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The Psychopathy Checklist: Screening Version;
Applications with Parole and Probation
Sex Offender Samples

by

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A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

Department of Psychology

Carleton University

Ottawa, Ontario

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Andrew Harris

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Chair

External Examiner

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Abstract

The purpose of this research was to assess whether the PCL-R (Hare, 1991) and its short form the PCL-SV (Hart, Cox, & Hare, 1995) would differentiate recidivistic from non-recidivistic sexual offenders. This thesis attempted to assess what relation psychopathy measures have to measures of sexual deviance and dynamic predictors of sexual reoffence. It was predicted that sexual recidivists would demonstrate more psychopathic traits than non-recidivists and that rapists would exhibit more psychopathic traits than child molesters. It was hypothesized that community supervision officers could achieve moderate levels of correlation to other scoring methodologies scoring the PCL-SV by responding verbally to the item descriptions and that offenders with more psychopathic traits would be better able to hide signs of impending recidivism and would more often appear to recidivate "out of the blue". Finally, it was hypothesized that psychopaths would appear less sexually deviant than non-psychopaths and that dynamic predictors of sexual reoffence would significantly differentiate psychopathic sexual recidivists from psychopathic sexual non-recidivists. A community-based subject pool of 208 sexual recidivists and 201 sexual non-recidivists was obtained, each of these groups contained approximately equal numbers of boy-victim child molesters, girl-victim child molesters, and rapists. Consistent with past research this study found that recidivistic offenders scored higher on measures of psychopathy than non-recidivistic offenders and that rapists scored higher than child molesters, supporting the first two hypotheses. Scoring the PCL-SV by officer-reply, the responding officers achieved moderate levels of correlation with other psychopathy scoring methodologies. This hypothesis was supported but ratings were insufficiently accurate to be used for screening purposes. The hypothesis that

psychopathic offenders would be more successful at hiding impending recidivism was refuted as officers reported, significantly more often, that they felt they had seen recidivism coming in psychopathic offenders. On measures of sexual deviance, psychopathic offenders appeared the same as non-psychopathic offenders in terms of phallometric assessment and demonstrated higher levels of paraphilias and impersonal sexual contact, refuting this hypothesis. In the final hypothesis, only an Intimate Conflicts scale distinguished between psychopathic recidivists and psychopathic non-recidivists. The three dynamic areas specifically hypothesized to distinguish psychopathic recidivists from non-recidivists, victim access, cooperation with supervision and variables relating to self-perception were not supported. Data from this study suggest that acute risk factors for sexual offenders are the same regardless of level of psychopathic traits exhibited. The outcomes of this study are discussed in terms of Freund's (1990) Courtship Disorder model, Hall and Hirshman's (1991) quadripartite model of sexual aggression, genetic and biosocial etiological models of psychopathy and empirically based findings of cognitive processing deficiencies in psychopaths.

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“What a long strange trip it’s been”

Jerry Garcia (1942 – 1995)

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Victim Access

Failure to acknowledge problems

Playing the game

Officer involvement

Intimate conflicts

Approximately half a million sexual assaults (499,000) occurred in Canada in 1999 (Besserer & Trainor, 2000). While reports to police of violent and sexual crimes have been steadily declining in Canada for the past 6 years (Tremblay, 2000) sexual victimization has remained stable across two sampling points, 1993 and 1999 (Besserer & Trainor, 2000). As a result of numbers like these, sexual aggression remains a substantial social problem in Canadian society, one that attracts sensationalistic media attention and the general concern of the public.

Sexual assault affects a large percentage of the population. Koss (1993a) reviewed 17 rape prevalence studies published between 1979 and 1992, and concluded that the prevalence of completed rape is approximately 20% in adult women. Finkelhor, Hotaling, Lewis, and Smith (1990) did a telephone survey speaking with 2,626 people (1,481 females, 1,145 males) asking them about incidents of childhood sexual abuse. This study found, overall, 27% of women and 16% of men reported some form of childhood sexual abuse. It is important to note that 22% of this victimization for boys and 23% of this victimization for girls occurred before their eighth birthday.

With such large numbers of victims it stands to reason that there should also be large numbers of sexual offenders. However, research has shown that offenders generally have multiple victims. Abel et al. (1987) found in a sample of 126 rapists that the average number of victims was seven (median = 1.4). The same study found that in 224 female-victim extra-familial child molesters the average number of victims was 20 (median = 1.3) and in a sample of 153 male-victim extra-familial child molesters the average number of victims was 150 (median = 4.4).

Marshal, Barbaree, and Eccles (1991) found fewer victims per offender. In a sample of 57 extra-familial girl-victim child molesters the average number of victims was 4.7 and for 34 extra-familial boy-victim child molesters the average number of victims was 3.3. A sub-sample of 38 incest offenders reported an average of 1.4 victims per offender.

In studies where the reporting samples could be assured that there would be no negative consequences for reporting (university students, hospital staff) it was found that 10 to 25% of men admit to sexually assaulting women or children (Hanson & Scott, 1995; Lisak & Roth, 1988; Templeman & Stinnett, 1991).

Sexual aggression has serious consequences for society. With such a large percentage of society experiencing sexual victimization in some form, it is important to consider the negative social and psychological consequences of sexual assault. The literature indicates that rape is experienced as a life threatening stress that disrupts social, sexual, and occupational functioning while also generating high levels of depression and subjective distress. In the intermediate term (two weeks to one year), 50% of rape victims report moderate to severe symptoms of depression and generalized anxiety. After one year, 25% of rape victims report continuing negative effects with increased vulnerability to mental health problems (Hanson, 1990).

Koss (1993b) reports that psychologically, rape victims may experience threats to personal beliefs of safety, power, efficacy, trust, esteem, and intimacy. Physically, Koss reports that sexually transmitted diseases occur in 4 to 30% of cases and that pregnancy results in approximately five percent of cases.

Child victims of sexual abuse develop a wide range of significant adjustment problems including depression, substance abuse, and prostitution. In the intermediate term following disclosure (one month to one year), 50 to 70% of children experience significant psychological symptoms with over 50% reporting some lasting negative effects more than ten years later. These factors include substance abuse, anxiety disorders, dissociation, and an increased risk (double) of depression (Hanson, 1990).

In the 1998-1999 period there was a daily average of 7,778 federal offenders being supervised in the community on parole or statutory release (Harris, 2000). Based upon past estimates, approximately 18% of these offenders (approximately 1,400 people) would be sex offenders. In the same time period there were an average 110,798 offenders being supervised by Provincial and Territorial Probation and Parole boards. While the percentage of sexual offenders in the Provincial correctional systems is not known, assuming the same 18% proportion to be sex offenders, there would be approximately 19,950 sexual offenders in the community under Provincial and Territorial control. This makes for an estimated number of sexual offenders on supervision in the community, at the present time, of 21,350. If we assume a 12% percent sexual recidivism rate over 5 years, this means that over the next 5 years approximately 2,562 new sex offences will be committed by sex offenders currently on community supervision.

This introduction will review the literature surrounding the assessment of psychopathy along with the relationship of this construct to sexual recidivism. Research has shown that sex offender recidivists have more psychopathic characteristics than do non-recidivistic offenders (Firestone et al., 1998; Firestone et al., 1999; Quinsey, Rice, &

Harris, 1995; Rice, Harris, & Cormier, 1992; Rice, Harris, & Quinsey, 1990; Seto & Barbaree, 1999). In addition, rapists generally score higher on measures of psychopathy than child molesters (Firestone, Bradford, Greenberg, & Serran, 2000; Porter et al., 2000; Quinsey, Rice, et al., 1995; Serin, Malcolm, & Barbaree, 1997; Seto & Barbaree, 1999).

This introduction will also show that offenders with psychopathic traits tend to fair worse on conditional release (Hart, Kropp, & Hare, 1988; Hodgins, Cote, & Ross, 1992; Serin, Peters, & Barbaree, 1990; Wong, 1984). A brief theoretical history of risk assessment will be presented (Bonta, 1996) along with a review of the three types of risk predictors; static, stable, and acute. Following this, the most common actuarial instruments that assess these risk factors are reviewed along with two theories of sexual aggression (Freund, 1990; Hall & Hirshman, 1991). Finally, this introduction will review evidence that sexual deviancy may not be a primary motivating factor for psychopathic sexual offenders and review the measures of sexual deviance used in this study.

The Concept of Psychopathy

The concept of psychopathy has a long history traceable to biblical times (Rotenberg & Diamond, 1971) and through the 19th and 20th centuries in France, Germany, and England (Pichot, 1978). Cleckley made the first attempt to operationalize the concept of what we now call psychopathy. In his seminal work, The Mask of Sanity (1976), Cleckley used clinical examples to describe a person who would extensively use people for personal gain seemingly unimpeded by the usual pangs of guilt or conscience. Cleckley's impression was that psychopathy represented a life-long behavioural trend that seemed uniquely resistant to extinction, punishment, or moral suasion. These people

were often found to be charming and socially engaging with good verbal skills and an uncanny ability to flatter and sway people. They have life-long histories of irresponsible behaviour, generally normative intelligence, and a history of using and abusing friends, relatives, and most others who enter their sphere of influence.

Hare (1980) first operationalized our present day conception of psychopathy by creating a 22-item Psychopathy Checklist (PCL), validated mainly on prison samples. The PCL has a two factor structure (Harpur, Hakstian, & Hare, 1988), with the factors correlating, on average, at .50. Eventually two of the items from the initial version were dropped from the test and the resulting 20-item Psychopathy Checklist - Revised (PCL-R, Hare, 1991) has been widely adopted.

The PCL-R consists of 20 items each with explicit scoring criteria (Hare, 1991) derived from the concept of the prototypical psychopath as outlined by Cleckley (1976). Each item in the test is scored on a 3-point scale (0, 1, 2) with the test having a maximum score of 40 points. A score of 30 points or better is the diagnostic cut-off for a diagnosis of psychopathy. The PCL-R was validated on seven male prison samples ($n = 1,192$) and four samples of males from forensic psychiatric hospitals ($n = 440$) for a total sample of 1,632. The internal consistency of the scale, as measured by coefficient Alpha was .87 for seven prison samples and .85 for four male forensic psychiatric samples.

The PCL-R consists of two related and correlated factors. Factor 1, known as the personality dimension, reflects interpersonal and affective traits such as a grandiose sense of self-worth, manipulateness, a lack of remorse or guilt, and the callous use of others. Factor 2, known as the behavioural dimension, reflects characteristics related to an unstable, criminal, anti-social and under-socialized lifestyle. This factor structure has

been extensively reviewed and is well established (Cooke & Michie, 1997; Hare, 1991; Hare et al., 1990; Harpur et al., 1988; Harpur, Hare, & Hakstain, 1989; Rogers & Bagby, 1994).

Reliability of the PCL-R

Salekin, Rogers, and Sewell (1996) in their meta-analysis report high inter-rater reliabilities for the PCL and the PCL-R when applied to male prisoners. These inter-rater reliabilities range between .82 and .93. PCL-R scores also show high intraclass correlations across four inmate samples (range .78 to .89, median of .84). In a maximum secure forensic psychiatric sample, Quinsey, Rice, et al. (1995) report interrater reliabilities of .98 when 20 cases were independently scored by two research assistants on file information only without an interview.

In an assessment of test-retest reliability, Alterman, Cacciola, and Rutherford (1993) retested 10 methadone maintenance patients after a one-month interval. Repeated measures ANOVA failed to find any significant time effects for Factor 1, Factor 2, or Total score. It would, however, be difficult to find a significant difference due to the low power of this test – having only 10 observations.

Psychopathy Checklist: Screening Version

The standard version of the checklist, the PCL-R (Hare, 1991), is expensive and time-consuming to score, often taking four to five hours, even in the hands of an experienced and skilled tester. This fact alone precludes the routine application of this measure, especially when the overall base-rate of psychopathy in most populations is expected to be relatively low (Forth, Brown, Hart, & Hare, 1996). To overcome these operational problems, a 12-item Screening Version of the PCL-R has been developed

(Hart, Cox, & Hare, 1995), which is relatively easy and cost-efficient to administer on a routine basis. The Screening Version consists of 12 items each scored on the same 3-point scale as the PCL-R (0, 1, 2) with a maximum total score of 24. On the Screening Version a score of 18 points or better is the diagnostic cut-off for a diagnosis of psychopathy. Research has shown (Hart, Hare, & Forth, 1994) that the PCL-SV over-predicts psychopathy in relation to full PCL-R ratings. This means that there are virtually no false negatives and that those who do not reach the cut-off can safely be placed in the non-psychopath category.

The development of the PCL-SV was based upon the conceptual framework and empirical background of the PCL-R (Hart et al., 1994). The PCL-SV was developed from the expansion of an earlier 6-item clinical version of the scale that assessed only Factor 1 items. Six complementary Factor 2 items were added to complete the PCL-SV. The PCL-SV gives Total score and Part 1 and Part 2 scores parallel to the Factor scores from the PCL-R. This shortening of the test results in a 50% reduction in testing and scoring time. The PCL-SV was designed for use with clinical populations including the mentally disordered, forensic populations, and can also be used in non-forensic settings.

The PCL-SV was validated on 10 samples from 4 different settings (forensic non-psychiatric, forensic psychiatric, civil psychiatric and civil non-psychiatric) with a total sample of 520. The internal consistency of the scale, as measured by coefficient Alpha and inter-rater reliability is considered acceptable. Factor analysis shows two related factors that correlate between .55 and .60 depending upon sample characteristics. On average, the PCL-SV rating correlates .80 with the PCL-R. Hart et al. (1994) report a Kappa of .48 between the diagnoses of psychopathy using the PCL-R and PCL-SV.

Forth et al. (1996) studied the reliability and validity of the PCL-SV in a sample of university students. While Total and Part scores in this sample of 150 students (75 males, 75 females) were low, the test showed that it could measure psychopathic traits in a non-forensic population. The two-factor structure of the test as shown in the PCL-R was not obtained in this sample. PCL-SV Total scores were significantly correlated with symptoms of Antisocial Personality Disorder (APD) and a self-report measure of psychopathy, giving evidence of concurrent validity. Evidence of convergent validity is shown by significant relationships between PCL-SV Total scores and substance abuse and anti-social/criminal behaviours. Based upon Item Response Theory analysis Cooke, Michie, Hart, and Hare (1999) state that the PCL-SV and PCL-R “can be considered metrically equivalent measures of the same psychological construct” (p. 11).

The PCL-SV is useful in clinical decision making. Steadman et al. (2000) compared the standard main effects regression approach to risk assessment with a more clinically intuitive classification tree approach in a sample of 939 acute psychiatric admissions. This analysis found that overall scores on the PCL-SV (scored dichotomously) were the most informative of 18 risk factors retained in the main effects logistic regression model. The beta weight for psychopathy, as measured by the PCL-SV was almost twice that of the next most important risk factor. In their classification tree approach, a diagnosis (by PCL-SV) of high or low psychopathy was selected as the first choice point.

File Review Only versus File Review Plus Interview

Research has shown that the PCL-R can be reliably scored by file review alone, even though the test was initially designed to be scored using a semi-structured interview

and file review. Wong (1984) studied 315 federal inmates and divided them into high, medium, and low psychopathy groups based upon file review PCL ratings. Wong completed file-review with interview ratings on a sub-sample of 31 cases in addition to file-only ratings. Wong found the two methods of assessment to be virtually identical with similar means and groupings. If anything, the file-only PCL's were slightly more conservative ratings of psychopathy, especially at the upper levels of the ratings scheme.

In 1988, Wong extended his sample of double-coded offenders from the 31 cases noted above, to 56 paired file-only and file-review plus interview codings on the PCL. Wong found the two ratings on these 56 male federal offenders were not significantly different and concluded that reliable ratings of psychopathy can be obtained when comprehensive file information is available. Wong also concluded that inter-rater reliability and mean ratings obtained by file-only scorings were not significantly different from those scorings obtained by file-review plus interview. Once again, the file-only codings appear to underestimate the number of offenders assigned to high levels of psychopathy.

Serin (1993) compared scoring the PCL-R by file-information-only versus by file information plus interview and found there was insufficient information to code all of the PCL-R items. Serin had access to files from the Correctional Service of Canada and the National Parole Board. In only eight percent of cases were all items able to be coded. Serin rated 120 cases and found three Factor 1 items (glibness, conning, shallow affect), two Factor 2 items (proneness to boredom, early behaviour problems), and promiscuous sexual relations (which does not load) to be the most frequently missed items. Unlike other researchers he did not find the file-only coding to be more conservative than the file

plus interview ratings. He divided both scorings into three categories, psychopath, mixed-group, and non-psychopath, and found that when both methods of scoring were compared, 57.5% of the sample had the same rating, 23.3% were rated higher on file plus interview than file-only, coding and 19.2% were rated lower on file plus interview than file review only.

In a more recent assessment, Grann, Långström, Tengström, and Stålenheim (1998) compared 40 file-plus-interview scorings, completed by a “clinical expert” (a chartered forensic psychiatrist) with the same cases scored, using file-only, by three other raters with appropriate clinical qualifications. Overall, for these four raters the Intraclass Correlation Coefficient (ICC) was .88 with the file-only ratings slightly overestimating the low-scoring individuals and underestimating the high-scoring individuals.

Interestingly, this team of researchers was able to obtain much higher levels of agreement on Factor 2, the behavioural dimension (ICC = .89) than they were on Factor 1, the personality dimension (ICC = .69). However, these authors concluded that for research purposes, file-only codings can reach good levels of alternate-form reliability. In this study only one false-positive was reported.

Overall, PCL-R scores that are rated exclusively from sufficient file information, especially at the high end of the test, tend to be lower than PCL-R scores rated from both file and interview information (Grann et al., 1998; Wong, 1988). This means that using file-only methodology there is little chance of “false positives” and that people who meet the clinical cut-off can safely be considered psychopaths.

Recidivism and Psychopathy: The Meta-analyses

The PCL and the PCL-R were not designed as risk assessment measures; this being said, the PCL-R has been widely adopted as integral to the risk assessment process and elevated levels of psychopathy are generally seen as predictive of recidivism. Salekin et al. (1996) completed a meta-analysis of 18 studies and found an average effect size across all predictive studies of .68. Those studies ($n = 13$) that predicted violent recidivism and institutional violence showed a mean effect size of .79. Those studies ($n = 10$) that predicted general recidivism showed a mean effect size of .55 while those studies ($n = 3$) that predicted sexual recidivism and deviant sexual arousal showed an effect size of .61. Cohen (1988) proposes categorical names for effect sizes with .20 as small, .50 as moderate, and .80 as large. Using Cohen's categories all of these effect sizes would be considered moderate though the effect size predicting institutional violence and violent recidivism approaches the large categorization.

Rosenthal (1991) gives us the formula [2.21] for converting Cohen's d to r . If we use this formula we find that scores on the PCL and the PCL-R are estimated to correlate with recidivism at $r = .32$ for all 18 studies. The estimated correlation between PCL/PCL-R scores and violent recidivism and institutional violence is $r = .37$, between PCL/PCL-R scores and general recidivism at $r = .27$, and between PCL/PCL-R scores and sexual recidivism or deviant sexual arousal at $r = .29$. A note of caution must be inserted here, as in two of the three cited studies relating to sexual recidivism/arousal the outcome measure is sexual deviance and not sexual recidivism. The extent to which this analysis may overstate the relationship between PCL/PCL-R scores and sexual recidivism is difficult to determine. Of these three studies the highest effect sizes .77 and .58 reflect

the relationship between PCL score and deviant sexual arousal. The one study using the outcome criteria of sexual recidivism reports an effect size of .47 producing an estimated correlation between PCL-R score and sexual reoffence of .23.

A meta-analysis by Hemphill, Hare, and Wong (1998) produced correlations between PCL-R scores and general recidivism. These authors reviewed seven studies and found the average weighted correlations between PCL-R scores and general recidivism to be .27. Reviewing six studies that tracked violent recidivism, these authors further reported an average weighted correlation between PCL-R scores and violent recidivism of .27. The Hemphill et al. (1998) meta-analysis contains one study (Quinsey, Rice, et al., 1995) relating psychopathy to sexual recidivism. One hundred and seventy eight subjects were assessed at a maximum secure psychiatric facility and then followed for an average of 59 months, producing a correlation between the PCL-R scores and sexual recidivism of .23. This is the same study as is reported in the Salekin et al., (1996) meta-analysis.

Psychopathy and Recidivism in Sex Offenders

A number of studies report higher psychopathy scores for sexual recidivists. These studies, however, suffer from a number of definitional and methodological problems. These problems include, not separating sexual and non-sexual recidivists, the use of median splits to determine levels of psychopathy, a strong reliance upon file-only methodology, and the use of atypical samples in research.

Firestone et al. (1999) followed 251 “incest only” offenders for an average of 6.7 years assessing psychopathy using the PCL-R by file-only. At five years they found these incest offenders to have a sexual recidivism rate of 4.8% and at 12 years a sexual

recidivism rate of 6.4% based upon the first criminal arrest or conviction after their “index” offence. Recidivism data came from Canadian Police Information Centre (CPIC) records. Sexual recidivists ($n = 15$) were found to be higher on PCL-R Total score than were the non-recidivists. No significant differences were found in factor scores. This sample did not contain many serious sexual criminals as only six percent of the sample had a previous sexual conviction on record and only 60% received any jail time when convicted of the index offence. This study is a good benchmark for PCL-R by file-only of a normative community intake incest population with low general criminality.

Quinsey, Rice, et al. (1995) reviewed the files of 178 sex offenders who had been assessed at a maximum security psychiatric facility and who had the opportunity to re-offend over an average 59 month follow-up period. These patients were scored by file-only on the PCL-R. Data are presented on rapists ($n = 28$), child molesters ($n = 124$), and men with histories of both types of offences ($n = 26$). Of these 178 men, 49 (27.5%) were subsequently convicted of a new sexual offence. Generally, the psychopaths failed faster and more often than non-psychopaths. A low cut-off score of 19 on the PCL-R was used to classify the patients into two groups in order to optimize statistical discrimination. In this sample, by file-only, maximum secure psychiatric sexual recidivists score higher on psychopathy.

Rice et al. (1990) followed a sample of 54 rapists for an average of 46 months and found that sexual and violent recidivism could be predicted by phallometrically assessed sexual interest in non-sexual violence and degree of psychopathy as measured by the PCL scored on file information only. Of the 54 men, 15 (28%) had a subsequent conviction for a sexual offence. In this sample a combination of psychopathy scores and

phallometric diagnoses predicted sexual reconviction as well as all other available variables.

Firestone et al. (1998) followed 86 convicted rapists that had been assessed at the Royal Ottawa Hospital between 1982 and 1992 for an average of 7.6 years. After 12 years 16% (14) of these subjects had either been charged with or convicted of a sexual offence. In this study, while some factors and tests (e.g., age, scores on a test of alcohol dependency) were able to discriminate between recidivists and non-recidivists the PCL-R, scored by file-only, was not. The average Total, file-only, PCL-R scores for the recidivistic rapists and the non-recidivistic rapists were identical (mean = 25.2).

Seto and Barbaree (1999) reviewed the correctional files of 216 sex offenders. Over a 32-month follow-up, the general, "any" recidivism rate was 14.7% (n = 33) and the "serious" recidivism rate, a non-sexual violent or sexual offence, was 7.6% (n = 17). In this sample the PCL-R was scored by semi-structured interview plus file review. These scores significantly predicted "serious" recidivism. The rate of sexual recidivism was not calculated, however, as sexual offences were included in the measure of "serious" recidivism.

Overall, in this sample, the PCL-R scores did not predict general recidivism. Seto and Barbaree (1999) divided their sample into four quadrants by median-split on both variables, psychopathy and in-treatment behaviour. Offenders who had more psychopathic traits and who did well in treatment were three times more likely to commit any type of offence and five times more likely to commit a serious offence. Problems with this research include the compound definition of recidivism that does not specify

sexual versus non-sexual recidivism and the low cut-off score (median PCL-R score = 15) used in this study.

Psychopathic offenders may well be predisposed to recidivate regardless of the nature of the offence that brings them to our attention. The strongest current theories of the etiology of psychopathy both contain genetic theory as their principle component. McGuffin and Thapar (1998) review the genetics of anti-social personality and conclude a significant role for inheritance. The literature that they review clearly indicated heritability estimates for a number of character traits such as aggression, and petty criminality to be in the 50% range. Paris (1998) proposes a biosocial model of psychopathy in which inherited character traits such as impulsivity, high behavioural activation, novelty seeking, and low conscientiousness interact with anti-social parenting or chaotic environments which allow these traits to flourish and be reinforced.

Newman (1998) proposes a response modulation hypothesis that suggests psychopaths, when engaged in goal directed behaviour, may have a reduced capacity to assign processing resources to evaluate ongoing actions. In essence, the psychopath may become overly engaged in their goal and not attend to relevant contextual information in the environment. In addition, Newman presents data to suggest that psychopaths may not weigh punishments as heavily as others and that these deficits may be exacerbated when the psychopath is engaged in competing tasks and has limited processing power to assign to secondary monitoring.

Review of applicable theory would indicate that psychopaths inherit character traits such as impulsivity, aggression, criminality, and novelty seeking and are further disadvantaged by atypical cognitive functions. Both of these factors likely pre-dispose

the psychopath to recidivism in sexual or any other criminal matter. In conclusion, in most sex offender samples, high scores on psychopathy are related to a greater chance of sexual recidivism. Based on the above findings it is reasonable to assume that psychopathic sexual offenders on community supervision will create more victims and cause parole and probation officers more concern and work than non-psychopathic sexual offenders. In short, the psychopathic sexual offender is more likely to recidivate.

Psychopathic Characteristics and Types of Sexual Offenders

Several investigators have shown psychopathy scores differ among various types of sexual offenders. Porter et al. (2000) examined the prevalence of psychopathy in 329 sexual offenders as scored on Correctional Service of Canada assessments. This study contained intra (IF, $n = 37$) and extra-familial (EF, $n = 48$) child molesters, rapists (Rape, $n = 103$), a mixed rapist and child molester group ($n = 25$), a mixed intra and extra-familial child molester group ($n = 16$), and a comparison group of non-sexual offenders ($n = 100$). Ninety-five (22%) of these offenders were diagnosed as psychopaths using a cut-off score of 30 or greater. The prevalence of psychopathy was lowest in child molesters (IF = 10.8%, EF = 6.3%, I/EF mixed group = 6.3%), intermediate in the rape group (Rape = 35.9%) and highest in the mixed child molester/rape group (64%). There were no significant differences observed on Factor 1 scores across the groups but significant differences were observed on Factor 2 scores and on Total score. On Factor 2, the rapist group, the mixed Rape/Child Molester group, and the non-sexual offenders all scored significantly higher than the intra-familial, the extra-familial, and the mixed child molester groups. On Total score rapists scored higher than the intra and extra-familial child molesters while the non-sexual offenders scored intermediate between the two. This

research suggests that mixed sexual assaulters of adults and children are more likely to be psychopathic offenders as compared to other types of sexual offenders.

Firestone et al. (2000) completed file-only assessments on 156 incest offenders, 260 extra-familial child molesters and 123 rapists to study the prevalence of, and the relationship between, psychopathy and phallometrically determined measures of sexual arousal. The rapist group scored significantly higher on the PCL-R than the child molester and the incest groups. These authors did not report what percentage of each type of sex offender met the diagnosis of psychopathy.

Seto and Barbaree (1999) reviewed the correctional files of 216 sex offenders over a 32-month follow-up. In this sample it was found that rapists had significantly higher scores on the PCL-R than did the child molesters and it was found that rapists were twice as likely to violently recidivate as child molesters. Nine percent of rapists, three percent of incest offenders, and three percent of extra-familial child molesters met the clinical cut-off for a diagnosis of psychopathy.

Serin et al. (1997) followed a mixed sample of child molesters ($n = 35$; 17 incest offenders, 15 extra-familial child molesters and 3 unknown) and rapists ($n = 33$) for six years to assess the rate of sexual recidivism. It was found that child molesters, as a whole, had significantly lower PCL-R Factor scores and Total scores than rapists. In addition, it was found that extra-familial child molesters ($n = 17$) were higher than incest offenders ($n = 17$) on PCL-R Total and on Factor 2 scores. Nine percent of the child molesters ($n = 3$) and twelve percent of the rapists ($n = 4$) met the clinical cut-off for a diagnosis of psychopathy.

Quinsey, Rice, et al. (1995) reviewed the files of 178 sex offenders who had been assessed at a maximum security psychiatric facility and who had the opportunity to re-offend over an average 59 month follow-up period. Data are presented on rapists ($n = 28$), child molesters ($n = 124$), and men with histories of both types of offences ($n = 26$). In this sample the rapists scored the highest of the three groups while the child molesters scored lowest and the mixed group scored intermediate to these two. These authors did not report what percentage of each type of sex offender met the criteria for psychopathy.

The reviewed research found that rapists exhibit more psychopathic traits than other groups of sexual offenders, the obvious question becomes, why? One of the reasons that rapists score higher on the Psychopathy Checklist (Hare 1991) is because they engage in more general criminal behaviour than do child molesters (Quinsey et al., 1998). But beyond this, one of the defining characteristics of psychopaths is that they have few or no meaningful connections with human beings. Indeed, they are diagnosed by exhibiting behaviours such as using others for personal gain, the superficial treatment of others, pathological lying, manipulating others, callous and un-empathetic demeanor, parasitic lifestyles, and by being impulsive and irresponsible. It is likely that these factors alone pre-dispose the psychopath to sexual offences, both rapes and child molestations. The psychopath would be more likely to rape because he could not be bothered to engage another, would not be willing to put in the effort or reciprocal engagement to form a meaningful human relationship. Hence, the psychopath may have to take what is more freely offered to others. In addition, psychopaths are known for their propensity to use instrumental violence (Cornell et al., 1996). That the psychopath would have fewer qualms about using force or violence to achieve their needs may also

make the psychopath more likely to rape. This, coupled with a sense of entitlement to sexual expression would encourage the psychopath to take what he wants without consent and often to be shocked when people object.

These factors may also cause the psychopathic child molester to offend as, here again, it is unlikely that a psychopath would put in the effort to establish a meaningful human relationship. When the psychopathic sexual offender looks at a child they may see the child as a cheap, easily manipulated, easily controlled sexual partner that may be discarded at will. Evidence from Newman's (1998) review of information processing in the psychopath may indicate that the psychopathic sexual offender may not care much who he is having sex with as long as his needs are met. This would also lead us to speculate that the psychopath would more often select victims that are unknown to them and, indeed, research has shown this to be true (Serin, 1991).

Sexual Deviance as a Motivating Factor in Psychopathic Sexual Offenders

Several studies have speculated about the extent to which sexual deviance is a motivating factor for psychopathic sexual offenders.

Rice and Harris (1997) followed a sample of 288 sex offenders (phallometric assessments only present in 192 offenders) for an average follow-up period of 10 years. This study found a significant interaction between levels of psychopathy and phallometrically determined sexual deviance. Rice and Harris state that the intersection of these two constructs has a multiplicative effect on sexual recidivism and found the sexual failure rate of sexually deviant psychopaths to be significantly faster than the other three quadrants. However, this is an extreme sample as all sex offenders in this sample were assessed at a maximum secure psychiatric facility. It should be noted, however, that

in this sample the non-deviant psychopaths committed as many violent offences as the deviant psychopaths. Other studies have not been able to replicate this interaction (Gretton, McBride, Hare, O'Saughnessy, & Kumka, 2001; Hanson & Harris, 2000a; Serin et al., 2001; Seto & Barbaree, 1999).

Porter et al. (2000) examined a sample of 329 sexual offenders to assess the prevalence of psychopathy as scored on Correctional Service of Canada assessments; ninety-five of these offenders were diagnosed as psychopaths. In this sample, the rapists and the mixed rapist/molester groups both scored higher on the PCL-R than the child molester groups. This data showed that for the child-molester-alone groups, of which there were three groups, the factor scores were not significantly correlated. "This suggested that callousness in many offenders is manifested mainly in sexual offending, dissimilar to the more generalized pattern of rapists and non-sexual offenders" (p. 228). Offenders who have both child and adult victims tended to have the highest Factor 1 scores, perhaps indicative of a ruthless and callous personality. Porter et al. (2000) show that, compared to non-psychopathic sex offenders, psychopathic sexual offenders are more likely to have convictions for non-violent crimes and for non-sexual violent crimes than for sexual crimes. For psychopathic sexual offenders, the desire to quench a deviant sexual desire may not be present as often as it is for other sexual offenders. Rather, sexual offenders high in psychopathy may be motivated by boredom, thrill seeking, novelty, and impulsive and opportunistic tendencies.

This conclusion is supported by a recent study by Gretton et al., (2001). These authors found that scores on the PCL-YV were not significantly correlated with phallometric measures of sexual deviance nor with sexual reoffence. In further statistical

investigation using a 2X2 groups paradigm these authors divided 220 young offenders who had been convicted of a sexual offence into four groups based upon PCL-YV scores (Forth, Kosson, & Hare, in press) and phallometric evidence of deviant sexual arousal. The whole sample was first divided at the median score (22) on the PCL-YV to create a high psychopathy group and a low psychopathy group. These two groups were then further sub-divided on the basis of whether the subject had phallometric evidence of pre-treatment deviant sexual arousal. An average follow-up time of 55 months showed 15% committed another sexual offence. Survival analysis for sexual offences over follow-up did not yield any significant group effects. In this sample, the combination of high-psychopathy and high-sexual deviance was more predictive of general and violent recidivism than sexual recidivism. This study did not find a significant interaction between sexual deviance and psychopathy. These authors speculate that when a sex offender sample contains psychopaths that these offenders may not be sexual offenders per se, but generally versatile offenders reflecting a general propensity to violate social norms.

Serin et al., (2001) followed a sample of 68 sex offenders (33 rapists and 35 child molesters) for 7 years post-release from prison. After 7 years, 29% (9 offenders) of this sample had been convicted of another sexual offence. Serin et al. provide phallometric data for 55 of these offenders and found that child molesters and sexual assaulters of adults did not differ on measures of deviant sexual arousal as a function of whether they recidivated or not. These researchers then divided their sample in a median-split based upon scores on the PCL-R and then divided these offenders into high and low sexual deviance quadrants based on median-splits of deviant sexual arousal as measured by

phallometric assessment. Those offenders who scored above the median-split on both psychopathy and sexual deviance recidivated significantly sooner and more often than those who scored below the median-split on both sexual deviance and psychopathy. However, as seen in their survival curves, the group that fared the best on community release was the high-sexual-deviance low-psychopathy group. Though not stated in this report, it is assumed that this group would contain a high percentage of child molesters. This study found that psychopathic sexual offenders had significantly shorter survival times than those with fewer psychopathic traits but that those offenders with greater than median sexual deviance were not significantly different on survival times than those below the median-split. Once again, this data suggests that psychopathy and not sexual deviance is the driving force behind general recidivism.

This trend appears to continue in two studies that looked specifically at rapists. Barbaree, Seto, Serin, Amos, and Preston (1994) looked at categories of “sexual” rapists and “non-sexual” rapists as defined by the Knight and Prentky (1990) Massachusetts Treatment Centre typology. Knight and Prentky define “sexual” rapists as those where the motivation for rape is primarily sexual ($n = 23$, sadistic and non-sadistic subtypes) and “non-sexual” rapists as those where the motivation for rape is primarily aggression, hostility, or a callous disregard for the feelings of the victim ($n = 36$, the opportunistic and vindictive sub-types). Barbaree et al. did not find a significant difference in PCL-R scores between “sexual” rapists and “non-sexual” rapists. However, while not statistically significant the “non-sexual” rapists scored higher (mean = 19.30) than did the “sexual rapists” (mean = 15.76) which would appear to indicate that those sexual offenders with significant deviant sexual preferences are generally lower in psychopathy.

This data is congruent with Freund's Courtship Disorder hypothesis (1990) for rapists in that Freund, unlike Hall and Hirshman (1991), does not suppose the presence of target specific sexual deviance in his theory. Freund proposes that approach behaviours in sexual offending follow a specific set pattern of, location of a specific partner, pre-tactile interactions, tactile interactions, all leading to genital union. For Freund, the lack of social/sexual engagement skills is sufficient for rape and other paraphilias. Freund proposes that when the offender is deficient in the location of a suitable partner that the resulting deviant expression of this behaviour is the paraphilia voyeurism. When the offender is deficient in the pre-tactile interaction phase of partner acquisition that the deviant expression of this approach pattern would be exhibitionism or obscene telephone calling. When the offender is deficient in the introductory tactile interactions of courtship this may be expressed as toucheurism or frotteurism. Finally, when the offender is unable to achieve satisfactory genital union through the normal partner acquisition process the offender may move on to a pattern of preferential rape.

Brown and Forth (1997) studied 60 incarcerated rapists and found that psychopathic rapists ($n = 21$) were more likely to be classified as opportunistic and pervasively angry than were non-psychopathic rapists ($n = 39$). In this study three times as many non-psychopaths were identified as sexually motivated rapists while psychopaths tended to be classified as opportunistic and pervasively angry rapists. PCL-R scores were significantly higher for the opportunistic subtypes than for the non-sadistic sexual subtype. In this sample psychopathy was not associated with the number of past sexual offences or age of onset of sexual offending, both important indications of sexual deviance (Hanson & Bussière, 1998). These investigators found psychopathy to be

positively associated with past non-sexual crimes and negatively associated with age of onset of criminal offending and number of sexual victims. Once again, in rapists, not being psychopathic was associated with sexual motivation and indices of sexual deviance.

In conclusion, past research has found that psychopathic sexual offenders may well score lower on measures of sexual deviance than non-psychopathic sexual offenders. From a general reading of the literature it is possible to come to the conclusion that sexual deviance may not be the motivating factor for psychopathic sexual offenders that it is for non-psychopathic sexual offenders.

Measures of Sexual Deviance, Phallometrics.

Presently the best measure of sexually deviant interests is the penile plethysmograph. Use of this device is termed phallometrics. Phallometrics is the science of measuring male sexual arousal by monitoring changes in the size of the penis as the subject is presented with sexual stimuli. This measurement is most often done using a mercury-in-rubber strain gauge that is placed mid-shaft around the penis and connected to a computer that records the test results. The Hanson and Bussière (1998) meta-analysis reviewed 61 data sets for predictors of sexual offence recidivism. The strongest predictor of sexual offence recidivism was phallometrically assessed sexual preference for children ($r = .32$).

In reviewing the literature, Laws, Hanson, Osborn, and Greenbaum (2000) state that phallometric assessment is effective for differentiating “normals” from child molesters. Rice et al. (1990) found phallometrically assessed sexual deviance to be a good predictor of sexual re-offence as did Quinsey, Rice, et al. (1995) who found that

phallometric assessments significantly differentiated men convicted of a new sexual offence from those who did not re-offend. In light of what is becoming a huge literature (see Lalumière & Harris, 1998; Murphy & Barbaree, 1988 or O'Donohue & Latourneau, 1992 for extensive reviews) some very bold statements are appearing about phallometric assessment. Quinsey, Lalumiere, et al. (1995) state that "the ability of phallometric assessments of age and gender preferences to discriminate extra-familial child molesters from non-sex offenders has not been seriously questioned" (p. 127). These authors go on to say that "a considerable body of evidence now suggests that phallometric assessments of preference for various consenting and non-consenting sexual and violent activities directed towards adults of the preferred gender can discriminate rapists from non-rapists" (p. 127). Farrall (1992) concludes that "used properly, the penile plethysmograph can provide accurate determination of the sexual interest and arousal patterns of offenders and non-offenders" (p. 188).

The main problems with phallometric assessments are the cost, the intrusive nature of the procedure, the difficulty in finding a competent assessor with a technical set-up that meets reasonable testing standards, and the fact that not all offenders will submit to an assessment.

In view of the above limitations, proxy variables for deviant sexual interest become important. Having prior sexual offences (Hanson, Steffy, & Gauthier, 1993; Marshall & Barbaree, 1988; Rice, Quinsey, & Harris, 1991), having had an early onset of sexual offending, having stranger victims, and having only male victims (Hanson & Bussière, 1998; Seto & Lalumière, 2001) are also related to increased sexual deviance.

Psychopathy and Behaviour on Conditional Release

Past research has shown that when on community supervision psychopathic offenders are more likely to have their parole revoked, have more parole violations, and in general are more likely to reoffend. This is not surprising, however, as having parole revocations/breaches of trust is one of the diagnostic criteria for psychopathy (Item 19, Revocation of Conditional Release).

Hart et al. (1988) examined a sample of 231 white Canadian male prisoners dividing them into a high psychopathy group ($n = 69$) with a PCL score of 34 or greater, a mixed group ($n = 94$) with PCL scores of 25 or greater but less than 34, and a low psychopathy group ($n = 68$) with scores of 24 or less. The percentage of offenders that violated their conditions of release were 24%, 49%, and 65% respectively for low, medium, and high PCL scores. This research also found that members of the high psychopathy group had more suspensions and supervisory problems when on supervision in the community than did the non-psychopath groups.

Serin et al. (1990) followed 93 male, Canadian inmates from minimum and medium security penitentiaries who had been released on unescorted temporary absences (UTA's). Of these, 22 (24%) failed while on an UTA and it was found that the psychopaths were recommitted sooner than non-psychopaths. Hodgins et al. (1992) validated a French translation of the PCL-R and followed 106 male penitentiary inmates for an average of 2 years. They found that psychopaths failed more quickly and more violently than non-psychopaths and that psychopathy was predictive of parole violations.

Wong (1984) studied a sample of 315 federal inmates released to the community and used the PCL to divide them into a “High” group (scores >29 , $n = 68$), a “Medium” group ($20 < \text{score} < 30$, $n = 195$) and a “Low” group (scores < 21 , $n = 52$). Wong’s “High” group applied for parole four times more frequently than the low-psychopathy group. Wong, interestingly, notes that there seemed to be no differences in how often psychopaths and non-psychopaths were actually granted parole. The high-psychopathy group was found to have a significantly greater mean number of revocations and for more serious reasons. In short, the psychopaths were more problematic for community supervision officers.

Based upon these studies it is reasonable to conclude that psychopaths on community supervision are more likely to cause supervision officers work and problems than non-psychopaths. For this reason alone, it may be useful for parole and probation officers to be aware of how psychopathic the offender they are supervising is.

Can Community Supervision Officers Score the PCL-SV from General Knowledge?

Hare (1998) expresses his concerns about the use of the PCL-R by non-qualified personnel. He quite rightly points out that the PCL-R should not be changed or adapted to suit individual circumstances and that it should not be scored by the lay-person nor an untrained person. The question arises however, could a person who knows the offender well, within broad limits, score that offender simply by responding to the item descriptions? At this time, there has not been a test of whether someone who knows the offender relatively well could score the offender based upon the item descriptions. As parole and probation officers generally have the most contact with offenders when they are on community supervision, and as these officers are the most obvious point of contact

between “the system” and the offender, I wanted to see if these officers had sufficient knowledge of their offenders to score a test of psychopathy without training. Research has shown (Hart et al., 1994) that the PCL-SV over-predicts psychopathy in relation to full PCL-R ratings. This means that there are virtually no false negatives and that those who do not reach the cut-off of 18 points or greater can safely be placed in the non-psychopath category. The PCL-SV was selected due to it’s ease of understanding, abbreviated format, and it’s acceptance as a psychometrically equivalent form of the PCL-R (Cooke et al., 1999).

Are Psychopaths Successful in Hiding their Intentions and Behaviour from Parole and Probation Officers?

Offenders who score highly on measures of psychopathy should be of particular interest to parole and probation officers in that research has shown that psychopaths tend to fail more often and more quickly on community release. In addition, these individuals are most likely to be an officer’s most spectacular failures (Williamson, Hare, & Wong, 1987). Psychopaths tend to exhibit more instrumental (Cornell et al., 1996) as opposed to angry aggression, use weapons, and select victims that are not known to them (Serin, 1991). This is a problem for parole and probation officers as these traits are exactly those factors likely to attract discomfoting media and supervisory attention to the officer should the offender fail.

Deception and presenting oneself to best advantage have been a hallmark of the psychopath since first described by Cleckley (1976). The manual for the Psychopathy Checklist-Revised (Hare, 1991) in it’s item descriptions gives a number of examples that suggest that a psychopathic offender would attempt to hide their true behaviour and

intentions from the supervising officer. In Item 1, Glibness/Superficial Charm, one of the descriptive characteristics is that of an individual who will tell stories that tend to place the teller in a good light. Item 4: Pathological Lying, describes an individual for whom lying and deception are a standard characteristic of their interactions with other people. Item 5: Conning/Manipulative, describes a person that uses manipulative strategies instrumentally for personal gain. Given the nature of the supervisory relationship and the potential for negative evaluation and possible sanction by the supervising officer it would be unusual for an individual not to present the best possible face to the officer.

As Babiak (1995) points out, it is “the ability of the psychopath to mask his/her antisocial traits and present an opposite [prosocial] demeanour” (p. 172) that makes the psychopath difficult to supervise. It is in this realization that Cleckley’s title, The Mask of Sanity takes on its most sinister aspect. Indeed, it is exactly this ability that could put the officer in the community at greatest risk for overlooking potential trouble. The psychopath will most likely use his psychopathic ‘talents’ to convince the officer that there is no real threat of recidivism where that threat, in reality, is most pervasive.

Seto, Khattar, Lalumière and Quinsey (1997) describe psychopaths as people who habitually use deception in social interaction. In a sample of 47 non-criminal heterosexual men these researchers found that psychopathy scores were significantly positively related to the use of deceptive tactics in both non-sexual and sexual contexts. However, it was found that the high psychopathy scorers were relatively unconcerned with presenting themselves in a positive light in the context of this study. However, this investigator is sure that this “unconcern” for appearances would quickly disappear given the very real life consequences of negative evaluation by the supervising officer.

This opinion is buttressed by the findings of Seto and Barbaree (1999) who found that, when coded by research assistants, offenders with more psychopathic traits had more positive ratings of good subjective in-treatment behaviour than did offenders with fewer psychopathic traits. In this context it is very likely that the psychopathic offenders strived to put themselves in a good light and to impress the treatment staff, hoping for positive evaluation at treatment termination. This psychopathic, but good-in-treatment group proved to be, on follow-up, the most likely to reoffend. As a result, it is hypothesized that psychopaths will more often hide, and be successful at hiding, their intentions and their behaviour from the officer. As such, psychopaths will more often appear to recidivate “out of the blue”. It is this very phenomenon of not being able to tell whether someone is going to recidivate that has prompted the whole concept of actuarial risk prediction.

Risk Prediction

Bonta (1996) describes the historical progression of risk assessment; starting with the “first generation” of risk assessment, usually described as “clinical judgement”, a subjective process with no objective criteria. This lack of an observable process makes judgement replication and accountability almost impossible. Processes of this nature have been shown to be little better than chance and open to abuse (Andrews & Bonta, 1994; Menzies, Webster, McMain, Staley, & Scaglione, 1994).

The “second generation” of risk assessments define the various factors that are held to predict risk and assign either points or a weighted score to give a metric of risk. This type of assessment is generally referred to as “actuarial prediction”. These tests most commonly contain only static factors that, once accurately assessed, do estimate

long-term recidivism risk within acceptable margins of error. Tests of this nature, however, are generally insensitive to changes in risk level. This insensitivity means that they can not be used to assess changes in risk over time or gauge the success (pre – post) of treatment regimes.

The “third generation” of risk assessments include dynamic factors, factors that have been shown to be associated with risk of recidivism that can be seen to change over time and with effort. Generally referred to as “dynamic predictors” these factors, theoretically, can be influenced by treatment or other intervention and, if repeatedly assessed over time, third generation risk instruments can track changes in the offender’s risk level, for better or worse. This thesis assesses such dynamic predictors of risk.

More specifically, risk predictors for all offenders can be grouped into three broad classes: a) static, fixed predictors; b) stable dynamic predictors, potentially changeable factors; and c) acute dynamic predictors, rapidly changing factors that are immediate antecedents of recidivism (Hanson & Harris, 1998, 2000a, 2000b, 2001; Harris & Hanson, 1999).

Three Types of Risk Predictors

Static Predictors.

Static predictors represent fixed historical facts that do not change, such as having male victims, having stranger victims, and having an extensive criminal record. Static risk predictors are useful for determining, from a fixed point in time, the long-term risk that an offender presents for recidivism. In addition, static predictions of risk are useful to determine what level of service, supervision, and treatment should be allocated to an offender (Andrews & Bonta, 1998). The best source of examples of static predictors for

sexual offence recidivism comes from Hanson and Bussière (1998). Many of these variables have been used in the formation of static actuarial risk assessments, the most important of which are reviewed below.

The Receiver Operating Characteristic (ROC)

The most common metric used to compare the ability of tests to predict a given outcome is the Receiver Operating Characteristic (ROC) (Hanley & McNeil, 1982). The ROC is a measure that plots “hits” or correct predictions of an outcome made by a test against “false alarms” or where the test has predicted a relapse or failure where none has occurred. This is an objective assessment of how well a test predicts that is insensitive to baseline rates of recidivism. Values of the ROC run from .50, chance level, to 1.0, which is perfect prediction.

Static Risk Assessment Instruments

The Violence Risk Appraisal Guide (VRAG, Quinsey, Harris, Rice, & Cormier, 1998) was designed to determine risk of general violence. The VRAG consists of 12 items: whether the offender lived with their biological parents until age 16, an elementary school maladjustment score, history of alcohol problems, marital status, criminal history of nonviolent offences, failure on prior conditional release, age at index offence, a victim injury score, any female victims, a DSM-III (APA, 1980) diagnosis of personality disorder, a DSM-III (APA, 1980) diagnosis of schizophrenia, and the offender’s score on the Psychopathy Checklist-Revised (Hare, 1991). The construction sample for this instrument consisted of 618 offenders who were followed for an average of 81.5 months. The area under the curve (ROC) for this instrument was .76 in the construction sample with a correlation between the VRAG score and violent recidivism of .45. This tool,

however, was never intended to assess the risk of sexual re-offence. These authors attempted a trial of the VRAG to assess risk of sexual recidivism. Attempting to predict sexual recidivism using the VRAG these researchers obtained a ROC of only .62. In an attempt to better assess the risk for sexual recidivism the VRAG was modified slightly and became the Sex Offender Risk Appraisal Guide (SORAG).

The SORAG (Quinsey et al., 1998) consists of 14 items and appears similar to the VRAG, both tests sharing 10 items. The 14 items are: PCL-R score, elementary school maladjustment score, lived with parents to age 16, criminal history score for non-violent offences, criminal history score for violent offences, number of previous convictions for sex offences, history of sex offences against males, never married, age at index offence, failure on prior conditional release, phallometrically determined sexual deviance, meets DSM-III (APA, 1980) criteria for personality disorder, meets DSM-III (APA, 1980) criteria for schizophrenia, and an alcohol abuse history score. Neither a construction sample nor a validation sample for the SORAG has been released or published to date. This test remains un-validated at this time.

The Rapid Risk Assessment of Sex Offender Recidivism (RRASOR; Hanson, 1997) was designed to predict static risk of sex offender recidivism at 5 and 10 year intervals. This scale uses four items: number of prior sex offences, age at release to risk, any male victims and any non-related victims. This scale shows moderate predictive accuracy ($r = .27$, correlation between test score and sexual recidivism; ROC area = .71).

STATIC-99 (Hanson & Thornton, 1999) is a 10-item static risk scale based on the amalgamation of Hanson's RRASOR (1997) and Thornton's SAC-Jmin (Grubin, 1998). The 10 items include all of the RRASOR items (see above) and adds the following; the

number of discrete sentencing dates in the offender's record, not including the index offence; whether the offender has any convictions for non-contact sexual offences; whether the offender has any convictions for non-sexual assault that are dealt with on the same sentencing occasion as the index offence; whether the offender has any convictions for non-sexual violence prior to the index sentencing occasion; whether the offender has any stranger victims; and whether the offender has ever lived with a lover (male or female) for at least two years. This scale shows moderate predictive accuracy (ROC area = .71) with a correlation between test score and sexual recidivism of .33 and produces estimates of sexual recidivism risk at 5, 10, and 15 year intervals.

The MnSOST-R (Epperson, Kaul, & Hesselton, 1998) appears to predict sex offence recidivism ($r = .45$, ROC area = .77) better than the STATIC-99. This test uses an actuarially created weighted scoring system. This test contains 12 historical/static variables, mainly relating to the nature of the offender's sexual convictions and 4 institutional variables: number of sex convictions, length of sex offending history, whether the offender was under supervision when they committed a sexual offence, having had sexual offences in a public place, the use of threats of force to gain compliance, multiple acts on a single victim, the number of different age groups victimized, history of offences against 13 to 15 year old victims, stranger victims, adolescent anti-social history, drug and alcohol abuse, poor employment history, a history of disciplinary offences while incarcerated, chemical dependency treatment while incarcerated, sex offender treatment while incarcerated and age at time of release. This test produces estimates of sexual recidivism risk at 6 and 10 year intervals.

These authors recently presented cross-validation data on their tool the Mn-SOST-R (Epperson et al., 2000). Using the criterion of an arrest for a hands-on sexual offence, Epperson and his colleagues found a 20% level of sexual recidivism over 6 years. The Mn-SOST-R once again appears to predict sexual recidivism better than the STATIC-99 ($r = .35$, ROC area = .73) for the full cross-validation sample ($n = 220$) and even more accurately for a particular sub-sample of offenders ($n = 170$, $r = .46$, ROC area = .78) that was created by removing those offenders who had re-offended in a non-sexual manner in the previous six years.

The best static predictors of sexual recidivism, at this time, run ROC values between .71 and .77. These values are in the moderate range of predictive accuracy. To increase the precision of actuarial prediction of sexual recidivism it will be necessary to add additional information from dynamic predictors, both stable and acute.

Stable Dynamic Predictors.

Stable dynamic predictors represent enduring personal characteristics of the offender such as, having deviant sexual preferences, pro-criminal attitudes, pro-criminal associates, being impulsive, and having poor problem solving skills. Stable dynamic factors are treatment targets of choice. When repeatedly monitored over time, these factors can be used to gauge overall intermediate to long-term changes in risk status as well as the differential treatment needs of the offender. These factors can also be monitored over time to assess positive or negative change in the risk level of the offender.

Quinsey, Lalumiere, Rice and Harris (1995) state that “the most important need at present is the identification and evaluation of dynamic predictors” (p. 133).

Theoretically, stable dynamic factors can be affected and that when changed should, to

some degree, modify an offender's level of risk to re-offend. Quinsey, Lalumiere et al. go on to state the "most relevant dynamic predictors will involve criminogenic needs (the antecedents of offending) ... such as compliance with supervision" (p. 133).

In their meta-analytic review, Gendreau, Little, and Goggin (1996) found that dynamic factors predicted general criminal recidivism as well as static, historical factors. These authors reviewed 131 studies of general criminal recidivism and found that not only did measures of criminogenic risk and need, based upon the Andrews and Bonta (1994, 1998) model, predict general criminal recidivism but that dynamic predictors of re-offence out-predicted static predictors. In particular, criminal companions and "criminogenic needs" (e.g., antisocial attitudes, current employment/education problems) were among the strongest recidivism predictors (average correlations in the .18 to .21 range).

Quinsey, Lalumiere et al. (1995) state that "the ultimate result of research on dynamic factors is the ability to specify how much a particular course of action would reduce a particular sex offender's likelihood of recidivism" (p. 25). In light of this statement, research on dynamic predictors is of particular import and social significance as research has shown (Andrews & Bonta, 1998; Andrews, Zinger, Hoge, Gendreau, & Cullen, 1990) that supervision and treatment are most effective when applied to higher risk cases.

Previous research has suggested a number of potentially important dynamic risk factors for sexual offenders. Based on file review, Pithers and his colleagues have reported that negative emotional states are common precursors to re-offending for both rapists and child molesters (Pithers, Beal, Armstrong & Petty, 1989; Pithers, Kashima,

Cummings, Beal & Buell, 1988). Other common stable risk factors suggested by their review included the use of cognitive distortions, low victim empathy, and social skills deficits. Their results are difficult to interpret, however, as these researchers did not include comparison groups of non-recidivistic offenders. As well, since only one time period was considered (the six months prior to reoffending), it is possible that many of Pither's et al.'s "immediate precursors" may actually be symptoms of enduring problems (e.g., social skills deficits; disordered sexual arousal pattern) and hence, in our lexicon, be stable predictors.

Also based upon file-only review, Prentky, Knight, and Lee (1997) report on a sample of 111 child molesters released between 1960 and 1984 from a special treatment hospital for sexually dangerous persons. These researchers found that sexual preoccupation with children and paraphilias significantly predicted sexual recidivism. The most important assessments of stable dynamic risk factors are reviewed below.

Stable Dynamic Risk Assessment Instruments

The Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) was developed as a decision instrument to classify adult probationers to levels of supervision. This 54-item guided interview schedule assesses both risk and needs in the offender. Of the 54 items, 36 items are dynamic predictors and the remaining 18 items are static. Bonta and Motiuk (1992) reviewed the files of 580 inmates and found LSI scores to correlate with general recidivism ($r = .35$). Motiuk and Bonta (1991) looked at 215 federal inmates and found that scores on the LSI correlated ($r = .29$) with reincarceration and general recidivism. Bonta and Motiuk (1990) found that LSI scores were significantly related to parole violations and Bonta (1989) found that LSI scores were

correlated with recidivism ($r = .35$) for 52 Aboriginal federal inmates and ($r = .50$) for 74 non-Aboriginal federal inmates.

Andrews and Robinson (1984) administered the LSI to probationers at intake and noted dynamic changes in risk over time. They found that changes in scores on dynamic LSI items over a 6-month follow-up were predictive of recidivism in this sample. Men who reduced their dynamic risk scores during the 6 month period showed a recidivism rate of 0%, those who showed an increase in LSI-measured risk scores showed a recidivism rate of 40%, while those who maintained their score levels recidivated at a rate of 33%.

In a more recent study, (Raynor, Kynch, Roberts, & Merrington, 2000) found that the LSI-R was able to register changes in criminogenic needs in general offenders over time and that these observed changes were related to recidivism risk. The LSI-R was scored twice on a sample of 157 English probationers. The probationers were first divided into a "low" LSI-R group ($n = 73$, average LSI-R score in the 14 point range) of which 31 increased their dynamic scores between the two testing points and it was found that 68% of this group recidivated. This is in comparison to 42 other "low" LSI-R offenders who decreased their dynamic scores between assessments. In this group, it was found that 26% of this group recidivated over 12 months. This research also included a "high" LSI-R group ($n = 84$, average LSI-R score in the 27 point range) of which 37 offenders increased their dynamic scores between the two testing points and were found to have recidivated at a rate of 78%. This group was compared to 47 offenders who decreased their dynamic scores between assessments and it was found that 55% of this group recidivated over the common 12-month follow-up period. Unfortunately the report

on this study does not provide data on the length of time between assessments. This study demonstrated that increasing dynamic scores on the LSI-R between two testing points was significantly associated with higher rates of criminal recidivism and that decreasing scores on the dynamic factors within the LSI-R was significantly associated with lower levels of reconviction in general offenders.

Simourd and Malcolm (1998) assessed the reliability and validity of the LSI-R on a sample of federally incarcerated sex offenders (rapists = 74, extrafamilial child molesters = 54, intrafamilial child molesters = 88). These researchers found that on intake, rapists scored higher than child molesters on the accommodations, companions, and attitude/orientation sub-components of the LSI-R. In addition, extrafamilial child molesters score higher than intrafamilial child molesters on education/employment, financial, accomodation, companions, and attitude/orientation sub-components. In addition, Simourd and Malcolm report that the financial and companions sub-components are significantly correlated with deviant sexual arousal expressed as a sexual deviance index. From these findings it is reasonable to expect that, in particular, attitude/orientation may significantly differentiate sexual offenders.

Hanson and Harris (1998, 2000a; Harris & Hanson, 1999) used a retrospective design to study dynamic risk factors in a sample of 409 community supervised sexual offenders. On average, the non-recidivists had been in the community for 24 months at time of sampling while the average recidivist committed another sexual crime at 15 months. From this research the first risk assessment instrument to specifically target dynamic factors in sexual offenders was created. The SONAR (Hanson & Harris, 2000b) was developed to evaluate change in risk in sexual offenders and contains five stable

dynamic items and four acute dynamic items. Overall, in its creation sample, this scale shows a moderate ability to differentiate between recidivistic sexual offenders and non-recidivistic sexual offenders ($r = .43$; ROC area = .74). This is the same sample that is used in this thesis.

The “stable half” of this test samples five stable dynamic factors: intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self-regulation, and general self-regulation. Total scores for the five stable items correlate $r = .40$ with sexual recidivism. This is the same sample as was used for this dissertation.

The most important finding to come out of this research, however, was the finding (Hanson & Harris, 2001) that SONAR continued to differentiate between recidivists and non-recidivists even after controlling for preexisting risk factors. This means that SONAR, in its totality, provides extra risk-relevant information beyond that available with static variables alone.

Acute Dynamic Predictors.

Acute dynamic predictors represent quickly changing, relatively short-acting, immediate conditions that may provoke or assist recidivism. These factors include spikes in negative mood, sudden victim access, precipitous emotional or social collapse, a surge in sexual preoccupations, or alcohol intoxication. When these factors suddenly appear in an otherwise stable community offender there is a need for immediate supervisory intervention.

Evidence that negative mood may be an acute risk factor comes from the research of Proulx, McKibben and Lusignan (1996; McKibben, Proulx & Lusignan, 1994). In their studies, inpatient sexual offenders kept ongoing records of their emotional reactions,

deviant sexual fantasies, and masturbatory behaviour. These studies found that deviant sexual fantasies tended to follow episodes in which the offenders felt stressed or upset. Although their studies demonstrate a link between negative mood, deviant sexual fantasies and masturbation, the design of their studies could not directly examine the link between negative mood and sexual re-offending per se.

Zamble (1996) and Zamble and Quinsey (1997) completed a study of dynamic predictors of recidivism in general criminals in which they surveyed 311 recidivists (assault = 102, robbery = 100, property offenders = 102) and 36 non-recidivistic offenders. Zamble and Quinsey's (1997) recidivists self-reported numerous problems just before re-offence: these problems included interpersonal conflicts (25%), substance abuse (21%), financial/money problems (18%), and work/school problems (12%). Participants also reported feelings of hopelessness, depression, anger, frustration, stress, and anxiety just prior to re-offending. In Zamble and Quinsey's (1997) sample, there were only 18 sex offenders, 7.1% of the sample, (rapists, $n = 16$; child molesters $n = 2$) and hence their findings may not generalize to a sex offender sample.

Hanson and Harris (1998, 2000a, 2000b; Harris & Hanson, 1999) used a retrospective design to study acute dynamic risk factors in a sample of 201 non-recidivistic community supervised sexual offenders and 208 offenders who had recidivated with a sexual offence while on community supervision. This is the same sample used in this research. In this sample, just prior to recidivism, the recidivists demonstrated increases in substance abuse, spiking of negative mood states, increases in anger and hostility, and increased opportunities for victim access.

Acute Dynamic Risk Assessment Instruments

The SONAR (Hanson & Harris, 2000b) was developed to evaluate change in risk in sexual offenders. The “acute half” of this test samples four acute dynamic factors: substance abuse, negative mood, anger, and victim access. These four items correlate at $r = .26$ with sexual recidivism.

Dynamic Risk Factors in Psychopathic Sexual Offenders

Given the presence of psychopathy in a group of convicted sexual offenders, why do some of these men recidivate in a sexual manner while others do not? We know very little about what dynamic risk factors could be related to sexual recidivism in psychopaths. This is an exploratory hypothesis to see if there are any dynamic predictors captured by this project that distinguish the recidivist from the non-recidivist. The specific areas of interest are victim access, cooperation with supervision, and variables related to self-perception such as not understanding the effect that their behaviour has on others.

As stated above (Hanson & Harris, 2000b), victim access was one of the most important acute dynamic predictors found. Victim access was hypothesized to be of special importance to the psychopathic sexual offender in that the Shallow Affect, Lack of Remorse or Guilt, and Callous/Lack of Empathy dimensions seen in psychopaths (Hare, 1991) describe an offender who would take advantage of access to victims and who would not be troubled by guilt or remorse. Victim access is characterized by offenders who cruised for victims, deliberately create opportunities to reoffend, engage in the grooming of victims, and become involved with child related/child interest activities.

Victim access is noted as one of the three best static, stable, and acute risk factors (Hanson & Harris, 2000a).

Another of the three best static, stable and acute risk predictors is non-cooperation with supervision (Hanson & Harris, 2000a). In addition, this construct was chosen because this project sampled a large number of cooperation with supervision items. It was also thought that the generally grandiose nature of the psychopath (Hare, 1991), thinking himself not only above the need for supervision, but most likely smarter than the supervising officer might make this area worthy of investigation.

The last area, self-perception, such as not understanding the effect that their behaviour has on others and failing to understand how their behaviour affects others was chosen out of interest. This area was chosen to see if there was any indication that the offender had been made more aware of the anti-social nature of their behaviour. It may well be that the psychopaths general failure to accept responsibility for their actions make them insensitive to the idea that their behaviour actually affected others.

Rationale

Given the climate of public concern and the societal damage done by sexual offenders, it is reasonable to attempt to find instruments and methods that will increase our ability to determine which sex offenders are most likely to recidivate. An initial strategy in this search is to assess whether tests already used to predict recidivism for other groups of criminal offenders would help us differentiate the recidivistic sexual offender from the non-recidivistic sexual offender. This research proposes to determine whether Hare's Psychopathy Checklist-Revised (PCL-R, 1991) and the Psychopathy Checklist: Screening Version (PCL-SV; Hart et al., 1995) would be useful in assessing

community-based sex offenders and what relationship this measure has to measures of sexual deviance and dynamic predictors of sexual re-offence. The relationship between psychopathy and sexual deviance has been of interest to researchers for years.

Hypotheses

- 1) That the recidivistic group would score more highly on psychopathy than the non-recidivistic group.
- 2) That rapists would score higher on psychopathy than child molesters.
- 3) That scores obtained by parole and probation supervision officers on the PCL-SV, in a modified scoring task for research purposes, would correlate moderately with PCL-SV (file-only) scores and PCL-R scores obtained by file-only ratings by trained field researchers.
- 4) That parole and probation officers would more often state with regard to the psychopathic group that they did not see the recidivistic event coming, that it hit them “out of the blue” in comparison to the non-psychopathic group.
- 5) That both psychopathic groups, recidivistic and non-recidivistic, would look less sexually deviant when compared to the non-psychopathic groups, recidivistic and non-recidivistic.
- 6) The final hypothesis attempted to assess whether there are any dynamic factors that distinguish between the psychopathic recidivistic group and the psychopathic non-recidivistic group. It was hypothesized that the psychopathic recidivistic group would differ from the psychopathic non-recidivistic group on the following types of variables: victim access, cooperation with supervision, and variables relating to self-perception such as not understanding the effect that their behaviour has on others.

Method

Parole and Probation Officers

The participants in this research project were 263 parole and probation officers from across Canada. These officers were drawn from federal parole offices representing all regions of Canada and from the probation offices of nine provincial probation services. These officers participated in both the pilot testing and the data-collection phases of this research. Prince Edward Island, the Northwest Territories, and the Yukon Territory were not included in the pilot or data-collection phases of this project as they have insufficient population density to justify the transportation costs. Officers were informed about the research project by their regional headquarters if they were federal parole officers or by the office of the Provincial Solicitor General if they were provincial probation officers.

The Offenders.

To locate suitable offenders a search was made of federal and provincial computerized offender databases and administrative records. In addition, requests for information were sent to federal, provincial, and where appropriate, non-governmental community supervision services (e.g. John Howard Society).

All offenders included in this research had been convicted of a hands-on sexual offence (pure voyeurs and exhibitionists were excluded) and had served part of their sentence in the community (bail, probation, parole, mandatory supervision). For offenders who targeted child victims, those who targeted members of their extended family (e.g., nieces, grandchildren) were included as child molesters, but men who

victimized only children in their immediate family were excluded. The design called for equal numbers of rapists, boy-victim child molesters and girl-victim child molesters, equally divided between recidivists and non-recidivists. When offenders had diverse sexual victims, they were classified according to their predominant victim type. Information was collected on 208 recidivists and 201 non-recidivists. Following the predetermined sampling frame, see Table 1, the study examined approximately equal numbers of men convicted of rape, boy-victim child molesters, and girl-victim child molesters. The cells are not precisely equal as four data coders were selecting cases simultaneously across the nation and the results of these selection decisions were later forwarded to Ottawa for compilation.

The Recidivists.

The recidivistic sex offender group consists of 208 sex offenders who have committed another sexual offence, been charged with another sexual offence, or who have self-disclosed another sexual offence (one case), within the last 5 years, while under community supervision. Once a recidivist was located, a non-recidivist was selected from the same geographic region. The number of offenders per province was approximately proportional to each province's population. The new sexual offence did not always result in a conviction, but the new offence (hands-on or hands-off) must have been officially documented.

Offenders were deemed to have re-offended if:

- they had been convicted of another sexual offence while on community supervision,

- they had been charged with a criminal offence of a sexual nature while on community supervision,
- they had been charged with a non-sexual criminal offence (break & enter, trespass by night) while on community supervision but the officer had reasonable grounds to believe that the offender's intentions were to commit a sexual offence,
- the offender breached the conditions of his release for sexual reasons while on community supervision,
- the offender self-disclosed to the officer, while on community supervision, that they were sexually re-offending.

The Non-recidivists.

The non-recidivists were selected from sexual offenders who had successfully completed at least six months of community supervision. They were roughly matched to the recidivists on victim type (boy, girl, adult), offence type, age, and province/geographic region (Pacific, Prairies, Ontario, Quebec, Atlantic). If, for example, a recidivist had schizophrenia, the field researcher looked for a non-recidivist with schizophrenia. Similarly, if there were several non-recidivists to choose from, the field researchers selected non-recidivist cases that were higher, rather than lower risk. This rough, field-level matching minimized pre-existing (static) differences between the recidivists and non-recidivists.

Due to their generally low recidivism rates (Firestone et al., 1999; Hanson, Scott, & Steffy, 1995) incest offenders were not included in this study. However, for the purposes of this study the definition of child molester was fairly broad, and included:

- men who had molested their own biological children and children outside the family,
- men who target single women to gain access to their children (men who had lived with their victims for a two-year period and who had taken on a parental role were excluded from the study),
- men who target nieces, nephews, and grandchildren.

Procedures

There were two data collection tasks in this project. The first was the recording of static historical and demographic variables and the scoring of the PCL-R and PCL-SV from the correctional and probation files of the offenders, see Appendix 1. Secondly, the parole and probation officers involved with each case were interviewed for approximately one hour. The interview included a verbally scored PCL-SV and 130 questions on dynamic predictors of sexual re-offence that may have been observed by the supervising officer during the course of supervision. These dynamic variables were scored on a time differential to allow for the observation of change in these factors prior to re-offence or changes which lead to a successful period of community supervision, see Appendix 2.

In this research the basic concept of Psychopathy (Hare, 1991) was measured in three different ways. The PCL-R and the PCL-SV were both coded by the field researchers from file-only. In addition, the item descriptions of the PCL-SV were changed slightly so that they could be read aloud by the field researcher to the supervision officer. The officer would then give their opinion as to whether this trait was absent in the offender, somewhat present in the offender, or definitely present in the offender. The

diagnostic cut-offs for a diagnosis of psychopathy are 30 or more points out of a possible 40 for the PCL-R (Hare, 1991) and 18 or more points out of a possible 24 for the PCL-SV (Hart et al., 1995).

Four field researchers working under the supervision of a project manager (Andrew Harris) collected the data. In order to enhance reliability, the field researchers received a week of group training before data collection began. The project manager also accompanied each researcher during their first week in the field, and re-visited each of them for one to two weeks during the course of data collection. Periodic teleconferences were held to resolve ongoing problems and to reduce rater drift. Coding conflicts were generally solved by consensus in teleconference and then distributed as written project guidelines by the project manager.

The field researchers coded the file material before or after the interview depending on the availability of the officer. In general, the file coding took three to five hours and the interview one hour. The file coding was based on all available information. In many cases, this involved retrieving records from archives, distant institutions, or alternate jurisdictions. The same researcher that coded the offender's file conducted the interview, except when geography was a significant obstacle (e.g., Vancouver vs. Kingston). This occurred in only three cases.

Ethics and Confidentiality

The project received ethics approval from nine provincial/regional review boards, five federal regional ethics review panels and the ethical review committee of the Psychology Department, Carleton University, Ottawa. Before being interviewed, each

community supervision officer signed an informed consent, see appendix 2, indicating that their participation was voluntary, that the information to be collected was for research purposes only, and that no personal or identifying information would appear in any reports on the project. The interviews were conducted in the officer's normal place of work during working hours. Of the officers with cases appropriate for this study, less than one percent declined participation.

Data Collection Personnel

The data was collected by Andrew Harris and four experienced and security cleared field researchers with correctional and interview experience selected by the Department of the Solicitor General Canada. The above five people were all duly sworn under *The Privacy Act* (SOR/83-508, Oct. 1994) to protect all personal information recorded in any form in connection with collecting this data.

File review variables

A standardised coding manual (see Appendix 1) was used to record background information for each case. This information was based on a complete file review and a national criminal history records check obtained from the RCMP.

These variables fall under a number of broad headings:

- Demographics
- Important historical dates
- Parole and probation supervision dates
- Circumstances of the index offence
- Level of brutality exhibited in any crime

- Circumstances of the recidivistic offence
- Alcohol and drug problems
- Education and employment history
- Psychiatric and psychological diagnoses
- Treatment attendance and outcome variables
- Institutional supervision variables
- Early childhood information
- Copying the General Statistical Information on Recidivism scale (GSIR)
(Nuffield, 1982)
- DSM-IV Conduct Disorder diagnosis variables (APA, 1994)
- DSM-IV Antisocial Personality Disorder diagnosis variables (APA, 1994)
- File coding of the PCL-SV
- File coding of the PCL-R
- Victim list by age, sex, relationship to offender, date of offence and offence particulars
- Information on past sex offences and phallometric assessments
- Checklist of sexual activities, divided by victim: male child, female child, male adult, female adult, and victim totals
- Criminal history

The Sexual Deviance Variables

All of the variables used to assess sexual deviance in this study were coded from file information (see Appendix I). Having a sexual preference for underage sexual partners was assessed by items so01 and so01a (see section “Sex Offenders”, Appendix I) which recorded whether the offender had a phallometrically determined preference for child males, child females, or both. Having a deviant sexual activity preference was recorded by item so02 (see section “Sex Offenders”, Appendix I. This item was positively coded when a phallometric test had recorded a preference for rape, violence, or sadism in a phallometric assessment. The data for the factor “child or activit, phallometrically assessed” is simply the combination of these two variables.

The “Lifetime Total of Stranger Victims” is the total taken from item v105s (see section “Victim List – Totals”, Appendix I) and records the numerical total of stranger victims of sexual offences for adult males, adult females, child males, and child females. The scores for each offender on “Paraphilias” were determined by summing the following items, so341 (Sadism/Masochism), so342 (Beastiality), so343 (Voyeurism), so344 (Exhibitionism), so345 (Toucherism/Frottage [no relationship with victim]), so 346 (Obscene Phone Calls), so347 (Cross-dressing/Transvestism), and so348 (Transexualism/Gender Identity Disorders). The presence in the record of any of these features caused that item to be scored as a “1” and these items were then summed to create a total paraphilia score for the individual offender (see section “Deviant Sexual Behaviours”, Appendix I).

The score on "Prostitution" was created by summing two items, so361 (Prostitution [self]), and so362 (Use of Prostitutes). Each item was scored a "1" if this behaviour was found in the file record. The "Sexual Deviance Behaviour Total" is the average number of deviant sexual behaviours recorded for that individual offender on all 34 deviant sexual behaviours recorded in the section "Deviant Sexual Behaviours" in Appendix I. All of the above sexually deviant behaviours were scored solely as present or absent in the official file record and no attempts at quantification or habit-strength were made.

The Interview Manual

The officer interview was conducted using a written interview protocol, see Appendix 2. The interview begins with basic identifying information on both officer and offender. The questionnaire surveys the following areas of interest:

- the nature of the index, and if applicable, recidivism offence,
- if the offender is a recidivist, did the supervising officer see the re-offence coming or did it occur "out of the blue"?,
- important persons in the offender's life, what level of support these people appear to offer the offender and whether these persons are a positive, negative, or a neutral influence in the offender's life,
- the officer's overall assessment of the offender's risk,
- a question on release environment from the HCR-20 (Webster & Eaves, 1995),
- the verbally administered PCL-SV,

- approximately 130 questions concerning dynamic predictors of criminal recidivism,
- questions regarding the nomination of other potential research participants,
- time graph for assessing the officer's overall perception of the offender's risk to re-offend sexually.

The interview then branched into two principle lines of inquiry, the first being for those who are non-recidivists and the second being for those who had committed another sex offence while on community supervision.

PCL-SV by Officer Reply.

The officer was then read the 12 items from the PCL-SV one at a time and the officer was asked to respond verbally to each of the 12 items using the standard 3-point rating scale; 0 = this item does not describe or capture the "flavour" of the offender's behaviour, 1 = that the offender's behaviour matches this description in some general aspects, and 2 = the item describes the offender in most essential aspects.

The Time Graph.

The officer was then presented with a time graph (Appendix 3) upon which the officer was asked to draw his/her general impression as to the risk the offender posed for sexual recidivism throughout the course of supervision. The officer marked this curve on the graph with the top of the graph representing no concerns regarding sexual recidivism while on community supervision and the bottom of the graph representing extreme levels of concern regarding the offender's likelihood to re-offend sexually while on community supervision.

This time graph was used to illustrate two specific time periods within the course of supervision. The field researcher then drew four vertical lines on the graph to delineate two time periods. In the case of non-recidivistic offenders the second time period (denoted 'T2') was the last six weeks of the supervision. Four clear months were then counted back and another clear six week period was marked out on the graph (denoted 'T1'). If the offender had recidivated 'T2' ends at the time his recidivism was reported to the officer and begins six weeks previous. Four clear months are counted backwards in time and 'T1' is the six week period prior to the four clear months. The interviewer then asked the officer to give a short narrative report on what was going on in the offender's life during these two periods to orient the officer's memory for significant events during these two supervision periods.

The officer was then asked an extensive list of questions about dynamic factors that may have been of concern during the supervision process. For example, the officer was asked if alcohol use was ever a concern in the supervision of this offender. If the officer said "no", a '0' was scored and the researcher continued to the next item. If the officer answered "yes", the officer was asked to identify this factor as either a major concern, a "2" is entered, or a minor concern, a "1" is entered. If the officer replied in the affirmative to the item, at either level of concern, the officer was then asked "during which time period, 'T1' or 'T2', was this more of a concern for you in the supervision of this offender?" If the officer answered that this factor was more of a concern for him during the 'T1' time period then the code '21' was entered, indicating more concern during the 'T1' period. If the reverse was true and the officer indicated that a given factor

was more of a concern during the 'T2' time period then the code '12' was entered, indicating more concern during the 'T2' period. This process resulted either in a "0" or a 3-digit code for each question. The list of possible codes and their meanings are shown below:

- 0 This factor has never been a concern with this offender
- 222 This factor has been a major concern with this offender during supervision and the officer expressed equal concern about it at at both 'Time 1' and 'Time 2'
- 111 This factor has been a minor concern with this offender during supervision and the officer expressed equal concern about it at at both 'Time 1' and 'Time 2'
- 212 This factor has been a major concern with this offender during supervision but the officer expressed more concern about it at 'Time 2'
- 221 This factor has been a major concern with this offender during supervision and the officer expressed more concern about it at 'Time 1'
- 200 This factor has been a major concern with this offender during supervision but not during the two specified time periods
- 100 This factor has been a minor concern with this offender during supervision but not during the two specified time periods
- 211 This factor has been a major concern with this offender during

supervision but only of minor concern during the two specified time periods

- 101 This factor has been a minor concern with this offender during supervision but not during the 'Time 1' but re-appeared during the 'Time 2' period
- 110 This factor has been a minor concern with this offender during supervision as a whole, it was a concern during the 'Time 1' period but not during the 'Time 2' period.

Fifteen major areas of concern were surveyed in this manner. Officers provided only global ratings (i.e., "ever a problem?") for some attitude items since such attitudes were not expected to change during a six month period. All the other items were coded separately for each time period (ever, T1, T2).

Over 130 dynamic predictors were tested in this research and they fall into the following general categories, (for the complete list of all dynamic predictors see Appendix 2):

<u>Predictor Categories.</u>	<u>Items</u>
• Substance abuse	3
• Mood/Anger/Depression	12
• Social (Isolation, conflicts, association with sex offenders)	13
• Employment/School	4
• Attitude/Presentation (minimizations, justifications)	12
• Life stress (rejection, health, media)	9

	58
• Risk reports (from outside persons)	2
• Sexual risk factors (pornography, testing risk factors)	9
• Statements I (made by the offender) (entitlement, justification)	7
• Statements II (would the offender agree with the following)	
a) rape statements	5
b) child molester statements	4
c) entitlement statements	4
• Victim access (cruising, grooming, internet)	6
• Appearance (dirty, hygiene, inappropriate)	3
• Lifestyle (bored, aimless, chaotic, coping)	4
• Having a problem with (restless hyperactive energy)	6
• Acknowledgment of problems, social and family support	2
• Cooperation with supervision (conflict with officer)	30

Reliability

For the static file-review variables 43, or 10.5%, of the cases were coded by two independent raters, one was always the project manager, to obtain estimates of coding reliability. Fourteen static content areas (e.g., demographics, alcohol and drug problems, education, and early childhood problems) were coded separately. Each of these content areas generally contained between 5 and 15 items of either a categorical (any boy victims) or interval (number of total victims) level of measurement. In these cases percent agreement was used as the measure of rater agreement. To guard against the artificial inflation of percent agreement due to low base-rates of behaviour, or a lack of certain

types of behaviour, these reliabilities were calculated only when at least one rater scored a rating for any given item. Empty boxes, "unknown's", and missing data were not included in the calculations. For these 14 areas the average percent agreement was 95% as can be seen in Table 2.

Inter-rater reliabilities were completed on 28 PCL-R's by file-only and on 38 PCL-SV's by file-only. In these cases Pearson correlations were used as the measure of inter-rater agreement. Inter-rater agreement on the PCL-R by file-only was $r = .87$ and for the PCL-SV by file-only was $r = .89$. Both of these correlations were significant beyond the $p < .001$ level. In 61 or 15% of the officer interviews the project manager attended the officer interview with the field researcher and the interview was reliability coded. For these 61 interviews the resulting correlation between the two raters was $r = .99$, significant beyond the $p < .001$ level, see Table 3. There appears to have been a training failure with the Maritime psychopathy ratings on the PCL-SV (file-only), the correlation between the two raters was a non-significant $r = .40$ over six ratings, see Table 3. Interestingly, the inter-rater reliabilities for the PCL-R (file-only) and the PCL-SV (officer-reply), with this same Maritime researcher, are quite acceptable, see Table 3.

As can be seen in Table 4 the single measure intraclass correlations (ICC's) are displayed for the three psychopathy ratings and their Factor/Part scores. These scores show that, on the whole, inter-rater reliabilities were very high for these two file-only codings and extremely high for the 61 officer Interview PCL-SV's.

Of the 15 areas assessed in the officer dynamic interview 64 interviews or 15.6% of the sample were double-coded. Percent agreement was used as the measure of

reliability and the average percent agreement was 97%, see Table 5. In this section the lowest agreements are found among the 12 Quebec interviews. In these interviews inter-rater agreement may well be lower as the project manager participated in these interviews in his second language.

Data Reduction

Information was collected on a large number of variables, and a large percentage of these variables discriminated recidivists from non-recidivists. Some of these items were then organized into conceptually coherent scales and assessed using Cronbach's (1951) alpha. Items that did not have high item-total correlations were deleted from these scales. Those scales that had greater than eight items, or where the alpha was low, were subjected to factor analysis to detect embedded constructs. Data reduction proceeded to reduce overlap between the constructs while maximizing the discrimination on the contrast of interest.

Results

The general characteristics of this sample are reported first. This consists of descriptive and frequency statistics to check that the recidivistic and the non-recidivistic groups do not differ appreciably on pre-existing risk. Following this, the results of the six hypotheses are reviewed in order.

Descriptives and Frequencies

Initially descriptives and frequencies were calculated and checked against acceptable codes and values for each of the variables. These results are reported in Tables 6 through 11. These tables display static variables for both recidivistic and non-recidivistic sexual offenders.

The first stage of the analysis examined static historical variables that may influence the offenders' pre-existing recidivism risk. These variables included general demographic characteristics (e.g., age, marital status) and factors that have been previously associated with sexual offence recidivism (Hanson & Bussière, 1998). The purpose of this analysis was not to identify static risk factors per se, but rather to check that the main between-groups comparison, recidivists versus non-recidivists, did not suffer from extreme sampling biases such as containing very high-risk recidivists and only low-risk non-recidivists. As offenders were field-matched on relevant risk factors, few differences were expected.

General Descriptive Results

Recidivists versus Non-recidivists.

As can be seen in Table 6, the recidivists and the non-recidivists were well matched on many variables. There were no significant differences between recidivists and non-recidivists on age at time of their Index offence (the offence that brought them to the attention of this study), or their age at coding (age at inclusion in this study). The recidivists were an average age of 36.3 years when placed on community supervision after their Index offence and non-recidivists were an average age of 39.1 years when placed on community supervision after their Index offence, a significant difference at the .05 level. The average age of the recidivists, at recidivism, was 36.9 years. There was a significant difference between the two main groups on the length of time they had been on supervision in the community. In a very real sense, the time that a recidivistic offender can be followed in the community is cut short by his recidivism. Hence, the average time that a recidivist was supervised in the community was 15.4 months while non-recidivists were followed significantly longer with an average supervision length of 24 months.

There were no significant differences between recidivists and non-recidivists on the percentage that had ever been married, that were of minority racial background, or that were unemployed at time of index offence.

Sex Offence History.

As can be seen in Table 7, the recidivists had a slightly greater number of total victims (median of 5 vs. 3), but the difference in the means was not statistically significant ($t(207) = .70, p > .48$). There were no between-group differences on the number of offenders that had offended against adult females, adult males, boys, or girls. The percentage of recidivists, however, that had diverse victim types, (victims of different

ages and gender), was significantly greater for the recidivists (54% vs. 33%). Non-recidivists significantly more often had “only related” victims but there was not a significant difference between the groups on the number of acquaintance victims. The recidivistic group had a significantly higher percentage of offenders having at least one stranger victim.

Sexual Deviance and Sex Offender Treatment History.

As shown in Table 8 there was no difference between recidivists and non-recidivists on their age at first sexual offence. There were no differences between recidivists and non-recidivists on having a diagnosis of sexual deviance on their file, neither by clinical opinion nor by phallometric assessment. The recidivists had a significantly greater number of paraphilias (voyeurism, exhibitionism, fetishes) than the non-recidivists and the recidivists were also significantly more often described as having a lifestyle that was congruent with sexual deviance.

There were no differences between the principle groups, either in terms of the percentage of offenders who had ever attended sex offender treatment nor in the number of different treatment programs they had attended.

Family Background and Clinical Assessment.

Table 9 reveals that both recidivists and non-recidivists reported the same amount of physical abuse in childhood. However, the recidivists had experienced significantly more sexual abuse, more emotional abuse and neglect, had been apprehended by child protection services significantly more often, and had more often endured a long-term

separation from their parents prior to age 16. The recidivists were also significantly more often described as having a negative childhood relationship with their mother.

Clinical assessments show that the non-recidivists had slightly higher IQ's (means 94 vs. 100). The two groups had equal occurrences of personality disorder and psychotic disorder mentioned in their files. When a diagnosis of Anti-social Personality Disorder (DSM-IV) was scored from file by the field coders it was found that the recidivistic group had a significantly higher percentage of Anti-social Personality Disorder.

Criminal History.

Criminal histories were scored in four categories: number of sexual offences (e.g., invitation to sexual touching, rape, sexual assault, gross indecency), number of non-sexual violent crimes (e.g., threats, assaults, weapons charges when not associated with a sexual offence, murder), number of potentially sex-violent crimes (e.g., forcible confinement, kidnapping, and weapons offences when associated with a sex offence), and number of general offences (e.g., break & enter, forgery, auto theft, drug charges, parole/probation violations, violations of trust). These four categories were summed to produce a total score for each of three time periods, see Table 10.

The three time periods assessed were Pre-index offence, Index offence, and Post-index offence. In both the Pre-index time period and the Index offence there were no significant differences in any of the four types of crime nor in the totals, see Table 10. By design, the recidivists had significantly more crimes in all categories Post-index. As can be seen in Table 10 there was some low-level residual re-offending in the non-recidivistic group. These offences would have occurred either after the officer was interviewed but

before follow-up recidivism data were retrieved from the RCMP or during the course of supervision with the officer unaware of the recidivism when they nominated the offender for inclusion in the study.

Psychopathy.

Total scores and Factor/Part scores for all three administrations of the psychopathy tests are shown in Table 11. This table also shows that there are significant differences between sexual recidivists and non-recidivists on all Total and Factor/Part scores with the sexual recidivists always scoring higher on the number of psychopathic traits displayed.

A total of 352 “file-only” PCL-R’s were scored in this research. On ten of the twenty items, no items were missing and, on a further six items, this item was missing from only one coding. Out of the 352 codings the item “Shallow affect” was not coded twice and the item “Many short term marital relations” was not coded three times. The item “Juvenile delinquency” was not scored 12 times and the item “Early behaviour problems” was not scored 14 times. It should be noted, however, that there were 409 opportunities to code PCL-R’s from file-only. However, 57 cases (14%) were deemed “insufficient information to code” by the field researchers.

A total of 398 “file-only” PCL:SV’s were scored by the field researchers. On four of the twelve items, no items were missing and, on a further four items, the item was missing from only one coding. Out of the 398 codings the item “Lacks empathy” was not coded twice and the items “Lack of long-term goals” and “Adult anti-social behaviour”

were not coded three times. The item “Anti-social adolescent behaviour” was not scored 38 times (9.5% of 398 cases or 9.3% of 409 cases).

A total of 394 PCL:SV’s were scored by officer-reply during the interview process. On eight of the twelve items no items were missing and on two further items these items were missing from only one coding. The item “Irresponsible” was not coded on three occasions and the item “Adolescent anti-social behaviour” was not coded 77 times (19.5% of 394 cases or 18.8% of 409 cases).

These results would suggest that the file information often does not contain sufficient historical information to score those items that tap early behaviour problems, juvenile delinquency and early-life problems.

Hypothesis Number One: *That the recidivistic group will score more highly on psychopathy than the non-recidivistic group.*

As can be seen in Table 11 the recidivists scored significantly higher than the non-recidivists on all three psychopathy measures. All Total, Factor, and Part scores significantly differentiated recidivists from non-recidivists at the $p < .001$ level. The pattern of overall diagnosis is interesting in that the PCL-R (file-only) showed approximately 20% of recidivists to be psychopaths and only about 8% of non-recidivists to be psychopaths. Both scorings (file-only and officer reply) of the screening version over-diagnosed the presence of psychopaths in the recidivistic group (file-only = 38.8%, officer reply = 35.6%). However, the officer reply screening version, scored almost exactly the same number of psychopaths in the non-recidivistic group (8.1%) as did the full PCL-R file-only (8.0%) while the file-only screening version heavily over-diagnosed

the presence of psychopathy in the non-recidivistic group (20.3%). It is interesting that the field coders were more likely to see psychopathic traits in the offender's files than the officers were to report verbally.

A further analysis was undertaken to see if there were any significant differences between recidivists and non-recidivists across the three sex offender groups for each method of psychopathy assessment. In Table 12 it can be seen that when assessed by the full PCL-R (scored from file only) that both Total and Factor scores significantly differentiate recidivists from non-recidivists in the sample of Boy-victim Child Molesters. It can further be seen that for Girl-victim Child Molesters only Total score differentiates recidivists from non-recidivists. For the Rapist sub-sample neither Total score nor Factor scores differentiate recidivists from non-recidivists.

In Table 13 we observe that, when assessed using the PCL-SV (scored from file only) that Total score and Factor 1 score significantly differentiate recidivists from non-recidivists and that this same pattern is seen for Girl-victim Child Molesters. Scores of the PCL-SV (scored from file only) do not distinguish recidivists from non-recidivists in the Rapist sub-sample. Table 14 displays the scores for the three victim sub-samples when they are assessed for psychopathy using the PCL-SV (scored by officer-reply). In the top third of Table 14 we see that only Part 1 scores differentiate recidivists from non-recidivists for Boy-victim Child Molesters and in the bottom third of Table 14 we see that only Part 1 scores differentiate recidivists from non-recidivists in the Rapists sub-sample. As scored by Officer-reply the PCL-SV does not differentiate between recidivists and non-recidivists for Girl-victim Child Molesters.

Table 15 presents correlations between measures of Psychopathy, as assessed by full PCL-R (file-only), PCL-SV (file-only), and PCL-SV (officer-reply) and sexual recidivism. Here we see high correlations between the PCL-R (by file-only) and whether the offender recidivated or not. These correlations are particularly high for Boy-victim Child Molesters for all three methods of assessment. In addition, the correlations are high for Total score and Part 2 scores in the Rapist sub-sample. It should be noted however that these are maximized correlations due to the artificial baseline rate of re-offending (50%) and that these offenders were matched on factors relevant to recidivism risk.

Hypothesis Number Two: *That rapists will score higher on psychopathy than child molesters.*

Table 16 presents data showing the rapists scoring higher than both of the child molester groups on the PCL-R (file-only) for the total sample. When total scores are reviewed the rapists scored an average of 22.44 (SD = 8.06) while the girl-victim child molesters scored 20.18 (SD = 7.79) and the boy-victim child molesters scored 18.16 (SD= 8.99). A one-way analysis of variance found a significant difference between the groups overall, $F(2, 350) = 7.7, p < .001$. Scheffé Multiple Comparisons indicate that the scores for the boy-victim child molesters are significantly different from the rapists but that the scores for the girl-victim child molesters, while between these two, were not statistically different from either group.

Subsequent analysis looked at the differences between groups on the PCL-R, file-only, Factor 1 and Factor 2 scores. This sub-analysis is helpful in determining where the differences between the groups come from. As can be seen in Table 16, on Factor 1 the

boy-victim child molesters scored the lowest and the rapists scored the highest with the girl-victim child molesters in between. One-way analysis of variance shows that there was not a significant difference between these three groups on Factor 1.

The same general pattern of results was observed in the Factor 2 scores with the boy-victim child molesters scoring the lowest and the rapists scoring the highest with the girl-victim child molesters in between. This analysis revealed a significant difference between the groups, $F(2, 349) = 7.18, p < .001$. Scheffé multiple comparisons showed the boy-victim child molesters to be significantly different from the rapists and the girl-victim child molesters to score intermediate between these two groups but statistically significantly different from neither, the same pattern as for the Total scores.

When the recidivistic group is analyzed by itself, see Table 17, the patterns of significance are the same as for the whole sample except that the child molesters, as a group, are significantly different from the rapists on Factor 2. Table 18 shows comparable data for the non-recidivists. Here, the boy-victim child molesters appear to be more separate from the girl-victim child molesters and the rapists. Once again the boy-victim child molesters score the lowest, significantly different from the rapists on Total score and Factor 2. Hence, we have reason to believe that the Factor 2 component is what creates the significant difference between child molesters and rapists on psychopathy.

Hypothesis Number Three: That the scores obtained by parole and probation supervision officers on the PCL-SV, in a modified scoring task for research purposes,

will correlate moderately with PCL-SV scores and PCL-R scores obtained by file-only by trained field researchers.

This is the first study to attempt to assess Hare's concept of psychopathy by three methods. The first application is that of scoring the PCL-R from file-only. The second application is that of scoring the PCL-SV by file-only. The third application is of scoring the PCL-SV by officer reply. The Total and Factor/Part scores of these three administrations can be seen in Table 11.

In this analysis the PCL-R scoring is taken as the referent. It is interesting to note that the file-only PCL-SV did act as a screening version in that it over-diagnosed the presence of psychopathy in both the recidivistic and the non-recidivistic samples. The other administration of the PCL-SV, by officer reply, only over-diagnosed psychopathy in the recidivistic group. Officer reply judged the same proportion of the non-recidivistic sample, eight percent, to be psychopaths as did the full PCL-R from file-only.

The correlations between the PCL-R file-only Total score, Factor 1 and Factor 2 scores with the Total and Part scores for the PCL-SV file-only are very strong. The two Total scores correlated at .91, the Factor 1 and the Part 1 scores correlated at .92, and the Factor 2 and Part 2 scores correlated at .89. The correlations between the two administrations of this test are all highly significant. As can be seen in Table 19 the correlations between the PCL-SV by officer reply and both the PCL-R by file-only and the PCL-SV by file-only, while significant, are not particularly strong. The average of the six correlations being only .62.

When the various tests are compared for congruence of diagnosis we find that, see Table 20, the PCL-R file-only and the PCL-SV officer reply versions produced a significant Kappa of .34, ($T = 6.548$, $p < .000$) agreeing on 80 percent (278/349) of classifications. Kappa (Cohen, 1960) is a measure of inter-rater agreement that corrects for chance agreement. We also see that the PCL-SV by officer reply is operating as a screening test, classifying 49 (14%) more individuals as psychopaths than did the PCL-R from file-only. Of concern, however, are the 22 (6.3%) false negatives. In this case the PCL-R file-only classified 22 offenders to be psychopaths that the PCL-SV by officer reply did not.

In the second set of comparisons the PCL-SV officer reply was compared to the PCL-SV from file-only. This produced a significant Kappa of .40, ($T = 8.175$, $p < .001$) with both tests in agreement on 77% (306/398) of classifications, see Table 21.

In Table 22 we see the final set of comparisons. This is a comparison of the PCL-R coded from file-only with the PCL-SV coded from file-only. This comparison yields a significant Kappa of .54, ($T = 11.338$, $p < .000$) with both tests agreeing on 83% of classifications (293/352). Here we see the PCL-SV file-only operating as an efficient screening test. The PCL-SV file-only found 58 more offenders to be psychopaths than did the PCL-R from file review. However, more importantly, there was only one false negative from the PCL-SV file-only.

Hypothesis Number Four: *That parole and probation officers will more often state with regard to the high psychopathy group that they did not see the recidivistic event coming, that it hit them "out of the blue" in comparison to the low psychopathy group.*

At one point during the officer interview the officers were asked to say whether they felt they had seen the recidivism coming or whether it had hit them “out of the blue”. There were 39 recidivists that scored 30 or greater on the PCL-R by file-only. Of these 39, in 28 cases the officers said that they felt they had seen the recidivism coming and in the remaining 11 cases they said that they had not see the recidivism coming. To test this hypothesis a Chi-square test was completed between the psychopathic recidivists, and the officers assessment of whether they felt that they had seen the recidivism event coming or not. This analysis resulted in a significant Chi-square $\chi^2 (1, N = 189) = 6.65, p < .01$, see Table 23. This significant Chi-square indicates that the proportions are significantly different between the psychopathy group and the non-psychopathy group with regard to whether the officer felt they saw the reoffence coming. Also included in this Chi-square analysis were 150 recidivists with psychopathy scores less than 30, see Table 23. Of these, officers felt they saw recidivism coming in 73 and felt they could not see recidivism coming in 77. In the psychopathic group the officers significantly more often felt they saw the recidivistic event coming while in the non-psychopathic group this distinction appears to have been operating at a chance level.

These results were also checked for a psychopathy cut-off score of 26 and greater. This cut-off was chosen to enlarge the sample of psychopaths for improved comparison with the dynamic factors being explored in hypothesis number six. With this cut-off there were 78 psychopathic recidivists, effectively doubling the size of this group. Of these 78 recidivists, officers replied that in 49 cases they felt they saw the recidivism coming and in 29 cases they felt they had not seen the recidivism coming. Also included in this

analysis were 111 sexual recidivists who scored low on psychopathy, see Table 24.

Of these, officers stated they felt they had seen recidivism coming in 52 cases and felt that recidivism had hit them “out of the blue” in 59 cases. This analysis resulted in a significant Chi-square $\chi^2 (1, N = 189) = 4.70, p < .03$, see Table 24. This significant Chi-square indicates that significantly more often than chance the officers thought they had seen the recidivism offence coming in psychopathic offenders while in the non-psychopathic offenders this distinction was operating at chance levels. Hence, one could believe that the psychopaths were not successful in hiding their risky behaviour.

In conclusion, the community supervision officers significantly more often felt they had seen the recidivism coming in the psychopathic recidivists as compared to the non-psychopathic recidivists.

Hypothesis Number Five *That both high psychopathy groups, recidivistic and non-recidivistic, will look less sexually deviant when compared to the low psychopathy groups, recidivistic and non-recidivistic.*

This hypothesis was assessed in two ways: first, the high-psychopathy group, both recidivists and non-recidivists ($n = 109$) (using a score of 26 or greater as a cut-off) were compared to the low-psychopathy group, both recidivists and non-recidivists ($n = 244$) on the outcome of phallometric assessments and having a history of various paraphilias and other deviant sexual behaviours. Also of interest are the four categorical comparisons of high-psychopathy recidivists, versus, high-psychopathy non-recidivists, versus low-psychopathy recidivists, versus low-psychopathy non-recidivists.

First, as seen in Table 25, no significant differences were found for the phallometric measures between the low and the high psychopathy groups. This includes a phallometrically assessed preference for children, for deviant sexual activity, and for the two of these measures combined. It should be noted, however, that for child preference the high-psychopathic offenders scored lower than the low-psychopathic offender while the reverse was true for deviant sexual activity (rape) preference. Also in Table 25 four other historical indicators of sexual deviance are presented. Research has shown that the number of stranger victims (Hanson & Bussière, 1998) is associated with sexual recidivism and sexual deviance, and in this sample, the number of stranger victims does not differ between the low and the high psychopathic groups.

Also analyzed were the presence of paraphilias, having a history of prostitution and a count of the number of deviant sexual behaviours that the offender had ever engaged in. All three of these measures significantly differentiated the two groups with high-psychopathic offenders always scoring more highly.

This analysis is further broken down for comparisons between the high-psychopathy recidivists, the high-psychopathy non-recidivists, the low-psychopathy recidivists, and the low-psychopathy non-recidivists, see Tables 26 and 27.

As can be seen in Table 26, the phallometrically assessed preferences do not differentiate between the four groups. Once again the high-psychopathy groups scored lower than the low psychopathy groups on child preference and the combined (any deviant preference) deviant child/deviant activity variable. We see in Table 27 that lifetime total of stranger victims does not distinguish between the four groups. Also in

Table 27, on the behavioural indices of paraphilias, prostitution, and total number of deviant sexual behaviours there are overall differences between the groups with the high-psychopathic recidivists always scoring highest and the low-psychopathic non-recidivists always scoring the lowest.

Overall, this pattern of results is very interesting in that the strongest measure of deviant sexual interest, phallometrics, does not detect any differences between the high-psychopathy group and the low psychopathy group. It should be noted, however, that as shown in Line 1, Table 25, while non-significant, the high psychopathy group scored lower than the low psychopathy group on deviant child preference. This would seem to indicate that deviant sexual preference for children is not associated with psychopathy. Other measures that are associated with behavioural expressions of sexual deviance show that the high-psychopathy group exhibits more sexually deviant behaviours.

Hypothesis Number Six: *This exploratory hypothesis will attempt to assess whether there are any dynamic factors that distinguish between the high psychopath recidivistic group and the high psychopathy non-recidivistic group. It is hypothesized that the high psychopathy recidivistic group will differ from the high psychopathy non-recidivistic group on the following types of variables: victim access, cooperation with supervision, and variables relating to self-perception such as not understanding the effect that their behaviour has on others.*

This analysis proceeded by assessing 10 different dynamic areas that might distinguish between high-psychopathy recidivists and high-psychopathy non-recidivists. These areas included substance abuse, mood, social functioning, attitude and

presentation, life stress, sexual risk factors, victim access, failure to acknowledge/understand his problems, and two sub-scales from the co-operation with supervision items, representing an offender who is just “playing the game” and another that is an “officer involvement” scale. Using a cut-off of 26 or greater it was found that there were 78 high-psychopathy offenders who had recidivated and 31 high-psychopathy offenders who had not recidivated.

Analysis proceeded as follows. First the individual scores for both the “T1” and the “T2” time periods were separated from the dynamic interview “three-codes”. It will be remembered that each of the dynamic interview questions resulted in either a “0” if that item was not applicable to that individual offender during the supervision period or a three-digit code with the first digit representing the officer’s assessment of that item “ever” in supervision, the second digit representing the officer’s assessment of that factor at the “T1” time period, and the third digit representing the officer’s assessment of that characteristic during the “T2” time period. For each of the first eight areas of interest Cronbach’s (1951) alpha was used as a test of internal consistency. Items with low item-total correlations were eliminated from the scales. The items in two content areas, mood and social functioning, required factor analyses as there were 12 and 13 items, respectively. As a result of this analysis the mood variables were reduced to five items and called the “Bad Mood” scale and the social functioning items were reduced to seven items and named the “Intimate Conflicts” scale. A major area of interest, cooperation with supervision, contains 30 potential items. Due to the large number of variables these items were preemptively moved to factor analysis assessing principal components. Factor

analysis was carried out on both the "T1" and the "T2" scores independently and the resulting factors compared. In both cases there were no discrepancies in items between the factor analyses at "T1" and at "T2".

These processes resulted in 10 individual scale scores with data at both the "T1" and the "T2" time periods. As a result, this data lent itself to a repeated measures design. In this case, the within variable was the scores on the same item on the same individual at "T1" and "T2". The between variable was whether the offender was a member of the high-psychopathy recidivistic group, the high-psychopathy non-recidivistic group, the low-psychopathy recidivistic group or the low psychopathy non-recidivistic group. In this exploratory analysis ten repeated measures ANOVA's were completed.

The initial analysis plan was to proceed with a repeated measures MANOVA with the individual offender's scores at "T1" and "T2" as the within-subjects variables, testing all 10 of the scales in one analysis. This strategy was attempted but the results were rendered uninterruptible due to the presence of systemic effects and inherent latent covariates occurring as a result of using a MANOVA model. As a result the analysis was stepped-down and proceeded by way of ten independent repeated measures ANOVA's with offender scores at "T1" and "T2" as the within-subjects variables.

The ANOVA model provides for the analysis of mean values at each level of the within-subjects variable and allows for the calculation of mean differences based upon different sub-sets within the data such as whether the offender was a member of the high-psychopathy group or the low-psychopathy group and whether they were a sexual recidivist or a sexual non-recidivist. The effect size estimate used in this analysis, and

reported in Table 28, is eta-squared. Eta-squared estimates the proportion of total variability attributable to a given factor. Tabachnick and Fidel (2001) state that when there are two levels that eta-squared is the squared point biserial correlation between the two levels. Having found a main effect or an interaction, eta-squared shows the proportion of variance attributable to the effect.

The most interesting section, especially with regard to this hypothesis, was the intimate conflicts scale.

Intimate Conflicts Scale.

This is a seven item sub-scale created from the co-operation with supervision section. These seven items are, Conflicts with intimate partner, Sex problems with intimate partner, Distrust of his intimate partner, Affairs/Infidelities, Conflict with/Rejected by family, Negative conflicts with others (co-workers/friends), and Initiates or re-joins a dysfunctional relationship. As can be seen in Table 28, on this seven-item Intimate Conflicts scale, there is a significant effect for high-psychopathic group versus low-psychopathic group and a psychopathy by group (recidivistic versus non-recidivistic) interaction. The effect for group is significant for the high psychopathy recidivists versus the high psychopathy non-recidivists but not for the low-psychopathy recidivists versus the low-psychopathy non-recidivists, See Figure 1.

In Figure 1 it can be seen that the high-psychopathy non-recidivists are scoring as much more problematic on the Intimate Conflicts scale than the other three groups. This analysis asks the question; as these high-psychopathy offenders are having intimate conflicts, who are they having them with? In a supplementary analysis I looked at the

percentage of offenders who were in a married/common-law relationship at the time of coding. For the high-psychopathy recidivists we find that 65% of these offenders were married or in a common-law relationship at the time of coding. Of the high-psychopathy non-recidivists, 50% were in a relationship, for the low-psychopathy recidivists 62% were in a relationship, while for the low-psychopathy non-recidivists, 54% were in a relationship. It is possible that the high-psychopathy non-recidivists are making the most efforts to rejoin society and that these efforts are then reflected in elevated scores on the intimate conflicts scale.

The Bad Mood scale displays a significant time by group (recidivists vs. non-recidivists) interaction. In Figure 2 we see that over time, between “T1” and “T2”, the recidivists appear to have more symptoms of mood problems while the non-recidivists appear to have fewer indicators of negative mood. Unfortunately, this scale only discriminates between recidivists and non-recidivists as shown in Table 28.

The Life Stress scale was the only scale that was significant for time only, see Table 28. In Figure 3 we see that all groups are seen by the officers as becoming significantly worse through the course of community supervision. We may well speculate that as the officers come to know their charges better through the course of routine supervision that they find out about additional stressors in the lives of their offenders. The knowledge of these additional stressors are then reflected in the scale scores, this is known as a disclosure effect (Raynor et al., 2000).

Two scales were developed from the Co-operation with Supervision section of the interview, these were the “Playing the Game” scale and the “Officer Involvement” scale.

The constituent items for these scales are listed in the Methods section. A high score on the “Playing the Game” scale indicates that the offender is “just going through the motions”, is “being phony with you”, trying to manipulate the officer and trying to “play the system”. A high score on the “Officer Involvement” scale indicates that the offender is missing appointments, is not open to discussing treatment, that the officer is having to take phone calls at home about the offender and that the officer generally does not feel as if they know what is going on with that offender. As can be seen in Table 28 the Playing the Game scale shows a significant difference for Time between “T1” and “T2”, a significant difference between the high-psychopathy group and the low psychopathy group, but no significant difference between recidivists and non-recidivists. This results in a significant interaction between the high-psychopathy group and the low-psychopathy group with the recidivists and the non-recidivists. In viewing Figure 4 we find that the high-psychopathy non-recidivists score the highest on this scale while the low-psychopathy non-recidivists score the lowest – the two recidivistic groups score in middle ranges and not significantly different from each other. As can be seen in Figure 4, the significant interaction is being caused by the low psychopathy non-recidivists who, over time, appear to the officers as more co-operative with supervision. These offenders appear to be “playing the game” less, perhaps tending to be less manipulative in the supervisory relationship.

On the “officer involvement” scale, see Figure 5, it is interesting to see that the low-psychopathy non-recidivists are consuming the largest proportion of officer concern and involvement while the high-psychopathy recidivists are taking up the lowest. This is

counterintuitive though it leads one to speculate that the high-psychopathy recidivists may well be successfully hiding problem areas from the officers.

Of the 10 scales examined, in five, the topography of the responses was basically identical. This pattern can be seen in Figure 6 where the results for the Sexual Risk factors scale are presented. In this scale, as in all the scales, higher scores represent “worse” or more risky behaviour. Here we see that the low-psychopathy recidivists, the high-psychopathy recidivists and the high-psychopathy non-recidivists clump together and are seen as worse than the low-psychopathy non-recidivists who basically stand out as a different group. This pattern is common to the areas of substance abuse, attitude and presentation, sexual risk factors, victim access, and failure to acknowledge how their behaviour effects others.

The sexual risk factors scale also shows the same general pattern of response. Here, as shown in Table 28, there is a significant effect for time, between “T1” and “T2”, a significant effect between the high-psychopathy group and the low-psychopathy group, and a significant interaction between the recidivists and the non-recidivists and the high-psychopathy group and the low-psychopathy group.

As can be seen in Table 28 the scores on substance abuse significantly differentiated between recidivists and non-recidivists with the recidivists scoring higher and there was a significant interaction between the high-psychopath – low-psychopath and the recidivistic – non-recidivistic groups.

For the Attitude and Presentation scale we see (Table 28) that this scale significantly differentiates the high-psychopathic group from the low psychopathic group

and that it significantly differentiates the recidivists from the non-recidivists. There is also a significant interaction between these two factors.

In reviewing victim access, a significant effect for time was found. Here, the low-psychopathy recidivists, the high-psychopathy recidivists, and the high-psychopathy non-recidivists appear worse from “T1” to “T2” while the reverse is true for the low-psychopathy non-recidivists. In the final scale that takes this most common pattern we see, Table 28, that nothing is significant for the “fails to acknowledge how his behaviour effects others” scale.

At a more macro level one of the most important findings of this analysis was that in every case, the interaction Time by Group by PCL-R was non-significant. Generally, this would indicate that acute risk factors are the same for the psychopaths as they are for the non-psychopaths and for the recidivists and the non-recidivists. In addition, as can be seen in Table 28, it can be observed that Life Stress, Victim Access, and Playing the Game scales are operating as truly acute predictors of risk, showing significant effects across the two time periods. It is unfortunate that none of these scales significantly differentiates recidivists from non-recidivists.

As can be seen in Table 28 the high-psychopathic recidivists are not distinguished from the high-psychopathy non-recidivists by variables relating to self-perception such as not understanding the effect that their behaviour has on others or being unable to acknowledge their problems. Items that tapped this construct included the offender being judged as failing to acknowledge or understand his sexual problems and failing to understand how his behaviour effects others. In Table 28 we see that attempts at victim

access do not distinguish between the high-psychopathy recidivists and the high-psychopathy non-recidivists nor do the two sub-scales relating to cooperation with supervision. Hence, hypothesis six fails to be confirmed on any of its three principle predictions. However, this was an exploratory hypothesis and we find that the Intimate Conflicts scale does distinguish between the high-psychopathic recidivists and the high-psychopathic non-recidivists. The significance of these findings will be elaborated in the discussion section.

Discussion

The purpose of this study was to assess the relation between psychopathy and sexual recidivism in a large sample of sexual offenders on community supervision. In this sample, psychopathy is associated with a higher level of sexual recidivism and rapists were found to score more highly on psychopathy than either boy-victim or girl-victim child molesters supporting the first two hypotheses. Officers reported that psychopaths were not particularly good at hiding their elevated risk of recidivism refuting the third hypothesis. The fourth hypothesis was supported in that, by officer reply, officers were able to achieve moderate levels of correlation with other psychopathy scoring methodologies. The fifth hypothesis, that psychopathic offenders would look less sexually deviant than non-psychopathic offenders was not supported. The sixth exploratory hypothesis found one short scale, the Intimate Conflicts scale, that significantly differentiated psychopathic offenders who reoffended on community supervision from those that did not. However, the three dynamic areas specifically hypothesized to distinguish psychopathic recidivists from non-recidivists, victim access, cooperation with supervision, and variables related to self-perception were not supported.

Hypothesis Number One

The first hypothesis proposed that recidivistic sexual offenders would score more highly on psychopathy than non-recidivistic sexual offenders and this hypothesis was supported. Overall, this sample is representative of community corrections caseloads across Canada. In this large sample (sexual recidivists $n = 208$, sexual non-recidivists $n = 201$) the average PCL-R score for a sexual recidivist was 23.4 (SD = 6.8) and for a non-

recidivist was 16.7 (SD = 8.7), a highly significant difference. For the boy-victim child molesters and the rapists the average PCL-R Total score is significantly higher for the recidivists than for the non-recidivists. This was not the case, however, for the girl-victim child molesters where PCL-R Total score did not significantly differentiate the recidivists from the non-recidivists. These comparisons are noted in Tables 16 and 17, see upper-case letters.

In comparable samples of mixed sexual offenders the average psychopathy scores were 16.0 (9.1) for recidivists and 13.4 (6.4) for non-recidivists (Quinsey, Rice, et al., 1995). In that study, PCL-R Total scores also significantly differentiated recidivistic from non-recidivistic offenders. Seto and Barbaree (1999) found that PCL-R Total scores significantly predicted “serious recidivism” (violent and sexual recidivism coded as one variable) in a sample of 216 mixed sexual offenders. These authors, however, do not provide means and standard deviations for their recidivistic and non-recidivistic groups. More recently, Serin et al., (2001) found that PCL-R Total score and Factor 1 scores from a file-only coding did not distinguish between those sex offenders who recidivated ($M = 18.4$, $SD = 8.3$) and those who did not ($M = 14.4$, $SD = 9.0$). In the Serin et al. sample, Factor 2 scores did distinguish between recidivists and non-recidivists. This suggests that antisocial and irresponsible lifestyle may account for a larger degree of variability in sexual recidivism.

At this point the obvious question arises as to why psychopaths would be more likely to recidivate than non-psychopaths. It is possible that this may be a statistical artifact. Recidivism is one of the diagnostic criteria for psychopathy. Three PCL-R items

directly tap the pre-existing probability of recidivism. These three items are criminal versatility, juvenile delinquency, and previous revocation of conditional release.

Criminal versatility is the most obvious of these three items as any scoring of this item connotes criminal charges or convictions. This item does not load on either Factor 1 or Factor 2 but does count in the total score. This item would be expected to be a potent predictor of future criminal behaviour, hence recidivism, for following one of psychology's great truisms, the best predictor of future behaviour is past behaviour (Thorndyke, 1911). Both juvenile delinquency and previous revocation of conditional release load on Factor 2 and indicate a criminal past. As a result of these three items, six points out of a possible 40, 15% of the available scoring points directly assess criminal offending. While this has to be taken into account, there are stronger theoretical reasons why psychopaths are more prone to recidivism in all its forms.

The two primary etiological models that have been put forward for psychopathy are the genetic and the biosocial models. McGuffin and Thapar's (1998) review of the genetics of anti-social personality disorder provides good reasons to believe that there are significant genetic underpinnings to psychopathy. Generally, it is an accepted tenet that both genetics and environmental influences play a role in any human characteristic that forms a continuum. Animal studies in this area have shown that components of temperament, including emotionality and aggression, have a genetic basis. High emotional responsivity has been bred into rats and aggression has been bred into both dogs and rats. In humans, using questionnaire-based twin studies of personality, the proportion of variance attributable to genetic effects has been estimated to be between .35

and .55. Data from Japan, North America, and Europe has shown that criminality is equally heritable in both men and women and the estimate of this heritability is .54.

Livesley (1998) provides heritability estimates for scale scores on the Dynamic Assessment of Personality Pathology (DAPP-BQ) test. These scales assess constructs that are related to psychopathy and the heritability estimates range from 0.35 to 0.56. These heritability estimates include Callousness, 0.56; Conduct Problems, 0.56; Narcissism, 0.53; Stimulus Seeking, 0.40; Suspiciousness, 0.40, and Rejection, 0.35. In addition, Livesley states that heritability estimates of normal personality traits typically range from 40% to 60%.

Studies of adopted-away offspring show higher rates of anti-social personality disorder and criminality when the biological mother was criminal and, in studies of adoptee's families, the rate of criminality was higher in the biological family than in the adoptive family. In addition, cross-fostering studies found the highest rates of criminality when both the biological and the adoptive fathers had criminal records. Hence, research supports the position that genetics influences aggression, temperamentality, petty criminality, and violence in humans. This being the case, if the psychopath has inherited these personality traits it is not surprising that the expression of these traits makes the psychopath more liable to recidivism. This is especially important in psychopathy as the second theoretical foundation for psychopathy also pre-supposes a genetic effect.

The biosocial model of psychopathy (Paris, 1998) states that both criminality and pathological interpersonal behaviours are necessary for a diagnosis of psychopathy. This model proposes that poor psychosocial environments allow genetically-based traits to

flourish to levels where they are diagnosable and significantly impact the person's social functioning. Extraversion, low neuroticism, low agreeableness, low conscientiousness, high novelty seeking, low reward dependence, low harm avoidance, and impulsivity are all traits that research has shown may well play a part in the development of a psychopath. The biosocial model says that psychopathy will only develop in those individuals who are already genetically pre-disposed or "vulnerable" due to their personality traits, most specifically high impulsivity and high behavioural activation. When these traits are exposed to antisocial parents or chaotic family environments the risk for psychopathy will rise. With these personality traits already in play in the individual it can be seen that the expression of these traits would make recidivism more likely.

The family structure of children that develop psychopathy has been shown to be characterized by parents failure to discipline and supervise their children. Parental instability, poor parental supervision, and harsh and inconsistent punishment have been shown to be powerful predictors of conduct problem behaviour (Frick, 1994). At this juncture it is interesting to contemplate the prognosis of a male child growing up in a home where the father is a psychopath. In a very real sense this child would get the "double-whammy" as this child would inherit genetically determined personality traits pre-disposing him to psychopathy only to be raised in a psychopathogenic environment. Indeed, Frick (1998) states that ineffective parenting and breakdowns in parenting practices meant to socialize the child have been associated with the development of conduct problems in "several hundred published studies" (p. 178). Frick goes on to

review literature that indicates when a child has inherited callous and unemotional personality traits that they do not appear to be further damaged by poor parenting.

However, when callous and unemotional personality traits are not present in the children, poor parenting practices predicted higher rates of conduct problems. In effect, poor parenting and disciplinary measures appear to be most harmful to children who are not pre-disposed to conduct problems by having inherited callous and unemotional personality traits.

There is empirical data to suggest that learning and learning resistance play a part in the development of a psychopath. Newman (1998) reviews psychopathy from an information processing perspective. The research literature shows that psychopaths have deficits in self-regulation, specifically self-monitoring, self-evaluation, and self-control. Psychopaths have difficulty decoding the cognitive and affective significance of contextual cues. Psychopaths have problems linking immediate actions and environmental stimuli with past experiences (especially negative consequences) which suggests that they have problems which prevent or retard normal stimulus-response learning. This deficit may leave them less able to link, in a meaningful way, punishment to action.

Newman (1998) states that the ability of the psychopath to self-regulate appears to be impaired or especially weak when circumstances reduce their available processing resources. For sexual offenders it may well be that when the goal of interest is sexual expression, that their entire focus is on this goal and they have a reduced capacity to evaluate the means by which they are attempting to obtain this goal. Newman (1998)

defines his response-modulation hypothesis as “a brief and relatively automatic shift of attention from the organization and implementation of goal-directed action to its evaluation” (p. 85). Newman and others have hypothesized that psychopaths have a cognitive processing deficiency that hampers their ability to understand contextual cues while they engage in goal-directed behaviour and that this deficit is made worse by their poor self-regulation skills. These poor self-regulation skills are best seen as a situation specific failure to suspend goal-directed behaviour and re-focus their attention to evaluating their behaviour. Hence, when a psychopath initiates behavioural action to obtain a goal they are less likely to question themselves not only as to potential outcome, but also as to what effect this behaviour might have on others. Once again, this lack of cognitive processing makes the psychopath more likely to recidivate.

This and other unpublished research (Newman, 1998) has shown that psychopaths have difficulty halting a response set once that set has been put in motion. This relates to Freund's (1990) concept of Courtship Disorder. Freund proposes that approach behaviours in sexual offending follow a specific set pattern of, location of a specific partner, pre-tactile interactions, tactile interactions, all leading to genital union. Psychopaths are potentially disadvantaged in two ways. First, once the sexual approach pattern is initiated it may be very hard for them to stop or inhibit the response set. Secondly, as the individual proceeds along the response set, when contextual cues might signal the normal person to stop or re-evaluate the wisdom of this course of action, the psychopath will lack the ability to re-focus his processing resources to realize that there is trouble ahead. This is supported by research which has shown that psychopaths

perseverate longer than controls in experiments where reward balances have been shifted such that continued responding is more often punished than not. Suggestions for future research might include presenting groups of psychopaths and non-psychopaths with relatively ambiguous date-rape scenarios that contain a progression of ever more obvious cues that the victim is uncomfortable with the sexual approach. The two groups would then be asked at what point in the scenario they think "the average guy" would stop the sexual advances. It would be hypothesized that the psychopathic group would be more insensitive to contextual cues and that they would suggest that the "average guy" would stop later than the non-psychopath group.

In another model of sexual aggression (Hall & Hirshman, 1991) it is proposed that four specific components function as motivational precursors to sexual aggression. These are physiological sexual arousal, cognitions that justify sexual aggression, affective discontrol, and personality problems. This paper has already taken the position that physiological sexual arousal may not be as important for psychopathic offenders as it is for non-psychopathic sexual offenders. However, the other three components of this model each speak to the process of sexual recidivism in the psychopath.

If Newman (1998) is correct, the psychopath is already disadvantaged in the area of recognizing and responding appropriately to cognitions that would justify sexual aggression. It may well be that the psychopath has reduced ability to self-evaluate a cognition that he deserves sex without question (sexual entitlement). Attitudes of sexual entitlement are an established risk factor for sexual recidivism (Hanson & Harris, 1998; 2000b; 2001). In addition, he may not be able to recognize and respond to contextual

cues such as a woman's repulsion at his initial overbearing and potentially criminal approach. Also, the psychopath may be less responsive to the possibility of, or the weight of, punishment or sanction. And, if as proposed, the psychopath has particular difficulty in arresting goal-directed behaviour once it has been initiated, the psychopath may well discount the means to gain an end ("It doesn't matter what she wants, I want sex"). Hence, in some ways the psychopath has four cognitive processing deficits that lean them toward re-offence.

The psychopath definitely also appears to be compromised in the area of affective control. While it has been proposed that negative affective states facilitate sexual aggression (Hanson & Harris, 2001; Knight & Prentky, 1990) it may be that for the psychopath with his shallow affect, lack of remorse and guilt, lack of empathy, and generally callous style, that negative emotional responses are attenuated to the point that they fall below the radar of cognitive awareness.

By definition, the psychopath has personality problems. Hall and Hirshman (1991) state that sexual aggression should be inhibited by positive early socialization or facilitated by poor early socialization. As Paris (1998) pointed out, psychopathy has been linked to poor early socialization (Frick, 1994). Hence, personality problems such as criminality are to be expected in the psychopath. From this viewpoint, if it is accepted that sexual preference is genetically determined, or of such early establishment as to pre-date cognitive appraisal of the developing preference, we see that the other three components of the Hall and Hirshman model predispose the psychopath to sexual recidivism.

In all, psychopaths may not be able to read the cues that would cause other offenders to re-evaluate the strategies they are using to acquire sex, and once started, are unlikely to desist. Inheritance, socialization, and cognitive processing deficiencies all make the psychopath more likely to sexually reoffend.

Valid Scoring of Psychopathy Measures by File-only

This research has brought to light one concern with regard to the valid scoring of psychopathy measures by file-only. As shown in the Results section, both the PCL-R and the PCL-SV codings by file-only were missing items that related to the offender's early background. For the PCL-R (file-only) coding the items "Juvenile Delinquency" and "Early Behaviour Problems" were the two items most often not coded. For the PCL-SV (file-only) the item "Adolescent Anti-social Behaviour" was the item most often omitted. Serin (1993) also found the item "Early Behaviour Problems" to be an item most often not coded in his file-review study. These findings would indicate that when psychopathy is to be scored from "file-only" that special attention should be paid to obtaining additional information on early background where feasible.

Hypothesis Number Two

Hypothesis number two proposed that rapists would score higher on the PCL-R than other groups of sex offenders and this hypothesis was supported. In this sample, the rapists scored significantly higher than the boy-victim child molesters with the girl-victim child molesters scoring intermediate to these two groups but significantly different from neither.

In an early study, Rice et al., (1990), using the PCL, (Hare, 1985) found that rapists who recidivated with another sexual offence had a significantly higher PCL score than rapists who did not commit another sexual offence. As can be seen in Table 29, rapists consistently score more highly on the PCL-R than do child molesters. Quinsey, Rice, et al. (1995) found rapists to score significantly higher than child molesters in a sample of men assessed at a maximum secure psychiatric setting.

In Table 29 it can be seen that Seto and Barbaree (1999), Firestone et al. (2000), Porter et al. (2000), and Serin et al. (2001) all found rapists to score more highly on the PCL-R than extra-familial child molesters. This same pattern is mirrored in the data of this thesis. Reviewing Table 29 there can be little doubt that Hypothesis number two is confirmed and that these findings are congruent with the established literature.

However, a secondary review of Table 29 shows an interesting pattern in the five studies that report Factor Scores. In all five studies that present factor data it can be seen that for rapists, Factor 2 accounts for more of the total score than does Factor 1. It is interesting to note that this pattern is reversed in the child molesters. Here, in four out of five studies (Serin et al., 2001 excepted), Factor 1 accounts for a higher percentage of the Total score than does Factor 2 in child molesters. There are two issues that must be addressed with regard to these findings. The first is that Factor 2 contains nine items where Factor 1 contains only eight. However, when the Factor 2 scores of the rapists are mathematically reduced by one-ninth of their dimension they still account for more of the Total score than do the Factor 1 scores. What is more interesting is that this trend, with one exception, is reversed in the child molester samples.

In the child molester samples the eight-item Factor 1 score easily accounts for a larger percentage as compared to the nine-item Factor 2. The one study that does not conform to this general pattern (Serin et al., 2001) is the only study in this recent group that included intra-familial child molesters in their sample. We know from other work, Firestone et al., (1999, 2000) that intrafamilial child molesters tend not to display high degrees of psychopathy as measured by the PCL-R. So, due to sample composition, it should not be a surprise that Serin's Factor 1 scores are deflated in comparison to other pure samples of extra-familial child molesters. These observations would leave one to speculate that, especially for rapists, the lifestyle/behavioural impulsivity dimension of Factor 2 accounts for more of the Total PCL-R score than does Factor 1. For extra-familial child molesters the reverse appears to be true.

Further analysis of published data, see Table 30, indicates some divergence of evidence as to which of the PCL-R Factors contributes more heavily to recidivism in the case of rapists. Quinsey, Rice et al., (1995) found Total score on the PCL-R to significantly differentiate rape recidivists from non-recidivists. Firestone et al. (1998) found that neither Factor scores nor Total score on the PCL-R differentiated recidivistic from non-recidivistic rapists. Serin et al. (2001) found that only Factor 2 scores significantly differentiated recidivistic rapists from non-recidivistic rapists while PCL-R Total scores and Factor 1 scores did not. Serin et al. (2001) also suggests that higher Factor 2 scores, representing antisocial and irresponsible lifestyle, account for more of the variability in the recidivism of rapists than does Factor 1.

In this thesis, Total score and both Factor scores significantly differentiated recidivists from non recidivists. However, while Factor 1 differentiates recidivistic rapists from non-recidivistic rapists the effect size is not as large as that seen for Factor 2. Again, it appears that for recidivistic rapists it is Factor 2, the intemperate and impulsive lifestyle factor that is most closely connected to recidivism. The obvious question arises as to why the data from this thesis appears so different. This is most likely due to very good sample matching, an artificially high base rate (50%) of sexual recidivism in this sample, and much smaller sample sizes in the Firestone et al., (1998) and Serin et al., (2001) samples.

All this being said, the question arises as to why rapists would score higher than child molesters on measures of psychopathy. It has long been noted that rapists engage in more general criminality (Quinsey et al., 1998) and the association between the PCL-R and crime is well established. Indeed, three items on the PCL-R directly assess past criminal involvement. Overall, this would give psychopaths more points on the PCL-R and the PCL-SV than child molesters. There are, however, more compelling theoretical reasons.

Generally, the offence pattern of rape is more impulsive (Knight & Prentky, 1990) and sexual deviance does not play as significant a role in rape as it does for child molesters (Barbaree et al., 1994, Brown & Forth, 1997). Rapists are more likely to use force and threats of force. This may be true, in part, because the psychopathic rapist is less likely to be interpersonally connected to his victim. This is in contrast to the child molester who is more likely to expend energy grooming and getting to know their victim.

This would lead one to speculate that levels of psychopathy would be relatively low in date rapists as these offenders are at least trying to make an interpersonal connection. Following this line of thinking, interpersonal connection should be lowest in the rapist, higher in child molesters, and highest in incest offenders while psychopathy should be highest in the rapist, lower in child molesters, and lowest in incest offenders. Indeed, psychopathy research has shown this to be the case (Firestone et al., 1999, 2000; Porter et al., 2000; Quinsey et al., 1995; Serin et al., 2001; Seto & Barbaree, 1999).

Freund's (1990) courtship disorder model would hypothesize that the rapist would be deficient in the execution of the first three stages of interpersonal approach, location, pre-tactile interaction, and tactile interaction, and would attempt to proceed directly to the genital union stage. As the psychopath generally has no qualms about the use of instrumental violence (Cornell et al., 1996) there would be no cognitive barrier to his using force to obtain his desires. Evidence suggests that the psychopath processes information in a different manner from the non-psychopath (Newman, 1998). The psychopathic sexual offender may not care much who he is having sex with as long as his needs are met. This would also lead us to speculate that the psychopath would more often select victims that are unknown to them and, indeed, research has shown this to be true (Serin, 1991). In addition, following Newman's findings, the psychopath may have attenuated appreciation not only for the suffering of the victim but also for the potentially negative outcomes that he may attract through the act of rape. In contrast to the amount of effort expended in the normal courtship process - with feelings of guilt and empathy not being particularly salient, his lack of interpersonal connection making him not

particular about who he has sex with, and having a reduced fear of punishment, rape becomes an acceptable and efficient alternative for the psychopath.

Hypothesis Number Three

Hypothesis number three states that the PCL-SV by officer reply will correlate moderately with PCL-R and PCL-SV scores obtained by file review only. Hypothesis number three was supported by the findings of this study. The samples of origin for the PCL-SV, Hart et al. (1994) assessed two samples of male non-psychiatric federal inmates (N = 117) and found a mean PCL-SV score of 14.2 for file-review plus interview. Cooke et al. (1999) in a sample of 149 non-psychiatric inmates found a mean PCL-SV score of 14.6 by file-review plus interview. In this data sample, the average PCL-SV score (file-only) for recidivists was 15.6 and for non-recidivists was 11.7 resulting in an overall average for this sample (N = 398) of 13.7. In turn, the average PCL-SV score (Officer Reply) for recidivists was 14.7 and for non-recidivists was 8.7 resulting in an average of 11.8 (N = 394) in this sample. From these numbers we can see that the overall average scores for this sample of community supervision sexual offenders are basically in line with the samples of origin when assessed by file-only but lower when assessed by officer-reply.

In this test of an alternative scoring methodology, while the correlations were significant, there is insufficient confidence in this outcome to allow for any degree of clinical discrimination. The PCL-SV by officer reply was insufficiently accurate and did not operate well as a screening tool. While it could be argued that someone who “really knows” an offender might be able to score a PCL-SV from the item descriptions, the

point has been made that those in the criminal justice system with the most frequent and protracted contact with offenders, the parole and probation officers, were not able to assess the concept of psychopathy without training. It may well be that the officers just did not have the detailed memories of the offender's files to complete this task. This may be because either the officers just never bothered to read the offender's file or, having read it, did not know what factors in that file to attend to. One of these theories is almost undoubtedly true as the degree of concordance between the PCL-R (file-only) coding and the PCL-SV (file-only) coding indicates that sufficient information to obtain a valid scoring was in the offender's files at the time the officers were giving their verbal reports. This finding supports Hare's (1998) contention that psychopathy should only be assessed by trained personnel who have regular access to others also doing psychopathy assessments.

This was also an interesting test of the use of the PCL-SV by file-only, both as a screening test and as a test of "within-rater" drift. In effect, this investigation provided a theoretical test of almost perfect inter-test reliability under optimal conditions between the PCL-R (file-only) and the PCL-SV (file-only). These conditions included having highly trained and supervised field raters looking at the same materials on the same day. In this administration, the same trained field researcher scored both the PCL-R by file-only and the PCL-SV by file-only and these two administrations correlated very highly. The PCL-SV, by file-only, allowed one false negative and over-predicted psychopathy in this population by 58 offenders ($58/352 = 16.5\%$) which shows that it is operating as a real screening test. The PCL-SV (officer reply) however, allowed 22 (6%) false negatives

and over-predicted by 27 offenders ($27/349 = 7.7\%$). In this case, it is the false negatives which are a concern in that offenders who might be truly psychopathic, and hence, represent a measurable risk for violence, would be excluded from further testing at screening and never have a full PCL-R completed. It should be noted that the Kappa in this sample between the PCL-R (file-only) and the PCL-SV (file-only) ($\text{Kappa} = .54$) is higher than that reported for the same comparison in the developmental sample ($\text{Kappa} = .48$; Hart et al., 1994). In this sample, the correlation between the PCL-R Total score (file-only) and the PCL-SV Total score (file-only) is higher ($r = .91$) than it was in the developmental sample ($r = .80$; Hart et al., 1994). These results are most likely due to the field researchers receiving their training together as a cohesive group all under the same instructor (Andrew Harris), the intensive field supervision, and the compacted time-frame of the data collection.

Hart et al. (1995) suggest that utilization of the PCL-SV as a screening tool can produce approximately a 40% reduction in clinical labour costs. Their estimate is, however, unsound and over-optimistic. If we assume a scenario where the average PCL-R takes four hours to complete, and a given institution had 100 cases to assess each year, at a clinical cost of \$100.00 per hour, the total cost of this testing would be \$40,000.00. If that institution used the PCL-SV as a screening tool, at half the time to complete (2 hours), the base cost would be only \$20,000.00. However, after this, if 20% of those assessed with the PCL-SV had to be further assessed using the PCL-R at a cost of \$8,000.00 ($\400.00×20) this would result in a total cost of \$28,000.00 rather than \$40,000.00 resulting in a savings of \$12,000.00 or approximately 30% of costs and

clinician time. In their calculations Hart et al. assume some savings in time from already having assessed the offender using the PCL-SV. However, this is not correct as the offender, once screened in for the full test, should be assessed by a clinician blind to the PCL-SV scoring, especially where restrictions of liberty or legal action are possible.

The outcome of this research leads to the belief that, after proper training, the PCL-SV (file-only) can be a useful and cost efficient screening tool to nominate candidates for full PCL-R (file plus interview) assessment, accruing all the time and monetary benefits of not using the full test on all possible offenders with relatively little chance of false negatives.

This investigation also provides us with an estimate of percent of rater drift under optimal conditions between the PCL-R (file-only) and the PCL-SV (file-only). Having both the PCL-R and the PCL-SV done by the same rater, some would say, is a waste of time, as we would expect almost perfect reliability. However, these two tests do not correlate perfectly and both tests only agree on 83% of subjects, see Table 22. One way of interpreting this finding is that the degree of “within-rater” drift or “un-reliability” between the PCL-R (file-only) and the PCL-SV (file-only), under good rating conditions, is 17%.

Hypothesis Number Four

In hypothesis number four it was predicted that offenders with more psychopathic traits would be better able to hide signs of their impending recidivism and, to the officer, would appear to recidivate “out of the blue”. This hypothesis was refuted as, more often than not, officers felt they has seen the recidivism event coming in the high-psychopathy

group. It could be argued that the officers were responding solely on the basis of their retrospective knowledge of who had re-offended and who had not. This was the reason that this prediction was checked against those offenders who did not have elevated numbers of psychopathic traits. In the case of the low-psychopathy offenders, the officers were unable to say they saw the recidivism event coming at any rate above chance. While this does not eliminate the possibility of retrospective recall bias it does weaken that contention. The real question is whether there are specific behaviours that alert the officer that recidivism is approaching or whether the behaviours and attitudes exhibited merely create a heightened sense of apprehension in the officer, which, when queried in the manner of this study – “Did you see the recidivism event coming or did it hit you out of the blue” is translated into a positive response. It should also be noted that since the officers felt they could see the recidivistic event coming, we should be able to measure what they felt they saw.

This is interesting in that none of the 10 areas of dynamic inquiry, as shown in the Figures 1 through 6, did the high psychopathy recidivists score the highest on any dynamic scale. In fact, in three of the six figures the high psychopathy recidivists score the lowest, see Figures 2, 3, and 5. These figures represent “Bad Mood”, “Life Stress”, and low levels of “Officer Involvement”. It is possible that what the officers were really responding to was their awareness that they really did not feel like they were involved with these offenders and that they really did not know what was going on with these high psychopathy offenders. It may well be that this lack of knowledge led to feelings of apprehension in the officers. Possibly a checklist could be devised asking the officer if

they feel they can assess the mood of the offender, life stresses impacting the offender, and the level of their own involvement with the offender. If the officer can not answer these questions it may indicate that the offender is at higher risk to recidivate.

Psychopathic offenders would be less likely to benefit from supervision as they generally demonstrate failure to create interpersonal relationships (Officer Involvement). In their glib and superficial manner they may also report that all is well in their lives in order to evade additional disclosures to the officer and in attempts to manipulate the supervisory relationship. This also speaks to the psychopaths tendency to avoid or discount life's problems (failure to address life problems) leading to lower scores on the mood and life stress scales. The interesting question becomes, as proposed by Newman (1998), do these psychopathic offenders discount the negative valences of these factors or just not recognize them in conscious awareness.

This could well be a useful area for future research with psychopaths. A group of psychopathic offenders could be asked to rate how inconvenient they find the various conditions of their release orders, such as, seeing the officer regularly, curfews, and drinking prohibitions. Their responses could then be compared to those of a non-psychopathic group of offenders. Additionally, these two groups of offenders could be asked to generate a short list of the factors that they find aggravating about being on supervision. In these two tasks it would be hypothesized that the psychopaths would rate the restrictions on their liberty as less vexing and that their lists of the inconveniences of supervision would be shorter.

Hypothesis Number Five

Hypothesis number five proposed that both high psychopathy recidivists and non-recidivists will look less sexually deviant than the low psychopathy recidivists and non-recidivists. The data refutes this hypothesis. The phallometric data does not show a significant difference between the high psychopathy group and the low psychopathy group on child preference, activity preference or a combination of these two variables.

In the behavioural dimension, the high psychopathic group did not score significantly different from the low psychopathic group on indices of lifetime total of stranger victims. However, on paraphilias, prostitution involvement, and the person's total of sexually deviant behaviours the high psychopathy group scored significantly higher than the low psychopathy group. Paraphilias are typified by sexual urges or behaviours involving nonhuman objects, the suffering or humiliation of the self or others, or children or non-consenting adults that may become the major sexual activity in the individuals life (APA:DSM-IV-TR, 2000). The paraphiliacs social and sexual relationships may suffer if others find the unusual sexual behaviours too shameful or repugnant and there is often "impairment in the capacity for reciprocal, affectionate sexual activity" (p. 567).

Significantly higher paraphilias, and sexually deviant behaviours support the possibility of Courtship Disorder (Freund, 1990) in the psychopath. In addition, the presence of paraphilias and prostitution involvement would tend to indicate that the psychopath seems to have a taste for impersonal sex. If no personal relationship is anticipated or even welcomed by the psychopath it is little wonder that the psychopath is

particularly prone to impersonal sexual involvement, the most distressing example of which would be rape. This is just one more indication of the inability of the psychopath to form meaningful inter-human bonds.

Barbaree et al. (1994) found that rapists judged to have a “sexual” motive scored lower on the PCL-R than did those judged to have “non-sexual” motivations. Indeed, those judged to be “opportunistic” rapists scored the highest on the PCL-R and had high Factor 2 scores. This would lead us to believe that some types of rapists score higher on the PCL-R – but what type of rapists? The work of Barbaree et al. (1994, $N = 60$) and Brown and Forth (1997, $N = 60$) suggest that there are different types of rapists but neither of these studies has a recidivism follow-up. Brown and Forth (1997) found that rapists classified as opportunistic under the Massachusetts Treatment Centre Typology (Knight & Prentky, 1990) scored higher on the PCL-R than rapists classified as non-sadistic-sexual or vindictive. Both of these studies raise the possibility that the PCL-R may not relate to risk of sexual recidivism at all, merely to the risk of violent recidivism.

This leads to the possibility that principle conditions for recidivism in child molesters and rapists may be different. It is most likely that sexual deviance plays a larger part in sexual offending for child molesters than it does for rapists and that lifestyle impulsivity and interpersonal disconnectedness plays a much larger role for rapists than it does for child molesters.

Hypothesis Number Six

Hypothesis number six attempted to assess whether any dynamic factors collected in this study could distinguish between the psychopathic recidivist group and the

psychopathic non-recidivist group. Specifically, it was hypothesized that victim access variables, cooperation with supervision variables, and variables relating to self-perception would distinguish these two groups. None of these variables distinguished the two psychopathic groups and as such hypothesis number six was not supported. This analysis tested 10 areas of dynamic risk predictors in psychopathic and non-psychopathic sexual offenders. In this analysis, in every case, the interaction Time (T1, T2) by Group (recidivist, non-recidivist) by PCL-R (high, low) was non-significant. Generally, this would indicate that acute risk factors are the same for the psychopaths as they are for the non-psychopaths and for sexual recidivists and non-recidivists. This means that psychopathic sexual offenders and non-psychopathic sexual offenders should be assessed with the same dynamic risk prediction measures. This analysis does not support the contention that special risk prediction instruments are necessary for assessing the risk of sexual recidivism in psychopathic sexual offenders.

The analysis of Hypothesis number six found a construct, Intimate Conflicts, that significantly differentiated the high-psychopathy recidivist from the high-psychopathy non-recidivist. In their verbal responses during the interview, community supervision officers reported that factors having to do with Intimate Conflicts significantly differentiated high-psychopathy recidivists from high-psychopathy non-recidivists.

In fact, this might be the most interesting finding to come out of this work. As shown in Figure 1, it may be that the non-recidivistic psychopathic offender is scoring higher on Intimate Conflicts because they are actually trying to get along with other humans, however un-successfully. It is possible that the non-recidivistic psychopathic

offender is attempting to re-insert himself into society and, hence, has more points of interpersonal contact resulting in more interpersonal conflict. As a result of these increased levels of interpersonal conflict, and possibly asking the officer's opinion on how to proceed with interpersonal conflicts, the officer becomes more aware of inter-human conflicts in the offender's life. This is somewhat counter-intuitive as the presence of Interpersonal Conflicts in the psychopath could be seen as salubrious. This finding would be contrary to the findings of Zamble (1996) and Zamble and Quinsey (1997) who found that interpersonal conflicts were the most frequently self-reported problem just before re-offence in their sample of principally non-sexual offenders. Typically, we would expect the psychopath to disengage from any relationship where they were not obtaining maximum gain for minimal effort. It may be that the psychopath that is going to stay out of trouble will be typified, at least initially, by poor interpersonal relationships. This could be taken as a sign that they are at least trying to re-engage with society. This would lead us to the conclusion that, for psychopathic offenders, relationship and interpersonal skills training may provide one of the most promising areas for treatment. This would provide the psychopath with the tools he needs to re-engage with society and attach himself to pro-social models that will increase the probability that he will not reoffend.

Once again, somewhat counter-intuitively, it may well be that the psychopath might benefit most from exposure to pro-social models such as those involved in a Circle of Support and Accountability. This approach, however, is fraught with danger as the psychopath would undoubtedly try to manipulate and take advantage of these pro-social

citizens. This might prove to be an interesting line of research were those citizen volunteers adequately prepared for the perils of working with psychopaths.

As Serin (1995) points out, those sexual offenders high in both sexual deviance and psychopathy may require treatment and supervision strategies that are much more prescriptive and specific to their pathologies. Hart and Hare (1997), in reviewing the treatment literature on psychopaths, suggest insight oriented therapies and group therapies may simply teach psychopaths better social skills and better ways of manipulating and deceiving people while teaching them very little about their own behaviour. A strongly behavioural approach appears to be called for in the treatment of psychopaths. First, psychopaths have been shown to respond to positive reinforcement (Newman, Kosson, & Patterson, 1992) and with the emphasis on behavioural tracking inherent in the behavioural approach, consistent behavioural recording may help in the preventative supervision of psychopaths. In samples of sexual offenders, the PCL-R and the PCL-SV should be used to remove psychopaths from sex offender treatment programs and move them to more rigidly behavioural programs, potentially modelled on those used with developmentally delayed sexual offenders.

The principle limitation of this research is the use of third person, retrospective reporting on the dynamic factors that appear to precede sexual recidivism. There is a need for a prospective study that does not rely upon officer's memory for data and where the officers are not already aware of the offender's outcome. Due to the low general base rate of reoffence for sexual offenders even with a wide sampling across 9 provinces it was difficult to access officers who had recently had sexual offenders on their caseloads that

had recidivated while under supervision. As a result some officers worked to remember details of offenders they had supervised three years before. The data show that some officers had difficulty in remembering details of the case. In the case of replying to the PCL-SV items the item “Adolescent Anti-social Behaviour” was not coded 77 times, 19% of all cases coded. In addition, another potential limitation to the study is that the research coders were not blind to whether the offender had recidivated or not. This leaves the study open to the question of whether coders were biased in scoring some items. In addition, given what we now know about the speed with which acute factors change, it becomes clear that this study would have benefited from a greatly decreased time latency between acute observations.

Psychopaths generally exhibit behaviour that demonstrates a lack of empathy and caring. With these character traits, one would expect psychopathic sex offenders to be prone to sudden, impulsive, and frequent sexual recidivism. The psychopathic sexual deviant would generally be thought to be unwilling or unable to inhibit deviant sexual urges where the non-psychopathic sexual deviant might be restrained by feelings of empathy for their victim or general feelings of guilt. Miller and Eisenberg (1988) suggest that empathy and emotion are important for inhibiting socially deviant behaviours. This is, however, precisely where the psychopath is expected to be deficient. This thesis suggests that further study on inter-human connectedness and intimate conflicts would be warranted in psychopaths on community supervision. The findings of this work also suggest that for the psychopath, sexual offences are just one more type of general social

rule to be broken, less a manifestation of deviant sexuality, more a manifestation of an ungoverned id.

This is important research as it focuses on assessed variables, important to sexual recidivism in a community sample of sexual offenders. The future of corrections is in the community (Harris, 2000) as the community makes better use of scarce correctional resources and as governments in general become less inclined to manage huge correctional infrastructures. A study of the specific dynamic factors related to sexual recidivism would provide us with the best management and treatment targets for sexual offenders. One of the issues that will have to be resolved is what are the best methods for treating the sexual offender in the community (Hanson et al., 2001) and whether the community-based psychopathic sexual offender will have to be treated using different treatment modalities.

This thesis makes a useful contribution to our knowledge about the psychopathic sexual offender and their supervision in the community. Psychopathic sexual offenders on community supervision are more likely to recidivate than non-psychopathic sexual offenders, but they are just as likely to recidivate with a non-sexual violent offence or a general criminal offence as they are a sexual offence. Rapists will score higher on measures of psychopathy than will child molesters and this is primarily due to high scores on Factor 2, the lifestyle/behavioural impulsivity dimension of the test. Hence, community supervision officers have to be aware of their client's propensity to use other people in a parasitic manner, their need for stimulation and proneness to boredom, their poor behavioural controls, impulsivity, irresponsibility, and lack of realistic long-term

goals. The community supervision officer will have to be aware of these potential problem areas. It is quite likely that psychopaths on community supervision will not allow normal, helping relations to develop with their supervision officers in an effort to manipulate the supervisory relationship and to avoid personal disclosures. This may be experienced by the community supervision officer as a feeling that they do not know what is going on with this offender and as a vague apprehension that they can see recidivism coming in the offender.

This thesis points out clearly that assessments of psychopathy have to be completed by trained assessors with access to adequate file information and perhaps additional information about the early life of the offender. Even when guided by the item descriptions, parole and probation officers were unable to make sufficiently accurate scorings for screening purposes. This makes clear that officers cannot “just know” that a given offender is a psychopath and that appropriate assessment and diagnosis is required.

Sexually deviant preferences do not appear to be different for psychopathic sexual offenders versus non-psychopathic sexual offenders. However, due to their inability to form intimate human bonds the psychopath appears more susceptible to paraphilias, involvement with prostitution, and other sexually deviant behaviours. Community supervision officers should be aware of these propensities, question their offenders about involvement in these activities, and seek to verify this information through the use of collateral contacts.

In conclusion, it appears that psychopathic sexual offenders on community supervision can be assessed with the same risk assessment instruments as non-

psychopathic sexual offenders. Also, psychopathic sexual offenders that are trying not to reoffend may well exhibit greater interpersonal difficulties attempting to re-enter society than those who avoid any conflict or involvement with other humans. When dealing with the psychopathic sexual offender the community supervision officer may wish to focus helping efforts on establishing and maintaining pro-social acquaintances.

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Table 1

Constituent Groups of the Sample**N = 409**

	Recidivistic Sex Offenders	Non-recidivistic Sex Offenders
Boy-victim Child Molesters	<u>n</u> = 61	<u>n</u> = 61
Girl-victim Child Molesters	<u>n</u> = 76	<u>n</u> = 74
Rapists	<u>n</u> = 71	<u>n</u> = 66

Table 2

Means and Standard Deviations (in brackets) for Percent Agreement for Static Variables

Static Coding Manual	Coder			
	Western Canada n = 9	Ontario/Manitoba n = 19	Quebec n = 6	Maritime Provinces n = 9
				Total N = 43
Demographics	98.4 (4.20)	97.7 (4.12)	97.6 (6.30)	100 (N. A.)
Important Dates	92.6 (6.41)	98.0 (3.39)	94.4 (9.62)	81.5 (16.97)
Index Offenses	97.8 (4.68)	91.9 (10.76)	96.7 (7.03)	97.8 (4.68)
Brutality	96.3 (6.41)	88.9 (5.56)	100 (N. A.)	96.3 (6.41)
Recidivism Offense	94.4 (5.86)	98.9 (3.34)	100 (N. A.)	98.9 (3.51)
Alcohol/Drug Problems	98.8 (3.70)	95.5 (3.90)	100 (N. A.)	97.5 (4.90)
Education	94.4 (7.86)	94.1 (8.32)	100 (N. A.)	100 (N. A.)
Psychiatric/Psychological	93.8 (8.84)	95.9 (5.83)	91.7 (11.79)	100 (N. A.)
Treatment	85.4 (11.26)	90.2 (8.67)	94.8 (10.03)	97.9 (6.04)
Institutional	96.3 (6.41)	95.8 (7.22)	100 (N. A.)	100 (N. A.)
Early Childhood	87.5 (13.69)	94.7 (5.62)	94.4 (8.61)	98.1 (4.54)
Victim List/Totals	95.8 (5.75)	93.8 (10.56)	100 (N. A.)	98.6 (3.93)
Phallometrics	95.2 (5.94)	93.3 (6.29)	95.2 (8.13)	98.4 (4.20)
Deviant Sexual Behaviours	84.7 (14.46)	96.3 (3.04)	72.9 (41.60)	95.8 (8.27)
Overall	92.9 (9.52)	94.3 (7.18)	95.7 (11.96)	97.6 (6.07)
				94.8 (5.17)

Table 3

Pro-Rated Total Inter-Rater Reliabilities (Correlation) for the Psychopathy Checklist-Revised (PCL-R, File-only) and the Psychopathy Checklist: Screening Version (PCL:SV, File-only) and the Psychopathy Checklist: Screening Version (PCL:SV, Officer-reply).

Variable	Coder					Total
	Western Canada	Manitoba /Ontario	Quebec	Maritime Provinces		
PCL-R Total n	.95 7	.79 15	.98 3	.94 3		.87 28
PCL:SV Total n	.90 9	.95 18	.92 5	.40 6		.89 38
PCL:SV Officer Total n	.94 15	.99 25	.99 12	.99 9		.99 61

Table 4

Interclass Correlations on Psychopathy Ratings

Rating Method	N	PCL:SV / PCL-R Score		
		Total	Part 1 Factor 1	Part 2 Factor 2
PCL-R File-only	28	.82	.81	.83
PCL:SV File-only	38	.89	.88	.88
PCL:SV Officer-reply	61	.99	.98	.99

Note. Intraclass Correlation - ICC's for single ratings

Table 5

Percent Agreement Inter-Rater Reliabilities for the Interview Three Codes

Variable	Coder			
	Western Canada $\bar{n} = 15$	Manitoba /Ontario $\bar{n} = 28$	Quebec $\bar{n} = 12$	Maritime Provinces $\bar{n} = 9$
				Total $N = 64$
Substance Abuse	100.00	97.33	100.00	100.00
Mood	98.89	98.00	95.83	97.22
Social	98.97	96.92	96.15	99.15
Employment	93.33	98.00	95.83	91.67
Attitude	100.00	98.33	92.36	95.37
Life Stress	96.30	96.44	89.81	88.89
Risk Reports Received	96.67	96.00	87.50	94.44
Sexual Risk Factors	100.00	96.89	95.37	98.77
Statements 1	98.10	100.00	97.62	100.00
Statements 2	99.49	98.77	95.51	99.15
Victim Access	100.00	99.33	97.22	100.00
Appearance	100.00	100.00	95.83	100.00
Life Style	99.05	99.43	98.81	100.00
Does this guy...?	100.00	99.33	94.44	98.15
Cooperation Supervision	96.78	96.13	93.39	98.47
Overall	98.51	98.08	95.04	97.42
				97.48

Table 6

Comparison of Recidivists and Non-recidivists on Static, Demographic Variables

Measure	Recidivists	Non-recidivists	Sig.
Sample size	208	201	
Age at Index offence	34.2(11.0)	34.9(11.1)	ns
Age at time of coding (Inclusion in the study)	40.0(11.2)	41.1(11.9)	ns
Age at release after Index (Exposure to risk)	36.3(11.2)	39.1(11.6)	<.05
Age at Recidivism	36.9(11.3)		
Average time supervised in community (in months)	15.4(17.1)	24.0(24.8)	<.001
<u>Demographic factors</u>			
Ever married	59.2%	62.8%	ns
Minority race	14.0%	11.5%	ns
Unemployed at Index	55.6%	50.3%	ns

Note. ns = not significant

Table 7

Comparison of Recidivists and Non-recidivists on Static, Sexual Offence History

Measure	Recidivists	Non-recidivists	Sig.
<u>Sexual offence history</u>			
Total known victims			
mean (SD)	9.4 (20.1)	7.8 (27.2)	ns
median	5	3	
Ever offended against (%)			
adult females	55.1%	46.2%	ns
adult males	6.4%	4.5%	ns
boys	40.9%	37.5%	ns
girls	60.4%	50.7%	ns
Diverse victim types (age/sex)	53.8%	33.3%	<.001
Relationship to victim			
only related	0.4%	8.0%	<.001
any acquaintances	80.8%	73.0%	ns
any strangers	50.2%	35.0%	<.01

Note. ns = not significant

Table 8

Comparison of Recidivists and Non-recidivists on Static, Sexual Deviance and Sex
Offender Treatment Variables

Measure	Recidivists	Non-recidivists	Sig.
<u>Sexual deviance</u>			
Age at first sex offence	26.1(10.4)	27.5(10.4)	ns
Any diagnosis of deviant sexual preferences	51.0%	43.0%	ns
<u>Phallometric assessments.</u>			
Conducted (deviant or not)	30.8%	29.9%	ns
Deviant age preference (children)	23.6%	20.9%	ns
Deviant activity preference (violence)	14.4%	14.9%	ns
Number of paraphilias (voyeurism, exhibitionism, fetishes, etc.)	1.5 (1.5)	1.0 (1.1)	<.001
Lifestyle congruent with sexual deviance	60.6%	50.2%	<.05
<u>Sex offender treatment history</u>			
Ever attended	76.3%	77.1%	ns
Number of different programs	2.1 (1.8)	1.9 (1.4)	ns

Note. ns = not significant

Table 9

Comparison of Recidivists and Non-recidivists on Static, Family Background and Clinical Assessment Variables

Measure	Recidivists	Non-recidivists	Sig.
<u>Family Background</u>			
Physical abuse	46.8%	40.5%	ns
Sexual abuse	61.3%	44.2%	<.001
Other abuse (emotional/neglect)	54.8%	36.8%	<.001
Apprehended by child protective services	26.9%	14.9%	<.01
Any long-term separation from parents prior to age 16	42.8%	28.9%	<.01
Negative relationship with mother during childhood	33.7%	20.9%	<.01
<u>Clinical assessment</u>			
IQ	94.4 (14.6)	100.1 (14.5)	<.001
Any personality disorder mentioned in file	40.9%	35.8%	ns
Any psychotic disorder	5.3%	5.0%	ns
Antisocial personality (DSM-IV, scored from file)	64.4%	49.3%	<.002

Note. ns = not significant

Table 10

Comparison of Recidivists and Non-recidivists on Criminal History

Measure	Recidivists	Non-recidivists	Sig.
<u>Pre-Index offences</u>			
sexual	2.4(3.8)	2.2(4.1)	ns
non-sexual violent	1.3(2.3)	1.2(2.6)	ns
potentially sex-violent	0.25(0.71)	0.46(2.0)	ns
general offences	7.7(10.3)	6.4(15.1)	ns
total	11.6(12.8)	10.3(17.6)	ns
<u>Index offences</u>			
sexual	3.1(3.8)	3.2(3.3)	ns
non-sexual violent	0.14(0.8)	0.1(0.67)	ns
potentially sex-violent	0.42(1.0)	0.67(2.2)	ns
general offences	0.48(1.3)	0.33(0.83)	ns
total	4.2(4.6)	4.3(4.4)	ns
<u>Post-Index offenses</u>			
sexual	2.6(3.4)	0.11(0.74)	< .001
non-sexual violent	0.29(0.97)	0.12(0.55)	< .05
potentially sex-violent	0.32(1.0)	0.0	< .001
general offences	1.8(3.8)	0.49(1.4)	< .001
total	5.1(6.6)	0.73(1.8)	< .001

Note. ns = not significant

Table 11

Means and Standard Deviations (in brackets) of Psychopathy Assessments on
Recidivistic and Non-recidivistic Groups

Measure	Recidivists	Non-recidivists	Sig.
PCL-R (scored from file-only)			
Total	23.4 (6.8)	16.7 (8.7)	< .001
Factor 1	9.9 (3.3)	7.3 (4.2)	< .001
Factor 2	10.5 (4.4)	7.2 (4.8)	< .001
Baserate	39/191 (20.5%)	13/162 (8%)	
PCL: SV (scored from file-only)			
Total	15.6 (4.7)	11.7 (6.1)	< .001
Part 1	7.8 (2.8)	6.1 (3.4)	< .001
Part 2	7.8 (3.1)	5.6 (3.6)	< .001
Baserate	80/206 (38.8%)	40/192 (20.3%)	
PCL: SV (scored by officer reply)			
Total	14.7 (5.3)	8.7 (6.0)	< .001
Part 1	7.8 (3.1)	4.7 (3.6)	< .001
Part 2	6.9 (3.3)	4.0 (3.3)	< .001
Baserate	73/202 (35.6%)	16/192 (8.1%)	

Note. Baserate for the PCL-R is percent of offenders with a total score greater than or equal to 30. Baserate for the PCL-SV is percent of offenders with a total score greater than or equal to 18.

Table 12

Means and Standard Deviations (in brackets) of PCL-R Scores (scored from file only) on
Recidivistic and Non-recidivistic Boy-victim Child Molesters, Girl-victim Child
Molesters and Rapists

Measure	Recidivists	Non-recidivists	Sig.
Boy-victim Child Molesters			
Total	22.52 (6.67)	13.30 (8.79)	< .001
Factor 1	10.06 (2.99)	6.10 (4.34)	< .001
Factor 2	9.82 (4.41)	5.44 (4.68)	< .001
Girl-victim Child Molesters			
Total	22.18 (6.61)	17.82 (8.45)	< .014
Factor 1	9.75 (3.31)	7.44 (4.14)	ns
Factor 2	9.68 (4.21)	8.11 (4.63)	ns
Rapists			
Total	25.46 (6.85)	18.82 (7.96)	ns
Factor 1	9.87 (3.67)	8.41 (3.89)	ns
Factor 2	12.05 (4.20)	7.85 (4.74)	ns

Table 13

Means and Standard Deviations (in brackets) of PCL-SV Scores (scored from file only)
on Recidivistic and Non-recidivistic Boy-victim Child Molesters, Girl-victim Child
Molesters and Rapists

Measure	Recidivists	Non-recidivists	Sig.
Boy-victim Child Molesters			
Total	15.1 (4.5)	9.2 (6.1)	< .002
Part 1	7.9 (2.7)	5.1 (3.3)	< .030
Part 2	7.2 (3.1)	4.1 (3.5)	ns
Girl-victim Child Molesters			
Total	15.0 (4.7)	12.7 (6.0)	< .009
Part 1	7.8 (2.7)	6.4 (3.3)	< .020
Part 2	7.4 (3.1)	6.6 (3.4)	ns
Rapists			
Total	16.8 (4.8)	12.9 (5.7)	ns
Part 1	7.9 (2.9)	6.9 (3.3)	ns
Part 2	9.0 (2.8)	6.1 (3.4)	ns

Table 14

Means and Standard Deviations (in brackets) of PCL-SV Scores (scored by officer reply)
on Recidivistic and Non-recidivistic Boy-victim Child Molesters, Girl-victim Child
Molesters and Rapists

Measure	Recidivists	Non-recidivists	Sig.
Boy-victim Child Molesters			
Total	14.1 (5.0)	6.9 (5.7)	ns
Part 1	7.8 (3.0)	3.7 (3.5)	< .044
Part 2	6.4 (3.4)	3.1 (3.2)	ns
Girl-victim Child Molesters			
Total	13.5 (5.5)	10.2 (5.9)	ns
Part 1	7.3 (3.4)	5.5 (3.5)	ns
Part 2	6.2 (3.1)	4.7 (3.4)	ns
Rapists			
Total	16.5 (4.9)	8.8 (5.9)	ns
Part 1	8.3 (2.7)	4.7 (3.9)	< .001
Part 2	8.1 (3.2)	4.0 (3.2)	ns

Table 15

Correlations Between Measures of Psychopathy (PCL-R file only, PCL-SV file only, and PCL-SV officer-reply) and Outcome (recidivism vs. non-recidivism) Across Boy-victim Child molesters, Girl-victim Child Molesters and Rapists

Measure	PCL-R (file-only)	PCL-SV (file-only)	PCL-SV (officer-reply)
Boy-victim Child Molesters			
Total	.52 ***	.49 ***	.56 ***
Factor/Part 1	.48 ***	.42 ***	.54 ***
Factor/Part 2	.44 ***	.43 ***	.46 ***
	(<u>n</u> = 110)	(<u>n</u> = 122)	(<u>n</u> = 122)
Girl-victim Child Molesters			
Total	.28 ***	.22 **	.28 ***
Factor/Part 1	.30***	.22 **	.26 **
Factor/Part 2	.18 ns	.12 ns	.23 **
	(<u>n</u> = 124)	(<u>n</u> = 141)	(<u>n</u> = 136)
Rapists			
Total	.41 ***	.35 ***	.59 ***
Factor/Part 1	.19 *	.17 *	.48 ***
Factor/Part 2	.43 ***	.42 ***	.54***
	(<u>n</u> = 119)	(<u>n</u> = 134)	(<u>n</u> = 135)

Note. * = $p < .05$; ** = $p < .01$; *** = $p < .001$; ns = not significant

Table 16

Descriptive Statistics for PCL-R Scores (file only) across Offender Types for the Total Sample

PCL-R	Boy-victim Child Molesters	Girl-victim Child Molesters	Rapists	Significance
Total	18.16 (8.99) a	20.18 (7.79) a,b	22.44 (8.06) b	< .001
Factor 1	8.19 (4.18)	8.69 (3.88)	9.20 (3.82)	ns
Factor 2	7.73 (5.02) a	8.96 (4.46) a,b	10.14 (4.91) b	< .001

Note. SD in parentheses; ns = not significant. All Post-hocs completed using Scheffé procedure, $p < .05$. Group comparisons that share the same letter are not significantly different.

Table 17

Descriptive Statistics for PCL-R Scores (file only) across Offender Types for Recidivists

PCL-R	Boy-victim Child Molesters	Girl-victim Child Molesters	Rapists	Significance
Total	22.52 (6.67) a,A	22.18 (6.61) a,b	25.46 (6.85) b,B	< .011
Factor 1	10.06 (2.99)	9.75 (3.31)	9.87 (3.67)	ns
Factor 2	9.82 (4.41) a	9.68 (4.21) a	12.05 (4.20) b	< .002

Note. SD in parentheses; ns = not significant. All Post-hocs completed using Scheffé procedure, $p < .05$. Group comparisons that share the same lower-case letter are not significantly different. "A" and "B" - Compares Total scores for Boy-victim child molesters and Rapists between Tables 13 and 14 - Means that share the same upper-case letter are significantly different.

Table 18

Descriptive Statistics for PCL-R Scores (file only) across Offender Types for Non-Recidivists

PCL-R	Boy-victim Child Molesters	Girl-victim Child Molesters	Rapists	Significance
Total	13.30 (8.79) a,A	17.82 (8.45) b	18.82 (7.96) b,B	< .002
Factor 1	6.10 (4.34) a	7.44 (4.14) a,b	8.41 (3.89) b	< .017
Factor 2	5.44 (4.68) a	8.11 (4.63) b	7.85 (4.74) b	< .006

Note. SD in parentheses; ns = not significant. All Post-hocs completed using Scheffé procedure, $p < .05$. Group comparisons that share the same lower-case letter are not significantly different. "A" and "B" - Compares Total scores for Boy-victim child molesters and Rapists between Tables 13 and 14 - Means that share the same upper-case letter are significantly different.

Table 19

Psychopathy- Correlations Between File-only and Officer reply

Officer Reply	File Review	
	PCL-SV	PCL-R
	<u>Total</u>	
PCL-SV Total	.66	.66
	<u>Factor 1/Part 1</u>	
Part 1	.55	.53
	<u>Factor 2/Part 2</u>	
Part 2	.68	.65

Note. All correlations significant beyond $p < .001$.

Table 20

Kappa's Between Ratings of Psychopathy - PCL-SV Officer Reply versus PCL-R
File-Only

		PCL-SV Officer Reply	
		Not Psychopathic	Psychopathic
PCL-R File-only	Not Psychopathic	248 (71%)	49 (14%)
	Psychopathic	22 (6%)	30 (9%)

Kappa = .34

80% agreement

Table 21

Kappa's Between Ratings of Psychopathy – PCL-SV Officer Reply versus PCL-SV File-Only

		PCL-SV Officer Reply	
		Not Psychopathic	Psychopathic
PCL-SV File-only	Not Psychopathic	249 (63%)	31 (8%)
	Psychopathic	61 (15%)	57 (14%)

Kappa = .40

77% agreement

Kappa's Between Ratings of Psychopathy - PCL-SV File-Only versus PCL-R File-Only

		PCL-SV File-only	
		Not Psychopathic	Psychopathic
PCL-R File-only	Not Psychopathic	242 (69%)	58 (16%)
	Psychopathic	1 (0.3%)	51 (14.7%)

Kappa = .54

83% agreement

Table 23

Psychopathy and Whether the Officer Saw the Reoffence Coming or Whether the Reoffence Happened "Out of the Blue" - PCL-R Cut-off Score of 30 or Greater

		<u>PCL-R Groups</u>	
		Not Psychopathic	Psychopathic
Officer "Out of the Blue"	No	73 (49%)	28 (72%)
	Yes	77 (51%)	11 (28%)
		150 (100%)	39 (100%)
		189	

Table 24

Psychopathy and Whether the Officer Saw the Reoffence Coming or Whether the Reoffence Happened “Out of the Blue” - PCL-R Cut-off Score of 26 or Greater

		<u>PCL-R Groups</u>		
		Not Psychopathic	Psychopathic	
Officer “Out of the Blue”	No	52 (47%)	49 (63%)	
	Yes	59 (53%)	29 (37%)	
		111 (100%)	78 (100%)	189

Table 25

Comparison of High Psychopathy Offenders (score 26 or greater on PCL-R file-only) to Low Psychopathy Offenders on Sexual Deviance Variables

Measure	High Psychopathy (<u>n</u> = 109)	Low Psychopathy (<u>n</u> = 244)	Sig.
Child Preference Phallometrically assessed	0.19(0.40)	0.26(0.44)	ns
Activity Preference Phallometrically assessed	0.49(0.51)	0.45(0.50)	ns
Child or Activity Phallometrically assessed	0.25(0.43)	0.29(0.45)	ns
Lifetime Total of Stranger Victims	2.72(3.73)	1.81(4.48)	ns
Paraphilias	1.19(1.13)	0.86(1.04)	< .008
Prostitution	0.69(0.73)	0.39(0.58)	< .001
Deviant Sexual Behaviour Total	7.90(3.31)	6.14(3.28)	< .001

Note. SD in parentheses; ns = not significant

Table 26

Descriptive Statistics for Sexual Deviance Variables that are Behaviourally Based by High Psychopathy (score 26 or greater) versus

Low Psychopathy by Recidivist versus Non-recidivist

	<u>High Psychopathy</u> (n = 109)		<u>Low Psychopathy</u> (n = 244)		<u>Significance</u>
	<u>Recidivistic</u> (n = 78)	<u>Non-recidivistic</u> (n = 31)	<u>Recidivistic</u> (n = 112)	<u>Non-recidivistic</u> (n = 132)	
Child Preference Phallometrically Assessed	0.19(0.40)	0.19(0.40)	0.27(0.44)	0.26(0.44)	ns
Activity Preference Phallometrically Assessed	0.46(0.51)	0.54(0.52)	0.51(0.51)	0.41(0.50)	ns
Child or Activity Preference Phallometrically Assessed	0.23(0.42)	0.29(0.46)	0.27(0.44)	0.30(0.46)	ns

Note. SD in parentheses; ns = not significant.

Table 27

Means of Sexual Deviance Variables by High Psychopathy (scores 26 or greater) versus Low Psychopathy by Recidivist versus

Non-recidivist

	<u>High Psychopathy</u> (n = 109)		<u>Low Psychopathy</u> (n = 244)		Significance
	<u>Recidivistic</u> (n = 78)	<u>Non-recidivistic</u> (n = 31)	<u>Recidivistic</u> (n = 112)	<u>Non-recidivistic</u> (n = 132)	
Lifetime Total of					
Stranger Victims	2.76(3.30)	2.61(4.72)	2.15(4.85)	1.52(4.13)	ns
Paraphilias	1.26(1.18) a	1.03(0.98) a,b	1.15(1.25) a	0.62(0.73) b	< .001
Prostitution	0.68(0.76) a	0.71(0.64) a	0.46(0.61) a,b	0.33(0.55) b	< .001
Deviant Sexual Behaviour total	8.19(3.50) a	7.16(2.70) a	6.96(3.67) b	5.45(2.73) b	< .001

Note. All Post-hocs completed using Scheffé procedure, $p < .05$. Group comparisons that share the same letter are not significantly different

Table 28

Effect Size and Significance Levels of Dynamic Scales Assessed by Repeated Measures

Measure	Time "T1" vs. "T2" (Worse at "T2" = +)	PCL-R High psychopaths versus low psychopaths (High Psychopaths worse = +)	Group Sexual recidivists versus non-recidivists (Recidivists worse = +)	High Psychopathic Group Only	PCLR By Group Interaction ²
Intimate Conflicts	.005	.013* +	.011	.043* ¹	.015*
Bad Mood	.002	.000	.013*	.032	.005
Life Stress	.092*** +	.000	.008	.018	.004
"Playing the Game"	.047*** +	.053*** +	.002	.034	.059***
"Officer Involvement"	.014	.020*	.016*	.021	.000
Sexual Risk Factors	.015* +	.022** +			
Substance Abuse	.000	.045	.008	.001	.015*
Attitude/Presentation	.001	.024** +	.054* +	.000	.056*
Victim Access	.025** +	.011	.014* +	.000	.018*
Fail to Acknowledge	.007	.003	.003	.003	.011
Note.		.003	.003	.002	.010

1 = Significant difference between high-psychopathy recidivists and high-psychopathy non-recidivists. The high-psychopathy non-recidivists score worse on this scale.

2 = Recidivists versus non-recidivists by high-psychopathy versus low-psychopathy interaction – Most obvious in Figure 4.
* = $p < .05$; ** = $p < .01$; *** = $p < .001$

Table 29

Percentage of Total Score (PCL-R) Accounted for by Factor 1 and Factor 2 Totals in Sexual Offenders, Rapists and Child Molesters

Study	F1 Total (SD)	F2 Total (SD)	Total Score (SD)	F1, percent of Total Score	F2, percent of Total Score
Quinsey et al. (1995)			18.4 (9.2)	-- --	-- --
			12.9 (6.3)	-- --	-- --
Seto & Barbaree (1999)	6.9 (3.3)	8.8 (4.3)	19.0 (7.3)	36.3%	46.3%
	6.4 (2.6)	5.7 (4.3)	14.6 (6.2)	43.8%	39.0%
Firestone et al. (2000)	10.1 (3.6)	11.5 (4.6)	25.2 (8.2)	40.1%	45.6%
	8.6 (3.3)	7.7 (5.2)	18.3 (8.0)	47.0%	42.1%

Notes. Table 26 Continued on next page. Seto and Barbaree (1999) Unpublished factor scores provided by personal communication June 2001. CM's = Child Molesters, EF = Extra-familial; -- -- = Authors unwilling to provide factor scores.

Table 29 Continued

Percentage of Total Score (PCL-R) Accounted for by Factor 1 and Factor 2 Totals in Sexual Offenders, Rapists and Child Molesters

Study	F1 Total (SD)	F2 Total (SD)	Total Score (SD)	F1, percent of Total Score	F2, percent of Total Score
Porter et al. (2000)	10.1 (3.4)	Rapists 12.0 (3.3)	25.9 (5.9)	39.0%	46.3%
	9.3 (3.6)	EF/CM's 8.3 (4.0)	20.9 (6.0)	44.5%	39.7%
Serin et al. (2001)	6.7 (4.6)	Rapists 10.4 (5.2)	18.6 (8.3)	36.0%	55.9%
	5.5 (4.1)	M/CM's 6.9 (5.6)	14.0 (8.8)	39.3%	49.3%
Harris Thesis (2001)	9.2 (3.8)	Rapists 10.1 (4.9)	22.4 (8.1)	41.1%	45.1%
	8.5 (4.0)	EF/CM's 8.4 (4.8)	19.2 (8.4)	44.3%	43.8%

Note. CM's = Child Molesters, EF = Extra-familial, M/CM's = mixed incest and extra-familial child molesters.

Table 30

Percentage of Total Score (PCL-R) Accounted for by Factor 1 and Factor 2 Totals in Rapists, Recidivists and Non-Recidivists

Study	F1 Total (SD)	F2 Total (SD)	Total Score (SD)	F1 percent of Total Score	F2 percent of Total Score
Quinsey et al. (1995)		Fail	16.0 (9.1)a	-- --	-- --
		No Fail	13.4 (6.4)a	-- --	-- --
Firestone et al. (1998)	9.8 (4.4)	Fail	25.2 (8.4)	38.9%	46.8%
	10.1 (3.5)	No Fail	25.2 (8.3)	40.1%	45.6%
Serin et al. (2001)	5.8 (4.6)	Fail	18.2 (8.1)	31.9%	60.4%
	8.0 (4.5)	No Fail	19.8 (8.2)	40.4%	48.5%
Harris Thesis (2001)	9.9 (3.7)c	Fail	25.5 (6.8)e	38.8%	47.1%
	8.4 (3.9)c	No Fail	18.8 (8.0)e	44.7%	41.5%

Note. Factor and Total scores that share the same letter are significantly differentiated by that Factor or Total score.
 -- -- = Authors unwilling to provide factor data.

Figure 1. Means on the Intimate Conflicts scale for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

Figure 2. Means on the Bad Mood scale for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

- Low Psychopathy Recidivists
- △— Low Psychopathy Non-recidivists
- ×— High Psychopathy Recidivists
- *— High Psychopathy Non-recidivists

Figure 3. Means on the Life Stress scale for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

- Low Psychopathy Recidivists
- △— Low Psychopathy Non-recidivists
- X— High Psychopathy Recidivists
- *— High Psychopathy Non-recidivists

Figure 4. Means on the Playing the Game scale for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

Figure 5. Means on the Officer Involvement scale for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

Figure 6. Means on a typical example of dynamic predictors - the Sexual Risk Factors scale - for the low psychopathy recidivistic group, the low psychopathy non-recidivistic group, the high psychopathy recidivistic group, and the high psychopathy non-recidivistic group across two time periods.

Appendix 1

Static Coding Manual for Project

DYNAMIC PREDICTORS OF SEXUAL REOFFENCE PROJECT 1997

DEPARTMENT OF THE SOLICITOR GENERAL CANADA
340 LAURIER AVENUE WEST
SIR WILFRID LAURIER BUILDING
11 th. FLOOR
OTTAWA, ONTARIO CANADA K1A 0P8

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Project Director

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Coding Manual Produced by Andrew J. R. Harris 1997

MARK II VERSION

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised: 97/05/06

subnum Subject Number (as assigned by project)

subnum

coder Identity of coder: Andrew = 1 Karl = 2 Western = 3 Ontario = 4
 Quebec = 5 Eastern = 6 Team = 7 Team = 8

coder

fpsnum Subject's FPS Number

fpsnum

group Recidivists = 1 Non-recidivists = 2

group

lastname Subject's last or family name : _____

firstname Subject's first/given or "goes-by" name: _____

scndname Subject's second given name or initial : _____

NOTE: Copy down alternative spellings and aliases (FPS tracking)

DEMOGRAPHICS

NOTE: Questions on this page should be answered last - as coding is complete

cell Please circle the number that best describes the perpetrator cell

	RECIDIVISTS	NON- RECIDIVISTS
BOY-OBJECT CHILD MOLESTERS	1	2
GIRL-OBJECT CHILD MOLESTERS	3	4
ADULT-OBJECT SEXUAL ASSAULTERS	5	6

victim Please circle the main or preferred victim type, overall, for this offender. victim

- 1 = child females
2 = child males
3 = adult females
4 = adult males

1A

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

birthpl	Subject's place of birth :		
marstat	Subject's present marital status: (SIR-9) (Note: VPS-8 -> Has the subject EVER been married?)		
	Never Married/Single (always)	= 1	
	Married/Common-law Relationship (include gay)	= 2	
	Separated/Divorced	= 3	
	Widower	= 4	
	No Information	= 9	<u>marstat</u>
numdep	Number of Dependents (under one roof) AT INDEX (SIR-11)		
	(include dependents from common-law marriage)		
numdep2	Number of Dependents WHILE ON COMMUNITY SUPERVISION (SIR-11)		
	(under one roof) (include dependents from common-law marriage)		
minority	The subject is a member of which of the following groups?		
	Caucasian	= 1	Asian = 4
	Native Canadian	= 2	Other Visible Minority = 5
	Black	= 3	No Information = 9
codesit1	Where was this file coded?		
DEMOGRAPHICS			

Dynamic Predictors of Sexual Reoffence Project 1996-97

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subdob	Subjects date of birth (yy/mm/dd)	year	month	day
codedate	Date of primary coding	year	month	day
dt01sxof	Date of first EVER sex offence. (offence date if possible or sentence date or suspicion date) (Watch for Historical Offences)	year	month	day
reldate	Date the offender was released after index offence (Hence, the release before the recidivism) (The date he's available for recidivism)	year	month	day
Note: Day parole, half-way house and every-day UTA's count - "TA's" do not				
daydate	Day Parole Release Date	year	month	day
wed01	Warrant Expiry Date (or Probation expiry)	year	month	day

IMPORTANT DATES

FOR NON-RECIDIVISTS

indexdat Date of the index offence
 (the date of his last sexual offence)
 (If possible give offence date - if not, sentence date) year month day

FOR RECIDIVISTS

reciddt1 Date of the "recidivism" offence
 (the date of his last sexual offence)
 (If possible give offence date - if not, sentence date) year month day

reciddt2 Date of the "second last" sexual offence
 (the one from which he was released to supervision)
 (Give Sentence Date) year month day

lastdate Date last seen by supervising officer prior to recidivism
 (Prior to the "re-offence date") year month day

IMPORTANT DATES

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

(Outline periods of supervision from file as best as possible)

TYPE OF SUPERVISION

START DATE

END DATE

.....

.....

.....

PROBATION/PAROLE/SUPERVISION DATES

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

index	Which charge is designated as the index: (state in priority: 1) the most serious sex crime 2) the last sex offence in the last "spree"	
io01	Probation/Parole/Bail/Escapes/Breach of under-taking at time of index offence? (Yes = 1 No = 0 No Information = 9) (VPS-6) (SIR-4)(PCL-R-19)	io01
io02	Female victim at index offence? (VPS-12) (Yes = 1 No = 0 No Information = 9)	io02
io03	Was perpetrator intoxicated at time of the index offence? (VPS-11e) (ALCOHOL ONLY OR MOSTLY)(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	io03
io04	Was perpetrator drugged at the time of the index offence? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	io04
io05	Was the victim drugged/intoxicated at time of index offence? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	io05
io06	Was perpetrator employed when arrested for index? (2 = Yes, 1 = Possibly/Somewhat/Part-time, 0 = No, 9 = No Information) (SIR-15)	io06

INDEX OFFENCE

Dynamic Predictors of Sexual Reoffense Project 1996-97

Last Revised: 97/05/06

io07	Degree of relation to index victim:		Perpetrator related to victim = 1 Perpetrator an acquaintance of victim = 2 Perpetrator and victim were strangers = 3 No Information = 9	<u>io07</u>
io08	What type of brutality was evident at the index? CIRCLE ALL THAT APPLY		None = 0 Emotional Cruelty (Verbal, Name calling, talk about loved ones) = 1 Excessive threats (violent, sexual, or about others) = 2 Attempts to degrade the victim ...(Physical/Sexual) = 3 Any overt use of force (But not excessive, torture, or overkill) = 4 Excessive violence, beyond that necessary for the commission of the crime .. = 5 Torture = 6 "Over-Kill" (example: more than ten stab wounds) = 7 No Information = 9	<u>io08</u>
io09	Was a weapon used in any crime - EVER?	CIRCLE ALL THAT APPLY	No = 0 Club/stick/striking weapon = 1 Knife/stabbing/sticking weapon . = 2 Broken Bottle = 3 Gun = 4 Chemical/Acid = 5 Cloth for gagging/choking = 6 Handcuffs = 7 Other = 8 No Information = 9	<u>io09a</u>
io10	Index Victim Physical Injury	(VPS-10)	No Damage = 0 Slight Damage, No weapon .. = 1 Slight Damage, Weapon = 2 Treated in clinic and released = 3 Hospitalized at least one night ... = 4 Death = 5 Death and Mutilation = 6 No Information = 9	<u>io10</u>

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

bc01 as the subject EVER displayed any of these behaviours - other than index or recidivism offence? CIRCLE ALL THAT APPLY

None	= 0
Emotional Cruelty (Verbal, Name calling, talk about loved ones)	= 1
Excessive threats (violent, sexual, or about others)	= 2
Attempts to degrade the victim ...(Physical/Sexual)	= 3
Any overt use of force (But not excessive, torture, or overkill)	= 4
Excessive violence, beyond that necessary for the commission of the crime ..	= 5
Torture	= 6
"Over-Kill" (example: more than ten stab wounds)	= 7
No Information	= 9

bc01 bc01a

bc02 Was a weapon used in any crime other than the index or recidivism offence? CIRCLE ALL THAT APPLY

No	= 0
Club/stick/striking weapon	= 1
Knife/stabbing/sticking weapon ..	= 2
Broken Bottle	= 3
Gun	= 4
Chemical/Acid	= 5
Cloth for gagging/choking	= 6
Handcuffs	= 7
Other	= 8
No Information	= 9

bc02 bc02a

bc03 Victim Physical Injury, has he EVER damaged someone - other than the index or recidivism offences? (VPS-10)

No Damage	= 0
Slight Damage, No weapon ..	= 1
Slight Damage, Weapon	= 2
Treated in clinic and released ..	= 3
Hospitalized at least one night ...	= 4
Death	= 5
Death and Mutilation	= 6
No Information	= 9

ibc03

BRUTALITY (OTHER THAN INDEX AND RECIDIVISM OFFENCE)

recid Which charge is designated as the recidivism offence:

(state in priority: 1) the most serious sex crime 2) the last sex offence in the last "spree"

ro01 Probation/Parole/Bail/Escapes/Breach of under-taking at time of recidivism offence?
(Yes = 1 No = 0 No Information = 9) (PCL-R-19) ro01

ro02 Female victim at recidivism offence? (Yes = 1 No = 0 No Information = 9) (VPS-12) ro02

ro03 Was perpetrator intoxicated (ALCOHOL ONLY OR MOSTLY) at recidivism offence?
(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information) (VPS-11e) ro03

ro04 Was perpetrator drugged at the time of the recidivism offence?
(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information) ro04

ro05 Was the **victim** drugged/intoxicated at time of recidivism offence?
(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information) ro05

ro06 Was perpetrator employed when arrested for recidivism offence?
(2 = Yes, 1 = Possibly/Somewhat/Part-time, 0 = No, 9 = No Information) (SIR-15) ro06

RECIDIVISM OFFENCE

Dynamic Predictors of Sexual Reoffense Project 1996-97

Last Revised: 97/05/06

ro07	Degree of relation to recidivism victim:	Perpetrator related to victim Perpetrator an acquaintance of victim Perpetrator and victim were strangers No Information	= 1 = 2 = 3 = 9	ro07
ro08	What type of brutality was evident at recidivism offence? CIRCLE ALL THAT APPLY	None Emotional Cruelty (Verbal, Name calling, talk about loved ones) Excessive threats (violent, sexual, or about others) Attempts to degrade the victim ...(Physical/Sexual) Any overt use of force (But not excessive, torture, or overkill) Excessive violence, beyond that necessary for the commission of the crime .. Torture "Over-Kill" (example: more than ten stab wounds) No Information	= 0 = 1 = 2 = 3 = 4 = 5 = 6 = 7 = 9	ro08
ro09	Was a weapon used in the recidivism offence?	No Club/stick/striking weapon Knife/stabbing/sticking weapon .. Broken Bottle Gun	= 0 = 1 = 2 = 3 = 4	ro08a
ro09	CIRCLE ALL THAT APPLY	Chemical/Acid Cloth for gagging/choking Handcuffs Other No Information	= 5 = 6 = 7 = 8 = 9	ro09a
ro10	Recidivism Victim Physical Injury	No Damage Slight Damage, No weapon .. Slight Damage, Weapon Treated in clinic and released	= 0 = 1 = 2 = 3	ro09
ro10	(VPS-10)	Hospitalized at least one night ... Death Death and Mutilation No Information	= 4 = 5 = 6 = 9	ro10

RECIDIVISM OFFENCE

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

ad01	Does the subject have a history of parental alcoholism? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	(VPS-11a)	ad01
ad02	Did the subject have an alcohol problem as a teenager? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	(VPS-11b)	ad02
ad03	Did the subject have an alcohol problem as an adult? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	(VPS-11c)	ad03
ad04	Has alcohol been involved in one or more of the subjects prior offences? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	(VPS-11d)	ad04
ad05	Does the subject have a history of drug abuse? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)		ad05
ad06	Did the subject have a drug problem at the time of index? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)		ad06
ad07	Did the subject have an alcohol problem at the time of index? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)		ad07

ALCOHOL/DRUG PROBLEMS

ALCOHOL/DRUG PROBLEMS CONTINUED - NEXT PAGE

Dynamic Predictors of Sexual Reoffense Project 1996-97

Last Revised:97/05/06

ad09 Have drugs contributed to law violations?
(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)

ad09

ad10 Has the offender committed ANY sex crimes while totally sober?
(2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information) (KQ-1)

ad10

EDUCATION

ee01 Elementary School Maladjustment (VPS-2)
No Problem

Slight (Minor discipline or attendance problems)
Moderate

Severe (Serious discipline or attendance problems)
No Information

= 1
= 2
= 3
= 4
= 9

ee01

ee02 Highest grade completed by subject? (Count grades 1 → 13)
High school equivalent (GED) = 12

14 = one year university/college/trade school

15 = two years university/college/trade school

16 = BA

18 = MA

20 = Ph.D.

ee02

EDUCATION

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

pp01	Has a psychiatric diagnosis ever been given? (Circle all that apply)		
	Schizophrenia	(VPS-9)	= 1
	Manic-depression		= 2
	Depression		= 3
pp02	Anti-social Personality Disorder	(VPS-3)	= 4
	Paranoia		= 5
	Other Personality Disorder (Circle all that apply).....	(VPS-3)	= 6
	(Paranoid Schizotypal Histrionic Narcissistic Avoidant Dependent Obsessive/Compulsive)		
pp03	Conduct Disorder (Juvenile)		= 7
	Suicide Attempts		= 8
	No Information		= 99
pp04	Any other diagnoses/opinions given? :		
pp05	Full scale IQ (as estimated)		
	30 = Severely Retarded		
	45 = Moderately Retarded		
	60 = Mildly Retarded		
	75 = Borderline		
	85 = Dull Normal		
	100 = Normal		
	115 = Bright Normal		
	125 = Superior		
	145 = Very Superior		
	(Record multiple Reports)		
pp06			
pp07			

PSYCHIATRIC/PSYCHOLOGICAL

Dynamic Predictors of Sexual Reoffense Project 1996-97

Last Revised: 97/05/06

ts01 Has ever attended sex offender treatment No Information = 9) _____ ts01
(YES = 1 No = 0

ts02 Number of times this guy has attended, separate, sex offender treatment programs _____ ts02
(Or repeated same program - each time counts)

1) _____ 2) _____

3) _____ 4) _____

ts03 Has ever attended alcohol treatment (YES = 1 No = 0) _____ ts03
(alcoholics anonymous or other)
No Information = 9)

ts04 Has attended talk therapies (YES = 1 No = 0) _____ ts04
(Anger Mgmt, Cog. Skills etc.)
No Information = 9)

TREATMENT STUFF

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised: 97/05/06

ts05	Offender denies all need for treatment(Sexual).....	ts05
ts06	Offender has not been offered treatment...(For Sexual Problems)	ts06
ts06a	Has (but not always) refused treatment(For Sexual Problems).....	ts06a
ts06b	Has refused all treatment approaches(For Sexual Problems).....	ts06b
ts07	Offender is Motivated for treatment(Sexual).....	ts07
ts07a	Offender is Unmotivated for treatment(Sexual).....	ts07a
Has subject ever been described as: (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Info) NOTE: Question Sets 6, 7, 8, 9, 11, 12 are for subjective ratings - if you don't find it in the file - Make a Judgment		

TREATMENT STUFF

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

ts08	Treatment dropout(Sexual).....	ts08
ts08a	Completed treatment(Sexual).....	ts08a
ts09	Offender is described as a Treatment failure(Sexual).....	ts09
ts09a	Offender is described as a Treatment success(Sexual).....	ts09a
ts11	Offender tried hard in treatment(Sexual).....	ts11
ts11a	Offender did not try hard in treatment(Sexual).....	ts11a
ts12	Offender is described as a Good candidate for treatment (Sexual).....	ts12
ts12a	Offender is described as a Poor candidate for treatment (Sexual).....	ts12a
Has subject ever been described as: (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Info)		
TREATMENT STUFF		

in01	Has been convicted of escape or attempted escape? (YES = 1 No = 0 No Information = 9) (SIR-5)	<hr/> in01
in02	Any failure on prior conditional release? (Include all forms: bail, probation, parole, mandatory supervision, UAL, AWOL day parole, "one shot") (YES = 1 No = 0 No Information = 9) (SIR-4) (VPS-6) (PCL-19)	<hr/> in02
in03	Was the subject in a Maximum security institution at the time of the parole hearing? The parole hearing that released him onto his index supervision. (YES = 1 No = 0 No Information = 9) (SIR-6)	<hr/> in03

INSTITUTIONAL

ec01	Age at first long-term separation from parents. (Before age 16) (Include apprehension, parental abandonment and juvenile custody orders) (death of parent does not count) (VPS-5) If during first 6 months - write in "birth" or "at birth" → 6 - 12 months please enter "0.5"	ec01
ec02	Reports of childhood PHYSICAL abuse? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	ec02
ec03	Reports of childhood SEXUAL abuse? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	ec03
ec04	Was apprehended by the Children's Aid Society? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	ec04
ec05	Reports of Neglect/Maltreatment/Emotional Abuse as a child? (2 = Yes, 1 = Possibly/Somewhat, 0 = No, 9 = No Information)	ec05

ec06/07 Characterize whether the offender has/had a **positive/negative** relationship with his mother ?

NEGATIVE

POSITIVE

AS A CHILD

ec06n

AS AN ADULT

ec06p

ec07n

ec07p

EARLY CHILDHOOD

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

GSIR COPY SHEET

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised: 97/05/06

Aggression to people and animals

cd01	Often bullies, threatens or intimidates others	cd01	_____
cd02	Often initiates physical fights	cd02	_____
cd03	Has used a weapon that can cause serious physical harm to others	cd03	_____
cd04	Has been physically cruel to people	cd04	_____
cd05	Has been physically cruel to animals	cd05	_____
cd06	Has stolen while confronting a victim (mugging, purse snatching, extortion, armed robbery)	cd06	_____
cd07	Has forced someone into sexual activity	cd07	_____

Destruction of property

cd08	Has deliberately engaged in fire setting with intention to cause serious injury	cd08	_____
cd09	Has deliberately destroyed other's property (other than by fire)	cd09	_____

Deceitfulness or theft

cd10	Has broken into someone's house, car, or building	cd10	_____
cd11	Often lies to obtain goods, favours, or to avoid obligations ("cons" others) (PCL-R - 4 & 5)	cd11	_____
cd12	Has stolen items of non-trivial value without confronting the victim (shoplifting, forgery)	cd12	_____

Serious rule violations

cd13	Often stays out at night despite parental prohibitions, beginning before age 13 years	cd13	_____
cd14	Has run away from home overnight at least twice (parental or surrogate home) (Or one lengthy period)	cd14	_____
cd15	Is often truant from school, beginning before age 13 years	cd15	_____

CONDUCT DISORDER

MARK ALL THAT APPLY

(YES = 1 Or a check-mark)

NOTE: SINCE THE AGE OF FIFTEEN

apd01	Failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest	<u>apd01</u>
apd02	Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal pleasure or profit.	<u>apd02</u>
apd03	Impulsivity or failure to plan ahead (PCL-R-14)	<u>apd03</u>
apd04	Irritability and aggressiveness, as indicated by repeated physical fights or assaults	<u>apd04</u>
apd05	Reckless disregard for safety of self or others	<u>apd05</u>
apd06	Constant irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations	<u>apd06</u>
apd07	Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from others (PCL-R-6)	<u>apd07</u>

ANTISOCIAL PERSONALITY DISORDER

MARK ALL THAT APPLY

(YES = 1 Or a check-mark)

Dynamic Predictors of Sexual Reoffense Project 1996-97

Last Revised:97/05/06

1) Superficial:

Examples: _____

sv01

2) Grandiose:

Examples: _____

sv02

3) Deceitful:

Examples: _____

sv03

4) Lacks Remorse:

Examples: _____

sv04

PCL-SV CODING FORM [CODES: 0 = Not applicable 1 = Possibly 2 = Definitely or Most Likely X = Omit]

5) Lacks Empathy:

sv05

Examples: _____

6) Doesn't Accept Responsibility:

sv06

Examples: _____

7) Impulsive:

svo7

Examples: _____

8) Poor Behavioural Controls:

sv08

Examples: _____

PCL-SV CODING FORM [CODES: 0 = Not applicable 1 = Possibly 2 = Definitely or Most Likely X = Omit]

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

9) Lacks Goals:

sv09

Examples:

10) Irresponsible:

sv10

Examples:

11) Adolescent Antisocial Behaviour:

sv11

Examples:

12) Adult Antisocial Behaviour:

sv12

Examples:

PCL-SV CODING FORM [CODES: 0 = Not applicable 1 = Possibly 2 = Definitely or Most Likely X = Omit]

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

h1	Glibness/Superficial Charm	0	1	2
h2	Grandiose sense of self worth	0	1	2
h3	Need for stimulation/Proneness to boredom	0	1	2
h4	Pathological lying	0	1	2
h5	Conning/Manipulative	0	1	2
h6	Lack of remorse or guilt	0	1	2
h7	Shallow affect	0	1	2
h8	Callous/Lack of empathy	0	1	2
h9	Parasitic lifestyle	0	1	2
h10	Poor behaviour controls	0	1	2
h11	Promiscuous sexual behaviour	0	1	2
h12	Early behaviour problems	0	1	2
h13	Lack of realistic, long term goals	0	1	2
h14	Impulsivity	0	1	2
h15	Irresponsibility	0	1	2
h16	Failure to accept responsibility for own actions	0	1	2
h17	Many short-term marital relationships	0	1	2
h18	Juvenile Delinquency	0	1	2
h19	Revocation of conditional release (Include day parole, full parole and MS, SIR-4)	0	1	2
h20	Criminal versatility	0	1	2

PCL-R

PCL-R --- CODED FROM FILE MATERIALS

Dynamic Predictors of Sexual Reoffense Project 1996-97

Inventory of Sexual Recidivism Project 1996-97					
h1	Glibness/Superficial Charm				
h2	Grandiose sense of self worth	0	1	2	
h3	Need for stimulation/Proneness to boredom	0	1	2	
h4	Pathological lying	0	1	2	
h5	Conning/Manipulative	0	1	2	
h6	Lack of remorse or guilt	0	1	2	
h7	Shallow affect	0	1	2	
h8	Callous/Lack of empathy	0	1	2	
h9	Parasitic lifestyle	0	1	2	
h10	Poor behaviour controls	0	1	2	
h11	Promiscuous sexual behaviour	0	1	2	
h12	Early behaviour problems	0	1	2	
h13	Lack of realistic, long term goals	0	1	2	
h14	Impulsivity	0	1	2	
h15	Irresponsibility	0	1	2	
h16	Failure to accept responsibility for own actions	0	1	2	
h17	Many short-term marital relationships	0	1	2	
h18	Juvenile Delinquency	0	1	2	
h19	Revocation of conditional release	0	1	2	
h20	Criminal versatility	0	1	2	

PCL-R

PCL-R --- COPIED FROM FILE

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

<u>VICTIM NAME</u>	<u>AGE/SEX OF VICTIM</u>	<u>DATE OF OFFENCE</u>	<u>RELATIONSHIP TO VICTIM</u>	<u>PARTICULARS</u>
--------------------	------------------------------	----------------------------	-----------------------------------	--------------------

.....				
.....				
.....				

VICTIM LIST

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised: 97/05/06

<u>VICTIM NAME</u>	<u>AGE/SEX OF VICTIM</u>	<u>DATE OF OFFENCE</u>	<u>RELATIONSHIP TO VICTIM</u>	<u>PARTICULARS</u>
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VICTIM LIST CONTINUED

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

<u>VICTIM NAME</u>	<u>AGE/SEX OF VICTIM</u>	<u>DATE OF OFFENCE</u>	<u>RELATIONSHIP TO VICTIM</u>	<u>PARTICULARS</u>
--------------------	------------------------------	----------------------------	-----------------------------------	--------------------

.....				
.....				
.....				

VICTIM LIST CONTINUED

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

v101	Life total of ADULT FEMALE victims (99 = No Info.)	v101
v102	Life total of ADULT MALE victims (99 = No Info.)	v102
v103	Life total of CHILD FEMALE victims (99 = No Info.)	v103
v104	Life total of CHILD MALE victims (99 = No Info.)	v104
v105r,a,sLifetime Total:	RELATED VICTIMS	v105r
Lifetime Total:	ACQUAINTANCE VICTIMS	v105a
Lifetime Total:	STRANGER VICTIMS	v105s
v106	Any evidence of sex offences for which the subject was not charged or was let off? (Give number of alleged offences, Code "88" for "many" "lots" "several" (NOTE: An educated guess is better than an "88")	v106

VICTIM LIST - TOTALS

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

so01/01a Has a phallometric AGE preference for:

Child males	= 1	Homosexual, Adult males	= 5
Child females	= 2	Test done but results not given	= 6
Undifferentiated children	= 3	Test too low to interpret	= 7
Heterosexual, Adult female	= 4	Refuses or has walked out on	= 8

so01

so01a

so02 Has a deviant phallometric ACTIVITY preference (rape, violence, sadism)
(YES = 1 No = 0 No Information = 9)

so02

so03 Has the offender engaged in **stalking** behaviour? (2 = Yes, 1 = Maybe/Possibly, 0 = No, 9 = No Info)
(following, spying on, and the like, predatory behaviour must be evident, otherwise - harassment?)

so03

so07 Has offender engaged in **harassment**?

Include phone calls/letters/videos/driving past and all like actions

so07

so04 Has the offender engaged in **grooming** behaviour

(2 = Yes, 1 = Maybe/Possibly, 0 = No, 9 = No Information)

so04

so05 Is/was the offender's lifestyle arranged to facilitate/congruent with sexual deviance? (KQ-2)
(2 = Yes, 1 = Maybe/Possibly, 0 = No, 9 = No Information)
(Works near a school, moves in with single mothers, long walk to night job thru a park, etc.)

so05

so06 Has **anyone** ever diagnosed this offender as having **any** deviant sexual preference?
(Include reports from other professionals) (2 = Yes, 1 = Maybe/Possibly, 0 = No, 9 = No Information) (KQ-3)

so06

What was that preference?

SEX OFFENCES

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

so301-so363

Has the subject a history of any of the following? Circle ALL that apply !!!

Forced oral sexual contact	= 1	Sadism/Masochism	= 41
Forced anal sexual contact	= 2	Bestiality	= 42
Forced vaginal sexual contact	= 3	Voyeurism	= 43
Involving digital penetration (anal/oral/vaginal)	= 4	Exhibitionism	= 44
Involving penile penetration (anal/oral/vaginal)	= 5	Toucheurism/Frottage (No relationship with victim)....	45
Genital to genital contact.....	= 6	Obscene telephone calls	= 46
		Cross-dressing/Transvestitism.....	= 47
Tying people up/handcuffs.....	= 11	Transsexualism/Gender Identity Disorders	= 48
Confinement	= 12		
Kidnapping	= 13	Obsessive Masturbation	= 51
		Sexual Dysfunction (impotence)	= 52
Urination/Defecation on victim	= 21	Promiscuity ...(PCL-11).....	= 53
Ejaculation on face	= 22	Fetishism (write out object type).....	= 54
Victim mutilation	= 23		
Post-mortem sexual contact	= 24	Prostitution (Self)	= 61
		Use of Prostitutes (Note: lots of prostitutes = promiscuity)	= 62
Weapons use	= 31	Any sexual preoccupation (porno/peep shows)	= 63
Threats of violence	= 32	(Make note of type)	
Stalking	= 33		
		Fondling and touching (Some relationship with victim)..	= 71
		Fellating the victim	= 72
		Extensive planning/picking site etc.	= 73

DEVIAANT SEXUAL BEHAVIOURS

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

	<u>Child Female</u>	<u>Child Male</u>
sacc01f/m) Sexual Sadism (unnecessary victim injury)	_____	_____
sacc02f/m) Sexual Intercourse	_____	_____
sacc03f/m) Genital Contact (Without Intercourse).....	_____	_____
sacc04f/m) Made Child commit Fellatio on him	_____	_____
sacc05m) Committed Fellatio on the child	_____	_____
sacc05f) Performed Cunnilingus on the child.....	_____	_____
sacc06f/m) Committed Anal Intercourse on the child	_____	_____
sacc07f/m) Kissing the child	_____	_____
sacc08f/m) Touching the child in a sexual manner over the clothing	_____	_____
sacc09f/m) Touching the child in a sexual manner UNDER the clothing	_____	_____

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

Child Female Child Male

sacc10f/m) Making the child touch him	_____	_____
sacc11f/m) Exhibiting himself before the victim	_____	_____
sacc12f/m) Masturbating in front of the victim	_____	_____
sacc13f/m) Masturbating the victim	_____	_____
sacc14f/m) Threatening/coercing/candy/money etc. for sexual favours	_____	_____
sacc15f/m) Trying to degrade the victim (State Method)	_____	_____
sacc16f/m) Using the child for Pornography/Prostitution/Other Exploitation	_____	_____
sacc17f/m) Making the victim masturbate him	_____	_____
sacc18f/m) Other (specify)	_____	_____

(CODES: Not Present = 0, One occasion = 1, More than one occasion = 2) (RULE : VICTIM AGE < 16 Yrs)
SEXUAL ACTIVITIES CHECKLIST CHILD (check if offender has EVER engaged in any of these activities)

	<u>Female Adult</u>	<u>Male Adult</u>
saca01f/m) Sexual Sadism (unnecessary victim injury)	_____	_____
saca02f/m) Sexual Intercourse	_____	_____
saca03f/m) Genital Contact (Without Intercourse)	_____	_____
saca04f/m) Made Victim commit Fellatio on him	_____	_____
saca05m) Committed Fellatio on the victim	_____	_____
saca05f) Performed Cunnilingus on the victim	_____	_____
saca06f/m) Committed Anal Intercourse on the victim	_____	_____
saca07f/m) Kissing the victim	_____	_____
saca08f/m) Touching the victim in a sexual manner over the clothing	_____	_____
saca09f/m) Touching the victim in a sexual manner UNDER the clothing	_____	_____

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised: 97/05/06

saca10f/m) Making the victim touch him

saca11f/m) Exhibiting himself before the victim

saca12f/m) Masturbating in front of the victim

saca13f/m) Masturbating the victim

saca14f/m) Threatening/coercing/giving alcohol or drugs for sexual favours

saca15f/m) Trying to degrade the victim (State Method)

saca16f/m) Using the victim for Pornography/Prostitution/Other Exploitation

saca17f/m) Making the victim masturbate him

saca18f/m) Other (specify)

(CODES: Not Present = 0, One occasion = 1, More than one occasion = 2)

SEXUAL ACTIVITIES CHECKLIST ADULT (check if offender has EVER engaged in any of these activities)

Dynamic Predictors of Sexual Reoffence Project 1996-97

Last Revised:97/05/06

ch01	Any evidence of a juvenile record? (YES = 1	No = 0	No Information = 9)	ch01
ch02	Any evidence of juvenile sex crimes (prosecuted or not!!) (complaints will do) (YES = 1 No = 0 No Information = 9)			ch02
ch03	Age at first Juvenile sex offence? (caught or not, self or other reported) (In years) (Obscene phone calling, underwear stealing, peeping on family members, exhibitionism or the like)			ch03
ch03a	What was the incident referred to in ch03 ??			
ch04	If prosecuted at one time for offences committed over a considerable time span, over how many months were these crimes (sexual or non-sexual) committed? (NOTE: CODE IN MONTHS)			ch04
ch05	Age at first known crime? (decimals are possible)(caught or not, self or other reported)			ch05

CRIMINAL HISTORY

GENERAL CRIMINAL HISTORY RECORDING FORM

Date: (yy/mm/dd) format Charge: : Disposition:

.....

.....

.....

.....

GENERAL CRIMINAL HISTORY RECORDING FORM

GENERAL CRIMINAL HISTORY RECORDING FORM

Date: (yy/mm/dd) format Charge: : Disposition:

.....

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GENERAL CRIMINAL HISTORY RECORDING FORM

GENERAL CRIMINAL HISTORY RECORDING FORM

Date: (yy/mm/dd) format Charge: Disposition: :

.....

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GENERAL CRIMINAL HISTORY RECORDING FORM

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Date: (yy/mm/dd) format Charge: Disposition: :

.....

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GENERAL CRIMINAL HISTORY RECORDING FORM

GENERAL CRIMINAL HISTORY RECORDING FORM

Date: (yy/mm/dd) format Charge: Disposition: :

.....

.....

.....

.....

GENERAL CRIMINAL HISTORY RECORDING FORM

Appendix 2

Officer Confidentiality Agreement

and

Officer Interview Manual

**Dynamic Predictors of Sexual Recidivism
Confidentiality Agreement**

Research Copy

I (name of Officer) _____

understand that I am agreeing to participate in a research project on sexual offender recidivism being conducted by the Department of the Solicitor General of Canada. I understand that I am not required to answer any questions that I do not feel comfortable answering and that I may terminate the interview at any time. No information I give to any question nor my personal opinions about any matter will be shared with anyone, beyond the research team, without my written consent. I understand that all data collected in this study will be utilized in such a way that my name and any other identifying information will be removed and that all data will be reported in a summary fashion with all personal and identifying information removed.

Officer's Signature: _____

Date: _____ Location: _____

Witness Signature: _____

Andrew J. R. Harris, M.Sc.
Project Field Team Leader
Ph. (613) 991-2033
fax (613) 990-8295

Dr. R. Karl Hanson
Senior Research Officer
Ph. (613) 991-2840

**DYNAMIC
PREDICTORS OF SEXUAL REOFFENCE
PROJECT**

1996 - 1997

**PROBATION/PAROLE INTERVIEW MANUAL
AND
FILE CODING MANUAL**

Department of the Solicitor General Canada

340 Laurier Avenue West

Sir Wilfrid Laurier Building

11th. Floor

Ottawa, Ontario Canada K1A 0P8

For information contact:

**Andrew J. R. Harris (613) 991-2033
Field Team Leader**

**Dr. R. Karl Hanson (613) 991-2840
Project Director**

Probation/Parole Officer Interview

_____ subnum

Name of Officer: _____

Which office?: _____

Date: _____
(yy/mm/dd)

Do you have a special interest in sex offenders? _____

How long have you been working with sex offenders? _____

Length of time that the officer has been in probation or parole? _____

Name of Offender: _____

Recidivist? _____

Non-recidivist? _____
(Has he been in jail in the last 8 Mths?)

Offender's FPS Number: _____

Offender's Date of Birth: _____

Offender's Place of Birth: _____

Do they know where the offender is now? _____
(Name of institution)Did you supervise the offender the
whole time he was in the community? (1 = YES 0 = No) _____if NO above: From: _____ To: _____
(yy/mm/dd) (yy/mm/dd)

Length of time that the offender was on supervision:

Statutory Release: From: _____ To: _____
(yy/mm/dd) (yy/mm/dd)

Day Parole: From: _____ To: _____
(yy/mm/dd) (yy/mm/dd)

Probation/Full Parole: From: _____ To: _____
(yy/mm/dd) (yy/mm/dd)

COMMON QUESTIONS

ap01) What was the offenders Index sex offence and victim type:

Charge _____

Victim (gender/age) _____

Relation to Perp. _____

Where _____

Details _____

ap02) What was the offenders Recidivism sex offence and victim type:

Charge _____

Victim (gender/age) _____

Relation to Perp. _____

Where _____

Details _____

IF NON-RECIDIVIST - GO TO PAGE 4

RECIDIVISTS

apsa01r) When did this offender recidivate? _____
(yy/mm/dd)

apsa02r) When did you learn that this offender had recidivated? _____

(yy/mm/dd)

apsa03r) How did you learn that this offender had recidivated? _____

apsa06r) Did your know that this reoffence was coming or
did it hit you out of the blue?

(CIRCLE) "OUT OF THE BLUE" "SAW IT COMING"
IF "OUT OF THE BLUE", GO TO PAGE 5 OTHERWISE CONTINUE

apsa09r) How could you tell that things weren't going right?

apsa10r) What did you do (if anything) when you
sensed that things were going wrong?

apsa11r) Where there particular things/people/procedures that helped, or got in
your way, when you were dealing with this particular case?

GO TO PAGE 7

**NON-RECIDIVISTS
HERE****START**

apsa07) During the course of community supervision, did you feel that there were times when the offender was at particularly higher or lower risk to reoffend or has he been pretty flat?:

(circle) If "There were times of higher risk" PLEASE GO TO PAGE 6

(circle) If "The guy was pretty flat" PLEASE CONTINUE

apsa08) IF FLAT, were there any special things you did (if anything) to make sure that there were no problems with this case?

apsa31) What things tell you that things are going all right?

GO TO PAGE 7

RECIDIVISTS**"IT HIT ME OUT OF THE BLUE"**

apsa14r) What made you think that things were going all right?

apsa15r) Did you see anything at the time which did not seem important but turned out to be important in the long run? Things such as, the offender starting to visit someone, someplace, take up a hobby.

apsa16r) Where there any hidden warning signs that you did not see, or that were not known to you, that you only found out later

apsa17r) For this particular offender and this particular type of offence, do you think that reoffence is predictable?

apsa18r) What additional information would you need in order to predict this type of reoffence? Would anything have been helpful?

GO TO PAGE 7

NON-RECIDIVISTS**"THERE WERE TIMES OF HIGHER RISK"**

apsa09n) How could you tell that things weren't going right?

apsa10n) What did you do (if anything) when you
sensed that things were going wrong?

apsa11n) Where there particular things/people/procedures that helped, or got in
your way, when you were dealing with this particular case?

GO TO NEXT PAGE

IMPORTANT PERSONS IN THE OFFENDER'S LIFE

ss01) Please tell me about the important people in the offender's life who are not paid to be with him.

I would like to know their relationship to the offender and whether you would consider these people to be a positive, neutral, or a negative influence on the offender.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Representing all of your contacts with this offender. On a scale of "low" to "high"; with "low" representing no risk or no problem and "high" representing very high risk or a very significant problem. Intermediate ratings of medium, low-medium, or high-medium may also be used.

apt01) What level of risk does this offender represent for
non-violent, non-sexual, criminal recidivism?
(thefts, B & E's) _____ apt01

apt02) What level of risk does this offender represent for
violent, non-sexual, criminal recidivism?
(assaults, fights) _____ apt02

apt03) What level of risk does this offender represent for
sexual recidivism? _____ apt03

hcr20r2) Was the offender released into a "relatively controlled environment",
a "moderately controlled environment", or an uncontrolled environment"
in terms of access to victims, drugs and alcohol?

Relatively controlled	(Score a 0)	
Moderately controlled	(Score a 1)	
Uncontrolled environment	(Score a 2)	_____ hcr20r2

PCL-SV CODING FORM

I'm about to read you 12 short paragraphs, I would like you to think to what extent each of these paragraphs applies to the offender we are discussing. We need your general impression, covering and including all your contacts with, and knowledge of, this offender. What is important is your general impression, not specific bits of behaviour. At the end of each paragraph I am going to ask you to what extent this paragraph represents your offender. There are only three possible answers, they are:

"yes", (score a 2) this applies to this offender and is a reasonably good match in most essential respects, his behaviour is generally consistent with the flavour and intent of this paragraph. (Please note: everything in the paragraph does not have to appear in the individual offender. Is this consistent with his overall general presentation or approach to life)

"Maybe", (score a 1) the paragraph applies to a certain extent, a match in some respects but with too many exceptions or doubts to warrant a "yes" score. You are uncertain about whether the item applies or not.

"No", (score a 0) this paragraph does not apply to this offender, he does not exhibit these traits or the behaviours in question or he exhibits characteristics which are the opposite of, or inconsistent with the general intent of the paragraph.

[No Information code "9" may be used if the officer has no idea at all]

1) (Superficial) _____

pclsv01

2) Grandiose) _____

pclsv02

3) (Deceitful) _____

pclsv03

- 4) (Lack Remorse) _____
pclsv04
- 5) (Lack Empathy) _____
pclsv05
- 6) (Does not accept Personal Responsibility) _____
pclsv06
- 7) (Impulsive) _____
pclsv07
- 8) (Poor Behavioural Controls) _____
pclsv08
- 9) (Lack Goals) _____
pclsv09
- 10) (Irresponsibility) _____
pclsv10
- 11) (Antisocial Behaviour as an Adolescent) _____
pclsv11
- 12) (Antisocial Behaviour as an Adult) _____
pclsv12

INTERVIEW CODING FOR “EVER”, T1 AND T2**SUBSTANCE ABUSE**

Illicit drug use

Alcohol problems

® Is the offender taking anti-androgens
(YES = 2, NO = 0)

MOOD

Depression/discouraged/hopeless

Anxiety/excessive worry/stressed

Frustration

Low self-esteem

Loneliness

Hallucinations/delusions

Paranoid thoughts

Suicidal thoughts

Flying off the handle/volatility/anger

Anger towards women

Any aggressive/rude/threatening to others

Victim stance (general/towards victim)

SOCIAL

Social isolation

Withdrawal

Conflicts with intimate partner

Sex problems with intimate partner

Distrust his sexual partner

Affairs/Infidelities

Conflicts/rejected by family

Neg. conflicts with others (workers/friends)

Initiates or re-joins a dysfunctional relationship

Ⓢ Positive gains in social life (new person/club)
(2 if positive gain)

Community/family support for denial

Association with other sex offenders

Association with sex offenders as a problem

EMPLOYMENT

Employed/at school : at T1

Employed/at school : at T2

Employment/School problems

Type of employment as a concern

ATTITUDE/PRESENTATION

Attitudes tolerant of sex crimes

Justifies sex crimes thru loss of control

Sex crimes are acceptable in circumstances

Does he "own" his crimes (YES = 2, NO = 0)

Victim blaming

Low victim empathy

No remorse

Minimization/justifications

Sees self at no risk/failure to recognize risk

Will make sacrifices to avoid high risk situations
(Will not make = 2)

Wants to move (geographical cure)

Denial of offence

LIFE STRESS

Change in supervision

Any change/termination of treatment/intervention

Using "spirituality"/religion as a shield

Moderate life change

Serious life change

Health problems

Media/Community pressure

Rejected by community

Financial problems

RISK REPORTS RECEIVED

From anyone (say who)

.....

From offender himself

SEXUAL RISK FACTORS

Pornography use (catalogues/baby mags)

Strip bars/massage parlors/prostitutes

Lusty talk

Excessive masturbation

Deviant sexual fantasies/urges

Will not discuss sexual fantasies/urges
(Will not discuss = 2 Will discuss = 0)

Preoccupation with sex crimes (own/others)

Testing known risk factors

Preoccupation with sex/porno/hooks

STATEMENTS Has he ever said:

"I'm not a pervert, put this behind me,
dragging things up, why do you always bring this up?"

Only pled guilty because "his lawyer told him to"

that he's "ready to get on with his life"

(Ent) "I need special"

(Ent) "Society owes me"

(Ent) "I'm different from"

"everything is fine/great/no problem" -
but you feel that he is covering up

STATEMENTS II Would this guy agree with
the following statements?
(YES = 2, MAYBE/SOMEWHAT = 1, NO = 0)

R1) Many women would secretly like to be raped

R2) When women go around wearing short skirts
or tight tops they are asking for trouble

R3) A lot of times when women say "no" they are
just playing hard to get, and really mean "yes"

R4) That women are playing with him sexually

R5) That some rape victims deserve what they get

C1) Some children are mature enough to enjoy
sex with adults

C2) Some children like to sexually tease him

C3) A child who does not resist sexual touching
really feels OK about being touched

C4) Some children are so willing to have sex that
it is difficult to stay away from them

En1) Everyone is entitled to sex

En2) Men need sex more than women do

En3) he has a higher sex drive than most people

En4) Once they get you wound-up, sexually,
you just can't stop

VICTIM ACCESS

Access to victims

Cruising/creating opportunities to reoffend

Grooming of victims

Bicycle/4X4/motorcycle/flashy car

Computer/Surf the net

hobbies: camera/fishing/kites/boats

APPEARANCE

Dirty/smelly/inappropriate (sexual) or other

→ Pos.

Any strong changes in appearance

→ Neg.

LIFESTYLE

Bored/aimless use of leisure time

Unbalanced lifestyle

No opportunity for fun/relaxation

Staying out/working late/breaking curfew

Generally chaotic lifestyle

“Getting into” partying

Contacts with police

DOES THIS GUY HAVE A PROBLEM WITH:

Restless, hyperactive energy

Irrational resistance to personal change

Thinking your suggestions are an assault upon his person or demeaning of him

Does he hold strongly antisocial attitudes

DOES THIS GUY...)

Fail to acknowledge and understand his sexual problems

Fail to understand how his behaviour effects others

COOPERATION WITH SUPERVISION

Ever late

|→ With you

Ever no-show |

|→ With other commitments

requests to reschedule (all/phone)

shows up unscheduled to talk

Tried to limit meeting time (someone in car)

Just going through the motions

Denied any inappropriate requests

® Open about talking about treatment
(Will not = 0, Will = 2)

® Invested in treatment
(YES = 2 NO = 0)

® Does he attend group
(YES = 2, NO = 0)

® Does he attend 1-on-1's
(YES = 2, NO = 0)

General non-cooperation with treatment

Inconsistencies between what he tells
you and the treatment team tells you

Catching the offender in lies/contradictions (any)

Curt/rude/threatening with you

Silent/non-disclosing

Keeping secrets from you

Any feeling that he's being phoney with you

Tries to manipulate you

Tries to "play the system"

Tries to take control of interview

Trying to be "buddy-buddy" with you

Attempts to focus interview on irrelevant issues

Do you have the feeling that you generally know
what is going on with this offender?

(3 code) (YES = 2, SOMEWHAT = 1, NO = 0)

→@ working with you

(YES = 2, NO = 0) Do you feel the offender is:

→working against you

How many times did you stay late
or take phone calls at home about this guy

Have you lost sleep over this guy

of broken conditions - whether you breached
him or not -- (0, 1-2, many)

SHORT ANSWER

**apsa09) Names and locations of other officers, or specific cases, that
might be interested in participating?**

**apsa10) Are there any questions which we should have asked, that
we didn't?**

Dates Chosen for Review:

T1 From: _____ To: _____

T2 From: _____ To: _____

DOCUMENTS/SOURCES OF INFORMATION ON FILE T1**WHAT****DATE OF REPORT****PERIOD COVERED**

CONTACT NOTE CODING FOR TIME 1 (T1)**SUBSTANCE ABUSE**

Illicit drug use

Alcohol problems

® Is the offender taking anti-androgens
(YES = 2, NO = 0)

MOOD

Depression/discouraged/hopeless

Anxiety/excessive worry/stressed

Frustration

Low self-esteem

Loneliness

Hallucinations/delusions

Paranoid thoughts

Suicidal thoughts

Flying off the handle/volatility/anger

Anger towards women

Any aggressive/rude/threatening to others

Victim stance (general/towards victim)

SOCIAL

Social isolation

Withdrawal

Conflicts with intimate partner

Sex problems with intimate partner

Distrust his sexual partner

Affairs/Infidelities

Conflicts/rejected by family

Neg. conflicts with others (workers/friends)

Initiates or re-joins a dysfunctional relationship

® Positive gains in social life (new person/club)
(2 if positive gain)

Community/family support for denial

Association with other sex offenders

Association with sex offenders as a problem

EMPLOYMENT

Employed/at school : at T1

Employed/at school : at T2

Employment/School problems

Type of employment as a concern

ATTITUDE/PRESENTATION

Attitudes tolerant of sex crimes

Justifies sex crimes thru loss of control

Sex crimes are acceptable in circumstances

Does he "own" his crimes (YES = 2, NO = 0)

Victim blaming

Low victim empathy

No remorse

Minimization/justifications

Sees self at no risk/failure to recognize risk

Will make sacrifices to avoid high risk situations
(Will not make = 2)

Wants to move (geographical cure)

Denial of offence

LIFE STRESS

Change in supervision

Any change/termination of treatment/intervention

Using "spirituality"/religion as a shield

Moderate life change

Serious life change

Health problems

Media/Community pressure

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From anyone (say who)

.....

From offender himself

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Deviant sexual fantasies/urges

Will not discuss sexual fantasies/urges
(Will not discuss = 2 Will discuss = 0)

Preoccupation with sex crimes (own/others)

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Preoccupation with sex/porno/hooks

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Grooming of victims

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Does he hold strongly antisocial attitudes

DOES THIS GUY...

Fail to acknowledge and understand his sexual problems

Fail to understand how his behaviour effects others

COOPERATION WITH SUPERVISION

Ever late

|→ With you

Ever no-show |

|→ With other commitments

requests to reschedule (all/phone)

shows up unscheduled to talk

Tried to limit meeting time (someone in car)

Just going through the motions

Denied any inappropriate requests

® Open about talking about treatment
(Will not = 0, Will = 2)

® Invested in treatment
(YES = 2 NO = 0)

® Does he attend group
(YES = 2, NO = 0)

® Does he attend 1-on-1's
(YES = 2, NO = 0)

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Inconsistencies between what he tells
you and the treatment team tells you

Catching the offender in lies/contradictions (any)

Curt/rude/threatening with you

Silent/non-disclosing

Keeping secrets from you

Any feeling that he's being phoney with you

Tries to manipulate you

Tries to "play the system"

Tries to take control of interview

Trying to be "buddy-buddy" with you

Attempts to focus interview on irrelevant issues

→Ⓢ working with you

(YES = 2, NO = 0) Do you feel the offender is:

→working against you

How many times did you stay late
or take phone calls at home about this guy

Have you lost sleep over this guy

of broken conditions - whether you breached
him or not -- (0, 1-2, many)

OFFICER'S RISK ASSESSMENT

DOCUMENTS/SOURCES OF INFORMATION ON FILE T2**WHAT****DATE OF REPORT****PERIOD COVERED**

CONTACT NOTE CODING FOR TIME 2 (T2)**SUBSTANCE ABUSE**

Illicit drug use

Alcohol problems

® Is the offender taking anti-androgens
(YES = 2, NO = 0)

MOOD

Depression/discouraged/hopeless

Anxiety/excessive worry/stressed

Frustration

Low self-esteem

Loneliness

Hallucinations/delusions

Paranoid thoughts

Suicidal thoughts

Flying off the handle/volatility/anger

Anger towards women

Any aggressive/rude/threatening to others

Victim stance (general/towards victim)

SOCIAL

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Withdrawal

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Ⓢ Positive gains in social life (new person/club)
(2 if positive gain)

Community/family support for denial

Association with other sex offenders

Association with sex offenders as a problem

EMPLOYMENT

Employed/at school : at T1

Employed/at school : at T2

Employment/School problems

Type of employment as a concern

ATTITUDE/PRESENTATION

Attitudes tolerant of sex crimes

Justifies sex crimes thru loss of control

Sex crimes are acceptable in circumstances

Does he "own" his crimes (YES = 2, NO = 0)

Victim blaming

Low victim empathy

No remorse

Minimization/justifications

Sees self at no risk/failure to recognize risk

Will make sacrifices to avoid high risk situations
(Will not make = 2)

Wants to move (geographical cure)

Denial of offence

LIFE STRESS

Change in supervision

Any change/termination of treatment/intervention

Using "spirituality"/religion as a shield

Moderate life change

Serious life change

Health problems

Media/Community pressure

Rejected by community

Financial problems

RISK REPORTS RECEIVED

From anyone (say who)

.....

From offender himself

SEXUAL RISK FACTORS

Pornography use (catalogues/baby mags)

Strip bars/massage parlors/prostitutes

Lusty talk

Excessive masturbation

Deviant sexual fantasies/urges

Will not discuss sexual fantasies/urges
(Will not discuss = 2 Will discuss = 0)

Preoccupation with sex crimes (own/others)

Testing known risk factors

Preoccupation with sex/porno hookers

VICTIM ACCESS

Access to victims

Cruising/creating opportunities to reoffend

Grooming of victims

Bicycle/4X4/motorcycle/flashy car

Computer/Surf the net

hobbies: camera/fishing/kites/boats

APPEARANCE

Dirty/smelly/inappropriate (sexual) or other

→ Pos.

Any strong changes in appearance

→ Neg.

LIFESTYLE

Bored/aimless use of leisure time

Unbalanced lifestyle

No opportunity for fun/relaxation

Staying out/working late/breaking curfew

Generally chaotic lifestyle

“Getting into” partying

Contacts with police

DOES THIS GUY HAVE A PROBLEM WITH:

Restless, hyperactive energy

Irrational resistance to personal change

Thinking your suggestions are an assault upon his person or demeaning of him

Does he hold strongly antisocial attitudes

DOES THIS GUY...)

Fail to acknowledge and understand his sexual problems

Fail to understand how his behaviour effects others

COOPERATION WITH SUPERVISION

Ever late

|→ With you

Ever no-show |

|→ With other commitments

requests to reschedule (all/phone)

shows up unscheduled to talk

Tried to limit meeting time (someone in car)

Just going through the motions

Denied any inappropriate requests

® Open about talking about treatment
(Will not = 0, Will = 2)

® Invested in treatment
(YES = 2 NO = 0)

® Does he attend group
(YES = 2, NO = 0)

® Does he attend 1-on-1's
(YES = 2, NO = 0)

General non-cooperation with treatment

Inconsistencies between what he tells
you and the treatment team tells you

Catching the offender in lies/contradictions (any)

Curt/rude/threatening with you

Silent/non-disclosing

Keeping secrets from you

Any feeling that he's being phoney with you

Tries to manipulate you

Tries to "play the system"

Tries to take control of interview

Trying to be "buddy-buddy" with you

Attempts to focus interview on irrelevant issues

→Ⓢ working with you

(YES = 2, NO = 0) Do you feel the offender is:

→working against you

How many times did you stay late
or take phone calls at home about this guy

Have you lost sleep over this guy

of broken conditions - whether you breached
him or not -- (0, 1-2, many)

OFFICER'S RISK ASSESSMENT

Appendix 3

Time Graph used to Define “T1” and “T2”

Please graph your "gut" feeling about this offender's risk for sexual recidivism
while under your supervision

S
Start
of
Supervision

R
Recidivism
End of
November

Appendix 4

Scale Items for Dynamic Scales:

Figures Two through Six

Figure Two: Bad Mood Scale

- Depression/discouraged/hopeless
- Anxiety/excessive worry/stressed
- Frustration
- Low self-esteem
- Loneliness

Figure Three: Life Stress Scale

- Change in supervision
- Changes/termination of treatment/intervention
- Moderate life change
- Serious life change
- Health problems
- Media/Community pressure
- Rejected by community
- Financial problems

Figure Four: Playing the Game Scale

- Tries to limit meeting time (someone in car)
- Just “going through the motions”
- Catching the offender in lies/contradictions (any)
- Keeping secrets from you
- Any feeling that he’s being phoney with you
- Tries to manipulate you
- Tries to “play the system”
- Do you feel the offender is “working against you”

Figure Five: Officer Involvement Scale

- Ever no-show with you
- Ever no-show with other commitments
- Requests to reschedule (all/phone)
- Do you feel that you generally know what is going on with this offender
- Do you feel that the offender is “working with you” ®
- How many times did you stay late or take phone calls at home about this guy

Figure Six: Sexual Risk Factors Scale

- Pornography use (catalogues/baby mags)
- Strip bars/massage parlours/prostitutes
- Lusty talk
- Excessive masturbation
- Deviant sexual fantasies/urges
- Preoccupation with sex crimes (own/others)
- Testing known risk factors
- Preoccupation with sex/porno hookers