

Challenges in Sex-Offender
Re-offense Risk Assessments
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What progress have we made since

Hanson, R. K. What do we know about sex offender risk assessment? *Psychology, Public Policy, and Law*, 4(1), 50-72.

In 15 minutes: A practitioner's interpretation of recent, current, and emerging answers to five questions, *and a case study! Special bonus: A topical joke!*

I. Which approach to risk assessment is most accurate?

1998 – 3 viable approaches to risk assessment.

2006: Which approach to risk assessment is most accurate?

Source: (1) Hanson, R. K. & Morton-Bourgon, K. Predictors of sexual recidivism: An updated meta-analysis, 2004-02

(2) Hanson, R. Karl; Morton-Bourgon, Kelly E. The Characteristics of Persistent Sexual Offenders: A Meta-Analysis of Recidivism Studies. *Journal of Consulting and Clinical Psychology*. 73(6), Dec 2005, 1154-1163.

Now we have research results for

- Structured Professional Judgment Instruments
- Actuarial Instruments

→ But not for Adjusted Actuarial Assessments

Findings: No difference among the actuarial instruments, and no difference between actuarial instruments and a Structured-Professional Judgment instrument, specifically the SVR-20.

→ DeClue, G. (5/8/04). On the admissibility of testimony using an *aide-mémoire* in a *Frye* state. WebPsychEmpiricist. Retrieved (date) from http://home.earthlink.net/~rkmck/papers_table.html.

II. 1998 – We have a substantial body of research about the importance of static factors in risk for sexual re-offense, but not about dynamic risk factors.

2006: Got tools? – yes

Got data? – no

Tool: Hanson, R. K., & Harris, A. (2000). *The Sex Offender Needs Assessment Rating (SONAR): A method for measuring change in risk levels*. Downloaded 9/5/04 from http://www.psepc-sppcc.gc.ca/publications/corrections/200001b_e.asp.

So, in 2006, there are still no cross-validated *actuarial* scales for measuring treatment outcome, and evaluators wishing to use *empirically guided clinical assessments* regarding treatment outcome/dynamic risk factors are still left with very little guidance from the research literature.

→ DeClue, G. (2005). Avoiding garbage 2: Assessment of risk for sexual violence after long-term treatment, *Journal of Psychiatry & Law*, 33, 179-204.

III. Does sex-offender treatment reduce recidivism? (Important for assessing readiness for release from civil commitment)

2006 (a) Best-designed research studies regarding
sex-offender treatment outcome:

→ Marques, J. K., Wiederanders, M., Day, D. M.,
van Ommeren, A. (2005). Effects of a Relapse
Prevention Program on Sexual Recidivism: Final
Results From California's Sex Offender Treatment
and Evaluation Project (SOTEP). *Sexual Abuse: A
Journal of Research and Treatment*, 17, 1, 79-107.
Inpatient Relapse Prevention treatment – State-of-
the-art treatment program, excellent research
design: no difference between treated and
untreated groups in recidivism over an 8-year
period.

→ Hanson, R. K., Broom, I., & Stephenson, M.
(2004). Evaluating community sex offender
treatment programs: A 12-year follow-up of 724
offenders. *Canadian Journal of Behavioural Science*,
36(2), 87-96, p. 94.

After an average 12-year follow-up period, no
differences were observed in the rates of sexual,
violent or general (any) recidivism for treated versus
untreated groups.

Does sex-offender treatment reduce recidivism?
2006(b) – meta-analyses – enough good studies?

(i) No - Martin L. Lalumière, Grant T. Harris, Vernon L. Quinsey, and Marnie E. Rice (Washington, D.C.: American Psychological Association, 2005). *The causes of rape: Understanding individual differences in male propensity for sexual aggression.*

See book review: DeClue, G. (2005). *Journal of Psychiatry & Law*, 33, 419-426.

(ii) Yes, sort of (There aren't really enough good studies, but we did a meta-analysis anyway.)

→ Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders, *Sexual Abuse: A Journal of Research and Treatment*, 2, 169-194.

→ Lösel & Schmucker (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117-146.

→ Overall, we have not found that more recent programs are superior in outcome. Although

treatment before the 1970s was clearly ineffective, neither programs from the 1990s nor publications after 2000 reveal stronger effects than in previous decades.

→ Even within the cognitive-behavioral category, more current programs are not more effective than older ones.

→ The average effect of physical treatment is much larger than that of psychosocial programs. The main source for this difference is a very strong effect of **surgical castration**, although hormonal medication also shows a relatively good outcome.

→ Across studies generally, the bigger the number of subjects, the smaller the treatment effect (if any)

→ Reminder: The meta-analysis included studies with design flaws.

IV. How precise are our assessments of static factors?

1998: The rate at which this highest risk subgroup actually re-offends with another sexual offense could conservatively be estimated at 50% and could reasonably be estimated at 70% to 80%. (So, apparently, one could do a risk assessment and, for some offenders, reasonably report that the person's likelihood to re-offend sexually was about 70 to 80%.)

2006: Hart, S., D., Michie, C., & Cooke, D. J. (in press). The precision of actuarial risk assessment instruments: Evaluating the "margins of error" of group versus individual predictions of violence. *British Journal of Psychiatry*.

→ The 95% confidence interval for a score of 6+ on the Static-99 is .06 - .95. "I am 95% certain that the likelihood that Mr. X will re-offend is between 6% and 95%."

Hart et al., conclusions: "Actuarial Risk-Assessment Instruments cannot be used to estimate an individual's risk for future violence with any reasonable degree of certainty and should be used with great caution or not at all. In theory, reasonably precise individual estimates could be made using

Actuarial Risk-Assessment Instruments if developers used very large construction samples and if the tests included few score categories with extreme risk estimates.”

V. Which actuarial instrument is best?

Source A: Hanson & Morton-Bourgon (2004, 2005)

→ No statistical difference in accuracy.

Source B: David Thornton, Ph.D., Sand Ridge Secure Treatment Center – Evaluating Sexual Offenders: Actuarial Assessment and Beyond

→ Five Common Factors or Components in the Actuarial Instruments:

Factor I: Persistent General Criminality

Factor II: Persistence and Rate of Sexual Offending

Factor III: Young and Single

Factor IV: Violent Stranger Assault

Factor V: Male Victim Choice

➤ Example: Static-99

- Has no significant predictive value beyond the components
- The components have significant predictive value after controlling Static-99
- Static-99 underweights Sexual Persistence and Male Victims

→ Thornton: It really does seem to be the case that the five components capture all the predictive value of the simple static items (and age) in the actuarial instruments.

→ Not cross-validated.

→ This approach is also useful for assessments using structured professional judgment.

→ Future: Which actuarial instrument is best for which populations?

Static-99 Coding Form (2003 coding rules)
Mr. X

Question Number	Risk Factor	Codes	Score
1	Young (S9909)	Aged 25 or older Aged 18 - 24.99	0 0 1
2	Ever lived with lover for at least two years (S9910)	Yes No	0 0 1
3	Index non-sexual violence . Any Convictions (S9904)	No Yes	0 0 1
4	Prior non-sexual violence . Any Convictions (S9905)	No Yes	0 0 1
5	Prior Sex Offences (S9901)	Charges Convictions None None 1-2 1 3-5 2-3 6+ 4+	0 0 1 2 3
6	Prior sentencing dates (excluding index) (S9902)	3 or less 4 or more	0 0 1
7	Any convictions for non-contact sex offences (S9903)	No Yes	0 0 1
8	Any Unrelated Victims (S9906)	No Yes	0 0 1
9	Any Stranger Victims (S9907)	No Yes	0 0 1
10	Any Male Victims (S9908)	No Yes	0 1 1
	Total Score	Add up scores from individual risk factors	1

TRANSLATING STATIC 99 SCORES INTO RISK CATEGORIES

Score	Label for Risk Category
0,1	Low
2,3	Moderate -Low
4,5	Moderate -High
6 plus	High

For Mr. X:

Data not scored on Static-99:

Successfully completed 2 sex-offense treatment programs and two substance-abuse treatment programs in prison, no disciplinary violations in prison.

Index Offense: Conviction included sex acts in 1985, 1986, and 1993.

Victims: female, daughter, age 11-20, near-daily intercourse for years; 2-year-old male, grandson, who is also son

Consistently lied about his sex-offenses throughout treatment. Importance of investigative reporter:

→ See POTUS article:

DeClue, G. (2006). What I learned about assessing people who have been convicted of sexual offenses from the Presidents of the United States of America. *Journal of Sexual Offender Civil Commitment: Science and the Law*, 1, 99-123.

Future: Ethically Employing Interrogation Techniques in a Clinical Forensic Psychological Assessment – How to ethically attempt to elicit a true

admission from a forensic examinee who says he did not commit a sex act for which he was convicted.

→ DeClue, G. (2005). Psychological consultation in cases involving interrogations and confessions, *Journal of Psychiatry & Law*, 33, 313-366.

→ DeClue, G. (2005). *Interrogations and disputed confessions: A manual for forensic psychological practice*. Sarasota, FL: Professional Resources Press. (Booth 908 in Exhibitor Area near Registration)

Overall Conclusions

- Research regarding static risk factors continues to progress but we should exercise extreme caution in risk communication.
- Research regarding dynamic risk factors remains in its infancy or prenatal stage.
- Sex-offender risk assessment should be guided by research, but we must recognize and communicate the limitations of current scientific knowledge regarding sex-offender risk assessment.

Closing joke:

When smart people say dumb things:

“Here in Florida, capital sexual battery is a very serious crime, usually leading to a person spending the rest of his life in prison. And if [civil commitment] kicks in, it can be a lot longer.” – Dr. Anonymous, at the National Association of Criminal Defense Lawyers, Miami Beach, Florida, July 28, 2006.