Robert (38 y/o)

- Serving second sentence of imprisonment for sexual offenses against female children (aged 8 – 11 years). In each instance, Robert was a trusted babysitter (for his employer and a neighbor)
- Stated that he was in “relationships” with the victims prior to his offending, that he “never hurt them” and that the sex was “entirely consensual”

Robert – brief background

- Parents separated when he was 8 y/o, then lived with father and brother
- Bullied extensively by brother and peers
- Sexual abuse by older female, reported positive aspects (attention)
- Superficial adult relationships. Feels safer around children (“they don’t judge/hurt me”)
- Excelled academically, biology degree
- Stable employment history (Department of Conservation – park ranger)

Hypothesized processes

- Seeking relatedness
- Maladaptive schema
  - Abandonment/Rejection
  - Defectiveness, failure
- Implicit theory: viewing children as sexual objects
- Avoidance of adult relationships

Promising practices

- Schema work (e.g., Schema therapy, Trauma-Informed Care)
- Treatment for social anxiety (including gradual exposure to feared situations)
- Identify/generate opportunities for developing connections with adults
Processes and practices: Understanding the client (T-33)

Defining protective factors

- Structured Assessment of PROtective Factors against violence risk (SAPROF) definition:
  
  *Any characteristic of a person, his / her environment or situation, which reduces risk of future (sexual) violence* (de Vogel, de Ruiter, Basman, & de Vries Robbé, 2009)

- Definable propensity, not simply the absence of a risk factor (de Vries Robbé, Mann, Maruna, & Thornton, 2015)

Why assess protective factors?

- Brings balance to risk assessment
  - Incremental predictive validity for recidivism
- Aligns with strengths-based approaches to assessment/treatment, and desistance research
  - May help inform treatment/management
- Engaging for clients and clinicians

Proposed protective factors

Why the SAPROF-SO?

- SAPROF authors found good predictive validity for violence and sexual violence (De Vries Robbé, De Vogel, Koster & Bogaerts, 2014)
- Additional sexual offense specific protective factors hypothesized
  - “Healthy sexual interests” (de Vries Robbé, Mann, Maruna & Thornton, 2015)
- Demand and empirical support for an actuarial version (Hanson & Morton-Bourgon, 2009; Kelley, Barahal, Thornton, & Ambrozak, 2017)
- Provided an opportunity for bridging theory and empiricism (see Fortune & Ward, 2017)

Mechanisms underlying protective factors: Two Varieties of Potential Protective Processes

- **Control** refers to processes that mitigate risk-related propensities

- **Prosocial Reward** refers to processes that lead the person to experience a prosocial life as satisfying (links to GLM and desistance)

(Thornton, Kelley, & Neiligan, 2017; Willis et al., 2017)
Example

- Regular work may provide a source of Control when
  - job requirements crowd out opportunities for antisocial or
    offense related behavior
  - informal social policing of behavior in the workplace
  - peers modeling pro-social behavior create normative pressure

- It may provide a source of Pro-social Reward if
  - the person enjoys their work,
  - feels good about working,
  - enjoys the company of co-workers,
  - is less bored than they would be without work, etc.

Agenda

- “Robert”
  - DRFs, underlying processes
  - & promising practices

Implications

- Risk and protective factors – predictive utility and
  that’s about it (but can be proxies for underlying processes)
- Understanding the underlying processes helps
  inform treatment and helps the client understand
  themselves
- Understanding processes can help to identify
  activating events and situations earlier
  - Early intervention rather than relying more exclusively
    on arousal reconditioning
  - Prevention and desistance strategies rather than
    simply risk management

Implications

- Therapy: Process versus content
  - Many clients think more in terms of stories than
    factors
  - Understanding the process of protective factors
    can help to make them more salient and
    accessible in treatment
  - “Here’s how I can do this” rather than “I need to
    use my coping skills”
  - Understanding how schemas work rather than
    identifying the schemas themselves.

Who works?
Processes and practices:
Understanding the client (T-33)

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