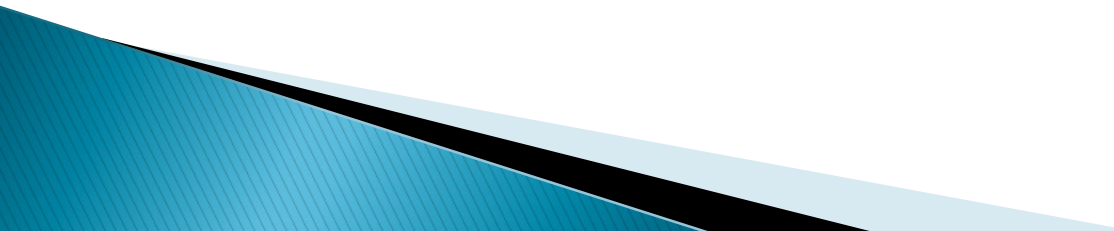# The Science of Risk Determination of those who sexually offend

The How, What, Who, and Why of risk assessment

Bowman Smelko PSYD ABPP

Goals
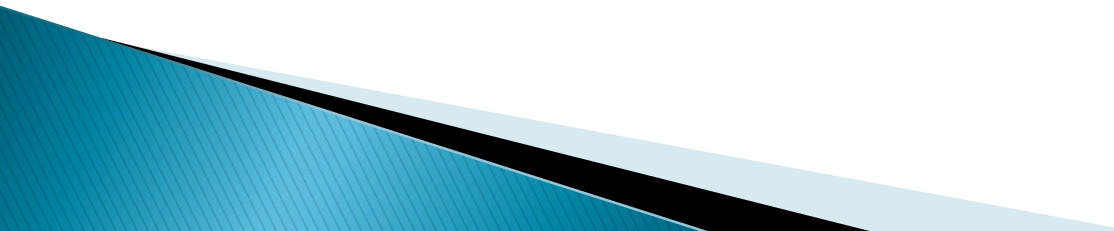
- Learn what is risk assessment and what does it tell us.
- Learn who should conduct risk assessment and why the vetting process and oversight of the evaluators is critical.
- Learn what goes into a risk assessment and how that data is utilized in making critical determinations related to community safety.

What Is Psychosexual Risk ?
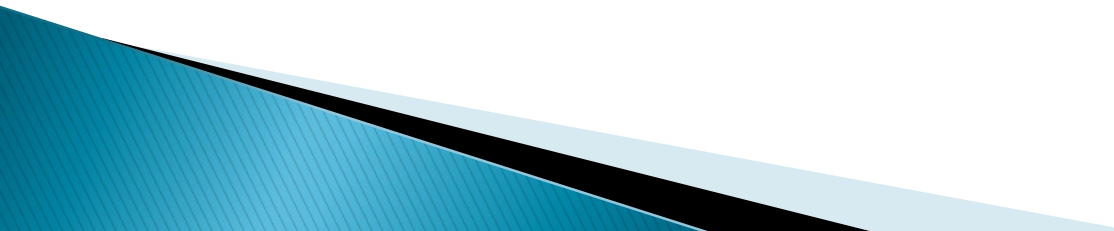
The science behind the decisions

Risk Assessment has multiple uses

- Originally used to assess the fee for cargo on ships transporting goods between the early colonies
- Car Insurance
- But most importantly is making decisions as they apply to community safety
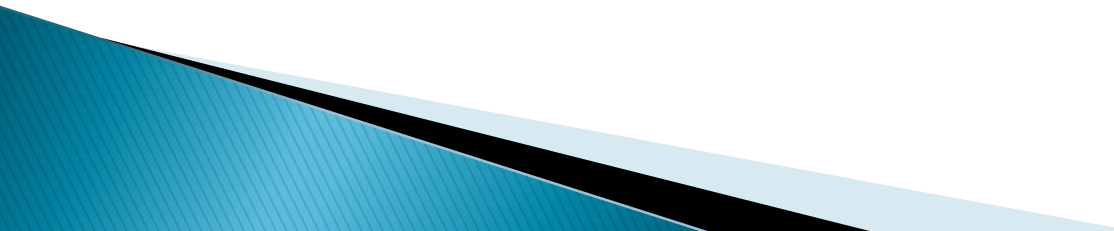
Sources of Information

msota.org

- Background History
- Criminal Behavior and Record (official)
- Sexual History and Victim Impact
- Collateral Contact
- Personality and Cognitive Assessment
- PPG and/or VRT
- Polygraph disclosures
- Structured Instruments

What do we do with all of this information?

- Using science to assist in keeping the community safe.

Static Risk

- Historical, difficult to change, best predictor of future outcome if nothing changes
- This is our baseline when considering risk to our community
- Different tools yet all fairly consistent in predicting accuracy of our decisions
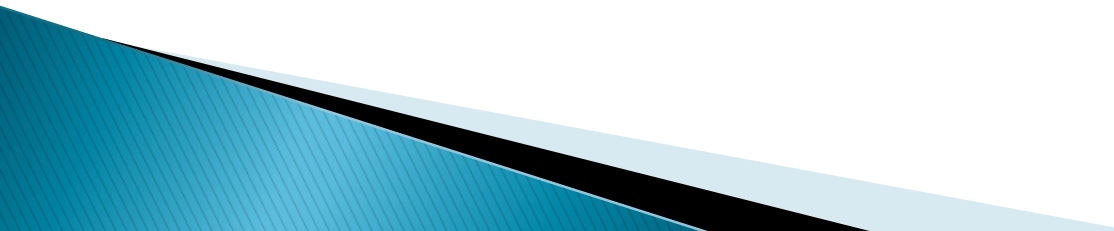
Static 99R and 2002R

- Two examples of Static Tools

Accuracy is Modest but better than "clinical experience alone"

▸ *After an average 3 year follow-up, the Static-99 and Static-2002 were equally accurate in predicting sexual recidivism (ROC of .76 for both).*
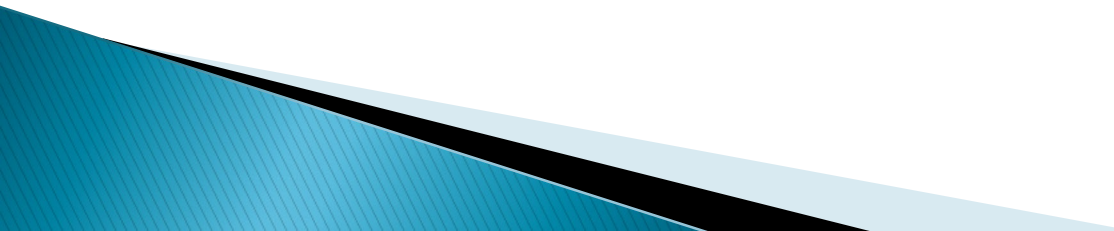
Static–99R

- 1   Age at release from index sex offence
      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 with a lover Ever 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

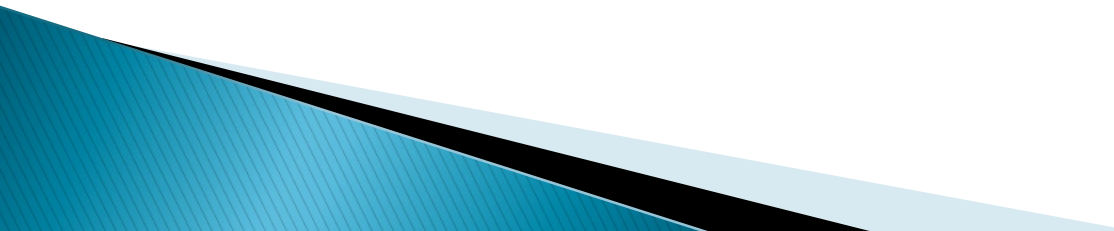- **5** Prior sex offences Charges/Convictions
- 0   0   0
- 1,2   1   1
- 3–5   2–3   2
- 6+   4+   3

- **6** Four or more prior sentencing dates
- (excluding index)
- 3 or less 0
- 4 or more 1

- **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

2002 R

- Age
- 1. Age at Release:
- 18–34.9   2
- 35 –39.9   1
- 40–59.9   0
- 60+   –2
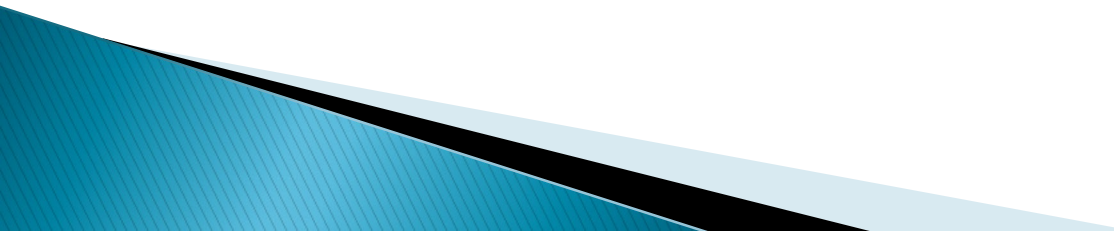
Persistence of Sexual Offending

- 2. Prior Sentencing Occassions for Sexual Offenses:
- None: 0
- 1 :   1
- 2,3:   2
- 4+   3

3. Any Juvenile Arrest for a Sexual Offense and Convicted as an adult for a separate sexual offense:

No = 0   Yes = 1

- 4. Rate of Sexual offending:
- Less than one sentencing occasion every 15 years = 0

- One or more sentencing occasions every 15 years: 1

- Persistence Raw Score (subtotal of Sexual Offending):

- 0 = 0
- 1 = 1
- 2,3 = 2
- 4,5 = 3

Deviant Sexual Interests
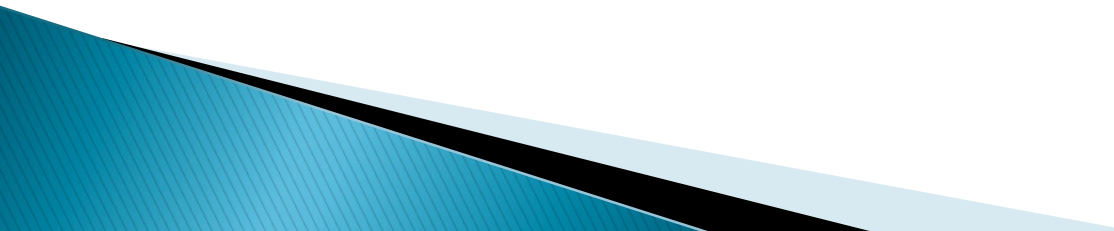
- 5. Any Sentencing Occasion for Non Contact Sex Offenses:
- No= 0
- Yes = 1

- 6. Any Male Victim:
- No = 0   Yes = 1
- 7. Young, Unrelated Victims:
- Does not have two or more victims <12, one of them unrelated = 0   Does = 1

Relationship to Victims

- 8. Any Unrelated Victim
- No = 0   Yes = 1

- 9. Any Stranger Victim:
- No = 0   Yes = 1

General Criminality

- 10. Any Prior Involvement with the Criminal Justice System:
- No = 0
- Yes = 1

- 11. Prior Sentencing Occasions For Anything:
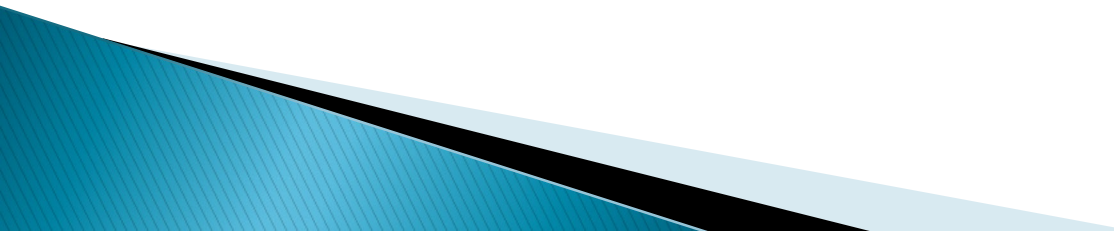- 0-2 = 0
- 3-13 = 1
- 14 + = 2

12. Any Community Supervision Violations:

▸ No = 0   Yes = 1

▸ 13. Years free prior to Index Sex Offense:

▸ ● More than 36 months free prior to committing the sexual offence
 that resulted in the index conviction AND more than 48 months
 free prior to index conviction = 0

▸ < = 1

- 14.   Any Prior Non Sexual Violence Sentencing Occasion:
- No = 0
- Yes = 1

General Criminality Raw Score

- 0 = 0
- 1,2 = 1
- 3,4 = 2
- 5,6 = 3

But wait………. there is more!!! Dynamic Risk

- Going back to the example of Heart Disease
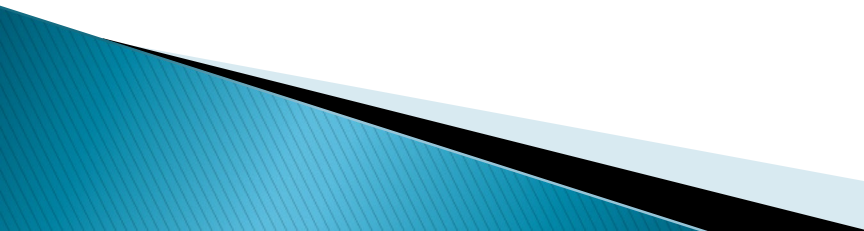 ◦ Salt, exercise, ect…….
- Risk Can Change! Up or Down

Dynamic Factors improve predictions

- Structured Clinical Judgement
- Understand how to use the data we have collected and apply it correctly

STABLE 2007

- **Significant Social Influences**: This factor rates positive and negative social influences.

- **Capacity for Relationship Stability**: This factor measures the ability of the individual to sustain meaningful intimate relationships.

- **Emotional Identification with Children**: This factor rates the degree an individual identifies emotionally with children rather than other adults.

continued

- **Hostility Towards Women:** This factor includes attitudes towards women and hyper-masculinity attitudes.

- **General Social Rejection:** This factor includes loneliness, callousness, and lack of intimate relationships.

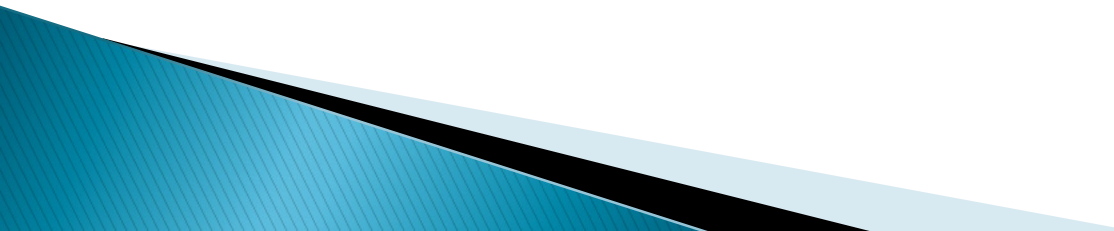- **Lack of Concern for Others:** This factor rates the individual's ability have empathy.

continued

- **Impulsivity:** This factor rates the individual's ability to delay consequences and make reasoned decisions verses impulsive decision making and inability to delay gratification.
- **Poor Problem Solving Skills:** This factor measures the ability of the individual to solve problems of normal life in an effective manner.
- **Negative Emotionality:** This factor rates the degree that negative emotional states and emotional dysregulation affect the individual.
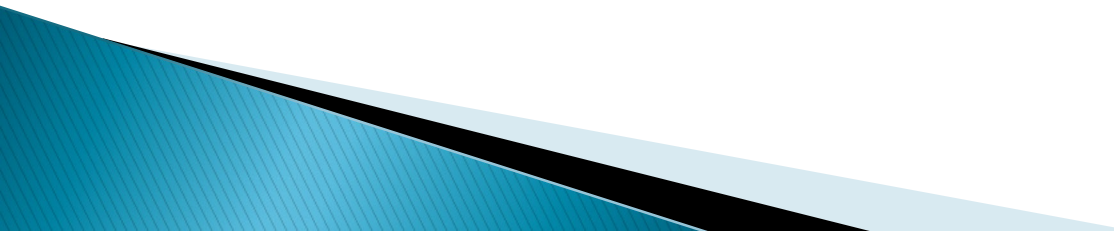
continued

- **Sexual Drive and Preoccupation**: This factor includes sexual preoccupation and difficulty regulating sexual behaviors.

- **Sex as Coping**: This factor measures the use sex as a coping mechanism.

- **Deviant Sexual Preferences**: This factor measures the degree of deviant sexual arousal, sexual interest or consistent sexual behaviors.

Continued

- **Cooperation with Supervision:** Research has shown that resistance to supervision, increased manipulation, breaching of conditions, continual missing of appointments, are all precursors to acting out and appropriate supervisory steps should be taken.

Combining Static and Dynamic scores into standardized risk categories

- Level 1 = Very Low Risk
- Level II = Below Average Risk
- Level III = Average Risk
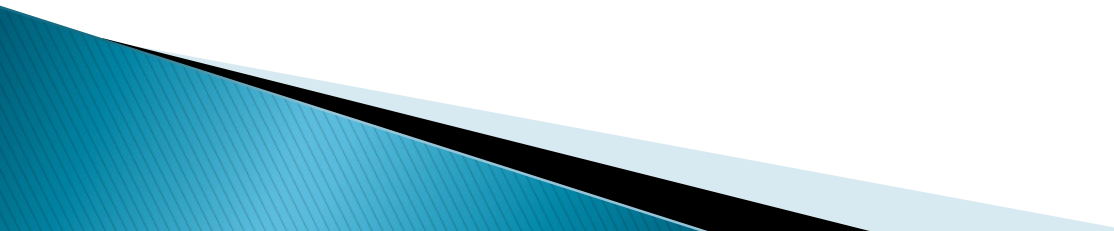- Level Iva = Above Average Risk
- Level Ivb = Well Above Average Risk

Lets take a look at the Average Sexual offender

- **Level III "Average" (n = 237)**
- Sexual Recidivism   3.8 (1 yrs.) 6.1 (3yrs) 7.5 5 years.

What does that mean?????

- 3.8% recidivism?

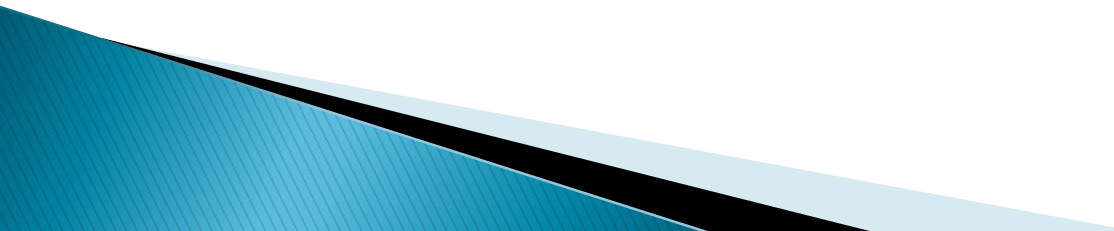# Calling it like we see it

- Undoing Risk (Protective Factors)
- Clinical Override (Ignoring the instruments)
- Using Dynamic risk without Static
- Talking about Risk in Absolutes (Low does not mean NO and High does not mean for sure! and..no risk isn't an option)
- Not Paying attention to Environment
  ◦ Artificial Environment

Who should conduct these very important evaluations and why

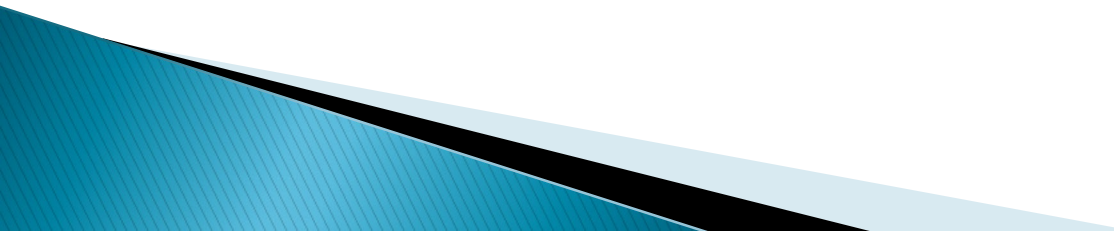- The Vetting Process
- Oversight
- Community Safety is at stake!!!

Vetting those who conduct the evaluations

- Ensure knowledge of the clinical field
- Ensure understanding of psychometric principles
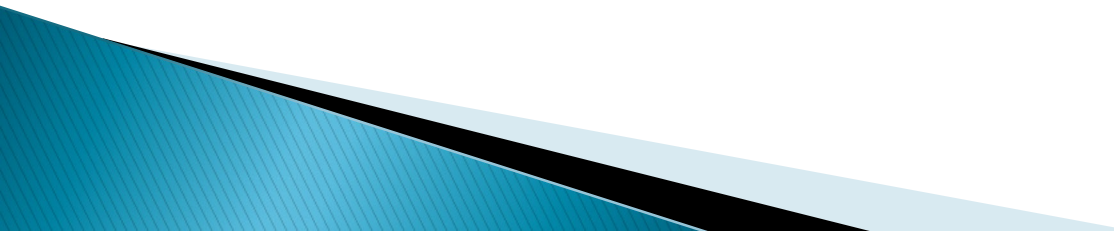- Ensure ability to seek for and apply relevant knowledge to risk measures

MSOTA Qualified Evaluators

▸ Person with a Master's Degree or above in the Behavioral or Social Sciences with specific licensure.

▸ Persons who have engaged in direct clinical assessment/treatment of sexual abusers for at least 2000 hours post-Master's Degree (approximately two years/full-time) while meeting the clinical qualifications as outlined in the MSOTA Standards of Care for the treatment of sex offenders. All under MSOTA supervision.

Coninued

- 3 letters of reference from qualified providers
- 2 redacted psychosexual evaluations which were conducted under the supervison of an MSOTA qualified evaluator.

Oversight

- MSOTA Standards for Evaluation and Treatment
- MSOTA Ethics committee
- Ultimately excellent practice keeps our community safer!

Questions????

Forensic and Behavioral Consultation

CAPITAL CITY
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