

Desistance and Reintegration **Summary Report 1**

The Challenge of Predicting Imminent Sexual and Violent Offending

- Risk factors that appear to be triggers of sexual and violent offending include negative emotionality (e.g., distress, sadness, anger, and hostility), substance use, and antisocial thoughts.
- Because these risk factors can change across time and may change quickly, they should be regularly reassessed.

August 2018









Background

Risk assessment research has traditionally focused on determining the long-term likelihood of reoffending (e.g., over 2+ years). During reintegration, community corrections practice is concerned with the potential imminence of new serious offending. Many traditional risk variables and methods for assessing risk are not suited to this need.

By definition, dynamic risk factors:



Classify who will likely re-offend, and who will not



Change over time, to help determine when a new offence might occur



May be responsive to intervention.

Acute dynamic risk factors:

Factors that can change quickly in an offender's life such as:

- Emotional state
- Drug or alcohol abuse
- Employment
- Support from family or friends.

May act as immediate triggers of new serious offending.

Show the most promise for assisting case managers to monitor imminent risk and intervene to manage their clients' current risk of reoffending.

Gaps in our current knowledge

Acute dynamic risk research is relatively new. It is unclear which dynamic risk factors predict reoffending in the short-term. Also, most research has not examined change (e.g., have investigated whether dynamic risk factors measured at a single time point predicted criminal behaviour); this ignores the changeable nature of dynamic risk. Few studies have dynamically assessed risk by exploring whether a new assessment supersedes the value of older assessments.

Figure 1 demonstrates a situation where dynamic risk factors (dotted line) were only assessed on one occasion, even though the individual's actual risk level changed across time (solid line)

Figure 1: Dynamic risk assessed once

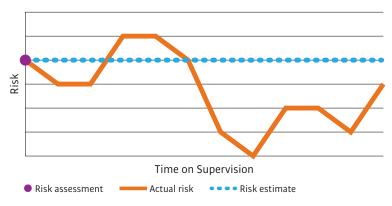
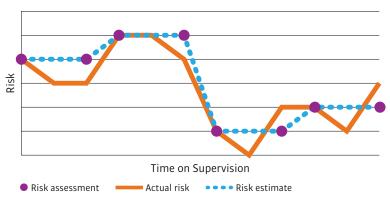


Figure 2 demonstrates how reassessing dynamic risk factors on a more regular basis ensures that assessments better reflect actual risk.

Figure 2: Risk assessed dynamically



Approach to the review

- This review investigated acute dynamic risk factors. The research literature was searched to determine which dynamic risk factors predicted violent or sexual behaviour in the short-term and whether change in dynamic risk factors was associated with the timing of a new violent or sexual crime.
- The search yielded only 12 relevant peer reviewed articles and one government document. Risk factors are included here only if these were investigated in at least three studies of the 13 studies.



Results



Which dynamic factors predict sexual/violent crime during reintegration?

Most research suggested that dynamic risk factors were related to sexual and violent behaviour. Evidence for the relationship between mental disorder and sexual or violent behaviour was mixed. This may be because measuring mental disorders at a single time point fails to capture the natural fluctuations in symptoms.

It should be noted that many dynamic risk factors can be longstanding but can also change quite quickly.

Figure 3: Evidence for the relationship between violent or sexual behaviour and dynamic risk factors measured at a single time point.

Predicted violent or sexual behaviour		Did not predicted violent or sexual behaviour
9	Negative feelings	
7	Substance (ab)use	Number of studies that reported this finding
5	Antisocial attitudes	repercou ans phanig
5	Compliance	2
4	Mental disorder	4
4	Family & social support	2
4	Empathy	
3	Employment	
3	Impulsivity	
3	Antisocial peers	



Do dynamic factors predict when sexual or violent crime will occur?

Few studies have investigated whether dynamic risk factors were dynamically related to sexual or violent crime. For example, researchers have not adequately examined change in impulsivity and antisocial peers. However, when studies used updated risk ratings to predict crime, they unanimously found significant results.

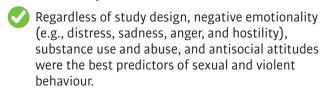
Some findings suggested these risk factors were more closely related to imminent, rather than long-term future, sexual and violent behaviour. For example, one study found that symptoms of major mental illness did not predict sexual or violent behaviour when measured more than six months in advance, but symptoms were a moderate predictor when measured close

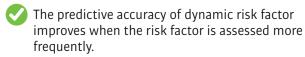
Figure 4: Evidence for the relationship between violent or sexual behaviour and dynamic risk factors measured across time.

Predicted violent or sexual behaviour		Did not predicted violent or sexual behaviour
3	Negative feelings	
3	Substance (ab)use	
2	Antisocial attitudes	
3	Compliance	
1	Mental disorder	
2	Family & social support	
1	Empathy	
1	Employment	
	Impulsivity	
	Antisocial peers	

Summary

The review of dynamic risk factors research found:





Key limitations

The conclusions of the review are limited by:



Very limited research in this area and a limited range of dynamic variables examined in the available studies.



Different researchers use different tools to measure risk factors.



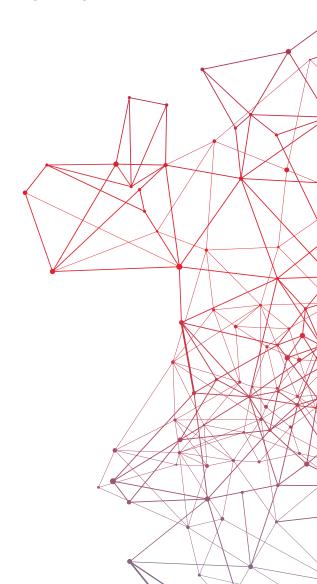
Different studies examine different periods of time.



The strength of relationships between risk factors and crime is not clear.



The number of studies was too small to consider potential differences in the prediction of imminent offending across gender or culture.



Centre for Forensic Behavioural Science Level 1, 582 Heidelberg Road Alphington Victoria 3078 AUSTRALIA

E: info-CFBS@swin.edu.au

T: +61 3 9214 3887

The Catalyst Consortium establishes a partnership between leading researchers, clinical leaders, corrective services, and forensic mental health partner organisations to systematically address persistent violence and sexual offending. This report was prepared as part of the Catalyst Consortium program of work which is funded by the Department of Justice and Regulation and the Victorian Institute of Forensic Mental Health (Forensicare). The views of the authors do not necessarily represent the views of Forensicare or the Government of Victoria.

Detailed study findings will be published in peer reviewed academic journals.



