

The Conceptualisation of Risk and Protective Factors in Child Sex Offenders:
A Preliminary Theoretical Model

By

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Abstract

The current preoccupation of criminal justice practitioners and policy makers with the prediction of criminal risk has resulted in a conceptualisation of risk as clusters of phenomena that correlate with recidivism. A reliance on these phenomena as explanations for the causes of sexual offending is a mistake. The growing gap between theory and practice highlights the need for theoretical models that can account for the existence and influence of risk-related factors. Two key issues that need to be addressed concern the composite nature of dynamic risk factors, and questions over their ontological status, that is, whether or not they exist outside of prediction contexts. This thesis begins with an exploration and reconceptualisation of the phenomena that increase and decrease risk of sexual offending; the focus is then widened to include human agency, motivation, and values. These normative features are integrated with risk-related factors within the action-based Agency Model of Risk (AMR). This dynamic, interactional model highlights the importance of the relationship between the agent and their context, with both contributing to the patterns of behaviour that lead to an offence. Finally the AMR is applied to a number of risk domains for sexual offenders, and its utility in explaining their behaviour is discussed. The aim of this thesis is to encourage a broader focus on human values, agency, and contexts that influence an individual's goal-directed behaviour.

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Offenders: A Preliminary Theoretical Model

What causes some men to sexually abuse children, while others who appear to have the same vulnerabilities do not? It is difficult for most of us to understand how and why a man would sexually abuse a child. This is a virtue of our society, for we recognise these actions as harmful and wrong. But what happens when we make judgements about the moral status of those who engage in this behaviour, and problematic assumptions about their capacity for change? When value judgments are combined with a lack of accurate knowledge, it creates unrealistic perceptions of child sex offenders (CSOs), and the risk they pose to children. Fear of the unknown is further fuelled by media representations of sex offenders and unjustified expectations concerning their likelihood of reoffending. The result is a society that isolates and dehumanises CSOs, inadvertently increasing risk as a consequence of over-estimating recidivism rates. Furthermore, professionals working with such individuals often lack a comprehensive understanding of the psychological mechanisms influencing risk. In order to address these issues, and better manage risk, it is necessary to improve our understanding of the motives and mechanisms responsible for sexually abusive behaviour. Only when we fully understand how a propensity to sexually offend against children develops, functions and is overcome, may we begin to address these problems in the treatment and management of risk.

The current conceptualisation of risk is lacking in its ability to explain how various combinations of risk-related phenomena function and interact to cause sexual offending. A strong focus on prediction has meant that risk factors alone are often considered causal explanations for criminal behaviour. However, this approach is overly simplistic and unfortunately obstructs the search for deeper causal factors, creating a conceptual gap

between theory and practice in this field. Beech and Ward (2004) highlighted these limitations a decade ago, when they presented a preliminary Etiological Model of Risk. This model combines several influential etiological theories concerning CSOs with empirically derived risk factors, in order to link theory and practice in this field (Beech & Ward, 2004). Ward and Beech, and a number of other researchers, have recently continued their investigation into the nature of criminal risk. However, despite promising theoretical developments, important questions remain. For example, 1) How do psychological mechanisms interact with each other and the environment to *cause* and *maintain* sexual offending against a child? 2) How do individuals use their internal strengths and environmental resources to promote desistence from further offending? These are complex questions, which seem somewhat removed from the day-to-day reality of the assessment and management of risk. However, they are crucial in moving the field forward to a more complete and humanistic explanation of risk. In my view, they are questions that can only be answered by providing a causal model of risk, and considering how it may account for individual patterns of sexual offending across time and contexts.

In order to construct this causal model of risk, it is important to consider several of Ward's (2014) suggestions for theory development. The first is that researchers should build upon existing theoretical and empirical work, rather than completely starting over. Ward (2014) suggests using *integrative pluralism*, to combine existing theories and provide a more comprehensive explanation of criminal behaviour. Integrative pluralism involves taking theories from several levels of explanation, and loosely linking them within a framework that offers a more in-depth account of multiple mechanisms. The first level of explanation consists of multi-factorial theories that combine a number of factors contributing to risk, such as Finkelhor's (1984) Preconditions, Marshall and

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Barbaree's (1990) Integrated Theory, and Ward and Siegert's (2002) Pathways Model. The second level contains more detailed explanations of single factors identified as reliable predictors of risk, for example the Implicit Theories theory (Ward & Keenan, 1999) explains the content of distorted beliefs commonly held by CSOs. The third and final level of explanation concerns the offence and relapse process, for example Ward and Hudson's (1998) Self-regulation Model describes the many factors involved in the relapse process. Some of these theories are more comprehensive while others focus on specific mechanisms and processes, though all contribute to the current understanding of risk.

The domains of risk that are typically the focus of level one and two theories are cognitive, emotional, sexual, and interpersonal. More comprehensive models also incorporate developmental, biological, and neurological factors (i.e., Ward & Beech, 2006), as well as environmental triggers and their interaction with psychological vulnerabilities (i.e., Beech & Ward, 2004). While these theories highlight broad areas of vulnerability within individuals and their environments, they cannot explain how these actually result in offending behaviour (Ward & Beech, 2015). In other words, while relevant causal factors are often identified by theorists, how they actually *produce* crime (i.e., the depiction of the relevant mechanisms and entities and their interaction) is rarely outlined. In my view, what is needed at this juncture is a causal model; one that goes beyond describing observable phenomena and attempts to link these factors with the psychological and behavioural processes that are the focus of level three theories (Ward, 2014; Ward & Beech, 2015). This model must cohere with prominent etiological theories and existing empirical research, as these both highlight phenomena that have been shown to influence risk. Another critical theoretical task is to widen the scope of risk-based theories to include mechanisms that can lessen the severity or influence of

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vulnerabilities, what have been termed “protective factors”. The field is currently dominated by a risk-management approach, at the expense of providing normative or goal-directed explanations of behaviour, as if these cannot apply to CSOs.

Given that a significant number of men who have sexually abused children are now in the community, risk must be assessed and managed as effectively and defensibly as possible. Structured risk assessment is regularly carried out by the professionals responsible for keeping the community safe by monitoring and managing fluctuations or changes in risk factors. This process relies heavily on “risk factors”, variables that are *predictive* of recidivism. In other words, they are statistical correlates that temporally precede reoffending; it is not necessary for them to be causal (Monahan, 2014). Therefore a more practical concern is the lack of coherence between theoretical explanations of behaviour, and the way we attempt to predict reoffending and manage risk (Ward, 2014). While there have been recent attempts to link possible causal psychological factors to empirically supported factors contained within risk assessment tools (i.e., Mann, Hanson & Thornton, 2010), there is still a preoccupation with “prediction at the expense of explanation” (Ward & Beech, 2015, p. 101). Risk assessment tools are important, and their validation is a worthwhile task, but it is dangerous to assume that psychometric validity is proof of a causal relationship.

Like etiological theory, risk assessment measures have evolved over the past few decades, from subjective clinical judgement to more structured methods (Beech & Craig, 2012). Structured risk assessment began with static tools based on historical information, to incorporating individual traits, contextual triggers, psychological states, protective factors, and clinical judgment (Beech & Craig, 2012). These tools generally have good predictive validity because they measure risk factors that correlate with recidivism (Ward & Beech, 2015), adding value to decisions concerning release and supervision.

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However, prediction alone cannot adequately guide us in treating and managing these individuals, as we cannot be certain of *how* causal mechanisms operate. Ward (2014) suggests shifting the focus from psychometric conceptions of validity, to the causal processes underlying risk factors, how do they develop, function and interact? This enquiry requires further theoretical work aimed at *explaining* the occurrence of phenomena that are already described as risk factors.

According to Ward (2014), the crucial preliminary task of any theoretical pursuit is to explicitly state what is to be explained. This thesis will focus on developing a causal model in which the psychological and social mechanisms responsible for facilitating sexually abusive behaviour towards children are depicted. In other words, I will explore the development, structure, and functional interactions of various phenomena commonly discussed and assessed as risk factors for adult male CSOs. It is acknowledged that these phenomena and their functions are varied, as CSOs are a diverse group who experience a range of problems. For this reason it is necessary for any model attempting to explain the agreed upon factors to be able to account for any combination of phenomena and their associated offence trajectories (Ward, 2014). I will begin this thesis by presenting a prototypical offender; an *exemplar* containing clusters of typical risk factors often attributed to CSOs. The exemplar is based on empirically supported factors that are incorporated within various etiological theories, any of which may be explained by the causal model.

The first chapter will focus on the limitations in the way we currently conceptualise risk, and how this may be improved through a more in-depth exploration of empirically supported phenomena. The first task is to introduce the CSO exemplar and then to outline the way definitions of criminal risk have evolved over the past few decades. The practical and ethical problems with the current conceptualisation of risk

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will then be described in more detail. Next I will provide a brief description of the most influential etiological theories concerning CSOs, including Beech and Ward's (2004) Etiological Model that will be built upon throughout the rest of this paper. A preliminary model of risk domains will begin to address the complex issue of the functional relationships between various types of risk factors, particularly those that regularly co-exist. The four broad domains of functioning and their common risk factors will each be discussed and unpacked to determine their various components, developmental origins, and functions in increasing risk. It will become clear that no risk factor alone can cause an offence; even a combination of different internal vulnerabilities must interact with contextual features to influence behaviour. The first chapter will begin to address the issue of causality, or why some men with certain vulnerabilities offend while others do not.

Missing from the risk exemplar (and unfortunately much of the early literature in this area) are factors that *reduce* an individual's risk of sexual offending. These are often termed "protective factors", and include any internal or external conditions that lessen the risk of reoffending (de Vries Robbé, 2014). It is logical to assume that these may be the opposite of risk factors, as they reduce rather than increase the likelihood of an offence. However, there are also examples of factors that moderate the influence of risk factors, indirectly working to reduce their impact on behaviour. Unfortunately the current conceptualisation of protective factors is vague and at times contradictory. The second chapter of this thesis will explore the ways in which this relatively new concept is currently being discussed in the literature. Some of the problems with these accounts of risk-reducing phenomena will be outlined, and a more useful conceptualisation and categorisation proposed. The result of the second chapter will be a model of risk-related dimensions, outlining the conceptual relationship between risk and protective factors. It

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is envisioned that the inclusion of phenomena that reduce risk will provide a more complete picture of the individual and the characteristics or circumstances that are likely to facilitate his desistence.

The third chapter will focus on what is missing from the first two; this will include motivational and behavioural features of CSOs. These features are often overlooked in etiological theories, because normal aspects of human functioning are not typically researched in this population. It is easier to focus on the differences between CSOs and “normal” men, and to conclude that most people are not capable of this type of abuse. This is a mistake, as normative factors are crucial to any comprehensive explanation of human functioning and behaviour. Humans, even those who have committed sexual offences against children, are much more than clusters of deficits and dysfunctions. For any individual with a propensity for harming others, certain factors increase or decrease risk in the presence of others, and in various contexts. Ward (2014) suggests acknowledging the importance of individual values, beliefs and experiences when attempting to explain sexual offending. This may be achieved through combining a strength-based framework, the Good Lives Model (GLM; Ward & Maruna, 2007) and an Etiological Model of Risk (Beech & Ward, 2004). The result is the recently developed, action-focussed Agency Model of Risk (AMR; Ward & Heffernan, 2015), which will be presented in the third chapter.

The fourth chapter will provide examples of how a range of risk-related factors may be distributed across the different elements of the AMR. These examples will illustrate the utility of the AMR in explaining how the phenomena currently described as risk factors actually influence behaviour. The fifth and final chapter of this thesis will evaluate the theoretical and practical implications of the AMR, and offer suggestions for future research to progress the model. The aim of this thesis as a whole is to encourage

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a broader focus on a range of motivational, psychological, and behavioural processes that relate to criminal risk. Extending the scope of risk theory to include both positive and normative features of CSOs and their contexts has the potential to facilitate a deeper understanding of sexually abusive actions, and how best to reduce harm.

Chapter 1: Risk

The first task of this theoretical analysis is to outline in detail what a causal model of risk will need to explain. The exemplar in Table 1 describes the four domains of risk (and their various components) that represent the key predictive factors for CSO recidivism. It is the risk factors contained within this exemplar, and their influence on behaviour, that a causal model of risk will need to account for. These risk factors are much like observable symptoms of mental disorders. We cannot confidently say why they are present or how they function, but they are widely recognised (and empirically supported) as problems experienced by many CSOs. Therefore the relationship is primarily a correlation between problematic characteristics and harmful behaviours, and does not imply direct causation in any meaningful way. In addition, I would argue that risk factors contain both causal and descriptive elements, which must be teased apart in order to avoid conflating distinct constructs. For example, not having any emotionally close relationships with other adults is a description of an observable problem, whereas emotionally identifying with children may be one of its many causes. Risk factors in their current form are *composite constructs*, requiring further exploration to tease apart their inter-related components.

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Table 1

Child Sex Offender Exemplar

Cognitive	Emotional	Interpersonal	Sexual
<i>Cognitive Skill Deficits</i>	<i>Poor Self-Management</i>	<i>Social Skill Deficits</i>	<i>Sexual Pre-occupation</i>
Cannot identify/solve problems	Risky/impulsive behaviour (generally)	Comfortable around children	Promiscuity
Rigid thinking	Substance abuse	Incapacity for intimacy with adults	Excessive use of pornography/masturbation
Cannot describe goals	Uses sex/masturbation to cope	Immature relationships	High sex drive
Cannot predict negative consequences	Non-compliance	Aggression	Loses control when sexually aroused
			<i>Sexual Deviance</i>
<i>Offense-Supportive Beliefs</i>	<i>Negative Affect</i>	<i>Intimacy Deficits</i>	Views child pornography
Believes that sex with children is ok	Hostility towards women	No long-term/co-inhabiting partners	Unusual/harmful interests
Self as uncontrollable and entitled to sex	Lack of remorse	No close adult relationships	Paedophilia
Dangerous world	Blames others	Children	Distorted sexual scripts
	Negative rumination	friends/peers	Wide range of previous sexual offences
	Conflicted desires	Social isolation	

A causal model of risk must account for *everything* that contributes to sexually abusive actions; and so patterns of offending behaviour are the real explanatory targets. Therefore, any useful explanation of the causes of sexual offending against children needs to account for how the contents of Table 1 influence behaviour. This chapter will focus primarily on these phenomena, and the problems with the current conceptualisation of criminal risk. The subsequent four chapters will expand upon and address these conceptual issues in order to provide a more comprehensive, balanced, and human explanation of risk. These tasks are crucial in advancing our theoretical knowledge, and ultimately bridging the gap between theory and practice in this field. While the models and explanations contained within this thesis focus on adult male CSOs, it is likely that the broad behavioural explanations are transferrable to other risk factors and types of offence. The causal model presented in the third chapter is widely applicable due to its broad scope and ability to provide individualised explanations for

behavioural patterns. For this reason any combination of risk factors, including those within Table 1, can be explained using the model.

It is now necessary to define what risk is, how it is measured, and how this has evolved over the past few decades. Criminal risk can broadly be defined as an individual's likelihood of re-offending, and it may be measured by determining the presence of empirically supported "risk factors" (Ward & Beech, 2015). These measurements inform important decision-making processes; such as whether to rehabilitate offenders within prison, when to release them, and how to manage their risk in the community. Therefore, risk prediction is a crucial task in keeping our communities safe, but it also impacts upon offenders' opportunities and freedom. As CSOs pose significant harm to children, any level of risk is deemed unacceptable to the public. However, there is a practical need and ethical obligation to release these individuals from prison and manage their risk in the community. If we over-estimate risk due to the perceived severity of their crimes, CSOs may be harmed by being over-supervised or imprisoned unnecessarily. Thus the balancing act between ensuring the safety of society and enhancing the wellbeing of offenders makes the tasks of risk prediction and management even more difficult. For this reason we need tools that can predict offending, but also inform the management and treatment of CSOs in an accurate and ethically defensible way.

Risk Assessment: The Pre-occupation with Prediction

Professionals routinely estimate risk of reoffending in order to make important treatment and supervision decisions in a structured way. This process largely involves actuarial (statistical) risk assessment tools that combine a number of empirically derived risk factors (see Table 1), to form a total risk score for the individual. These risk factors have been categorised according to their various properties. Initially they were divided

into *static* and *dynamic* factors, based on whether or not they could be changed. Static factors typically include demographic features and historical events (e.g., age, past offences), which cannot be changed. Dynamic risk factors can in theory be changed, for example offence-supportive attitudes. For this reason a subset of these have been termed “criminogenic needs”, and are common treatment targets (Andrews & Bonta, 2010). We know that dynamic risk factors influence behaviour because when they are successfully targeted in treatment, reoffending rates have been shown to decrease (Hanson & Morton-Bourgon, 2009). It is for this reason that researchers and practitioners often assume that these factors are causes of offending. However, without an adequate explanation of their development and functions it is difficult to determine whether this is the case. I accept that they are useful for prediction because they are linked with offending, but on their own they do not explain how or why offending occurs (Ward & Beech, 2015). It is suggested that dynamic risk factors are an appropriate place to start when attempting to explain behaviour, as they are the category most likely to be “psychologically meaningful” (Mann et al., 2010).

Dynamic risk factors are widely discussed in the literature, due to their importance in the assessment, treatment, and management of risk. They have been further divided into *stable* and *acute* dynamic risk factors, based on their persistence over time (Hanson & Harris, 2000). Stable factors are aspects of the individual that persist across weeks or months (e.g., antisocial associates and attitudes), while acute risk factors include environmental and personal aspects that increase imminent risk of offending (e.g., intoxication, emotional states, and access to victims). In their Etiological Model Beech and Ward (2004) reconceptualised these as *traits* and *states*. Acute states arise from ongoing (stable) traits, or psychological vulnerabilities. Environmental factors are described as influences that trigger acute (imminent) risk in vulnerable individuals,

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rather than actual risk factors per se. Beech and Ward (2004) further propose that static risk factors are best thought of as historical markers of existing psychological vulnerabilities, hence their usefulness in assessment and prediction of future risk. I will adopt this conceptualisation of risk in this thesis, and view risk factors as clusters of problems with different temporal components. In other words, I see *stable dynamic risk factors* (psychological vulnerabilities) as central to any depiction of risk, as they are descriptions of phenomena that indicate a propensity to offend. Whether or not an individual does offend depends on a combination of internal and external conditions.

Although we know that some aspects of risk can be improved throughout treatment, it is not yet clear whether all risk factors are changeable. Perhaps certain propensities will always need to be monitored and managed. In any case, it appears that there are different levels of changeability within each domain of risk. For example, it may be easier to learn new skills and facilitate access to appropriate sexual partners than it is to change core beliefs and paedophilic interests. In light of this issue, I suggest that further categorising stable dynamic risk factors based on whether they are *content* or *process* issues will enhance this chapter's exploration of these composite constructs. Content issues refer to the object of thoughts, beliefs and desires, for example a sexual preference for children, beliefs about the nature of victims and the self, and persistent negative aspects of emotions. Process issues are similar to skill deficits, and consist of problems in emotional and cognitive functioning, and social or sexual behaviour (e.g., poor coping strategies, incapacity for intimacy, and sexual pre-occupation). It may be that beliefs, attitudes, and desires influence the way we process information (and vice versa), and perhaps the contents of our thoughts, emotions, and sexual preferences are most resistant to change.

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There are a number of risk assessment tools used within prisons and the community; some are specific to CSOs, while others are more general and may be used with any type of offender. These tools have value in prediction contexts, as they are able to estimate the probability of offending better than chance (Hanson & Morton-Bourgon, 2009). This indicates that in some way they do track the psychosocial features that influence an individual's likelihood of committing an offence. Most of these assessment tools will not be discussed in this paper due to their limited explanatory value, however examples of their items will be used to highlight conceptual issues. These items include trait and state aspects, as well as content and processing issues, within four broad domains of functioning. I will discuss dynamic risk factors as composite constructs which contain all of these inter-related aspects. However, I first will consider several problems with our current understanding of risk, further highlighting the need for a strong focus on theory.

The Current Problems: Practical and Ethical Issues

Practitioners seek to match released CSOs' calculated risk to their levels of supervision, access to interventions, and other aspects of their management. It is therefore necessary to predict how likely it is that offending will occur, but also what might increase or decrease risk. For example, particular external triggers and acute psychological states related to offending may lead to imminent risk, even if risk is generally quite low. This suggests that even those with a high risk of reoffending can be managed. Indeed it is plausible that certain predictors may not even operate as risk factors for some individuals (i.e., emotional identification with children might enhance victim empathy). This is because risk assessment is a *variable-oriented* process, measuring statistical correlates of recidivism independently, aggregating them to reach an overall score (Lussier & Davies, 2011), and placing a CSO within "low", "medium"

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or “high” risk bands. Thus risk assessment is partly normative in nature and reliant on the theoretical knowledge of the practitioner, the level of offending deemed to be acceptable (and therefore what rates correspond to the risk bands), and the quality of risk-related information available. While risk assessment tools are generally paired with manuals providing examples of “evidence” that risk factors are present, this does not mean they can be objectively measured. For example, it is both conceptually and practically unclear what an intimacy deficit constitutes for an individual. Is it the absence of social contact, not having an intimate romantic relationship, or lacking the capacity to form and maintain one?

Another significant measurement issue is that the sexual abuse of children is a crime with relatively low base rates (Hanson & Harris, 2000), meaning that risk assessment is likely to over-estimate risk. This is particularly likely because risk assessment tools provide an incomplete, risk-focussed picture of a person. They focus on between-individual differences rather than considering the individual’s functioning across time and contexts (Lussier & Davies, 2011). Even if we assume that certain risk factors are present, we cannot say if or why they are a problem for the particular CSO in question. Furthermore, risk factors alone do not cause sexual offending against children; as there are plenty of men who display specific risk factors but do not go on to offend. Therefore, assessment tools cannot account for everything that is contributing to individual risk, and accordingly cannot effectively inform how we should attempt to reduce or manage it. In saying this, risk assessment tools do predict re-offending better than chance, and so they do have value in public protection. The problem is an over-reliance on these tools and their items as casual explanations for offending. If we make this assumption we are missing a vital part of the risk picture, a part that is necessary to effectively and ethically manage or reduce risk.

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Once we have calculated the probability that an offender will sexually abuse a child we need to consider what the consequences will be if we are wrong. Who will be harmed if risk has been over or under estimated, and how severe will this cost be? In the case of releasing a CSO into the community, the obvious potential harm is to the children victimised, and emotional costs to their families and the wider communities. Another potential social cost is that victims may become perpetrators themselves or engage in other antisocial or self-destructive behaviour as a result of their abuse. On the other hand, it may seem that CSOs are the only group to benefit from their release. However, it is more cost effective to manage an offender in the community than in prison, and successful reintegration is likely to reduce risk and protect future victims. This stance is often met with retributive attitudes, and demand for harsher punishment and longer sentences, despite the lack of empirical support for these approaches (Andrews & Bonta, 2010). If anything risk may increase with social isolation. The issue here is one of distributive justice; who is perceived to be experiencing costs and benefits, and what their moral worth is. Therefore risk assessment is a value-laden process; first in identifying risk factors, second in assigning numerical value to each, and lastly in the level of risk tolerated.

As highlighted by the above practical and ethical issues, the task of making decisions based on a CSO's perceived level of risk is a difficult but crucial one. Yet this decision making process is largely based on statistical correlates, without necessarily considering theoretical explanations for their existence and effects. Risk assessment tools assist professionals to monitor any fluctuations or triggers that may arise at any time, but cannot provide an explanation for why they have occurred. This is why it is so important to bridge the gap between theories describing the development and functions of CSO vulnerability and the methods we use to predict risk of future offending. The

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next task is to take the existing empirically derived risk factors and unpack them according to the various theories aiming to explain them. Once this is complete, we can shift the focus to other factors that are necessary in a causal explanation of risk. It is envisioned that these additions have the potential to enhance risk assessment and management with CSOs, and perhaps other types of offender.

Theories Concerning Risk

The purpose of theory development is to inform and generate empirical research, and to guide practice. Theory creation is arguably an important task for researchers in progressing the criminal risk field, yet it has been neglected in recent years as the focus has shifted to empirical pursuits (Ward & Beech, 2015). Relatedly, the conceptual and practical relationship between the tasks of theory creation and risk assessment appears somewhat fragile, and arguably, utterly neglected (Ward, 2014). There are two main rehabilitation and practice frameworks that currently guide correctional treatment and management. The first is the Risk-Need-Responsivity Model (RNR; Andrews & Bonta, 2010), which postulates that treatment should be aimed at high-risk offenders, target empirically supported risk factors (criminogenic needs), and be responsive to the individual's needs. The RNR is strongly focussed on empirically supported predictors, but also states that practitioners should use professional judgement to override the other principles where ethically defensible. The second rehabilitation framework was designed to augment the RNR, and provide a strength-based approach to treatment. The Good Lives Model (GLM; Ward & Maruna, 2007) states that offenders, like all human beings, seek certain goods for the sake of creating their version of a good life. Offending occurs when there are problems or obstacles in achieving this. In addition to these two frameworks, there are a number of influential etiological theories concerning CSOs. This

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chapter will primarily focus on Beech and Ward's (2004) Etiological Model, and the multifactorial theories that influenced its conception.

Finkelhor's Preconditions.

Beech and Ward's (2004) Etiological Model combines several influential theories with empirically derived predictors to better explain how different types of risk factor develop, function, and interact. The first theory is Finkelhor's Preconditions (1984), which proposes there are four preconditions that must be met in order for an offence to occur. The first is that at least one of three particular risk factors must motivate or predispose the individual towards an offence; 1) emotional congruence with children, 2) sexual attraction to children, and 3) blockage of the capacity to appropriately meet one's sexual needs (Finkelhor, 1984). The second precondition is that the individual must overcome his internal inhibitions (i.e., by using intoxication or rationalisation), and the third involves overcoming external inhibitions (i.e., a lack of supervision), allowing the offending to occur (Finkelhor, 1984). The fourth and final precondition is that the CSO must be able to deal with the resistance of the child during the offence (Finkelhor, 1984), for example using grooming behaviour or misinterpreting victim distress. Each precondition must be met in order for the next to occur, the first two are thought to be causal (i.e., why an individual offends), while the final two explain how the offender interacts with his environment to allow an offence to occur. From a critical perspective, while Finkelhor's theory appears to contain interpersonal, sexual and self-regulation problems, it fails to differentiate between these constructs and overall lacks clarity (Ward & Hudson, 2001).

Marshall and Barbaree's Integrated Theory.

The second influential theory utilised in the creation of the Etiological Model is Marshall and Barbaree's (1990) Integrated Theory. This theory highlights the roles of

distal (developmental) and proximal factors in determining whether an offence will occur. This approach attempts to widen the scope of theory construction, and offers a developmental perspective focused on childhood adversity (i.e., abuse or neglect) as a primary cause of sexual offending. The Integrated Theory combines the early influences of biology and social learning in order to explain how they interact to generate the problems associated with sexual offending against children. As the individual progresses through adolescence to adulthood, these problems persist, and are maintained through creation of supporting risk factors (i.e., learned problems with social interactions leads to rejection and poor self-esteem). These long-term vulnerabilities interact with contextual factors (e.g., interpersonal conflict, substance abuse) that cause problems with self-control and allow offending to occur. Harmful behaviour is maintained through the development of offence-supportive beliefs, justifications of abuse, and the reinforcing aspects of the actual offence. This theory added a considerable amount to the conceptualisation of risk in CSOs, however given its broad focus it is necessarily general (Beech & Ward, 2004). Another problem with the Integrated Theory is the focus on self-regulation problems in causing an offence, when in fact good self-regulation may also facilitate offending (i.e., grooming and planning an offence).

Hall and Hirschman's Quadripartite Theory.

The third theoretical influence on the Etiological Model is Hall and Hirschman's (1992) Quadripartite Theory. The four components of this theory are cognitive distortions, affective dyscontrol, personality problems, and sexual arousal (Hall & Hirschman, 1992). These look similar to the four domains of functioning discussed earlier (see Table 1), except that the interpersonal domain is replaced with "personality problems", which are likely to manifest interpersonally. The other three factors are viewed as dependent on internal and external states (i.e., acute risk factors), while

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personality problems are more like enduring vulnerabilities or traits in the Etiological Model. The authors suggest that although any number of factors may be implicated in the facilitation of a sexual offence, it is likely that one acts as a *primary motivator* (Hall & Hirschman, 1992). This one factor will be stronger than the others and will eventually push the individual above the threshold necessary for an offence to occur. This idea enables the division of CSOs into typologies, depending on which factor is the primary motivator for that individual. The subtypes suggested are; preferential offenders (i.e., having a *sexual* preference for children), preferential offenders who have difficulties with adult *intimacy* (i.e., personality problems), offenders who are driven by distorted *cognition* and beliefs about children and sex (i.e., involving incest), and situational offenders who are driven by impulsivity and difficulty managing negative *emotional* states (Hall & Hirschman, 1992). Despite its theoretical contribution, this categorisation of offenders relies too heavily on one factor, at the expense of considering interactions between factors over time.

The Pathways Model.

The fourth contributing theory, Ward and Siegert's (2002) Pathways Model, aimed to build upon the most useful aspects of the three earlier theories. This model also suggests four mechanisms that are in line with the four domains of risk presented earlier; intimacy deficits and social difficulties, problems with emotional regulation, distorted sexual scripts, and cognitive distortions (Ward & Siegert, 2002). There are pathways associated with these four mechanisms, and they are all implicated in an individual's offending. The authors argue that while there are *primary mechanisms* that negatively influence behaviour (i.e., motivators that drive action), there are also secondary mechanisms that contribute to an offence in the presence of these motivators (Ward & Siegert, 2002). In other words, the primary area of dysfunction is the cause or

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predisposition, and the secondary mechanisms cumulate to explain how an offence occurs. For example, if the primary mechanism is sexual arousal, it may also be necessary that the individual justifies the offence in relation to his beliefs, is experiencing loneliness, and becomes disinhibited in order to offend. This model adds value in that it acknowledges the interactions between all four domains of functioning and the multiple pathways leading to sexual offending. However, the relationships between certain risk factors are only discussed in a general manner, and it is not clear how they interact to generate behaviour.

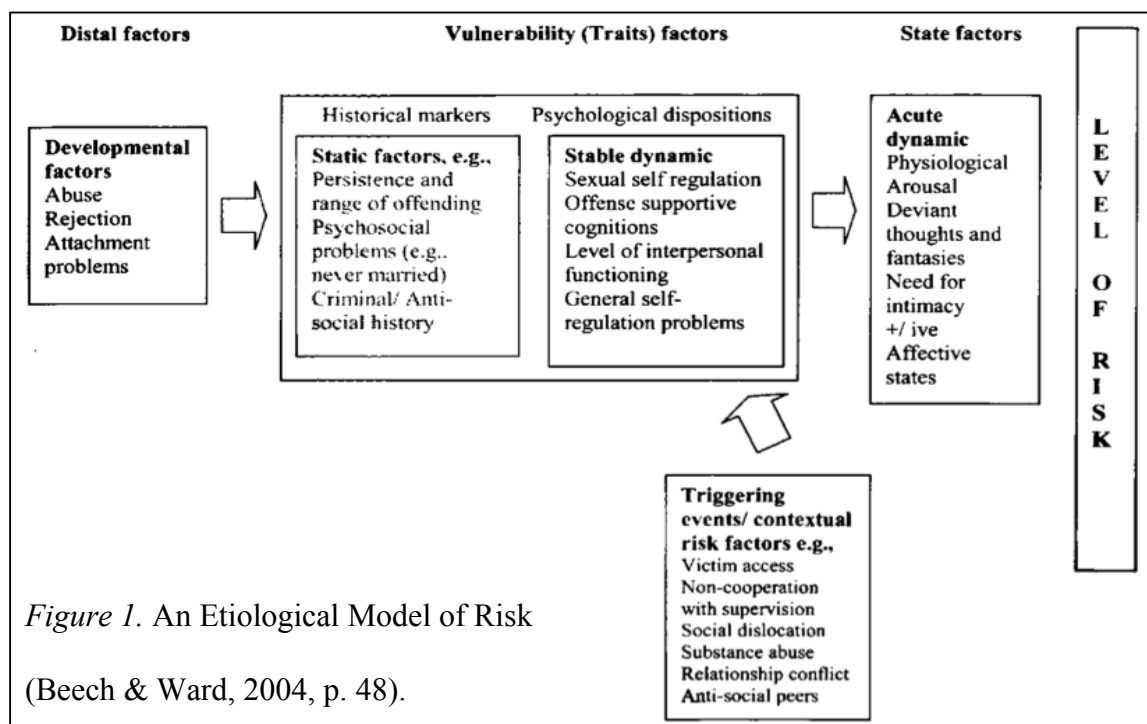


Figure 1. An Etiological Model of Risk

(Beech & Ward, 2004, p. 48).

An Etiological Model of Risk.

Beech and Ward's (2004) Etiological Model (Figure 1) built upon all of these theoretical advancements, while also considering the empirically derived factors that must be accommodated by any explanation of risk. This model outlines how developmental factors lead to vulnerability, which when triggered by contextual features

lead to acute risk states. This is where the state versus trait distinction becomes apparent, as risk factors are largely a combination of both long-term vulnerabilities and manifestations of these within certain contexts. The Etiological Model can guide the task of unpacking risk factors, by suggesting that their various components are merely aspects of (or influences on) the same core set of psychological vulnerabilities. Thus broad categories of risk, such as “intimacy deficits”, are composite constructs, containing causal, descriptive, developmental, and contextual elements. In order to decide what these elements are, it is necessary to break risk down into its key domains of functioning and then carefully consider their contents. Before I commence this, I will briefly discuss a couple of relevant theoretical developments since the Etiological Model was created.

Integrated Theory of Sexual Offending.

Ward and Beech (2006) subsequently created an Integrated Theory of Sexual Offending (ITSO). This theory expanded on the scope of previous theories by including biological, physiological and neurological factors, as well as development through social learning and clinical features. The clinical symptoms posited by this theory, and the focus of its explanatory efforts, include the four domains of risk factor; cognitive, emotional, interpersonal, and sexual. There is also an emphasis on *interlocking neuropsychological functions* (Ward & Beech, 2006), which are interactions between motivational and emotional mechanisms, perception and memory, and action selection and control. These interactions are responsible for creating the clinical symptoms or states that we observe in CSOs, essentially risk factors. These risk factors lead to sexual offending actions, and maintenance or escalation of this behaviour in the future. The ITSO adds value in bringing together developmental variables, the interaction between internal mechanisms, and outlining how a pattern of sexual offending behaviour is maintained by its consequences. It is unique in its inclusion of distal cultural and

evolutionary mechanisms, and highlights their interaction with the current social and physical environment to cause vulnerability. However, this broad theory is necessarily limited in its ability to fully explain any one aspect of sexual offending, and is somewhat reductive, overlooking the agency level of explanation— what has been referred to as the folk psychological level (Ward & Beech, 2015). This oversight means that it lacks the first person explanations necessary to account for the richness of human experience and individual differences.

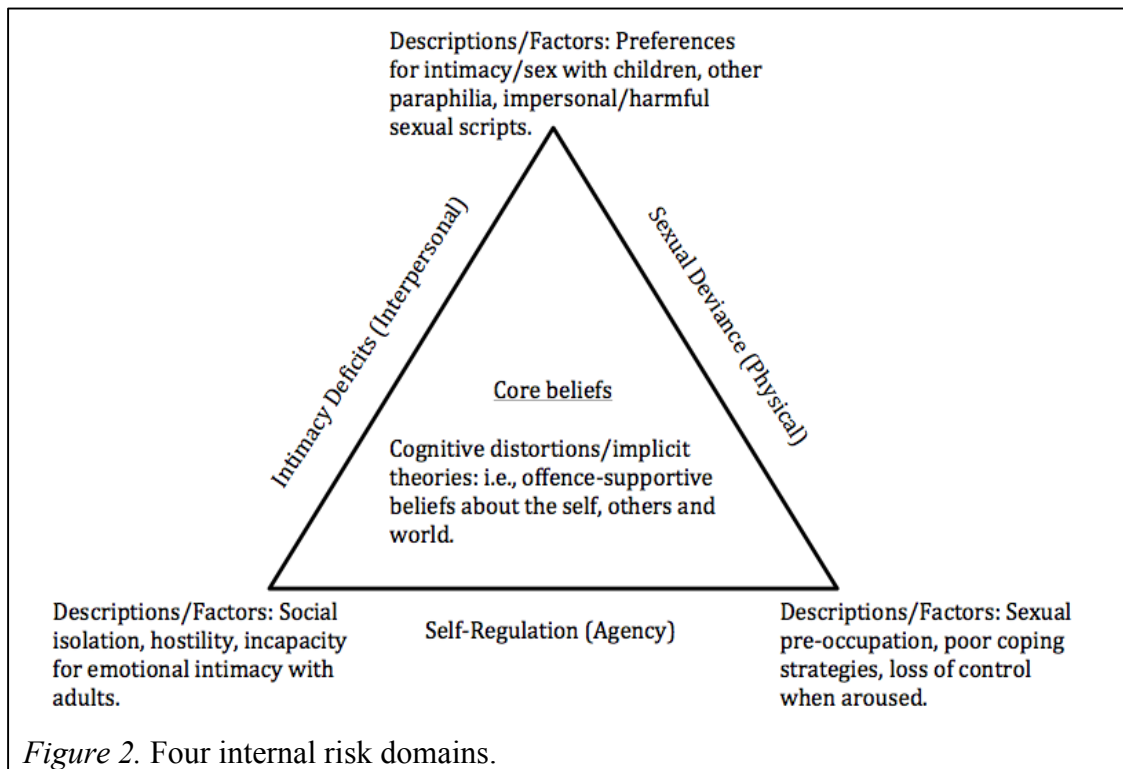
Psychologically meaningful risk factors.

While not strictly an etiological theory, Mann, Hanson and Thornton (2010) further investigated the existence of causal mechanisms in sex offenders. They proposed a list of empirically supported dynamic risk factors, which they consider *psychologically meaningful*. In addition to being empirically linked with recidivism, these factors must be able to be plausibly considered as a cause of that behaviour— this is where theoretical knowledge becomes crucial. These authors discuss dynamic risk factors as *propensities* triggered in certain contexts (Mann et al., 2010), suggesting that they are traits or internal characteristics, which may or may not cause an offence. The authors further propose that it is not necessary for psychologically meaningful factors to be completely changeable (Mann et al., 2010). For example, a sexual preference for children may endure despite treatment, but may be managed through “compensatory strengths or prosthetics” (Mann et al., 2010, p. 195). They offer a list of 11 factors with strong empirical support, for example “sexual pre-occupation”, “offence-supportive attitudes”, and “general self-regulation problems” (Mann et al., 2010). Mann and colleagues (2010) provide a noteworthy contribution by highlighting the most *likely* causal factors for sex offenders. However, they have not explained how these actually result in offending, so far they are only *promising candidates*. The authors acknowledge that a “deeper conceptualisation

of each risk factor would provide coherent and empirically justified accounts of how these risk factors develop and how they cause offending” (Mann et al., 2010, p. 209). This is the purpose of the following section, which examines each domain in more detail.

Four internal risk domains.

The four internal risk domains match the domains of functioning most often implicated in etiological theories and risk prediction tools for CSOs (see Figure 2). These will be discussed in the following subsections, which will explore a number of theories for each domain. Figure 2 separates distorted cognition (specifically core beliefs) from the other three domains, and places them at the centre of the risk picture. I propose that beliefs are an entirely different type of mechanism, one that influences the way individuals’ process information, and act to reach valued outcomes. In other words, core beliefs influence the other three domains directly. For example, beliefs about the self, others, and world influence the strategies employed in seeking intimacy, and who we attempt to achieve this with. For this reason I will first discuss the concept of *cognitive distortions*, before moving on to the other three domains which rely on these core beliefs and attitudes. Several theories that can assist in the explanation of each domain will be discussed, and their different aspects teased apart to highlight their composite nature.



Cognitive domain of risk.

Maladaptive core beliefs have been widely accepted over the past few decades as important treatment targets, and are centrally located within all comprehensive theories of sexual offending (Ward, Polaschek & Beech, 2006). These are often termed “cognitive distortions” and broadly defined as norm-violating attitudes and beliefs, biased interpretations and judgements, and post-hoc excuses, minimisations, rationalisations and justifications (Ó Ciardha & Ward, 2013). Thus the difficulty arising with use of this risk factor is its broad application to many types of problematic cognition (Ó Ciardha & Gannon, 2011), which appear qualitatively similar but may differ in their functions over time. Like any other risk factor they are composite constructs, consisting of descriptive and causal elements. For example, the causes are likely to be ongoing vulnerabilities (i.e., distorted beliefs), leading to risky states (i.e., biased cognitive processing), and descriptions of their observable manifestations (i.e., verbal excuses or justifications). The interaction between cognitive *content* and *processes* is also apparent,

distorted beliefs about the self, others, and the world lead to biased ways of interpreting situations. This is a useful way to divide cognitive distortions into three chronological groups, which may assist in identifying specific problematic patterns over time. In fact Ward and Casey (2010) suggest viewing distorted cognition as a deviant practice, directed toward valued outcomes and dependent on external resources, norms, and values.

It is acknowledged that labelling any type of cognition as *distorted* is a value-laden process and requires the use of normative standards for judging others (Ó Ciardha & Ward, 2013). However, the label applies to any cognition that appears to be offence-supportive, causes harm to others, and is significantly different to what is accepted as pro-social and healthy reasoning. Despite limitations in the accuracy of measuring cognition, it is generally accepted that offence-supportive beliefs and attitudes are present prior to offending (Beech, Bartels & Dixon, 2013; Ward & Keenan, 1999). It has also been suggested that these may be general or specific (Ward & Keenan, 1999), for example a belief may be held about the nature of all children, or a specific child (or children) victimised by the offender.

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Table 2

Offence-supportive Core Beliefs (Cognitive Distortions)

Sub-category	Evidence	Associated Factors
Beliefs about Victims: As sexual beings and unharmd by sex	Has children as friends Describes victims as equal partners Denies harm to children	Paedophilia Emotional congruence with children
Dangerous world	Avoids others Aggressive behaviour	Negative emotionality and hostility Social isolation
Beliefs about Self: As entitled to sex, not in control of his own behaviour	Reports loss of control Asserts his entitlement to sex/intimacy	Impulsivity Poor problem solving External locus of control

Implicit Theories.

Ward and Keenan (1999; Ward, 2000) suggest that cognitive distortions develop from *implicit theories* concerning the nature of the self, others, and the wider environment. These are similar to scientific theories in that they are internally coherent and somewhat dependent on external information, but essentially consist of beliefs and attitudes that are fundamentally incorrect (Ward, 2000). Ward and Keenan (1999) identified five implicit theories commonly held by CSOs (see Table 2). The first two theories, “children as sexual beings” and “the nature of harm”, primarily involve children as potential victims. They represent beliefs that children are capable of both desiring and choosing to have sex, and that this is not harmful to them (Ward & Keenan, 1999). These theories function by allowing distorted interpretations of children’s actions, then justifying behaviour as a response to perceived interpersonal cues (Ward & Keenan, 1999). It is suggested that these two theories develop through early experiences of abuse, which disrupt healthy cognitive development (Ward & Keenan,

1999). This is likely to cause confusion surrounding the offender's own mental states and limitations during development, leading to persistent misconceptions about children's cognitive functioning and decision-making abilities.

The third implicit theory listed above concerns the nature of the world, and likely develops following various forms of abuse, rejection, and neglect within early attachment relationships (Ward & Keenan, 1999). If the world is perceived as dangerous, the logical conclusion is that nobody can be trusted, leading to the intimacy deficits often implicated in sexual offending against children (Ward, Keenan & Hudson, 2000). The last two theories influence the way the CSO perceives himself, specifically his lack of self-control and entitlement to sexual satisfaction at the expense of others (Ward & Keenan, 1999). These beliefs may be caused by developmental experiences such as a lack of appropriate discipline, resulting in a failure to master self-regulation, and function by minimising negative self-evaluations. It is important to consider that while these implicit theories represent broad categories of belief, they are not exhaustive, nor specific to all child sex offenders (Ward & Keenan, 1999). When assessing an individual it may become apparent that he does not possess a theory fitting any of these categories. In these cases it is necessary to look to other motivating factors, such as values, which have in the past been pursued via inappropriate means (Willis, Yates, Gannon & Ward, 2013). Therefore, while it is common for one or more of these beliefs to be present, they are not always necessary, nor are they sufficient on their own in initiating offending (Ward & Keenan, 1999).

Judgement Model of Cognitive Distortions.

Although it may be reassuring to blame distorted beliefs and conclude that "normal" men cannot commit sexual offences, it is undoubtedly more complex than this. The Judgement Model of Cognitive Distortions (JMCD; Ward, Gannon, & Keown,

2006) emphasises the importance of distorted reasoning regarding beliefs, values, and actions. These three types of distorted cognition are thought to interact and form clusters or *thematic networks*, containing common themes, similar to implicit theories (Ward et al., 2006). This model also supports the idea that distorted cognition influences different aspects of the offence process, in combination with context. For example, judgements regarding the nature of the self, others, and world (beliefs), and which goals (values) are worth pursuing interact to result in offending (actions), leading to faulty post-hoc reasoning which protects self-perception (Ward et al., 2006). In comparison with the Implicit Theories theory, this model suggests an additional value judgement on the part of the offender in motivating behaviour. The key values suggested to be associated with the five common implicit theories are autonomy, safety, control, and sex (Ward et al., 2006), which may be related to intimacy in some individuals. These two theories suggest that existing beliefs and motivations interact and function by initiating and maintaining behaviour through faulty processing and reasoning regarding past actions.

Cognitive deconstruction.

The interaction between core beliefs, cognitive processing, and behaviour is further complicated by emotional states, and their impact on an individual's ability to utilise cognitive resources. *Cognitive deconstruction* (Ward, Hudson, & Marshall, 1995) is activated by intense negative or positive emotional states, in response to internal or environmental triggers. During states of cognitive deconstruction inhibitions are lowered, and the likelihood that an individual will monitor and control his behaviour is reduced. Risk factors that may trigger cognitive deconstruction include substance abuse, sexual arousal in the presence of victims, and interpersonal conflict. Cognitive deconstruction is a processing issue that is dependent upon core beliefs, but closely related to the next domain of functioning to be discussed, *self-regulation*. Therefore it is

clear that the cognitive category of risk directly impacts upon the other three domains of risk, they are inter-related. For example, core beliefs influence our social expectations and interactions with others, suggesting that they strongly influence *interpersonal* functioning. In addition, beliefs about the nature and capacities of victims support and allow justification of *sexual* preferences for children. This is why core beliefs have been placed at the centre of the other risk domains. They support, and perhaps in some cases generate other problems. Therefore *cognitive distortions* are a strong candidate for the role of causal risk factor for CSOs, with core beliefs influencing which values we pursue, and how we go about achieving these- essentially assisting risk factor integration.

Self-regulation domain of risk.

Self-regulation has been discussed extensively in the sexual offending literature, and is often assessed with the broad category “general self-regulation problems”. Self-regulation may be defined as “the internal and external processes that allow an individual to engage in goal-directed actions over time and in different contexts” (Ward & Hudson, 1998, p. 702). This definition is strikingly similar to the concept of *agency*, which will be the main focus of chapter three. These processes involve skills and capabilities such as insight, problem solving, goal setting, inhibition, and adapting behaviour to different environments. Although they are also influenced by the various beliefs outlined in the section above. Self-regulation skills are often learned early in life, through modelling of coping and problem solving behaviours by others, and social reinforcement. For example, when a child behaves in an inappropriate way their caregivers should respond by correcting or punishing the behaviour, then rewarding the appropriate response as it occurs. In developmental contexts where this does not occur, a child may not adequately develop these capabilities. Over time this impacts upon his interactions with others, and his self-concept. The key to successful self-regulation is selecting appropriate (pro-

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social) goals and means to achieve these. Goals, values, and individual preferences for living *motivate* action towards desired outcomes, based on the individual's beliefs, expectations, and ability to self-regulate.

Table 3

General Self-regulation Problems

Sub-category	Evidence	Associated Factors
Poor/dysfunctional coping strategies	Sexualised coping Substance abuse	Sexual pre-occupation
Poor problem-solving skills/impulsivity	Impulsive acts Poor compliance Non-sexual offences Many previous offences	
External locus of control	Blaming others/situation Poor insight Poor emotional control Explosive	Core beliefs, self as uncontrollable
Negative emotionality/hostility (state or trait)	Aggression Violent offences	Interpersonal domain (i.e., aggression/hostility) Cognitive deconstruction Core belief, entitlement

The Theory of Reasoned Action.

The Theory of Reasoned Action (TRA; Fishbein & Ajzen, 1975, 2010) states that the strongest predictor of behaviour is behavioural *intention*. Intention is made up of behavioural (attitudes), normative (others opinions), and control (perceived self-control) *beliefs* (Fishbein & Ajzen, 1975, 2010). In other words, what do I believe is a worthwhile task? What will others think about this? And, do I believe I have the capacity to reach my goal? For example, successful desisters have negative attitudes towards offending (i.e., pro-social attitudes and goals), strong pro-social support networks, and confidence in their ability to desist. This highlights the strong link between beliefs, valued outcomes, and our plans to achieve them. Values motivate action through behavioural intention;

and perhaps an individual's capacity for successful self-regulation mediates the relationship between values and action. For example, if an individual values intimacy the behavioural intention may be to achieve this with either a child or an adult, self-regulation skills are required in both cases. Perhaps the individual has an expectation that they will be rejected if attempting to achieve intimacy with an adult, and believes they will be more successful with a child. This is an example of beliefs and values influencing goals and behavioural strategies, in this case the individual would need to ignore others disapproval (or seek out those who approve). The relationship between intention and behaviour is also mediated by *actual* capacities, as the individual interacts with other people and their context (Fishbein & Ajzen, 1975, 2010).

Self-regulation Model.

In addition to being implicated in multi-factorial etiological theories, there are specific single-factor theories that focus on an individual's capacity to control and regulate their behaviour. Ward and Hudson (1998) presented a Self-regulation Model, which aims to describe the relapse process in sexual offenders. This model covers the time leading up to an offence, the actual offending actions, and the outcomes. It describes how an individual engages in this kind of behaviour, and what kinds of behavioural patterns are implicated in this process. The Self-regulation Model is based on an *offence chain*, including the triggering events, desires, goals, and plans that lead to a "high risk situation" (Ward & Hudson, 1998). This model is useful in separating out the contributing factors into chronological steps, and may be used in a treatment context to help the individual analyse their offending behaviour. For example, substance abuse may cause an individual to suspend self-regulation, lowering inhibitions and encouraging impulsive or reckless behaviour such as offending. In these cases poor self-regulation is conceptualised as a state, rather than an enduring trait, allowing the possibility that an

individual with generally good self-regulation skills can suspend these in certain circumstances.

Offence planning versus impulsivity.

It is clear that most CSOs engage in a degree of planning (whether implicit or explicit), and it seems that manipulation of their physical and social environments to facilitate offending becomes more sophisticated over time (Smallbone & Wortley, 2004; Ward, 2009). This process may involve a series of “seemingly irrelevant decisions”, which the CSO may justify as unrelated to subsequent “accidental” offences (Ward et al., 1995). On the other hand, when it comes to trusting CSOs within the community, it is often assumed that they are incapable of rational and normal cognitive functioning (Navathe, Ward, & Rose, 2013). There seems to be a contrast between those CSOs who impulsively take advantage of offending opportunities and those who spend time grooming their victim and gaining their trust. Of course these are two opposite ends of a continuum. It is likely that CSOs vary in their degree of planning and the sophistication of their self-regulation strategies, depending on their criminal expertise and the external context. Self-regulation skills alone do not cause a sexual offence. In order for self-regulation (either “good” or “bad”) to lead to an offence, there needs to be a maladaptive goal, or problems in goal-directed planning.

These goals likely relate to the two domains that remain to be discussed. They may be interpersonal goals, where the individual desires intimacy, but does not perceive that they have the capacity to achieve this in other, more appropriate ways. On the other hand the goal may be purely sexual, for example when the individual is in a state of sexual arousal, or is only attracted to children. A third more likely option is that the goal is a combination of both, for individuals who conflate their needs for intimacy and sexual gratification. The interpersonal and sexual domains of risk will now be discussed.

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Perhaps these two domains of risk relate to *why* an individual offends, tapping into interpersonal or sexual needs. On the other hand, core beliefs and self-regulation are concerned with *how* an individual justifies and actually engages in the offence process. In other words, beliefs and self-regulation skills determine which goals are viable, but what motivates individuals to seek interpersonal and sexual intimacy?

Interpersonal domain of risk.

The interpersonal domain of risk is reflected in the broad risk factor “intimacy deficits”. In risk assessment tools, this label often encompasses the sub-categories contained within Table 4. Broadly, this area of risk involves a limited capacity for appropriate intimacy, or a lack of access to the external conditions required to achieve this need. The key risk factors assessed relate to deficits in intimacy with adults, and emotional identification with children. These problems arise from many different causes, both developmental and contextual. For example, an individual may have suffered abuse or neglect during childhood, and as a result cannot trust women or adults. Because of this he may avoid adult relationships in favour of children as a safer option, or not possess the interpersonal skills necessary to maintain an emotionally mature relationship over time. This may lead to the individual identifying emotionally with children instead of adults, and viewing them as a desirable or more attainable romantic partner. So there are two alternatives here, either the CSO prefers children for emotional and sexual intimacy, or they are using them as a pseudo adult partner. Both options involve cultivating some sort of relationship with the child; this varies across CSOs and contexts (Navathe et al., 2013).

Table 4

Intimacy Deficits

Sub-category	Evidence	Associated Factors
Social Isolation	No close relationships Avoids adults/women	Beliefs about the world as a dangerous place
Emotional identification with children	Has children as friends Describes children as equals	Beliefs about children's capacity for consent
Incapacity for emotional intimacy with adults	No long-term romantic relationships Immature relationships Lack of social skills	Sexual preference for children

Sexual Offenders Relationship Frames Model.

It has been suggested that there are a number of possible relationship dynamics, which are not necessarily mutually exclusive. The Sexual Offender Relationship Frames (SORF) Model (Navathe et al., 2013) was developed in an empirical study aimed at better understanding the role of values in sex offender's cognitive processes. Therefore it strongly relates to the cognitive distortion and self-regulation domains of risk, but is primarily concerned with describing the relationship between the offender and their victim. The authors found clusters of values that indicated four relationship types that were common throughout offenders' explanations of their offences. The first of these is the master-slave relationship frame, where the offender dominates and coerces the child (Navathe et al., 2013). The values that drive an offender to form this type of relationship include autonomy and pleasure. The victim is a passive object to be used for the offender's sexual gratification, it does not necessarily matter who the victim is, and they are not seen to have any rights within the relationship. The offender who forms this type of relationship with their victim believes that they are entitled and that their sexual

arousal is reason enough for offending, they may also use physical and verbal violence, including humiliating their victim (Navathe et al., 2013).

The second relationship frame is the teacher-student dynamic. In this relationship frame the offender purports to be passing on sexual expertise to the victim, and views the relationship as both nurturing and mutually beneficial (Navathe et al., 2013). While there is undoubtedly a power imbalance within this relationship, the offender believes that the child enjoys the offending. The third relationship frame is the caregiver-child dynamic, and is seen by the offender as a loving and safe relationship (Navathe et al., 2013). Children are seen as more honest than adults, and their vulnerability makes them more deserving of their affection. The offender seeking this type of relationship with their victim believes they are facilitating the child's development, and sees the relationship as consensual and caring. The fourth and final relationship frame is the lover-partner dynamic, which is viewed as an equal and consensual relationship (Navathe et al., 2013). The child takes on the role of a romantic partner, and the offender is emotionally invested in the relationship. This offender will also engage in grooming behaviour which they may see as normal courtship, and believe that the child is capable of consenting and returning their affections. These four types of relationship provide a context for offending behaviour, which is most relevant for a particular CSO will depend both on his beliefs, and his goals.

Attachment theory and development.

Humans are social animals, we are drawn to others, and when we lack intimacy with others, we cannot achieve psychological wellbeing. It makes sense then that intimacy, connection, and relatedness would be legitimate goals for any human being. It follows that a lack intimacy, particularly where this is highly valued, is a potentially meaningful causal factor for sexual offending. If an individual does not have the skills

or capacities necessary to achieve their goal of intimacy with another adult, it may seem easier or less risky to meet this need with a child. But why do some individuals seem to have more difficulty in appropriately achieving intimacy with others? A prominent psychological theory that has been applied to CSOs is attachment theory. Attachment theory proposes that early relationships vary in their quality, and that these bonds influence an individual's internal working models of the self and others (Bowlby, 1969). When a child is physically, emotionally, or sexually abused, they develop an insecure or disorganised attachment style. If a parent is rejecting, neglectful, or emotionally detached from a child, there is little chance of that child developing adequate interpersonal skills and healthy beliefs about themselves and others. It is also important to note that there are biological influences on a child's temperament and their ability to successfully bond with a caregiver (Beech & Mitchell, 2005). A more in-depth exploration of attachment theory and biological influences on child development and subsequent adult functioning is beyond the scope of this thesis. However, it is necessary to highlight the link between insecure attachment, beliefs, and behavioural strategies (Beech & Mitchell, 2005).

Interactions and variation.

It is clear that interpersonal problems have a significant influence on our other domains of functioning. Most notably it has been suggested that the quality of our attachments throughout life influence our emotional states (Beech & Mitchell, 2005), these states act as offence triggers for some CSOs. In addition to causing interpersonal problems, it has been suggested that insecure attachment can lead to other risk factors such as maladaptive coping strategies and poor self-regulation skills (Beech & Mitchell, 2005). As highlighted above, we must consider the likely possibility that early attachment directly influences our core beliefs, as our interpersonal experiences shape

our views about the self, others, and the world. Therefore consideration of early experiences is crucial in understanding how a CSO has formed core beliefs, learned interpersonal and coping skills, and why they use maladaptive strategies in attempting to achieve intimacy. If an individual's first interpersonal experiences are characterised by rejection or abuse, it is natural that they will form maladaptive attitudes, opinions, and expectations of future interactions.

On the other hand, the risk factor "intimacy deficits" is problematic when we consider offenders who offend within the context of adult relationships, either against their own children, their partner's children, or unrelated children. The issue here may be in how we define "intimacy", or more importantly how the individual defines and believes he can achieve it. We may define intimacy in different ways, as simply the presence of others, supportive social networks, emotional intimacy, a long-term romantic relationship, or sexual intimacy. The problem for many individuals is confusing intimacy with sex (Beech & Mitchell, 2005). If an individual lacks the capacity for emotional intimacy with other adults, they may engage in impersonal or deviant sexual behaviour in order to reach a more meaningful level of intimacy. As this type of behaviour is not a viable long term strategy in traditional adult relationships, children may be perceived as more accepting, and better able to meet sexual needs.

Sexual domain of risk.

The sexual domain of risk may be the most easily implicated in this type of offending. It is often assumed by the general public that all CSOs are paedophiles that are primarily motivated by sexual gratification. It surprises most people to learn that this is not always the case, and in fact many CSOs prefer adults as sexual partners (Seto, 2008). It has been estimated that 25 to 50 per cent of convicted CSOs are paedophiles (Schaefer, Mundt et al., 2010), which means that they have a persistent sexual interest

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in and preference for prepubescent children (Seto, 2008). There are many reasons why this might be the case, including biological, psychological, and developmental etiological factors (Seto, 2008). For those who do not meet the necessary diagnostic criteria to be considered a paedophile, it may be that they are not capable of meeting their sexual needs in any other way. These CSOs may be using a child as a pseudo adult, seeing them as a safer option, easier to engage and control, while being less likely to reject them (Navathe et al., 2013). This type of CSO may have problems relating to other adults, or have distorted beliefs around what is appropriate sexual behaviour. Other CSOs may be primarily sexually pre-occupied, using sex as a maladaptive coping mechanism, and lacking the inhibition necessary to direct their sexual urges towards appropriate targets.

Table 5

Sexual Deviance

Sub-category	Evidence	Associated Factors
Paedophilia	Prefers children as sexual partners Phallometric evidence	Beliefs around children as sexual beings Emotional identification with children
Paraphilia	Distorted sexual scripts Engages in unusual/harmful sexual activity	Social isolation Incapacity for intimacy
Sexual Preoccupation	Uses sex and/or masturbation as a coping strategy Promiscuity/impersonal sex	Poor self-regulation skills Intimacy deficits Beliefs about entitlement

While there is inherently a sexual component to this type of offence, it is too simplistic to equate the labels “CSO” and “paedophile”. While sexual deviance undoubtedly influences CSOs’ actions, it is not purely sexual attraction towards children that drives sexually abusive behaviour. There is a degree of overlap between core beliefs

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about the nature of children, interpersonal problems, self-regulatory issues, and harmful sexual behaviour. The diversity within the components of the risk factor “sexual deviance” casts doubt upon the assumption that paedophilia is the cause of sexual offending against children. It is clear that an individual may be sexually attracted to children (perhaps even exclusively) and yet not act on their preferences (Seto, 2008). On the other hand an individual may be primarily attracted to adults, but in certain states or situations (e.g., loneliness or intoxication) may see children as an alternative partner. However, it is apparent that there needs to be some degree of sexual arousal towards children in order for an offence to occur. This attraction may be driving the behaviour or may simply arise from other cognitive, emotional, or interpersonal problems that create the need for intimacy or control. In these cases deviant sexual arousal is more of a contributor than a cause.

Summary: Risk.

These four domains of functioning and the various risk factors contained within them highlight the fact that from a theoretical perspective, risk is a *composite* construct. No risk factor discussed here can, on its own, cause a sexual offence against a child. For any individual CSO there may be one salient risk factor that seems to be driving behaviour, but it is likely that there will be contributing factors from all four domains of risk. Furthermore, each dynamic risk factor is really a summary of disparate features and processes, internal and external. There will be distorted beliefs, interpersonal characteristics, contextual factors, self-regulation factors, and a sexual component. The difference between content and process issues highlights the fact that the content of beliefs and desires are not always the problem. There may be individuals who have healthy beliefs and desires (e.g., emotional and sexual intimacy with an adult), but have processing issues (i.e., skill deficits) that have resulted in failed attempts to meet their

needs. In these cases I suggest that over time, their goal directed strategies shift to allow for inappropriate means, such as targeting children.

The theories contained in this chapter highlight the fact that this field has evolved significantly over the past 20 years, but also suggest that it has become somewhat risk obsessed and stagnant. The focus has been on developing categories of risk, and creating tools that identify those most likely to reoffend. While proving better than chance, risk prediction is far from perfect (Hanson & Morton-Bourgon, 2009). There is a significant amount of unexplained variance when using any prediction tool, highlighting the distinct possibility that there is something missing from the current conceptualisation of risk as clusters of correlates. If we continue prioritising empirically derived factors over causal explanations, there is a danger of reaching a theoretical dead end (see Ward & Beech, 2015). The question I will pose to conclude this chapter requires a new type of theory, and a broader focus on the internal causal processes and the external contexts that contribute to an offence. What are the psychological processes that initiate and support offending, and how do they interact with contextual features? Before I attempt to answer this question, I will introduce a more recent development in the criminal risk literature, the interest in characteristics that *reduce* risk.

Chapter 2: Protective Factors

It is widely recognised that humans, even those who have committed atrocious acts, have some capacity for resilience and pro-social change. Recent correctional literature has termed these characteristics “protective factors”, but what does this really mean in regard to CSOs? This chapter will focus on the elusive concept of protective factors for criminal offenders. I will begin to address the question as to why some men who have previously offended, or who have certain risk factors for sexual offending, do not go on to offend. I will first outline how these factors are currently being defined and used. Next I will argue that the current conceptualisation of these is too broad, vague, and contradictory to add any real value to explanations of criminal risk. Three problems addressed in this chapter are: 1) Is the label “protective factor” misleading in the criminal justice context? 2) Given that protective factors contain both underlying mechanisms and their behavioural manifestations, and their conceptual relationship with risk factors is unclear, what exactly are protective factors? 3) I argue that accounts of the ways in which protective factors are supposed to function are confusing and difficult to apply in theory and practice. Any theoretical account of risk must also re-define protective factors, as the relationship between these phenomena should add to our understanding. In this chapter I will reconceptualise and develop categories within this broad label, outline their conceptual relationship with risk, and discuss their possible functions. First I will briefly introduce a definition of protective factors from the child maltreatment literature, and another from the correctional literature.

According to Afifi and Macmillan (2011) “a protective factor may influence, modify, ameliorate, or alter how a person responds to the adversity that places them at risk for maladaptive outcomes” (p. 268). This definition is closely related to the concept of *resilience*, and applies to a capacity to overcome or prevent the aversive outcomes

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associated with trauma or stress. This implies that the individual was initially “at risk” for maladaptive behaviours or outcomes because of harmful developmental experiences. Protective factors somehow work against existing risk factors to reduce the likelihood of a negative outcome. If we apply this concept to potential sexual offenders, then we are focussing either on individuals who have developmental risk factors (i.e., abuse and neglect) but have not committed an offence, or those who have a propensity to act in this way but do not (i.e., paedophiles). This is arguably a worthwhile task, prevention of future crime by mistreated children is important, as is understanding the differences between those who do offend and those who do not. However, the term “protective factor” may only be applied to aspects of *offenders* after an offence has occurred. We are not focussed on initial prevention, but rather facilitating desistence and prevention of future offences.

This presents a problem with the application of protective factors to features of CSOs, because if they were truly protective then an offence should not have occurred. In this context they are more like capacities or strengths that are built *after* an offence that reduce the likelihood that it will reoccur. The temporal focus of what constitutes protection has been extended past the point of the initial offence, to the rehabilitation and reintegration processes. Although pre-existing strengths may have been present to some degree, they had been outweighed by risk and so had not operated as protective factors for that individual at the time of the offence. This is why the term “protective factors” is misleading in this context, and why current definitions are so broad. They need to account for several different types of risk-reducing phenomena occurring over time and across contexts. In a recent doctoral thesis, de Vries Robbé (2014) defines protective factors as “factors that can compensate for a person’s risk factors” (p. 25) and “characteristics of an offender, or alternatively, his environment or situation that reduce

the risk of future violent behaviour” (p. 26). These are in line with the wider literature, and appear to allow for anything that reduces risk. They differ from the original concept of protective factors, as they involve protection against *further* offending. This is also problematic in a practical sense, because any number of phenomena may operate in this way for individuals at particular times, making structured assessment difficult.

The Assessment of Protective Factors

Risk assessment has been criticised as being one sided, deficit focused, and in need of augmentation with some sort of measurement of strengths (Maruna & LeBel, 2003). Indeed, as protective factors have become more salient they have been added to some risk assessment tools, and have even formed a measure of their own. However, they are still omitted from many risk assessments, and the research on protective factors for sexual offenders is particularly sparse (de Vries Robbé, de Vogel, Koster, & Bogaerts, 2014). Although assessment and prediction are not the focus of this theoretical exploration, I will include examples of items from protective factor assessment tools to illustrate the conceptual problems in this area. My primary concern is the use of the broad and vague term “protective factor” in informing theory development and treatment goals, though I would also argue for a more balanced approach to risk assessment. A broader focus that includes individual strengths is likely to be more motivating for the offender when reducing their risk of reoffending. In addition, it has been found that the inclusion of protective factors adds incremental validity to risk assessment measures (de Vries Robbé, Mann, Maruna, & Thornton, 2014). In this sense it also facilitates more accurate risk assessment, essentially reducing the possibility of over-prediction and the imposition of unnecessary restrictions on released offenders. Although the research in this area is preliminary, it is a promising new direction that warrants further conceptual investigation.

The Structured Assessment of Protective Factors (SAPROF).

One of the most comprehensive investigations into the measurement of protective factors with criminal offenders is a recent doctoral thesis by de Vries Robbé (2014). This thesis focussed on the validity of the Structured Assessment of Protective Factors (SAPROF; de Vogel, de Ruiter, Bouman, & de Vries Robbé, 2009), as well as offering some conceptual analysis of what protective factors are, and their risk-reducing mechanisms. The SAPROF is the first purpose-built protective factor assessment tool for criminal offenders, and was developed around and validated on male violent offenders in the Netherlands (de Vries Robbé, 2014). It was designed to complement the Historical Clinical Risk management-20 (HCR-20; Webster, Douglas, Eaves, & Hart, 1997) violence risk assessment tool; in order to provide structure and an empirical foundation to combined risk and protective factor assessment (de Vries Robbé, 2014). As stated above, this tool has been shown to add incremental value to risk assessment, and to allow for changes (risk-reduction) in response to treatment (de Vries Robbé, 2014). The SAPROF contains 17 items, which include static factors, those that are the opposite of risk factors, some motivational factors, and external conditions (see Table 6). It is a somewhat puzzling mix of items, containing pre-existing strengths, those that may have been built in treatment, and those imposed on the prisoner (e.g., external control). There is also a mix of underlying psychological mechanisms (e.g., intelligence and empathy) and their outward manifestations (e.g., financial management and intimate relationships) leading to confusion about what exactly a protective factor is.

In addition to retrospectively validating this tool on samples of violent and sexual offenders, de Vries Robbé (2014) discusses the conceptualisation and functions of protective factors, drawing from the recent literature. While his thesis provides a valuable overview of the topic, the various definitions used are necessarily vague, and

fraught with competing accounts of what protective factors are and how they function. Indeed, de Vries Robbé (2014) acknowledges that “...the field has not yet come to a consensus regarding consistent terminology, the precise definition of protective factors and the mechanisms behind their positive effect on risk reduction” (p. 18). In his second chapter de Vries Robbé (2014) proposes eight protective factors specific to sexual offenders (Table 6). Then he further defines protective factors as “factors that enable or assist desistance from (sexual) offending among those who have *already* offended” (de Vries Robbé, 2014, p. 39). Five of his examples are polar opposites of established risk factors for sexual offending, while the other three relate to desistance: “goal-directed living”, “engaged in employment/leisure activities”, and “hopeful, optimistic and motivated attitude toward desistance”. According to de Vries Robbé (2014) protective factors can be developmental, biological, maturational, treatment-based, external, and artificial phenomena that reduce or moderate risk.

The Dynamic Risk Assessment for Offender Re-entry (DRAOR).

In contrast to the SAPROF, the Dynamic Risk Assessment for Offender Re-entry (DRAOR; Serin, Mailloux, & Wilson, 2012) contains both dynamic risk (stable and acute) and protective factors. It was developed in Canada and New Zealand and is widely used with all types of offender in the community. Its items are separated into three categories; six stable risk factors, seven acute risk factors, and six protective factors. According to this tool, protective factors are completely different phenomena to risk factors; they seem to be related to desistance (see Table 6). The healthy opposites of risk factors are unfortunately overlooked by the DRAOR. For example, when assessing problem solving skills a score of two is given for “no consideration of consequences” and a score of zero for “able to make good decisions”. If we ignore the issue of how this subjective judgement is made and whether or not it is exclusively a risk or protective

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factor for all offenders, there is still one major issue with this method of measurement. If an offender is able to make good decisions, should this not decrease their risk score rather than having no effect? This is reflected in other DRAOR items scoring zero (e.g., having only pro-social peers and pro-social attitudes), which should, in theory, reduce risk. The relationship between risk and protective factors now requires clarification and explanation. In order to begin theorising, it is necessary to define what exactly we are trying to account for- here we have several different types of phenomena with multiple components. Table 6 contains examples of protective factors from two assessment tools and two additional sources. These have been divided into four domains of functioning, in order to compare them to CSO risk factors.

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Table 6

Protective Factor Examples

Source	Interpersonal	Sexual	Self-Regulation	External
de Vries Robbé, 2014	Capacity for emotional intimacy	Healthy sexual interests	Goal-directed living Good problem solving Sobriety Hopeful, optimistic and motivated attitude to desistence	Constructive social and professional support networks Engaged in employment or constructive leisure activities
de Vries Robbé, Mann, Maruna, & Thornton, 2014	Preference for emotional intimacy with adults Capacity for lasting emotionally intimate relationships with adults Trustful and forgiving orientation Positive attitudes towards women Honest and respectful attitudes Care and concern for others	Moderate intensity sexual drive Sexual preference for consenting adults Attitudes supportive of respectful and age-appropriate sexual relationships	Self Control- able to set and achieve goals (agency) Effective problem-solving skills Acceptance of rules and supervision Functional coping	Law-abiding social network
DRAOR (Serin, Mailloux, & Wilson, 2012)			Response to advice Pro-social identity High expectations of success Cost/benefits	Social support Social control
SAPROF (de Vogel, de Ruiter, Bouman, & de Vries Robbé, 2007)	Secure attachment in childhood Empathy Attitudes toward authority Intimate relationship		Self control Life goals Intelligence Coping Motivation for treatment	Medication Professional care External control Work Living circumstances Leisure activities Financial management Social network

As seen in the four protective domains of Table 6, there is a degree of overlap between the two assessment tools and the examples from the second two sources. However, the assessment tools largely focus on internal, interpersonal, and external factors that facilitate desistence, while the literature offers examples that are

predominantly the opposite of risk factors. The DRAOR and SAPROF are intended for general use with all types of released offenders, hence their lack of sexual and intimacy related protective factors. Furthermore, the difference between general protective factors and those that may facilitate desistence for sex offenders specifically highlights the importance of individually tailored assessment. Considering these differences, it seems that when it comes to measurement, researchers are not ready to accept that the *opposite* of risk factors indicates a reduction in risk. In addition, de Vries Robbé (2014) is careful to point out that protective factors are not merely the *absence* of risk factors; and states that they must be considered a positive characteristic in their own right. This begs the question, is it possible to have a neutral score of zero on a characteristic? This seems to be the approach taken by risk assessment tools, for example the DRAOR scores “in stable/healthy relationship” as zero. Here the existence of a factor that has been shown to reduce risk (Laub & Sampson, 2001) has been equated with the *absence of*, rather than a reduction in risk. This issue will be explored further in the next section, but for now, what exactly are protective factors and how do they relate to risk?

Problems with this Broad Conceptualisation

The examples and discussion above highlight the first two issues mentioned earlier, that the label “protective factors” is misleading, and that it is too broad a category, covering many different types of phenomena. The second problem warrants a closer look at the various features that have been empirically linked with reduced reoffending. For example, the SAPROF (de Vogel, et al., 2013) contains two items considered static, “intelligence” and “secure attachment in childhood”. Other items may be dynamic, and include internal characteristics that seem to be the opposite of risk (e.g., empathy, coping, and self-control), lifestyle factors (e.g., work, leisure activities, living circumstances, and external control), and other factors that motivate the individual (e.g.,

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life goals and motivation toward treatment). Within the other sources in Table 6 we see a number of capacities and skills that we might consider stable (e.g., healthy sexual interests and honest and respectful attitudes), as well as observable manifestations of these (e.g., intimate relationship, sobriety, and employment). The problem is that while they may all reduce risk; they each contain multiple inter-related components, so it is unclear how exactly they do this. Like risk factors, they appear to be lists of observable features and underlying capacities that are statistically associated with changes in offending. They are composite constructs. Labelling these features as “risky” or “protective” requires judgements about what is healthy and appropriate, often without consideration of why this is the case. It is not clear whether these factors refer to causal mechanisms, the behaviour they generate, or both.

While it is not yet obvious exactly what protective factors are; it is also unclear how they are conceptually related to risk. Protective factors for criminal offenders are often conceptualised in the literature as the opposite of risk factors, which makes sense if we consider their opposing definitions. If risk factors are individual propensities and vulnerabilities that *increase* the likelihood that an individual will sexually reoffend, then surely their opposites *decrease* the likelihood of re-offending. Arguably we also need to consider environmental factors that increase or decrease risk, as individuals are invariably bound by context. If this is true, and protective factors are merely the opposite of internal and external risk factors then what does this new concept add to our understanding of risk? Perhaps it highlights the need for a new method of risk measurement that is centred upon dimensions rather than simply the presence or absence of risk factors. As discussed above, many risk assessment tools allow for a score from zero to two for each risk factor, meaning that risk scores may only increase- they are unidirectional. While risk scores can increase, when their opposite is present, the score

remains the same. It seems that many assessment tools are confused about the dimensions on which risk and protective factors lie. If they are opposites then assessment should be bi-directional, and if they are not always opposites should we not consider the possibility that each risk and protective factor also has an opposite value?

The presence, absence, or opposite of risk?

The argument that protective factors are more than simply the absence or opposite of established risk factors is a reasonable one; however the distinction between the absence and opposite of risk is not always appropriate. De Vries Robbé (2014) states that “protective factors must exist as definable propensities or manifestations thereof in their own right, rather than being no more than the absence of a risk factor” (p. 41), and furthermore, he sees a “clear distinction between the opposite of a risk factor and the absence of a risk factor” (de Vries Robbé, 2014, p. 41). This distinction implies that risk and protective factors exist upon a continuum, each factor having a positive, negative, and neutral point. This seems plausible, until it is applied to examples of protective factors, some of these work and others do not. For example, the risk factor “incapacity for emotional intimacy” clearly has an opposite protective factor in “capacity for emotional intimacy”, but what would the neutral point be? The same problem arises for poor coping skills, poor problem solving skills, and sexual preoccupation. If these characteristics are not problematic then surely they are healthy and protective? I argue that it is not possible to have the absence of a characteristic, if they do exist on flexible dimensions (i.e., they can be a slight problem or a huge problem), then there should be no neutral point. It is not possible that an individual has no coping and problem-solving skills (without it being problematic), or no sexual pre-occupation (without it being considered protective). Perhaps in some cases the absence of a risk factor is equivalent to its opposite, and often this will act as a protective factor to reduce risk.

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In other cases a protective factor may not have any corresponding established risk factor (Thornton, 2013), it may instead be an independent feature that reduces the impact of risk factors. So it seems that when discussing protective factors we are conflating at least two different constructs, those that would protect against a crime occurring (i.e., opposites of risk), and others that facilitate desistence. The problem with the former is that if they were present before the offence they did not *function* as protective factors for this individual. However, this argument only stands if we assume that an individual either has risk factors or protective factors, never both at the same time. It seems more logical to allow for both types of phenomena to exist together, perhaps varying in strength across time. For example, an individual may at the same point in time have good relationship building skills and a capacity for emotional intimacy with adults (protective factors), but prefer children sexually (risk factor). Whether or not he offends depends also on his self-regulation skills, his underlying beliefs about children, and his environment. Aspects of each of these may be either risky or protective; and some might be a bit of both. Indeed de Vries Robbé (2014) proposes that risk and protective factors can co-exist within domains. The example offered is social influence; of course an offender may have both positive and negative social influences at the same point in time.

However, this is not the case for personal characteristics and skills. It is not possible to both have characteristic X and not have characteristic X at the same time. Perhaps one may shift from not having characteristic X to having characteristic X (or vice versa), through some sort of intervention. For example, if an individual has poor self-control, they may learn to consider the consequences of their actions and inhibit harmful behaviour through cognitive-behavioural therapy. The one exception here is where an individual's skills and characteristics vary by context. For example, an individual may be good at coping with stress at work, but poor at handling interpersonal

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conflict at home with their partner. In these situations a characteristic may function as a risk or protective factor depending on the context. Therefore, risk assessment must be more complex than asking: “does he have risk factors or protective factors?” It is also too simplistic to assign these characteristics equal measurement scales, and assume that “sexual deviance” is inversely equal to “self-control”. Taking the above comments into account, I propose that some protective factors are the opposites of risk factors for sexual offending, but these are not necessarily of equal weighting, nor are they fixed. Risk and protective factors are composite constructs; they consist of developmental, psychological, social, and contextual features. The key here is that while characteristics and contexts exist, risk and protective factors in their current form do not; they are predictive tools. They work because they track some aspects of the psychological and behavioural processes that produce changes in criminal behaviour, not because they cause it.

Summary: Problems with the current conceptualisation.

It is now clear that several types of phenomena are currently labelled “protective factors” for criminal offenders. This is problematic because we do not understand how these factors either remove risk or interact with existing risk factors to lessen their influence on behaviour. Protective factors are both *internal* and *external*, and they either *reduce* or *moderate* the effect of risk factors. In the case of criminal offending it is thought to be most useful to define these as factors that protect against re-offending rather than the onset of criminal behaviour. However, these categories are not mutually exclusive, adaptive characteristics may exist prior to offending, whereas others may be built through treatment. But how do they reduce risk? Do they replace risk factors with their healthy opposite? Do they provide external control so that there is less likelihood of reoffending? Or do they simply add personal strengths or skills that help the individual

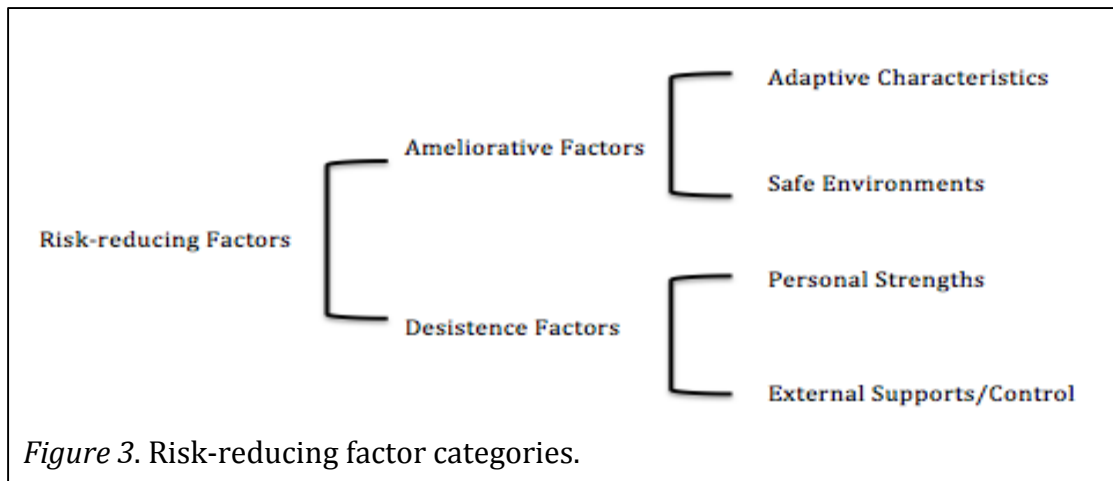
to manage their remaining risk factors on their own? There is now a need to separate these factors into more meaningful categories that can guide the assessment, treatment, and management of CSOs. A better understanding of the different types of phenomena that reduce risk of reoffending will support the process of desistance, and also guide treatment towards the best outcomes. This understanding requires the reconceptualisation of the broad term “protective factors”, categorisation of its contents, and reasoning about how these categories influence risk.

Reconceptualisation: Risk-reducing Factors

Given that so-called “protective factors” for criminal offenders have not actually *prevented* a maladaptive outcome, I propose abandoning this term completely and replacing it with the equally broad category “risk-reducing factors”. Like protective factors, this new concept is defined as aspects of an offender or their environment that decrease the likelihood of further offending. The key ideas here are that they do not exist until *after* an offence, and that they will not *necessarily* lead to desistance, just as risk factors do not always lead to an offence. There are various types of risk-reducing factors, which may be divided in the same way as risk factors. There are static factors (e.g., intelligence), and dynamic factors that are stable traits (e.g., healthy sexual interests) or their acute states (e.g., being in an intimate sexual relationship with a consenting adult). There are also aspects of the environment that reduce risk of reoffending, such as social supports and control. It is important to note that, again like risk factors, these are inter-related, and dependent on both internal and external features. For example, healthy coping strategies are more likely to prevent an offence if the individual is within an environment that provides pro-social support networks. Each internal risk-reducing factor exists within a physical and social context, and is activated by environmental triggers and motivational states. Therefore, like risk factors, the “stable dynamic”

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category of risk-reducing factor is most likely to be psychologically meaningful. They are enduring strengths that are in theory changeable; they may be built through treatment or change on their own as a result of maturation. In addition, they will contain static, stable, acute, and contextual aspects.



As seen in Figure 3, I suggest dividing the broad category of stable dynamic “risk-reducing factors” into two types of factors differing primarily by their temporal emergence. Each of these has an internal and external component.

Ameliorative Factors.

The first type of risk-reducing factor is what we might consider the opposite of established risk factors. They are “ameliorative factors”, producing improvement in areas that were previously considered risky. The internal category contains “adaptive characteristics”, the healthy poles of maladaptive characteristics (risk factors). These characteristics may be divided into the four domains of functioning, cognition (core beliefs), self-regulation, interpersonal, and sexual. These characteristics are present in all human beings, and do not become risk-related factors until after an offence, when we consider them in relation to an individual’s patterns of offending. Certain adaptive characteristics may have been present prior to offending (but been outweighed by risk

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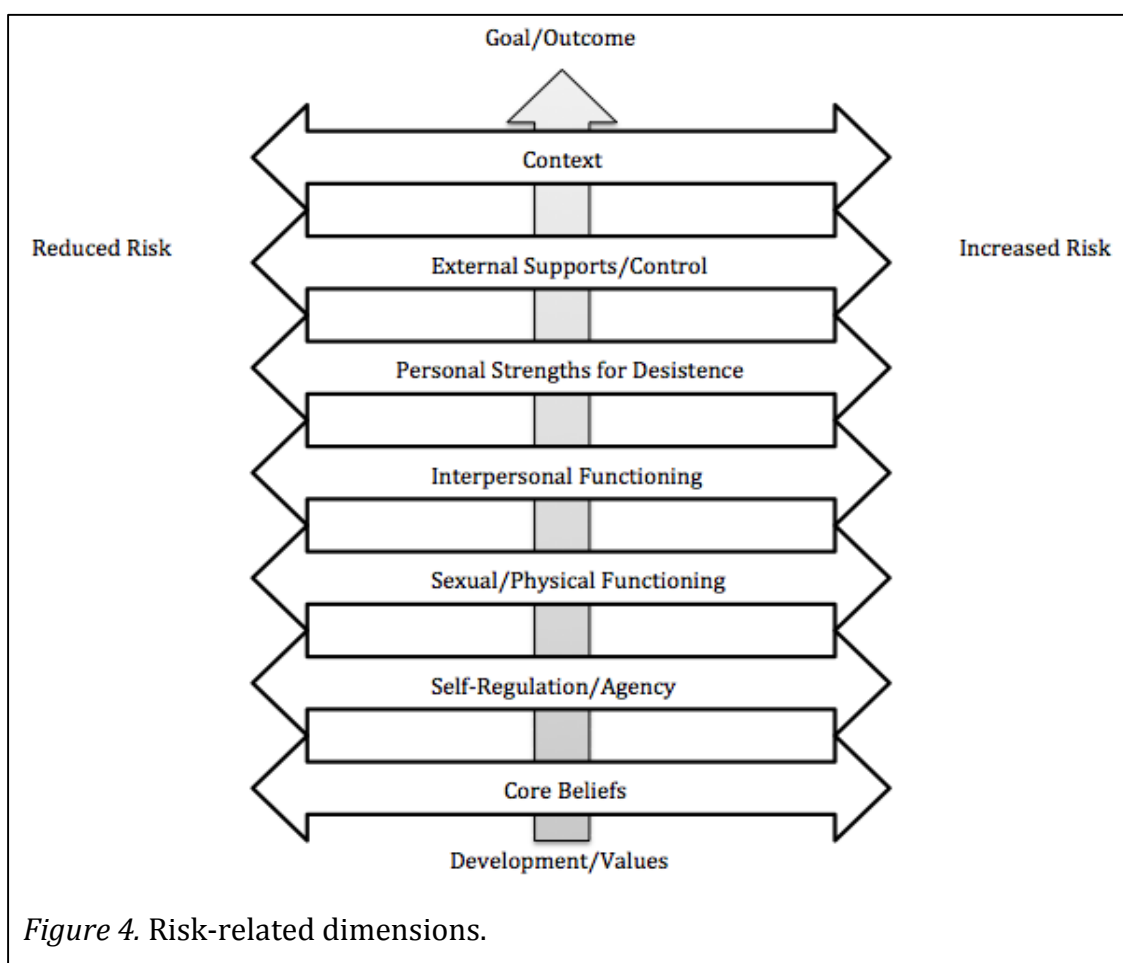
factors), or they may have been created through treatment that was targeted at the individual's most salient risk factors. The external component of this type of factor emerges at the same time, during assessment, treatment (i.e., creating an offence chain), and release planning. These are termed "safe environments", and are present if the individual's physical and social contexts no longer support offending. It is expected that certain contexts would have reduced risk at some points in the past, but others may need to be manipulated by the CSO, in order to remove existing triggers (e.g., the absence of potential victims and low-stress environments). This category of risk-related factors are those that would have been protective had they been reliably present (or strong enough) prior to offending. After an offence they are best thought of as ameliorative factors, built or strengthened through treatment and release planning so as to reduce or remove risk.

Desistence Factors.

The second type of risk-reducing factor becomes relevant after the CSO has participated in treatment (if they do so) and is planning for release into the community. A useful way to conceptualise "desistence factors" is as aspects of the offender or their environment that have been *added*, rather than changed. Factors that support the (often challenging) process of shifting from active sexual offending to no sexual offending can be further divided into "personal strengths" and "external supports or control" (i.e., a hopeful attitude towards desistence versus social supports). They are aspects of the individual and their environment that facilitate desistence, but do not have a direct opposite risk factor. They were not needed before the offence occurred, but they are crucial in preventing subsequent offences. Personal strengths for desistence are built through individual or group intervention programmes, where the offender addresses his past behaviour. The key themes in developing these factors are creating new pro-social personal identities and maintaining a hopeful attitude towards desistence. This involves

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a psychological shift, and is dependent on internal motivation as well as external support. External desistence factors include professional and social support networks, and the imposition of controls such as residence restrictions, reporting conditions, and social or professional surveillance. It is also important to note that just as ameliorative factors have a polar opposite, so do desistence factors. Each internal and external feature may increase or decrease the likelihood of reoffending- depending on whether or not it supports or derails the desistence process.



The flexible dimensions within Figure 4 cover the range of risk-related factors, the four domains of adaptive functioning, internal and external desistence factors, and contexts (safe or triggering). Figure 4 visually represents the idea that all risk-related factors exist upon a continuum, with each category functioning to increase or decrease the likelihood of an offence at any time. For example, it is adaptive and healthy to hold

beliefs that are compatible with your environment, its laws, norms, and social conventions. Cognitive distortions are the opposite of this, as discussed above they are deviant and harmful beliefs which support sexual offending against children. It is also healthy to be able to regulate your behaviour, so that you can formulate goals, plan to achieve them, and implement these plans in a way that is compatible with your environment. In addition it is considered healthy or adaptive to have a preference for sexual and emotional intimacy with consenting adults. When these beliefs, self-regulation skills, and relationship preferences are maladaptive, risk is present. In addition, desistence factors, which are increasingly being included in risk assessment, should also be considered on a continuum. Their absence during reintegration should be considered risky, for example having a negative attitude towards desistence or no social supports. Figure 4 also highlights two features that are not often considered in relation to risk, the personal values and goals that drive behaviour. An exclusive focus on the risk-related dimensions provides a description of vulnerability, but cannot explain the purpose of behaviour. This will be discussed further in the third chapter, where I will suggest a broader focus on goal-directed behaviour and human agency.

Summary: Reconceptualisation and classification.

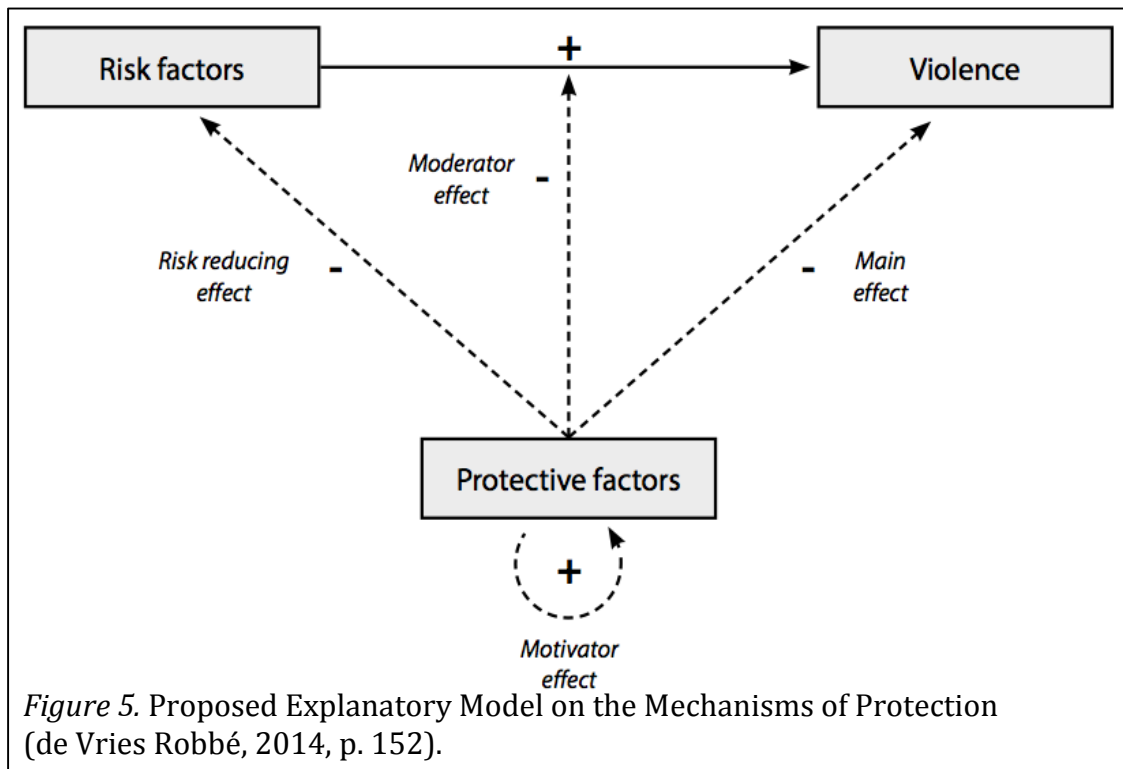
The reconceptualisation and classification undertaken in this section begins to explore what protective factors actually are (in relation to risk), and also addresses the second issue of the conflation of different types of mechanism. Internal ameliorative factors are here defined as adaptive characteristics, their state aspects being triggered when the environment (e.g., stressors, presence of potential victims) requires their activation to avoid an offence. They are existing characteristics of the individual that have been changed (or strengthened) to reduce the likelihood that he will reoffend. They function conversely to stable dynamic risk factors, which I acknowledge is, for now, far

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from clear. In addition, this reconceptualisation of risk-related factors has introduced the concepts of internal and external desistence factors. The two categories of internal risk-reducing factors (adaptive characteristics *and* internal strengths) are the primary focus here, as they are currently the concept closest to stable psychologically meaningful constructs, and they are thought to be dynamic. However, we must also acknowledge how static markers, stable characteristics, acute states, and contextual risk-reducing factors combine to form these composite constructs. In fact, they are reflected well in the protective factor assessment tools discussed above, but they are confusingly grouped together. So now we have more meaningful categories of risk-reducing factors, but we still do not understand how these factors lessen the likelihood that an individual will commit a sexual offence.

Mechanisms of Protection: How do Risk-reducing Factors Function?

The third problem with protective factors is the focus of de Vries Robbé's (2014) Proposed Explanatory Model on the Mechanisms of Protection. This model (Figure 5), while claiming to be "explanatory", offers a vague description of how risk-related phenomena might influence behaviour. The mechanisms contained within it are acceptable in theory, but become somewhat confusing when applied to examples.



The first mechanism is a risk-reducing effect, for example SAPROF items “medication” and “professional care” (de Vries Robbé, 2014). It seems that the function here is to suppress or manage risk factors, much like psychological symptoms, by reducing their strength and the likelihood that they will result in acute risky states. The second is a moderator effect, for example “self-control” and “external social control” (de Vries Robbé, 2014). These act as buffers, not necessarily reducing the severity of risk factors, but instead forming internal and external barriers, blocking opportunities for offending. The third mechanism is a main effect, which has a direct positive influence on behaviour, for example “work” and “life goals” (de Vries Robbé, 2014). These seem to direct behaviour toward tasks that are incompatible with offending, and therefore do not directly reduce risk, but perhaps replace it with something positive. The fourth mechanism is a motivator effect. These factors have a positive influence on the development of other factors that directly reduce risk; for example intelligence assists individuals in learning new skills in treatment (de Vries Robbé, 2014). De Vries Robbé

(2014) suggests that these are not mutually exclusive; one protective factor can have more than one effect on risk. Attempting to explain this is a promising start, however questions arise when applying this model to examples of risk-reducing factors, due to their composite nature.

For example, consider one protective factor proposed for sex offenders, “capacity for emotional intimacy” (de Vries Robbé, 2014). If we take being in an enduring appropriate intimate relationship as evidence of this characteristic, it could be argued that many mechanisms are in operation. First the individual must desire this relationship, implying that they have adaptive sexual preferences and beliefs. He also needs the social-skills and self-confidence required to establish this relationship, and the secure attachment style necessary to maintain it. Of course these are dependent on the quality of the relationship and external interpersonal opportunities being presented. In addition to this, the context of the relationship could be protective in itself. It reduces the chances that an individual will experience the vulnerabilities associated with the risk factor “intimacy deficits”, such as social isolation and loneliness, as well as providing social control. However, in other cases it could be a source of risk by providing access to a partner’s children as potential victims. So what is or are the protective factors in this scenario, and how do they function? Which risk factors are they reducing or moderating? Is the relationship itself directly influencing behaviour or motivating the acquisition of other protective factors, or both? It is evident that this interaction is more complex than acknowledged when risk-related phenomena are conceptualised as composite constructs, and assumed to exist as causal mechanisms.

Summary: Mechanisms of risk-reduction.

Considering mechanisms of protection in light of the above reconceptualisation, we may reason about how ameliorative and desistence factors function to reduce risk.

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Ameliorative factors, when built through treatment, are likely to function as direct risk reducers. By ameliorating an individual's risky characteristics, new or enhanced adaptive characteristics ensure that the strength of risk factors is reduced. In a sense, maladaptive (risky) characteristics are replaced with more adaptive (ameliorative) ones. The external environments that had previously been risky can also be replaced with safe environments, those that are less stressful and provide less opportunity for offending. These environments may act as direct risk reducers or moderators for maladaptive characteristics, lessening the likelihood that an individual will be put into risky situations. Internal (desistence) strengths, on the other hand, are more likely to directly influence behaviour or motivate the acquisition of other risk-reducers. For example, if an individual has a hopeful attitude towards desistence, their behaviour is likely to be directed towards more positive activities, such as engaging in treatment that will create ameliorative factors. External desistence factors, such as professional and social supports and controls, most likely act as moderators. Even where risk factors are still present, they reduce the likelihood that the individual will be able to commit an offence.

Overall Summary: Risk-reducing Factors

In summary, it is only when we tease risk-reducing factors apart and consider them on two separate dimensions (ameliorative and desistence factors), that we can reason about how they influence behaviour. The important thing to note about adaptive characteristics is that they are essentially the internal capacities necessary to attain personally meaningful goods- not always pro-socially. For example, self-regulation skills and a capacity for intimacy may not be protective for individuals who use these characteristics to pursue a goal of sex with children. Therefore in addition to building adaptive characteristics through treatment, it is important that the individual is motivated to maintain a pro-social lifestyle and has the necessary external supports. This is where

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desistence strengths and supports become crucial, in providing the resources necessary to reintegrate successfully. This chapter addressed the problems with “protective factors” as a label, their conceptual relationship with risk factors, and their possible functions in reducing risk. However, explaining their interaction with risk factors is somewhat arbitrary considering that neither concept exists independently of the criminal justice context. In other words, they are not real entities that exist in isolation from risk prediction and management domains. They will only gain real explanatory value when viewed within a causal model of individual human behaviour, one that accounts for patterns of offending rather than focussing on between-individual differences. This idea will be explored further in the following chapter, where I will present a model based on self-regulation and goal-directed behaviour.

Chapter 3: What is Missing? Integrating Risk-related Factors, Values, and Agency

The previous chapters redefined risk-related factors as the presence or absence of adaptive characteristics, and individual or contextual factors that support desistence. Now that we have a deeper understanding of the many different types of risk-related factors, we need an integrated causal model that can account for how they interact and influence behaviour. As proposed in the previous chapters, risk-related factors are composite constructs, consisting of multiple inter-related causal factors and their manifestations. Furthermore, they do not exist independently of the context of offending *behaviour*. Therefore, it makes sense to provide an *action-based* model depicting proximate mechanisms- those that are temporally and causally linked to behaviour. What is the offender thinking, feeling and anticipating at the time of the offence? The Risk-Need-Responsivity Model (RNR; Andrews & Bonta, 2010) cannot accommodate the heterogeneity of CSOs because it prioritises statistically derived between-individual differences, rather than the real-world experiences of offenders. On the other hand, the Good Lives Model (GLM; Ward & Maruna, 2007) is a rehabilitation framework that is based on a holistic view of the individual, including their values and strengths. For this reason, I believe that the GLM has more utility in the formation of a causal model of risk.

When we label risk-related domains of functioning (particularly self-regulation) as deficits or risk factors, we run the risk of removing an individual's perceived agency and responsibility for their actions. The first step in developing a causal model is to acknowledge that, as human beings, CSOs behave in a goal directed manner- even if we disagree with their goals and strategies for achieving them. Therefore it is important to consider an individual's identity, core beliefs, values, goals, and their context when

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attempting to explain behaviour. It is even more important to focus on offending *behaviour* rather than simply risk factors, which at best are place holders for real causal mechanisms. This is the only way that risk-related phenomena can be properly understood, as they influence behaviour across time and contexts. And behaviour can only be understood when we consider the goals that it is directed towards, and the strategies employed to reach these goals. The importance of self-regulation and agency then becomes apparent, in determining capacities for goal selection and related actions. The content of goals depend on values (preferences for living), beliefs, social contexts, and perceived roles within these. These ideas are central to the GLM. We must understand a CSO's motivation in order to change their behaviour; maladaptive characteristics alone do not cause offending. In other words, risk factors may explain why an individual is vulnerable towards sexual offending, but not why they are motivated to do so, or how they engage in the offence process.

The Agency Model of Risk (AMR; Ward & Heffernan, 2015) represents a step towards developing a comprehensive explanatory model of offending behaviour, and in principle can account for any combination of risk-related phenomena. It is based upon the rationale that proximate mechanisms are the most useful explanatory targets, as they directly influence behaviour (Ward & Durrant, 2015). It follows that these mechanisms will be the most meaningful and significant treatment targets when attempting to change behaviour. The AMR also highlights the impact of social and physical contexts on behaviour, and the GLM concepts of internal and external resources are evident throughout the model. It is compatible with the GLM, as it prioritises individual agency, values, goals, and contextual features when attempting to explain sexually abusive actions. The main question that will be addressed in this chapter is *why* some individuals choose to sexually abuse children over seeking pro-social and healthy intimacy with

other adults. Before I present the AMR, I will briefly discuss the importance of viewing both behaviour, and the risk-related factors that are thought to influence it, within a holistic framework- the GLM.

The Good Lives Model

According to the GLM, offending is a result of problems or obstacles within an individual's good life plan (Ward, Mann, & Gannon, 2006). This is an individual's (often implicit) plan for achieving personally meaningful outcomes or values. The GLM proposes that we all share a common set of values, termed "primary human goods", which vary in their personal importance, but all are significant to some extent (see Table 7). These goods are personal values, or aspects of life that together constitute physical, emotional, and psychological wellbeing, for example "spirituality" and "relatedness". In order to consider an offender as a human being, it is necessary to view their behaviour as means to reach these values— formulated in their good life plan. These means are termed "instrumental" or "secondary goods", and it is often problems within these strategies for goal attainment that cause offending (Ward, et al., 2006). It may be that the individual chooses inappropriate means, or that they lack the capacity to meet these needs pro-socially. For example, an individual may prioritise relatedness, but lack the interpersonal skills or opportunities necessary to achieve intimacy with another adult. Personal frustration may lead this individual to select secondary goods (strategies) that will allow him to experience intimacy with a child instead. On the other hand, a good life plan may lack scope (not address the full range of goods), or contain conflicting goals (incoherent goods). These problems are caused by what we would traditionally call risk factors, psychological, interpersonal, and contextual factors that block goods attainment.

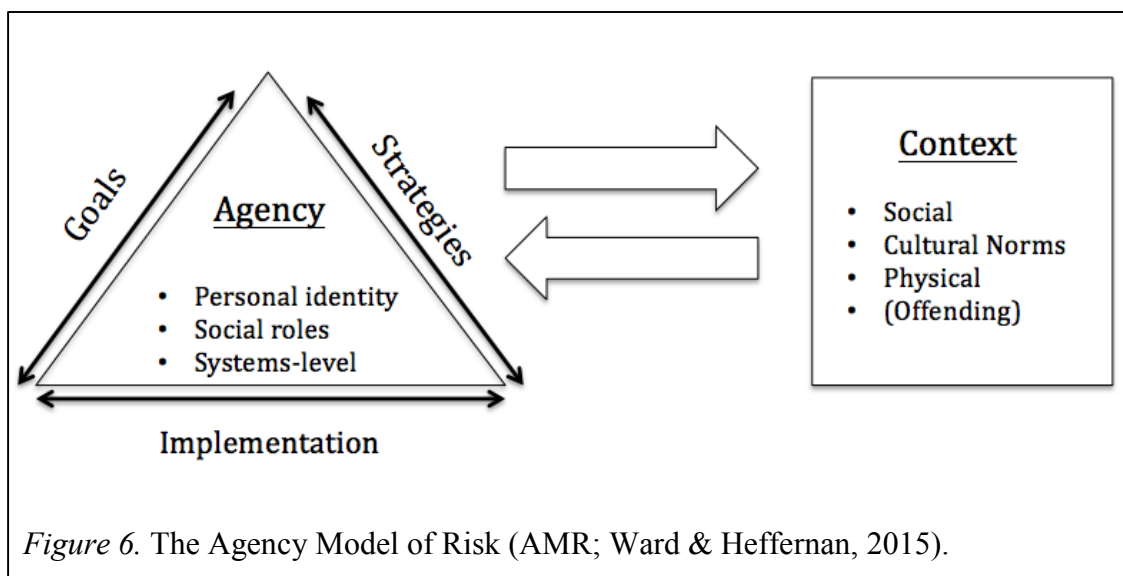
Thus *primary* human goods are normal and healthy, but problems arise when these are translated into harmful *secondary* goods- the goals, strategies and implementation of a good life plan. Various combinations of values are translated into goals, the individual then relies on their internal and external resources (i.e., adaptive characteristics and contextual support) to plan and implement their strategies for goal attainment. Problems can arise within the *content* of deviant or harmful goals, or alternatively in the psychological *processes* that influence the strategies used to achieve them. Therefore risk is not the presence of a series of dysfunctions, but rather the absence of the internal and external resources necessary to live a fulfilling life in a healthy and pro-social way. The dysfunctions that we observe and label “risk factors” are much like symptoms with an underlying cause, not causes in their own right. Explaining how normative values are translated into maladaptive means requires an action-based model that contains values, beliefs, goals, skills and motivation. The development of the AMR begins to bridge the gap between theory and practice, because it links risk factors with offending behaviour. Bridging this gap is crucial in moving the field forward from the current obsession with risk prediction, and has the potential to challenge assumptions about the proximate causes of sexual offending.

The Agency Model of Risk

The need to fully understand the causal mechanisms underlying sexually abusive behaviour has recently resulted in agency-based explanation of risk (Ward & Durrant, 2015; Ward & Heffernan, 2015). Agency may be defined as an individual’s capacity to act in a goal directed manner, including interacting with their social and physical environment (Ward & Durrant, 2015). Figure 6 shows the AMR, a “dynamic interactional model of human action” (Ward & Durrant, 2015, p. 199) that integrates motivational states, contexts, and goal-directed behaviour. The AMR encourages a new

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focus on the individual offender and their environment, adding value to the current conceptualisation of risk as merely clusters of risk factors. This new theoretical direction will involve a shift from investigating statistical correlates of recidivism to reasoning about the more meaningful psychological and behavioural processes of individual CSOs across periods of offending. The predictors that we have labelled as “risk factors” are reconceptualised as vulnerable aspects of an individual’s agency, they are distributed across the various components of the AMR. Risk-related factors are the internal and external resources that influence a CSO’s ability to formulate adaptive goals and strategies to meet them, and to then act towards their goals and alter strategies when required. The AMR provides a context within which the relationship between risk-related factors and behaviour can be understood.



I will now further explore each aspect of the AMR, before I demonstrate how it provides a theoretical context within which specific risk-related factors gain explanatory value— this will be the focus of the fourth chapter.

Levels of agency: Personal identity, social roles and systems-level.

Within the AMR there are three levels of agency. Each of these is associated with particular psychological and behavioural processes that arise as a result of internal and external cues. They function like motivational states, triggered by environmental factors (and their associated emotions), such as physical threat, interpersonal rejection, or social contexts that support offending. The three levels in the AMR are not necessarily comprehensive, nor are they mutually exclusive. They overlap and function to influence our behaviour simultaneously. However, one level of agency may be most relevant for a particular value or goal, or at a particular time and context. The first level concerns an individual's self-concept and personal identity, essentially what he believes about himself and his purpose in life. This level of agency is directed towards formulating a good life plan, and is heavily influenced by individual beliefs, values, and priorities. For example, if an individual believes that he is entitled to sexual gratification but lacks the skills necessary for adult relationships, his need for pleasure and relatedness may lead him to sexually abuse a child. Our self-concept is created very early in life, it is dependent on developmental experiences- what we are told about ourselves, and how we are treated by others. We learn from others how we are supposed to behave, and what will happen if we do not meet expectations. Therefore personal identity is closely related to our social roles, as interactions with others shape our self-concept.

The social roles level of agency concerns how we see our self in relation to others around us, for example as a parent, partner, teacher, protector, or outcast. Much like our personal identity, our social roles depend on our self-concept, but they are also highly dependent on others perceptions and the way we are treated. These roles include social and professional responsibilities, skills and capacities, and also what we place importance on. Social roles are to a point chosen, through our employment choices and

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the relationships we place importance on. For example, if we value knowledge and mastery we may wish to pass this on to others through teaching, or if we highly value relatedness we may prioritise family and other relationships. However, we are limited by our skills and capacities, as we rely on others to form relationships and to perform their own roles in relation to ours. The final level of agency is the systems-level, which prioritises biological needs, such as physical health and pleasure. This level of agency becomes most relevant for CSOs when we consider physical states that are related to offending, such as sexual arousal and altered consciousness. For example, if the systems-level is activated by a trigger- such as arousal in the presence of a victim- the individual may be motivated to offend in order to experience pleasure. This may occur even if the individual would not normally offend, for example states of cognitive deconstruction or intoxication, where self-awareness is suspended and intent to offend may be denied. These three levels of agency influence which values we prioritise at any time, and when each motivational state is activated, the associated values are translated into goals.

Table 7

Agency, Risk, and Values

Relevant Component of the AMR	Risk-related Domain	Value (GLM Primary Human Good)
Personal Identity	Core beliefs	Knowledge (prediction/control) Spirituality Creativity
Social Roles	Interpersonal	Community Relatedness
System-level	Sexual	Pleasure Life
Goals, strategies and implementation	Self-Regulation	Agency (autonomy) Mastery/excellence in play/work Inner peace

Table 7 outlines how common goals and human values contained within the GLM (Ward & Maruna, 2007) are loosely linked with risk-related domains, and the various

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components of the AMR. For example, an individual's personal identity is reliant on their core beliefs, and facilitates prediction and control of their environment in relation to expectations and knowledge about the world. The personal identity is directed towards spirituality (i.e., finding meaning and purpose in life), and creativity (i.e., expressing oneself). Social roles are highly reliant on interpersonal functioning, and influence an individual's ability to achieve relatedness, intimacy, and connection to wider social groups (community). The system-level is related to physical (including sexual) functioning and is motivated towards goals such as pleasure and healthy functioning (life). Thus each level of agency is reliant primarily on a particular domain of adaptive functioning, and is most relevant in reaching a particular category of human values.

Finally, a capacity for self-regulation, or agency, is evident in the goals, strategies, and implementation components of the AMR. Agency determines an individual's ability to experience mastery of certain tasks (e.g., grooming and offending), experience autonomy, and achieve inner peace through adaptive coping strategies. As discussed above, the GLM proposes that offending occurs as a result of flaws in an individual's good life plan- their strategies for goal attainment. This means that the individual does not have the capacity to act in a goal directed manner without harming others, essentially problems with adaptive agency. I will now discuss each of the three components of the action-sequence. These may be thought of as secondary human goods, as they are the means employed in order to reach broad categories valued outcomes.

Goals and preferences for living.

The values contained in Table 7 are broad categories of primary human goods. In order to achieve these values they must first be translated into more concrete goals. These goals are the purpose of action sequences, and consist of tangible events or outcomes that the individual (correctly or incorrectly) believes will lead to attainment of

the desired value. As suggested above, goals are dependent on both values and beliefs, what does the individual want and how do they believe that they can achieve this outcome? For example, an individual who highly values pleasure may believe that the only way to achieve this is by having sexual contact with children. Their goal may then be translated into forming a trusting relationship with a child, and then sexually abusing them. The strategies used to reach this goal may be successful, however the desired outcome is harmful and maladaptive. The goal is flawed because of deviant sexual interests, distorted beliefs about children and sex, or interpersonal difficulties when forming intimate relationships with other adults. In other words, the formation of goals is reliant on aspects of the three levels of agency, personal identity, social roles, and systems-level. Sexual offending actions are simultaneously motivated by goals that are informed by core beliefs, personal identity, interpersonal functioning, and sexual needs. Once a personally meaningful goal has been formulated, an individual must reason about how best to achieve it within their current context.

Strategies for goal attainment.

During the cognitive process of planning strategies for goal achievement, skills (or at least perceived skills) come into play (i.e., interpersonal functioning, coping strategies, and problem solving). Selection of behavioural strategies involves reasoning about what sort of actions will be most successful in achieving our goals. Like other aspects of agency, this task is informed by our beliefs and expectations— are other people dangerous or accepting? Am I capable of achieving my goals? Planning is highly dependent on our social skills and a *theory of mind* (Ward & Keenan, 1999); if we do not possess the ability to reason about others mental states it will be difficult to meet interpersonal goals, such as intimate relationships and sexual pleasure. Planning also involves cognitive skills such as mental time travel, and the use of scripts and action

templates (Ward & Durrant, 2015). These skills are refined across time and may become deeply ingrained in a CSO's long-term memory; at this point offending action-sequences may be carried out unconsciously (Ward & Durrant, 2015). For example, an offender may not even be consciously aware that his actions are directed towards harmful goals (Smallbone & Wortley, 2004). Offence-related action sequences may become a part of his behavioural repertoire, particularly when they are experienced as successful in achieving valued outcomes.

Implementation: Behavioural outcomes and self-monitoring.

The implementation phase of the AMR concerns actual offending behaviour, and subsequent outcomes and appraisals- how successful was I in meeting my goal? What went wrong or well? How can I revise my plans and formulate a more effective strategy? CSOs vary in their ability to evaluate their actions (Ward & Durrant, 2015), leading to variations in criminal competency, capacities for navigation within offence-supportive environments, and ability to seek out opportunities for offending. As above, implementation is seamlessly integrated with the other two components of the action sequence in the AMR (Ward & Durrant, 2015). Each side of the agency triangle can influence the other two. As well as the standard progression from goal formation to planning and implementation, an offender may realise during strategy formation that they will need to formulate a new goal. In addition, during the implementation and evaluation phases, new goals may emerge, and unsuccessful strategies can be abandoned or refined and implemented. Therefore implementation is reliant on the goal-directed strategies formed prior to offending, but it is also influenced by triggers, including the context and the CSO's emotional state at the time of offending.

Environmental and contextual cues can signal to the offender whether or not he will be successful in meeting the desired outcome. In this sense, emotions function like

fast appraisal systems (Ward & Durrant, 2015). They are internal cues that allow an individual to implicitly monitor the status and progress of their goal-directed actions (Ward & Durrant, 2015). These emotional cues are dependent on the context and established norms that determine what constitutes successful behaviour. As suggested above, effective action-sequences (those that achieve goals) are repeated and can form long-lasting cognitive and behavioural scripts. These guide subsequent actions in relation to external conditions. They are “ecologically sensitive” (Ward & Durrant, 2015) and depend on certain internal and external conditions that support or trigger offending action sequences, what would traditionally be considered *acute* dynamic risk factors. On other occasions unsuccessful strategies may be revised, or abandoned and new plans constructed in light of new information, a change in motivational states or novel contexts.

In addition, after an initial offence has occurred, other primary human goods may be implicated. For example, in addition to seeking relatedness or pleasure, an offender may value experiencing mastery of the skills gained through successfully abusing children. If there are insufficient skills and opportunities to achieve mastery through other outlets, the offender may rely on offending as a behavioural strategy to experience this value. Therefore, the same strategies may be employed to reach different values and their associated goals. The effectiveness of these strategies does not necessarily translate to pro-social and adaptive functioning- successful strategies can lead to offending (where this is the initial goal). On the other hand, unsuccessful strategies directed towards pro-social goals may cause an individual to shift their goals towards offending behaviour (i.e., substituting a child for an adult partner). This highlights the bi-directional nature of the model, formation of goals and strategies lead to implementation (behavioural outcomes), but they are also influenced by self-monitoring and post-hoc action-

appraisal. For example, if certain goals and strategies fail (i.e., resistance from the child or detection by another adult), the offender may alter his strategies, or completely abandon the goal in favour of an alternative more achievable one. This can occur during action sequences, or after implementation and associated consequences.

Context.

When attempting to explain agency and offending action sequences, it is crucial to consider the other side of the AMR- contextual opportunities and constraints. Social and physical environments provide access to other people and situations that are instrumental in meeting our goals, but they may also fail to provide necessary external resources. For example, if an individual does not have access to appropriate partners, they may be at risk of adapting their strategies to meet their needs in more harmful ways—even if the original goal was sexual and emotional intimacy with a consenting adult. Successful agency involves reasoning about “how best to integrate goals, strategies and norms within a coherent action sequence” (Ward & Durrant, 2015, p. 195). Norms are essentially beliefs and standards that are shared by society; for example, that sex between children and adults is harmful and wrong. This is a widely accepted belief, reflected in most societies’ laws, but based on moral ideas about the nature of harm and the coercion involved in this sort of crime. Society sees children as vulnerable and in need of protection; victimisation of children is one of the worst taboos, particularly when it is perceived to be sexually motivated. Thus a big question in explaining sexual offending against children is why an individual would choose to transgress these norms, and act in ways that so many others find abhorrent.

However in some cases, much like other types of offending, social contexts or sub-group norms may support offending. For example, within local or online networks of paedophiles who share resources, and justify the sexual abuse of children. These sub-

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groups of society support distorted beliefs about children and sex, and reject widely held norms. Some groups deny that any harm is caused to victims, and argue that children are capable of enjoying sex. The more members these groups have, the easier it is for them to justify their actions and sexual preferences. While individual CSOs benefit from connecting with others that support, rather than challenge, their beliefs and attitudes. In some cases this may be an individual's only means to achieve connectedness or belonging to a group. This connection solidifies offence-supportive attitudes, strengthens deviant sexual preferences (i.e., by sharing child pornography), and in some cases even offers opportunities for sexually abusing children. Therefore the relationship between agency and context is reciprocal. While we seek out or create environments that are aligned with our priorities and preferences for living, we are also heavily influenced by these social and physical contexts. Our environments can trigger underlying motivations (i.e., the presence of victims causing sexual arousal), or in some cases actually cause them (Ward & Durrant, 2015).

The concepts of internal and external resources are central to the GLM, with respect to an individual's ability to achieve a good life. It is important to note here that the external resources utilised during goal-directed action are not necessarily pro-social, in some situations they are recruited to facilitate offending as a means to reach goals. Internal cognitive resources (e.g., problem-solving) must be considered in relation to the environment, and the external features implicated in offending behaviour. Extended Mind Theory (Ward, 2009) describes the way *extended cognitive systems* influence the way we encode situations, interpret others behaviour and interact with our physical environments. External factors include the physical context, societal norms, other people and any sources of knowledge and information outside our self (Ward, 2009). Just like internal cognitive resources, these external characteristics assist in explaining,

predicting, planning and regulating our interpersonal experiences. It is suggested that cognition is *organism centred*, but not *organism bound* (Ward, 2009). In other words, cognitive content and processes (including beliefs, values, goals and strategies) are controlled internally by the agent, but also utilise any external resources deemed favourable at the time.

We are able to gain cognitive resources from our environments through *epistemic actions*, which involve manipulating our surroundings to assist in distorted cognitive processing (Ward, 2009). As sexual offenders develop competence and expertise in utilising external resources, they may also construct physical and social environments that provide opportunities for offending (Smallbone & Wortley, 2004; Ward, 2009). For example, creating situations where they are alone with children in positions of authority or friendship, and the use of grooming techniques. It is also suggested that these offenders may become more selective with their victims over time, and habitually choose environments offering opportunities that have been reinforced in the past (Smallbone & Wortley, 2004). We exist within social and physical environments, yet we are capable of manipulating our environments to match our goals and preferences for life. A final key point is that both the agent and context must, to some degree, support offending. One may appear to contribute most to a certain offence, however neither on their own can cause an offence. An individual must be personally vulnerable towards sexual offending, but they also make use of external resources as a means to achieve their offence-related goals.

Agency Model of Risk Summary

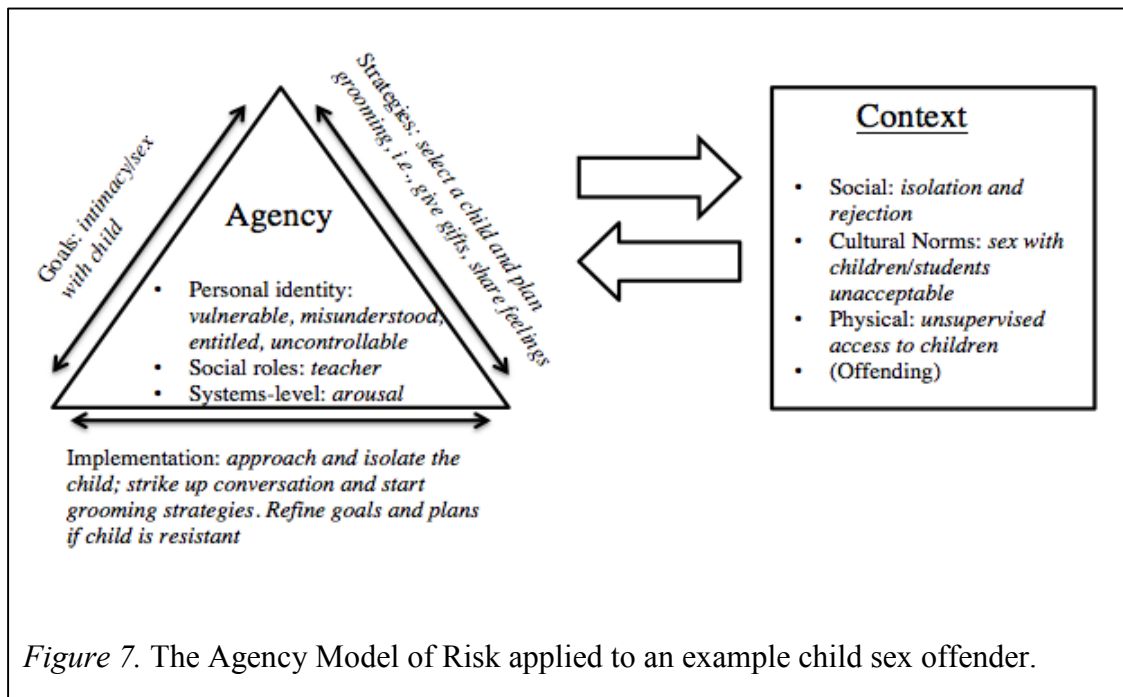
In summary, the AMR adds to traditional descriptions of risk by prioritising aspects of the individual that are missing in much of the theory and practice— values, motivation, and agency. These aspects of the offender are not traditionally thought of as

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being relevant to risk, as they do not represent correlates of recidivism. This is because they are normal, and prediction is strictly focussed on between-individual differences. The AMR is essentially a model of *human* behaviour. Viewing risk factors within this context offers a more individualised and humanistic explanation of how they relate to offending behaviour, rather than just assuming that because they correlate they are causal. I would argue that the GLM's core concepts of primary (values/goals) and secondary (means/strategies) human goods have utility in integrating theory and practice in this field. They allow us to understand why an individual chooses to sexually offend, rather than pursuing other pro-social goals. The fourth chapter will provide examples of how the AMR can account for various combinations of risk-related factors. This chapter will bring the first three chapters together to form a more comprehensive explanation, before I evaluate the utility of AMR.

Chapter 4: The Agency Model of Risk Applied

Throughout the previous three chapters risk-related phenomena have been teased apart and reconceptualised as aspects of a CSO's agency and context- demonstrated within the AMR. This shift in focus from clusters of risk factors to the real world experiences of offenders widens the scope of criminal risk theories. The AMR prioritises individual agency and motivational states as underlying mechanisms that, when combined with psychological vulnerability and risky contexts, cause sexual offending. According to the AMR, these vulnerabilities (or risk factors) are proximate mechanisms that influence an individual's ability to act in a pro-social and goal-directed manner. The final theoretical task of this thesis is to evaluate the use of the AMR in explaining a range of risk-related phenomena. This chapter will offer an example of the AMR applied to specific risk-related factors for CSOs (Figure 7). The four domains of risk-related factors will be explored using the AMR as a guide. As discussed throughout this thesis, each of these broad risk categories is a composite construct, its many aspects being distributed across the various components of the AMR. In addition, it will become clear that each risk-related domain also contains aspects of each of the others. Although these are artificially separated in the sub-sections below, it is important to keep in mind the certainty of multiple vulnerabilities and values co-existing across time.



Intimacy Deficits

The dynamic risk category “intimacy deficits” consists of several different but often related components. If we consider the hypothetical offender in Figure 7, we can see how this category of vulnerability may get in the way of experiencing valued outcomes, such as relatedness and community. In this example, difficulties in childhood attachment, and subsequent relationships characterised by distrust have contributed to his current personal identity. He sees himself as vulnerable, entitled to sex, and misunderstood by other adults, leading him to conclude that children represent a safer option for intimacy. He emotionally identifies with children rather than adults, and believes that relationships with children are mutually beneficial. Emotional states triggering intimacy-related goals include loneliness and negative emotions caused by interpersonal conflict and rejection. The hypothetical CSO may form the initial goal “intimacy with others”, but because of interpersonal difficulties and an incapacity for emotional intimacy with adults, shift this goal towards “intimacy with a child”. Contextual factors contributing to this goal include limited access to other adults (i.e.,

social isolation following detection of an offence), or a lack of emotional or sexual intimacy in existing relationships. He is able to gain unsupervised access to, and the trust of victims due to his role as a teacher. The strategies formed to meet his goal are dependent both on interpersonal skills, and cultural norms. For example, how will he gain the child's trust? And how will he conceal or justify his behaviour? Implementation and evaluation of these plans relies on the physical context, the victim's reactions, and the CSO's self-regulation during the offence process.

General Self-regulation Problems

The dynamic risk category "general self-regulation problems" relates to difficulties in achieving values such as inner peace and agency. Inner peace is an emotional state that is free from turmoil and distress. In order to experience this an individual must possess coping strategies that may be used in traumatic or undesirable situations. Successful agency relies on an ability to act in a goal-directed manner, whether or not this is pro-social. Difficulties in these capabilities may be caused by neglect or early experiences where these skills were not developed properly. Our CSO in Figure 7 may lack the ability to act in a goal-directed way, due to inadequate problem-solving skills. For example, he may act impulsively without considering consequences, or abuse alcohol (as a coping strategy) and only offend while intoxicated. His inhibitions may be temporarily suspended (e.g., during intoxication), leading him to act impulsively without formulating conscious goals and strategies. Offending may be reactive and closely related to emotional and physical states (i.e., the systems-level of agency), rather than as a result of explicit planning. In this case problems exist within the *action-sequence*, there is disconnect between the three components- implementation occurs before goals and strategies have been fully considered. On the other hand, sexual offending may be instrumental in achieving inner peace, by functioning as a coping

mechanism when experiencing negative emotional states. The CSO in Figure 7 appears to have formulated a coherent action plan in relation to his values and context, the problem here is that his goal is harmful to children.

Cognitive Distortions

The category of risk labelled “cognitive distortions”, or “offence-supportive attitudes” relates to problems in achieving values such as (accurate) knowledge and (pro-social) mastery of work and play. Achieving these states is reliant on pro-social and healthy beliefs that are shared with others; offence-supportive beliefs transgress the norms of society and lead to maladaptive action-sequences. As core beliefs are formed early in life, distorted cognition is likely caused by abuse or neglect during early development. These beliefs about our self, others (including potential victims), and our environment determine the goals we select and the way we interact with the world. For example, the CSO in Figure 7 holds beliefs about himself as vulnerable and misunderstood, other adults (particularly women) as cold and rejecting, and the world as a dangerous place. Children are seen as safe and accepting, capable of consenting to an emotional and sexual relationship, and unharmed by sex. These beliefs influence the goals he selects, the strategies and plans formed, and the implementation of these. Beliefs support cognition across the action sequence. For example, his reasoning about what constitutes an achievable goal and an effective strategy rely heavily on his beliefs about himself and others- who can he achieve intimacy with and how? Once he has decided on the most successful action-sequence, he relies on his environment to support and strengthen his beliefs, for example offence-supportive associates and pornographic material.

Sexual Deviance

The dynamic risk category “sexual deviance” is inherently present within sexual offending actions in the implementation phase of the AMR. It is activated by the systems-level of agency, and is often directed towards experiencing pleasure. Sexual deviance heavily influences goal and strategy formulation, as it determines what we experience as pleasurable, and how we think we may achieve this state. Sexual deviance most often means paedophilia, or sexual attraction to children rather than consenting adults. In other cases, sexual deviance can include other unusual sexual practices, including sexual obsession or pre-occupation, promiscuity and impersonal sexual scripts. These problems may be caused by childhood abuse, and can cause arousal in inappropriate situations, such as the presence of children. The example CSO in Figure 7 above is being motivated in part by sexual arousal, which has influenced his goal selection- sexual contact with a child. This goal is reliant on beliefs around the nature of children as sexual beings, and lead to strategies selecting them as worthwhile targets for grooming and sexual behaviour. Sexually deviant beliefs and action-sequences are supported and maintained by external resources (e.g., networks of like-minded paedophiles, child pornography). Once offending is experienced as rewarding, this becomes a part of the CSOs behavioural repertoire and provides an on-going offending context.

Risk-Reducing Factors: The AMR and Desistence

In addition to the above examples of risk-increasing characteristics, risk-reducing (ameliorative and desistence) factors may also be explained using the AMR. These are aspects of the individual and the environment that support desistence, rather than further offending behaviour. For example, the hypothetical offender in Figure 7 may, through rehabilitative treatment, work to change his core beliefs, the way he sees himself

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(personal identity), other people and the world around him. This shift should lead the individual to formulate more appropriate goals and strategies to meet these. Ameliorative factors may be distributed across various components of the AMR. For example, once risk factors are transformed into more adaptive characteristics, pro-social beliefs and healthy sexual preferences result in adaptive goals, while self-regulation and interpersonal skills facilitate successful action-sequences. External ameliorative factors are safe environments, for example removal of interpersonal triggers and avoiding environments that have led to past offending. These changes are possible once the CSO has shifted their internal characteristics toward the risk-reducing end of the continuum. Desistence factors also fit within the AMR, for example treatment motivation and pro-social identity prompt alternative action-sequences, while social control and supervision form contexts that manage or suppress internal risk.

Summary: The Agency Model of Risk Applied

This chapter has demonstrated how the AMR provides a context within which we can understand risk-related phenomena. As previously stated, the composite constructs that we currently rely on to predict and explain risk do not exist separate to a criminal context. They are aspects of human agency, determining how individuals choose to act in a goal directed manner. Risk-related factors gain meaning when viewed as the presence or absence of the resources required for agency (aimed at creating a good life). In combination with values and motivational states, they influence the goals we prioritise and the way we attempt to achieve these. It is only once we add the more normative aspects of human motivation and agency, that we can explain the relationship between statistical predictors and offending behaviour. The reason risk prediction tools work is that they tap into aspects of the cognitive and behavioural processes (action-sequences) that cause offending. However, these instruments do not allow for human agency and

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values that motivate all behaviour, offence-related or otherwise. Arguably this is not the purpose of prediction, but an unbalanced picture of risk is lacking in its ability to inform management and treatment of CSOs, and is not motivating for the CSO. In the fifth and final chapter of this thesis I will address this issue, and comment on the future use and development of the model.

Chapter 5: Evaluation and Conclusions

Throughout the first three chapters of this thesis, risk-related factors have been reconceptualised within the AMR as aspects of human agency, goal-directed action-sequences and the contexts within which they occur. The fourth chapter explored examples of how the AMR can assist in the explanation of common risk-related phenomena for CSOs. Now it is necessary to further evaluate the contribution of the AMR, both as a theoretical framework, and in practice. This chapter will address two questions, 1) what can the AMR offer the risk-related theoretical literature? 2) How can this model be used to guide correctional practice? I will first discuss the overall value of the AMR as an explanatory theory of criminal behaviour. I will outline both the strengths and weaknesses of the model, and offer suggestions for future research in this area. Next I will discuss the potential use of the AMR in correctional practice, building upon the examples from the previous chapter. More specifically, I will speculate about its potential value in the assessment and treatment of risk of sexual offending. Finally I will offer some overall conclusions about what this piece of theoretical work has added to the current conceptualisation of criminal risk, and suggestions to advance the AMR in the future.

Theoretical and Research Implications

The key purpose in developing the AMR is to shift the focus to offending *behaviour* rather than the psychometric validity of its correlates, and to broaden our understanding of risk to include more normative aspects of human functioning. The AMR is focussed on proximate mechanisms, the cognitive and behavioural processes that are temporally and causally linked to offending. For this reason, it has a greater chance of tapping into real causal mechanisms, and clarifies the relationship between “dynamic risk factors” and the onset or recurrence of sexual offending. The concepts of

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agency and related action-sequences highlight the core assumption that all humans act in a goal-directed manner. This is coherent with the GLM's conceptualisation of offending as instrumental (but maladaptive) in meeting human needs. The AMR adds normative factors, such as values and goals that influence all human behaviour. This allows for a broader approach to risk assessment, and fits with the use of the GLM as a case formulation and treatment framework. In addition, the interactional nature of the model highlights the relationship between individual agents and their cultural contexts. One final strength of the AMR as an explanatory theory is its ability to simultaneously explain behaviour according to multiple domains of functioning. While providing a folk-psychology explanation for behaviour, relying on motivation, values and beliefs, the AMR also incorporates physical, emotional, and cognitive functioning, as well as interpersonal and cultural contexts. Therefore it is able to capture the uniqueness of human experience while incorporating the domains of risk identified by researchers.

In addition, the use of integrated pluralism has combined influences from the most influential multi-factorial and single-factor theories, with theoretical accounts of the offence process. In this sense, the AMR combines all three levels of theory, building upon the most useful aspects of each contribution. For example, the four domains of functioning implicated in multi-factorial accounts of offending, and focussed on in single-factor theories are distributed throughout the AMR. Cognitive distortions are reconceptualised as key influences on personal identity, then goals and the strategies used to achieve these. Self-regulation is a core concept of the AMR, in determining an individual's capacity to form coherent action sequences. Interpersonal functioning is seen both in the social roles of the agent, and the social context, with interpersonal skills also playing a part in action-sequences. Sexual functioning is also distributed throughout the AMR, in the systems-level of agency, and throughout the action-sequence that has

led to a sexual act. Finally, the AMR itself is a level-three theory, as it depicts offending and reoffending processes. Therefore, the AMR has met the challenge of cohering with existing theory, and as seen in chapter four it is also able to incorporate the empirically supported risk factors that are relied upon during risk assessment.

While a broad, integrated theory like the AMR has value in offering a complete explanation for criminal behaviour, it is not without limitation. The broadness of this theory is in a sense a strength, but perhaps may warrant several small local theories providing a deeper understanding of each component. I have briefly discussed each aspect, but it is acknowledged that as the AMR is a preliminary model, significant theoretical work remains. The AMR is a first step towards a theoretical, empirical, and practical focus on the patterns of cognition and behaviour that result in offending. However, it is acknowledged that further theoretical work is likely to result in changes and additions to its structure. It is suggested that researchers further test the utility of the AMR as a template within which the cognitive and behavioural processes that are proximate causes of sexual offending may be better understood. This may be evaluated in a treatment context, with individuals, or by considering a number of suggested typologies of CSOs from the literature. I believe that further investigation into the utility of the AMR in practical contexts will enhance practitioners', and CSOs' understanding of criminal risk. It will do this by widening the scope of our explanations, and focussing on the individual agency and values that drive human behaviour. Further development of the AMR is a crucial theoretical task because the current gap between theory and practice highlights the discrepancies between risk assessment practices and accurate formulation of treatment goals.

The Agency Model of Risk in Practice

Practitioners routinely use professional judgement when undertaking structured risk assessment. However, the professionals entrusted with this crucial task do not always have a robust understanding of the research and theory underpinning the items contained within risk assessment tools. For this reason it is important to link psychological theory and practice, by providing a model that integrates statistically derived risk factors, psychological theory, and criminal behaviour. The AMR is a behaviour-based model that can guide professional judgement of risk, explain why harmful behaviour has occurred, and facilitate risk management or reduction. Therefore a multi-systemic approach to assessment that relies on the concepts of the AMR has the potential to add value to traditional methods. For example, following risk assessment, the AMR can be used to explain how existing risk-related factors have influenced behaviour. The process of goal formulation, planning, and implementation (offending) is dependent on the offence-supportive beliefs, capacities, skills and preferences that are used for risk prediction. Risk-related factors and values become puzzle pieces, together forming a complete picture of an individual's motivation and vulnerability towards sexual offending. The core components of the AMR, the agent and the context, are the template within which these puzzle pieces gain explanatory value. Once this picture is complete, future behaviour can be more successfully predicted and managed by both the CSO and their support systems.

The AMR prioritises individual patterns of offending behaviour, rather than merely assigning numerical value to characteristics shared with other CSOs. This suggests that it will be more meaningful for the individual during treatment, and that it has the potential to enhance their understanding of their own behaviour and triggers for offending. A more normative view of their behaviour is likely to be motivating, and to

create hope in their ability to change their behaviour (i.e., developing ameliorative and desistence factors). Understanding human values, the goals they are translated into and their expectations about the likelihood of reaching these outcomes, uncovers the purpose of sexual offending- for both the CSO and others working with them. Practitioners can utilise CSOs' personal accounts of offending (i.e., offence-chain analyses) to discuss what their goals may be, how they have planned to achieve these and how this led to an offence. Only when we can explain the values, beliefs, goals and strategies that lead to sexual offences, can we begin to change behaviour through treatment. For example, we might suggest that a therapist first consider an individual's levels of agency. What is their personal identity? How do they see themselves in relation to others? What physical needs are they trying to meet? Once we understand the individual's most important values, and the motivational states that initiate action towards these, we can begin to reason about causal mechanisms underlying offending behaviour. The AMR prioritises the aspects of the CSO that are missing from risk assessment. These are the features that are crucial for effective treatment of individual CSOs. An AMR approach to rehabilitation prioritises building internal and external resources and competencies that assist agency, rather than reducing risk correlates.

Overall Conclusions

The recent preoccupation with prediction and obsession with risk factors has in my view left the field of criminal psychology stagnant and lacking. The reliance on statistical correlates of recidivism as explanations for sexual offending is at best misleading, and at worst has the potential to undermine human agency. Perhaps the most controversial claim of this thesis is that the related concepts of risk and protective factors do not exist as real causal entities. Risk assessment is successful because risk factors represent problems that correlate with offending behaviour. Perhaps they represent

vulnerability towards sexual offending– but on their own they are not causes. While currently adequate for prediction, this superficial view of risk is not enough to explain behaviour and work together with individual CSOs to change it. Many risk-related factors alone are not “good” or “bad”, they must interact with distorted or unreachable goals within offence-supportive contexts in order to cause offending. In other words, risk-related factors do not exist until an individual has committed an offence, and even once they do exist they are not exclusively risk factors, or risk-reducing factors. The categorisation of psychological and contextual features is dependent on their function– do they increase or decrease risk for an individual CSO? This is likely to depend on an individual’s agency, values, and unique experiences– what has traditionally been missing from the conceptualisation of risk.

The AMR is an integrated, multi-level explanatory model within which risk-related phenomena can be understood. Instead of being separate entities that cause offending, they are best thought of as inter-related aspects of agency. They are composite constructs, distributed across the AMR and influencing an individual’s ability to successfully and pro-socially interact with their environment to meet their needs. The AMR highlights the proximate causes of sexual offending, and demonstrates how they consist of motivational (agent), behavioural (action-sequences), and contextual features. A shift in focus towards agency will promote a more individualised picture of risk in relation to values, capacities, and contexts. The AMR brings a range of empirically and theoretically identified features (as well as others specific to the individual) together within a behavioural model that explains why these features are problematic within certain contexts. It brings the focus back to the individual, to consider whether or not certain characteristics contribute to offending, or may facilitate desistence.

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