

EXCELLENCE LEADERSHIP COMPASSION

Substantive Sexual Offender Risk Assessment with Structured Professional Judgment Using the SVR-20 Version 2

**Teleconference presentation made to the New Jersey Chapter of
the Association for the Treatment Of Sexual Abusers (NJ-ATSA)**

Jeffrey C. Singer, PhD.
drsinger@morrispsych.com
January 29, 2021



Presentation Outline:

- **Brief Survey of 3.5 Approaches to Risk Assessment**
- **Common Heuristics and the Weight of Anchoring**
- **Base Rates**
- **Define and Explore the SPJ Approach**
- **Identify strengths and limitations of the Structured Professional Judgment (SPJ) method of assessing current risk for sexual violence.**

Presentation Outline cont:

- **SVR-20 Ver 2**
- **Counting Continuums that Count**
- **The iRAP**
- **Case Discussions**
- **Q&A all over the place; let's hear from you please!**

Inspirational Thematic Quotes:

- ➔ **“There is nothing new under the sun.” (Ecclesiastes 1:9)**
- ➔ **“Not everything that can be counted counts and not everything that counts can be counted.” (William Bruce Cameron, 1963, Informal Sociology, p 13)**
- ➔ **“Prediction is very difficult, especially about the future.” (Ascribed to Niels Bohr, a Danish physicist quoting an old Danish proverb)**
- ➔ **“The history of psychology is littered with the broken hopes of those who mistakenly assumed that a single measure permitted a confident conclusion about a psychological process.” (Kagan, 2006, p. 81)**

A “*Flash*” of Three Approaches to Conduct Risk Assessments

➔ Unstructured Clinical Judgment (UJC)

➔ Structured Decision making:

1a). The Actuarial Approach;
Non-Discretionary

1b). “Adjusted” Actuarial Assessment (AAA)

2). Structured Professional Judgment (SPJ);
Discretionary



Unstructured Clinical Judgment- Old School: “Because I say so.”

- Unguided, “unrestrained” (Wollert, 2007), “subjective,” “impressionistic” (Grove & Meehl, 1996) “intuitive,” “experiential” (Hart et al., 2003)
- Offers a rough, inexact prediction
- Advantage of convenience; feels good too
- Sometimes without articulation of rationale
- Decades of data show one consistent finding: unacceptable interrater reliability as well as too many false positives



SCOTUS: Barefoot v. Estelle, 463 U.S. 880 (1983)

- “That psychiatrists are always wrong with respect to future dangerousness, only most of the time.”
- Psychiatrists are accurate in no more than one out of three predictions of violent behavior.
- Monahan’s (1981) "Predicting Violent Behavior: An Assessment of Clinical Techniques"

A smorgasbord of Unstructured Clinical Judgment :

- Too unempathic; no remorse
- Too rehearsed; not rehearsed enough
- Too emotional; not emotional enough
- Didn't know cycle; knew cycle by rote
- Wore Brue Lee shirt and is therefore violent
- Not enough treatment (!)
- Stared at female therapist therefore has rapism
- Had group sex is therefore deviant; sexual deviance
- Change their story; left out crime details
- Minimized, denied, & avoided; blamed others
- ***Walked out of interview or would not meet with evaluator***





The Next Generation: Actuarial Risk Assessment Instruments (ARAI's)

- **Group-based risk estimate from shared commonalities with known group of sexual offense recidivists**
- **Items are selected based on observed relationships with sex reoffense outcome**
- **Explicit rules are provided for combining items into an overall evaluation of risk; “involves a formal, algorithmic, objective procedure (e.g. equation) to reach the decision” Grove & Meehl (1996, pp. 293-4)**

Advantages of Actuarial Assessment:

- **Strong empirically tested foundation (in theory)**
- **Explicit recidivism levels for different scores on scale**
- **Purported to show highest levels of predictive accuracy**
- **And the #1 Advantage:**

***Eliminates error &
bias of human judgment!***

Lists of Actuarial Tests of Sexual Recidivism:

- ➔ **RRASOR (Rapid Risk Assessment for Sex Offense Recidivism)**
- ➔ **Static-99R go to: www.static99.org**
- ➔ **Static-2002R**
- ➔ **MnSOST3 (Minnesota Sex Offender Screening Tool – 3rd Edition)**
- ➔ **VRAG (Violence Risk Assessment Guide)**
- ➔ **SORAG (Sexual Offense Risk Assessment Guide)**

Past & Present Actuarial Tests of Sexual/Violent Recidivism:

❖ **Obsolete:**

- RRASOR
- SACJ
- Static-99
(RRASOR+SACJ)
- Static-2002
- MnSOST-R
- (*PCL-R 2nd is not an
ARAI!)
- SORAG (related to VRAG)
- **V-RAG**

Current:

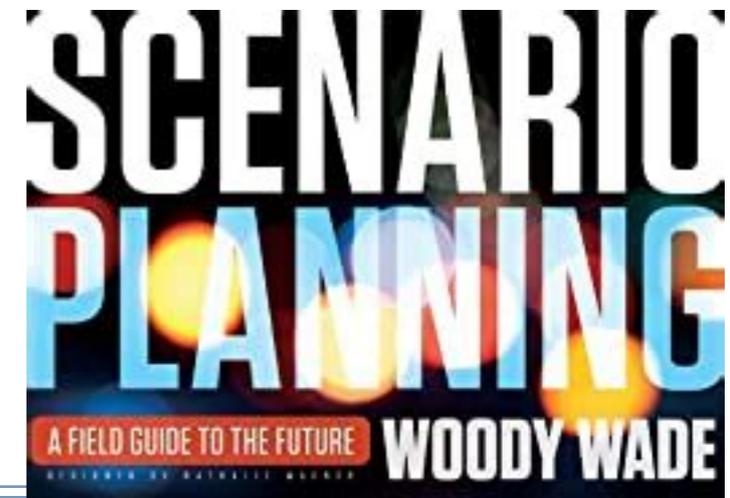
- Static-99R (www.static99.org)
- Static-2002R
- MnSOST-3 (Duwe & Freske, 2012)
- MATS-1 (Wollert, et al., 2010)
- BARS (Nicholaichuk, et al, 2013)
- **V-RAG-R: combines
SORAG; deletes DSM &
PPG criteria; uses Facet 4
of PCL-R only**

Problems with Static Actuarial Results: More prejudicial than probative? (Cook, 2010)

- ❖ Results are unchangeable, inflexible immutable, stone cold (actuarial scores never expire even after you do!)
- ❖ Unable to account for variables beyond limited set
- ❖ Unable to consider treatment effects and other dynamic variables
- ❖ Offers no information on psychological constructs, e.g. diagnosis
- ❖ Sometimes questionable reference groups are used
- ❖ Results sound “pseudo-precise” (Hart, 2008, p. 12; Jerez-Fernandez, Angulo, & Oppenheimer, 2013: specific sounding numbers = impressive front)
- ❖ Most commonly used ARAI, the Static-99R, is now rife with human judgement and psychometric concerns (see Abbott, Wollert, Campbell, DeClue, Donaldson or Franklin’s Static-99 Timeline: <http://www.karenfranklin.com/resources/static-99-a-bumpy-developmental-path/>)

Actuarial Disadvantages:

- **inflexibility, static results never expire**
- **reliance on immutable historical risk factors (age of offender, prior criminal history, sex offense history, characteristics of victims)**
- **inability to take into account variables beyond limited set used in scale**
- **does not provide more information than a percentile**



Actuarial Disadvantages cont:

- Offers nothing in the way of risk management or risk mitigation otherwise known as “Scenario Planning.”**
- Actuarial instruments are like a cardiologist applying a life insurance actuarial table to make a diagnosis of cardiac disease.**

How do the ARAI's do?

Morris Psychological
group P.A.

“Moderate” just like the rest...

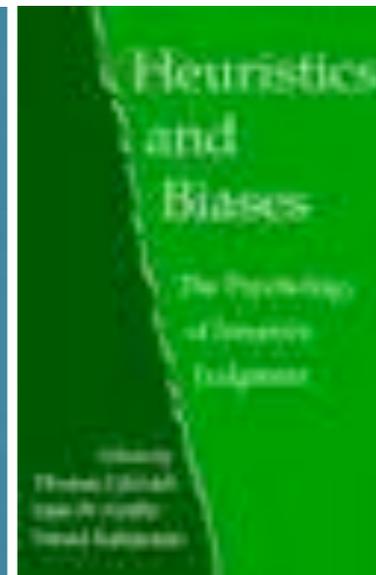
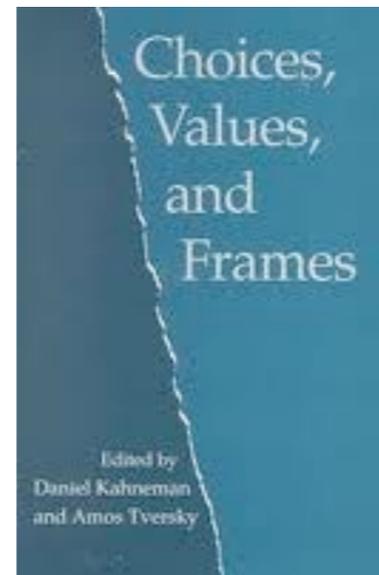
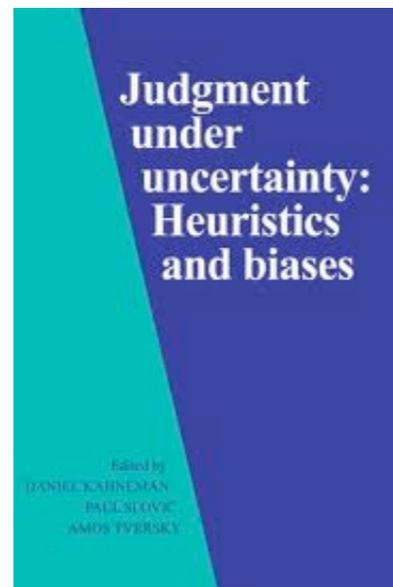
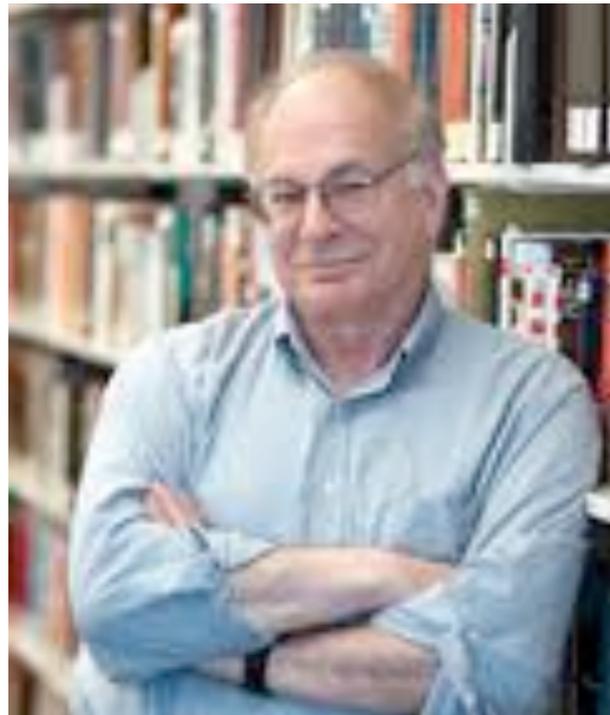
- ❖ **The RRASOR, the Static-99, and the Static-2002 ... showed moderate levels of predictive accuracy... (Langton, et al, 2007, p. 54)**
- ❖ **Meta-analyses and meta-reviews conclude the same, at best: Moderate performance (see any Jay Singh articles)**
- ❖ **How moderate? Coffee can study (used violence tools)**
- ❖ **Moderate is code for mediocre!**
- ❖ **AUC intended for use in statistical power calculations (Mossman, 2013)**
- ❖ **Near Uselessness of Narrative Reports of Recidivism Risk (Vrieze & Grove, 2010)**

- ☞ Cooke, D. J. (2010) More prejudicial than probative? A critique of violence risk assessment of offenders using actuarial tools, due to their limitations in predicting the future behaviour of individuals TheJournalOnline: 18 Jan 10
- ☞ Eher, R., Rettenberger, M., Schilling, F., Friedemann, P. (2008) Failure of Static-99 and SORAG to predict relevant reoffense categories in relevant sexual offender. Sexual Offender Treatment, Volume 3, Issue 1
- ☞ Kroner, D. G, Mills, J. F., & Reddon, J. R. (2005) A Coffee Can, factor analysis, and prediction of antisocial behavior: The structure of criminal risk. International Journal of Law and Psychiatry, 28, pp. 360-374.
- Mokros, A., Stadtland, C., Osterheider, M., & Nedopil, N. (2010). Assessment of risk for violent recidivism through multivariate Bayesian classification. *Psychology, Public Policy, and Law*, 16(4), 418-450
- Vrieze, S.L. & Grove, W.M. (2010). Multidimensional assessment of criminal recidivism: Problems, pitfalls, and proposed solutions. *Psychological Assessment*, 22(2), 382-395.
- Yang, M., Wong S.C.P., & Coid, J. (2010) The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tool. *Psychological Bulletin*, 136, 740-767.

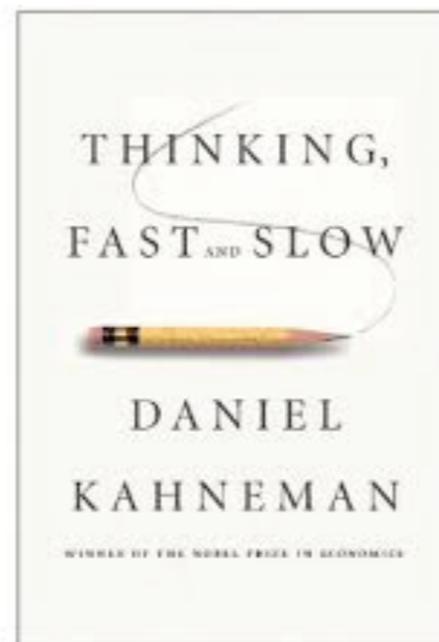
→

Judgment under uncertainty: Heuristics and biases

★ Daniel Kahneman



★ Amos Tversky



"Whenever there is a simple error that most laymen fall for, there is always a slightly more sophisticated version of the same problem that experts fall for."

When making decisions under conditions of uncertainty:

☑ Availability Heuristic:

- ✓ estimating what is more likely by what is most easily available in memory, which is biased toward the recent, vivid, unusual, or emotionally charged
- ✓ e.g., Jerry Sandusky, Megan Kanka, Jessica Lunsford, Jacob Wetterling, Eddie Werner, Patsy Klaus

☑ Availability Cascade (not in original Tversky and Kahneman):

- ✓ a self-reinforcing process in which a collective belief gains more and more plausibility through its increasing repetition in public discourse (or repeat something long enough and it will become the truth). Kuran, T., & Sunstein, C. R. (1999). Availability cascades and risk regulation. *Stanford Law Review*, 51(4), 683. <http://doi.org/10.2307/1229439>

☑ Representativeness Heuristic:

- ✓ people assume commonality between objects of similar appearance, or between an object and a group it appears to fit into. While often very useful in everyday life, it can also result in neglect of relevant base rates and other errors

☑ Anchoring Bias

Judgment under uncertainty: Heuristics and biases.
Science, Vol. 185, No. 4157. (Sep. 27, 1974), pp. 1124–1131.

Anchoring Bias:

- ➔ **Estimates made by starting from an initial value that is adjusted to yield the final answer.**
- ➔ **The initial value, or starting point, maybe suggested by the formulation of the problem, or it may be the result of a partial computation.**
- ➔ **In either case, adjustments are typically insufficient for accuracy.**
- ➔ **That is, different starting points yield different estimates, which are biased toward the initial values**
- ➔ **Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. Science, 185(4157), 1124.**

Anchoring Bias example:

Group 1

Q1. Did Mahatma Gandhi live beyond age **140**?

Q2. How old was Mahatma Gandhi when died?

Average answer: **67**

Group 2

Q1. Did Mahatma Gandhi live beyond age **9**?

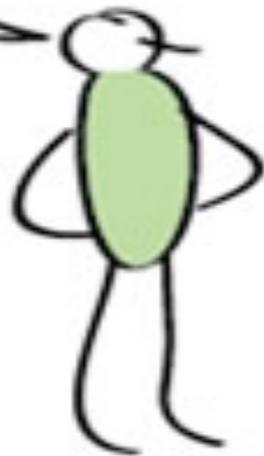
Q2. How old was Mahatma Gandhi when died?

Average answer: **50**

What are the last two digits of your social security number?

11

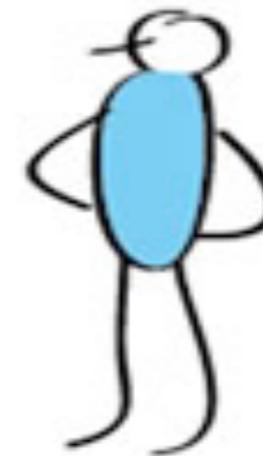
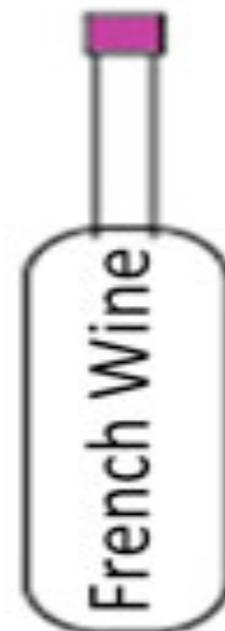
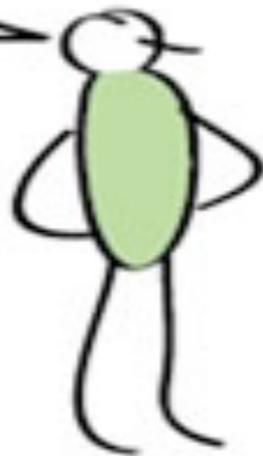
99



Now, how much will you pay for this wine, if you were to bid for it?

\$30

\$80



Victim of anchoring bias

Regarding ARAI results, “advice that defines the anchoring bias.”*

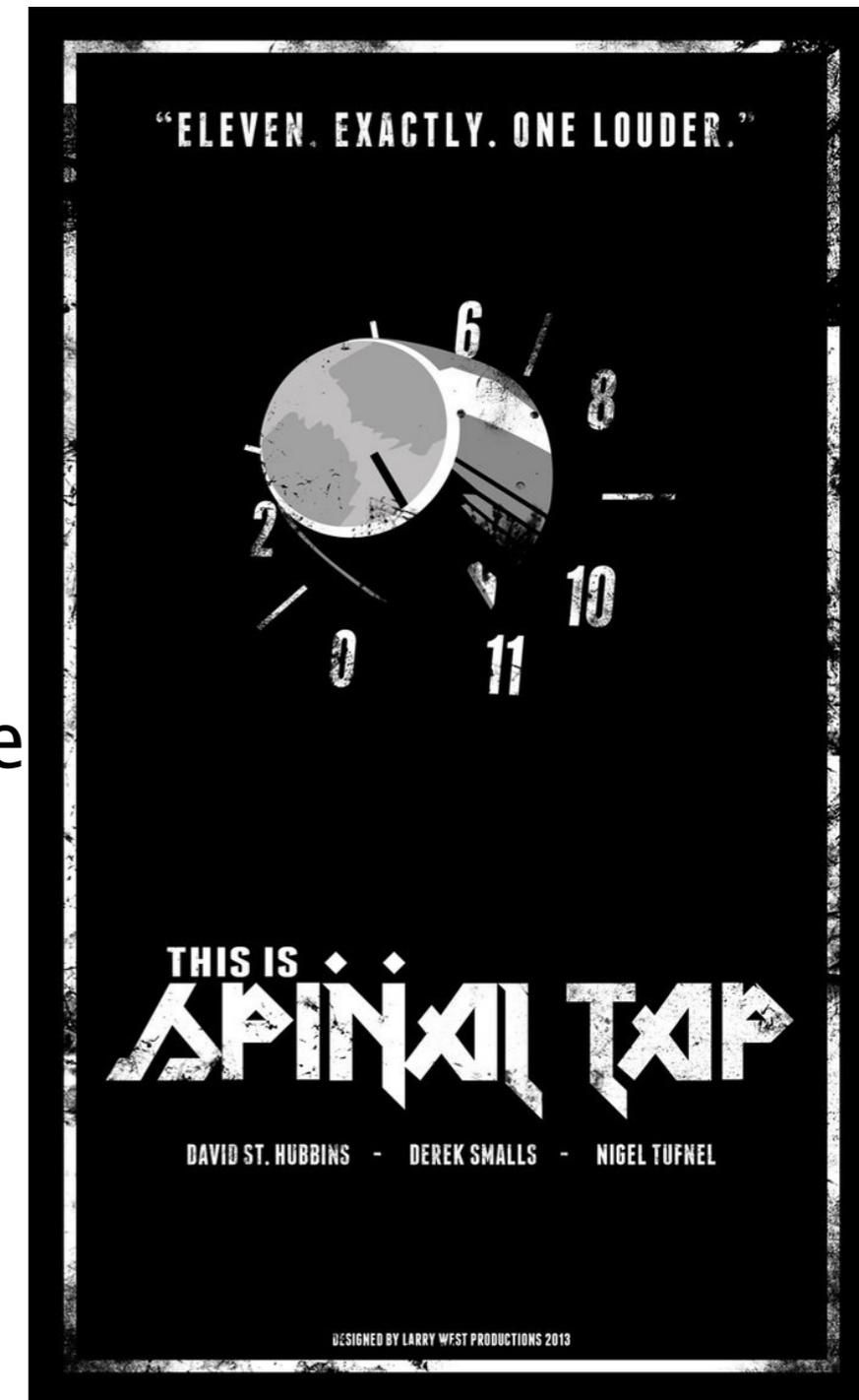
- ➔ “This strategy is not that of taking an actuarial estimate as an additional piece of information to combine with a clinical appraisal of dangerousness, but rather to **anchor** clinical judgment by having the clinician start with an actuarial estimate of risk and then to alter it by examining dynamic variables, such as treatment outcome, treatment intensity, and supervision quality” (Quinsey, Rice, & Harris, 1995, p. 100).
- ➔ “Actuarial data to **anchor** clinical risk assessments have been reported both for inpatient violence (McNiel & Binder, 1994) and for violence in the open community (Harris, Rice, & Quinsey, 1993)” (Monahan, & Steadman, 1996, p. 931).

➔ *Singer, J. C., Rettenberger, M. & Boer, D. P. (2016). Further support for a convergent approach to sex offender risk assessment. In M. Rettenberger & L. Craig (Series Eds.) and D. Boer (Volume Ed.), The Wiley-Blackwell handbook on the assessment, treatment and theories of sexual offending: Volume 2. Assessment. Oxford, UK: Wiley-Blackwell (p. 702). ISBN: 9781118572665

Adjusted Actuarial Approach:

- Anchor risk in an actuarial result
- Adjust rating on other risk factor

- ❖ “There [are] no data on the validity of adjusted actuarial assessment of risk for sexual reoffending, the technique used by almost all ... who employ actuarial tests in their assessments.” (Pettila & Otto, 2001, pp. 3–8)
- ❖ “The clinical adjustments decreased the predictive accuracy over that ... for the pure actuarial measures.” (Hanson & Morton-Bourgon, 2009, p. 9)
- ❖ “The clinical override scores were less predictive of sexual recidivism than the scores without overrides.” (Storey, et al., 2012, p. 8)



Adjusted Actuarial Approach:

- ➔ Anchor risk in an actuarial result
- ➔ Adjust rating on other risk factor
- ➔ Results are worse than actuarial alone
- ➔ In each study, the clinical adjustments decreased the predictive accuracy over that observed for the pure actuarial measures. Until evidence is collected in support of this assertion, the simplest interpretation is that the overrides simply added noise.
- ➔ Hanson & Morton-Bourgon (2009) The Accuracy of Recidivism Risk Assessments for Sexual Offenders: A Meta-Analysis of 118 Prediction Studies Psychological Assessment Vol. 21, No. 1, 1-21 page 9, 2009)

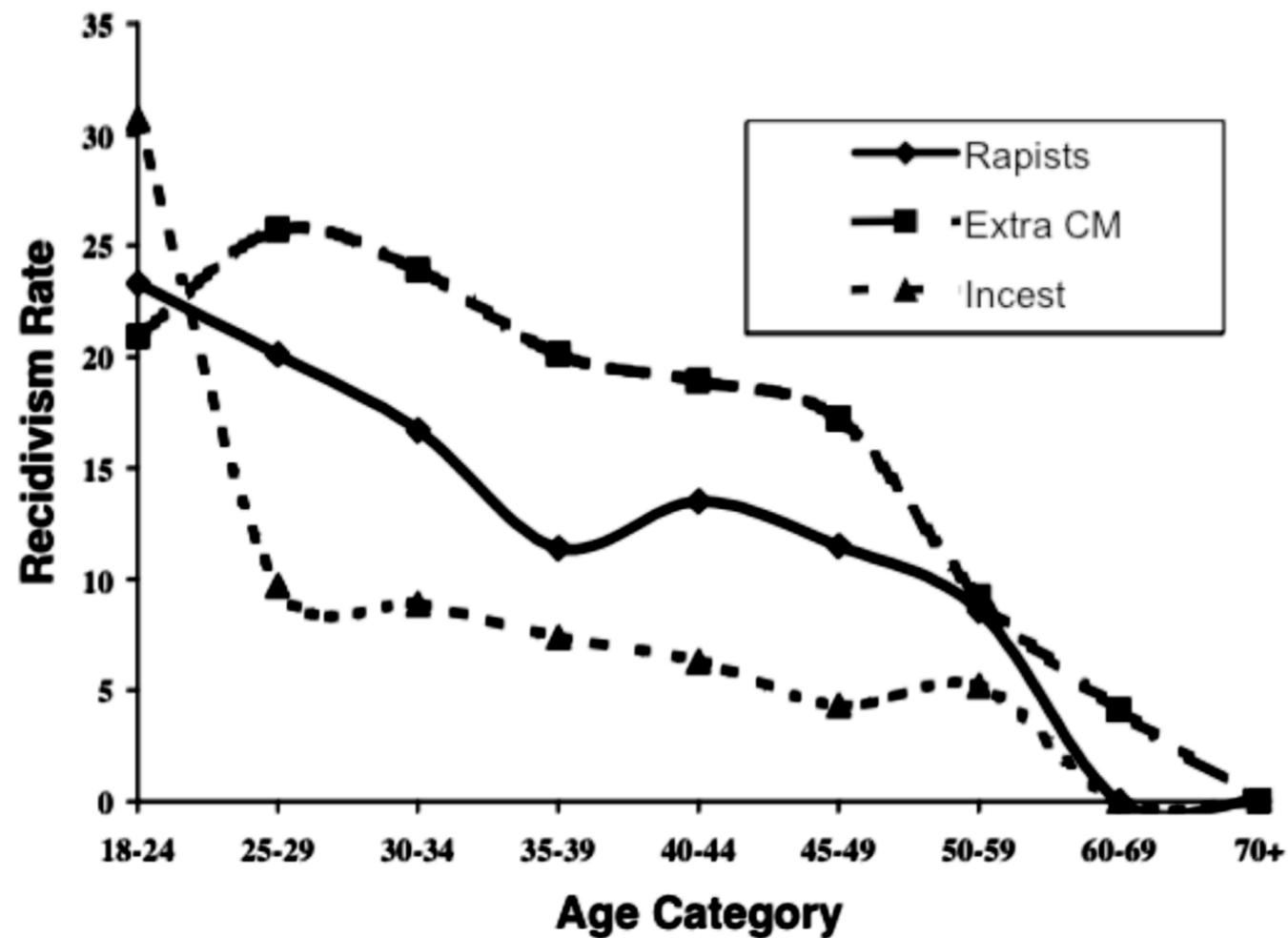
Fazel, S., Singh, J. P., Doll, H., & Grann, M. (2012). Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24 827 people: systematic review and meta-analysis. *BMJ: British Medical Journal*, 345, e4692.

- ❖ How are we doing 40 years after *Barefoot v Estelle*?
- ❖ However, the clinical implications of this meta-analysis was that, “Even after 30 years of development, the view that violence, sexual, or criminal risk can be predicted in most cases is not evidence based,” (Fazel et al, 2012, p. 6) and that these tools, “have low to moderate positive predictive values” (p. 6), meaning the accuracy of the results are poor.

- ❖ However, if used as sole determinants of sentencing, and release or discharge decisions, these instruments are limited by their positive predictive values: 41% of people judged to be at moderate or high risk by violence risk assessment tools went on to violently offend, 23% of those judged to be at moderate or high risk by sexual risk assessment tools went on to sexually offend, and 52% of those judged to be at moderate or high risk by generic risk assessment tools went on to commit any offence (p. 4).

- ❖ Singh, Grann, Fazel (2011) A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants, *Clinical Psychology Review*, Volume 31, Issue 3.
-
- ❖ “Found no evidence that, compared with SCJ (Structured Clinical Judgment, i.e., SPJ) tools, actuarial instruments produced better levels of predictive validity. This finding suggests that clinicians and researchers could focus on identifying which measure, actuarial or not, produces the highest rate of predictive validity for their population and setting of interest” (p. 510).

Age Distribution of Sexual Recidivism in Sexual Offenders



Rapists (n = 1,133)

Extra-familial Child Molesters (n = 1,411)

Incest Offenders (n = 1,207)

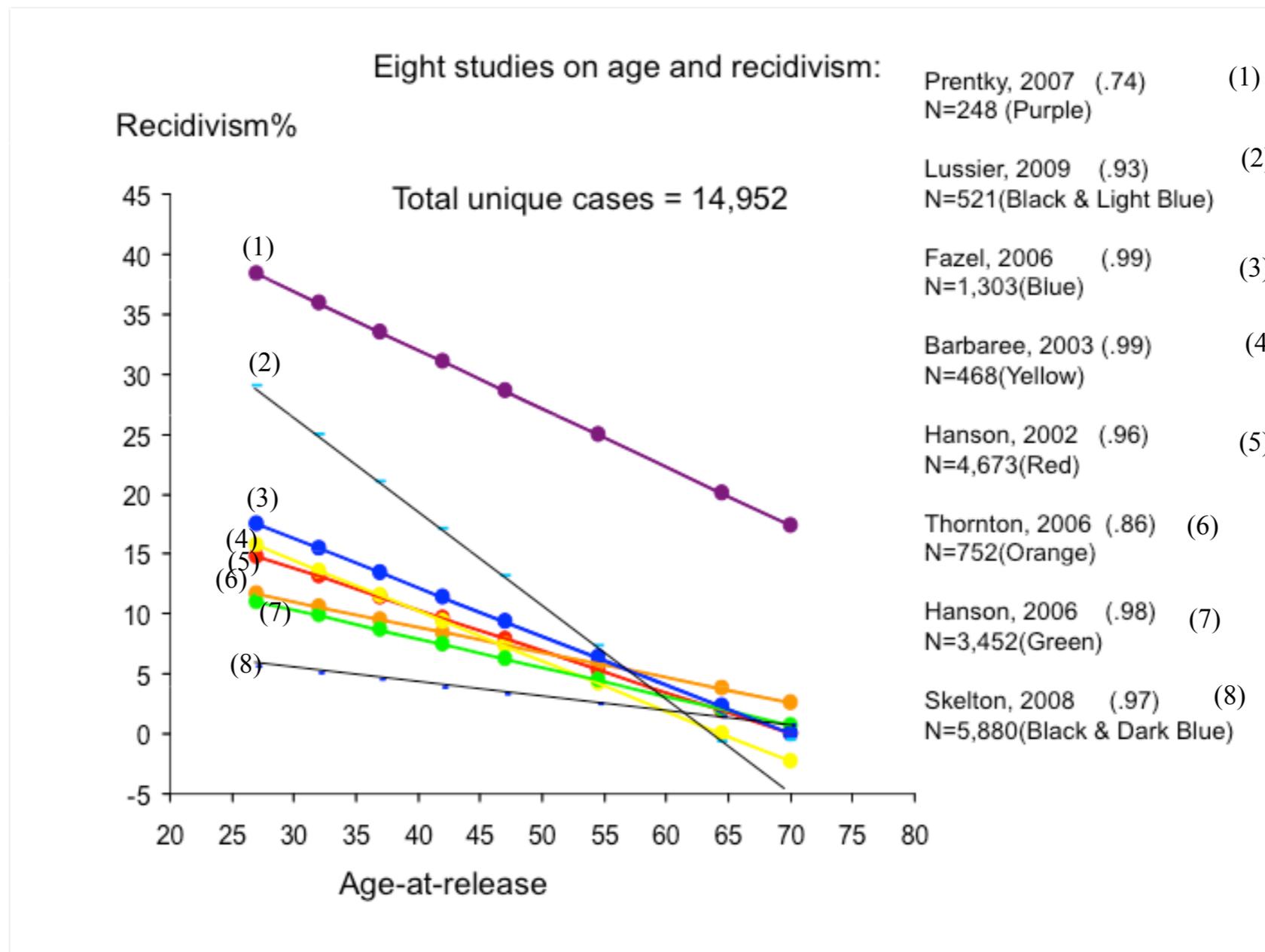
Hanson, R. K. (2002). *Recidivism and age: Follow-up data on 4,673 sexual offenders*. [Journal of Interpersonal Violence, 17, 1046-1062.](#)

Hanson, R. K. (2001). *Age and sexual recidivism: A comparison of rapists and child molesters*. User Report 2001-01. Ottawa: Department of the Solicitor General of Canada. Department of the Solicitor General of Canada website, www.sgc.gc.ca

As age increases in men:

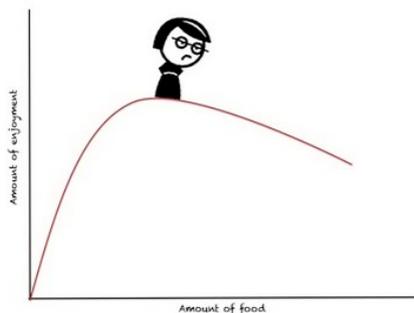
- Testosterone levels go down
- Arousal goes down
- Time thinking about sex goes down
- Erectile tissue decreases
- And guess what else goes down?
- Amount of observable hair

Barbaree & Blanchard (2008): Sexual deviance over the lifespan: Reductions in deviant sexual behavior in the aging sex offender.



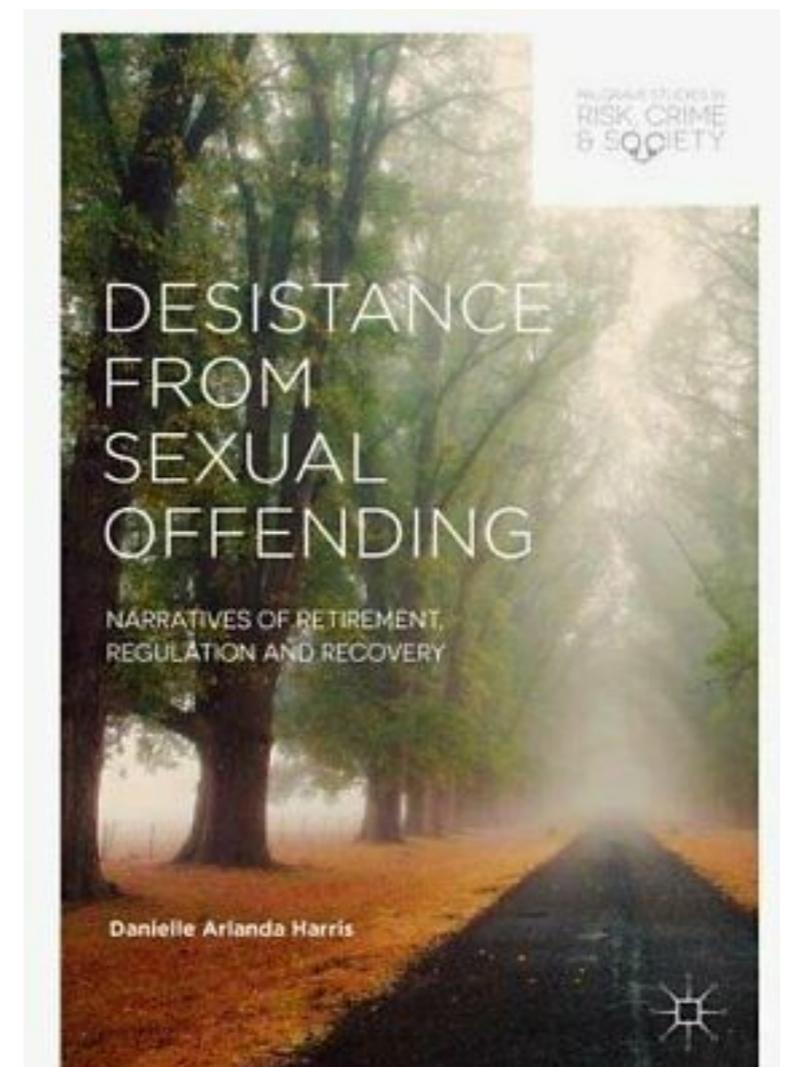
State of Sex Offender Risk Assessment:

- ❖ Like rebuilding a ship at sea, continually replacing one plank at a time when we sprang a leak. (Harris & Hanson, 2010, p. 12)
- ❖ The violence risk assessment field may be reaching a point of diminishing returns in instrument development. specific structured techniques seem to account for very little of the variance in predictive accuracy. (Skeem & Monahan, 2011, p. 41)



- ❖ Monahan, J., Skeem, J. & Lowenkamp, C. Age, risk assessment, and sanctioning: Overestimating the old, underestimating the young. Law and Human Behavior 41, 191–201 (2017).

Desistance from sexual offending



Is there an allegiance effect for assessment instruments? Actuarial risk assessment as an exemplar.

- ❖ Blair, Pamela R.; Marcus, David K.; Boccaccini, Marcus T. Clinical Psychology: Science and Practice. Vol 15(4), Dec 2008, 346–360.
- ❖ VRAG, SORAG, and the Static–99 were good predictors of recidivism ($r = .31$).
- ❖ Effect sizes were significantly larger in studies conducted by the instruments' authors ($r = .37$) than in studies conducted by independent researchers ($r = .28$).
- ❖ This allegiance effect remained significant even when the initial validation studies were excluded.
- ❖ No other design or sample characteristics were significant moderators of the relation between scores and recidivism.

Hart, S. D., Douglas, K. S., & Guy, L. S. (2016). The structured professional judgment approach to violence risk assessment: Origins, nature, and advances. In M. Rettenberger & L. Craig (Series Eds.) and D. Boer (Volume Ed.), *The Wiley-Blackwell handbook on the assessment, treatment and theories of sexual offending: Volume 1. Assessment*. Oxford, UK: Wiley-Blackwell.

Structured Professional Judgment “an analytical method used to understand and mitigate the risk for interpersonal violence posed by individual people that is discretionary in essence but relies on evidence-based guidelines to systematize the exercise of discretion.”

Structured Professional Judgment :

- Fills a scientific gap between unguided clinical judgment and actuarial risk.
- Ideographic, individualized assessment
- Considers dynamic circumstances
- Guides community management
- Decisions are assisted by guidelines structured by scientific literature. (Douglas, 2013)

Structured Professional Judgment

- Relies on clinical expertise
- Structured application using a standardized list of factors.
- Uses empirically-based risk and protective factors.
- Flexible by design
- ➔ Considers risk as: Ongoing, Dynamic, Requiring re-assessment

Structured Professional Judgment:

- Use of standardized list of risk criteria
- Criteria typically empirically supported
- Creates increased inter-rater agreement
- Allows the examiner to integrate and synthesize
- More flexible than actuarial
- Allows for the case-specific considerations
- Goal to decipher empirically supported diagnostic or risk factors

What about getting the right risk factors? **Forgetaboutit,**

- ❖ The specific risk factors across measures and within co-vary and overlap anyway
- ❖ The communication of risk should reflect, integrate, and convey the decision-making rationale and outcome in an understandable way, using no technical language. (Dvoskin & Heilbrun, 2001)

SPJ

- ➔ Requires multiple sources of information
 - ❖ File, interview, observation, collaterals
- ➔ Recognizes dynamic items need regular updating
- ➔ Offer comprehensive risk summaries reflect, integrate, and communicate decision-making rationale in an understandable way , using no technical language. (Dvoskin & Heilbrun, 2001)

SPJ

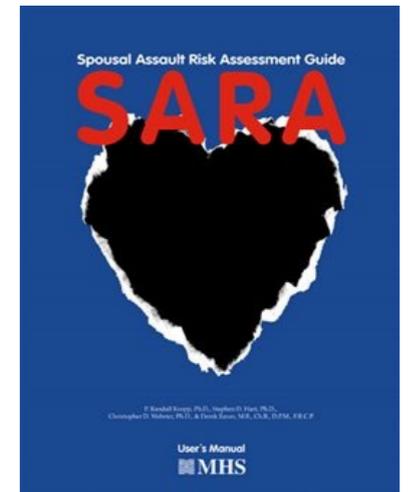
- ➔ Views risk factors as:
 - ❖ > predictive (empirical criterion)
 - ❖ > reasonable (legal criterion)
 - ❖ > useful (pragmatic criterion)
- ➔ Promotes consistency
- ➔ Encourages appropriate discretion

SPJ Instruments:

- ❖ Historical, Clinical, Risk Management-20:V3, (Douglas, Hart, Webster, & Belfrage, 2011)

HCR-20^{V3}

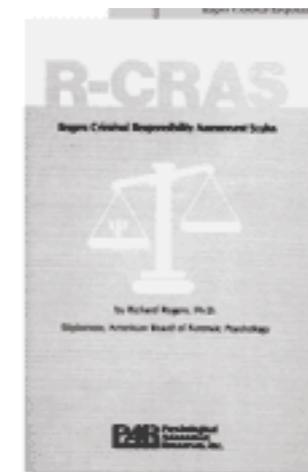
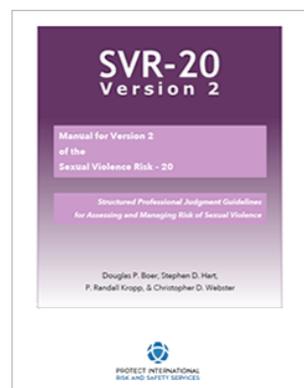
- ❖ The Spousal Assault Risk Assessment Guide (SARA)



- ❖ Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel, & Forth, 2005)

- ❖ Rogers Criminal Responsibility Assessment Scales (R-CRAS ; 1984; a SPJ before the term was in vogue)

- ❖ SVR-20 v2 & RSVP for Sexual Offenders



Application of SPJ: Sexual Violence Risk-20 (SVR-20 V2)

- ✓ Although individual criteria have support in the literature, the instrument as a whole does not have tested predictive validity
- ✓ Absence of empirically derived norms
- ✓ Assumption that the SVR-20 v2 list is exhaustive
- ✓ The weighting of each risk factor is up to each examiner
- ✓ Ultimately helps organize the myriad of variables in evaluations in a more flexible and meaningful manner than actuarial

How to think about the items:

- ❖ What risk factors are present?
- ❖ How do these risk factors manifest themselves in the individual case?
- ❖ How are they relevant to the individual's violent behavior?
- ❖ Which risk factors are of greatest concern?
- ❖ What treatment, supervision, or management strategies can we apply to these risk factors?

Limitations to SPJ Approach

- ➔ Absence of empirically derived norms & cut scores.
- ➔ The weighting & combining of each risk factor is subjective.
- ➔ No specific formula or method for combining the risk factors.
- ➔ Presumption that the list is exhaustive.
- ➔ May foster assumption that the more risk factors present automatically equals greater risk.
- ➔ Or, that fewer factors mean less risk.

SVR-20 & VRS-SO: moderate

Fazel, S., Singh, J. P., Doll, H., & Grann, M. (2012). Use of risk assessment instruments to predict violence and antisocial behaviour in 73 samples involving 24 827 people: systematic review and meta-analysis. British Medical Journal, 345(jul24 2),

Singh, J., & Fazel, S. (2010). Forensic Risk Assessment. A Metareview. Criminal Justice and Behavior, 37(9), 965-988.

Singh, J.P., Grann, M., & Fazel, S. (2011) A comparative study of risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants, Clin Psychol Rev. 2011 Apr;31(3):499-513.

Smid, W. J., Kamphuis, J. H., Wever, E. C., & Van Beek, D. J. (2014). A comparison of the predictive properties of nine sex offender risk assessment instruments. Psychological Assessment 26(3), 691-703. <http://doi.org/10.1037/a0036616>

Tully, R. J., Chou, S., & Browne, K. D. (2013). A systematic review on the effectiveness of sex offender risk assessment tools in predicting sexual recidivism of adult male sex offenders. Clinical Psychology Review, 33(2), 287-316. doi:10.1016/j.cpr.2012.12.002

Yang, M., Wong S.C.P., & Coid, J. (2010) The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tool. Psychological Bulletin, 136, 740-767

Structured Professional Judgment:

- ❖ SPJ in an effort to compensate for limitations of UCJ and actuarial prediction while keeping the best of each
- ❖ Items are picked after review of scientific research, rationally based considerations & psycho-legal standards
- ❖ Uses a standardized list of risk criteria which are operational defined
- ❖ A structured application of professional expertise (Natural Decision Making v. Cog. Heuristics)

Structured Professional Judgment:

- * Criteria typically empirically supported; flexible by design
- * Advantage of increased inter-rater agreement
- * Incorporates protective factors (e.g., SAPROF; Structured Assessment of PROtective Factors for violence risk; <http://www.saprof.com>) & Support, Occupation, Accommodation, Programs, and Plans (SOAPP) (Boer, 2014)
- * Provides guidance for managing the risk (Guy 2010, p. 271)
- * Lends itself to summary risk rating (SRR; Falzer, 2013, p. 44)

Limitations to SPJ Approach:

- ❖ Absence of empirically derived norms & scores
- ❖ Assumes that more risk factors present automatically means greater risk
- ❖ Presumption that the list is exhaustive
- ❖ No specific formula or method for combining the risk factors
- ❖ The weighting & combining of each risk factor is subjective
- ❖ Often not normed against any psycho-legal standard
- ❖ Doesn't that sound like old fashioned, error-prone, "UCJ"?

SPJ vs Actuarial:

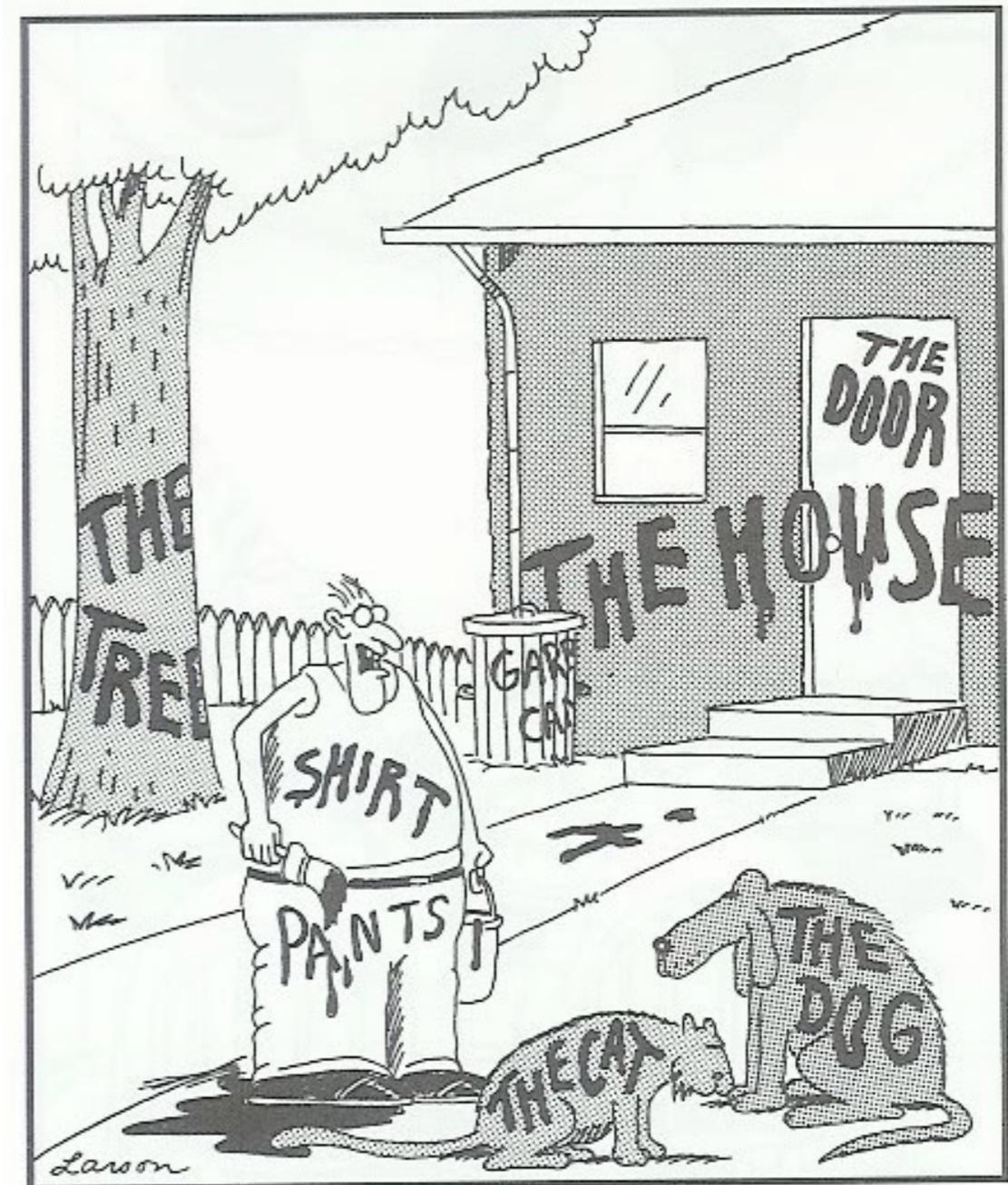
- ❖ Guy, L. S. (2008). Performance indicators of the structured professional judgment approach for assessing risk for violence to others: A meta-analytic survey (doctoral thesis).
- ❖ Applied meta-analytic techniques to examine the predictive validity of the SPJ model using 113 disseminations. Results supported the utility of the SPJ model (especially when summary risk ratings were used) and indicated no distinct superiority for either the actuarial or SPJ.

Kinds of Scales in Psychological Testing:

- * **Ratio Scales:** True Zeros and Equal Units; e.g., weight, length, velocity
- * **Interval Scale:** the difference between variables are constant, and computable; mean and median values can be evaluated, e.g., temperature (IQ, t-scores; standardized psychological testing)
- * **Ordinal Scale depict the order of variables and not the difference between each; depict non-mathematical ideas such as satisfaction, happiness, a degree of pain, etc.**
- * **Nominal Scale,** also called the categorical variable scale, used for labeling variables into distinct classifications and doesn't involve a quantitative value or order; e.g., Gender, Political preferences ; Place of residence (The number and variable have no inherent value)

*“Sexual deviance” per The Risk for Sexual Violence Protocol (RSVP) & The SVR-20

- ➔ “Sexual deviance” refers to a stable pattern of deviant sexual arousal. Related terms and concepts include psychosexual disorder, deviant sexual preference, paraphilia (including specific paraphilias), and perversion.



“Now! ... That should clear up a few things around here!”

Psychosocial Adjustment:

- 1) Sexual deviation**
- 2)Sexual Health Problems (new item)**
- 3) Victim Of Child Abuse**
- 4) Psychopathic Personality Disorder (was psychopathy)**
- 5) Major Mental Disorder**
- 6) Substance abuse**
- 7) Suicidal/homicidal ideation**
- 8) Relationship problems**
- 9) Employment problems**
- 10) Nonsexual Offending (replaces past nonsexual violent offenses; past nonviolent offenses; and past supervision failure)**

Sexual Offending

11) Chronic Sexual Offending

12) Diverse Sexual Offending

13) Physical Harm in Sexual Offending

14) Psychological Coercion in Sexual Offending (was uses weapons or threats of death)

15) Escalation in Sexual Offending (was escalation in frequency/severity)

16) Extreme Minimization or Denial of Sexual Offending

17) Attitudes That Support or Condone Sexual Offending

Future Plans:

18) Lacks Realistic Plans

19) Negative Attitude Toward Intervention

20) Negative Attitude Toward Supervision (new item)

How not to use the SVR-20:

SVR-20 Items		
Psychosocial adjustment		
1. Sexual deviance		2
2. Victim of child abuse		2
3. Psychopathy		1
4. Major mental illness		2
5. Substance use problems		2
6. Suicidal/homicidal ideation		0
7. Relationship problems		2
8. Employment problems		2
9. Past nonsexual violent offenses		2
10. Past nonviolent offenses		2
11. Past supervision failure		2
Sexual offenses		
12. High density sex offenses	1	
13. Multiple sex offense types		
14. Physical harm to victim(s) in sex offenses		0
15. Uses weapons or threats of death in sex offenses		2
16. Escalation in frequency or severity of sex offenses		1
17. Extreme minimization or denial of sex offenses		1
18. Attitudes that support or condone sex offenses		
Future plans		
19. Lacks realistic plans	2	
20. Negative attitude toward intervention		1

“The SVR is not an actuarial instrument. It looks at dynamic characteristics.”

“Mr. Doe’s score of 31 suggests that he falls in the high risk group to sexually reoffend.

It is my opinion that Mr. Doe, is a SVP requiring confinement.”

Relevant Risk Assessment Continuums in Structured Professional Judgment :

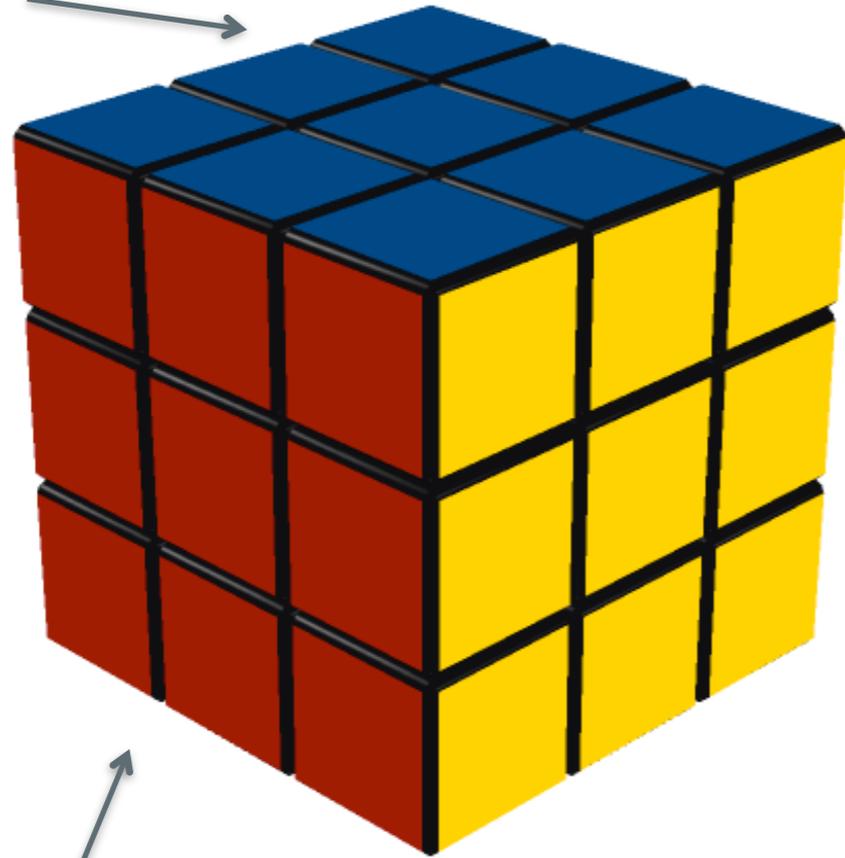
- ▶ **Frequency**
- ▶ **Intensity**
- ▶ **Duration**
- ▶ **Likelihood**
- ▶ **Imminence**
- ▶ **Salience**

Introducing: The iRAP[©]
The integrative Rubric
Assessment Protocol[©]



Conceptual representation of the risk *continuums* that count regarding individual risk factors

Frequency



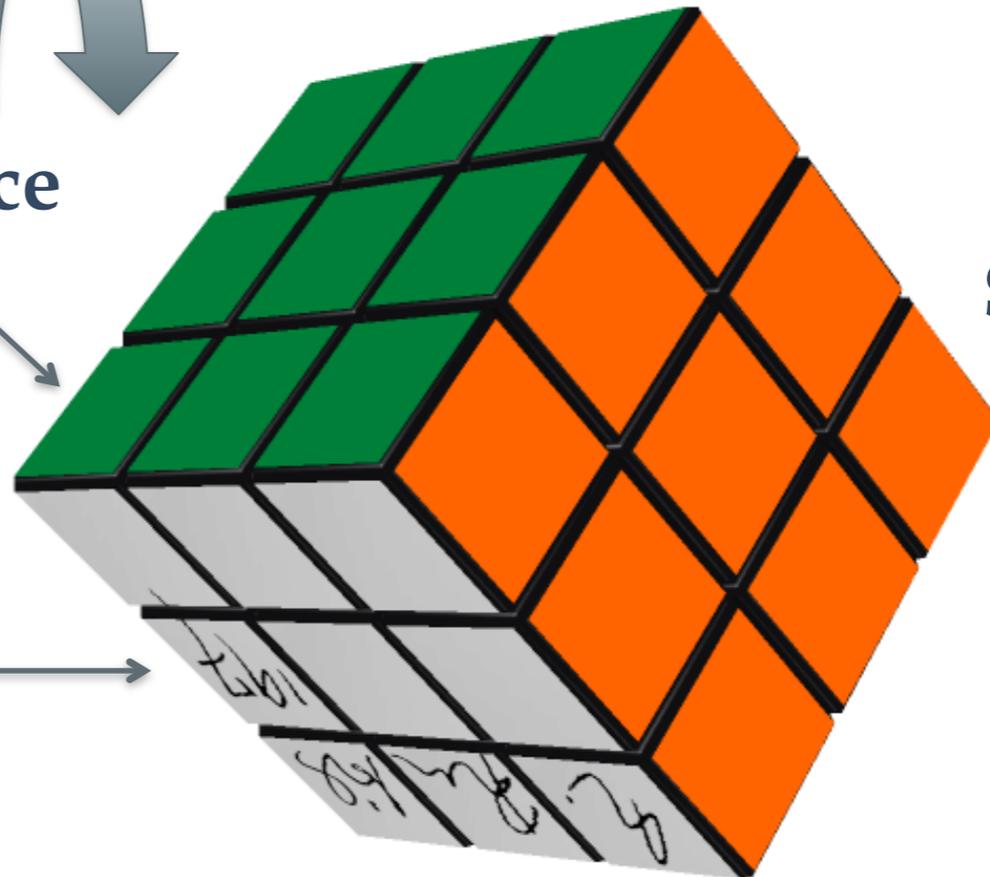
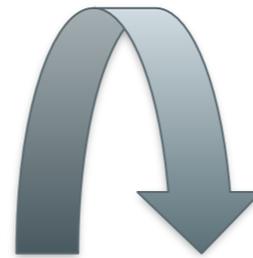
Intensity



Duration



Imminence



Saliency



Likelihood

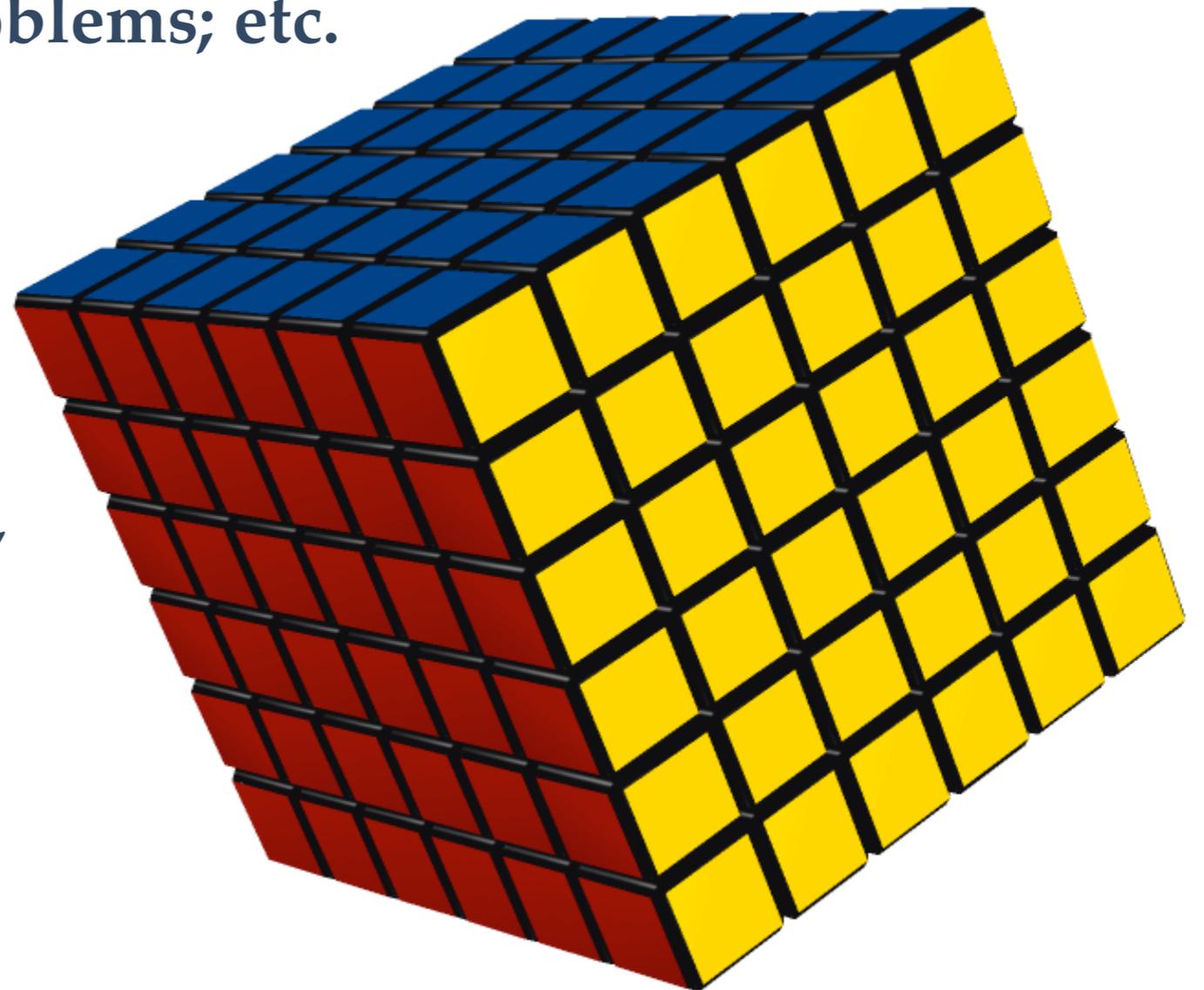




Each small cube-square is one risk factor:
e.g., sexual deviance; MI; Sub Abuse;
victim of CSA; psychopathy; relationship
problems; etc.

Each side represents a different
risk continuum: Frequency,
Intensity, Duration, Likelihood,
Imminence, & Salience

(Your hand holding the
hypothetical cube for the
Contextual Issues of the RA;
refer back to picture)



- ❖ Zapf, P. A., & Dror, I. E. (2017). Understanding and Mitigating Bias in Forensic Evaluation: Lessons from Forensic Science. *International Journal of Forensic Mental Health*, 62(3), 1–12. <http://doi.org/10.1080/14999013.2017.1317302>
- ❖ Blair, P. R., Boccaccini, M., & Marcus, D. K. (2008). Is there an allegiance effect for assessment instruments? Actuarial risk assessment as an exemplar. *Clinical Psychology: Science and Practice*, 15(4), 346–360.