The Risk for Sexual Violence Protocol (RSVP)

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What is the RSVP?

- RSVP is an evolved form of SVR-20 (and the HCR-20)
- The main task of the RSVP is risk formulation, not risk prediction
What Does It Do?

The RSVP:

- Identifies potential risk factors (presence)
- Makes a determination of their importance to future offending (relevance)
- Provides explicit guidelines for risk formulation
  - Risk scenarios
  - Risk management strategies
  - Summary judgments

No existing instrument offers these details
What Is Sexual Violence Risk?

- Relevant hazard is commission of sexual violence

- Actual, attempted, threatened sexual contact that is deliberate, and non-consenting
  - Against persons who cannot give full and informed consent
  - Communications of a sexual nature
  - Fear-inducing behavior
  - Includes non-contact offenses
What Is Sexual Violence?

- Sexual violence includes:
  - Sexual assault (rape, indecency)
  - Communications (exhibitionism, obscene letters, phone calls)
  - Violation of property rights (voyeurism, theft of fetish objects)
- Definition intended to include ALL acts of sexual violence
Sexual Violence Risk Assessment

- Gathering information for making decisions from:
  - Personal interview
  - Psychological and medical tests
  - Review of case records
  - Contact with collateral informants
Sexual Violence Risk Assessment

- Decision to be sexually violent is influenced by:
  - Mental disorder (incl. substance abuse and organic disorder)
  - Sexual deviance
  - Personality disorder (incl. psychopathy)
  - Attitudes and cognitions
  - History of prior offending
  - Progress and current status (e.g., treatment)
Sexual Violence Risk Assessment

- What we want to do is make decisions regarding risk of offending
- NOT a simple prediction of whether or not a person will reoffend
- Primary decision is **preventive**: What steps are needed to minimize **any** risks posed?
Introduction to the RSVP

- **We identified problems with the SVR-20**
  - Inadequate coverage
  - Inadequate focus on risk management
  - Missing information of non-intimate relationships, social skills, stress, coercion

- **Reviewed clinical and empirical literature**

- **Selected risk factors that were supported in the literature**
  - Static and dynamic
Introduction to the RSVP

Applications:
- Pre-trial, pre-sentence risk assessment
- Prison intake, periodic evaluation
- Indeterminate commitment (DSPD, SVP, DO)
- Critical incident review
- Pre-release risk assessment
- Child or other victim protection
- Community monitoring
Introduction to the RSVP

User qualifications

- Independent use:
  - Knowledge of sexual deviance, violence
  - Expertise in individual assessment (e.g., WAIS, PCL-R)
  - Sufficient expertise in mental disorder to assess and diagnose

- Supervised use:
  - Direct supervision
  - Multidisciplinary team administration
Methods in Risk Assessment

- Professional judgment (Unaided clinical judgment)
  - Unstructured ("In my opinion..."")
  - Unreliable, questionable validity, low to no accountability

- Actuarial decision-making
  - Estimations of likelihood of reoffending (statistical prediction)
  - Group membership is the hallmark

- Structured professional judgment (SPJ)
  - Individual risk formulation (prevention)
Structured Professional Judgment

- Uses guidelines that reflect current status of empirical knowledge, practice
  - States what the risks are
  - States what information is needed
  - Identifies core risk factors
- Improves consistency, usefulness of decision-making
- Improves *transparency* of decision-making
Examples of SPJ

- **Historical-Clinical-Risk Management Guide (HCR-20)** (Webster et al., 1997)
- **Sexual Violence Risk-20 (SVR-20)** (Boer et al., 1997)
- **Violence Risk Scale, 2nd Ed (VRS-2)** (Wong & Gordon, 1999)
- **Vermont Assessment of Sex Offender Risk (VASOR)** (McGrath et al., 2001)
- **Structured Assessment of Violence Risk in Youth (SAVRY)** (Bartel et al., 2003)
- **Spousal Assault Risk Assessment Guide (SARA)** (Kropp et al., 1995)
Target Populations

- Males 18+, known or suspected history of sexual violence
- Older male adolescents (16-17)
- Women with known or suspected history
- DO NOT use to evaluate children or young adolescents (< age 15)
Domains of the RSVP

- Sexual Violence History
  - Chronicity of sexual violence
  - Diversity of sexual violence
  - Escalation of sexual violence
  - Physical coercion in sexual violence
  - Psychological coercion in sexual violence
Domains of the RSVP

- Psychological Adjustment
  - Extreme minimization or denial
  - Attitudes that support or condone sexual violence
  - Problems with self-awareness
  - Problems with stress and coping
  - Problems resulting from child abuse
Domains of the RSVP

- Mental Disorder
  - Sexual deviance
  - Psychopathic personality disorder
  - Major mental illness
  - Problems with substance abuse
  - Violent or suicidal ideation
Domains of the RSVP

- Social Adjustment
  - Problems with intimate relationships
  - Problems with non-intimate relationships
  - Problems with employment
  - Non-sexual criminality
Domains of the RSVP

- Manageability
  - Problems with planning
  - Problems with treatment
  - Problems with supervision
RSVP May Not Be Used To:

- Determine whether someone committed acts of sexual violence in the past
- Determine whether someone “fits the profile of a sex offender”
- Assess risk of non-sexual violence
- Estimate the specific likelihood or probability that someone will commit sexual violence in the future
RSVP Administration – 6 Steps

- Step 1: Case Information
  - History of sexual violence
    - Use multiple methods, multiple sources
    - Consider multiple domains of functioning
    - Consider static and dynamic risk
    - Update information on risk factors periodically
    - Document case information
    - Evaluate adequacy of case information
RSVP Administration

- The 22 risk factors are coded according to whether they are *present* and/or *relevant*

- *Presence* refers to past and recent history of sexual violence

- *Relevance* refers to future likelihood of sexual violence
RSVP Administration

- Step 2 – Presence of Risk Factors
  - Coded on a 3-point scale:
    - **Y** = The risk factor is definitely present
    - **?** = The risk factor is partially or probably present, or evidence regarding its presence is mixed or inconclusive
    - **N** = The risk factor is definitely absent, or there is no evidence indicating its presence
Step 2: Presence of Risk Factors, cont’d

Omitted risk factors:

- If no information, or if information is considered unreliable
- If evaluator is uncertain, code as “?”
- When risk factors are omitted, explain
- Would opinion been different had the factor been present? If so, say so
RSVP Administration

Step 3: Relevance of Risk Factors

Coded on a 3-point scale:

- **Y** = The risk factor is present to some degree and has clear or substantial relevance
- **?** = The risk factor is present to some degree but has unclear or limited relevance
- **N** = The risk factor is absent. Or, it is present but not relevant
Step 4: Risk Scenarios

- Scenarios are “possible futures”
- In constructing scenarios, consider:
  - Nature
  - Severity
  - Imminence
  - Frequency or duration
  - Likelihood
- 3 scenarios ideally
RSVP Administration

- Step 5: Risk Management Strategies
  - Monitoring
  - Treatment
  - Supervision
  - Victim safety planning

- Other considerations
RSVP Administration

- **Step 6: Summary Judgments**
  - **Case prioritization**
    - Low (Routine)
    - Moderate (Elevated)
    - High (Urgent)
  - **Risk of serious harm**
    - Low (Routine)
    - Moderate (Elevated)
    - High (Urgent)
  - **Need for immediate action?** (Yes/ No)
RSVP Administration

- **Step 6: Summary Judgments, cont’d**

- **Other risks indicated**
  - Non-sexual violence
  - Non-sexual criminality

- **Case review**
  - Every 6-12 months routinely
  - More frequently for moderate-high risk
RSVP Risk Factors

- Sexual Violence History
1. Chronicity of Sexual Violence

- Chronicity is marked by long duration or frequent recurrence

- Examples:
  - Repetition of the same sex offence over a (long) period of time
  - Commission of a variety of sex offences over a (long) period of time
2. Diversity of Sexual Violence

- Different types or variety in sexual offending

- Examples:
  - Type of victim contact (voyeurism, exhibitionism, rape)
  - Nature of coercion (threats w/weapon, physical violence)
  - Victim age (prepubescent, adolescent, elderly adults)
  - Victim sex (male, female)
  - Acquaintanceship (friend, spouse, stranger)
3. Escalation of Sexual Violence

- An increase in amount, intensity, or scope of sexual violence

Examples:

- Relative to past acts of sexual violence more recent ones involved *more serious* physical coercion (penetration, weapons, death threats)
- Person commits *more acts* of sexual violence recently than in the past
- Sexual violence committed recently is *more varied* than in the past
4. Physical Coercion

- Acts attempted or committed during an offense that cause harm or fear of harm in the victim

- Examples:
  - Threats (yelling, brandishing weapon)
  - Use of weapons (handcuffs, knives, guns)
  - Severe behaviour in the offence (tying, beating, cutting, forcible oral sex or rape)
5. Psychological Coercion

- Abuse or misuse of a position of power and authority to gain compliance from a victim who is dependent or vulnerable

- Examples:
  - Health care provider, teacher, scout leader
  - Dependent victim (e.g., young child)
  - Vulnerable victim (e.g., adult with mental or physical disability)
  - Grooming relationship
RSVP Risk Factors

- Psychological Adjustment
6. Extreme Minimization or Denial

- Failure to admit to or accept responsibility for acts of sexual violence and its consequences

- Examples:
  - Denial, minimization of perpetration ("It wasn’t me." “It was someone who looks like me.”)
  - Denial, minimization of personal responsibility (blames the victim)
  - Denial, minimization of sexual violence (victim was not injured or suffered no harm at all)
7. Attitudes that Support or Condone Sexual Violence

- Attitudes, beliefs, values, or cognitions that say that sexual violence is acceptable, or at least not harmful

- Examples:
  - Patriarchy
  - Misogyny
  - Cognitive distortions regarding sexual violence
  - Attitudes of sexual entitlement
  - Tolerance, excuses for sexual offending

- Any attitude that directly or indirectly encourages or excuses sexual violence
8. Problems with Self-Awareness

- Lack of a reasonable appraisal of one’s mental processes and reactions as they relate to history and risk for sexual violence

Examples:
- Lack of insight
- Impaired meta-cognition
- Failure to understand one’s crime cycle or offence chain
- Deficits in sexual knowledge
- Distorted attitudes
- Problems with anger and impulsiveness
9. Problems with Stress or Coping

- Psychosocial adjustment is unstable or susceptible to the influence of external events and consequences

- Examples:
  - Maladaptive coping mechanisms
  - Stress vulnerability
  - Chronic negative affect
  - Poor self-regulation or misregulation
  - Changes in employment
  - Difficulties in intimate relationships
  - Changes of residence
10. Problems Resulting from Child Abuse

- Problems in psychosocial adjustment that are the result of abuse experiences in childhood, adolescence

- Examples:
  - Bullying
  - Sexual abuse or molestation (actual, attempted, or threatened)
  - Physical abuse (actual, attempted, or threatened non-sexual violence)
  - Neglect (failure to provide necessities of life, exposure to family violence)
RSVP Risk Factors

- Mental Disorder
11. Sexual Deviance

- A sexual interest, preference, arousal, or behaviour focusing on inappropriate persons or objects
  - “Deviant” means what most adults don’t do
- Examples:
  - Fantasies, urges, or repeated acts of a sexually deviant nature
  - Physiological arousal to inappropriate persons or objects
  - Sexual fixation on inappropriate persons or objects
- Important to remember that:
  - Not all people with deviant preferences commit sexual violence
  - Not all people who commit sexual violence are sexually deviant
12. Psychopathic Personality Disorder

- Characterized by arrogant, deceitful interpersonal style; deficient affective experience; impulsive, irresponsible behavioral style
- Limited association with sexual recidivism but strongly associated with nature and severity of sexual violence
- Some examples:
  - Diverse sexual violence
  - Targeting of stranger victims
  - Threatening with weapons
  - Physical harm to victims
  - Non-sexual motivation such as opportunism
Coding Personality Disorders Other Than Psychopathy

- 2 options (Hart, personal communication, 14 July 2005):
  - Use “Other Considerations” (Step 5, Case Management) if focusing on some other PD as a wide range of symptoms associated with distress, dysfunction, or disability. Use this option if you want to capture the gestalt of the PD.
  - Break down the PD into important symptoms or features, and code these under relevant risk factors (e.g., narcissism under “Problems with Self-Awareness,” borderline impulsivity under “Problems with Planning,” dependent attachment under “Problems with Intimate Relationships.” Use this option if the parts are more meaningful than the whole.
13. Major Mental Illness

- A substantial impairment of cognition, affect, or behavior

Examples:
- May be associated with other risk factors, particularly problems with self-awareness, stress or coping, and violent or suicidal ideation
- May lead to impulsive or irrational decisions to act in a sexually violent manner
- May interfere with ability or motivation to comply with treatment or supervision
- Associated with an increased risk of criminality and violence

NOTE: Learning disability is included here
14. Problems with Substance Abuse

- Extent to which attempts to obtain/use drugs impairs psychological functioning

- Examples:
  - Use of illegal drugs, abuse of prescription medication, alcohol
  - May lead to impulsive or irrational decisions to commit sexual violence
  - Sexual deviants may use substances to disinhibit themselves when considering sexual violence
  - May interfere with ability or motivation to comply with treatment and supervision
15. Violent or Suicidal Ideation

- Experience of thoughts, impulses, and fantasies of harm to oneself or others

- Examples:
  - May influence decision making by
    - Disinhibiting thought processes
    - Narrowing attentional focus to a limited range of behaviors
    - Strengthening attitudes supporting violence or sexual violence
RSVP Risk Factors

- Social Adjustment
16. Problems with Intimate Relationships

- Failure to establish or maintain stable romantic or sexual relationships with age-appropriate partners

Examples:
- Fear of intimacy
- Poor dating skills
- Attachment problems
- Feelings of loneliness
- Feelings of isolation
- Interpersonal conflict
17. Problems with Non-Intimate Relationships

- Failure to establish or maintain a positive social support network

- Examples:
  - Lack of desire, ability, opportunity
  - Social alienation
  - Loneliness
  - Antisocial peer relationships
  - Family problems
  - Poor social skills
  - Social incompetence
  - Social anxiety
18. Problems with Employment

- Failure to establish and maintain stable employment
- Examples:
  - Frequent change of employment
  - Unemployment
  - Educational, vocational impairment
  - Mental illness problems
  - Psychopathic personality disorder
  - Financial problems
  - Unstable residence
  - Community of social disruption
19. Non-Sexual Criminality

- Any serious criminal conduct that is not sexual in nature

- Examples:
  - May be influenced by:
    - Antisocial behaviour
    - Antisocial lifestyle
    - Antisocial attitudes and tendencies
    - Psychopathic personality disorder
    - Problems with employment
    - Problems with supervision
RSVP Risk Factors

- Manageability
20. Problems with Planning

- Problems with making and implementing prosocial life plans

- Examples:
  - Poor self-management
  - Unrealistic goals
  - Inability to delay gratification
  - Impulsivity
  - Poor self-awareness
  - Psychopathic personality disorder
21. Problems with Treatment

- Failure to benefit from services intended to address deficits in psycho-social adjustment

Examples:

- Noncompliance with treatment
- Rejection of treatment
- Deficits in motivation, responsibility, or treatability
- Low self-efficacy or self-confidence
22. Problems with Supervision

- Failure to benefit from services intended to make it difficult to engage in future sexual violence

- Examples:
  - Non-cooperation
  - Oppositional behaviour
  - Anti-authority attitudes
  - Disengagement
  - Rejection of supervision
Conclusions

- RSVP is a work in progress
- Preliminary research has demonstrated:
  - Some known groups validity (Version 1)
  - Good inter-rater agreement (Version 2)
  - Good concurrent validity (both versions)
- It measures what we think it should measure
- RSVP appears to be unaffected by revisions
Ordering Manuals & Worksheets

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