also known as **RISK FACTORS.**

RISK FACTORS

- Risk Factors can be:
 - Emotional
 - Cognitive
 - Interpersonal
 - Physical
 - Behavioral
 - Self-statements

RISK FACTORS/SITUATIONS

- Risk factors or risk situations can be:

- LOW

- MEDIUM

- HIGH

EXAMPLES OF RISK FACTORS

■ Emotional Risk Factors

- Feeling alone
- Constant Worrying
- Feeling entitled
- Feeling depressed
- Emotionally repressed

Cognitive Risk Factors

- Deviant Fantasies
- Homicidal or Suicidal thoughts
- Thoughts of using drugs/alcohol
- Thoughts of using pornography

Interpersonal Risk Factors

- Exaggerating stories
- Taking victim stance
- Showing off/Bragging
- Snap judgments about others
- Having to win/be on top

Physical Risk Factors

- Personal Hygiene
- Not sleeping/sleeping too much
- Upset stomach, nervousness
- Fidgety/biting fingers
- Self-harm

Self-statement Risk Factors

- It's no use
- I will never...
- Nothing is going right
- If I only...

Behavioral Risk Factors

- Missing Work
- Failing to make appointments
- Developing old/new habits:
smoking, drinking, swearing
- Isolating
- Road rage/driving recklessly

RISK FACTOR CHART

LOW RISK-SAFE

- Fidgeting
- Late for appointments
- Argument w S.O.
- Conflict at work
- Developing habits: smoking, insomnia, swearing
- Decreased family or peer contact
- Thoughts of substance use to cope

MEDIUM RISK-WARNING

- Alcohol or Substance Use
- Deviant Sexual Outlet: Pornography, Compulsive Masturbation
- Failing to meet financial obligations
- Aimless driving
- Shift in style of relating to others
- Frequent lateness to work
- Missing appointments
- Frequent moves, jobs, relationships

HIGH RISK-DANGER

- Cruising for a victim
- Hanging around playgrounds
- Frequenting malls
- Physical confrontation @home, work, etc.
- Offense Plan/Thought
- Dating woman with children
- Attempts to contact past victims
- Job choice (Massage Therapist, fast food)

DEVIANT CYCLE

Risk Situations

<p>LOW RISK SAFE</p>	<p>MEDIUM RISK WARNING</p>	<p>HIGH RISK DANGER</p>
<ul style="list-style-type: none"> -Argument <u>w</u> spouse/family -Conflict at work -Financial Problems -Fender Bender -Lateness to work (unusual) -Developing habits: smoking, swearing, overworking, excessive sleeping, eating problems -Reduction in familial and/or peer contacts -Survivor issues (Manageable) 	<ul style="list-style-type: none"> -Alcohol use, Substance use -Entitlement -Deviant Sexual Outlet: Deviant Fantasizing, Pornography, X-rated Movies, Compulsive Masturbation -Physical confrontations -Frequent lateness to work, missing therapy and/or P.O. appointments -Failing to meet financial obligations -Driving around without a pre-determined destination (P.O.'s can do mileage and journal checks) -Change in general daily functioning: eating, hygiene, isolating, increased irritation -Noticeable shift in style of relating to monitors such as P.O. or Therapist (HR emotional states) -Intrusive Survivor issues (overwhelming) -Victim Stancing, poor me attitude 	<ul style="list-style-type: none"> -Cruising -- looking for victim -Hanging around playgrounds -Frequenting malls during peak children hours -Arcades, Miniature Golf -Babysitting -Offense Plan -Grooming Environment, Self, Others, Victim -Employment which involves children -Soliciting Sex

What Is A Lapse?

- “Stumble” or step in the wrong direction.
- Not necessarily a reoffense.
- A series of lapses may lead to reoffense.
- A goal in treatment is to identify a sex offender’s lapse behavior to prevent a reoffense.
- Close monitoring is essential in combination with treatment.

Lapses occur when offenders:

- **Fail to develop coping skills for high-risk factors.**
- **Continue to expose themselves to high-risk situations.**
- **Fail to adequately deal with conflict.**
- **Experience difficulty in maintaining interpersonal relationships with family, spouse, and friends.**
- **Experience difficulty in dealing with emotional feelings such as anger, anxiety, and depression.**

Evaluating Lapses

- **How is the lapse discovered – offender, network, police?**
- **How serious is the lapse?**
- **To what extent does the lapse compromise community safety?**
- **Can risk control strategies address community safety issues?**
- **Is the offender accepting responsibility?**
- **Is the offender able to develop a plan to address the lapse?**
- **Is the plan realistic?**
- **Can the plan be observed and evaluated?**

Stages of a Relapse

During the treatment process therapist evaluate offenders closely for signs that an offender has initiated their sexual abuse cycle. Many therapists believe that there is a four step process to a relapse as follows:

- Offenders exhibit emotional/behavioral changes;
- There is an increase in the offenders deviant sexual fantasies;
- There is a presence of cognitive distortions;
- The offender begins to plan the offenses.

Close monitoring and the sharing of information regarding the offender's behaviors among supervision team members can greatly reduce a relapse.

Responses to Limit Risk

- Limiting access to victims
 - Electronic monitoring or curfews
 - No contact orders
 - Restrictions on movement
 - Increased monitoring, contact, treatment
 - Pre-revocation contracts
 - Admissions to violations
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Situations Requiring Immediate Removal of Offender

- Possession of dangerous weapon
 - Contact with children initiated by offender and not reported
 - Substance use that is part of offense cycle
 - Offender physically harms another person
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Red Flags for Supervising Officers

- Disengagement
- “No showing”
- Manipulation

(Hanson, Harris and Associates, 1997)

Disengagement

- Offender going through motions
- Not open to talking about treatment
- Not invested in treatment
- General non-cooperation with treatment
- Silent / non-disclosing

(Hanson, Harris, and Associates, 1997)

Disengagement (cont.)

- Keeps secrets from you
- Any feeling client is being “phony”
- Feeling you don’t know what’s going on with offender in general
- Feeling offender is working against you

(Hanson, Harris and Associates, 1997)

“No-Showing”

- Frequently late
- Misses appointments with you/others
- Frequently wants to reschedule
- Tries to limit meeting time
- “Working against you”
- Violates conditions

(Hanson, Harris and Associates, 1997)

Manipulation

- Makes inappropriate requests
- Inconsistencies between what offender and treatment team tell you
- Catching offender in lies / contradictions
- Curt / rude / threatening with you
- Any feeling offender is being “phony”

(Hanson, Harris and Associates, 1997)

Manipulation (cont.)

- Tries to “play the system”
- Tries to take control of interview
- Tries to be “buddy-buddy” with you
- Attempts to focus interview on irrelevant issues
- Takes inordinate amount of your time

(Hanson, Harris and Associates, 1997)
