Assessing protective factors for violent and sexual offenders with the SAPROF

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What are protective factors?

Guidelines
• Introduction protective factors
• The SAPROF
• Protective factors for sexual offending
• Case study
• Research results SAPROF

Risk & Protection

• Risk factors and Protective factors together determine Violence risk
• Both are essential for comprehensive risk assessment and effective treatment

Importance of considering protective factors

Rogers (2000):
‘Risk-only evaluations are inherently inaccurate’
• More balance in risk assessment
• More accurate prediction of recidivism
• Connect with theory GLM / Desistance
• Guidelines for treatment / risk management
• Motivating for patients and treatment staff

Take home

Risk factors

What are protective factors?
What are protective factors?

Any characteristic of a person, his/her environment or situation, which reduces risk of future (sexual) violence

De Vogel, De Ruiter, Bourman, & De Vries Robbé (2009)

The SAPROF

• 17 protective factors (15 dynamic, future)
• Three scales:
  – Internal factors
  – Motivational factors
  – External factors
• Should always be coded in combination with a risk-focused assessment instrument

The SAPROF: Coding procedure

1. Code the items (3-pt: 0,1,2) / (or 7-pt: 0,0+,1-,1,1+,2-,2+)
2. Mark most important items (max 4):
   – Keys (essential items for current protection, score 1-2)
   – Goals (valuable items for treatment focus, score 0-1)
3. Final Protection Judgment (low, l-m, moderate, m-h, high)
4. Integrative Final Risk Judgment with risk instrument (low, l-m, moderate, m-h, high)

SAPROF – SAPROF-YV project

• SAPROF adult version – 16 translations
• Youth Version 2014
• Additional versions in progress – including SO

SAPROF items

Internal factors
1. Intelligence
2. Secure attachment in childhood
3. Empathy
4. Coping
5. Self-control

Motivational factors
6. Work
7. Leisure activities
8. Financial management
9. Motivation for treatment
10. Attitudes towards authority
11. Life goals
12. Medication

External factors
13. Social network
14. Intimate relationship
15. Professional care
16. Living circumstances
17. External control

Changes during treatment

Start treatment
End treatment

Items 1-2
Items 3-14
Items 15-17

The SAPROF: Risk formulation & scenario’s

• Describe likely violence scenario’s:
  – Nature: What kind of risk?
  – Severity: Likely physical/psychological harm?
  – Victim: Who could be victim?
  – Likelihood: What is the probability of the risk occurring?
  – Imminence: How soon might it occur?
  – Risk-Enhancing Factors: What factors may lead to risk?
  – Risk-Reducing Factors: What factors may prevent risk?
• Based on: previous routes (risk formulation), new routes
• Often multiple risk scenario’s possible
• Scenario’s dependent on context

Risk scenario’s
**Coding time frame**

- SAPROF is intended for medium-term assessments: final judgments **upcoming 6-12 months** (concerning specific context)
- Information past 6 months helpful for coding items
- Coding done for **assessed future situation**, similar to R items HCR-20 (upcoming 6-12 months)
- Except item 1 (Intelligence) and 2 (Secure attachment in childhood)

**New SAPROF adaptations**

- SAPROF-ISA: Interview Self-Appraisal
- SAPROF-SO: Sexual Offender addition
- SAPROF-ID: Intellectual Disability addition
- SAPROF-LC: Long Care addition
- SAPROF-YV: Youth Version
- Future:
  - SAPROF-FAM: Female Additional Manual?

**SAPROF adaptations**

- Resilience factors
  1. Social competence
  2. Coping
  3. Self-control
  4. Perseverance
- Relational factors
  11. Parents / guardians
  12. Peers
  13. Other supportive relationships
- Motivational factors
  5. Future orientation
  6. Motivation for treatment
  7. Attitude towards agreements and conditions
  8. Medication
  9. School / work
  10. Leisure activities
- External factors
  14. Pedagogical climate
  15. Professional care
  16. Court order

**SAPROF-YV items**

- Most factors also valid for sexual offenders
  - SAPROF good predictor violence and sexual violence (De Vries Robbé, De Vogel, Koster & Bogaerts, 2014; Special Issue SAJRT Feb 2015)
- Additional factors valuable?
  - Specific protective domain SO:
    - ‘Healthy sexual interests’
    - ‘Prosocial sexual interests, attitudes and environment’
  - SAPROF-SO additional manual in preparation
    - New Zealand / US / Netherlands

**SAPROF-SO**

- Additional manual to SAPROF for SO
- Use together with original SAPROF
- Pilot version being developed
- 8 new items, some additional coding rules
- Link with Control theory and GLM
- SPJ or Actuarial use?
SAPROF mini-workshop Birmingham  
April 2017 - De Vries Robbé

**Research with the SAPROF**

- **Protective factors** valuable addition to RA
- **Good research results** violent & sexual
  - Mean AUC = .77
  - Mean ICC = .80
- **Changes** measurable and predictive
- **Clinical value**
  - Positive guidelines treatment planning
  - Risk management & decision making
  - Treatment evaluation

**Impact on violence in the community**

- **Risk & Protection**
- **Improved violence predictions**
- **Changeable during treatment**
- **Progress SAPROF** less violence

**Conclusions SAPROF**

- **Predictive validity**

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Results very similar results Violent and Sexual offenders, for specifically sexual offenses SAPROF best predictor
Risk factors - Protective factors significantly better than risk factors alone, incremental predictive validity SAPROF over HCR-20 & SVR-20
• SAPROF predicts recidivism well for:
  – Violent and Sexual
  – Personality disorders and Psychotic disorders
  – Males and Females (but less)
  – Ages: <25 and >25
  – Intelligence: Low and Moderate, High (in treatment)
  – Psychopathy: Low, High (short-term)
  – Inpatient and outpatient

• Risk & Protection
  • Improved violence predictions

Findings subgroups
Netherlands

Predictive validity inpatient violence
Netherlands

• Good results different patient groups

Strongest predicting SAPROF factors
Netherlands

• Retrospective
  Violent: Self-control, Work, Financial management
  Sexual: Self-control, Financial management, Attitudes authority, Work
  PD: Self-control, Financial management, Attitudes authority, Work, (Medication)
  Total: Self-control, Attitudes authority

• Prospective
  Violent: Self-control, Work, Attitudes authority
  Sexual: Coping, Self-control, Work, Attitudes authority
  Total: Coping, Self-control, Work, Attitudes authority

Conclusions protective factors

Conclusions:
– Clinically and empirically valuable to pay more attention to protective factors
– Protective factors should encompass an important part of adult and juvenile risk assessment
– New additional SO protective factors may be useful
– Effective treatment should focus on:
  • Reduction of Risk factors
  • and Strengthening of Protective factors
References empirical SAPROF data


