Shane Murray PSY 15 Section 01

Title page

Summarized Feedback: Not APA, capitalization incorrect in title

I have corrected the capitalization in the title. Also, checked APA guidelines for title page.

Introduction

Summarized Feedback: Missing title, issues with wording (used 'like' versus such as), in-text citations were not APA, rewording of sentences, clarifying certain sections, each paragraph needs overall purpose

Added title and changed wording in areas that were noted. In-text citations are now apa. Sentences are reworded and sections that needed clarification were reviewed and I have added more clarifying information. Additionally, each paragraph now has an overall purpose.

Methods

Summarized Feedback: More specific about participant ages. Add information on what surveys are measuring. Add APA in-text citations when referring to preexisting surveys. Need to be more explicit in procedures. Add how long the study is anticipated to last. Clarify how participants will be contacted for second timepoint.

I have included an age range of 18-25. I have also added information on what surveys are measuring. In-text citations are now APA and I am citing preexisting surveys. I have also added more detail to my procedures section and have addressed how long the study will last and how I plan on contacting participants.

References

Summarized Feedback: Not APA

I have checked APA guidelines and have corrected apa errors.

Appendix

Summarized Feedback: Add title to surveys

I have included titles to the surveys in my appendix section.

Risk Assessment for Sexual Offender Recidivism

Shane Murray

Texas State University

PSY 15: Research Methods

Dr. Haiyan Liu

May 5, 2021

Risk Assessment for Sexual Offender Recidivism

Over 10% of the 1.6 million incarcerated adults in the United States are serving sentences for rape or sexual assault, (Boccaccini, Rufino, Jackson & Murrie, 2013). There are currently several risk assessment instruments being used by the criminal justice system and in studies to attempt to make a prediction about a convicted sexual offender's risk of recidivism. In order to ensure public safety, there is a need for a uniform procedure to determine which offenders could be safely released into the community and which offenders are at a high risk for reoffending. Research on recidivism risk assessment instruments is necessary to examine common traits amongst recidivists and to determine which assessment instruments best detect those traits.

The most commonly used risk assessment instrument used to predict recidivism and diagnose psychopathology is the Psychopathology Checklist-Revised (PCL-R) (Hildebrand, De Ruiter & De Vogel, 2004). The PCL-R is a checklist of 20 items broken down into categories examining interpersonal and affective factors, impulsive life style and antisocial behavior (Olver, Lewis & Wong, 2013). Generally, a total PCL-R score of 30 is sufficient for a diagnosis of psychopathology (Olver et al., 2013). Hawes, Boccaccini, and Murrie (2013) caution that the total PCL-R score may not be the best score for prediction, but that the factor and facet scores need to be examined as well.

In Texas, between the years of 1999-2004, Murrie, Boccaccini, Caperton, and Rufino (2012) examined the field validity of the PCL-R as part of the routine evaluations of sexual offenders for civil commitment as sexually violent predators. The authors reviewed evaluations performed by 19 individual clinicians with 4 evaluators providing 63.1% of the data (Murrie et al., 2013). Murrie et al. (2012) reviewed the evaluations and found that facet 4 of the PCL-R had been a significantly strong predictor of future criminal behavior. Facet 4 relates to the past

criminal behavior and aggression of the offender. This finding was especially noteworthy because facet 4 also had the highest interrater reliability of all PCL-R scores (Murrie et al., 2012). Olver et al. (2013) found that a total high score on the PCL-R was significantly associated with violent recidivism for sexual offenders and that Factor 1 of the PCL-R, which detects affective symptoms of psychopathology, is a particularly significant and strong predictor for violent recidivism.

Previous literature shows disparities in studies using different PCL-R total scores to diagnose psychopathology. For example Hildebrand, De Ruiter, and De Vogel (2004) used the cut-off score of 30; Olver et al. (2013) used the cut-off score of 25; Murrie et al. (2012) did not have a set cut-off score and instead the forensic evaluators used their own discretion when making a diagnosis of psychopathology. The inconsistencies in the cut-off scores used could explain the differences in the validity of using the PCL-R as an accurate recidivism prediction assessment instrument. These results support the need to assess interrater reliability more closely.

The PCL-R is often used in conjunction with other assessment instruments as a predictor of sexual recidivism. Other commonly used risk assessment instruments include the SVR-20, VRS, Static-99, and Static 2002R.

Hildebrand et al. (2004) performed a retrospective analysis that examined the role of the PCL-R and SVR-20 in predicting recidivism in a sample of 94 convicted rapists. The SVR-20 is a set of guidelines designed to be used by a clinician to assist in risk assessment and the authors used one item to assess sexually deviant preferences (Hildebrand et al., 2004). After examining and scoring the files of the male convicts Hildebrand et al. (2004) found that there were 17

participants who met criteria for psychopathology, 14 (82%) of them recidivated with at least one sexual offense following discharge from the hospital.

A meta-analysis performed by Hanson and Morton-Bourgon (2005) of 82 recidivism risk studies showed that sexual deviancy and anti-social behaviors are major predictors of sexual recidivism. These results support this study's hypothesis that utilizing the PCL-R to detect psychopathic and anti-social behavior will have greater predictive accuracy when attempting to assess an offender's recidivism risk.

Research by Hanson and Morton-Bourgon (2005) showed that some of the traits that are targeted during sex offender treatment programs (lack of empathy, stated motivation for treatment) are unrelated to an offender's risk of recidivism. Instead their research showed that personality traits such as self-regulation problems and sexual preoccupations were more often related to an offender's recidivism risk and should possibly be the targets of treatment (Hanson & Morton-Bourgon, 2005).

Smid, Kamphuis, Wever, and Van Beek (2014) performed a retrospective analysis of 397 convicted sexual offenders in the Netherlands. The authors coded the files for scoring against 9 risk assessment instruments to determine which assessment tool would be the most valid. In contrast to the results of other studies, Smid et al. (2014) found that the Static-99 and the Static2002R showed the highest rates of predictive accuracy. These findings suggest that there may be risk assessment instruments better able to predict recidivism than the more commonly used PCLR.

The purpose of this study is to examine which risk assessment instrument has the highest rate of predictive accuracy for sexual recidivism in order to establish policies and a uniform

scoring system for risk assessment instruments that could better predict sexual recidivism risk and protect society from sexual offenders.

The current study hypothesizes that breaking offenders up into smaller subcategories by age of victim, relationship between victim and offender, and then administering the risk assessment instruments will have greater predictive validity; assessing recidivism risk will have greater predictive validity when combinations of instruments are used.

Methods

Participants

Participants in the current study will be selected from the population of sexual offenders serving their sentence in the Texas Department of Criminal Justice. The offenders will be chosen from a population of prisoners began their incarceration between August 2005 and August 2010. From this population 400 male offenders will be selected. The selected offenders must have been between the ages of 18-38 years old at the time of their offense. Within this population we will select 100 offenders whose victims were between the ages of 0-12 years old; 100 offenders whose victims were 18 years and up; and 100 offenders whose victims were in multiple age groups at the time of the offense. Selection criteria will also include that the offenders' files contain enough information to meet the criteria of the PCL-R (Hare, 1991), VRS (Wong & Gordon, 2006) and the SVR-20 (Boer & Hart, 2008).

Measures

The three risk assessment instruments that will be used are the Hare Psychopathology Checklist-Revised (PCL-R; Hare, 1991), the Violence Risk Scale (VRS; Wong & Gordon, 2006)

and the Sexual Violence Risk-20 (SVR-20; Boer & Hart, 2008). These risk assessment instruments can be administered through clinical interviews or surveys. The data will be gathered through files kept by the Texas Department of Criminal Justice. The Texas Department of Criminal Justice (2004) policy dictates that as part of the intake process prisoners are subjected to "sociological interviews" and gather information pertaining to criminal history, social history, institutional history, educational history, employment history, family history, military history and drug and/or alcohol histories.

These risk assessment instruments are un-structured and intended to be used with clinical judgment. Each instrument gives an example of behavior or attitudes and then the administering clinician uses these examples to create their operational definitions of what is being measured. For the purposes of this study I have included the examples given by each instrument in the appendix. The variables for each instrument will be operationally defined in the appendix of the current study and will serve as a guide for the evaluators while they are coding for content analysis.

Psychopathology Checklist-Revised. The PCL-R contains items such as "lack of remorse or guilt" and "criminal versatility" (Hare, 1991). The PCL-R items are scored on a 3point scale. A score of 0 indicates that it "does not apply", a score of 1 indicates that it "applies somewhat", and a score of 2 indicates that it "definitely does apply" (Hare, 1991). Total scores can range from 0-40 with a recommended cut-off score to constitute a diagnosis of psychopathology of 30 (Hare, 1991). Because this study will be conducted through file analysis only, a more conservative cut-off score of 25 will be used.

Violence Risk Scale. The VRS is a 26-item checklist and contains two categories of measures. Six of the items are "static" measures and are not open to interpretation, include age of offender, number of convictions. Twenty of the items are "dynamic" measures and include "insight into violence" and "cognitive distortions." All are items are scored on a 4-point scale; 0, 1, 2, 3 (Wong & Gordon, 2006). The VRS scores will be used to place offenders into 3 categories of risk. Following a previous study conducted by Wong & Parhar (2011) offenders with a VRS score of less than 35 will be classified as low-risk, scores between 35 and 50 will be classified as medium-risk, and scores greater than 50 will be classified as high-risk.

Sexual Violence Risk-20. The SVR-20 is a 20 item scale that has been broken down into 3 categories: psychological adjustment, history of sexual offenses and future plans (Boer & Hart, 2008). For the purposes of this study only one item from the SVR-20 will be used to assess sexually deviant preferences. Following Hildebrand et al. (2004) the operational definition of sexual deviance will be based on the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), which considers sexual deviance as statistically unusual and when acted upon, likely to inflict unwarranted harm to oneself or others. A score of 0 will equal "not present", a 1 will equal "possibly present" and a score of 2 will equal "definitely present."

Recidivism. Recidivism will be defined in this study as any criminal charges filed against an offender after they have been released from the custody of the Texas Department of Criminal Justice. Any offender who has criminal charges pressed against them will be considered to have recidivated, regardless of whether or not the charges resulted in a conviction. Only sexual offense charges will constitute recidivism.

Procedure

The information will be gathered through a retrospective case file review of information gathered from the Texas Department of Criminal Justice for content analysis. The participants' files will already contain the questionnaires that have been filled out by the Texas Department of Criminal Justice, but in order to assess interrater reliability, the evaluators will be blind to the scores that the participants have been previously given.

A total of 5 independent evaluators will be recruited and trained to code for file information. They will also score each of the 400 files, but will not score for all assessment instruments. Evaluator 1 will score only for the PCL-R; evaluator 2 will score for the PCL-R and the one item from the SVR-20; evaluator 3 will score for the PCL-R and the VRS; evaluator 4 will score only for the VRS; and evaluator 5 will score for the VRS and the one item from the SVR-20.

In order to determine if recidivism has occurred the Texas Department of Criminal

Justice will be contacted and post-release information for each offender will be requested. The
information will include any new criminal convictions or if the suspect has been arrested or
suspected of committing a crime.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Boccaccini, M. T., Rufino, K. A., Jackson, R. L., & Murrie, D. C. (2013). Personality assessment inventory scores as predictors of misconduct among sex offenders civilly committed as sexually violent predators. *Psychological Assessment*, 25(4), 1390-1395.

 https://doi.org/10.1037/a0034048
- Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence*Risk 20: Professional Guidelines for Assessing Risk of Sexual Violence. Vancouver:

 The Mental Health, Law, & Policy Institute.
- Hanson, R., & Morton-Bourgon, K. E. (2005). The Characteristics of Persistent Sexual

 Offenders: A Meta-Analysis of Recidivism Studies. *Journal of Consulting and Clinical*Psychology, 73(6), 1154-1163. https://doi.org/10.1037/0022-006X.73.6.1154
- Hawes, S. W., Boccaccini, M. T., & Murrie, D. C. (2013). Psychopathy and the combination of psychopathy and sexual deviance as predictors of sexual recidivism: Meta-analytic findings using the Psychopathy Checklist—Revised. *Psychological Assessment*, 25(1), 233-243. https://doi.org/10.1037/a0030391
- Hildebrand, M., De Ruiter, C., & De Vogel, V. (2004). Psychopathy and sexual deviance in treated rapists: Association with sexual and nonsexual recidivism. *Sexual Abuse: A Journal of Research & Treatment*, 16(1), 1-24. https://doi.org/10.1037/a0026015
- Murrie, D. C., Boccaccini, M. T., Caperton, J., & Rufino, K. (2012). Field validity of the Psychopathy Checklist–Revised in sex offender risk assessment. *Psychological*

Assessment, 24(2), 524-529. https://doi.org/10.1037/a0026015

- Offender Handbook. (2004, November 1). Retrieved November 3, 2014, from http://www.tdcj.state.tx.us/documents/Offender_Orientation_Handbook_English.pdf
- Olver, M. E., Lewis, K., & Wong, S. P. (2013). Risk reduction treatment of high-risk psychopathic offenders: The relationship of psychopathy and treatment change to violent recidivism. *Personality Disorders: Theory, Research, and Treatment*, 4(2), 160-167. https://doi.org/10.1037/a0029769
- 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. https://doi.org/10.1037/a0036616
- Wong, S. C., & Parhar, K. K. (2011). Evaluation of the predictive validity of the Violence Risk Scale in a paroled offender sample: a seven-year prospective study. *Journal of Forensic Psychiatry & Psychology*, 22, 790-808. https://doi.org/10.1080/14789949.2011.623172

Appendix

Table of Contents:

- 1. Demographic survey
- 2. Family Environment Scale Questionnaire (FES)
- 3. Rosenberg Self-Esteem Scale (RSES

Thank you for taking the time to participate in our study. For anonymity, please DO NOT WRITE YOUR NAME OR ANY OTHER IDENTIFYING INFORMATION ON THIS SURVEY

For the following please circle or write-in your response

		hat is your sex?
	a.	Male
	b.	Female
2.	Wl	hat is your age (in years)?
3.	Wl	hat race/ethnic background do you identify with?
	a.	African American / Black
	b.	Asian American / Pacific Islander
	c.	Caucasian / White
	d.	Hispanic / Latino
	e.	Native American / Alaskan Native
	f.	Other:
3.	Wl	hat is your relationship status?
	a.	Single - no relationship
	b.	Coupled - in a dating relationship
	c.	Married
	d.	Other:
4.	Do	you have any children? Yes No
5.	Wl	hich best describes your living situation?
	a.	Live by myself
	b.	Live with a friend
	c.	Live with parents
	d.	Live with a spouse/significant other
	e.	Other:
6.	Ple	ease give an estimate of your average yearly family income.
	\$	/ (year) (if you live with your parents please include your parent's income

Family Environment Scale Questionnaire (FES)

Read the statements and think about your family during your childhood. Indicate response by circling AGREE if it was true for most of the members of your household and DISAGREE if false for most members of your household. If evenly divided decide which is your stronger overall impression of the household as it seemed to you.

Household members really help and support one another.	AGREE	DISAGREE
Household members are rarely ordered around.	AGREE	DISAGREE
We often seem to be killing time at home.	AGREE	DISAGREE
We say anything we want to around home.	AGREE	DISAGREE
Household members rarely become openly angry.	AGREE	DISAGREE
In our household, we are strongly encouraged to be independent.	AGREE	DISAGREE
Getting ahead in life is very important in our household.	AGREE	DISAGREE
We rarely go to lectures, plays, or concerts.	AGREE	DISAGREE
Friends often come over for dinner or to visit.	AGREE	DISAGREE
We don't say prayers in our household.	AGREE	DISAGREE
We are generally very neat and orderly.	AGREE	DISAGREE
Household members often keep their feelings to themselves.	AGREE	DISAGREE
There are very few rules to follow in our household.	AGREE	DISAGREE
We put a lot of energy into what we do at home.	AGREE	DISAGREE
It's hard to "blow off steam" at home without upsetting somebody.	AGREE	DISAGREE
Household members sometimes get so angry they throw things.	AGREE	DISAGREE
We work things out for ourselves in our household.	AGREE	DISAGREE
How much money a person makes is not very important to us.	AGREE	DISAGREE
Learning about new and different things is very important in our household.	AGREE	DISAGREE
ody in our household is very active in sports, Little League, bowling, e	etc. AGREE	DISAGREI

We often talk about the religious meaning of Christmas, Passover, or other holidays.	AGREE	DISAGREE
It's often hard to find things when you need them in our household.	AGREE	DISAGREE
We fight a lot in our household.	AGREE	DISAGREE
There is one household member who makes most of the decisions.	AGREE	DISAGREE
There is a feeling of togetherness in our household.	AGREE	DISAGREE
We tell each other about our personal problems.	AGREE	DISAGREE
Household members hardly ever lose their tempers.	AGREE	DISAGREE
We come and go as we want in our household.	AGREE	DISAGREE
We believe in competition, and "may the best man win."	AGREE	DISAGREE
We are not that interested in cultural activities.	AGREE	DISAGREE
We often go to the movies, sports events, camping, etc.	AGREE	DISAGREE
We don't believe in heaven or hell.	AGREE	DISAGREE
Being on time is very important in our household.	AGREE	DISAGREE
We don't do things on our own very often in our household.	AGREE	DISAGREE
There are set ways of doing things at home.	AGREE	DISAGREE
We rarely volunteer when things have to be done at home.	AGREE	DISAGREE
If we feel like doing something on the spur of the moment, we just pick up and go.	AGREE	DISAGREE
Household members often criticize each other.	AGREE	DISAGREE
There is little privacy in our household.	AGREE	DISAGREE
We often strive to do things just a little better the next time.	AGREE	DISAGREE
We rarely have intellectual discussions.	AGREE	DISAGREE
Everyone in our household has a hobby or two.	AGREE	DISAGREE

Household members have strict ideas about what is right and wrong.	AGREE	DISAGREE
People change their minds often in our household.	AGREE	DISAGREE
We feel it is important to be the best at whatever we do.	AGREE	DISAGREE
There is a strong emphasis on following rules in our household.	AGREE	DISAGREE
Household members really back each other up.	AGREE	DISAGREE
Someone usually gets upset if you complain in our household.	AGREE	DISAGREE
Household members sometimes hit each other.	AGREE	DISAGREE
Money and paying bills is openly talked about in our household.	AGREE	DISAGREE
In our household, we don't try that hard to succeed.	AGREE	DISAGREE
Household members often go to the library.	AGREE	DISAGREE
		DISAGREE
Each person's duties are clearly defined in our household.	AGREE	DISAGNEE
We spend most weekends or evenings together.	AGREE	DISAGREE
We can do whatever we want in our household.	AGREE	DISAGREE
We really get along well with each other.	AGREE	DISAGREE
We are usually careful about what we say to each other.	AGREE	DISAGREE
Household members often try to one-up or out-do each other.	AGREE	DISAGREE
"Work before play" is the rule in our household.	AGREE	DISAGREE

Watching TV is more important than reading in our household.	AGREE	DISAGREE
Household members go out a lot.	AGREE	DISAGREE
The Bible is a very important book in our home.	AGREE	DISAGREE
Money is not handled very carefully in our household.	AGREE	DISAGREE
ousehold members attend church, synagogue, or Sunday School fairly often.	AGREE	DISAGREE
Rules are pretty flexible in our household.	AGREE	DISAGREE
here is plenty of time and attention for everyone in our household.	AGREE	DISAGREE
There are a lot of spontaneous discussions in our household.	AGREE	DISAGREE
are not really encouraged to speak up for ourselves in our household.	AGREE	DISAGREE
Household members really like art and literature.	AGREE	DISAGREE
Household members believe if you sin you will be punished.	AGREE	DISAGREE
Dishes are usually done immediately after dinner.	AGREE	DISAGREE
Activities in our household are pretty carefully planned.	AGREE	DISAGREE
You can't get away with much in our household.	AGREE	DISAGREE
		-

Rosenberg Self-Esteem Scale (RSES)

Please indicate how accurately each of the following statements describes you.

Read the statements and circle your response below.

It is best to rely on the first impression in answering each item.

1.) I feel that I am a person of worth, at least on an equal plane with others.

Strongly	Strongly	
Agree	Disagree	Disagree
3	2	1

2.) I feel that I have a number of good qualities.

Strongly	Strongly	
Agree	Disagree	Disagree
3	2	1

3.) All in all, I am inclined to feel that I am failure.

Strongly		Strongly	
Agree	Disagree	Disagree	
3	2	1	

4.) I am able to do things as well as most people.

Strongly	Strongly	
Agree	Disagree	Disagree
3	2	1

5.) I feel I do not have much to be proud of.

Strongly		Strongly
Agree	Disagree	Disagree
3	2	1

6.) I take a positive attitude toward myself.

Strongly		Strongly
Agree	Disagree	Disagree
3	2	1

7.) On the whole, I am satisfied with myself.

Strongly		Strongly
Agree	Disagree	Disagree
3	2	1

8.) I wish I could have more respect for myself.

Strongly		Strongly
Agree	Disagree	Disagree
3	2	1

9.) I certainly feel useless at times.

Strongly		Strongly
Agree	Disagree	Disagree
3	2	1

10.) At times I think that I am no good at all.

Strongly	Strongly	
Agree	Disagree	Disagree
3	2	1