The Assessment of Long-Term Incarcerated Sex Offenders

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• Overview of Inmates who Sexually Offend
  • Pathways/Typologies
  • Desistence/Persistence
  • Age
  • Long-term incarceration
  • Risk assessment
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• Treatment Considerations
  • Current Models
  • Prison Access
Who Are Those Who Commit Sex Offenses?
Adults who Commit Sexual Offenses

Represent a very heterogeneous group when it comes to traits, experiences and criminal history.

There is no one prototypical sex offender or one causal explanation for their offending.

It has been argued that typologies are not all that useful unless you can link them to risk and intervention needs.

Two broad pathways, which may overlap, include the antisocial and sexual deviance pathway (Hanson & Morton-Bourgon, 2005).
Integrated Models-Confluence Mediational Model of Sexual Aggression

• Malamuth (1986)

• Considers sexual aggression within the context of developmental, personality, and behavioral factors that have been shown to correlate with sexual aggressive behaviors

• Two constellations: Hostile Masculinity (MH) and Impersonal Sex (IS)

• It is the interaction of these two paths that is the most predictive of sexual aggressive behaviors.

• The confluence of factors has more than simply an additive effect on the likelihood of the outcome (synergistic).
Hostile Masculinity and Impersonal Sex Paths

• HS: A personality profile combining two interrelated components: a narcissistic, insecure, defensive, hypersensitive, and hostile-distrustful orientation, particularly towards women and sexual gratification from controlling or dominating women.

• IS: Reflects a developmental history of growing up in a troubled environment that often included violence and/or abuse, an adolescent pattern of antisocial leanings, culminating in a promiscuous “detached” orientation towards sexual relations.
A Dynamic Risk Factor Based-Typology

• Correlates associated with an increased probability of committing a crime which can be modified through an intervention.

• Individuals can be classified by their level of criminogenic needs which may be more useful from an intervention standpoint. Whether the individual was a “child molester” or rapist may not matter as much as their psychological “needs” profile.
The Antisocial Pathway

• Most Commonly Associated with Rape
• Rapists and the general criminal pathway
• Mostly a young man’s game
• Life Course Persistent vs. Adolescent Limited vs. Psychopathic
• Delinquency has a general association with sexual activity and sexual coercion
• Features include: pro-rape attitudes, pronounced sex-role stereotypes, more accepting of interpersonal violence, less empathic, more callous, more aggressive
The Antisocial Pathway to Sexual Re-Offending

- Hanson & Bussiere (1998): criminal lifestyle variables were reliable though modest predictors of recidivism, the largest of these was ASPD.

- Hanson & Morton-Bourgon (2005): sexual recidivism associated with at least 2 factors, deviant sexuality and antisocial orientation/lifestyle instability...antisocial orientation facilitates sexual offending because sex crimes will not occur if they are: A) not willing to hurt others, B) can convinced themselves they are not harming the victim, C) feel unable to stop themselves. Rapists are more likely to have antisocial orientation.

- Doren (2002): “Personality disorders are one of the most commonly diagnosed mental conditions in cases involving repetitive sexual offending.”

- Fazel (2002): Of 101 SOs over age 59, 33% has a personality disorder, more schizoid OC and avoidant traits, sex offending in the elderly is associated more with a personality disorder than mental illness or organic brain disease (British sample).

- Levenson (2004): Almost half referred for SVP commitment has dx of ASPD compared with less than 20% of the SO’s not referred

- Miller (2005): found ASPD to be among the most common dx in SVP commitment cases

- Elwood (2009): most common mental disorder used in civil commitment are paraphilias and personality disorders

- Witt & Conroy (2009): Evaluation of Sexually Violent Predators, said ASPD was the Axis II dx most often found in SVP commitment cases
Our Static and Dynamic Risk Instruments (e.g., Static 99R, 2002R, SRA:FV, and STABLE 2007)...

- ...Includes both sexual deviance items:
  - Noncontact sexual offenses
  - Prior sexual offenses
  - Sexual deviant behavior
  - Emotional congruence with children

- ...and general criminality items:
  - Prior non-sexual offense convictions
  - Prior sentencing dates
  - Lifestyle impulsiveness
  - Poor problem solving
  - Revocations

*Note: Sexual deviance items may or may not suggest a paraphilic disorder*
Sexual Coercion

• In a rare study of 195 community men, (Senn, Desmarais, Verberg, and Wood, 2000) found that the number of sexual partners in adolescence was one of the best predictors of self-reported sexual coercion.

• Despite having a higher number of sexual partners, these individuals may also be chronically sexually frustrated.
“Ludus”

The Greek term is defined as a type of approach to romantic relationships characterized by little emotional involvement, manipulation of partners, desire for multiple sexual relationships, and a game-playing approach to romance.
“The majority of rapists may be succinctly described as criminally inclined men who take what they want, whether money, material, or women, and their sex offenses are by products of their general criminality.”
RAPE SPECIALIZATION

• The generalist vs. the specialist
  • Risk: given our contemporary understanding of recidivism rates, sexual offense recidivists may suggest specialization

• The PCD – Sexual Sadism continuum: arousal to coercion or sadism

• Criminal trajectory (where they are going)

• Proportionality of Crimes (where they have been)

• The hypersexual rapist (how often they have been there)

• The case of "severe" ASPD (how entrenched they are, how severe the crimes are)
ASPD SEX OFFENDING IS ACTUALLY RARE?!

• Sex offending among general offenders is rare. Although sex offenders are prone to commit other types of offenses, general offenders rarely commit sex offenses...(Duggan et al, 2013)

• The ASPD sex offender is rare. A recent review of 11 studies from diverse jurisdictions \( n = 543,024 \) found a rate of spontaneous sexual offenses among non-sexual offenders to be in the 1% to 2% range after 5 years (Kahn, Ambroziak, Hanson, & Thornton, 2017).

• The ASPD repeat sex offender is rare. Recidivism studies show us that most sex offenders do not have more than one sex offense conviction.
  • General sexual recidivism: 5% to 15% after five years and 10% and 25% after 10 years
  • Recent California studies: ~5% after five years.
    • juvenile + adult sex offender
• The is also rare as most juveniles don't reoffend sexually as juveniles or adults.
Rape Specialization

The greater # of sex offense convictions, the more likely we are talking about a unique ASPD offender regardless of their non-sexual offending history.
ASPD+ and High Risk Scores

• Both broad pathways are implicated

• Static 99R, Static 2002R, STABLE 2007, SRA:FV = the higher the score, the more likely both criminogenic (ASPD) and sexual deviance risk factors are being endorsed.
"Severe ASPD"

- ASPD symptom/behavior endorsements 3 vs. 7?
- High PCL-R scores
- Conduct Disorder and Life-Course Persistent/Chronic Persisters
"Severe ASPD"

Conduct Disorder

• Specify whether:
  • Childhood-onset type
  • Adolescent-onset type
  • Unspecified-onset type

• Specify whether:
  • With limited prosocial emotions
    • Lack of remorse or guilt
    • Callous-lack of empathy
    • Unconcerned about performance
    • Shallow or deficient affect

• Specify current severity:
  • Mild: few if any conduct problems in excess of those required, minor harm to others
  • Moderate: # of conduct problems an effect others between mild and severe
  • Severe: many conduct problems in excess of those required to make diagnosis or conduct problems cause considerable harm to others.
• More highly sexualized

• More sexual offenses

• Less concerned about sexual misconduct compared to other JSOs

• Not deterred by consequences (possible civil commitment as SVP)

Most adolescent desist in their offending by adulthood—Caldwell (2010)

Juvenile sex offenders were 10 times more likely to engage in nonsexual than sexual recidivism. Caldwell (2007)

“A large majority of them will stop after their first registration as a sex offender. Of the remaining group, the majority displayed a broad range of delinquent behavior, in particular property crimes. Consequently, many VSOs are essentially juvenile offenders more than they are essentially sex offenders.” -(Van Wijk et al. (2007)
The mixed evidence concerning the progression from juvenile to adult sexual offending suggest that we do not fully understand the pathways of those who continue on to sexual offend and those who do not. –Hunter, Figuerdo, Malamuth, & Becker (2004)

Boutwell et. al. (2013) found that life-course persistent (vs. adolescence-limited) offenders are disproportionately involved in acts of rape and sexual coercion. Genetic factors have been found to explain most of the variance for this group membership.

However, unlike general offending, an early onset to sexual offending does not appear to predict a life-course of sexual offending -Caldwell et al., (2008)

This is likely to be a highly select group (perhaps 10% according to Smallbone, Nisbet, Rayment, & Shumak, 2005) and early paraphilic offending may be one mechanism by which more serious offending stems.

Perhaps we are also talking about youth who have never been caught or sanctioned for their sexual offending behavior?
Summary-Juvenile Sex Offenders

• Most juveniles do not go on to sexually reoffend as juveniles
• Most juveniles, if they do reoffend, reoffend non-sexually
• Most juveniles do not go on to sexually offend as adults
SUMMARY-Who are We Most Concerned About?

- Higher Risk
- Juvenile + adult sex offender
- More rape behavior over time
- The “Severe” ASPD or Psychopathic Rapist
- The Paraphilic or Hypersexual Rapist
RAPISTS VS. CHILD MOLESTERS

M.E. Rice and Harris (1997)

• Rapists had more extensive violent and nonviolent criminal histories
• Rapists had higher scores on the PCL-R
• Related, juvenile sex offenders against peers scored higher than juvenile sex offenders against children in various measures of conduct problems.
• Rapists have a more antisocial interpersonal style of relating on traits such as cold-heartedness, assured-dominant, arrogant-self-calculating, and aloof-introverted and lower on warm agreeable.
• Once released, rapists committed new nonsexual crimes faster than child molesters
• Once released, child molesters committed new sexual crimes faster than rapists.
Child Molestation

• Only a small number of child molestation crimes are thought to be committed by those with a paraphilic disorder (e.g., pedophilic disorder).
• There is the idea that exclusive type and preference for males has a higher risk trajectory.
• Sexually deviant acts can still occur even if the person does not qualify for a paraphilia.
• Contemporary research is examining the difference in specifier types and choice of victims. Some research has established hebephilia as a separate taxon.
• It is important to note that even among exclusive types, some cross over into different developmental maturity (age) groups still occurs.
Paraphilic Disorders-DSM 5

• Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.

• Some paraphilias primarily concern the individual’s erotic activities and others concern their erotic targets.

• It is not rare for the individual to manifest two or more paraphilias

• Area to investigate: Is the paraphilic interest weaker, stronger, or equivalent to their normophilic interests?

• Prevalence rates for all paraphilic disorders are largely unknown or very small.
Offending Trajectories
Offending Trajectories (Lussier et al., 2010)

• LeBlanc (2005) argues that there are 3 main trajectories of offending (general, not adult SO):
  1. The persistent offending trajectory (5% of population)
     • starts early, peaking end of adolescence, high rate until mid 20s, declining/ending mid 30s
  2. The transitory or temporary offending trajectory (45% of population)
     • Rapid during adolescence, peaking mid-adolescence, rapidly decreasing late adolescence
  3. The common offending trajectory (45% of population)
     • Occasional or otherwise law-abiding individuals with low rates of offending, often occurring during adolescence
Offending Trajectories (Lussier et al., 2010)

First empirical retrospective study examining the heterogeneity of sex offenders in terms of offending trajectories, snap shot of offending trajectories up to age 35 (Canadian federal offenders)

Using group-based modeling and conviction data from ages 12 to 35, 4 trajectories were found.

1. Very low-rate offenders: linear and flat from adolescence to mid-30s, frequency/rate is very low (less than 1 conviction across 4 time periods). Average adult age of SO onset approaches mid-40’s. Low criminal versatility. Accounted for most of the sample (56%). Highest proportion of multiple victims, mainly prepubescent females.

2. Late bloomers: 10% of sample, started in adulthood and gradually increased to mid-30s. Their offending then reached a level of high-rate chronics. Offending not limited to sexual crimes. Progression to sexual crimes, some sexual crime specialization.

3. Low-rate desistors. Follows age crime curve. 26% of sample. Offending begins in adolescent, peaks early adulthood, frequent and versatile and escalates to more serious forms, sexual crimes begin in mid-30s at the same time criminal behavior is slowing down, mostly female victims.

4. High-rate chronics: 8% of sample, average 3 convictions in adolescence, started earlier, offended most frequently, switched crime types often, were less likely to specialize in SO but rather in property crimes. First sexual crime in mid-30s when other sexual crime is slowing down. Typically a female adult victim at index. Sexual aggressor of women with extensive criminal background following an early-onset antisocial trajectory.
• Curvilinear relationship or no relationship at all for child molesters
• Younger rapists may reoffend quicker than older rapists
• No clear relationship between age at release and sexual recidivism related to sexual deviance drives, general antisociality may be a more meaningful risk factor in determining the relationship between age-at-release and sexual recidivism.
Desistance
Desistance

• Zero sexual recidivism as a treatment goal may be unrealistic and desistance may be better defined as part of a harm reduction approach:

  • Reduction in the frequency of offending
  • Reduction in the variety of offending
  • Reduction in the seriousness of offending (level of harm)
  • No increase in the seriousness of offending
High-Risk Sex Offenders May Not be High Risk Forever (Hanson et al., 2014)

• Aggregate sample of 7,740 sexual offenders from 21 samples
• Sexual recidivism rates were estimated from time of release and then after 5 and 10 years sexual-offense free in the community
• Highest risk make most gains in lowering recidivism. A 5-year sexual recidivism rate for high risk sex offenders was 22% from time of release decreased to 4.2% for offenders in the same static risk category who remained offense-free in the community for 10 years.
• The recidivism rates for low-risk offenders were consistently low (1-5%) for all time periods
• Recidivism cut in half for each 5 years offense-free in community
• Overall, if individuals remain sex offense free in the community for 20 years, risk has largely been extinguished.
• Bottom-line, the longer they remain offense-free, the lower the likelihood of ever again coming in contact with the criminal justice system.
• The big limitation of this study: study did not directly address whether the offenders remain offense-free were different individuals from the recidivists.
Desistance

• Eventual desistance from sex offending is the norm
• Desistance can be defined as a very low likelihood of recidivism, similar to rates of first time offending in the general population, estimated to be 1% to 3% per year depending on age.
• Time to desistance is similar for sex offenders and nonsexual offenders.
• Risk Level I: individuals whose criminal recidivism risk is no different from the risk routinely accepted in the general population (less than 5% after 2 years.
• Robust finding is that hazard rates are highest in first year or two following release and this predictably declines the longer the individuals keep out of trouble
Desistance

• Most juveniles with a record will look like other law abiding citizens by their mid-20s if they are offense free for five years.

• For individuals with a conviction as a young adult, it takes about 10 years to resemble the general population.

• For individuals whose first convictions occurred after the age of 40, it takes about 5 years.

• Almost nobody over the age of 50 for a first conviction will present a significant risk of offending.

• However, there is the concept of residual risk. The residual risk of offending is proportional to the initial risk. For individuals at the highest risk levels (top 5%), they remain at higher risk than the general population even after 20 years offense-free.

• Less than 5% of routine correctional samples would be expected to be in Risk Level V. These individuals would have multiple, severe, and chronic criminogenic and noncriminogenic needs and few strengths.
Desistance

• Individuals who commit sexual crimes against children tend to be older than other individuals in the criminal justice system.

• However, sexual recidivism rates tend to be lower than that for general recidivism 5-15% (5 years) vs. 40% (2 years).

• Only half of all long-term sexual recidivism is detected with the first five years after release.

• A useful reference point defining sexual recidivism desistance threshold is the rate of spontaneous out-of-the blue sexual offenses among persons who have a criminal conviction but no history of sexual offenses: 1-2% within a five-year period. Thus a 5-sexual recidivism rate of less than 2% is a plausible desistance threshold.
Desistance Research on Juvenile Offenders

• Research on Pathways to Desistance, December 2012 Update
  • The majority of young serious offenders do not make a career of crime and the original crime is not a good predictor of future patterns of offending
  • A threat of arrest is a deterrent for the most serious adolescent offenders, more than the severity of the punishment
  • Only 10% report continued high levels of antisocial acts
  • Substance abuse exerts a strong influence on continued offending, especially heavy use.
  • The outcomes for institutional treatment that had more positive features were better (clear rules, limited exposure to antisocial peers, more positive atmosphere...)
  • Hanson (2018): After 5 years offense free, the risk of most juveniles for recidivism is the same as the general population.
Persistence
Persistence

• Brouillette-Alarie & Proulx (2018)
  
  • Static factors can signal underlying propensities and may not be atheoretical
  
  • Developmental factors (e.g., child victimization, problematic sexual development, and early antisocial tendencies), although not directly related to recidivism, contribute to the crystallization of psychological vulnerabilities that are risk-relevant later in adulthood.
  
  • 613 convicted contact sexual offenders (Quebec)
  
  • Developed and validated an etiological model focused on persistence
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

• Beech and Ward (2004) argue that risk factors should not be seen as simple statistical correlates without clinical meaning but rather as observable symptoms of latent psychological propensities that are related to recidivism. For example, a sex offender who has boy victims and sexual arousal to children (ppg) can be assumed to have a certain degree of pedophilia, a psychological propensity that is associated with sexual recidivism.

• Developmental variables, while not directly related to recidivism, contribute to the crystallization of psychological vulnerabilities that are risk relevant in adulthood (Brouillette-Alarie, Longpre, & Proulx, 2014).

• Risk Status vs. Risk State:
  • Risk Status is determined by static and stable factors and refers to long-standing, interindividual differences in risk.
  • Risk State is determined by acute risk factors and refers to intra-individual variations in risk over time.
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

• Review of several models revealed developmental factors that are likely related to all types of sexual coercion (adult and child).
  • Child victimization
  • Problematic sexual development (early first sexual experiences/sexual promiscuity)
  • Early deviant sexual fantasies/behaviors,
  • Early antisocial tendencies (substance abuse, conduct disorder, juvenile non-sexual delinquency.

• Some factors like hostile masculinity play more of a role in rape while social rejection/isolation, sexual inadequacy with age-appropriate peers plays more of a role in child molestation.
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

• Three commonly found latent constructs:
  • **Persistence/Paraphilia** defined by static items (deviant sexual interests, emotional ID with children, grooming) related to sexual criminality and paraphilic sexuality. It correlates with stable indicators that are reminiscent of the characteristics of fixated child molesters.
  • **General Criminality** comprises static items that reflect the magnitude, violence, and diversity of criminal careers and correlates with features of antisocial personality disorder (impulsivity, lack of empathy). More common in rapists.
  • **Youthful Stranger Aggression** comprises static items related to young age, unrelated/unknown victims, and violence in index sex offense. Correlates with stable indicators of sexual sadism and hostility, interpreted to mean general motivation to harm victims. More common in rapists.
First Pathway

The results of their study converged on two pathways (although both pathways can apply to each offender)

Sexual victimization, social rejection/isolation, and early manifestations of deviant sexual interests led to a prolific sexual criminality in adulthood.

Prototype is the fixated child molester, who is characterized by preferential pedophilic sexual interests, social isolation, emotional identification with children, grooming strategies, and high sexual recidivism risk.

The bullied vs. the bully
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

Sexual crimes tended to be directed toward children, were underlaid by pedophilic sexual fantasies, and featured low levels of coercion. More socially isolated with low self-esteem. Predicted future sexual offending.
Second Pathway

A nexus of developmental variables like school behavioral problems, conduct disorder, substance abuse and sexual promiscuity that was associated with both antisocial traits and intent to harm victims (think Static items: stranger victims, hx of nonsexual violence).

Associated with criminal versatility

The bully vs. the bullied
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

• General Criminality + Youthful Stranger Aggression are two sides of the same coin, the former an expression of antisocial tendencies at an older age and a more extensive criminal record and the latter an expression of early onset antisociality.

• Early onset and serious offending are empirically related.
A Etiological Model with a Focus on Persistence (Brouillette-Alarie & Prouix, 2018)

• General/Violent Criminality* (conduct disorder, substance abuse, and sexual promiscuity)-predicted all types of recidivism.

More likely to be the bully; poor academic achievement, conduct problems, aggressiveness, and substance abuse. Went on to perpetrate various forms of crimes in adulthood.

• A take home message was that developmental factors indirectly lead to recidivism by contributing to the crystallization of risk-relevant psychological propensities.
Persistence

Prentky, Knight, & Cerce (1997)

Dataset of 251 se offenders (136 rapists vs. 115 CMs)

Lifestyle impulsivity, offense planning, and pervasive anger for rapists and fixation, paraphilias, and number of prior sexual offenses for child molesters can effectively discriminate between sexual offenders who did and who did not recommit a sexual offense.
Persistence

• Hanson & Bussiere (1998) Meta-analysis
• 61 studies, n = 23,393
• Average recidivism rate was low
• Strongest predictors of sexual offense recidivism
  • Measures of sexual deviancy
    • PPG-sexual interest in children
    • PPG-sexual interest in boys
    • Failure to complete treatment – modest effect.
Persistence (Hanson, 2001)

• Hanson (2001)
• A comparison of rapists vs. child molesters
• Used several large samples (10), included SOTEP study (California) and a Washington state sample, n = 4,673
• Total sample recidivism rate = 17.5%
• Recidivism steadily declines with age
  • **Extrafamilial child molesters and rapists** recidivated more than incest offenders
  • The recidivism rates of extrafamilial child molesters showed relatively little decline until after age 50. They show the most deviant sexual interests
• Highest risk for extrafamilial child molesters was between the ages of 25 and 35.
• Incest offenders were generally low with the exception of the 18 to 24 age group (30.7%)
• The over-60 recidivists included 2 extrafamilial child molesters and 3 unclassified offenders. The oldest recidivist was age 72.
Persistence: Self-Control and Opportunity (Hanson, 2001)

• The three broad factors of deviant sexual interests, opportunity, and low self-control across offender types accounted for variation in their recidivism rates.
• Self-control issues should diminish in early adulthood
• Deviant sexual drives should diminish in later adulthood
• However, for CMs, although self-control may increase, opportunities for being around children increase equal to their propensity to exploit a relationship of trust with a known or related victim.
The Effects of Age
Elderly Sex Offenders

Not a trivially small group: ½ male prison population over 59 are sex offenders

Fazel et al. (2002)
• 15 prisons in England/Wales
• 203 inmates over 60 were surveyed and interviewed
• 6% had a psychotic illness
• 7% had a DSM-IV major depressive episode
• 33% had DSM-IV personality disorder
• 1% had clinical diagnosis of dementia
• More aggressive sex offenders (rape and buggery) were more likely to be diagnosed with a personality disorder
• Compared to elderly non-sex offenders, more had schizoid traits, more obsessive-compulsive traits, more avoidant traits, and fewer antisocial ones.
Elderly Sex Offenders

• Fazel (2002)

• Elderly Sos versus Elderly Non-Sos
  • More likely to be White
  • Unemployed at time of offense
  • Less likely to have a past psychiatric history
  • Last main profession was more likely to be a driver of a car, van, or truck.
  • 33% reported sexual abuse as children
Male Sex Drive

• Hanson (2001):
  • Male sexual drive declines steadily with age although the reduction is relatively limited until after 50.
  • Fewer than 1% of men aged 40-49 reported “no sex drive” compared to 26% of men over the age of 70.
  • Ill health should at least partially explain desistance

For most men over 70, their recidivism risk should be virtually zero
Testosterone (Kingston et al., 2012)

Testosterone is a major hormone associated with sexual motivation and behavior. Experimental research with humans and other mammalian species shows that surgical castration or antiandrogen drug treatment reduces sexual interest and behavior but does not necessarily negate the ability to engage in sexual activities (reference).
Testosterone (Kingston et al., 2012)

• Current study looked at associations of androgen and gonadotrophin levels with self-reported hostility and sex drive, offense features, and long-term recidivism in a sample of male sex offenders.

• Total T is not sufficiently sensitive but LH and FSH were both significantly and positively correlated with self-reported hostility and LH was associated with both the violence of the index offense and the intrusiveness of the index sexual offense.

• FSH and LH were also associated with long-term recidivism. Also demonstrated that self-reported hostility was an important mediator between LH and sexual and violent recidivism, suggesting that the link between hormones and aggression is more germane than the link between hormones and sexual behavior.

• The results however, do not support the idea that abnormal hormone levels explain sexual offending, instead relatively high levels of LH and FSH must interact with other factors to increase the likelihood of sexual aggression.
Age-related protective factors include improved sexual self-regulation, declining levels of testosterone and related, steadily declining sex drive; decreasing maximum erectile response correlated with decreased sex offender recidivism; increased psychological maturity and self-control; increased health problems, changing life circumstances and social circles, and reduced opportunities to reoffend.

(Mattek and Hanson, 2017)
In one study cited in Traeen et al. (2016), reduced sexual desire was reported by 27% and erection problems by 34% of men between the ages of 60 and 67 as compared to 6% and 2%, respectively, of men between ages 18 to 29.
Although older men are more likely to report problems with sexual functioning, population surveys find that about half or more of older men report no sexual difficulties (Graham citing Laumann et al., 1999).

It also seems that there is substantial variation among men of all ages, as to their capacity for sexual excitation and inhibition.
In a case review of an offender who he was sexually committed as a Sexually Violent Predatory several years after his 90\textsuperscript{th} birthday (Matteck and Hanson, 2017), it found that factors related to the offender’s exceptional good health.

As the authors noted, physical stamina and vigor were important contributors to the persistent elderly offender they reviewed and therefore recommended that evaluators consider the offender’s health, fitness, and activity level when examining these unusual cases.

They also noted that offenders who persist after the age of 60 are likely to have a long history of “successful” offending along with the “physical and mental fortitude to believe they can keep it up” (page 6).
Long-term Incarceration
Prison and Long-Term Incarceration (Gendreau and Goggin, 1999)

• The U.S. and California are often criticized for their harsh sentencing laws and mandatory minimum sentencing practices (3 strikes) but some positive changes have occurred over the last few years with parole considerations and juvenile transfers.
3 Schools of Thought on the Impact of Prisons

1. Deterrence; Psychological costs (e.g., social stigma) and tangible costs (e.g., loss of income etc.) should be a deterrent although lower risk offenders may be more readily deterred and prisons with fewer “frills” might produce better results. Length of sentence may also be a factor.

2. Schools of crime (”Ph.Ds in Criminality): prisons increase criminality and recidivism for all offenders.

3. Minimalist/Interaction: the effect of prison on offenders is minimal; prisons are essentially “psychological deep freezes” in that offenders enter prison with a set of antisocial attitudes and behaviors which are little changed during incarceration.
   • This proposal also suggests that lower risk offenders may be more adversely affected by greater lengths of incarceration.
Prison and Long-Term Incarceration (Gendreau and Goggin, 1999)

• The Deep Freeze

  • Behavior seen in prison often mirrors that which existed in the community
  • Cross-sectional and longitudinal studies of length and differential prison living conditions have found few negative psychological results of incarceration
  • Offenders who have been the most antisocial in prison and the most likely to recidivate upon release, have also tended to be higher risk going into prison.
Prison and Long-Term Incarceration (Gendreau and Goggin, 1999)

- Punishment: must be immediate, as intense as possible, predictable, and the delivery of punishment serves as a signal that reinforcement is not available.
  - Virtually impossible, punishment often occurs months later and most criminal behavior is not punished.
  - Repeated threats invites psychological inoculation whereby individuals think of reasons to resist change
  - The main targets of this approach, the higher risk offenders, are the ones who the most antagonistic to education, employment, supportive interpersonal relationships and tend to be highly egocentric, manipulative, and impulsive. They also over-estimate the benefit of antisocial actions vs. costs.
  - Better to shape “good” behavior that attempt to suppress bad behavior.
Prison and Long-Term Incarceration (Gendreau and Goggin, 1999)

- 50 studies dating from 1958 involving 336,052 offenders produced 325 correlations between recidivism and a) length of time in prison and recidivism or b) serving a prison sentence vs. receiving a community-based sanction.

- Results:
  - Prisons should not be used with the expectation of reducing criminal behavior
    - Results showed increase in recidivism for both high and low risk groups and increase in recidivism for those imprisoned vs. community
  - Excessive use of incarceration has enormous cost implications
  - Prison officials should assess who is being adversely impacted by prison (offenders’ attitudes, values and behaviors)
  - It is necessary to conduct periodic assessments of prisoners (every 6 months) on a wide variety of dynamic risk factors using valid risk protocols.
  - The primary justification of prison should be to incapacitate high risk/chronic offenders for reasonable periods and to exact retribution.
Age: Long Term Recidivism and Risk (Nicholaichuk et al., 2014)

• Hanson & Bussiere (1998): age at release is significantly negatively correlated with sexual recidivism.

• Hanson (2002): All SO types showed reduction with age but extrafamilial child molesters showed relatively little decline in sexual offending until after age 50. Those who were primarily sexually deviant with the most persistent.

• Harris and Hanson (2004): Offenders under age 50 at release showed sexual recidivism rates which were more than 2x those 50 and older.

• Most studies show linear decline in risk with age. However, Harris and Rice (2007) found that historical age-related risk variables like age at first sex offense or any offense were strong predictors than age at release.
Long Term Recidivism and Risk (Nicholaichuk et al., 2014)

- Primary goal of study was to address criticisms of cross-sectional studies of aging and recidivism and to to provide data on those offenders over 50 at age of release.
- Sample of 2,158 federal male sex offenders (Canadian), followed up for an average of 12 years prospectively post release.
- Vast majority of new sexual and violent offenses were committed by released offenders who were in their mid to late 30s, with spikes observed in the 28-29 cohort and the 42-43 cohort. There were few recidivists beyond age 60 and almost none aged 70.
- At the highest risk scores, there were no meaningful differences in base rates between the younger and older groups (50+)
- Time incarcerated was significantly positively correlated with outcome (proxy for severity?)
- Age at first conviction (persistent antisociality) and age of first sexual conviction were strong and significant predictors of both violent and sexual recidivism
- Age at release added significantly to the prediction of both sexual and violent recidivism in expected direction.
- After controlling for early onset of criminality (age at first sexual conviction) and actuarial risk, age at release did not consistently add to the prediction of sexual violence.
- Subtypes: rapists tend to be youngest offending groups both at release and at age of recidivism and were significantly younger than the extrafamilial child molesters, intrafamilial child molesters, and mixed offender groups.
- Incest offenders tended to be oldest offenders overall.
- Recidivism base rates were not that different between rapists, extrafamilial CMs, or mixed offenders but was significantly higher than the incest group.
- Rapists had the highest rates of general violent recidivism
Long Term Recidivism and Risk (Nicholaichuk et al., 2014)

- Who were the persistent offenders?
  - 29 Individuals over age 50 who committed a new sex offense compared to those over age 50 at release who did not sexually reoffend.
    - More likely to have male victims
    - Official sex offense history
    - Four or more prior sentencing dates
    - Single

- 8/20 who were in highest risk band reoffended

- Bottom line, factors more consistent with sexual deviance than violent criminality.

- Despite not all older offenders being low risk it may be important to note that rate of reoffending decreases and for the most part so does the degree of violence (sentencing length was a proxy for this in this study)
Long-Term Recidivism and Risk (Nicholaichuk et al., 2014)

• Results are consistent with Hanson’s (2002) that decreasing sex drive, improved self-control, and decreased access to victims may contribute to the lower sexual recidivism rates in older sex offenders

• Persistence = sexual deviance + victim access
Age and Sexual Recidivism

• 10 year follow up
• Untreated sample
• Examined how sexual deviance and general antisocial factors to see how these markers modified the relationship between age and sexual recidivism and whether the age/recidivism relationship was the same for sexual offenders with different kinds of criminal history
• The results indicated that in addition to the gradual linear decline with age, there was also for those with two or more prior sexual sentencing occasions a cubic trend (a trend with two bends in it)
• For those with one prior sexual sentencing occasions, the effect of age was was a gradual linear decline in the odds of sexual recidivism.
• For those with no prior sexual sentencing occasions age on release and sexual recidivism was essentially unrelated.
• For those with two or more prior sexual sentencing occasions, there was a cubic trend meaning that the graph relating age to recidivism changed slope at two points. For these highly repetitive sexual offenders, the effect of age was best characterized as involving an initial very high sexual recidivism rate for those released between 18 and 25 (80%), a substantial reduction in this rate (under 50%) for offenders released after that age with no subsequent decline until after the age of 60 when it falls about 40 percentage points.
• Study was cross sectional and thus had significant limitations to determine the true longitudinal effect of individuals growing old in prison. Typical time spent in prison was about two years.
• It is not at all clear that lengthening sentences means that offenders are less prone to re-offend.
Assessing the Risk of Older Sex Offenders (Hanson & Babchishin, 2011)

• Actuarial weights given to the age of release in the Static-99 and Static-2002 overestimated the risk of older sex offenders and new age weights were developed.

• Revised measures were not better at assessing relative risk for sexual recidivism in the full sample due to the small percentage of offenders influenced by the revised age weights but the Static 99R was more accurate in predicting absolute recidivism rates.

• 10% of current sample was over 60 (N = 8,390) but only 8 offenders over 60 were high risk on the Static-99R. Another limitation was that they were not able to examine differences in older offenders who are released after serving lengthy prison sentences versus those who were living in the community for years or decades before sanctions vs. offenders who had committed a recent sex offense.

• Sex offenders who are over 60 years old at release had meaningfully lower recidivism rates than those released in their 30s or 40s or 50s.
Assessing the Risk of Older Sex Offenders (Hanson & Babchishin, 2011)

• Age predicts because it is a marker for the underlying propensities for sexual crime.

• Debate between the idea that the offender’s age is a proxy for enduring antisociality (age at first offense vs. age at release) vs. psychological and physiological effects of aging contributing to risk reductions (e.g., decreased sex drive)
Assessing Life-Term Inmates

...Other Considerations

- Contextual factors
- Substance abuse
- Poor judgement
- Impulsivity
- Peer or other authority influence
- Cognitive impairments
- Intimacy deficits
Sex Offenders and Long-Term Incarceration

• Issues
  • Fear of disclosing offenses
  • Very little specific interventions and programs offered with the exception of the new SATF CBI-SO program.
  • Unknown how community desistance translates into desistance in long-term incarcerated offenders.
  • Without any treatment, specialized assessment (dynamic risk), and interventions, age and health remain the only viable candidates for estimating the impact of long-term incarceration.
    • Age and health should be taken in the context of their specific offending patterns, offenses and dynamic risk.
  • The “deep freeze” theory may therefore be the most reasonable theory from which to assess long-term incarcerated sex offenders.
  • The SRA-FV long-term vulnerability model may also be reasonable theory to consider given its focus on the functioning of the individual based on the last five years in the community.
Long-Term Incarceration: Tentative Conclusions

- Prison sentence length may decrease recidivism slightly for some offenders.
- Prison sentence length vs. time served could also be a proxy for crime severity and/or risk.
- Desistance related to long-term incarceration would likely be the result of reductions in sex drive (rate/severity) and health factors.
- Prison is at best a “deep freeze” at worst increases recidivism.
- Absent any obvious OABs or protective factors, prisons with no RNR assessment and targeted interventions, I would suggest the “deep freeze” is in play.
- Prison system interventions are not likely to address problematic personality traits and sexual deviance because they are not the subject of short-term interventions and may requite life-long management/interventions.
- Cannot assume with any high degree of certainty that highly sexually deviant offenders are greatly impacted by long-term incarceration. Behavior may be suppressed by health, age, and opportunity; severity and rate may decrease; BUT interests do not go away.
- An older offenders health and vigor may say more about risk than even his actuarial risk score
RISK
Hanson & Morton-Bourgon (2005) Meta-Analysis

The prototypic sexual recidivist is not upset or lonely; instead, he leads an unstable, antisocial lifestyle and ruminates on sexually deviant themes.
Assessment-The Usual Suspects

- Static 99R
- STABLE 2007
- SRA-FV
- VRS-SO
- Psychologically Meaningful Risk Factors (Mann, Thornton, Hanson, 2010)
- PPG/Polygraph
- Sexual Interest Testing
STABLE 2007 to SRA:FV Comparison

- Significant social influences
- Capacity for relationship stability
- Emotional ID with children
- Hostility toward women
- General social rejection
- Lack of concern for others
- Impulsive
- Poor problem solving skills
- Negative emotionality
- Sex drive/sex preoccupation
- Sex as coping
- Deviant sexual preference
- Cooperation with supervision

- Sexual Interests
  - Sexual interest in children
  - Sexualized violence
  - Sexual preoccupation

- Relational Style
  - LEIRA
  - Emotional congruence with children
  - *Callousness (PCL:R facet 2)
  - Grievance thinking
    - Internal grievance thinking
    - Poorly Managed Anger

- Self Management
  - *Lifestyle impulsivity
  - *Resistance to rules & supervision
  - Dysfunctional coping
Criminogenic Need

- Born out of the Risk-Need-Responsivity Model (Andrews & Bonta, 2010)
  - Risk = Who to target for intervention, match risk and level of service
  - Need = What factors to target that are linked to offending
  - Responsivity = Tailor interventions for offender (motivation, abilities, etc.)

- Address RNR in treatment improves recidivism outcomes for both general offenders (Andrews & Bonta, 2006) and sex offenders (Hanson et al., 2009)

- The more principles followed, the better the recidivism outcome (Hanson et al., 2009)-ATSA’s Collaborative Outcome Data Committee study.
Hanson & Morton-Bourgon (2005) Meta-Analysis

• A meta-analysis of 82 recidivism studies
• Identified deviant sexual preferences and antisocial orientation as major predictors for both adult and adolescent sexual offenders
• What factors did not relate to risk to re-offend?
  • Psychological Distress
  • Denial of Sex Crime
  • *Victim Empathy (difficult to assess sincere remorse in custody settings)
• Stated Motivation for Treatment
Hanson & Morton-Bourgon (2005) Meta-Analysis

What factors had the potential to be useful treatment targets?

• Sexual Preoccupation
• Any Deviant Sexual Interest
• General Self-Regulation Problems
• Antisocial Traits
• Lifestyle Instability
• Pro-offending Attitudes
• Intimacy deficits
Comments on Victim Empathy

• Hard to assess sincere remorse/empathy in a custody setting
• Few people are inclined to completely reveal their faults to protect their own self-esteem
• Realize that those who are obviously being defensive about their offenses are showing they know their behavior was wrong
• There is a resistance to being labeled as a sex offender although not admitting to one’s actions or deviancy does create barriers to actively engaging in treatment and risk management planning (think HCR-20).
• Despite not association with recidivism, offenders appear to like treatment groups that focus on empathy
An Understanding of Actuarial Risk Assessment Scales

• Risk assessment is not dichotomous in the same way that decision-makers have to be.
• They are fundamentally continuous and are prognostic vs. “diagnostic.”
• They don’t measure a “construct” per se but are designed to maximize accuracy in predicting a particular outcome.

• The can provide 4 different types of information:
  1. Relative risk via risk levels (low, moderate, high)
  2. Relative risk via percentiles
  3. Relative risk via risk ratios
  4. Absolute probability estimates

• Sample variance makes absolute probability estimates the most unreliable.
• There has been little consensus on how risk categories are developed
Hanson et al. Static Recidivism Rates (2015)

• Examined the extent to which the variability in the recidivism rates across 21 Static-99R studies (n = 8,805) corresponded to normative groups proposed by the STATIC development group.

• RESULTS
  • Treatment Base Rate Group Dropped: no overall differences in the Static 99R or Static 2002R scores between the routine/complete samples and the treatment needs samples.
  • As expected the sexual recidivism rates and risk scores were significantly higher in the high risk/high need samples than other groups
  • A sex offender with a Static 99R score of 2 from a high risk/high needs sample would have an expected recidivism rate similar to the recidivism rate expected for a sex offender from a routine/complete sample with a score of 4.
    • Note however that the difference in risk between the routine/complete and high risk/high needs groups decreased as the scores increased, such that the difference was small for the Static 99R score of 6 and absent for a score of 8.

• Bottom line, base rate variability exists for vast majority of offenders (scores less than 7)
Impulse Control

Offends despite being under court supervision
Offends despite past treatment
Offends despite being in treatment
Offends despite prior sanctions
Offends despite prior non-legal consequences
Poor impulse control
Antisocial prison behavior
Sexual prison behavior
Offends despite witnesses/risk of detection
Emotional Deficits

- Callousness
- Lack of empathy
- Poor impulse control
- Perpetrator negative emotional state (e.g., anger)
- Can still perform sexually despite victim distress
- Actions undeterred by victim’s distress/resistance or mental state
- Mental status in interview
- Attitudes supporting sexual offending
- Sexual entitlement
Introduction to the VRS-SO

• A static (7) and dynamic risk (17) tool that incorporates treatment change into its assessment of risk
• Helps identify treatment targets (items are that are rated 2 or 3)
• Helps identify treatment readiness
• Assess post treatment change
VRS-SO Static Factors

• Age at time of release
• Age at first sexual offense
• Sex offender type
• Prior sexual offenses
• Unrelated victims
• Number and gender of victims
• Prior sentencing dates
VRS-SO Dynamic Risk Factors

- Sexually deviant lifestyle
- Sexual compulsivity
- Offense planning
- Criminal personality
- Cognitive distortions
- Interpersonal aggression
- Emotional control
- Insight

- Substance abuse
- Community support
- Released to high risk situations
- Sexual offending cycle
- Impulsivity
- Compliance with community supervision
- Treatment compliance
- Deviant sexual preference
- Intimacy Deficits
VRS-SO Modified Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

- For each dynamic variable, identify if it is a treatment target
- Assess stage of change before and after treatment.
- Change from one stage at pre-tx to another stage at post-tx is the measure of tx-change
Stages of Change (Prochaska et al., 1992)

• **Pre-contemplation**: denial of problem, no insight.
• **Contemplation**: acknowledges problem but no *relevant*
• action taken - all talk, no walk.
• **Preparation**: acknowledges problems, observable and *relevant* changes but lapses likely quite frequent - and/or changes relatively recent.
• **Action**: taking consistent action to make *relevant* changes which have been stable over *extended period of time* relative to lifetime functioning.
• **Maintenance**: maintaining changes, doing relapse prevention over significant period of time relative to lifetime functioning **AND** across a *variety of relevant situations* (i.e. *situations linked to sexual offending*).
### Dynamic Factors and Total Scores

<table>
<thead>
<tr>
<th>RATING</th>
<th>Pre-Tx F (a)</th>
<th>F 1</th>
<th>F 2</th>
<th>F 3</th>
<th>Stage of Change (b)</th>
<th># of Stages changed (a-b)</th>
<th>Post-Tx F 1</th>
<th>F 2</th>
<th>F 3</th>
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### Total Dynamic Factor Score

- Pre-Tx: \( F_x \) 1-3
- Total: \( F_x \) 1-3
- Post-Tx: \( F_x \) 1-3

### Total Static Factor Score

- From Previous Page
- Total: \( F_x \) 1-3
- Total + Total Dynamic Factor Score

---

For Stage Of Change:
- P/C = Pre/Contemplation/Contemplation
- P = Preparation
- A = Action
- M = Maintenance

Use these symbols to indicate the Stage of Change:
- X = Post-treatment

# of Stages changed:
- 0 = no change
- 1 = 1 stage
- 2 = 2 stages
- 3 = 3 stages
Offense Analogue Behavior (OABs)

- Based on the idea that in a custody setting, you have to examine offense proxy behaviors to get an understanding of presence of deviance or criminogenic behavior. There are no victims present and the setting is controlled.
- Here and Now manifestation of Criminogenic Needs
- Explicitly linked to RNR
- Demonstrating behavior and thoughts that appear similar to the behavior and thought patterns contributing to past sexual offenses.
- The behaviors and thoughts may be obvious or less obvious but either way may suggest by their presence, that the root causes for deviance still exist.
- Treatment and custodial observations are key to detecting these.
- BEWARE of positive impression management, conning, etc.
Offense Replacement Behaviors (ORBS)

• Going beyond simple participation or graduation from treatment groups.
• Did the inmate actually address criminogenic/deviance related concerns and how?
• Not doing the wrong things is good but are they actually doing the right things?
• ORBS are skills an individual uses to manage problems or situations that have led to criminality or violence.
• Should be linked to each individual’s needs and has to have RELEVANCE!

• Rating OABs/ORBs for each VRS-SO Dynamic Risk Factor
• For example, for D1: Sexually Deviant Lifestyle:
  • OAB
    • Actively or habitually seeks out or gets involved in sexually deviant activities as part of day-to-day living. For example, viewing victim related images (e.g., children) through print or television, together with inappropriate sexual behavior such as deviant fantasies, stalking staff, intimidating peers for sexual favors or other idiosyncratically related to the individual’s sexually deviant offending. The emphasis is on the degree of integration of these activities in the person’s day-to-day living.
    • Rating of “0” for seldom to “4” for very often/always
  • ORB
    • Substituting sexually appropriate behaviors to fulfill needs
    • Use of relevant skills and strategies to mitigate sexually-deviant tendencies
    • Avoids prohibited subcultural activities and offense relevant triggers
COMMUNITY Criminal Behavior

Prison Intake: OABs

STAGE OF CHANGE?

Evaluate CRIMINOGENIC Needs

Decrease OABs Increase ORBs

TREATMENT

Release: ORBs

REASSESSMENT

Treatment Ends: ORBs
OAB-Example

• An incarcerated child molester, whose MO has been to use the internet to lure and molest children, may resort to watching children in TV programs and secretly viewing and masturbating to children in newspapers and magazines.

• They may also “draw” or find someone to “draw” pornography.
Offense Analogous Behavior - Rape

The obvious...

• Overfamiliarity
• Exhibitionism (IEX)
• Verbal threats toward female officer
• Physical aggression of any type (e.g., slamming doors, pushing, etc.)
• Violent aggressive fantasies
• Persistent anger
• Persistent emotional instability
• Continued substance abuse in prison
• Continued gang behavior
• Stalking
• Sexual predation of lower functioning inmates
• Continued drug use in prison
Offense Analogous Behavior-Rape

The less obvious

- Physical or non-physical intrusiveness
-Demandingness
- Pushing rule boundaries
-Narcissism (entitlement, grandiosity, arrogance…)
-Hypermasculinity
-Poor relationship with authority figures, especially female staff/officers
-Empathy deficits
-Misogynistic attitudes/beliefs
-Rigid gender stereotypes
-Rationalization, justification, minimization of crime behavior
-Externalized blame
-Other antisocial behavior, bartering, manipulation
-Stopping SSRI use
OAB-Pedophilic Criminals

- Exposing behaviors
- Child porn
- Hentai movies
- Written stories of fantasies
- Pictures of children in magazines
- Watching TV shows or movies with child actors
- Pictures of family that have children in pictures
- Stealing other inmate/patient family photos with children in them or even paying for them.
- Continued masturbation to deviant fantasies
- Stopping SSRI use to increase sex drive
Offense Replacement Behaviors

• Beware of the smooth talking psychopath? What is a relevant ORB for them?

• For some sex offenders, lack of interpersonal skills may be relevantly criminogenic whereas for others they may have used their adeptness at interpersonal manipulation to lure victims...
Offense Replacement Behavior Examples

- Using non-aggressive problem solving
- Being assertive vs. aggressive
- Listening to another’s viewpoint
- Removing self from a situation
- Avoiding triggers
- Reducing blame and developing insight
- Consequential thinking
- Long-term planning implementation
- Unsolicited kindness
- Actively rejecting or challenging distorted thinking
- Accepting responsibility
- Accepts feedback from others in non-aggressive manner
- Identifies risk factors
- Enhanced understanding of thoughts, feelings, behaviors linked to violence, decreased justification tendencies.
Sex Crime Recidivism and Sentence Length (Budd and Desmond, 2014)

• Re-arrest Recidivism: For each additional year a sex offender ages in prison before release, the odds of recidivating with a new sex crime after release from prison decreases by approximately 2% for rapists, 3% for sexual assaulters, and 3% for child molesters, holding all other variables constant

• Reconviction Recidivism
Summary: So... Who are Riskiest and Most Persistent Offenders?

• Both antisocial and sexual deviant pathways are engaged indicating a higher risk profile and suggesting that many psychological vulnerabilities exists.

• Many developmental adversities ("ACEs") exist with few indicators of resilience

• Early onset young sexually deviant offenders that continued offending as adults

• ORBs have not been replaced to any significant degree by ORBs

• Desistance factors may not apply

• The above average risk older offender remains healthy and full of vigor

• What effect did prison have on the offender
Summary: Who are the least Riskiest?

- Offending was not obviously a result of either pathway…situational or contextual variables explain the offending.
- Low actuarial and dynamic risk scores
- Not highly sexually deviant, antisocial, psychopathic
- Evidence of self-control gained in prison
- ORBS replacing OABS
- Taking ACTION on their criminogenic needs
- Health condition and age appear protective (can be linked)