Virginia Sex Offender Treatment Association (VSOTA)

Presents
Dr. James R. Worling, Ph.D., C.Psych., ATSAF.

Changing perspectives: Focusing on strengths and protective factors with adolescents who have sexually offended

April 24, 2019   Richmond, Virginia

jamesworling@gmail.com

www.drjamesworling.com

Pre-Test Exam

1.

2.

3.

4.

5.

"Since the offending act is an exercise in power and control perpetrated by an anti-social, conduct-disordered, manipulative, deviant person, descriptors of the treatment of choice include confrontation, insistence on accountability for the offending behavior, a punitive rather than therapeutic orientation, and a focus on self-disclosure and the acquisition of strategies to prevent relapse". (Goocher, 1994, p. 244)

That was then…

_____

_____

_____

_____

_____

_____

Worling's 5 D's

1. Deviance
2. Delinquency
3. Disorder
4. Deficiency
5. Deceit

RISK Factors

Williams, D. J., Thomas, J. N., & Prior, E. E. (2015). *Critical Criminology*, *23*(3), 277-294.

FEAR

Sex-Negative Culture

- Sexual behaviour is inherently risky, dangerous, and difficult to control
- Narrow range of acceptable sexual practices
- Communication about sex is restricted

Myths and assumptions about adolescents who have offended sexually

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Ontario
MINISTRY OF CHILDREN AND YOUTH SERVICES

Thistletown Regional Centre, **SAFE-T Program**

(1983-2013)

Lessons learned from an adolescent client 28 years ago...

1. Deviant sexual arousal is *NOT* the key

2. Tools/approaches for adults can be *HARMFUL* for teens

3. The *THERAPEUTIC RELATIONSHIP* is VERY important

Why do adolescents offend sexually?

Theory → Assessment → Treatment

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

It Depends

Risk, Need, & Responsivity (Andrews & Bonta, 1990)

Effective Correctional Treatment

Risk Principle: Intensity of treatment should vary according to risk

Need Principle: Treatment should target criminogenic needs—dynamic risk factors

Responsivity Principle: Treatment should be tailored to the individual's learning style and abilities

_____

_____

_____

_____

_____

_____

_____

Approaches to risk prediction

(i)   Unstructured clinical judgment

_____

_____

_____

_____

_____

_____

(ii)   Actuarial assessment

_____

_____

_____

_____

_____

_____
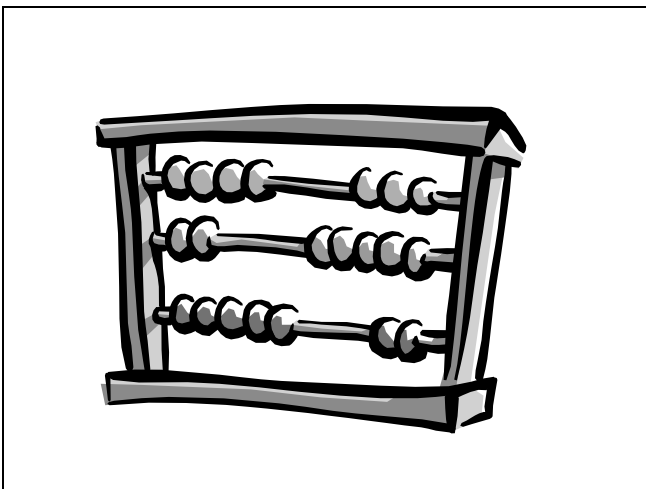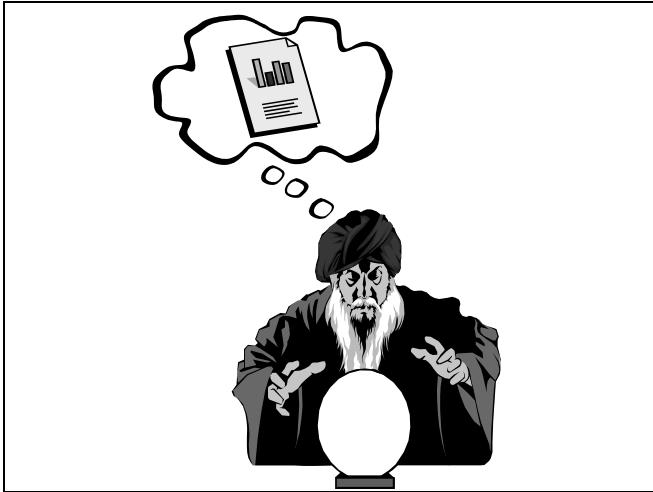
(iii)   Structured professional judgment

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Current Practices and Emerging Trends in Sexual Abuser Management

The Safer Society
2009 North American Survey

www.safersociety.org

Robert J. McGrath • Georgia F. Cumming • Brenda L. Burchard
Stephen Zeoli • Lawrence Ellerby

Risk Instruments

U. S. Programs for Adolescent Males

McGrath, Cumming, Burchard, Zeoli & Ellerby (2010). Safer Society Survey.
www.safersociety.org

	2003 (n=664)	2009 (n=373)
ERASOR	21%	51%
JSORRAT-II		19%
J-SOAP-II	31%	60%
Multiple	40%	80%
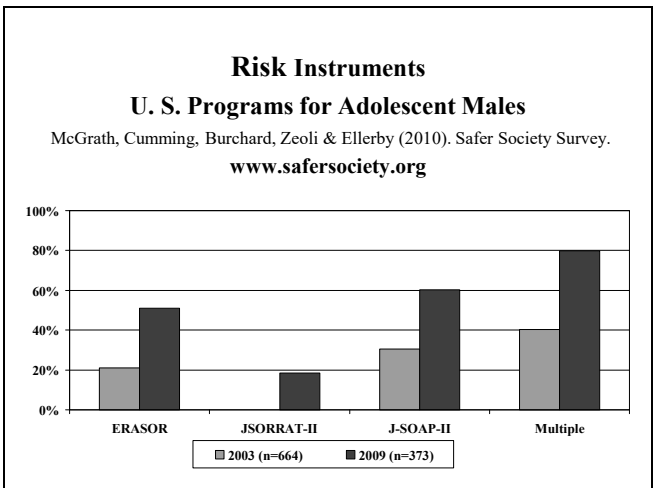
Can you answer these questions regarding risk?

•Is the youth at "No Risk" ?

•Does the youth fit the profile of a "sex offender"?

• What is the risk of a youth reoffending sexually through his/her adult years?

•What is the risk that a youth poses of sexually reoffending over the next year?

Caldwell, M. F. (2016)
Quantifying the Decline in Juvenile Sexual Recidivism Rates
Psychology, Public Policy, and Law

Meta-analysis   106 data sets

Recidivism (5.1 years)

Sexual	General
4.97%	39.4%

Convicted
Charged
Reported
Never reported

1.

2.

3.

4.

What is the base rate anyway??

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

High Score on the Recidivism TEST

Recidivists
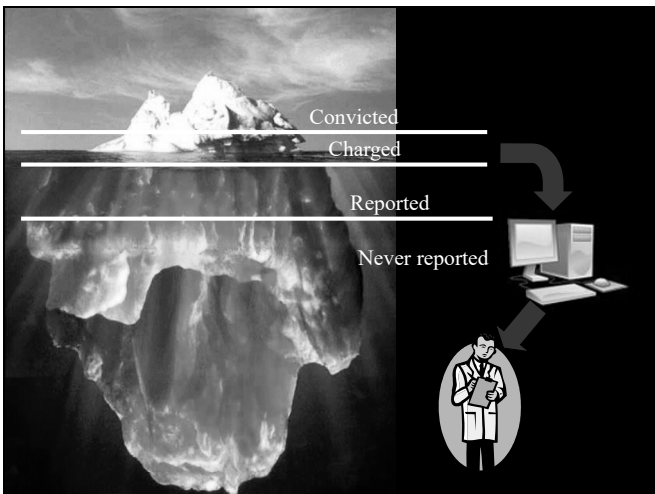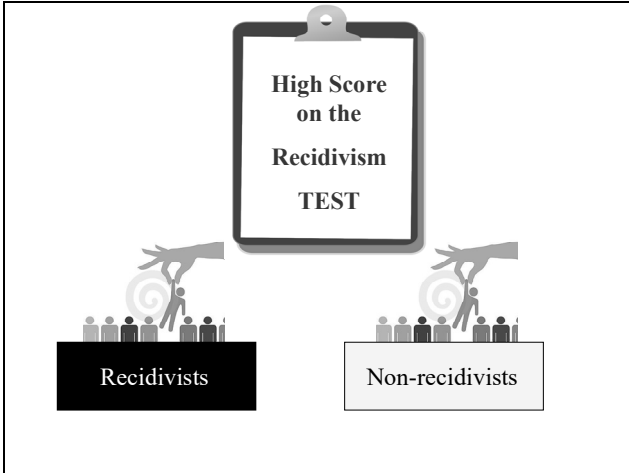
Non-recidivists

The "AUC"

(area under the curve)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How to interpret an "**AUC**" value—**A**rea **U**nder the receiver operating characteristic (**ROC**) **C**urve:

The probability that a randomly selected person with the condition (e.g., **recidivist)** will have a higher score than a randomly selected person without the condition (e.g., **nonrecidivist).**

ranges from 0	(100% incorrect)
through 0.5	(50%, or chance)
to 1.0	(100% perfect)
AUC of .56-.63	"small" effect size
AUC of .64-.71	"moderate" effect size
AUC of >.71	"large" effect size

Predictive accuracy of tools for adult males

_____

_____

_____

_____

_____

_____

Hanson & Morton-Bourgon, 2009   *Psychological Assessment, 21,* 1-21

Meta-analysis of risk assessment accuracy

All actuarial tests

81 studies

24,089 males (primarily ADULT)

average **AUC**= .68 (*d* =.67)

Static-99

63 studies

20,010 males (primarily ADULT)

average **AUC**=.68 (*d* =.67)

**Meta-analysis of
risk assessment instruments for juvenile justice**
Craig S. Schwalbe
Law & Human Behavior (2007), 31: 449-462

28 studies
(53,405 juveniles; 28% female   55% white)
28 risk different assessment instruments
Follow-up from 6-60 months (12 months typical)
45% reoffended

Weighted average effect size AUC=.64

YLS/CMI average effect size AUC=.64

Viljoen, Mordell, & Beneteau (2012)   *Law and Human Behavior*

Risk Measure (# of studies)	AUC (sexual recidivism)	
	Judgment (95% CI)	Total Score (95% CI)
J-SOAP-II (9)	n/a	**.67** (.59-.75)
J-SORRAT-II (7)	n/a	**.64** (.54-.74)
ERASOR (10)	**.66** (.60-.71)	**.66** (.61-.72)
Heterogeneity (Q) significant for all tools		

Issues With Popular Risk Prediction Tools

1. Research regarding risk prediction accuracy levels
2. 33%-100% of the risk factors are static: adolescents are not
3. Research regarding established risk prediction factors
4. Narrow age range (typically 12-18)
5. Dated language does not reflect changes in the field
6. Most tools not applicable for subgroups (e.g., females, noncontact offenses, bestiality, child abuse images…)
7. Arbitrary risk ratings with some tools (e.g., what does "High Risk" mean? "Moderate Risk?")
8. Only risk factors: *no* protective factors

Predictive accuracy for tools for general youth criminal recidivism

_____

_____

_____

_____

_____

Predictive accuracy for tools for youth who have offended sexually

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RISK

Risk
Problems
Deficits
Failures
Deviance

Protection
Solutions
Strengths
Successes
Health

William Marshall

1989

Intimacy, loneliness, and sex offenders.

Behavior Research and Therapy, 27, 491-503

Tony Ward & Claire Stewart

2003

The treatment of sex offenders: Risk management and good lives.

Professional Psychology: Research and Practice, 34, 353–360

Klepfisz, G., Daffern, M., & Day, A. (2017).
Aggression and Violent Behavior, 32, 80-87.

"What emerges from this review is an understanding that a consensus has yet to emerge around how protective factors should be defined and, importantly, how they relate to, and interact with, risk factors in violent offending" (p. 84).
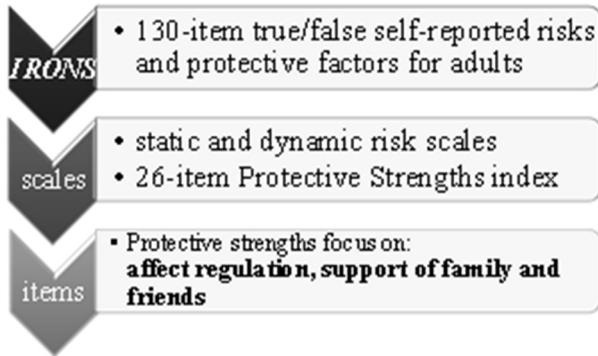
Protective Factors

_____

_____

_____

_____

_____

_____

Holly Miller (2015)
Inventory of Offender Risk, Needs, & Strength
(IRONS)
Sexual Abuse: A Journal of Research & Treatment, 27(1), 34-50

IRONS
- 130-item true/false self-reported risks and protective factors for adults

scales
- static and dynamic risk scales
- 26-item Protective Strengths index

items
- Protective strengths focus on: **affect regulation, support of family and friends**

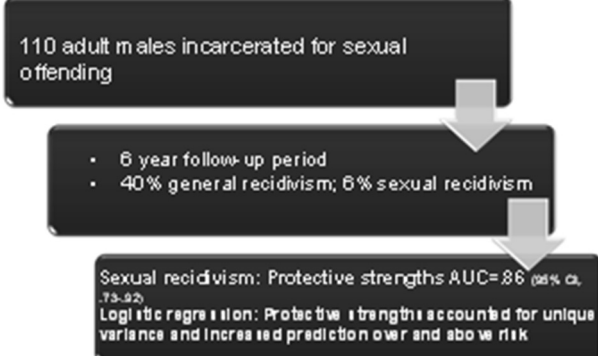Protective factors for adults…

_____

_____

_____

_____

_____

_____

Holly Miller (2015)
Inventory of Offender Risk, Needs, & Strength
(IRONS)
Sexual Abuse: A Journal of Research & Treatment, 27(1), 34-50

110 adult males incarcerated for sexual offending

- 6 year follow-up period
- 40% general recidivism; 6% sexual recidivism

Sexual recidivism: Protective strengths AUC=.86 (95% CI, .73-.92)
Logistic regression: Protective strengths accounted for unique variance and increased prediction over and above risk
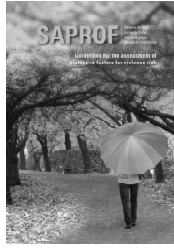
_____

_____

_____

_____

_____

_____

_____

SAPROF

Structured Assessment of Protective Factors for violence risk

de Vogel, de Ruiter, Bouman, de Vries Robbé (2009)

17 protective factors (15 are dynamic)

Internal (e.g., empathy, coping, self-control, intelligence)

Motivational (treatment motivation, leisure activities)

External (social network, intimate relationship, external control)

---

de Vries, de Vogel, Koster, & Bogaerts (2015)
SAPROF
Sexual Abuse: A Journal of Research & Treatment, 27(1), 51-70

83 adult males who offended sexually admitted to Dutch forensic psychiatric hospitals

SAPROF, HCR-20, & SVR-20 coded from treatment files

Long-term (Mean of 15 years) recidivism data collected (convictions)

---

de Vries, de Vogel, Koster, & Bogaerts (2015)   SAPROF
Sexual Abuse: A Journal of Research & Treatment, 27(1), 51-70

AUC 15 year violent recidivism .74 (.63-.85)
AUC 15 year sexual recidivism .71 (.56-.86)

Regression analyses: SAPROF improved predictive accuracy for sexual offending **over and above** HCR-20+SVR-20

Farmer, M., McAlinden, A. M., & Maruna, S. (2015).
Probation Journal, *62*(4), 320-335.

Qualitative study of men who desisted from further sexual offending against children (*n*=25) and men who reoffended (*n*=7)

'At risk' in community for at least 5 years

Desistence = no new charges or investigations for sexual offending.

Farmer, M., McAlinden, A. M., & Maruna, S. (2015).
Probation Journal, *62*(4), 320-335.

Narratives of desistors…

Saw sexual offending against children as an aberration;
A small part of their lives

Able to maintain positive sense of self as a good person

Made a rational choice to stop based on awareness of disadvantages of persistence (esp. detection/ arrest)

Appreciative of interventions provided (sexual offence-specific treatment and probation services)

Farmer, M., McAlinden, A. M., & Maruna, S. (2015).
Probation Journal, *62*(4), 320-335.

Narratives of desistors…cont.

Clear sense of hope for their future

Importance of employment (keeping busy, life satisfaction)

Relationship with significant other (some with new relationships; others concerned of impact on current)

MOST Promising **Protective Factors for Youth Violence**	
Individual	Above-average IQ
	Positive attitudes toward family and school
	Good self-regulation
Family	Close relationship with a parent
	Intensive parental supervision
	Intensive involvement in family activities
	Family models of constructive coping
	Higher SES
Peer	Prosocial good friends
	Peer groups who disapprove of aggression
	Involvement in religious groups
Neighbourhood	Nonviolent neighbourhood

Protective factors for youth…
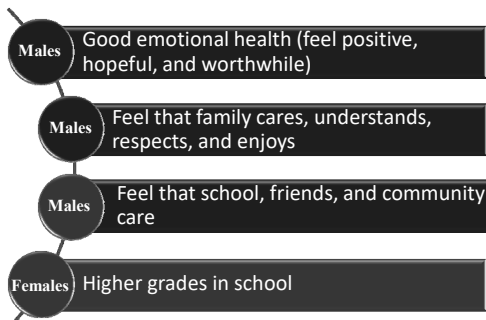
_____

_____

_____

_____

_____

_____

Borowsky, Hogan, & Ireland. (1997).

Pediatrics, 100 e7

Protective factors related to *ever* forcing sex on someone

1,674 males 490 females

Males — Good emotional health (feel positive, hopeful, and worthwhile)

Males — Feel that family cares, understands, respects, and enjoys

Males — Feel that school, friends, and community care

Females — Higher grades in school

_____

_____

_____

_____

_____

_____

Higher verbal IQ

Empathy/Compassion

Protective factors

Adolescent male dating violence

Nonviolent dating attitudes

Higher grades

Vagi, Rothman, Latzman, Tharp, Hall, & Breiding, (2013).
Journal of Youth and Adolescence, *42*(4), 633-649.

_____

_____

_____

_____

_____

School-based
Risk & Protective Factors for Treatment Success

Yoder, Hansen, Ruch, & Hodge (2016)
Journal of Child Sexual Abuse, 25, 310-325

Probation files of 85 youth who offended sexually

- 77 males; 8 females
- 62% offended against a child

2 risk factors: **Did youth have an IEP?**
                        Did youth change schools while on probation?

2 protective factors: **Did youth have school rep on team?**
                                     Was youth involved in extracurriculars?

_____

_____

_____

_____

_____

_____

_____

Impact on treatment success?

Risk: IEP   **No impact**
Risk: School change?   **10% *less* likely**

Then adding protective factors?

Protective: School rep on team?   **300% *more* likely**
Protective: Extracurricular activity? **380% *more* likely**

_____

_____

_____

_____

_____

_____

_____

Precollege Sexual Violence Perpetration

Salazar, Swartout, Swahn, Bellis, Carney, Vagi, & Lokey

Journal of Adolescent Health, 2017, 62, S51-S57

N=1,133 college freshmen, aged 18-24

35 items related to forced sexual interactions

Participants identified how often they engaged in sexual violence between age 14 and first day of college.

_____

_____
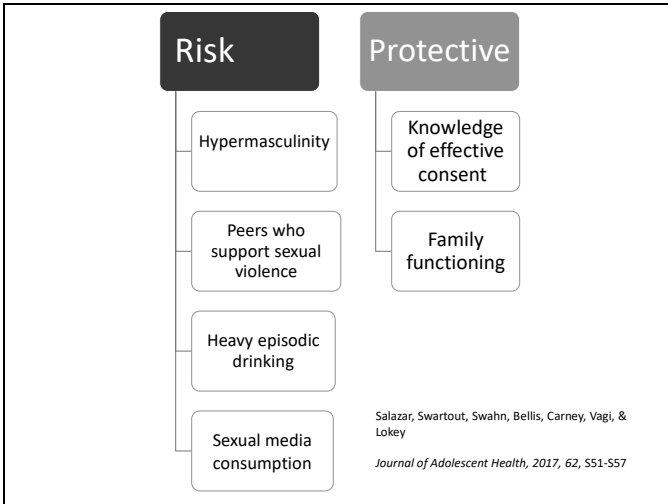
_____

_____

_____

_____

_____

Slide 1

Risk
- Hypermasculinity
- Peers who support sexual violence
- Heavy episodic drinking
- Sexual media consumption

Protective
- Knowledge of effective consent
- Family functioning

Salazar, Swartout, Swahn, Bellis, Carney, Vagi, & Lokey

Journal of Adolescent Health, 2017, 62, S51-S57

_____

_____

_____

_____

_____

_____

_____

Slide 2

Sexual Abuse: A Journal of Research and Treatment, 27, 109-126

van der Put & Asscher (2015)

207 adolescent males who sexually abused a peer (recidivism 26%)

341 adolescent males who sexually abused a child (recidivism 19%)

Recidivism= *ANY* new conviction within 18 months

_____

_____

_____

_____

_____

_____

Slide 3

(AUC)	Those who offended against children	Those who offended against peers
Prosocial conflict resolution	.73	ns
Positive nonfamily relationships	.72	.67
Positive family relationships	.71	ns
Good self-control & accept responsibility	.72	.70
Good problem-solving skills	.64	ns
Positive school behaviour and performance	.69	.68

_____

_____

_____

_____

_____

_____

AIM2 (Assessment Intervention Moving On)

Griffin, Beech, Print, Bradshaw, & Quayle (2008)
Journal of Sexual Aggression, 14(3), 211-225.

M=6-year follow-up   Sexual recidivists (*n*=7) Nonrecidivists (*n*=63)

Individual
- Positive leisure interests
- Positive talents/interests
- Above-average intelligence

- Positive relationships with helpers
- Significant adult with positive attitude & coping
- At least one emotional confidant
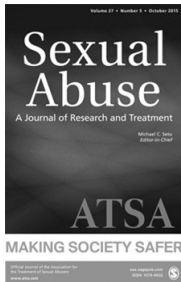- Positive evaluations from work or school

Relational

A prospective investigation of factors that predict desistance from recidivism for adolescents who have sexually offended

James R. Worling & Calvin M. Langton (2015)

Sexual Abuse: A Journal of Research and Treatment, 27, 127-142

N=81 males aged 12-19

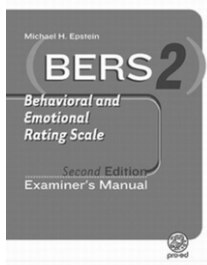(*M*=15.1, *SD*=1.53)

(BERS2)
Behavioral and Emotional Rating Scale

1.   **Interpersonal Strength**

2. **Family Involvement**

3. **Intrapersonal Strength**

4. **School Functioning**

5. **Affective Strength**

Behavioral and Emotional Rating Scale

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sexual Recidivism: Predictive Validity

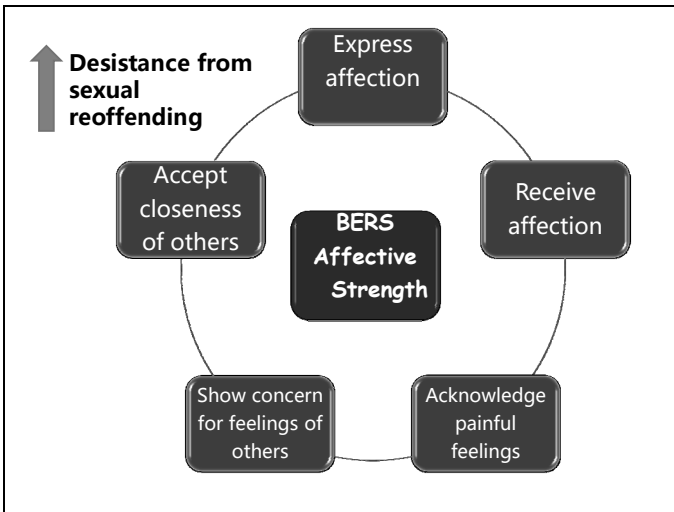| Variable	AUC (95% CI)
ERASOR rating (low, mod, high)	.63 (.42,.85)
BERS Interpersonal Strength	.52 (.36-.67)
BERS Family Involvement	.38 (.22-.54)
BERS Intrapersonal Strength	.50 (.32-.68)
BERS School Functioning	.51 (.28-.74)
BERS Affective Strength	**.23 (.09-.37)**

_____

_____

_____

_____

(on average, a 77% probability that a youth who *desisted* from further sexual offending had a higher Affective Strength score)

Desistance from sexual reoffending

Express affection

Receive affection

Acknowledge painful feelings

Show concern for feelings of others

Accept closeness of others

BERS Affective Strength

_____

_____

_____

_____

_____

_____

_____

- **rewarding relationships with family, friends, and professionals**

- **rewarding involvement in school / activities**

- **Intimacy skills (compassion, affection, trust)**

- **good emotional regulation & problem solving**

- **healthy sexual attitudes**

- **positive about self / hopeful about future**

Emergent protective factors for youth who offended sexually

_____

_____

_____

_____

_____

DASH-13 © Worling, 2013

Desistence for **A**dolescents who **S**exually **H**arm

_____

_____

_____

_____

_____

_____

(the predecessor to the PROFESOR)

- to identify factors that have protective *AND* risk poles
- to identify dynamic factors that will inform interventions to help individuals eliminate sexual recidivism
- to identify factors that will be applicable for adolescents and emerging adults (i.e., individuals aged 12 to 25)
- to develop a non-arbitrary summary based on the relative distribution of protective and risk factors
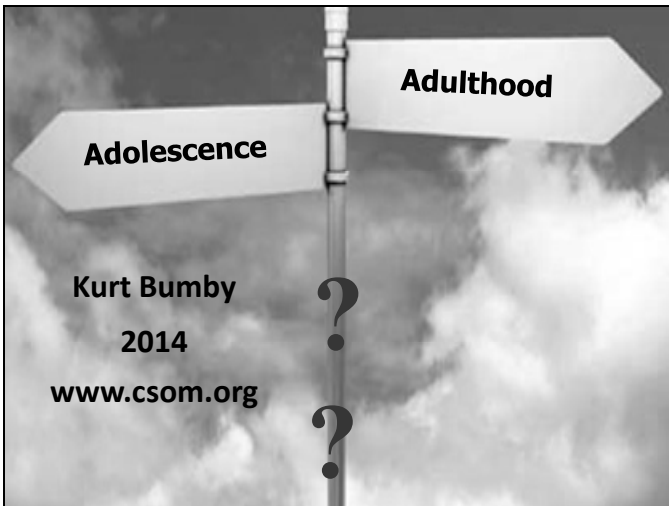
Risk assessment ≠ Risk prediction

_____

_____

_____

_____

Adulthood

Adolescence

Kurt Bumby
2014
www.csom.org

Emerging adults

_____

_____

_____

_____

_____

_____

PROFESOR

**PROTECTIVE + RISK
OBSERVATIONS FOR ELIMINATING
SEXUAL OFFENSE RECIDIVISM**

www.professor.ca

© 2017 Worling

_____

_____

_____

_____

_____

_____

(free to download)

Top 10 Benefits to a focus on strengths and protective factors

1. Promise of increased accuracy of assessments
2. Interpersonal expectancy effects of the helper (our hope)
3. Self-fulfilling prophecy (client's hope)
4. Enhanced therapeutic alliance
5. Interpersonal expectancy effects of parents/caregivers (hope)
6. Enhanced client motivation for interventions
7. Enhanced parent/caregiver motivation for interventions
8. Reduced systemic stigma for youth who sexually offended
9. Can measure therapeutic gains by presence of a positive attribute—*not* by the absence of a negative one
10. Less potential for harm if you mistakenly target a protective treatment goal

_____

_____

_____

_____

_____

_____

Thanks so much for your time and attention, and all the best in your work with your clients.

Jim