

What Really Needs to Change: Understanding Risk Relevant Propensities for Sexual Recidivism

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What We Need to Know

- What's wrong?
 - Criminogenic needs
- How to fix it?
 - Effective interventions
 - Efficient amount
- Is it fixed?
 - Re-evaluation

Risk-Need-Responsivity

A model of correctional rehabilitation advanced by Andrews, Bonta and Hoge (1990)

- **Risk** – intervention should be proportional to likelihood of reoffending
- **Need** – target criminogenic needs
- **Responsivity**
 - Use cognitive behavioural interventions
 - Tailor to language and culture of clients

Strong Research Support for RNR

- Same results found in randomized clinical trials and non-random assignment studies (except those with obvious biases)
- Meta-analytic findings replicated by independent groups

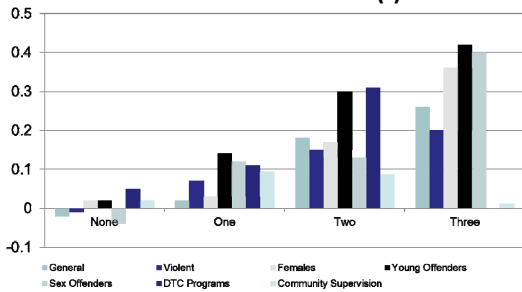
Meta-Analysis

- Summary of results across studies
- Effect size – how difference at the groups?
- Different studies use different effect size indicators
 - Correlations – r
 - Cohen's d
 - Odds ratios
 - Hazard ratios

Correlation

- With two groups and recidivism as the outcome criteria, correlations can be interpreted as the difference in the proportion recidivating in each groups
- Treatment, 40%, Control, 15% → $r \approx .25$

**Adherence to RNR Principles
Treatment Effect Sizes (r)**



Source: Provided in Notes

Risk/Need/Responsivity and reductions in sexual recidivism for sex offenders

	r	(k)
Not at all	-.05	(3)
One element	.13	(7)
Two elements	.14	(9)
All three	.43	(3)

Hanson, Bourgon, Helmus & Hodgson (2009)

Risk Principle

- Intervention proportional to risk/needs?
- How to describe risk/needs?
- Standardized Risk/Need Levels

US Justice Center's 5-Levels for General Crime Risk/Need

I	Prosocial, made mistake
II	Minor concerns
III	Typical problems for individuals in trouble with the law
IV	Chronic rule violation, few strengths
V	Virtually certain to reoffend

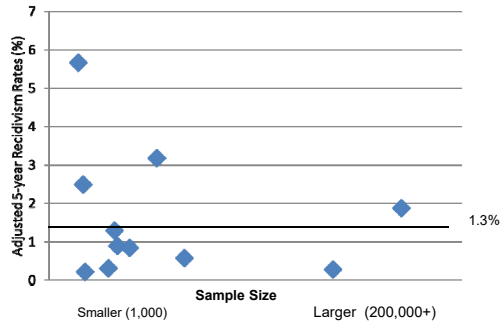
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Standardized Levels for Sexual Recidivism

I Very Low Risk	Older, prosocial, Offended in the past	
II Below Average	Minor concerns	
III Average	Typical problems for individuals with a sexual offence history	
IVa Above Average	History of rule violation, problems with sexual self-regulation, few strengths	Chronic problems
IVb Well Above Average		More and more severe

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Defining a desistance threshold:
 The rate of spontaneous out-of-the-blue sexual offences among individuals with only a history of nonsexual crime



Treatment Dosage Recommendations

I Very Low Risk	None Needed
II Below Average	Case Management
III Average	100+ Hours Intervention Change Focused Community Supervision
IVa Above Average	200-300 Hours of Changed Focused Intervention and Cascade of Services
IVb Well Above Average	

Terminology

- **Criminogenic needs** – problems that increase the likelihood of recidivism
- **Noncriminogenic needs** – problems that have little or no relationship to recidivism
- **Protective factors** – the opposite of a risk factors (e.g., positive social influences)
- **Strengths** – inherent goods that make life worth living
- **Prosthetics** – not inherent goods that buffer the effects of risk factors (e.g., sex drive reducing medications, residency restrictions)

Example Effect Size (odds ratio)

	Odds ratio	95% C.I.
Decreased Recidivism	0.50	(.30 to .70)
No Effect	1.0	(.80 - 1.20)
Increased Recidivism	1.50	(1.30 to 1.70)

Effect Size By R/N/R Adherence Mainly Criminogenic Needs

	Odds ratio	95% C.I.	N (k)
Yes	0.45	(.27- .75)	4,091 (9)
No	0.86	(.60 - 1.21)	2,655 (13)

Andrews & Bonta's (2010) Criminogenic Needs

- Antisocial Personality
 - Impulsive, adventurous pleasure seeking, restlessly aggressive, callous disregard for others
- Grievance/hostility
- Antisocial associates
- Antisocial cognitions
- Low attachment to Family/Lovers
- Low engagement in School/Work
- Aimless use of leisure time
- Substance Abuse

**Established Risk Factors
for Sexual Recidivism**

Examined in at least 3 studies

Average effect (Cohen's *d*) > .15

Small = .20

Medium = .50

Large = .80

**Established Risk Factors
for Sexual Recidivism**

Risk Factor	Average d	N	Number of Studies
Age (young)	0.48	8,250	14
Age (STATIC)	0.25	7,461	19
Sex crime specific factors			
Sexual criminal history			
Prior sex offences	0.57	11,294	29
Early onset of sexual offending	0.36	919	4
Juvenile and adult sexual offences	0.31	2,951	8
Diverse sexual crimes	0.30	6,011	5
Non-contact sexual offences	0.31	10,238	22
Non-contact offences (STATIC)	0.52	8,053	22

Established Risk Factors for Sexual Recidivism II

Risk Factor	Average d	N	Number of Studies
Victim characteristics			
Unrelated (STATIC)	0.50	8,053	22
Strangers (STATIC)	0.43	8,053	22
Males (STATIC)	0.23	8,053	22
Any deviant sexual preference	0.31	2,769	16
Sexual interest in children (PPG)	0.32	1,278	10
Sexualized violence	0.18	1,523	8
Multiple paraphilias	0.21	477	4
Sexual self-regulation			
Sexualized coping (STABLE)	0.31	5,975	9
Sex drive/preoccupation (STABLE)	0.33	5,977	9
Sexual preoccupation	0.39	1,119	6
Attitudes tolerant of sexual offending	0.22	13,782	46
Sexual entitlement (STABLE-2000)	0.33	2,608	4

Established Risk Factors for Sexual Recidivism III

Risk Factor	Average d	N	Number of Studies
General Criminality			
Lifestyle instability/criminality			
Childhood behaviour problems (e.g., running away, grade failure)	0.30	1,996	8
Juvenile delinquency	0.24	2,849	16
Any prior offences	0.32	14,800	31
Impulsivity/recklessness	0.25	775	6
Impulsive Acts (STABLE)	0.37	5,971	9
Employment instability	0.22	5,357	15
Antisocial personality disorder	0.21	3,267	12
Psychopathy Checklist-Revised	0.40	5,239	20
Grievance/hostility	0.17	1,960	9
Negative Emotionality (STABLE)	0.16	5,972	9
Lack of concern for others (STABLE)	0.36	5,978	9

Established Risk Factors for Sexual Recidivism IV

Risk Factor	Average d	N	Number of Studies
Social problems/Intimacy deficits			
Single (never married)	0.32	2,850	8
Never lived with a lover (Static-99R)	0.31	8,004	22
Conflicts with intimate partners	0.36	298	4
Hostility toward women (STABLE)	0.23	6,005	9
Negative social influences	0.26	1,736	7
Social influences (STABLE)	0.24	5,974	9
General social rejection/loneliness (STABLE)	0.21	5,979	9

Established Risk Factors for Sexual Recidivism V

Risk Factor	Average d	N	Number of Studies
Response to treatment/supervision			
Treatment drop-out	0.59	2,202	14
Non-compliance with supervision (STABLE)	0.35	5,977	9
Violation of conditional release	0.50	2,151	4
Supervision violation (Static-2002R)	0.44	2,947	8
Poor cognitive problem-solving	0.32	5,971	9
Risk factors specific to sexual offending against children			
Child molester attitudes	0.17	8,192	19
Emotional congruence with children	0.39	5,217	8
Emotional identification with children (STABLE-2007)	0.28	2,744	6

**Non-criminogenic needs
(general recidivism)**

- Personal distress
- Major mental disorder
- Low self-esteem
- Low physical activity
- Poor physical living conditions
- Low conventional ambition
- Insufficient fear of official punishment

**Factors Unrelated to
Sexual Recidivism**

- Examined in at least 3 studies
- Average is not meaningfully different from zero (or reversed)

**Factors Unrelated to
Sexual Recidivism**

- Victim empathy
- Denial/minimization of sexual offence
- Lack of motivation for treatment
- Internalizing psychological problems
 - Anxiety, depression, low self-esteem*
- Sexually abused as a child
- Low sex knowledge
- Poor dating skills/Social skills deficits
- Hallucinations/delusions

Items Cluster Together

- Sexual persistence and paraphilia
 - Pedophilia, voyeurism, exhibitionism,
 - Prior sexual offences, male victims
- General criminality
 - Prior criminal offences, antisocial attitudes, negative peer influences, etc.
- Youthful stranger aggression
 - Young, victim is stranger, intent to harm sexually

Recidivism (Cox regression)

Factors	Hazard Ratio	95% CI	
Sexual recidivism (n = 416 / 2569)			
Persistence/paraphilia	1.19	1.12 - 1.25	
Youthful sexual aggression	1.19	1.12 - 1.26	
General criminality	1.18	1.12 - 1.26	
Non-sexual violent recidivism (n = 344 / 2360)			
Persistence/paraphilia	.81	.75 - .88	
Youthful sexual aggression	1.34	1.25 - 1.43	
General criminality	1.42	1.33 - 1.52	
Any recidivism (n = 957 / 2379)			
Persistence/paraphilia	.92	.88 - .96	
Youthful sexual aggression	1.24	1.19 - 1.28	
General criminality	1.41	1.36 - 1.47	

All the predictors are significant at $p < 0.001$.

Looking Deeper into Persistence/Paraphilia

- Are pedophiles a separate sub type?
- Is paraphilia an extreme on a dimension?

Cut Kinetics Approach to Taxometric Analysis



Paul E. Meehl

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COMPARATIVE CURVE FIT INDEX (CCFI)

0 --DIMENSION---0.45---0.55 --TAXON----- 1



Schmidt et al. 2013 (n=304)			.72
Stephens et al. 2018 (n=2,227)	.33		
McPhail et al. 2018 (n=805, 632, 531, 261)		.55 .56	.69 .66
Brankley et al. MTC (n = 706)			.79
Brankley et al. DPP (n = 405)		.64	

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Most Studies Find A Taxon

- Pedophilia is a difference in kind
 - Sexual attraction to children
 - Emotional attraction to children
 - (Difficulties in adult intimate relationships)

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So, What Does that Mean?

- Individuals with pedophilia may need a different approach to treatment
- Grieving loss of sexuality and (probably) romantic love
- Does not mean they will always remain a significant risk to public safety

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Time Free Desistance Effects

“The general tendency for recidivism risk to decline over time is among the best replicated results in empirical criminology. It is probably not an exaggeration to say that any recidivism study with more than a 2- or 3-year follow-up period that did not find a downward-sloping marginal hazard would be immediately suspect” (Kurlychek et al., 2012, p. 75).

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Article

High-Risk Sex Offenders May Not Be High Risk Forever

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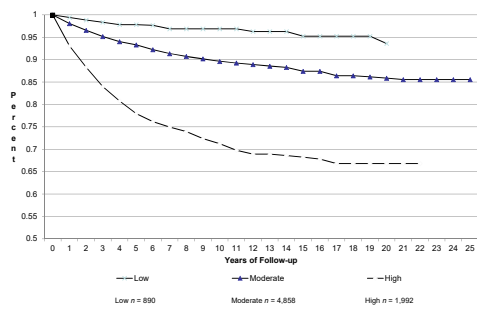
Abstract

This study examined the extent to which sexual offenders present an enduring risk for sexual recidivism over a 20-year follow-up period. Using an aggregated sample of 7,740 sexual offenders from 21 samples, the yearly recidivism rates were calculated using survival analysis. Overall, the risk of sexual recidivism was highest during the first few years after release, and decreased substantially the longer individuals remained sex offense-free in the community. This pattern was particularly strong for the high-risk sexual offenders (defined by Static-99R scores). Whereas the 5-year sexual recidivism rate for high-risk sex offenders was 22% from the time of release, this rate decreased to 4.2% for the offenders in the same static risk category who remained offense-free in the community for 10 years. The recidivism rates of the low-risk offenders were consistently low (1%-5%) for all time periods. The results suggest that offense history is a valid, but time-dependent, indicator of the propensity to sexually reoffend. Further research is needed to explain the substantial rate of desistance by high-risk sexual offenders.

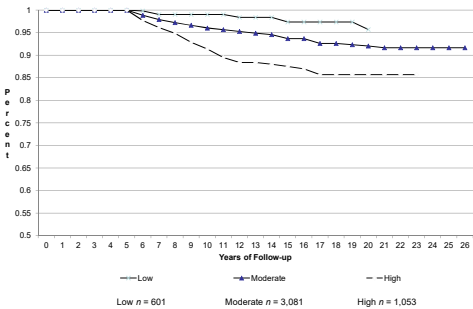
Samples

- 21 samples from the Static-99 re-norming project
 - N ranged from 133 to 1,278 ($N = 7,740$)
 - Majority from Canada ($k = 9$) or the U.S. ($k = 5$)

Time to Sexual Recidivism by Risk Level



5 Years - no recorded recidivism



10 Years - no recorded recidivism

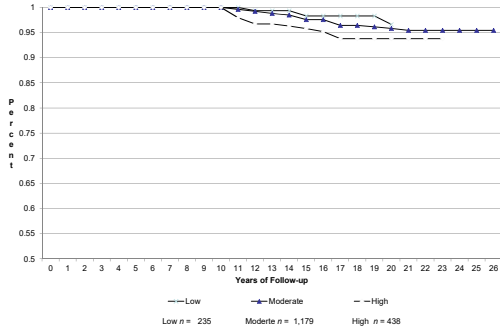


Table 3. Relative Reductions in Sexual Recidivism Based on Comparing the Rate During the First Five Years in the Community With the 5-Year Rates Starting After 5 and 10 Offense-Free Years in the Community.

	Sample Size at Start of Follow-up	Initial 5-Year Recidivism Rate (Years 1-5)		Relative Rate After 5 Years Offense-Free (Years 6-10)		Relative Rate After 10 Years Offense-Free (Years 11-15)	
		%	(n)	Risk Ratio	(n)	Risk Ratio	(n)
Complete sample	7,740	10.1	(4,735)	0.46	(1,847)	0.28	(755)
Risk level (Static-99R scores)							
Low (scores of -3 to -1)	890	2.2	(601)	0.44	(234)	0.78	(88)
Moderate (scores of 0 to 4)	4,838	6.7	(3,081)	0.59	(1,175)	0.36	(496)
High (scores of 5+)	1,992	22.0	(1,053)	0.39	(438)	0.19	(171)
Age at release							
Immature (18 to 30 years)	1,818	13.74	(1,130)	0.46	(524)	0.31	(260)
Young (30 to 50 years)	4,434	10.07	(2,719)	0.44	(1,051)	0.21	(411)
Prime of life (50+ years)	1,488	5.44	(866)	0.52	(272)	0.31	(84)
Sample type							
Routine correctional	4,040	6.73	(2,248)	0.55	(671)	—	—
Preselected treatment	1,920	8.85	(1,442)	0.46	(642)	0.32	(420)
Preselected high risk/needs	1,621	20.42	(963)	0.37	(491)	0.16	(294)
Country							
United States	1,782	12.70	(1,318)	0.33	(810)	0.15	(552)
Canada	2,875	11.10	(1,298)	0.48	(379)	0.16	(55)
Other	3,082	7.63	(2,118)	0.60	(658)	—	—

(continued)

Table 3. (continued)

	Sample Size at Start of Follow-up	Initial 5-Year Recidivism Rate (Years 1-5)		Relative Rate After 5 Years Offense-Free (Years 6-10)		Relative Rate After 10 Years Offense-Free (Years 11-15)	
		%	(n)	Risk Ratio	(n)	Risk Ratio	(n)
Year of release (sample median)							
1970-1995	4,268	11.38	(3,278)	0.42	(1,628)	0.24	(734)
1996-2003	3,472	8.40	(1,457)	0.47	(219)	—	—
Victim type							
Adults (rape)	2,182	9.95	(1,262)	0.45	(443)	0.24	(102)
Children (all child molesters)	3,188	8.59	(1,887)	0.42	(807)	0.19	(351)
Released children (incest)	1,539	4.17	(985)	0.50	(418)	0.07	(179)

What to do when the index offence is not a sexual offence?

- Non-sexual recidivism increases sexual recidivism risk by 55%
- This is independent and incremental to time free effect
- Need to consider time free AND new non-sexual offences
- A new non-sexual offence is equivalent to
 - subtracting 3.3 years from time free, or
 - Adding 1.5 Static-99R points

Possible Revision to 5-Levels

- Difference between individuals recently criminally active and individuals nearing the end of their criminal career.
- Both may have the same likelihood of recidivism
- Qualitative differences in their profile of needs, strengths, and treatment needs

	Early, Middle Career	Late, End Career
I	Prosocial, made mistake	Residual problems under control
II	Minor concerns	Some residual problems deserving of attention
III	Typical problems for individuals in trouble with the law	Still significant problems, but less than before
IV	Chronic rule violation, few strengths	Life-Course Persistent Offender
V	Virtually certain to reoffend	Human Tragedy

Risk Factors Change Together

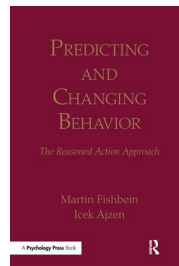
Cording, J. R. (2018). *Dynamic Risk Factors and Treatment Change: Exploring the Mechanisms of Sexual Offending Onset and Desistance*. Ph.D. Thesis. University of Canterbury, Christchurch, NZ.

- Pretreatment and posttreatment questionnaire responses for 346 men who had committed sexual offences against children.
- Taxometric analyses suggested that change was categorical, not dimensional.
- Change was all or nothing (some men “got it”)
- Evidence against incremental change on risk relevant propensities

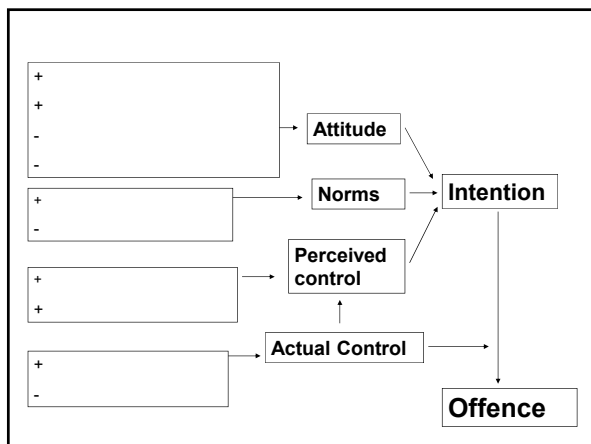
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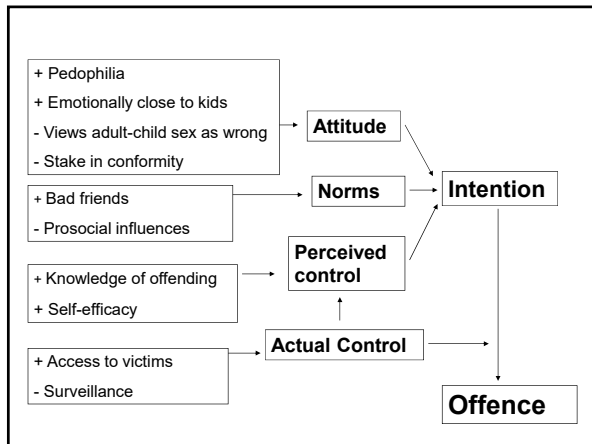
Theory of Reasoned Action

Fishbein & Ajzen



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What Changes in Successful Treatment?

- Stability of commitment to prosocial living
- Long-term vulnerabilities unlikely to disappear completely
- Self-regulation increases
- Advance naturally occurring maturation
