

“I wouldn’t have done it if I were sober!” Key Considerations when working with Sex Offenders with Substance Abuse Issues

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Presentation Agenda

- Literature Review
- Risk Assessments
  - Mainstream Substance Abuse
  - Sexual Recidivism Risk Assessments
- Implications for Practice
  - Clinical Practice
  - Community Supervision
  - Correlation between substance abuse and new crime
- Concluding Thoughts and Future Recommendations
  - Research, practice, policy

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Literature Review

- Historical Context
  - Substance abusers and sex offenders are special population offenders
  - Sex offenders are a heterogenous group
  - Explanation between alcohol abuse and sexual violence
    - Disinhibition model (Seto & Barbaree,1995)
  - Langevin and Lange (1990)

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## Methodology

- Meta-Analysis (Kraanen & Emmelkemp, 2001)
- In total, (N=42) studies met inclusion criteria
  - File Review/Research (N=13)
  - Screening Instruments (N=16)
  - Semi-structured Interviews (N=12)

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## Prevalence of Substance Misuse & Use Disorders In Sex Offenders

### File Review Findings:

- Five studies reported prevalence rates of lifetime substance misuse without distinguishing between alcohol and drug misuse (Alish et al., 2007; Carlstedt, Innala, Brimse, & SöderströmAnckarsäter, 2005; Tzeng, Robinson, & Karlson, 1999; Poortinga, Lemmen, & Majeske, 2007; Rojas & Gretton, 2007).
- Hill, Habermann, Berner, and Briken (2007) found lifetime DSM-IV substance use disorders in 50% of sexual murderers with one victim and 48% of sexual murderers with multiple victims were diagnosed with any lifetime substance use disorder.

(as cited in Kraanen & Emmelkemp, 2011)

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## Prevalence of Substance Misuse & Use Disorders In Sex Offenders

- Between 19.2% and 50.0% (median = 26.3%) of sex offenders met DSM-criteria for alcohol dependence/alcoholism (Briken, Habermann, Kafka, Berner, & Hill, 2006; Firestone, Dixon, Nunes, & Bradford, 2005; Hill et al., 2007; Rada, 1975).
- Sixteen studies were identified that studied alcohol and drug misuse in sex offenders using screening instruments.

(as cited in Kraanen & Emmelkemp, 2011)

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## Prevalence of Substance Misuse & Use Disorders In Sex Offenders

Screening Instruments findings:

- Thirteen used the Michigan Alcoholism Screening Test (MAST)
- Six studies using MAST classified between 15.8% and 80.0% of sex offenders as alcohol abuser (i.e., MAST scores of 5 or higher; median = 47.5%)(Langevin,2003, 2006; Langevin, Curnoe, & Bain, 2000; Langevin, Glancy, Curnoe, & Bain, 1999; Rada, 1976; Rada, Laws, & Kellner, 1976).

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## Prevalence of Substance Misuse & Use Disorders In Sex Offenders

- Between 30.2% and 89.6% (median = 43.5%)of sex offenders turned out to have alcohol use problems as judged with the CAGE (Baltieri & Andrade, 2008).
- Overall, a median of 42% of sex offenders were classified as alcohol abuser.

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## Prevalence of Substance Misuse & Use Disorders In Sex Offenders

- Four studies that provided figures of lifetime substance use disorders reported that between 50.0% and 100% (median = 58.5%) of sex offenders fulfilled DSM-criteria for any lifetime substance use disorder (Dunsieth et al., 2004; Galli et al., 1999; Leue, Borchard, & Hoyer, 2004; Raymond et al., 1999).

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Differences among different types of sex offenders with regard to the prevalence of substance abuse

- Firestone et al. (2005) found that more incest offenders with victims younger than 6 years had a history of alcohol dependence or drug misuse than incest offenders with victims older than 12 years old.
- Briken et al. (2006) found that sexual murderers who met diagnostic criteria for paraphilia related disorders were more often diagnosed with alcohol dependence than those who met diagnostic criteria for paraphilic disorders

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Differences among different types of sex offenders with regard to the prevalence of substance abuse

- Abracen et al. (2006) found that rapists scored significantly higher on the DAST than child molesters.
- Incest offenders with younger victims scored significantly higher on the MAST than with older victims (Firestone et al., 2005).

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Differences among different types of sex offenders with regard to the prevalence of substance abuse

- Dunsieith et al. (2004) found that sex offenders without paraphilias were more often diagnosed with any lifetime substance use disorder than sex offenders with paraphilias.

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### Comparison of the prevalence of substance abuse in sex offenders to the prevalence of substance abuse in other populations

- Looman et al. (2004) found that more rapists and child molesters had a history of alcohol misuse than nonsexual violent offenders.
- Looman et al. (2004) found that only mean MAST scores of rapists were significantly higher than mean MAST scores of nonsexual violent offenders.

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### Intoxication at the Time of the Offense

- Four of these studies found that between 8.9% and 86%(median = 32.8%) were intoxicated by any substance(Aromäki & Lindman, 2001; Greenberg et al., 2005; Rojas & Gretton, 2007; Tzeng et al., 1999).
- Six studies reported that between 9.4% and 85.7%(median = 47.9%) of sex offenders were drinking alcohol at the time of the offense (Bader et al., 2008, Briken et al., 2006, Rada, 1975, 1976; Rada et al., 1976; Tzeng et al., 1999).

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### Differences in Intoxication at Offense Among Different Subtypes of Sex Offenders

- Briken et al. (2006) found that sexual murderers with paraphilia related disorders were more often intoxicated by alcohol at the time of the offense.
- Rada (1976) found that more child molesters against girls than child molesters against boys were drinking at the time of the offense.

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# Substance Abuse Risk Assessments

- **CAGE/CAGE-AID**- 4 item instrument that measures severity of alcohol abuse/alcohol and drug abuse
- **MAST** (Michigan Alcohol Screening Test)- Assesses alcohol use/abuse
- **DAST** (Drug Abuse Screening Test)- Assesses Drug and Alcohol use/abuse (combines MAST screening questions)
- **AUDIT** (Alcohol Use Disorder Identification Test)- 10 Questions
  - Developed by World Health Organization
  - Used internationally
- **SASSI** (Substance Abuse Subtle Screening Inventory) Identifies the probability of a substance abuse disorder and clinical insight into client

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## DAST

**Michigan Alcohol Screening Test (MAST)**  
The Drug Abuse Screening Test (DAST) was developed by the University of Florida. It is a 28-item screening test that assesses drug and alcohol use/abuse. It is a 28-item screening test that assesses drug and alcohol use/abuse. It is a 28-item screening test that assesses drug and alcohol use/abuse.

**The Drug Abuse Screening Test (DAST)**

**Directions:** The following questions refer to your use of alcohol and drugs. They also refer to the use of alcohol and drugs by others. If you are unsure of the answer, you should check with your doctor or a professional counselor. Mark the correct answer in the space provided. If you are unsure of the answer, mark the space with "X".

|  |     |    |
|--|-----|----|
| 1. Do you ever get drunk or high?                              | Yes | No |
| 2. Do you ever get drunk or high more than once a week?        | Yes | No |
| 3. Do you ever get drunk or high more than once a month?       | Yes | No |
| 4. Do you ever get drunk or high more than once a year?        | Yes | No |
| 5. Do you ever get drunk or high more than once in your life?  | Yes | No |
| 6. Do you ever get drunk or high more than once in your life?  | Yes | No |
| 7. Do you ever get drunk or high more than once in your life?  | Yes | No |
| 8. Do you ever get drunk or high more than once in your life?  | Yes | No |
| 9. Do you ever get drunk or high more than once in your life?  | Yes | No |
| 10. Do you ever get drunk or high more than once in your life? | Yes | No |
| 11. Do you ever get drunk or high more than once in your life? | Yes | No |
| 12. Do you ever get drunk or high more than once in your life? | Yes | No |
| 13. Do you ever get drunk or high more than once in your life? | Yes | No |
| 14. Do you ever get drunk or high more than once in your life? | Yes | No |
| 15. Do you ever get drunk or high more than once in your life? | Yes | No |
| 16. Do you ever get drunk or high more than once in your life? | Yes | No |
| 17. Do you ever get drunk or high more than once in your life? | Yes | No |
| 18. Do you ever get drunk or high more than once in your life? | Yes | No |
| 19. Do you ever get drunk or high more than once in your life? | Yes | No |
| 20. Do you ever get drunk or high more than once in your life? | Yes | No |
| 21. Do you ever get drunk or high more than once in your life? | Yes | No |
| 22. Do you ever get drunk or high more than once in your life? | Yes | No |
| 23. Do you ever get drunk or high more than once in your life? | Yes | No |
| 24. Do you ever get drunk or high more than once in your life? | Yes | No |
| 25. Do you ever get drunk or high more than once in your life? | Yes | No |
| 26. Do you ever get drunk or high more than once in your life? | Yes | No |
| 27. Do you ever get drunk or high more than once in your life? | Yes | No |
| 28. Do you ever get drunk or high more than once in your life? | Yes | No |

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- Michigan Alcohol Screening Test**
- Directions:** The following questions refer to your use of alcohol and drugs. They also refer to the use of alcohol and drugs by others. If you are unsure of the answer, you should check with your doctor or a professional counselor. Mark the correct answer in the space provided. If you are unsure of the answer, mark the space with "X".
- |  |     |    |
|--|-----|----|
| 1. Do you ever get drunk or high?                              | Yes | No |
| 2. Do you ever get drunk or high more than once a week?        | Yes | No |
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| 19. Do you ever get drunk or high more than once in your life? | Yes | No |
| 20. Do you ever get drunk or high more than once in your life? | Yes | No |
| 21. Do you ever get drunk or high more than once in your life? | Yes | No |
| 22. Do you ever get drunk or high more than once in your life? | Yes | No |
| 23. Do you ever get drunk or high more than once in your life? | Yes | No |
| 24. Do you ever get drunk or high more than once in your life? | Yes | No |
| 25. Do you ever get drunk or high more than once in your life? | Yes | No |
| 26. Do you ever get drunk or high more than once in your life? | Yes | No |
| 27. Do you ever get drunk or high more than once in your life? | Yes | No |
| 28. Do you ever get drunk or high more than once in your life? | Yes | No |

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45. Do you ever get drunk or high more than once in your life?

46. Do you ever get drunk or high more than once in your life?

47. Do you ever get drunk or high more than once in your life?

48. Do you ever get drunk or high more than once in your life?

49. Do you ever get drunk or high more than once in your life?

50. Do you ever get drunk or high more than once in your life?

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## Sexual Recidivism Risk Assessments

- Static risk factors are unchangeable historical variables such as age and marital status at time of offense, number of prior sexual convictions, age and gender of victim.
- Acute dynamic risk factors (substance abuse preceding offense) have the potential to be more responsive to treatment interventions versus stable dynamic risk factors.
- Stable dynamic risk factors (long history of substance abuse/dependency issues) are qualities that can change over times but relatively lasting qualities.

(McGrath et al., 2009)

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## Static Factors Risk Assessments

- **RRASOR** (Rapid Risk Assessment for Sex Offender Recidivism)
  - Designed to assess risk among adult sex offenders for re-offense.
  - 4 Static items
  - 6 categories to determine sexual reoffending at 5 and 10 year intervals
- **Static-99** - Most commonly used
  - 10 item actuarial risk measure
  - Similar to the RRASOR
  - 7 levels assessing probability of sexual and violent re-offending at 5, 10 and 15 year intervals

(McGrath et al., 2009)

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## Static Risk Factors Assessments (cont')

- **Static-2002**
  - 14 static risk factors
  - Evaluates the probability of sexual and violent reoffending at 5 and 10 year intervals

(McGrath et al., 2009)

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## Dynamic Risk Factors Assessments

- **MnSOST-R** (Minnesota Sex Offender Screening Tool-Revised)
  - Designed to assess adult rapist and extra-familial child molesters for re-offense.
  - 16 dynamic and static items
  - years post release from prison
- **SVR-20** (Sexual Violent Risk-20)
  - Designed to assess sexual re-offense risk among adult, male sex offenders
  - 20 static and dynamic risk items
  - Tends to correlate with the probability that an individual will sexually reoffend

(McGrath et al., 2009)

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## Dynamic Risk Factor Assessments (cont')

- **VASOR** (Vermont Assessment of Sex-Offender Risk)
  - Two scales
  - Adult male sex offenders
  - 13 dynamic and static risk factors
  - 3 levels assessing probability of sexual reoffending within 5 years
  - 6 item violence scale assessing the nature of individual's history of violence of and offense severity

(McGrath et al., 2009)

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## Dynamic Risk Factors Assessments (cont')

- **ACUTE-2000 & STABLE-2000** (Adapted from the SONAR-Sex offender Needs Assessment Rating) (Harris & Hanson, 2003)
  - Adult sex offenders
  - Designed to help criminal justice personnel and clinicians to assess changes in the risk status over time and used in conjunction with Static-99.
  - Stable and acute dynamic risk factors

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## Dynamic Risk Assessments (cont')

- **SORAG** (Sex Offender Risk Appraisal Guide) (Looman and Abracen, 2011)
  - \*Most accurate actuarial instrument for the prediction of serious recidivism
  - Used in conjunction with MAST seemed to add to the prediction of serious recidivism
  - Includes several questions in relation to the use of alcohol \* However it does not assess the severity of substance abuse only whether alcohol or drugs were related to a problematic behavior.

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## Correlation between Substance Abuse and New Sexual Offense

- There is lack of research substantiating a direct causality between substance abuse probation violations and a new sexual offense.

**What we do know:**

Strong correlation between substance abuse and probation violations and nonsexual offenses exists.

- Marlowe (2003) attests that drug use significantly increases the likelihood that an individual will engage in a serious criminal act.
- Looman and Abracen (2011) present significant evidence to make a compelling argument that substance abuse, particularly alcohol, is an important dynamic risk factor in assessing sexual offense recidivism.

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## Correlation between Substance Abuse and New Sexual offense

- **What we do know (cont')**:
  - Dynamic risk factors, stable and acute, can serve as a window into potential risks for probation violations.
    - History or current use of substances
    - Access to alcohol (more common, legal, less societal stigma) or drugs
    - Other members in the home that drink or use.
    - Access to potential victims.
    - Probation violations related to substance abuse; especially if substances were used during the commission of offense.

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## Important Implications

- **Clinical Practice**
  - How and when to incorporate substance abuse treatment into sex offender treatment
  - Assessing underlying mental health diagnoses
  - Types of interventions
  - Consideration for who would treat each issue
    - Precautions that need to be taken

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## Important Implications

### Community Supervision

- Options seem to be limited given nature of offense
  - IOP
  - Jail therapy
  - Halfway house
  - Dual specialized caseloads/more intensive supervision
- Money-Who pays?
  - Offender
  - Court/County
- Overwhelming for Offender
  - How many sessions?
  - Group
  - Individual

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## Concluding Thoughts

- Abracen et al., (2006) found that among sexual offenders with significant histories of alcohol abuse, those who complete both substance abuse programming and sexual offender treatment recidivate at significantly lower rates than offender who only complete sexual offender treatment (as cited in Looman and Abracen 2011).
- Marlowe (2003) indicates drug use significantly increase the likelihood that an individual will engage in serious criminal conduct. But when the individuals are referred to community treatment in conjunction with probation sanctions, it is considered to be potentially the most effective way to turn them away from drug abuse and repeated crime.

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## Future Recommendations

- Research
  - More research is needed to determine to what extent, if any, does substance abuse impact another new sexual offense.
- Practice
  - Incorporating cognitive-behavior therapy interventions to address both substance abuse and criminal thinking/sexual offending is significant
  - Including families in therapy when possible
  - Importance of taking a further look at substance abuse issues in treatment
- Policy
  - More advocacy is needed in the criminal justice system to incorporate both issues in treatment

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