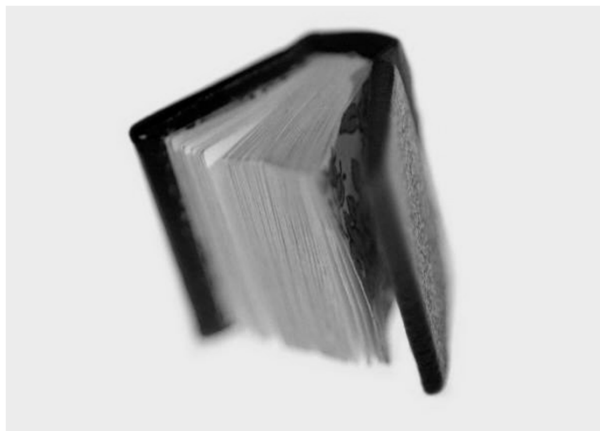# Sex Offender Risk Assessment

Victimization Rates

- The percentage of rape or sexual assault victimizations reported to police increased to a high of 56% in 2003 before declining to 35% in 2010, a level last seen in 1995.
- The percentage of females who were injured during a rape or sexual assault and received some type of treatment for their injuries increased from 26% in 1994-98 to 35% in 2005-10.
- In 2005-10, about 80% of female rape or sexual assault victims treated for injuries received care in a hospital, doctor's office, or emergency room, compared to 65% in 1994-98.

Victimization Rates

- From 1995 to 2010, the estimated annual rate of female rape or sexual assault victimizations declined 58%, from 5.0 victimizations per 1,000 females age 12 or older to 2.1 per 1,000.
- In 2005-10, females who were age 34 or younger, who *lived in lower income households,* and who lived in *rural areas* experienced some of the highest rates of sexual violence.
- in 2005-10, *78% of sexual violence* involved an offender who was a family member, intimate partner, friend, or acquaintance.

Age & Victimization

- The rate of sexual violence against females declined with age. In 2005-10, sexual violence was committed against females ages 12 to 34 at a rate of about 4 victimizations per 1,000, compared to a rate of 1.5 victimization per 1,000 for females ages 35 to 64 and 0.2 per 1,000 for age 65 or older.
- Over time, the rate of sexual violence declined for both the 12-to-17 and 18-to-24 age groups. Females ages 12 to 17 had the largest decline, from 11.3 per 1,000 in 1994-98 to 4.1 in 2005-10.
- *For all racial and ethnic groups, the rate of sexual violence was lower in 2005-10 than it was in 1994-98.*

Victimization and SES

- Between 1994 and 2010, females who had never been married or who were divorced or separated had higher rates of rape or sexual assault victimization than females who were married or widowed.
- From 1994 to 2010, females who had never been married, those who were divorced or separated, and those who were married experienced about a 50% decline in the rate of sexual violence.
- Females living in households in the lowest income bracket (less than $25,000 annually) experienced rape or sexual assault victimization at higher rates.

Victim Relationship to Offender

- About 90% of rape or sexual assault victimizations involved one offender. In 2005-10, most rape or sexual assault victims (78%) knew the offender. About 34% of all rape or sexual assault victimizations were committed by an intimate partner (former or current spouse, girlfriend, or boyfriend), 6% by a relative or family member, and 38% by a friend or acquaintance.
- Strangers committed about 22% of sexual violence, a percentage that was also unchanged from 1994 to 2010.

Offender characteristics

- In 2005-10, about half of rape or sexual assault victimizations were committed by an offender age 30 or older. Fifteen percent of offenders were age 17 or younger and 34% were ages 18 to 29.
- White males committed the majority of sexual violence. Over time, the percentage of sexual violence committed by white offenders declined from 70% in 1994-98 to 57% in 2005-10. The percentage of black offenders increased from 18% in 1994-98 to 27% in 2005- 10.
- White males consistently accounted for more than 82% of the total U.S. population of sexual offenders, and black males accounted for 11%.

Substance abuse and sexual assault

- About 40% of victims believed the offender had been drinking or using drugs prior to the assault.
- In 2005-10, in 30% of the victimizations the victim did not believe the offender had been drinking or using drugs, and in 30% the victim did not know whether there had been substance use.

Sexual Assault and Weapons

- In the majority of rape or sexual assault victimizations the offender *did not* have a weapon. In 2005-10, victims reported that the offender possessed or used a weapon in 11% of all sexual violence. The victim reported that the offender had a firearm in 6% of victimizations and a knife in 4%.
- The percentage of offenders armed with a weapon increased from 6% in 1994-98 to 11% in the two later periods.

Out of Every 1,000 Sexual Assaults, 975 Perpetrators Will Walk Free

- 310 are reported to the police
- 50 reports lead to arrest
- 28 cases will lead to a felony conviction
- 25 perpetrators will be incarcerated
- (Kelly et al 2022) If only 50 out of 1000 sexual assaults result in an arrest, this suggests a detection rate of only 5%.
- This detection rate appears to fluctuate based on victim characteristics (e.g., female college students report sexual offenses to the police less frequently than their non-college involved female peers).
- Estimated rate of undetected sexual offenses varies dramatically depending on differences in samples and methodologies.

11/6/2023

Victim Reporting: Cultural & Psychological factors

- • Black women in urban communities are less likely to report and may adhere to strong social norms about contacting police
        More likely to report when:
- • Rape victims are more likely to report when a weapon was used
- • An attack occurred outdoors
- • Degrading acts were inflicted
- • Rapist was Black
- • Perpetrator was a stranger

Police influence on detection - Police officers are gatekeepers

- • Stereotypes and beliefs about sex offenses mirrors the community
- • When victims report does not fit into the stereotype of who gets victimized, they
- • may dismiss the claim
- • Police may adhere to rape myths or myths about sex abuse
- • Darwinkle et al. (2013) examined factors examining police officer's judgment on victim credibility
- • Victim's relationship to the perpetrator
- • Victim was intoxicated
- • Delays in reporting
- • If penetration or weapons were used
- • Sex Abuse Myths-community
- • Sex abuse victims often lie
- • There is no real harm done

6

Actual Offending Rates

- Statistics provided by the anti-sexual violence organization RAINN (Rape,

    Abuse & Incest National Network) primarily uses data from the National Crime Victimization Survey, conducted by the U.S. Department of Justice, and data from other federal agencies.

    They estimate the ratio of arrests for sexual assaults to true sexual

    assaults that occurred to be 50:1000 (https://www.rainn.org/statistics/criminal-justicesystem).

- This would suggest the true number of sexual offenses is 20 times larger than number of reports leading to an arrest.

Undetected sexual offending among prior sexual offenders

- One study utilized a confidential questionnaire with 137 men in secure custody who had been convicted of rape or child molestation (Groth et al., 1982). They found undetected rapes were 1.85 times higher than convictions for rape, while undetected child molestation was 2.35 times higher than convictions for child molestation.

- In a study utilizing a computer-administered self-report questionnaire with men being evaluated for civil commitment as a sexually violent person (SVP) in Washington, those with a history of rape charges (n = 37) self-reported 6.5 times more victims than officially detected, whereas those with child offense charges (n = 67) self-reported 7.0 times more child victims than officially known (Weinrott & Saylor, 1991).

Undetected victims

- DeLisi and colleagues' (2016) study revealed the sample of 119 federal sex offenders reported an average of 3.7 contact sexual offense victims per offender (Med = 1.0).

- Some find longer sentences to be associated with decreased sexual recidivism (Hsieh et al., 2018), others find it associated with increased sexual offense reconvictions (Budd & Desmond, 2014), and others find no association with sexual offense recidivism (Moss et al., 2022).

2007 Jackson-Hess Survey of Experts

- In most states employing sex offender civil commitment laws (Sexually Violent Predator), mental abnormality is defined as "a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexual violent acts."

- Legally, a disorder requires an impairment in volitional control (Schopp and Sturgis 1995). The simple presence of a clinical disorder and lack of control is not sufficient; the key element is that the disorder *causes* the lack of control.

DSM-V Diagnosis

- The DSM-V was developed to assist clinicians rather than the technical needs of the courts and legal professionals. The presence of a mental disorder does not imply the condition will meet a specific legal standard. Etiology and self-control are not inherent conclusions from the diagnosis. Even when diminished control over one's behavior is a feature of the disorder, having the diagnosis in itself does not demonstrate that a particular individual is (or was) unable to control his or her behavior at a particular time. (DSM-V; pg. 25)

All sex offenders are not the same

- Sexual offending is socially deviant, not all offenders have an *enduring* interest in illegal sexual acts such as rape or molestation, or highly unusual preoccupations (fetishism, auto-erotic ashyxia). Some offenses are situational & opportunistic.
- Sexual recidivism increases when such *deviant interests* are present, as indicated by self-report, offense history, or specialized testing. The more deviant the offender, as reflected in his sexual practices and preoccupations, the more likely he is to reoffend.

Antisocial Trajectory

Individuals with deviant sexual interest will not commit sexual crimes unless they are willing to hurt others to obtain their goals (antisocial); convince themselves that they are not harming their victims (minimization); or they are unable to stop themselves (lack of control).

Sexual crimes, like other crimes, are often associated with an *antisocial orientation* and *lifestyle instability*. The crime-prone individual tends to engage in a range of impulsive, reckless behavior; drinking/drug usage, frequent moves, fighting, and unsafe work practices (antisocial trajectory).

The crime-prone personality often harbors a hostile, resentful attitude against others and society.

Hanson meta-analysis

The overall recidivism rate in meta-analyses conducted by Hanson in 1998 and 2004 suggested sexual recidivism rates of 13.8% and 13.7% respectively. This was based on an average follow-up of five years and defined by re-conviction for a new sexual offense.

That underestimates actual re-offense rates because sexual offenses are often undetected & underreported.

The recidivism rate for sexual offenders is lower than that observed in other samples of offenders. Some sexual offenders are more likely to reoffend than others.

Doren, Dennis M (1998) Recidivism Base Rates (historical research)

Reconviction rates under-estimate the frequency that the acts in question occur.

More typical findings using data beyond reconviction rates show an increase in sexual recidivism in the 27% - 47% range.

Prentky, Lee, Knight, and Cerce investigated recidivism rates of 115 extra-familial child molesters over a 25-year period using the recidivism definition of "new sex offense charge" involving physical contact with victim.

They used statistical procedure called survival analysis to determine the failure rate of their sample over time. Prentky documented a **52% failure rate** for sexual re-offending within their child molester population over the 25-year at risk period. Reconviction rate was 23%.

Base Rates in older research

Prentky, Lee, Knight, and Cerce; 136 rapists as measured by new sexual charge was 39% over 25 years.

Reconviction rate was 24%. 11% reconviction rate over five years at risk.

The failure rate for any new offense was 74%.

Doren 39% overall long-term recidivism rate is in keeping with research on rapist recidivism.

Gene Abel study

Abel, Becker, Mittelman, Cunningham-Rathner, Rouleau, and Murphy (1987). Anonymous questioning of sex offenders regarding offense history.

Data from this subject population revealed that the average number of rapes committed by 126 rapists was surprisingly small (7.2 rapes) when compared to other deviant acts.

Child molestation occurred from an average of 23.2 times by a pedophile (nonincest) with female targets, to an average of 281.7 times by a pedophile (nonincest) whose targets were males. Paraphiliacs targeting young boys outside the home committed the greatest number of crimes.

Knight & Thorton, 2007

- 599 sex offenders referred Massachusetts Treatment Center (MTC) for evaluation between 1959 and 1984. 266 (Bridgewater Treatment [BT] sample) were committed to MTC as "sexually dangerous" and subsequently released.

- 333 (Bridgewater Observation [BO] sample) were determined not to be sexually dangerous and returned to finish their sentences.

- Estimated recidivism rates from the survival analyses indicated *32% recidivism for the BTs at 15 years and 12.5% for the randomly selected BOs.*

Knight & Thorton, 2007

The combined projected 15-year rate of recidivism (21.5%) is arguably the best compromise rate to be used for such considerations for a sample of men being considered for commitment.

No differences emerged for the overall speed and frequency of sexual recidivism for the child molesters and rapists, with survival analysis estimated rates at 15 years being 24% and 20%, respectively for child molesters and rapists in the entire sample.

Knight & Thorton, 2007

The factors generated from the items of the extant actuarials were broadly consistent with those found by Barbaree et al. (in press).

They indicate that five interpretable *dimensions— Criminal Persistence, Sexual Persistence, Young & Single, Violent Sexual Assault, and Male Victim Choice*-can be used to summarize a large number of static historical items

Milloy, 2007

Washington's Sexually Violent Predator (SVP) statute permits the involuntary commitment of persons found by a jury to meet the statutory definition of a sexually violent predator. This study examines *the recidivism of 135 released sex offenders* referred for possible civil commitment, but for whom no petitions were filed. A uniform follow-up period of six years was used.

Milloy, 2007

One-half (50 percent) of the individuals had a new felony as their most serious new conviction, with 23 percent subsequently convicted of new felony sex offenses, and 10 percent convicted of violent (not sex) felony offenses.

Nineteen percent of the group was convicted of the charge of failure to register as a sex offender. Ten percent (13 individuals) had at least one additional referral for civil commitment by the end of the follow-up period. Eight of these individuals were tried and civilly committed.

Helmus et al (2012) Absolute Recidivism Rates

Previous research found that the overall sexual recidivism base rate is lower than commonly expected—often in the 10% to 15% range (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; A. J. R. Harris & Hanson, 2004). Nevertheless, the rates vary considerably across settings and samples.

Large studies in the United States have found rates as low as 3% (Boccaccini, Murrie, Caperton, & Hawes, 2009) and as high as 35% (Knight & Thornton, 2007).

Helmus et al (2012) Absolute Recidivism Rates

- Despite the variation in base rates, the absolute recidivism rate for the typical sex offender (defined as the median value) did not exceed 15% after 5 years for all samples .

- Based on the most extreme values of the 95% confidence intervals for Static-99R or Static-2002R (random effects), a plausible range for the 5-year recidivism rate for the typical sex offender would be between 4% and 12% and, for 10 years, 6% to 22%. Most sex offenders are expected to have a 5-year recidivism rate of 7% or less.

Actuarial Scales

Actuarial refers to a *factor or variable which is statistically associated with re-offense*. The term actuarial implies that the amount of risk has been quantified and is being applied in a systematic way to achieve a statistical rating of overall risk.

Sexual recidivism risk factors will not tell us whether or not somebody is more likely than not to reoffend. That is a clinical judgment which is based upon an integration of all available information.

Unguided Clinical Judgment

Clinicians have historically relied upon unguided clinical judgment in assessing sexual offenders. They have evaluated the seriousness of index offense (intercourse, victim injury, penetration), internalizing psychological problems, and clinical presentation (denial, lack of victim empathy, low motivation for treatment). None of those factors were found to be significant in Hanson and Bussiere's 1998 meta-analysis.

Meta-Analyses By Hanson

Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66 (2),* 348-362.

Hanson, R. K., & Morton-Bourgon, K. (2004). Predictors of sexual recidivism : An updated meta-analysis. User Report 2004-02. Ottawa: Public Safety and Emergency Preparedness Canada.

Hanson & Bussière (1998)

- **28,972 sexual offenders**
  - **(61 unique samples)**
- **Country**
  - **30 United States**
  - **16 Canada**
  - **10 UK**
  - **2 Australia**
  - **2 Denmark**
  - **1 Norway**
- **57% Published**

1998 Meta-analysis

Reviewed 87 articles and 61 data sets.

Empirically derived risk factors with strongest correlation with sexual reoffense:

- **Phallometric Assessment**   **.32**
- **Deviant sexual preference**   **.22**

The severity of the person's sexual deviancy and strength of their sexually deviant preference is related to their risk for reoffense.

Deviant sexual preference is understood by examining the offender's object choice, e.g., age and sex of victim, deviant behaviors (non-contact sexual offenses, pornography, sex preoccupation, use of prostitutes, unusual sexual activities), and the nature of the offender's sexual fantasies.

Average recidivism rates

13.5% sexual (23,494; 83 studies)

14.5% violent non-sexual (7526; 27 studies)

25.5% any violent (13,427; 34 studies)

35.5% any recidivism (18,167; 56 studies)

Average follow-up of 5 – 6 years

Risk Factors

- Risk is *multiply* determined. There is no one risk factor that is strongly related to recidivism. Evaluators must consider a range of risk factors.
- Structured approaches to risk assessment are more accurate than unstructured clinical opinion.

Static Risk Factors

- Static risk factors are fixed and based upon the offenders' history (age and extent of previous offending). They raise the risk of reoffending but cannot be changed for the better though deliberate intervention.
- Static risk predictors (historical variables or "tombstone" variables) reflect the offender's history and can (with the exception of age) only get worse
- Static variables give us our "**baseline**", our long-term view of risk

Dynamic Risk Factors

- Psychological or behavioral features of the offender that raise the risk of reoffending and are potentially changeable, such as distorted attitudes and deviant sexual interests.
- These factors have been referred to as "criminogenic needs."
- Hanson divided these factors in *stable* risk factors (enduring problems such as alcoholism or personality disorders) and *acute* risk factors (rapidly changing features that signal the timing of reoffending; intoxication or emotional collapse).

Stable and Acute Dynamic Risk Factors

- Dynamic variables come in two types – STABLE and ACUTE

- STABLE – are factors that can be changed with "effortful processing" – treatment or determination to change – these things should be thought of as <u>personality characteristics </u>and relatively durable – these are the best treatment targets – and should, if reduced in severity – reduce the overall risk of re-offence

- The ACUTE factors are proximal factors – the things that go wrong just before an offender re-offends. These factors are the ones that Canadian parole and probation officers reported they saw "go bad" just before their offender re-offended. These items were not developed in a lab and they are not just someone's idea of items that it would be good to follow in sexual offenders – These risk factors are the result of over 400 interviews with experienced parole and probation officers from every region of Canada.

<u>Dynamic</u> (changeable) factors

Stable

intimacy deficits
deviant sexual preferences
personality disorders

Acute

negative mood
intoxication
victim access

Static Risk Factors

- prior offences
- age
- any extrafamilial victims
- any male victims

1998 Meta-analysis

Additional static variables related to sexual reoffense.

- Any personality disorder .16
- Victim stranger .15
- ASPD .14
- All prior offenses .13
- Anger problems .13
- Young age S<25 .12
- Early onset of offending .11
- Single .11
- Victim male child .10
- Diverse sexual crimes .10
  PCL-R > 30

1998 Meta-analysis findings

- Sexual Deviance Variables
- Phallometric assessment - Sexually deviant preference/paraphilias
- Wide range of potential victims (male and female and/or children and adults)
- Early onset of offending
- Dropping out of sex offender specific treatment prematurely increases probability of reoffense.

1998 Meta-analysis risk factors

- Developmental Factors
  Separation from parents prior to age 16
- Negative relationship with mother during childhood

- Protective Factors
- Having been in the community sex offense free for 5 years
- Having been in the community sex offense free for 10 years
- Less than 15 years left in the offender's time at risk due of age or poor health

Misconceptions about Risk Factors

Hanson and Bussiere's 1998 meta-analysis found that the correlation between childhood sexual abuse and offending as an adult was -.01 (five studies).

Denial of sexual offense is not statistically associated with increased probability of reoffense.

Substance abuse reflects poor self-management, but it is not in and of itself predictive of sexual recidivism. Sometimes offenders resume substance use before they reoffend (acute risk factor). A history of substance abuse does not predict sexual reoffense.

Actuarials vs. clinical judgment

Unstructured clinical assessments predicted sexual recidivism but were less accurate than actuarial scales designed for the task.

Actuarial scales such as the Static 99 significantly outperformed unstructured clinical judgment or empirically guided professional judgment.

Risk Assessments are more likely to be accurate when they are based on empirical evidence.

RRASOR – Rapid Risk Assessment of Sex Offender Recidivsm

Prior Sex Offenses (beta = .19)

Age less than 25 (beta = .12)

Any male victims (beta = .09)

Any extra-familiar victims (beta = .12)

The multiple correlation for the four variable equation was .27. This was significantly higher than any one item.

Static 99

- Static-99 (Hanson and Thorton, 2000) is an actuarial measure of risk for sexual offense recidivism. This instrument has been shown to be a moderate predictor of sexual reoffense. This was defined on this instrument as being <u>convicted</u> of a new sexual offense.
- Revised in 2009 to include age at release.

Static-99R Coding Form Question

Number	Risk Factor	Codes Score
1 . Young Aged 18 to 34.9		**1**
Aged 35 to 39.9		0
Aged 40 to 59.9		-1
Aged 60 or older		-3
2 . Ever Lived lived with lover for at least two years?		
Yes		0
No		1
3. Index non-sexual violence -		
Any Convictions		
No		0
Yes		1

4 . Prior non-sexual violence -
Any Convictions
No   0
Yes   1

5.   Prior Sex Offences

<u>Charges</u>	<u>Convictions</u>	
None	None	0
1-2	1	1
3-5	2-3	2
6 +	4+	3

6. Prior sentencing dates (excluding index)

3 or less   0
4 or more   1

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7 . Any convictions for non-contact sex offences
         No   0
         Yes   1

8. Any Unrelated Victims
         No   0
         Yes   1

9. Any Stranger Victims
         No   0
         Yes   1

10. Any Male Victims
         No   0
         Yes   1

Score Label for Risk Category
-3 through 1   = Low
2, 3   = Low-Moderate
4, 5   = Moderate-High
6 plus   = High

Inter-rater reliability

Helmus (2009) found consistent high reliability with correlations ranging from .86 to .92.

Hanson (2001) examined 55 Sexually Violent Predator (SVP) that scored the Static-99 in California. Inter-rater reliability was .87.

Levenson (2004) studied 281 SVP cases in F lorida and inter-rater reliability was .85.

Hanson & Morton-Bourgon (2004)

- 94 samples
- 46 published; 48 unpublished
- 78 adult; 16 juvenile
- 83 mixed; 8 child molesters; 2 rapists
- 36 treatment; 58 untreated or mixed

Comparison Groups

- There have been a large number of studies examining the absolute sexual recidivism rates associated with Static-99 scores. Although relative risk was consistent across studies, the observed recidivism base rates varied considerably across samples based on factors not measured by Static-99R. Samples that were preselected to be high-risk/high needs (6 samples) showed the highest recidivism rates; samples preselected based on treatment need (6 samples) had intermediate recidivism rates; and routine (i.e., unselected) correctional samples had recidivism rates substantially lower than the preselected groups.

Justice Center – 5 broad risk levels

Level I: Offenders are indistinguishable from the rates of spontaneous non-offenders

Level II: Some criminogenic needs, but those life problems are few and transient

Level III: Typical offenders in the middle of the risk distribution. Typical offenders who have criminogenic needs in several areas. They require *meaningful investments* in structured programming to decrease their recidivism risk.

Justice Department

Level IV: Higher risk than typical offender. Most have chronic history of rule violations, poor childhood adjustment, significant criminogenic needs.

Level V: Highest risk offenders defined as those certain to reoffend. Typically found in high security units where considerable resources are devoted to managing *current* antisocial behavior.

Revised Static 99R risk categories

- Level I: Very low risk (Scores of -3 to -2).
- Level II: Below average risk (Scores of -1 to 0)
- Level III: Average risk ((Scores of 1 to 3)
- Level IVa: Above average risk (Scores of 4 to 5)
- Level IVb: Well above average risk (Scores of 6+)

Who can use Static 99R

Adult males who were charged with or convicted of at lease one sex offense against a child or non-consenting adult. That includes those found unfit to stand trial or not guilty by reason of insanity.

Static99R can be used with first-time sex-offenders

It is not recommended for females or males under 18, prostitution offenses, pimping, sex in public places with consenting adults, or possession/distribution of pornography. It is not recommended for people who have never committed a sex offense or for determinations of guilt or innocence.

Stable 2007

- Significant social influences
- Capacity for relationship stability
- Emotional ID w/ children (delete with non-c.m.)
- Hostility toward women
- General social rejection
- Lack of concern for others
- Impulsive
- Poor problem solving skills
- Negative emotionality

Stable 2007 (continued)

- Sex drive/sex preoccupation
- Sex as coping
- Deviant sexual preference
- Cooperation with supervision

Maximum Score = 26
0-3 = Low 4-11 Moderate 12+ = High

Child Pornography

The Static-99R cannot be used with offenders only charged with or convicted of possession or distribution of child pornography, unless their behavior involved the creation of child pornography with a real identifiable child.

If an offender took a picture of a neighborhood child but morphed the images of neighborhood children's heads onto the images of child pornography, could not be scored on Static-99R

Juveniles

Only use the Static-99R when the offender was released for the index sex offense at age 18 or older, was 17 years old when he committed the offense, AND the offense appears similar in nature to typical sex offenses committed by adult offenders.

Juveniles

Evaluations of juveniles based on Static-99R should be interpreted with caution. There is a real theoretical question about whether juvenile sex offending is the same phenomena as adult sexual offending in terms of its underlying dynamics and our ability to affect change in the individual.

Research suggests adults and adolescents who commit sex offenses are meaningfully different. The younger the adolescent the more meaningful the differences are.

Juvenile

Research literature suggested adolescents are not necessarily younger versions of adult sex offenders.

Juvenile sex offenses are more likely to involve peers as co-defendants, lack of planning, lack of indicators of deviant sexual interests.

Developmental, family and social factors would be expected to impact recidivism potential.

In those cases Static-99R scores should be used with caution and only part of a more wide-ranging assessment of sexual and criminal behavior.

Juvenile

If a 17-year-old male committed a rape against a female stranger the Static-99R could provide a reasonable assessment of risk.

The largest category of adolescents who sexually offend are generally antisocial youth who sexually victimize a peer when they are 13 to 14 years old. Those adolescents are sufficiently different from adult sex offenders that the Static-99R is not recommended.

Adult Offenders:
Predictive Accuracy of Main Risk Factors

Sexual deviancy (d=.30) and *antisocial orientation* (.23) were the strongest predictors of sexual recidivism. The general categories of *sexual attitudes* and *intimacy deficits* also significantly predicted sexual recidivism.

The general categories of adverse childhood environment, general psychological problems, and clinical presentation had little to no relationship with sexual recidivism.

Prediction of Non-sexual recidivism

Antisocial orientation (antisocial personality, antisocial traits, history of rule violation) was the major predictor of violent non-sexual recidivism, violent (including sexual) recidivism, and any recidivism.

Sexual deviancy was unrelated to violent non-sexual recidivism.

Sexual Risk Factors

The measures of deviant sexual interests were all significantly associated with sexual recidivism: any deviant sexual interest (d. = .31), sexual interest in children (d.= .33), and paraphilic interests (d. = .21).

Sexual preoccupations (paraphilic or non-paraphilic) were also significantly related to sexual recidivism (d. = .39), as were high (feminine) scores on the Mf scale of the (MMPI) (d. = .42).

PPG & Deviant Interests

Mixed results were found for phallometric assessment measures, which involve the direct monitoring of penile response when presented with various forms of erotic stimuli (Launay, 1999).

Sexual interest in children was a significant predictor of sexual recidivism (d. = 33) as was the general category of any deviant sexual interest (d. = .24).

Phallometric assessments of sexual interest in rape/violence was *not* significantly related to sexual recidivism, nor was the narrow category of sexual interest in boys, although the later finding was based on only 306 offenders from three studies.

Sexual Deviance (average r)

	Type of Recidivism		
	Sex	Violent	Any
Any deviant preference	.22		
PPG child	.32		.11
PPG Rape	.05	.03	
Prior sex offences	.19	.02	.12
Early onset sex offending	.12		
Deviant attitudes	.10		.06
MMPI Mf	.17[m]	-.10	.04

Sexual Self – Regulation (average d)				
	Sex	NSV	Violent	Any
Deviant Sex Pref.				
Any	.31	-.04	.18	-.10
Children	.33			
Paraphilia	.21			
PPG / Any	.24		.19	.26
PPG / Kids	.32		.18	.23
PPG / Rape	.12		.15	.18
Sexual Preoccupation	.39		.28	.37

Antisocial Predictors

Sexual recidivism was significantly predicted by almost all the indicators of antisocial orientation (antisocial personality, antisocial traits and history of rule violation).

Sexual recidivism was predicted by the Hare Psychopathy Checklist (PCL-R, Hare et al., 1990, d. = .29, 13 studies), the MMPI Psychopathic deviate scale (d. = .43, 4 studies) and by other measures of antisocial personality (e.g., psychiatric diagnoses, responses to questionnaires, d. = .21, 12 studies).

Any Personality Disorder

The general category of "any personality disorder" was also significantly related to sexual recidivism.

There was a lot of variability among studies regarding this variable. It was grouped with Antisocial Personality Disorder because that was by far the most common diagnosis.

The presence of a personality disorder is related to sexual recidivism. The strongest predictor is Antisocial Personality Disorder.

Antisocial Traits

Most antisocial traits were related to sexual recidivism.

The predictive accuracy of individual traits tended to be smaller than the predictive accuracy of the general category (antisocial personality).

Offenders with general self-regulation problems were more likely than offenders with stable lifestyles to sexually recidivate (d. = .37).

Included among general *self-regulation problems* were measures of lifestyle instability, impulsivity, as well as Factor 2 from the PCL-R (Hare et al., 1990). Other antisocial traits that were significantly correlated with sexual recidivism included employment instability (d. = 22), any substance abuse (d. = .12), intoxicated during offence (d. = .11), and hostility (d. = .17).

Rules Violations

- All indices of rule violation were significantly related to sexual recidivism. Sexual conduct violations are the most significant.

- The strongest single indicators of sexual recidivism were a) non-compliance with supervision (d. = .62), and b) violation of conditional release (d. = .50).

Adverse Childhood Environment

Indicators of adverse childhood environment had very weak relationships with sexual recidivism.

Sexual abuse as a child was not significantly related to sexual recidivism, with a d. of .09, 95% confidence interval of -.01 to .18, based on 5,711 offenders from 17 different samples.

Separation from biological parents was associated with increased sexual recidivism, but the effect was small (d. = .16, 95% confidence interval of .05 to .28, based on 4,145 offenders from 13 studies).

Dynamic Factors

Some measures of intimacy deficits predicted sexual recidivism, whereas others did not.

There was no evidence that sexual recidivism was predicted by social skills deficits (d. = -.07) or loneliness (d = .03).

Sexual recidivism was predicted by emotional identification with children (having children as friends, child oriented lifestyle, d = .42) and conflicts with intimate partners (d. = .36).

Attitudes Tolerant of Sexual Crime

- The general category of "Attitudes tolerant of sexual crime" was significantly related to sexual recidivism, although the effect was small (d. = .22, 95% confidence interval of .05 to .38).

- The effects were not significant for low sex knowledge or other deviant sexual attitudes

  (e.g., prudish attitudes toward masturbation).

None of the indicators of general psychological problems were significantly related to sexual recidivism except for one study.

Psychological Dysfunction

In all of the other studies, sexual recidivism was unrelated to severe psychological dysfunction (psychosis), or internalizing disorders such as anxiety and depression.

In general, low self-esteem was unrelated to sexual recidivism

Sexual Intrusiveness

The degree of force used in sexual offenses had a very small relationship with sexual recidivism. The difference in recidivism rates between offenders who used a weapon or physically injured their victims and those who did not was non-significant.

The amount of sexual intrusiveness was negatively related to sexual recidivism (d.=-.17).

Non-contact offenders were more likely to recidivate than those who sexually touched or penetrated their victim. There was a lot of variability regarding sexual intrusiveness. Some features of the sexual offence may be related to recidivism for some offenders.

Clinical presentation

None of the clinical presentation features were significantly related to sexual recidivism: lack of victim empathy (d. = -.08), denial of sex crime (d. = .02), minimization (d. = .06), and lack of motivation for treatment (assessed pre-treatment) (d. = -.08).

For those who completed treatment, poor progress in treatment (d. = .14) was, on average, not significantly related to sexual recidivism.

Clinical Presentation (average r)

	Type of Recidivism		
	Sex	Violent	Any
Low victim empathy	.03		
Denial	.02		.12
Low motivation for treatment	.01		.11

Clinical Presentation (average d)

	Sex	NSV	Violent	Any
Denial	.02		.13	.12
Minimization	.06	.03	.02	.14
Victim Empathy	-.08	.19	.03	.12
Low motivation for Rx	-.08	.24	.11	-.09
Compliance with Rx	.14		.02	.18
Compliance with Supervision	.62			
Violation of Conditional Release	.50		.42	.74

Conclusions

Offenders with identifiable interests in deviant sexual activities were among the most likely to continue sexual offending.

Sexual interest in children and general paraphilias (e.g., exhibitionism, voyeurism, cross-dressing) significantly predicted sexual reoffense.

- Sexual preoccupations (high rates of sexual interests and activities) significantly predicted sexual, violent, and general recidivism. Kafka (1997) found high rates of masturbation, pornography use, and impersonal sex among sexual offenders referred to his clinic.

Conclusions

There are several possible connections between sexual preoccupations and sexual offending, including a general lack of self-control (common among young people and general criminals), specific problems controlling sexual impulses, and a tendency to overvalue sex in the pursuit of happiness.

Conclusions

All forms of recidivism were predicted by an *unstable, antisocial lifestyle*, characterized by rule violations, poor employment history and reckless, impulsive behavior.

Antisocial orientation was a particularly important predictor of violent and general recidivism, but antisocial orientation were also among the largest predictors of sexual recidivism (e.g., non-compliance with supervision, violation of conditional release).

Lack of self-control may directly lead to a wide range of criminal behavior and it could also be specifically linked to recidivism because high levels of self-regulation are required to change dysfunctional habits.

Conclusions

Strongest dynamic predictors of sexual reoffense were *intimacy deficits, conflicts with intimate partner,* and *emotional identification with children.*

One hypothesis is that child molesters turn to child sexual partners because they lack the skills to relate to adults and, consequently, feel lonely. Although low social skills and loneliness are common among sex offenders, neither factor was associated with increased risk for sexual recidivism.

It is possible that social inadequacy and rejection are less important to offending than are the strategies used to address such problems (e.g., turning to children).

Psychologically Meaningful Risk Factors

Mann, R.E., Hanson, K.R., and Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment. 22: 191 pgs 191-217*

Psychologically Meaningful Risk Factors

- The distinction between static and dynamic risk factors is being revised.
- Beech and Ward (2004) argued that static risk factors have predictive significance because they act as markers of the past operation of dynamic risk factors.
- A static factor (hx offending against boys) is an indication of a meaningful psychological risk factor (deviant sexual interests).

Psychologically Meaningful Risk Factors

- These are individual propensities which may or may not manifest during any particular time period.
- Similar to a trait, propensities are enduring characteristics that lead to predictable expressions of thoughts, feelings, or behaviors.
- Example; the tendency to gravitate toward criminogenic neighborhoods or associate with other criminals are psychological propensities that increase risk.

Environment and Risk

- Offenders with the propensity to place themselves in high-risk situations have higher long-term risk than offenders whose natural tendencies lead them to safer environments.
- Aggressive offenders are not aggressive all the time – they become aggressive given certain interpretations of their environment e.g., *long term vulnerabilities, if-then behavioral signatures.*
- Targeting propensities in treatment may help to reduce risk.

Empirically Supported Risk Factors

- Any deviant sexual interest   .31
- Multiple paraphilias   .21
- Emotional congruence with children   .4
- Never Married   .32
- Poor cognitive problem solving   .22
- Sexualized coping   .43

Empirically Supported Risk Factors

Sexual preoccupation: An abnormally intense interest in sex that dominates psychological functioning. Sex is engaged in for itself, as a way of defining the self, or as self-medication.

The sexually preoccupied man usually feels sexually dissatisfied despite engaging in high levels of (mainly impersonal) sexual behavior.

Individuals demonstrating sexual preoccupations would substantially overlap with sexual compulsions, sexual addiction, and hypersexuality. Hanson (2004) sexual preoccupations predicted sex, violent, general recid.

Deviant Interests

- *Sexual preference for prepubescent or pubescent children (females 0-12; males 0-13). Pedophilic interests can be identified by self-report, offense history and specialized testing (phallometry).*

- *Sexualized Violence:* Interest in sadism or a preference for coercive sex over consenting sex. Data supports this as a risk factor, but it is not as strong as evidence supporting sexual interest in children.

Multiple Paraphilias

- Rare or unusual or socially deviant sexual interests in persons, objects or activities. The most common paraphilias involve sexual interest in children (pedophilia), exhibitionism, voyeurism, and paraphilic rape (sexualized violence).
- *Offense-supportive attitudes:* Beliefs that justify or excuse sexual offending in general. Risk relevant attitudes condone sexual offenses in others or general e.g., children can enjoy sex, adult-child sex is harmless, or children can be sexually provocative. Rapists may state rape is harmless or enjoyable for the woman.

Meaningful Risk Factors

- *Emotional Congruence with children:* Feeling that relationships with children are more emotionally satisfying than relationships with adults. These offenders relate better to children than adults, feel like a child themselves, and may believe children understand them better than adults. Offenders who have a library of child movies or books supports this factor.
- Offender may indicate they are "in love" with their child victims and the relationship was reciprocal.

Meaningful Risk Factors

- *Lack of intimate relationships with adults:* Offenders who have no intimate relationships or offenders whose intimate relationships involved repeated conflict and/or infidelity. Chaotic, abusive and unstable relationships supports finding of intimacy deficits.

- Offenders who desire intimacy but have been unable to achieve it are at increased risk, as are those who do not desire intimacy.

Meaningful Risk Factors

- *Lifestyle Impulsiveness*: Low self-control, chronic instability in employment and housing, lack of meaningful daily routines, irresponsible decisions, and limited or unrealistic long-term goals.

- This factors is a major determinant of criminal behavior, and it predicted all types of recidivism in Hanson and Morton-Bourgon's (2004 meta-anlysis).

- *Employment Instability and substance abuse history* showed small but significant relationship with sexual recidivism in 2004 meta-analysis.

Meaningful Risk Factors

- *Poor problem solving:* Cognitive difficulties in generating and identifying effective solutions to problems of daily living. Offenders may avoid addressing obvious problems, and deploy ineffective problem-solving skills when problems are attended to.
- They might ruminate about negative aspects of the situation or select a course of action with a high probability of failure.
- Problem solving deficits commonly involve (a) deficits in problem recognition/conceptualization, (b) lack of consequential thinking; (c) difficulty seeing options.

Meaningful Risk Factors

- *Resistance to rules and supervision:* Rule breaking and opposition to external control. Consider prison, probation, parole rule violations, noncompliance with supervision, and violation of conditional release.
- *Two faces of resistance to rules:* defiant attitude toward authority and history of oppositional behavior (failure to follow directions, missing or arriving late for appointments, deceiving the supervisor).

Meaningful Risk Factors

- *Grievance/hostility:* Perception of having been done wrong by the world, feeling that others are responsible for their problems, and wanting to punish others as a consequence. Offenders with this schema are preoccupied with obtaining the respect they desire from others and often ruminate on vengeance themes. They have difficulty seeing other people's point of view and anticipate further wrongs will be perpetrated against them.
- *Hostility* predicted sexual reoffense in 2004 meta-analysis.

Meaningful Risk Factors

- *Negative social influences:* Having a social network dominated by individuals who are involved in crime, promote criminal behavior, or weaken the behavioral controls of the offender.
- Social influences are emphasized in many of the major theories of crime. The presence of negative social influences is also one of the strongest predictors of general criminal redivism.

Promising Risk Factors

- *Hostile beliefs about women*: women make fools of men, seldom express their true feelings, and women are not worthy of trust and respect.
- *Machiavellianism:* others are weak, cowardly, selfish, and easily manipulated; it is sensible to take advantage of others. Pattern has been evident in repeat child molesters when compared to single-conviction child molesters.

Promising Risk Factors -

- *Lack of concern for others;* Egocentricity, use others as need-fulfilling objects, poor empathy and lack of sympathy for others.
- *Dysfunctional coping;* Way sex offender manages negative emotions such as anger, anxiety, rejection and humiliation. Most important are responding to stress through sexual responses or externalizing behaviors.
- *Sexualized coping;* Use of sex to manage negative emotions and stressful life events. Increased sexual activity evident during periods of stress or dysfunction.

Promising Risk Factors

- Sex offenders often report increased sex, deviant fantasies and masturbation during periods of stress.
- *Externalized coping*; respond in a reckless, impulsive manner when faced with stress or problems. This variable overlaps with poor problem solving and poor emotional control. Impulsive behavior is common among sexual offenders, and they are more likely to reoffend with a nonsexual crime than a sexual crime.

Unsupported with interesting exceptions

- Denial was usually found not to be a risk factor. Recent research has found denial increased the recidivism rate of certain sexual offenders and decreased recidivism rates of others. The conditions under which denial contributes to recidivism risk for sex offenders has not been clearly identified.
- *Low self esteem; major mental disorder; lonliness; fragile narcisism; and sexual entitlement.*

Not Risk Factors

- Depression; social skills deficits; poor victim empathy; lack of motivation for treatment.
- Dropping out or being terminated from treatment is a risk factor.

Treatment Sex Offenders

- Hanson (2009) Meta-analysis of 45 studies
- 10.9% treated offenders sexually reoffended vs. 19.2 non-treated offenders. 31.8% vs. 48.3% any recidivism.
- Hanson (2002) meta-analysis 38 studies; 12.3% treated vs. 16.8% non-treated sexually reoffended. 27.9% vs. 39.2% any recidivism.
- Many of the studies had weak research designs and some did not define treatment interventions consistently.

Treatment

- Treatment usually does not account for risk. High risk offenders are assumed to require more treatment than low risk offenders. The few studies that have examined this variable generally showed treatment has less impact on high-risk offenders.
- Research has suggested that treatment of adult offenders is roughly equivalent to treatment of adolescent offenders in reducing risk.

Treatment

- Offenders who refused treatment were at no higher risk for sexual re-offending than offenders who started treatment but failed to complete it.
- The Hanson group concluded, "Some offenders may realistically conclude that they do not require treatment," and "the current results . . . are a challenge to evaluators who routinely use 'treatment refusal' as a poor prognostic indicator."

Age and Sexual Recidivism

- Research has fairly consistently shown that rates of sexual recidivism dive sharply after age 50.
- By age 60, the recidivism rate is as low as 3.8%, a rate comparable to released castrated sex offenders.

Pornography Offenders – Child Sexual Exploitive Material (CSEM)

- CSEM can be found in virtually any online space
- This is no longer found in a unique area of the Internet
- Initial access to CSEM (Steel et al., 2021)

     46% - peer to peer networks

     30% - traditional websites

     7% - the Dark Web

Blocking efforts by Google and Microsoft resulted in 67% drop in web-based searches for CSEM.

Impact of COVID

- The National center for missing and exploited children saw 97.5% increase in online enticement reports between January – December of 2020 versus the same time period in 2019.
- In Canada, 2020 saw a 35% increase in police reported child pornography.
- Processing or accessing CSEM increased 33% from 2019 to 2020.

Acronyms for offense types

- CSEM-E: CSEM exclusive
- CSO: Contact sex offense
- D/MO: Dual or Mixed offenses

CSEM Client Characteristics

They tend to be ...
• Male
• Caucasian
• Higher IQ and better educated that contact sexual offenders
• Less criminal history than contact sexual offenders

CSEM Client Characteristics

Compared to CSO's, CSEM tend to show
• Lower rates of adverse childhood events
• Greater internal barriers to offender (greater victim empathy, self-control)
• Lower emotional congruence with children
• Greater online preoccupation
• Less likely to have access to children
• Lower endorsement of cognitions related to children and sex

CSEM Client Characteristics

- More likely to have diagnoses of pedophilia or hebephilia than CSO's, but less than D/MO's
- Lower scores on static and dynamic risk measures
- Denial
  - More likely to fully confess
    - 24% that fully deny but more likely to admit with a positive therapeutic relationship (Paquette, 2019)

Pornography Offenders – Child Sexual Exploitive Material (CSEM)

- Seto, Hanson, Babchishin (2011); Meta-analysis (N=4464). Approximately 1 in 8 online offenders have an officially known contact sexual offense history at time of their index pornography offense.
- Approximately one in two (55%) online offenders admitted having a contact sexual offense in six studies that had self-report data.
- 4.6% of online offenders committed a new sexual offense of some kind during a 1.5 – 6 year follow-up. 2.0% committed a contact sexual offense and 3.4% committed a new pornography offense.

Pornography

- Bourke and Hernandez (2009) found 24% of a sample of convicted pornography offenders denied having a contact offense. A large majority (85%) of the sample had such a history after participating in treatment and reporting previously unknown offenses.
- Seto & Hanson (2011) Out of 4697 online offenders, 17.3% were known to have a contact sexual offense, mostly against a child. Official records indicated 12.2% had prior contact offenses. Of the 523 online offenders with self-report information, 55.1% disclosed past contact with a child.

Pornography

- Approximately half of the online offenders admitted to a contact offense during treatment or through self-report.
- Online offenders rarely went on to commit contact sexual offenses. Using a 6 year follow-up, less than 5% of the online offenders were caught for a new sexual or violent offense. The observed rates will increase with longer follow-up.
- The recidivism rates of online offenders was lower than offline sexual offenders.

Proportion of CSEM offenders that have an adjudicated contact offense

- Approximately 12% have an officially known contact sex offense at the time of their index offense (Seto, Hanson & Babchishin, 2011)
- Non-adjudicated contact offenses via self report range from
- 18.5% (Hanson & Babchishin, 2009)
- 50% (Seto, Hanson & Babchishin, 2011)
- 43.6% (Merdian et al. 2016)

Pornography

- Internet can act as a catalyst for sexual fantasies and casual users can progress to compulsive use.
- Triple A – Access, anonymity and affordability of internet services
- Compulsive use can progress to use of illegal materials and culminate in some cases with contact offenses
- >11 hours per week has been used a benchmark for compulsive pornography use

Seto, 2015

- Child Pornography Offender Risk Tool (CPORT)
- Initial study sample 301 child pornography case files provided by 10 Ontario, Canada, police services.
- Any new charge or conviction was coded as recidivism
- Sexual offenses were divided between contact and non-contact. Non-contact offenses included new charges or convictions for possession, distribution or production of child pornography as well as indecent exposure.

CPORT

- Age at index investigation (35 or younger)
- Any prior criminal history
- Any contact sex offenses (prior/index)
- Any failure on conditional release (prior/index)
- Indication of pedophilic/hebephilic interests
- >50% male content nudity and other child content (Ratio of boy to girl content in child pornography, coded as higher risk if there was more content depicting boys ($\geq$ 51%)

CPORT

- Follow-up period was 5 years and followed 266 offenders.
- Almost half (43%) had any criminal history and 19% had some type of prior sexual offense. 13% had some indication of alcohol use problems and 8% had known problems with drug abuse.
- 91% offenders had some content depicting girls and 79% had collections that were predominately girls. 47% had collections that were exclusively girls.

CPORT

- 90% of the sample also had adult pornography although many details about their adult pornography collection were missing.
- 84% had content depicting legal minors, e.g., "Barely legal."
- 87% had pornography depictions of fetish or other paraphilic themes such as sadomasochism (bondage) and bestiality.

Recidivism

- Of the 286 offenders, 39% had any new offense.
- 4% committed a subsequent contact offense against a child
- 12% had a new child pornography offense
- 16% had any new sexual offense (contact or non-contact)
- 8% committed a violent reoffense which included contact sexual offenses.

CPORT

- Scores ranged from 0 to 7.
- The mean CPORT score was 1.94.
- CPORT score was a significant predictor of any recidivism (area under the curve [AUC] .66, 95% confidence interval [CI] [.59, .73]), any sexual recidivism (AUC .74, 95% CI [.63, .84]), and specifically contact sexual recidivism (AUC .74, 95% CI [.55, .94]).

Seto Conclusions

- As we expected, these risk factors are consistent with established models of contact sexual offending that emphasize antisocial propensities.
- (younger offender age, criminal history, conditional release failure) and atypical sexual interests (greater interest in boys than girls, as reflected in content; admissions/diagnosis of sexual interest in children).

CPORT

- The tool predicted contact sexual offending. It was not predictive with offenders who had only child pornography offenses.
- That was attributed to the low base rate of sexual recidivism in that subgroup for the 5-year follow-up (6% compared to 12% for child pornography offenders with nonviolent or non-sexually violent offending histories

Risk

- CSEMO's are likely at low risk for future contact offense if:
  - Low on antisociality
  - Limited access to minors
  - Demonstrate psychological barriers to contact offending (empathy, prosocial beliefs regarding harm of sexual offending, good impulse control, emotional identification with adults)

# Do more deviant images = more risk and treatment need?

- Research remains unclear about the link between image deviance and the interest in contact offending (Smid et al 2015)
- There was no link between the age of children in CP images or paraphilic themes and sexual recidivism (Seto, 2018)
- There is an inherent bias if you only use images identified and described by investigating police officers
- What else did they have on their computer? How often were they accessing the image?

CSEM Typology

- This is a heterogenous population that requires the clinician to entertain multiple hypotheses.
- ASD clients are sometimes arrested for child pornography, and it is associated with collecting behavior and not sexual deviance

Pornography - Psychodynamic

- Internet pornography can foster feelings of excitement, liveliness and power, e.g., online disinhibition effect.
- Sexualization is a useful defense against depression, inadequacy or feelings of deadness.
- Pornography elicits manic defenses where feelings of dependency and vulnerability are replaced with control, triumph and contempt.
- The function of the *other* in pornography is to provide stimulation, gratification and serves as a vessel for the projection of fantasies.

Lots of Stuff
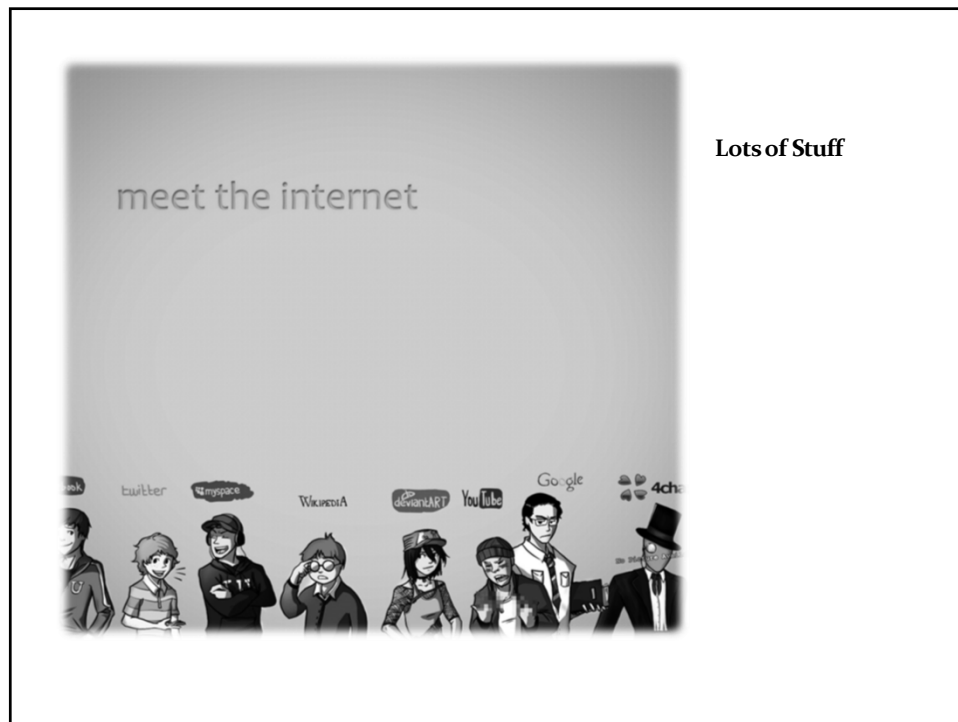
Pornography

- Internet pornography creates an illusion of control and lessens anxiety of real-world relationships.
- The individual is invited to pursue part-object relating. People can seek images of body parts or even create composite images of people they know.
- Sadistic fantasies can be explored and gratified
- The super-ego is corrupted or evaded. The internet can invite a disregard for authority that allows the person to breach sexual taboos.

The End