

Protective Factors in the Sexual Offending Area:  
Analysis of the Concept and a Preliminary Model

By

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### Abstract

Traditionally, there has been a preoccupation with the concept of risk in criminal justice research and practice, with very little emphasis placed on the notion of protection. Recently, forensic psychology researchers and practitioners have become more interested in the idea of protective factors – the factors that are associated with a reduction rather than an increase in offending. However, this area of research is in its infancy, and much is still unclear. The current thesis aims to analyse the development of this concept, as well as how it is currently understood. I will argue that current conceptualisations of protection are limited, and will outline a range of criticisms. I then develop a preliminary model that will aim to overcome these problems. More specifically, I will clearly define the notion of protection, offer an explanation of how protective factors may exert their protective effects, and discuss how this understanding of protection can be applied to offender interventions.



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PROTECTIVE FACTORS IN THE SEXUAL OFFENDING AREA: ANALYSIS OF THE  
CONCEPT AND A PRELIMINARY MODEL

It has been estimated that approximately one in four women and one in six men will experience some form of child sexual abuse during their lives (Finkelhor, Hotaling, Lewis, & Smith (1990). The negative outcomes of these experiences can be pervasive and long-lasting, such as the development of mental health issues and substance use problems (Fergusson, Horwood, & Lynsky, 1996). For many in society, sexual offences, particularly those against children, are one of the most heinous crimes, and the majority struggle to comprehend how and why someone would sexually abuse a child. Indeed, even educated and experienced professionals working with sexual offenders can lack a full understanding of the causal mechanisms that lead to child sexual abuse. Currently, researchers, practitioners, and policy makers are preoccupied with the notion of risk and how it relates to sexual offending and recidivism rates. Risk assessment is a key component of criminal justice practice, and aims to determine the likelihood of an individual reoffending. This is estimated by assessing whether an individual possesses a range of risk factors (factors that are associated with a higher probability of offending), and offenders are then classified as low, medium, or high risk. While risk assessment is an important component of forensic practice, a preoccupation with risk prediction has come at the expense of explanation, and an overemphasis on risk factors has come at the expense of interest in protective factors.

The way that risk factors are currently conceptualised means that there is little understanding of how they function to increase offending, and furthermore, how they interact with each other and other factors (e.g. environmental factors, individual strengths). Because of the current emphasis on risk prediction, risk factors are at times viewed as causes of offending, rather than *indicators* of increased risk levels (which is what they are). They are used to explain offending, and because they are thought to be causally related to criminal behaviour

professionals then aim to manage them through treatment. While risk assessment is important and plays a crucial role in a range of correctional decisions (e.g. whether an offender should be released on parole; whether there should be any sanctions placed on them upon release), the focus on assessment should not come at the expense of explanation.

The second key issue with an overemphasis on risk is the near total exclusion of protective factors until relatively recently. These are the factors that reduce the likelihood of an individual reoffending. Some researchers, such as de Vries Robbe, de Vogel, and de Spa (2011) have argued that this exclusive focus on risk may lead to negative consequences for an offender, while the inclusion of protective factors would likely lead to a range of more positive outcomes (such as increased predictive validity of assessment scales). A key limitation here is that because research into protection is relatively new, problems with the notion of protective factors begin to appear once the concept is analysed in depth.

The term “protective factor” has been imported from the child maltreatment literature. In coming to the forensic literature it has evolved greatly, and I will argue has departed from its original and intended meaning, to become something entirely different. Further, the way in which protective factors are currently defined in the correctional literature is extremely broad, and covers a wide range of different phenomena (e.g. maturation effects, desistance events, therapy induced change, etc.). In defining protective factors, there is also uncertainty regarding their relationship to risk and risk factors. There is much debate over whether protective factors are simply the absence of risk or possibly just the opposite pole of risk factors, whether they are something different entirely, or perhaps a combination of these things. In any case, how protective factors and risk factors relate to each other is still unclear. Finally, there is no explanation for how protective factors reduce risk. Most research into protection has included a focus on assessment tools, and protective factor assessments consist only of predictive

variables. In order for them to hold any meaning, we need to understand *how* they have an effect on recidivism and desistance.

In the current thesis, I aim to overcome some of the problems surrounding the lack of explanation of offending behaviours and the exclusion of protective factors. I will draw upon Heffernan and Ward's (2015) Agency Model of Risk in order to develop a model of protection that will more clearly define and explain the concept. Heffernan and Ward have used the AMR as a conceptual model to assist in explaining how dynamic risk factors are causally related to offending, and I aim to use it in a similar way; as a means of clarifying how protective factors aid in facilitating desistance. Chapter 1 of this thesis will provide greater background into the concept of risk, looking at current models of rehabilitation and risk assessment, and discussing some criticisms of each. Chapter 2 will trace the origins of the concept of protection, and analyse how this notion is currently conceptualised within forensic psychology. Limitations of its current conceptualisation will be provided. In chapter 3, I will develop a way of understanding protective factors based on the AMR. I aim to provide a means of more appropriately classifying protective factors, as well as a way to more thoroughly understand how they exert their protective effects. Chapter 4 will examine the practice implications of this approach, and will also include a brief case example. In chapter 5 I will discuss the overall benefits of this approach in research and practice, and areas for future work. Finally, chapter 6 will conclude the thesis with some final remarks.

## **Chapter 1: An Overview of Risk in the Sexual Offending Literature**

### **Models of Rehabilitation**

During the 1970s, and largely as a result of an essay by Robert Martinson (1974) titled ‘What Works? Questions and answers about prison reform’, there was a shift away from the rehabilitation of offenders, towards more punitive approaches. This essay argued that very few treatments actually reduced criminal recidivism, and subsequent research seemed to support the view that ‘nothing works’ (e.g. Lipton, Martinson & Wilks 1975, based on the same data as Martinson, 1974). This implied that attempting to treat offenders was futile, and that nothing could be done to help them. Fortunately, some researchers did not agree with Martinson’s position, and a reanalysis of the data found that some approaches did in fact have a positive impact on offending outcomes (e.g. Palmer, 1975, found that almost half of the different types of treatments included in Martinson’s study had *some* impact on recidivism; in Pratt, Gau, & Franklin, 2011). This led to a renewed interest in the treatment of offenders and resulted in the subsequent development of one of the most prominent methods of offender rehabilitation – the Risk-Need-Responsivity model.

### **The Risk-Need-Responsivity Model**

The Risk-Need-Responsivity Model (RNR) for offender assessment and treatment can be described as a risk reduction model (Polaschek, 2012). Developed by Andrews and Bonta in the 1980s, it is regarded as one of the most influential models of offender rehabilitation (Bonta & Andrews, 2010). While it has been elaborated upon and further developed in recent years, this model continues to consist of three core key principles – risk, need, and responsivity. The *risk principle* holds that the intensity of an intervention should match the level of risk that an offender presents with and, more specifically, states that high-risk offenders should be

preferentially targeted (Andrews & Bonta, 2010). The second principle, *need*, refers to the concept of criminogenic needs. These are described as a subset of offender risk factors, or in other words ‘they are dynamic risk factors that, when changed, are associated with changes in the probability of recidivism’ (Andrews and Bonta, 2010, p49). The concept of criminogenic needs will be elaborated upon further into the chapter; however, Bonta and Andrews (2007) have provided a list of the ‘big 4’ central risk/need factors, which includes: a history of antisocial behaviour, an antisocial personality pattern, antisocial cognition, and antisocial associates. Once a risk/need factor has been identified through a range of indicators, intervention goals are developed. For example, the need factor of *antisocial personality pattern* could be identified through indicators such as impulsive behaviours, restless aggression, and irritability. After this need factor has been recognised, intervention goals may include building self-management and anger-management skills.

The third principle of the RNR is termed *responsivity*, and can be divided into general and specific responsivity. The general responsivity principle holds that cognitive-behavioural and cognitive-social approaches are the best forms of intervention, while the specific responsivity principle states that treatment delivery should be matched to offender characteristics, such as intelligence, anxiety, etc. This principle is focused on *how* an intervention should be implemented.

A key strength of the RNR model of rehabilitation is its high level of empirical support for the core principles and some for their associated assumptions. For example, a meta-analysis conducted by Hanson, Bourgon, Helmus, and Hodgson (2009) aimed to examine whether the RNR principles which are effective for the treatment of general offenders, are also effective in the treatment of sexual offenders. This study looked at both general and sexual recidivism outcomes from 23 studies, and found that overall, both types of recidivism decreased for treated

offenders. The treatment programmes that adhered to the RNR principles showed the greatest decrease in recidivism, specifically those that emphasised the criminogenic need principle.

Although the RNR model has been hugely beneficial to the field of offender rehabilitation, it has also faced criticism. Ward and Maruna (2007) argued that the RNR overemphasises risk, and pays little attention to the offender as a whole. Criminogenic needs appear to be little more than dynamic risk predictors that should be removed or reduced, while non-criminogenic needs are virtually excluded. In line with the risk principle, low-risk offenders may not meet entry criteria into rehabilitation programmes, even though they may also benefit from therapeutic interventions. Willis and Ward (2013) also argue that the RNR is largely deficit focused, which may result in offenders being unmotivated to engage with it, resulting in high attrition rates (Wilson & Yates, 2009). While the RNR model is an effective and influential model of rehabilitation, it has faced multiple criticisms, and should not be considered the ultimate stage of offender rehabilitation.

### **The Good Lives Model**

The Good Lives Model (GLM) was developed by Ward and colleagues (e.g. Ward & Maruna, 2007; Ward & Gannon, 2006; Ward & Brown, 2004; Ward & Stewart, 2003) as an alternative model of rehabilitation, and can be described as a positive or strengths-based approach to offender rehabilitation (Ward & Mann, 2004). This approach incorporates some of the strengths of the RNR model (such as the identification of risk factors or criminogenic needs) while also introducing some novel components. The key goal of the GLM is to provide offenders with the psychological and social resources that they need in order to live a ‘good life’, free of offending. This model proposes that there are a range of *primary goods* that offenders, like other people, are predisposed to attain. These goods are sought for their own sake, and all contribute to a happy life and increased psychological well-being. Ward and

Maruna (2007) have provided a list of ten groups of supported primary goods, including: life (e.g. healthy living and physical functioning), knowledge, excellence in play and work, agency (e.g. autonomy and self-directedness), inner peace (e.g. freedom from emotional turmoil and stress), relatedness (including intimate, romantic, and family relationships), community, spirituality (in the broad sense of finding meaning and purpose in life), happiness, and creativity.

*Secondary goods*, otherwise known as instrumental goods, provide methods of achieving primary goods (Ward & Stewart, 2003), and include things such as relationships or certain types of work. The GLM states that offending occurs when individuals are pursuing primary goods but choose antisocial methods to do so. With the goal of aiding offenders to desist from offending, offenders should be provided with the resources or alternative means of attaining primary goods (Willis & Ward, 2013). An example given by Willis and Ward is that of an offender seeking the primary good of intimacy through a sexual relationship with a child. The application of the GLM in therapy would involve identifying the socially acceptable relationships that the offender enjoys, and providing him with the necessary skills and conditions required to attain these relationships.

While the GLM has been criticised for its lack of empirical evidence (e.g. Andrews, Bonta, & Wormith, 2011), researchers have more recently begun investigating the benefits of including the GLM and related concepts in sexual offender treatment. Harkins, Flak, Beech, and Woodhams (2012) compared a GLM approach to sexual offender treatment, which they termed the Better Lives approach, with the more traditional Relapse Prevention approach. They found that outcomes were similar for both treatment approaches (e.g. no difference in attrition rates), however, the Better Lives model was described as more positive by both offenders and facilitators. One criticism of this model was that it did not take into account risk enough, or that it may not be appropriate for high-risk offenders. A difference between this Better Lives



approach and the GLM is that while the GLM does emphasise the promotion of goods, it is also more balanced in its management of risk. Barnett, Manderville-Normden, and Rakestrow (2014) examined a model more in line with the GLM in terms of its emphasis on risk, and found that staff and offenders both rate the GLM as more motivational and engaging than the traditional RP approach, however there was no difference in attrition rates between the two models. While there were greater improvements under the GLM approach in terms of reducing pro-offending attitudes, the RP approach demonstrated more efficacy in reducing emotional congruence with children. Finally, more offenders that completed the GLM approach attained a 'treated profile' (where their psychometric assessment scores are indistinguishable from non-offenders), however, pre-treatment assessments had found that those completing the GLM approach were already less dysfunctional than those entering RP treatment. While there is clearly evidence for the benefits of the GLM and related approaches, more research is necessary.

**The GLM and RNR.** There has been some debate in the literature surrounding whether the RNR and GLM are compatible, or whether the GLM is even necessary (e.g. Andrews, Bonta, Wormith, 2011; Ward, Yates, & Willis 2012). The developers of the GLM did not view their rehabilitation model as a replacement of the RNR, but rather as a framework to be used in conjunction with the RNR, whereby the RNR principles are approach embedded within the GLM (Willis & Ward, 2013). As described above, a large criticism of the RNR model is its over-emphasis on risk (Ward & Maruna, 2007), as well as the largely negative view of offenders, which can lead to low offender motivation and high attrition rates (Wilson & Yates, 2009). In terms of integrating the two models, the first stage may be to identify the dysfunctional ways of seeking primary goods (the criminogenic needs), and then assisting offenders with attaining the resources and skills necessary to achieve human goods in an acceptable way, and thereby living a fulfilled, 'good' life (Ward & Stewart, 2003). Wilson and

Yates (2009) propose that the integration of the RNR and the GLM might lead to a treatment programme which assesses both risk and need, while also focusing on the overall well-being of offenders and increasing their motivation to complete the programme.

### **Risk Assessment**

Regardless of what model of rehabilitation is implemented, a large component of correctional practice is risk assessment. Forensic risk assessment is used in correctional settings to examine the level of reoffending risk that an offender poses, typically focusing on the likelihood of an individual committing further violent or sexual offences upon release (Beech, Fisher, & Thornton, 2003). Risk assessment tools assist clinicians in determining an individual's level of recidivism risk (high, medium, or low), with some tools also assisting in the development of appropriate treatment approaches (Mann, Hanson, & Thornton, 2010). Once an offender comes into contact with the criminal justice system, risk assessment can be completed at a range of different stages. For example, upon admission to a facility before, during, and after treatment, and upon release. In terms of treatment, risk assessment may initially assist clinicians in determining the ideal treatment intensity and specific treatment targets for individual offenders. Assessment during treatment may advise clinicians about how an offender is responding to treatment, while post-treatment assessment may signal that further intervention is necessary. Risk assessment can play a large role in release decisions, such as whether an offender should be paroled, or what sorts of supervision or management would be necessary upon their release (Serran, Marshall, Marshall, & O'Brien, 2010).

### **Types of Assessment**

Risk assessment has evolved throughout the years, and Bonta (1996) has identified three of the main 'generations' of assessment. The first generation of risk assessment can be

described as a subjective assessment based on professional judgement, usually conducted through an unstructured interview. This form of assessment is largely based on personal knowledge and intuition. It has been shown to be generally low in predictive validity (Hanson & Morton-Bourgon, 2009; Andrews, Bonta, & Wormith, 2006), and is considered the least accurate type of risk assessment. The second generation of assessment is an objective, empirically based method focusing on an offender's history and background, termed static risk factors. This method has been termed an actuarial approach to assessment, and has been shown to demonstrate a high level of predictive power, particularly in comparison to unstructured approaches (Hart, Michie, & Cooke, 2007). The final generation of assessment that Bonta (1996) identified goes further than statistical prediction, and aims assist intervention efforts by focusing on changeable factors, or offender needs, and is otherwise termed 'risk-needs assessment'. Risk-needs assessment is a component of the RNR model of rehabilitation described earlier, which utilises criminogenic needs as intervention targets. While they are still risk predictors, they are changeable in nature, making them ideal targets for treatment.

**Static risk assessment.** The focus of risk assessment is risk factors, and there are two main subtypes of risk factor: static and dynamic. As described above, actuarial risk assessment utilises static risk factors, which are fixed, historical factors that are predictive of risk (Hanson, Morton, & Harris, 2003). Commonly implemented static risk factors in the sexual offending literature include characteristics of the offender, such as their age (Hanson & Thornton, 1999), as well as aspects of previous offending, such as the age or gender of the victim, or the relationship of the victim to the offender (Mann, Hanson, and Thornton, 2010). Although the accuracy of the actuarial method of assessment far surpasses assessment based on unstructured clinical judgements, it has still been met with criticism. For example, Beech, Fisher, and Thornton (2003) have argued that actuarial assessments only yield a probability of future reoffending, not a certainty, and may fail to take into account individual differences. This

method of assessment also neglects acute factors that might have an imminent impact on risk, and its applicability to treatment is limited as it fails to indicate factors that may be important for interventions.

**Dynamic risk assessment.** As a way of overcoming the limitations of actuarial assessment, dynamic risk assessment has been developed. Dynamic risk factors are components of forensic risk assessment, and are features of an offender that are amenable to change. These factors are also assessed in order to indicate an individual's level of reoffending risk, and because of their changeable nature, often become the focus of interventions and are identified as treatment targets (Mann, Hanson, & Thornton, 2010). Dynamic risk factors have been further divided into stable and acute factors. As the name suggests, stable dynamic risk factors are enduring characteristics of an offender. Although the presence of these risk factors is relatively ongoing they are still able to be changed through therapy or over time. Acute dynamic risk factors on the other hand, are factors that indicate the likelihood that an individual will offend in the very near future, and can change in a very short space of time (Beech, Fisher, & Thornton 2003).

Mann, Hanson, and Thornton (2010) divided proposed stable dynamic risk factors for sexual offending into groups based on their level of empirical support. The empirically supported factors included: sexual preoccupation, any deviant sexual interest (e.g. sexual interest in children or violence), offence-supportive attitudes (e.g. the belief that children enjoy sex), emotional congruence with children and a lack of emotionally intimate relationships with adults, lifestyle impulsivity, general self-regulation problems (e.g. employment instability), poor cognitive problem solving, resistance to rules and supervision, grievance/hostility (e.g. feeling they have been wronged), and negative social influences. Further promising risk factors (i.e. those that have some level of support) included: hostility towards women, Machiavellianism (characterised by the belief that others are weak or selfish, and that it is

acceptable to take advantage of them), callousness, and dysfunctional coping (e.g. the use of sex to deal with stress).

Domain	Subdomain	Meta-analytic Results
		S= Empirically-supported P= Promising
Sexual Interests	Sexual Preoccupation <ul style="list-style-type: none"> <li>• Intense impersonal sexual interests</li> <li>• Sexual coping</li> <li>• Diverse sexual outlets</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual preoccupation (S)</li> <li>• Multiple paraphilias (S)</li> <li>• Sexualized coping (P)</li> </ul>
	Offense-Related Sexual Interests <ul style="list-style-type: none"> <li>• Sexual interest in prepubescent and pubescent children</li> <li>• Sexualized violence</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual interest in children (S)</li> <li>• Sexualized violence (P)</li> </ul>
Distorted Attitudes	Victim Schema <ul style="list-style-type: none"> <li>• Pro-offending schema about classes of potential victims( e.g., children or women)</li> </ul>	<ul style="list-style-type: none"> <li>• Pro-offending attitudes (S)</li> <li>• Pro-child molestation attitudes (S)</li> <li>• Pro-rape attitudes (S)</li> <li>• Generic sexual offending attitudes (S)</li> </ul>
	Rights Schema <ul style="list-style-type: none"> <li>• Excessive sense of entitlement</li> </ul>	<i>Note that there was insufficient data to look at the predictiveness of more specific attitudes, although all three SRA categories coincided with at least one of the broader categories used in the meta-analyses</i>
	Means Schema <ul style="list-style-type: none"> <li>• Machiavellianism</li> <li>• Violent World schema</li> </ul>	
Relational Style	Inadequate Relational Style <ul style="list-style-type: none"> <li>• Dysfunctional self-esteem (inadequate or narcissistic)</li> <li>• Emotional congruence with children</li> </ul>	Emotional congruence with children (S) <ul style="list-style-type: none"> <li>• Painfully low self-esteem was found consistently predictive in the UK, but not in other jurisdictions.</li> <li>• Narcissistic self-esteem hasn't been examined in recidivism studies</li> </ul>
	Lack of Emotionally Intimate Adult Relationships <ul style="list-style-type: none"> <li>• Lack of sustained marital type relationships</li> <li>• Relationships marred by violence/infidelity</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of sustained marital type relationships (S)</li> <li>• Marital relationships marred by repeated violence/infidelity (S)</li> </ul>
	Aggressive Relational Style <ul style="list-style-type: none"> <li>• Callousness</li> <li>• Grievance Thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Callousness (P)</li> <li>• Grievance thinking (S)</li> </ul>
Self-Management	Social Deviance <ul style="list-style-type: none"> <li>• Early onset and pervasive resistance to rules and supervision</li> <li>• Lifestyle impulsiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood behavior problems (S)</li> <li>• Juvenile delinquency (S)</li> <li>• Non-sexual offenses (S)</li> <li>• Non-compliance with supervision (S)</li> <li>• Violation of conditional release (S)</li> <li>• Antisocial personality disorder (S)</li> <li>• Impulsivity/recklessness (S)</li> <li>• Employment instability (S)</li> </ul>
	Dysfunctional Coping in response to stress/problems <ul style="list-style-type: none"> <li>• Poor problem-solving</li> <li>• Poor emotional control</li> </ul>	<ul style="list-style-type: none"> <li>• Poor Coping (externalizing) (P)</li> </ul>

**Table 1.** Dynamic Risk Factor Domains (Thornton, 2013).

Thornton (2013) has separated dynamic risk factors into different domains based on how well they relate to each other (see Table 1). The first domain is termed the *sexual interests* domain, and includes offence related sexual interests and sexual preoccupation. The first risk

factor, sexual preoccupation, refers to high levels of sexual behaviours, such as high levels of masturbation or seeking out large amounts of sex. Offence-related sexual interests includes deviant sexual interest in children (for child sex offenders) or sexualised violence. The second domain is termed the *distorted attitudes* domain, and refers to the attitudes and beliefs that condone sexual offending. The third domain, the *relational style* domain, is concerned with an individual's ability to form relationships with adults, and their emotional congruence with children. The final domain is the *self-management* domain, which encompasses factors such as lifestyle impulsiveness and an opposition to supervision. While different researchers may emphasise different risk factors to differing degrees, the examples provided by Mann, Hanson and Thornton (2010) and Thornton (2013) provide a general overview of what variables are currently accepted as dynamic risk factors.

While the stable dynamic risk factors described above are indeed changeable, this change generally takes time – it is unlikely that an individual would be able to rid themselves of deviant desires in a short timeframe. In contrast, acute dynamic factors may change very rapidly (Douglas & Skeem, 2005), and indicate the likelihood of an offence occurring in the immediate or very near future. Examples of acute factors include substance use, negative mood such as anger, access to potential, and non-cooperation with supervision (Hanson & Harris, 2000).

***Criminogenic needs.*** As mentioned above, criminogenic needs have been described as a subset of dynamic risk factors that ‘when changed, are associated with changes in the probability of recidivism’ (Andrews and Bonta, 2010, p49). In order to be a criminogenic need, Andrews and Bonta (2010) have argued that a factor must meet three conditions:

- ‘1) deliberate interventions produces changes on the potential need factor,
- 2) deliberate interventions produce changes in criminal conduct, and

3) the magnitude of the association between intervention and criminal behaviour may be reduced through the introduction of statistical controls for change on the potential need factor' (p. 31).

To put it simply, a factor must be demonstrated to be both changeable and causally related to reoffending in order to be considered a criminogenic need. While risk factors and need factors are similar in that they are both predictive of risk, need factors appear to differ by the addition of a causal element. This distinction becomes more difficult to understand, however, when a later chapter of Andrews and Bonta (2010) distinguished between criminogenic needs and non-criminogenic needs, by describing the criminogenic need factors as moderate to large dynamic risk factors, and non-criminogenic needs as weak dynamic risk factors. This makes it unclear whether criminogenic needs should be discussed in terms of their causal relationship to offending, or the strength of their relationship to reoffending risk.

***Psychologically meaningful risk factors.*** Another subset of dynamic risk factors have been described by Mann, Hanson, and Thornton (2010) as *psychologically meaningful risk factors*. In order to be psychologically meaningful, they argue that a factor must not only be predictive of recidivism (a risk predictor), but there also must be a plausible rationale that they *cause* offending. They conceptualise these risk factors as individual propensities that may or may not manifest themselves through thoughts, feelings or behaviours during any particular point in time. These propensities also interact with the environment. They also propose a variety of ways in which a risk factor may be considered causal, for example, it must be psychologically meaningful, it could be viewed as a potential treatment target, and it must be considered to be plausible in current criminological or psychological theories of offending. To put it simply, psychologically meaningful risk factors are dynamic risk factors that cause offending. In terms of what risk factors could be considered psychologically meaningful, Mann

and colleagues propose that their empirically supported dynamic risk factors are worthy of further research into their causal relationship with offending.

### **Risk Assessment Scales**

A range of different risk assessment scales for sexual offenders have been developed, all differing in their level of emphasis on static or dynamic factors, and stable or acute. For example, the Static-99 (Hanson & Thornton, 1999) is a scale specific to male sexual offenders which predicts levels of risk based on static risk factors. This scale is a combination of two previous scales, the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR) and the Structured Anchored Clinical Judgement Scale - Minimum (SACJ-Min). The Static-99 was revised in 2002, however I cite the original scale as the modifications do not affect my argument. This scale was found to have moderate levels of predictive accuracy for both sexual and violent offending ( $AUC = .71$  and  $.69$ , respectively; Hanson & Thornton, 1999). Offenders are scored on each factor from low to high, with examples of items from this scale including: the number of previous sexual offences, whether the offender had ever been married, and whether the individual had offended against any male children. This scale consists of ten items, and the scores for each factor are added, with the total indicating an overall risk score.

A number of dynamic risk assessment scales have also been developed, including the Stable-2007 and the Acute-2007 (Hanson, Harris, Scott, & Helmus, 2007). These two scales were built upon previous measures of dynamic risk, namely the Stable-2000 and the Acute-2000. The Stable-2007 measures enduring factors that are potentially changeable, but would take months or years to change. The assessment of the offender is conducted through a structured interview with a professional, and offenders are rated from low to high over 13 different areas of stable dynamic risk. These areas include: significant social influences, capacity for stable relationships, emotional identification with children, hostility toward



women, general social rejection, lack of concern for others, impulsivity, poor problem solving skills, negative emotionality, sex drive/sex preoccupation, sex as coping, deviant sexual preferences, and the level of cooperation with a supervisor. Once the assessor has scored individuals on each category, they are able to produce a numerical risk score by adding all of the previous scores, leading to a decision regarding the offender's risk level (e.g. low, medium, or high risk). This scale has moderate levels of predictive accuracy for sexual (AUC = .71), violent (AUC = .67), and any (.68) offending (Eher et al., 2011).

The Acute-2007 (developed from the Acute-2000) also assesses changeable factors that impact the likelihood of sexual recidivism; however, these factors are those that may change over a period of hours to weeks. As with the above scale, a professional will score the offender on a range of key domains, which then leads to a numerical risk score and finally an overall risk judgement. The domains in this scale include: access to victims, hostility, sexual preoccupations, rejection of supervision, emotional collapse, collapse of social supports, and substance abuse. Harris, Scott and Helmus (2007) found the Acute-2000 had a moderate ability to distinguish between imminent recidivists and those that did not reoffend (AUC's of .65 to .74).

### **Criticisms of the Concept of Dynamic Risk Factors**

Although dynamic risk is a large focus in both the sexual offender literature as well as correctional practice, there is growing criticism surrounding what dynamic risk factors actually are, and how they're used. Ward and Beech (2015) have argued that dynamic risk factors are composite structures that consist of both descriptive and explanatory components, and that dynamic risk factors are generated by underlying causal mechanisms, rather than being causes in and of themselves. Dynamic risk factors are simply predictive tools. Assessment scales that utilise these factors provide some sort of numerical value which is interpreted by a professional

as an indication of the level of risk that an individual poses. These factors ‘do not genuinely refer to processes and structures in persons and the world (Durrant & Ward, 2015, p. 191), and therefore ‘do not exist’ (Durrant & Ward, 2015, p. 191). Although dynamic risk factors and assessment are very important within the risk assessment context, they are little more than psychometric properties, and should not be used to explain the causes of offending.

To elaborate upon the criticisms of dynamic risk factors, there are also issues with how criminogenic needs are conceptualised. It is important to note that the distinction between dynamic risk factors and criminogenic needs is unclear – for example, at times these terms are used interchangeably, while sometimes criminogenic needs are viewed as causal risk factors. There are some problems with the notion that criminogenic needs are causal due to their ‘difference-making’ nature (i.e. treatment of need leads to reduced offending). Firstly, to accept that criminogenic needs are causal, they must refer to *real* causal processes – these constructs must be singled out and coherently explained. This is not the case, however. Most criminogenic needs are multi-faceted, comprising of seemingly distinct (or even opposing) constructs. *Antisocial cognition* consists of attitudes, beliefs, and values that are favourable to crime. *Deviant sexual arousal*, a criminogenic need for sexual offenders, can include a sexual preference for children, a sexual preference for non-consenting adults, or a sexual preference for violence, etc. – which are all distinct constructs, likely all consisting of different causal mechanisms. Further, while we know altering a criminogenic need can alter offending (i.e. reduce it), we do not know how. Secondly, causes do not occur in a vacuum. They are likely interacting with each other and a range of other factors, yet we have very little understanding of how they interact. These criticisms are relevant to the current thesis for two main reasons: 1) protective factors likely face some of the same criticisms as dynamic risk factors, as will be discussed in chapter three; and 2) the limitations surrounding risk factors will impact how we

view their relationship with protective factors, or whether there is any point in investigating this relationship at all.

### The Agency Model of Risk

Developed by Heffernan and Ward (2015), the Agency Model of Risk (AMR) aims to directly link dynamic risk factors with offending (see *figure 1*). The two key components of the AMR are agency and context. There are three levels of agency, each associated with different sets of psychological and behavioural processes triggered by internal and external cues. The first level of agency is *personal identity*, which refers to what the individual believes about himself and his purpose in life. The second level, *social roles*, refers to the individual in relation to others. Finally, there is the *systems-level*, which relates to physical or biological needs. Each level of agency influences what values are salient, and this in turn impacts on

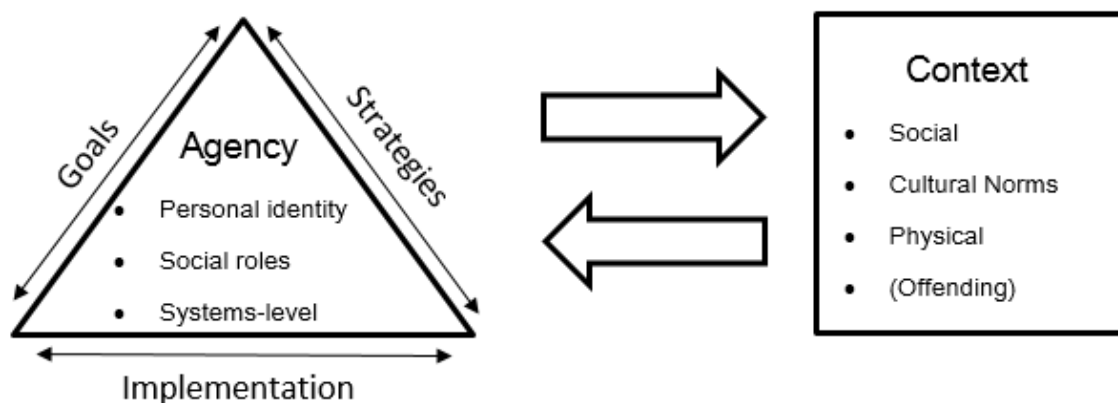


Figure 1. The Agency Model of Risk (Heffernan & Ward, 2015).

individual goals and subsequent behaviour. Once goals are formulated, strategies are developed and then implemented to achieve these goals. Implementation can then lead to the re-evaluation of goals and strategies. The second key component, context, refers to contextual opportunities and constraints. This consists of the physical and social environments that may be involved in meeting goals, or these environments may fail to provide the necessary resources for success,

resulting in modified strategies that could lead to less desirable outcomes. Norms consist of the shared beliefs and standards that the community holds. The relationship between agency and context is reciprocal in that there may be some form of interaction between them, and the agent and context must both, at least to some degree, support offending (the impact that each has will vary between individuals). Dynamic risk factors are viewed as components of agency that impair normal functioning and the ability to live in a pro-social, goal-directed manner. For example, the emotional states of loneliness and unhappiness may result in the formation of an initial goal ‘intimacy with others’; however, because of the individual’s interpersonal difficulties and difficulties with emotional intimacy with adults, this goal shifts to ‘intimacy with a child’. Although the initial goal selected is not antisocial, the presence of dynamic risk factors from the domain of ‘intimacy deficits’ has resulted in the formation of an anti-social goal. Chapter 3 will examine the application of dynamic risk factors to the AMR in greater detail.

This recently developed model overcomes a range of the above criticisms directed at dynamic risk factors. Firstly, it embeds them within a causal model of offending, and provides a way of explaining why the relationship between dynamic risk factors and offending behaviour exists. Further, this model aims to show how various different risk factors may interact with each other to result in offending, rather than simply providing a list of individual variables that are statistically related to an outcome. The AMR will be discussed in greater depth in chapter three, and will be drawn upon to develop a better understanding of the concept of protection, while also being applied to practice and interventions.

## **Summary**

The focus of chapter 1 was on risk. Firstly, it was important to examine models of rehabilitation, as risk assessment is typically embedded within broader rehabilitation methods.

The ways that risk assessment has been conducted has evolved greatly over the years, going through a range of different generations to currently settling on a risk/needs approach to assessment. While risk factors are predictors of offending outcomes, a subset of these factors are viewed as more causally related to offending, and are typically targeted in treatment. Risk assessment scales often have good predictive validity and reliability levels, although the emphasis on dynamic risk factors in correctional practice has been criticised, particularly when dynamic risk factors are utilised to explain offending. I have provided a recently developed model, the Agency Model of Risk, as a way of demonstrating a potentially more effective way of explaining how risk factors are causally related to offending outcomes. Chapter 2 will examine some further criticisms of the overemphasis on risk, and will then introduce the notion of protective factors.

## **Chapter 2: Protective Factors and their Origins**

Current methods of forensic assessment have been criticised for their mostly exclusive focus on risk factors, with little or no attention paid to protective factors. As a result of this deficit, researchers have begun highlighting the need for the inclusion of the concept of protection (e.g. de Vogel, de Vries Robbe, de Ruiter, & Bourman, 2011; Salekin & Lochman, 2008; Rogers, 2000). Rogers (2000) proposed that an effective system of assessment should be balanced in its emphasis on risk and protective factors. He argued that one-sided risk assessments are inherently inaccurate and therefore of limited utility, likely resulting in a range of negative outcomes for offenders. For example, the results of a risk assessment may lead to an unwarranted removal of freedoms through more severe restrictions, and important and scarce resources might be wrongly allocated to individuals that may not need them. Furthermore, professionals working with offenders may come to develop an overwhelmingly negative view of their clientele, leading to high levels of pessimism and further negative outcomes. In order to combat the negative consequences of an exclusive focus on risk, it has been suggested that protective factors should be introduced in both assessment and treatment contexts. The first section of this chapter will trace the origins of the concept of protection and the various research areas that this notion draws influence from, while the second section will discuss protection more specifically in line with the forensic literature and area of sexual offending.

### **The Development of the Notion of Protection**

#### **Resilience**

The notion of protection stems from the allied concept of resilience, which has been applied to a range of different contexts, including the study of physical materials, ecological systems, disaster risk management, and individual processes (Hassler & Kohler, 2014). In one

of its earliest forms, the term ‘resilience’ was described as a property of physical materials, with Mallet (1856; see Hollnagel, 2014) referring to what he termed the *modulus of resilience*, a measure used to assess the ability of physical materials to tolerate severe conditions. Gere and Goodman (2009) have defined resilience in this context as ‘the ability of a material to absorb and release energy, within the elastic range’ (p. 146). The term resilience was later applied to environmental research, discussed in terms of an ecosystem’s ability to ‘absorb change and disturbance’ and still have the capacity to exist (Holling, 1973, p. 14). In other words, resilience referred to the ability of an ecosystem to adapt and evolve in the face of challenges.

Researchers later began applying the concept of resilience to individuals, with early work focusing on children (e.g. Werner & Smith, 1992). The interest in resilience developed out of research that focused on children who were at risk of developing problems later in life as a result of early adverse events and experiences. Some researchers noted that even among children with similar adverse backgrounds, not all of them go on to experience maladaptive outcomes (Masten, 2001). Some children would demonstrate healthy levels of functioning in a range of different domains following adversity (Herrenkohl, Herrenkohl, & Egold, 1994), and these children were described as resilient. Individual resilience in children can be defined as ‘bouncing back’ from adversity (Dyer & McGuinness, 1996, p. 277), and it involves the maintenance of healthy functioning despite circumstances and events that would typically be disruptive to a child’s normal development (Martinez-Torteya, Bogat, Eye, & Levendosky, 2009). While some early researchers viewed resilience as an ‘extraordinary’ phenomenon, describing resilient children as invincible and invulnerable (e.g. Anthony & Cohler, 1987), more modern views of resilience understand it as a relatively common phenomenon, resulting from ‘basic human adaptational systems’ (Masten 2001, p. 227). Even in the face of adversity, if these systems are functional, children will likely have positive developmental outcomes.

A significant amount of attention has been paid to resilience in children who have experienced maltreatment, which includes physical, sexual, and emotional abuse, and neglect (Cicchetti & Toth, 2005). Previous research has demonstrated that there is a wide range of negative outcomes associated with experiences of maltreatment in childhood, including anxiety, depression, and social withdrawal in adolescence (Lansford et al., 2002), low self-esteem and difficulty in interpersonal relationships in adult females who have experienced childhood sexual abuse (Browne & Finkelhor, 1986), and increased likelihood of violent offending in males abused as children (Dutton & Hart, 1992). In this context, resilience is described as being fostered by protective factors (Mrazek & Mrazek, 1987), which are the factors that protect individuals from the negative outcomes typically associated with maltreatment. Some commonly described protective factors in the child maltreatment area include personality traits, intelligence, stable caregiving, supportive family and peer relationships (Afifi & MacMillan, 2011).

Some researchers have proposed that we should turn our attention towards protective processes, rather than focusing solely on protective factors. Rutter (1987, p. 137) claimed that ‘instead of searching for broadly based protective factors, we need to focus on protective mechanisms and processes’. For example, rather than concentrating on the protective factor of high self-esteem, we should examine *how* and *why* some people manage to maintain high self-esteem in the face of adversities, when perhaps others are unable to do this. Rutter (1987) made further claims in an analysis into the concept of protection in the child maltreatment area. While one could suggest that vulnerability and protection are at opposite ends of the same pole, and therefore there is no need to distinguish between them, Rutter proposed that the concept of protection is an important addition for multiple reasons. Firstly, even if risk and protective factors are on the same spectrum, we still need different terms to describe each end of the continuum. Secondly, protection adds new elements to the concept. By distinguishing between



vulnerability factors and protective factors, we are able to focus on the direction involved (e.g. ‘turning points’ influence the direction of criminal behaviour, leading to more or less). Finally, the factors involved in protection can differ from those in risk processes, with Rutter providing the example that being shy or introverted may protect children from delinquency, but being outgoing does not predispose them to delinquent behaviour. Another important issue that Rutter addressed was the relationship between risk and protection, whereby interactive effects are necessary. Protective processes do not exert their effects on their own; they interact with vulnerabilities. In other words, a process may only be protective for individuals at a high risk of maladaptive outcomes.

Further distinctions have been made between protective factors and other similar, yet potentially distinct concepts. For example, Cutuli and Masten (2009) distinguished between protective factors and promotive factors, otherwise known as assets. Promotive factors have been described as associated with positive outcomes in general, regardless of the presence of risk. An example of a promotive factor is healthy brain development, which predicts general positive life outcomes. Alternately, protective factors ‘moderate risk, showing a special effect when adversity is high’ (Cutuli & Masten, 2009, p. 841). Some factors have been described as promotive in low risk contexts, but take on more protective functions in the face of adversity. For example, the presence of good parenting is a promotive factor, but it may also take on a further protective function for a child experiencing adversity. Although there is some consensus regarding the general properties of protective factors (i.e. they reduce the likelihood of maladaptive outcomes), there is still much debate surrounding their specific properties. The sorts of concept analyses described above are important to the current thesis, as many of the points and arguments that are relevant to protection in the maltreatment literature are relevant to protective factors in the forensic literature.

Two frameworks of protection in a juvenile offending context have previously been developed to aid in explaining how protective factors work, and understanding the mechanisms underlying protection. The first framework, termed the *compensatory model* (Rutter, 2000), suggests that risk factors and protective factors are cumulative. More specifically, risk factors increase the likelihood of a negative outcome (e.g. a re-offence), whereas protective factors decrease these odds. In this framework it doesn't matter what the specific protective factors are, it is more important *how many* factors of each kind are present. The second framework, the *interactive model* suggests that protective factors are only important –and relevant–when risk factors are present. More specifically, protective factors have the strongest effect when risk is also high, while they have minimal impact on negative outcomes when risk is already low (Rutter, 2000).

### **Protection in the Developmental Criminology Literature**

A large focus of the developmental criminology literature is to explain the onset, persistence, and desistance of criminal offending at a range of different points in an individual's life. In other words, there is an attempt to discover why individuals begin offending, why they continue, and why they stop. This includes examining both risk and, more recently, strength factors along developmental trajectories, which can be described as 'the course of a behaviour over age or time' (Nagin, 1999, p. 139). In this context, the developmental trajectory means the course of *criminal* behaviour over the life time.

While researchers have identified factors that protect individuals from the *onset* of offending (e.g. such as above average intelligence and close relationships with at least one parent; Losel & Farrington, 2012), of more interest to the current thesis are the factors that are associated with desistance. 'As an empirical variable, desistance refers to the observed termination of offending. As a theoretical construct, desistance often refers to decreases in the

underlying frequency, variety, or seriousness of offending' (Farrington, 2007, p. 125). Although desistance can be viewed as a state of non-offending, it is more likely to be described by researchers as a process or pathway to non-offending (Bushway, Thornberry, & Krohn, 2003). A range of *desistance factors* or mechanisms of desistance, have been discovered in the research literature. These can be described as the factors or processes that are associated with a decrease or desistance from criminal offending. This relates to the concept of 'turning points', which have been defined as experiences in adolescence or adulthood that can redirect criminal trajectories either towards crime or away from crime (Sampson & Laub, 2005). The processes and events associated with a reduction in crime include marriage, stable employment, joining the military, and parenthood (Sampson & Laub, 2005). Because desistance factors and events seek to explain why some individuals desist when others do not, they are of interest to researchers looking at the notion of protection in forensic psychology.

### **Positive Psychology**

Post World War II, the focus of psychology became treating and researching mental illness and pathology while previous goals, such as making the lives of everyone more meaningful and productive, became almost totally excluded (Seligman & Csikszentmihalyi, 2000). While traditional psychology tends to focus on the assessment and treatment of individual problems and suffering, positive psychology aims build up the positive qualities and strengths within a person's life (Seligman, 2004). Positive psychologists propose that 'psychology is not just the study of disease, weakness, and damage; it is also the study of virtue and strength. Treatment is not just fixing what is wrong; it also is building what is right' (Seligman, 2004, p. 4). Positive psychology approaches have been applied to a range of areas, such as the application of positive psychological ideas and findings in therapy contexts. This involves the therapist seeking to build on a patients existing strengths and resources, rather than

concentrating solely on fixing the negatives. Positive psychology has been applied to executive coaching, whereby the focus is on building and facilitating the strengths, competencies, and abilities to set goals in employees in order to enhance both their professional and personal lives. Finally, positive psychology has also been utilised in educational contexts, in which the aim is to facilitate skills related to well-being, flourishing, and those needed for optimal functioning in students (Hefferon & Boniwell, 2011).

More specific to the current thesis is the application of positive psychology to forensic and correctional research and practice. Previously, there has been a deficit-oriented view of offenders, placing a large emphasis on risk and how to minimise it. However, recently there have been attempts to develop a view of offenders that is more in line with positive psychology principles. As described in chapter 1, the Good Lives Model (GLM), developed by Ward and colleagues (e.g. Ward & Maruna, 2007; Ward & Stewart, 2003) can be described as a positive or strengths-based approach to offender rehabilitation. The GLM aims to enable offenders to live meaningful lives free from offending, using an approach which views the offender as a whole person, rather than a sum of defective parts. This model is intended to motivate the offender to both complete the rehabilitation programme, as well as to live a life free of crime. According to this approach, ‘the aims of treatment are defined in terms of what clients will achieve and gain, rather than in terms of what they will cease to think or do’ (Ward & Mann, 2004, p.608). This is clearly in line with the positive psychology principles of understanding and building strengths, rather than focusing solely on the negative aspects of individuals and their behaviours. Concepts such as resilience and protective factor are common themes in positive psychology, as they focus on individual strengths and the ability to overcome adversity. The rest of the chapter will now discuss this concept of protection in forensic literature and practice.

### **Protective Factors in the Offending Literature**

The most comprehensive investigation into the notion of protection in criminal offenders is a recent doctoral thesis by de Vries Robbè, which has subsequently been published as a series of journal articles by de Vries Robbè and his colleagues. This body of work examines the psychometric properties of the Structured Assessment of Protective Factors (SAPROF; e.g. de Vries Robbe, de Vogel, & de Spa, 2011), while also discussing what protective factors actually are, and detailing how they exert their positive effects. Because de Vries Robbè et al have completed the most comprehensive inquiry into protective factors, their understanding of protection will be the focus of the current chapter.

de Vries Robbè, Mann, Maruna, and Thornton (2015) define protective factors as ‘a feature of a person that lowers the risk of reoffending’ (p. 18) and also suggest ‘the definition of a protective factor should encompass social, interpersonal, and environmental factors as well as psychological and behavioural features’ (p. 18). They propose that, like risk factors, it is possible to distinguish between static and dynamic protective factors. Further, they suggest that it is useful to differentiate between a protective factor as an underlying propensity (e.g. a psychological characteristic) versus an observable manifestation of that propensity (such as employment; which may be a manifestation of underlying propensities such as work ethic and social skills). As described above, some researchers have also made the distinction between protective factors and promotive factors, whereby promotive factors have a positive effect regardless of risk level, while protective factors interact with risk to reduce the likelihood of negative outcomes (Cutuli and Masten (2009). de Vries Robbè et al. (2015) use the term ‘protective factor’ to refer to both types of factors, arguing that they are ‘equally concerned with both types of positive factors, and as the sexual offending protective factor literature is still in its infancy, these distinctions are probably too fine for the current state of knowledge’ (p. 40).

de Vries Robbè et al. (2015) have described the different interpretations of the notion of protective factors, ranging from protection as the absence of risk, to protective factors being the opposite of risk factors. Further still, some have proposed that protective factors may exist without a corresponding opposite risk factor (Farrington & Loeber, 2000). de Vries Robbè et al. (2015, p. 41) argue 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.' They have divided protective factors into those that are the opposite of risk factors and those that do not have an opposing risk factor (termed 'unipolar' or 'unique' protective factors). They argue that protective factors that are the healthy opposites of risk factors likely have their effect by targeting the opposing risk factor, and include factors such as self-control (the healthy opposite of the risk factor of impulsivity) and effective problem solving skills (the healthy opposite of poor problem solving skills). Unipolar protective factors provide more general protection, rather than targeting a specific risk factor, with examples including life goals, leisure activities, and intimate relationships.

de Vries Robbè (2014) has developed a model which aims to explain the mechanisms of protection, or in other words, outline how these positive factors exert their protective effects (see figure 2). He has described four main mechanisms by which protective factors have an impact, namely the risk reducing effect, the moderator effect, the main effect, and the motivator

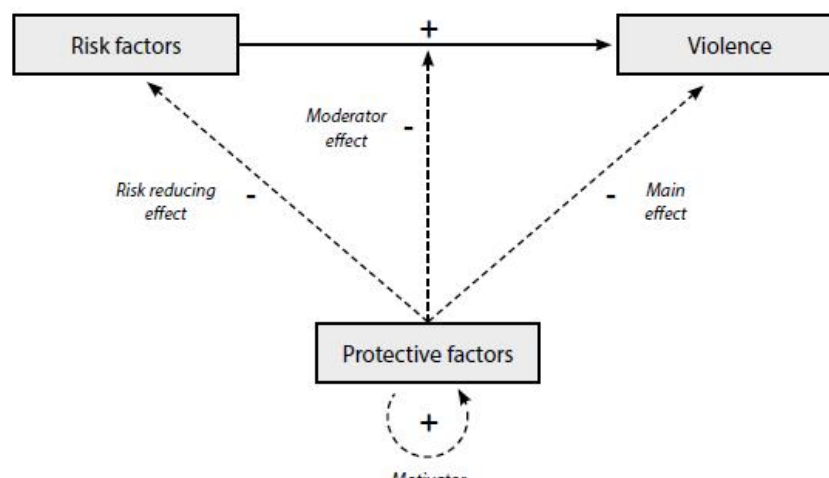


Figure 2. de Vries Robbè's Explanatory Model of Protection (2014).

effect. The risk reducing effect holds that some protective factors seem to reduce risk factors directly, with the example of the protective factor of medication influencing risk factors such as the symptoms of mental illness. The second effect, the moderator or buffering effect, holds that protective factors lessen the strength of the relationship between a risk factor and offending (i.e. violence), for example, the impact of the protective factor of self-control on the relationship between substance use problems and violent offending. These factors influence the likelihood that specific risk factors will lead to offending, rather than changing the risk factor directly. Next, the main effect model, works by protective factors having a general positive effect, offering overall protection rather than influencing specific risk factors, which then leads to a reduction in offending. Examples of this type of protective factor include work, leisure activities, and life goals. de Vries Robbè proposed a final mechanism of protection, termed the motivator effect, whereby protective factors have a positive influence on each other. For example, the static factors of intelligence and secure attachment may be able to enhance or facilitate the later development of other protective factors, such as empathy, work, social network, and motivation for treatment.

de Vries Robbè (2014) proposed that these mechanisms are not necessarily mutually exclusive, but that the majority of protective factors may work through the different pathways at the same time; or further, that protective factors may work through different mechanisms for different people, or different points in time. He provides the example of a social network, and discusses how it may work through each of the different mechanisms. For example, a social network may be risk reducing by directly lessening the risk factor of stress by providing a safe environment, while at the same time it could act as a moderator by supporting the individual with staying away from substances that might enhance risk, even if the individual does not believe the substance to be harmful to them. Additionally, social networks may have a direct effect on offending, as they may generally improve one's life, therefore decreasing the

likelihood of offending. Finally, social networks may facilitate other protective factors, such as treatment motivation due to having supportive social relationships.

There has been growing interest in the area of forensic psychology concerning the utility of protective factors. de Vries Robbe et al. (2015) have argued that there are various benefits to including these factors in forensic assessment, arguing that the inclusion of protective factors could improve the predictive validity of risk assessment. For example, they demonstrated that there was an increase in incremental predictive validity when protective factors were used in conjunction with risk factors in forensic assessment, than when assessments focused solely on risk factors (de Vries Robbe, de Vogel, & Douglas, 2013). They suggested that the inclusion of protective elements could overcome some of the inherent limitations of a one-sided focus on risk, such as combating the over-prediction of risk, and the stigma associated with deficit-focused assessment (de Vries Robbe et al., 2015). A range of scales have been developed that combine risk and protective factors, or even focus solely on protection.

### **Serin, Chadwick, and Lloyd (2015)**

Recently, Serin, Chadwick, and Lloyd (2015) have also briefly described a model for how protective factors may work. They describe dynamic risk and protective factors as functioning in a competitive manner, whereby dynamic risk is offset by protective factors. These events and situations are perceived by the individual through a 'filter', which refers to the appraisals and attributions etc. that the individual makes to understand such outcomes. Together, these impact on the overall risk of reoffending. Serin and colleagues have not explained this model in great depth, and I would argue that the explanation of protective factors 'offsetting' dynamic risk does not really add much to what we currently know about protection, nor does it offer any further explanation of how protective factors work.



### **Protective Factor Assessment Scales**

de Vogel, de Vries Robbè, de Ruiter, & Bourman (2011) constructed the Structured Assessment of Protective Factors scale (SAPROF), which was developed as a tool aimed at measuring protective factors to be used in conjunction with a risk assessment scale in assessing violence risk. Following the structured professional judgement (SPJ) approach, the SAPROF includes a checklist of 17 protective factors. These factors are divided into three categories, namely internal factors, motivational factors, and external factors. Intelligence and a secure attachment in childhood, both internal factors, are the only two static items, while the rest are dynamic in nature. The other internal factors are empathy, coping, and self-control. These are followed by the following motivational factors: work, leisure activities, financial management, motivation for treatment, attitudes towards authority, life goals, and medication. The final category, external factors, consists of social network, intimate relationship, professional care, living circumstances, and external control. The items are rated from 0-2, with higher scores indicating a greater presence of the protective factor, and the clinician is then able to arrive at an 'overall protection judgement' by adding together individual scores. A study by de Vries Robbè, de Vogel, and de Spa (2011) retrospectively rated offenders on the SAPROF and a measure of risk, the Historical Clinical Risk Management-20 scale (HCR-20). Findings demonstrated significant predictive validity of the SAPROF in predicting violent recidivisms at one (AUC = .85), two (AUC = .80), and three (AUC = .74) years follow up. They also noted that the SAPROF outperformed the HCR-20 (although this was not significant), and prediction was best when the SAPROF and HCR-20 scales were used together. While there are limitations to this study (e.g. the use of retrospective rating), it demonstrates the potential usefulness of incorporating the assessment of protective factors into offender risk assessment.

While the SAPROF is the only assessment scale with an exclusive focus on protective factors in adult offenders, other scales have been developed that also include protective

components. The Structured Assessment of Violent Risk in Youth (SAVRY; Borum, Bartell, & Forth, 2005) examines levels of risk and protection in juvenile offenders. Also based on the SPJ approach to assessment, this scale is generally implemented with juvenile offenders aged from 12 – 18 who are being assessed for their level of violence risk. This scale consists of 24 items related to risk, separated into historical, social, and individual risk factors, as well as six items related to protection, including prosocial involvement, strong social supports, strong attachments and bonds, a positive attitude towards intervention and authority, a strong commitment to school, and resilient personality traits. Lodewijks, Doreleijers, de Ruiter and Borum (2008) found that that SAVRY had excellent predictive validity when predicting further violence against persons in juvenile offenders ( $AUC = .80$ ).

Another scale that encompasses the concept of protection is the Inventory of Offender Risk, Needs, and Strengths (IORNS; Miller, 2006). This is a 130 true/false self-report scale, consisting of static risk, dynamic need, and protective strengths. An overall risk index is calculated by adding the number of static and dynamic risk factors and subtracting the number of protective factors. Miller (2006) conducted a t-test between offenders that committed multiple further infractions and those that did not, and found that various components of the IORNS could differentiate between the two groups. The Dynamic Risk Assessment of Offender Re-entry (DRAOR) is another risk and protection assessment scale. Developed in Canada and New Zealand for use by probation officers working with offenders in the community, this scale aims to assist probation officers with the effective management of offenders within the community (Yesberg & Polaschek, 2015). This scale includes stable dynamic risk factors (e.g. peer associations, impulse control), acute risk factors (substance abuse, anger/hostility), and protective factors (e.g. social supports, responsiveness to advice). Yesberg & Polaschek (2015) found that the DRAOR significantly predicted both reconvictions and reimprisonment in a sample of offenders ( $AUC = .62$ ).

### Protective Factors for Sexual Offending

Although research on protective factors for sexual offenders is still in its early stages, some researchers have attempted to identify the specific factors that facilitate desistance from sexual offending. As described briefly above, the SAPROF was developed for the assessment of violent offenders, however, this scale has also demonstrated its usefulness in assessing

Proposed protective domains	Evidence		
	Healthy poles of risk factors	Desistance factors	General protective factors
1. Healthy sexual interests	Moderate intensity sexual drive Sexual preference for consenting adults Attitudes supportive of respectful and age-appropriate sexual relationships		Medication
2. Capacity for emotional intimacy	Preference for emotional intimacy with adults Capacity for lasting emotionally intimate relationships with adults Trustful and forgiving orientation Positive attitudes toward women Honest and respectful attitudes Care and concern for others		Empathy Secure attachment in childhood Intimate relationship
3. Constructive social and professional support network	Acceptance of rules and supervision Law-abiding social network Honest and respectful attitudes Empathy	Treatment as turning point Place within a social group or network	Motivation for treatment Attitudes toward authority Professional care Living circumstances Network
4. Goal-directed living	Self-control	Enhanced sense of personal agency Stronger internal locus of control	Self-control Financial management Life goals Intelligence
5. Good problem solving	Effective problem-solving skills Functional coping		Coping
6. Engaged in employment or constructive leisure activities		Place within a social group or network	Work Leisure activities
7. Sobriety	Self-control		Self-control Professional care External control
8. Hopeful, optimistic and motivated attitude to desistance		Find positive outcomes from negative events Treatment as turning point	Motivation for treatment Medication

**Table 2.** Proposed Protective Factor Domains for Sexual Offenders (de Vries Robbe et al., 2015).

sexual offenders. de Vries Robbè, de Vogel, Koster, and Bogaerts (2015) used the SAPROF to assess sexually violent offenders, and found that the scale was significantly predictive of sexual reoffending at follow-up (AUC = .76 after three years).

de Vries Robbè, Mann, Maruna, and Thornton (2015) have also identified a range of possible factors that protect individuals specifically from sexually offending (see Table 2). These factors included some taken from the SAPROF for violence risk (such as self-control, coping, and work); opposites of risk factors (such as moderate intensity sexual drive, sexual preference for adults, and a preference for emotional intimacy for adults); and protective factors from the desistance literature (such as enhanced sense of personal agency and having found a place within a social group or network). While a range of these factors are reflected in the SAPROF domains, de Vries Robbè et al. (2015) have suggested that it may be beneficial to include *healthy sexual interests*, a protective factor specific to sexual offending that is not included in the SAPROF when assessing sexually violent offenders. While the SAPROF in its current form was significantly predictive of sexual offending outcomes, it may benefit from the inclusion of other factors that are specifically related to sexual offending.

### Critical Comments

One of the key issues with how protective factors have been defined is that the definition is markedly different from previous descriptions of protection. This concept has been imported from the child maltreatment literature, where it was defined as a factor that *prevented* the occurrence of a negative outcome (Mrazek & Mrazek, 1987). Upon its introduction to the forensic domain, it is now referred to as a factor that reduces the likelihood of a negative outcome (i.e. offending) *reoccurring*. There has clearly been a marked shift away from its original and intended meaning. A second issue with how protective factors have been defined is the scope of the definition. de Vries Robbe et al. (2014) describe protective factors as social,

interpersonal, environmental factors, and psychological and behavioural features, that lowers an individual's risk of reoffending. Protective factors appear to be anything that is associated with decreased offending, and is so broad a concept that it actually holds relatively little meaning. Further, expanding the concept so much makes it difficult to differentiate between protective factors, maturational effects, therapy induced change or desistance events (Durrant & Ward, 2015).

There are also problems arising from de Vries Robbe's model of protection. Many of the issues that stem from de Vries Robbe's conceptualisation of protection arise from seemingly failing to understand the distinction between prediction and explanation. As mentioned previously, de Vries Robbe has constructed what he terms an *explanatory* model, which aims to explain how protective factors work to reduce offending. This model consists of four key pathways (risk reducing, moderating, main effect, and motivating), each of which have various problems. Firstly, the risk-reducing pathway holds that protective factors somehow alter the nature of dynamic risk factors directly. de Vries Robbe suggests that an individual possesses a protective factor that 'works against' the opposing risk factor – implying that an individual has both the risk factor and the opposing protective factor at the same time. Simultaneous exposure to a dynamic risk factor and its opposite does not appear to make much sense – one cannot have good self-control and be impulsive at the same time. What is possible is that there is a shift in an individual from a risk factor to a protective factor over time (e.g. as a result of treatment or maturational effects), however this is not evidence of a causal interaction between protective factors and risk factors, as de Vries Robbe proposes.

The second way that de Vries Robbe suggests that protective factors work is through a moderating effect. The dynamic risk factor itself is not removed or reduced; rather, a protective factor somehow blocks its influence, and alters its relationship with offending. The example that is provided for this pathway is the influence of self-control on risk factors for violence

such as substance use problems or negative attitudes. It is unclear how exactly self-control would lessen the impact of either problem. For example, substance abuse is often associated with impulsivity, which suggests that the individual's good self-control would be lessening the impact of their poor self-control – which doesn't make much sense. It is also not particularly clear how exactly self-control would block or lessen the impact of negative attitudes.

The third type of relationship between protective factors and dynamic risk is hypothesised to depend on the existence of well-being or lifestyle promotive factors such as work, leisure activities, and life goals. Unfortunately, de Vries Robbè does not provide specific examples of what leisure activities may involve, nor what life goals may be appropriate. Further, there is no explanation concerning *how* these factors could directly reduce offending, just that they do. An explanatory model should not only include the factors that are associated with or predictive of an outcome, it should also include an explanation for *how* or *why* this happens. Moreover, it seems that what are being referred to here are desistance factors which have their own set of associated causal mechanisms such as changes in self-narratives or the existence of social supports.

The final causal pathway in de Vries Robbe's explanatory model is termed the 'motivator effect.' This concerns the potential for some protective factors, such as secure attachment or intelligence, to enhance other protective factors such as work or empathy. The problem with this hypothesised pathway is that it is simply too vague, and for some factors, is conceptually confusing. For example, secure attachment is likely to be associated with a number of personal strengths such as good social skills, high levels of empathy, and strong emotional regulation capacities. It is hard to grasp why, if someone has all these skills, they would commit an offence. Or if they did, then surely their risk level would be low? Furthermore, if the ability to be empathic or to have good mentalizing ability is a component of secure attachment (as it seems to be), it is actually part of what it *means* to be securely attached. It is

then rather odd to say that: Someone who is securely attached and therefore has good empathy skills (along with other strengths) will develop strong empathy skills. The problem with this pathway, and the model as a whole, is that it appears to be theoretically underdeveloped.

Thus, this model of offending does not explain why individuals persist or desist with offending, and it therefore has very little to offer in terms of intervention. de Vries Robbe has constructed a model that may be beneficial in terms of risk-prediction, however it lacks an adequate explanatory component.

### **Summary**

The first section of chapter two has focused on the development of the concept of protection, stemming from the allied notion of resilience, particularly in the child maltreatment literature, through to developmental and life-course criminology, and the field of positive psychology. The second section of this chapter has focused on how this concept is understood and implemented within forensic literature and practice. de Vries Robbe's explanation of how protective factors work to reduce offending has been discussed, and criticisms of this approach have been provided. Chapter three now aims to provide a more useful way of understanding and applying protective to research and practice.

### Chapter 3: An Agency Protection Model

The concept of protection has been a relatively recent addition to forensic and sexual offending research and practice. Previously, researchers have criticised the over-emphasis on risk in this area, and have called for the introduction of more positive approaches. Because protection is a new concept, it is still not fully understood. One of the most comprehensive investigations into protective factors is seen in a 2014 thesis by de Vries Robbe, published as a series of journal articles by de Vries Robbe and colleagues, who aimed to demonstrate that introducing protective factors into forensic risk assessment could improve the prediction of offending. Further, they hoped to provide an explanatory model that would clarify how these factors are likely to exert their protective effects. One of the key limitations of the de Vries Robbe's approach is that it seems to have favoured prediction over explanation. While they have demonstrated through the SAPROF that these factors can successfully assist in the *prediction* of offending outcomes, much work still needs to be on understanding this concept thoroughly. Arguably, despite the attempt to provide an explanatory model for how protective factors work, it does not adequately achieve this goal.

The current chapter firstly aims to provide an appropriate means of classifying various protective factors. As suggested with dynamic risk factors, protective factors are composite constructs, and I propose a way of breaking them down into their core elements. This is a key step in comprehensively understanding the concept of protection. Secondly, I aim to offer a more suitable explanation of *how* protective factors may work, demonstrated through a recently developed model of the way dynamic risk factors cause offending. Explanation has been greatly neglected in the forensic literature in favour of prediction tools and strategies. While the prediction of offending outcomes is valuable, I suggest that a greater emphasis should now be placed on attempting to explain why offending occurs, or in the case of protective factors, why an individual may desist. Finally, I intend to develop a procedural model that will



demonstrate how this concept may be successfully applied to practice. This will include a method for incorporating current risk assessment tools within a broader explanation of offending, resulting in a more comprehensive intervention plan and the subsequent treatment of individual offenders.

### **Classifying Protective Factors**

de Vries Robbe (2014) aimed to develop an explanatory model that classified protective factors according to four different causal pathways, with protective factors exerting a risk-reducing effect, acting as moderators, having a main effect, or acting as motivating protective factors. Chapter 2 of the current thesis has provided an extensive critique of this method of classification, including the identification of general problems, such as the definition of protection being too broad, as well as specific criticisms of each causal pathway and the examples that are provided. Overall, this approach to understanding protective factors offers very little value in regards to explaining how protection works, and therefore has little to offer in terms of intervention approaches. I would argue that another form of classifying protection is required.

In an unpublished thesis by Heffernan (2015), she proposes a general class of ‘risk-reducing factors’. This category is further divided into ameliorative factors and desistance factors. Ameliorative factors are considered to produce an ‘improvement in areas that were previously considered risky’ (p. 70). Desistance factors were construed as factors that become relevant after an individual has engaged in treatment and is ready to be released back into the community. Heffernan describes these factors as *additions* to the offender or their environment, rather than changes. Ameliorating factors were classified as internal or external to the offender, namely ‘adaptive characteristics’ and ‘safe contexts’. Examples of adaptive characteristics include healthy sexual interests and being in an intimate relationship with a consenting adult,

while examples of safe contexts include social control and access to appropriate sexual partners. There are also two types of desistance factors, those that are internal strengths (e.g. hopeful attitudes towards desistance) and those that are external supports (e.g. social support network).

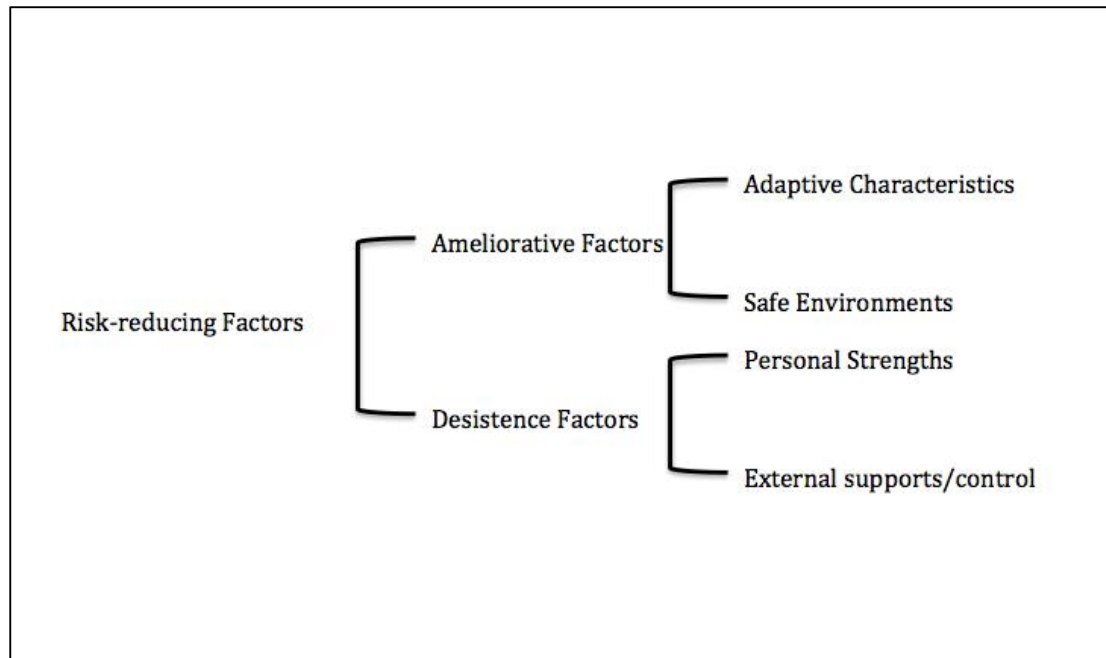


Figure 3. Heffernan's (2015) Risk-Reducing Factors.

While this is arguably an improved method of classification over de Vries Robbe's approach, I suggest that is still not sufficient, and propose that a similar, yet distinct approach should be taken. Heffernan's view of protection begins by calling them 'risk-reducing' factors. This is unnecessary, as all protective factors work in some way reduce an individual's risk. This leaves us with the ameliorating factors and desistance factors, which are then divided into internal and external components. In my view, the best approach to understanding protective factors is to simply break them down into the components that are internal to the individual and those that are external. I propose that protective factors can be thought of as agency-related (features of the individual) and contextual factors (features of the environment).

### An Agency Protection Model

One of the problems with how protective factors have been conceptualised is that ‘protection’ is an overly general concept. Discussed in terms of almost anything that appears to reduce risk, it is a composite construct that consists of psychological capacities, social and cultural resources, and contexts that all decrease the risk of reoffending and increase desistance processes. Initially, the concept of protection referred to factors that *prevented* negative outcomes. The notion of protection has clearly moved away from this original meaning, and should only refer to the process of desistance (i.e. reducing offending in those who have *already* offended, rather than preventing an initial offence). In terms of desistance, this should also be thought of as *social reintegration*, whereby offenders are reintegrated back into society as functioning, prosocial members. Heffernan and Ward (2015) describe protective factors as ‘useful in indicating the psychological and environmental resources necessary to support desistance and successful social integration’ (p. 259). I propose that because of their composite nature, protective factors should be broken down into their core elements. I would argue that

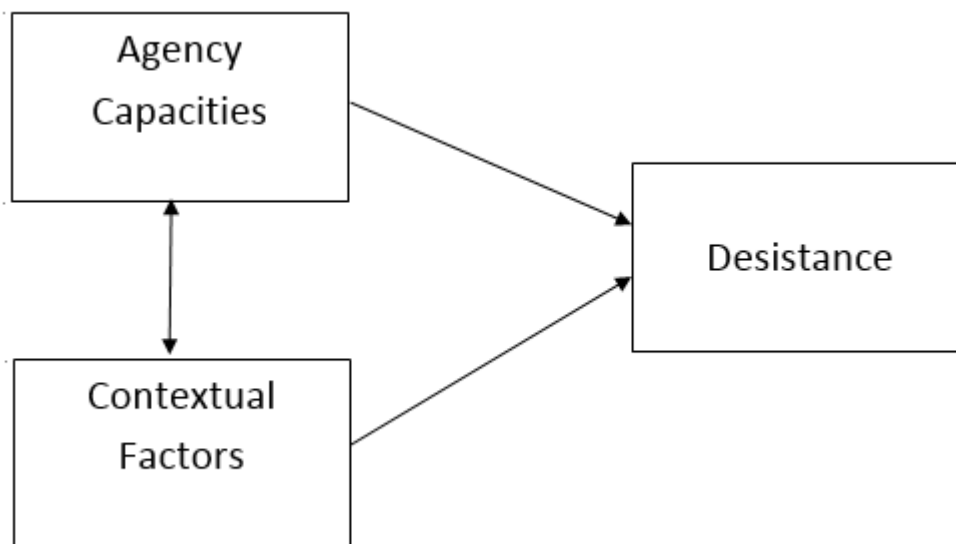


Figure 4. The Agency Protection Model.

protective factors can be divided into two key categories: those related to agency and those related to context, and can be depicted in an Agency Protection Model (APM; see figure 3).

This view of protection has been drawn from the Agency Model of Risk (AMR; Heffernan & Ward, 2015), as discussed in Chapter 1. I propose that because protective factors are similar to dynamic risk factors in that they are both composite constructs that have an impact on the likelihood of reoffending, they should be conceptualised in a similar way; the AMR and APM allow for this. The first class of protective factors are the agency related protective factors, or agency capacities, and are generally risk-reducing, meaning that they are likely to ‘target’ psychological deficits and related problems. This concept relates to de Vries Robbe’s notion of risk-reducing protective factors; however, I suggest that they work in a slightly different way. de Vries Robbe suggested that risk-reducing protective factors work by targeting the opposing risk factor, whereby the protective factor is ‘working against’ the risk factor. I have criticised this view in chapter 2, as it does not make sense for an individual to have a risk factor and its opposing protective factor at the same time – it appears to be impossible for an individual to be impulsive while having good self-control simultaneously. Rather, I suggest that risk-reducing protective factors reduce dynamic risk factors in the sense that interventions will target them, and remove or replace them. While other researchers often discuss protective factors as having some direct or indirect impact on dynamic risk factors (e.g. de Vries Robbe, 2014; Serin, Chadwick, & Lloyd, 2015), I suggest that protective factors do not actually work this way. Dynamic risk factors are *removed* through treatment, or the development of protective factors may *replace* risk factors, thereby reducing overall risk; however, protective factors do not work on or directly affect risk factors themselves.

I am not proposing that the protective factors themselves interfere with the risk factor. Instead, the goal is to provide an individual with a new set of competencies and capacities (i.e. the protective factors) that are designed to replace a whole set of problematic behaviours (i.e.

those related to dynamic risk), and this occurs through rehabilitation. Specific examples of agency-related protective factors, which have been taken from de Vries Robbe et al's (2015) domains of protection, include: a sexual preference for consenting adults; moderate intensity sexual drive; a preference for emotional intimacy with adults; honest and respectful attitudes; self-control; the capacity to set goals and direct activities towards achieving those goals; effective problem solving skills; and the ability to stay optimistic in the face of negative outcomes and events, amongst others. These protective factors are features of the individual, and are intended to replace problematic aspects of the individual.

The second type of protective factors are contextual factors,. These factors exert a more general positive effect, rather than relate to risk factors specifically. They often provide individuals with the external resources and opportunities required to desist from offending. These factors may reduce risky elements of the environment, or assist in directly promoting desistance opportunities; further, they reflect an environment that will enable an offender to develop and apply the agency-related factors (i.e. the specific psychological capacities that will replace risk factors). Specific contextual factors may include: a law abiding social network; professional care and (access to) medication; external control; living circumstances; and work and leisure activities (de Vries Robbe et al., 2015). These factors are external to the individual, and are likely to enhance desistance processes by providing an individual with the appropriate environment and external resources required to live a life free of offending.

Agency capacities and contextual factors work in tandem, interacting to reduce offending and promote desistance. Both types of protection are required in order to desist from offending, although individuals may vary in how much emphasis is placed on one type or the other. An individual would likely find it difficult to develop and apply protective agency-related factors while remaining within an environment that continues to be supportive of offending behaviour, or does not provide the relevant resources necessary for change.

Alternately, a context that supports desistance and provides opportunities for social reintegration will not work to reduce offending if individuals do not have the relevant psychological capacities necessary for adjusting their behaviour. An example of how these factors could work in conjunction to reduce offending may be an individual who values emotionally intimate relationships with adults and also has the resources available to develop effective interpersonal skills. These skills could be drawn upon to develop appropriate strategies, which can then be applied to social situations whereby the individual can create meaningful relationships. An ability to regulate one's own behaviour, as well as problem-solving abilities would also be necessary to maintain these types of relationships. This example includes a range of both agency related and contextual protective factors. The agency related factors and contextual factors alone would likely do little to reduce offending – even if an individual does have a preference for intimate relationships with adults, if the context does not facilitate the necessary resources to gain and maintain such relationships, it is unlikely to have a significant impact on offending outcomes. On the other hand, if the contextual resources are supportive of emotionally intimate relationships with adults, yet the offender still has a preference for children, poor self-regulation, and poor problem-solving abilities, there is still unlikely to be a significant change in behaviour. This example demonstrates the importance of the relationship between agency related and contextual factors, and how together they can lead to subsequent desistance. The APM is a simple method of classifying protective factors according to whether they lie within the individual or in the individual's environment. Together, these factors interact to enhance desistance processes and reduce reoffending.

### **Applying Protective Factors to the Agency Model of Risk**

As mentioned above, the Agency Protection Model has been developed as a variation of the Agency Model of Risk (AMR; Heffernan & Ward, 2015). The AMR, which also consists

of the two key components of agency and context, holds that various agency related features of an individual will determine their values and therefore their goals, depending on which level of agency is activated (personal identity, social roles, and systems-level). This leads to the activation of a variety of possible strategies that will lead to the desired outcome, which can then lead to the implementation of these strategies, as well as the subsequent evaluation of the approaches and possible revision of goals. Context also plays a large role in determining what goals can be achieved, and the means of achieving them. Dynamic risk factors are distributed throughout this action sequence, and impair normal functioning and an individual's ability to live in a goal-directed, prosocial manner. Heffernan and Ward (2015) have provided a range of

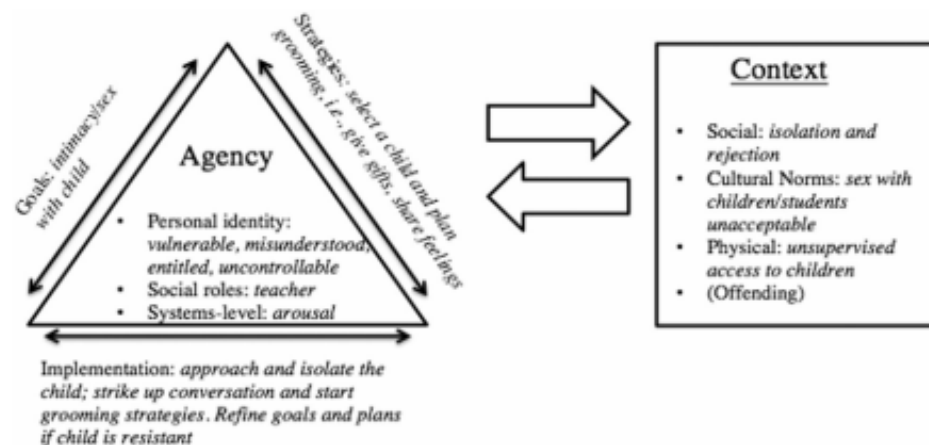


Figure 5. The AMR: An example of a child sex offender (Heffernan & Ward, 2015).

examples that demonstrate how dynamic risk factor domains could be applied to the AMR.

Figure 5 outlines an example provided by Heffernan and Ward (2015) of an analysis of dynamic risk factors, namely the domain of intimacy deficits, using the AMR. They propose that firstly, historical factors (such as difficulties in childhood attachment) have contributed to the offender's personal identity, leading him to view himself as vulnerable, entitled to sex, and misunderstood. The offender may emotionally identify with children rather than adults, and view these relationships as mutually beneficial. The individual may be lonely and unhappy, which leads to the development of a goal such as 'intimacy with others'; however, because this

individual has trouble with forming and maintaining intimate relationships, and struggles with emotional intimacy with adults, the goal shifts to ‘intimacy with a child’. Contextual factors such as isolation and rejection by other adults, also contribute to the development to this goal. The offender has access to children through his social role as a teacher. The strategies that he selects depend on cultural norms (e.g. sex with children unacceptable, leading the offender to conceal offending behaviours), as well as the interpersonal skills of the offender. As is clear by this example, dynamic risk factors are distributed throughout the AMR, influencing the selection of goals and strategies that lead to subsequent offending.

The AMR supplies a helpful way of understanding dynamic risk factors and *how* they actually lead to offending; however, although Heffernan and Ward (2015) briefly discussed how protective factors may be incorporated into the AMR, their main focus was on risk factors, and they did not provide a thorough explanation or any examples of how exactly the notion of protection may fit in. They suggest that protective factors ‘once broken down into their core elements, work in multiple ways across the various levels of agency to inhibit and/or disrupt dysfunctional systems, and to restore normal functioning’ (p. 255), but they do not clarify *how* specifically they do this. Further, what is also missing is how it can actually be used and applied to intervention. I would argue that once protective factors have been classified according to the APM, they can then be ‘mapped onto’ the AMR in a way similar to how dynamic risk factors have been applied. This will explain where protective factors may fit in in terms of the development and implementation of prosocial goals, and a subsequent decrease in reoffending.

### *Healthy Sexual Interests and the AMR*

Figure 6 demonstrates how protective factors may be applied to the AMR, in terms of the development and implementation of prosocial goals. The protective factors have been taken from de Vries Robbe, Mann, Maruna, & Thornton (2015), and reflects the *Healthy Sexual*



*Interests* domain. Although it is likely that the various protective factors could be placed into the AMR in a variety of different ways, figure 5 merely provides an example of where each

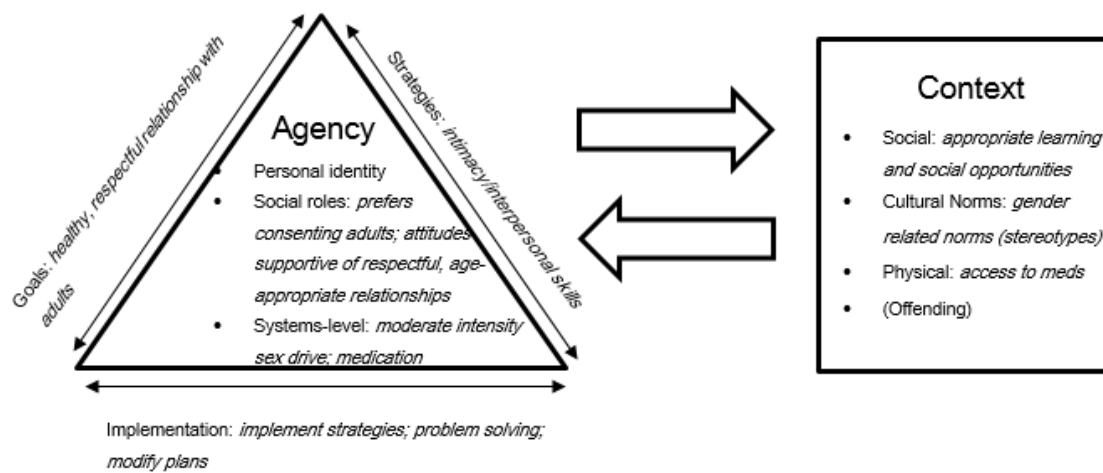


Figure 6. Healthy Sexual Interests and the AMR.

protective factor may lie. The specific factors of *prefers consenting adults* and *attitudes supportive of respectful, age-appropriate relationships* have been placed under the ‘social role’ level of agency due to the social nature of these factors. Systems-level factors include a *moderate intensity sex drive* and *medication*, as these factors are more biological in nature. The social contextual factors include *appropriate learning* in terms of interpersonal skills, as well as *social opportunities*, to meet and socially interact with people. Cultural norms include *gender related norms and stereotypes*, which refer to relationship norms. The physical context includes *access to medication*, as de Vries Robbe et al. have included medication as a protective factor. These agency related and contextual factors lead to the development of goals, for example, the goal of a *healthy, respectful relationship with adults*. The strategies chosen will rely on an individual’s *intimacy/interpersonal skills*. Finally, once the strategies have been chosen they will be implemented, and the individual will *address any problems* that arise from strategy implementation, while also *revising goals and strategies* in order to result in a successful outcome. Because the domains of protective factors are composite constructs, an important step in understanding them is to break them down into their key components. The

Agency Protection Model facilitates this break down, which can then be followed by mapping them onto the AMR.

### *Capacity for Emotional Intimacy and the AMR*

Figure 7 illustrates another example of applying the concepts of protective factors to the AMR, again drawing from de Vries Robbe et al (2015), reflecting the *Capacity for Emotional Intimacy* domain. The specific factors of *trustful, forgiving orientation* and *care and concern for others* reside in the personal identity level of agency, as they refer to aspects of the individual. The *preference for emotional intimacy with adults* and *positive attitudes towards women* have been placed in the social roles level of agency, as they refer to the individual in relation to others. Systems-level protective factors include the basic human need or drive for

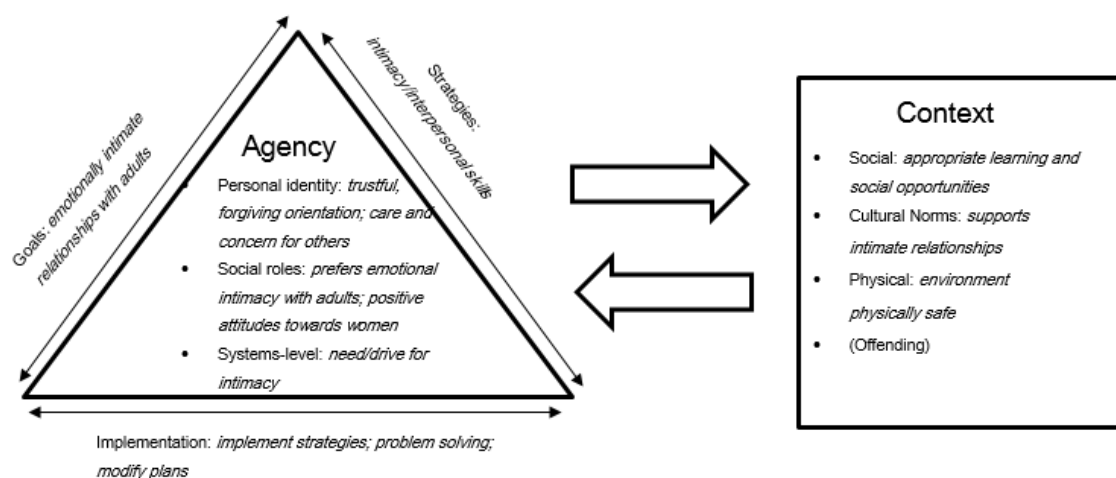


Figure 7. Capacity for Emotional Intimacy and the AMR.

intimacy and relatedness. In terms of contextual factors, opportunities for learning the appropriate social skills should be evident in the social context, as should opportunities for accessing and interacting with people. The cultural norms should *support intimate relationships*, and the physical environment includes the factor of *physical safety*. All of these factors will ideally lead to the development of prosocial goals and strategies to achieve them. For example, humans have a need to connect with others, which will lead to the goal of an

*emotionally intimate relationships with others.* Whereas previously this may mean that an individual forms the goal of establishing a relationship with a child, protective factors such as *prefers emotional intimacy with adults*, etc. will lead to the goal of *emotionally intimate relationship with adults*. The strategies that the individual adopts will depend on the *appropriate social learning* that the individual has received, as well as *social opportunities*. Again, once strategies have been developed and implemented, the individual will *solve problems* that arise, *evaluate strategies and goals*, and potentially *modify plans*.

### *Goal Directed Living and the AMR*

Figure 8 reflects the *Goal Directed Living* domain of protection. The personal identity factors would likely include a *coherent good lives plan* (referring to Ward and colleague's Good Lives Model); as well as a *sense of meaning* in life. Contextual factors include *resources* to implement the plan at the social level (e.g. people, opportunities, money, etc.), while cultural norms include *constructive attitudes to offenders* (e.g. that offenders can change). Physical factors include the environment, such as *adequate living conditions*. An individual's good lives

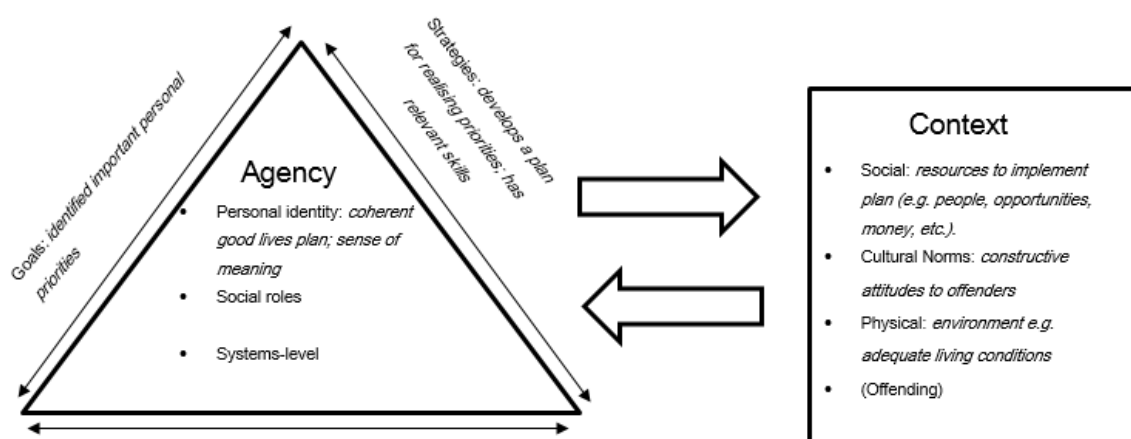


Figure 7. Goal Directed Living and the AMR.

plan and sense of meaning or purpose in life will influence what they identify as important personal priorities or goals. Strategies will reflect the individual's plan for realising his goal,

and will depend also on his skills. The available social resources also determine what strategies the individual implements. The implementation phase involves individuals putting their plans into action, and evaluating whether they have been successful, which may result in revisions of the goals, plans, and strategies.

### *Employment/Constructive Leisure Activities and the AMR*

Finally, figure 8 demonstrates the *Employment or Constructive Leisure Activities* domain of protection. Personal identity factors would likely include *valued, personal goals*, more specifically, an area that an individual is interested in that would engage them. In terms of the social identity, the individual should have a place in the *relevant occupation or hobby*.

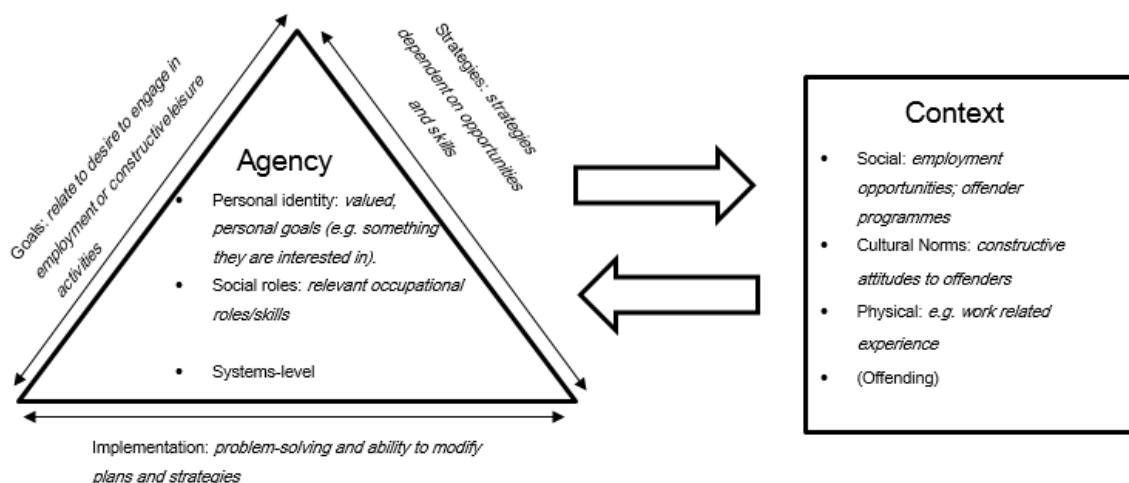


Figure 8. Employment/Constructive Leisure Activities and the AMR.

In terms of the context, *offender programmes* and *employment opportunities* would be beneficial in the social context. *Work-related experience* would also be useful in the physical context. Cultural norms should include *constructive attitudes to offenders*, as this is often necessary for individuals to gain meaningful employment or be accepted into some leisure activities by peers. Goals would relate to the desire to engage in employment or constructive leisure activities. Offender programmes and employment opportunities would influence the

strategies that an individual can use to achieve their employment/leisure goal, with work-related experience also being relevant. Once these strategies have been implemented, the individual's ability to problem solve and modify plans and strategies would also come into play.

### **General Comments**

For brevity's sake, I have only provided four examples of the application of protection to the AMR; however, de Vries Robbe et al's (2015) other domains (including constructive social and professional support network; good problem solving skills; sobriety; and a hopeful, optimistic, and motivated attitude to desistance) could also be broken down into their specific components, and then mapped onto the AMR. It is likely possible that the specific protective factors may be placed differently into the AMR; however, these are just brief examples of how protective factors could fit in. The benefits of understanding the notion of protection in this way will be explored in greater depth in chapter 4. However, to foreshadow this discussion, the above approach overcomes several problems that are evident when researchers discuss risk and protection in the forensic literature. A key issue is that when discussing risk and protective factors, researchers have a tendency to list a range of factors statistically related to offending, with little explanation of how the factors are working to create re-offence likelihood. Further, there is often limited or no understanding of how these factors may interact to increase or decrease the likelihood of an offence occurring. The current view of protection that I am proposing does explain how different protective factors might interact, and the application of them to the AMR can aid in understanding how they exert protective effects by influencing goals, strategies, and the implementation of these strategies. While this approach clearly adds to current theoretical understandings of sexual offending, it can also benefit treatment by its application to interventions.

## Chapter 4: Practice Implications of the Agency Protection Model

### Application to Treatment: A Procedure Model

As mentioned above, the AMR is useful in understanding how dynamic risk works to increase the likelihood of an offence occurring. Heffernan and Ward (2015) have not discussed how this model may be incorporated into forensic practice to aid with assessment and rehabilitation. I propose a means of integrating both the AMR and APM into practice, putting them to work in terms of developing individualised interventions.

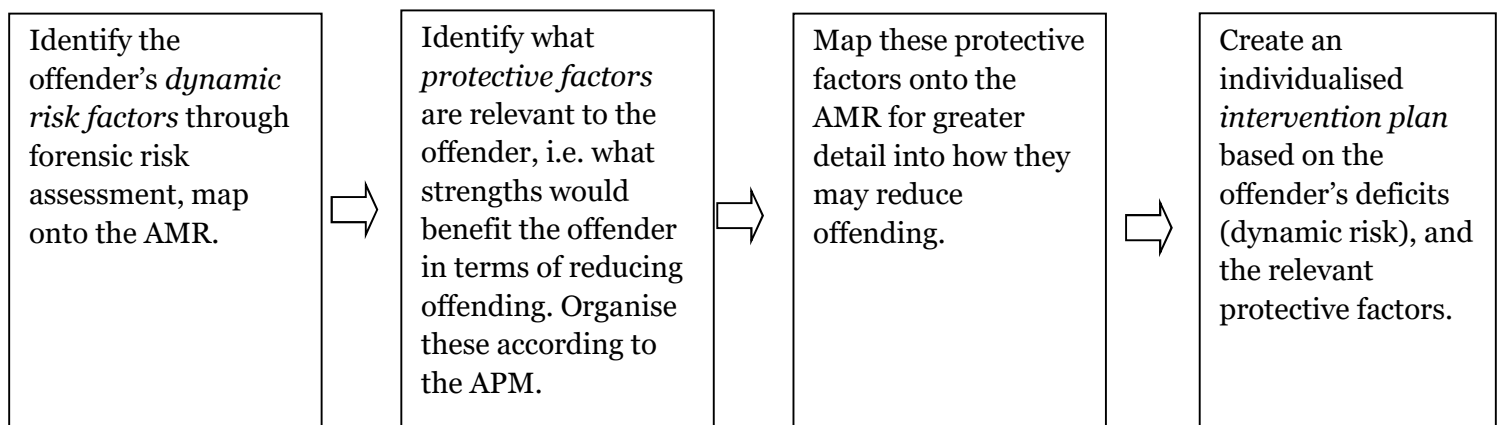


Figure 9. The APM and AMR in practice.

Stage one firstly involves identifying what dynamic risk factors are present in an offender through traditional risk assessment tools, such as the Stable-2007, etc. This will enable the clinician and other professionals to see where the individual deficits lie, which can then be targeted later in treatment. After the specific risk factors have been identified, they should then be mapped onto the AMR as is demonstrated by Heffernan & Ward's (2015) example (see figure 5). This will allow for a more thorough understanding of how the risk factors have led to an offence. Stage two requires the practitioner to identify the relevant protective factors that should be developed in treatment, i.e. the factors that would benefit the offender in terms of reducing the likelihood of them committing further offences. These protective factors could be

taken from de Vries Robbe et al's (2015) domains of protection for sexual offenders, or other protective factor scales such as the SAPROF. These factors should be organised according to the APM, and classified as either agency-related or contextual protective factors. Once the protective factors have been broken down into their core components, stage three involves mapping them onto the AMR, as has been demonstrated in the previous figures. This allows for the protective components to be shown in greater detail, demonstrating how they specifically relate to the development of goals, strategies, and the implementation of these. The final stage involves utilising the information from the first three stages to develop an intervention plan, with the aim being to assist the individual to desist from offending and become socially reintegrated, enabling them to live a meaningful life, free of offending

The intervention should be developed based on the AMR and APM, and will be embedded within current correctional approaches, such as the Risk-Need-Responsivity model (Andrews & Bonta, 2010) or Ward and colleagues' Good Lives Model (Maruna & Ward, 2007; etc). Heffernan and Ward (2015) argue that the GLM is a 'rehabilitation framework that is based on an agency conception of individuals, including their values and strengths. For this reason, arguably the GLM provides a more useful rehabilitation framework within which to embed the agency model' (p. 254). The GLM holds that individuals are predisposed to attain primary goods, which are normal and healthy (such as seeking out relatedness). Problems develop when these primary goods are transformed into secondary goods – 'the goals, strategies, and implementation of a problematic good life plan' (p. 254).

Incorporating the AMR and APM into practice will allow for a better understanding of offending, while more importantly aiding with the treatment of offenders. Both the AMR and APM are most useful when they are applied to each individual case, as they will specifically highlight the deficits and needs of each individual. When used in practice, these models allow for interventions to address the specific risk factors each individual has, while also developing

the protective factors that will likely be relevant to the individual. Practitioners will arguably find it easier to identify where in the action sequence problems are occurring (e.g. individuals are setting antisocial goals, or perhaps they do not have the means to achieve prosocial ones), and thereby address the deficits and add in the protective factors. This approach to understanding and reducing offending is constructive and positive. It involves the development of approach goals, and increases the chances of an individual living a better life by adding in capacities (i.e. protective factors) that will likely benefit them. The goal is to develop the psychological capacities, as well as the contextual resources and environments that are necessary for an individual to cease to engage in offending behaviour, thereby desisting from crime.

### **A Case Study**

The following case study is a fictional example of an offender, developed in order to demonstrate the application of the AMR and APM to forensic practice.

**Background information.** John is a 24-year-old male, born in New Zealand. He has recently been convicted of multiple sexual offences against children, including two counts of indecent assault and one count of attempted rape of his 10-year-old niece, and indecent assault of his niece's 11-year-old female friend. John is currently serving a 7-year prison sentence for these convictions. He was previously convicted of indecent assault of a 9-year-old female neighbour when he was 17 years old, which he denied, and he was sentenced to home detention and community work. John has previously been charged and convicted of driving under the influence of alcohol.

**The offences.** John's first offence against his niece occurred when he went to visit his sister, who then left him alone with her daughter for approximately 30 minutes. John describes becoming aroused when his niece sat on his lap, and viewed this as a form of sexual initiation



by her. He then simulated sexual intercourse with her in this position until he ejaculated. This occurred on another occasion, during which he also asked the niece's friend if she would like to play the 'game', and lay on top of her, again simulating intercourse until he ejaculated. John did this once more with his niece some months later, and then partially removed her clothes and attempted to rape her. At this point, his sister walked in on them. She called the police and John was arrested.

John's first known sexual offence occurred when he was 17 years old against his 9-year-old female neighbour. The girl's mother caught John lying on top of the girl, trying to remove her shirt. The police were called and he was arrested. He claimed that he was just playing a game with the girl, but he was charged and convicted of this offence.

**Risk Assessment.** Both static and dynamic risk assessments were conducted. The Static-99 placed John at moderate-high risk of reoffending, having had prior sexual and non-sexual convictions, having an unrelated victim, and having never had lived with a lover for at least two years. The Stable-2007 placed John at a moderate to high risk of reoffending. This assessment tool demonstrated that John has a very low level of significant social influences (both positive and negative), and that he tends to experience a high level of general social rejection. He has described his only close relationship as being with his sister, and that other people generally do not understand him, however his sister has not wanted a relationship with him since the most recent offences. John has demonstrated high levels of emotional identification with children, and a moderate level of deviant sexual interest in children; however, he would prefer sexual and romantic relationships with adults. He has never been in a serious intimate relationship. He also demonstrated high levels of impulsivity, as well as poor problem solving skills. There was evidence of negative emotionality, and indications that John used sex as a coping mechanism when dealing with stress. John scored moderately on the high sex drive/sexual preoccupation item. The risk factors which were not present included hostility

towards women and a lack of concern for others, and John has also been highly cooperative with all prison staff and supervision.

**The AMR.** The dynamic risk factors that John presents with can be incorporated within AMR in order to explain how they could causally relate to his offending. Figure 1 depicts the hypothesised relationship between his dynamic risk factors and his goal development and implementation. For example, because John tends to experience social rejection, he may be lonely and unhappy. His systems-level activation includes arousal and the desire for intimacy, which has resulted in a goal relating to forming intimate and/or sexual relationships with others. However, he has difficulty forming relationships with others (evidenced through his social isolation). His poor problem-solving abilities may also mean that he is unable to formulate strategies that will allow for the development of meaningful relationships with adults. Because John emotionally identifies with children, as well as having some level of deviant sexual interest in them, his goal may shift to intimate or sexual relationships with a child. This would overcome his inability to form and maintain relationships with adults, thereby satisfying his need for an intimate connection with others.

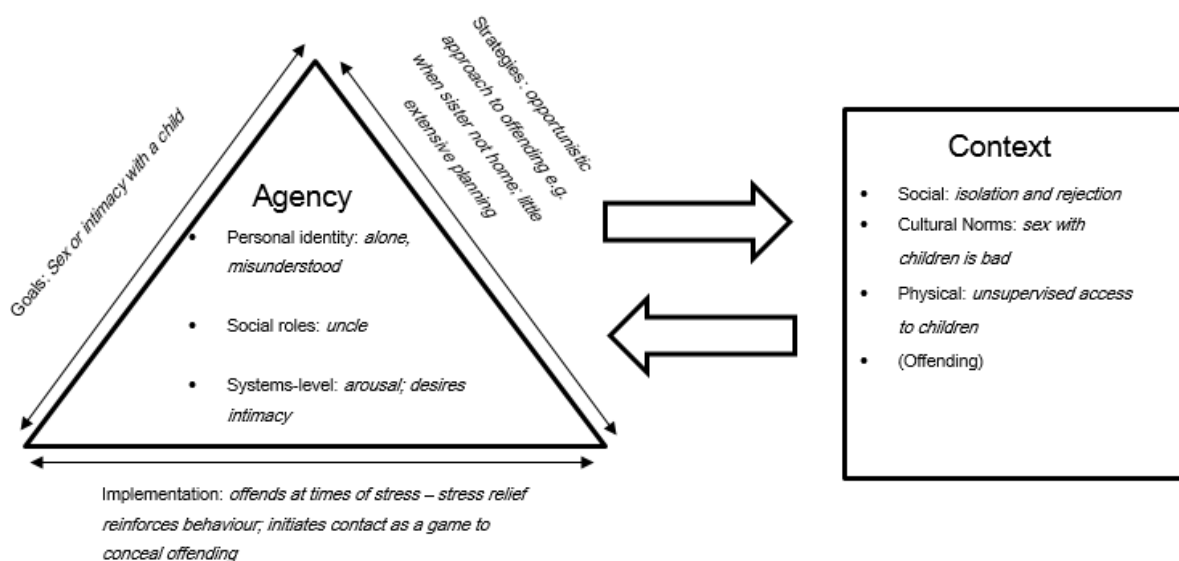


Figure 10. An Example Case Study: John's Risk Factors and the AMR.

John's dynamic risk factors also influence the selection of strategies to attain his goal. His offences against his niece and her friend are opportunistic in nature, as there was no apparent grooming. This likely reflects his high levels of impulsivity, as all of the offences occurred when he was left alone with the children; however, he did not actively seek out situations in which he could offend. The cultural norms dictate that sex with children is bad, and the physical context provided opportunities for offending by allowing unsupervised access to children (due to his social role as an uncle), whereby John could hide his offending. However, because he is impulsive and his offending was not planned, he was far more likely to get caught, as his sister generally only left him alone with his niece for short periods of time. There were other times that John was left alone with his niece where he did not offend against her, and he describes his offences occurring at times of high stress in his life, such as a job loss, which is evidence of sexualised coping.

To summarise the application of John's dynamic risk factors to the AMR, different individual and contextual factors influenced the development of goals and the strategies used to attain these goals. Because John desired intimacy and sex with others, yet was socially isolated and rejected and so therefore struggled with this, the goal that he formed was sex with a child. The implementation of this goal was opportunistic as a result of his impulsivity, and was largely dependent on his emotional state (i.e. he offended while experiencing negative emotions such as stress).

**Protective Factors and the APM.** After identifying how risk factors directly contribute to offending, the next stage is to identify what capacities would be useful in terms of reducing the likelihood of further offending. As described earlier in the chapter, risk factors should be removed through treatment, and replaced with protective strengths. For example, although John would prefer to form meaningful relationships with adults, he has difficulty doing so. Because of his social isolation and rejection, he developed the goal of sex with a child

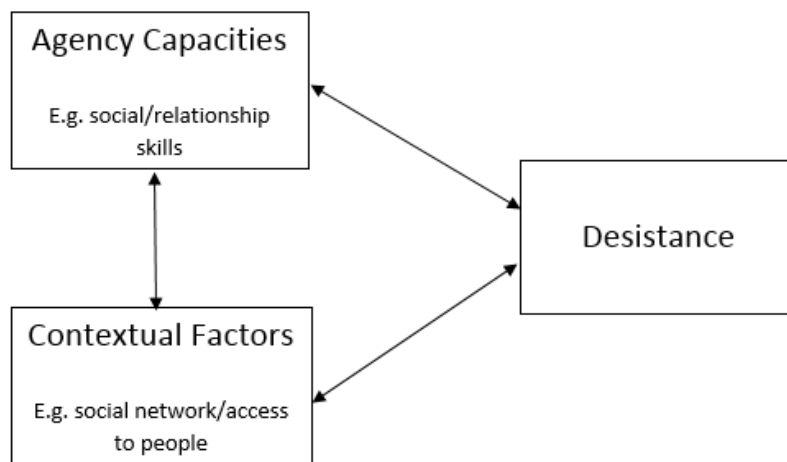
to overcome the resulting loneliness and unhappiness. Protective factors that would be useful in this situation would be those that enable him to achieve his initial goal of sex or intimacy with an adult, such as the development of social skills and problem-solving abilities. John is isolated in his social context, so the provision of adequate support would also likely be useful in terms of reducing the loneliness that has contributed to his offending.

John’s risk assessment displayed moderate levels of negative emotionality, which should be addressed through treatment (this could involve medication for underlying issues such as depression or anxiety, if necessary). Because his offending was often dependent on his emotional state (whereby it was used as a coping mechanism), potential protective factors that would be useful may also include positive coping skills, so that when he is feeling stressed, he will not feel the urge to turn to sexual behaviours. Other protective factors may also be relevant, such as sobriety (due to John’s history of poor decision making while intoxicated), valued goals in order to achieve a sense of personal meaning in life, and an environment that consists of constructive attitudes to offenders (i.e. that people can change).

**Table 3.** A Case Example: Applying Protective Factors to the APM.

Agency Related Protective Factors	Contextual Protective Factors
Effective Problem Solving Skills	Social Network/Access to People
Functional coping skills	Work/Leisure Activities
Self-control	(Possibly) Medication
Social/Relationship Skills	Constructive attitudes to offenders (in the
Valued, personal goals	environment)

Table 3 demonstrates how the different protective factors can be organised according to whether they are agency or contextual factors. Further, figure 11 demonstrates how these factors can actually be applied to the APM to help explain desistance. The examples chosen



*Figure 11. An Example Case Study: Protective Factors Applied to the APM.*

are the agency-related factor of social/relationship skills and the contextual factors of a social network and access to people. Protective factors do not work in isolation, and it's important to explain how they interact with each other. While it is important for John to have a social network and access to other individuals, if he does not have the necessary social skills, he will likely be unable to form and maintain meaningful relationships. This is also true for the reverse, whereby if John has the relevant social skills, yet has limited access to people, he will again be unlikely to form these relationships. Finally, figure 12 demonstrates how protective factors can be applied to the AMR in order to more thoroughly explain how desistance may occur.

In this example, John has redeveloped the goal of emotionally intimate or sexual relationships with adults. This was his initial goal, but he turned to children when he was unsuccessful. The development of attitudes respectful of age-appropriate relationships will aid in formulating a goal that focuses on relationships with adults again. The strategies that John uses to achieve this goal depends on his social and relationship skills, and to build these he requires a context that provides learning opportunities, as well as access to adults. In terms of implementation, problem-solving abilities and the ability to modify plans and strategies are important, as are functional coping skills for if implementation does not go as planned. These

are just brief examples of what factors may benefit John. It is an individualised process, and the specific factors that are relevant to an offender will differ between individuals.

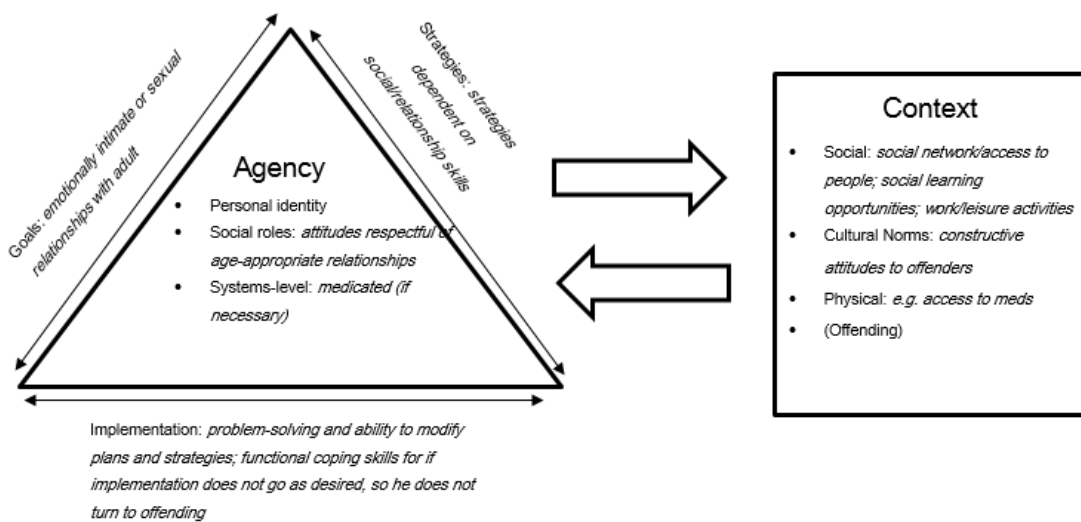


Figure 12. Case Example: Applying Protective Factors to the AMR.

**Intervention Plan.** As described above, the stages of applying the AMR and APM include identifying the individual's dynamic risk factors and applying them to the AMR, followed by identifying what protective factors would be beneficial to the offender, and then applying them to the APM and the AMR. The last stage of this process is to develop a unique intervention plan, specifically one that will address and individual's risk and facilitate protective factors relating to desistance. The intervention could take on a variety of forms, depending on what framework is used. As I have mentioned earlier, the Good Lives Model has much in common with the approach I am suggesting, and would likely be the most effective rehabilitation framework in which to embed the AMR and APM approaches.

## Summary

The previous chapters have examined current conceptualisations of dynamic risk and protective factors, and have argued that while risk and protection are indeed important concepts within the forensic domain, the field currently has a very minimal understanding of them. A

key problem is that both dynamic risk and protective factors are *predictive* of offending outcomes, and researchers tend to fail in explaining *how* they exert their effects. A further problem is that there is little clarity regarding what these factors actually are, or how they may be classified, particularly in the case of protective factors. Drawing from Heffernan and Ward's (2015) Agency Model of Risk, I have firstly proposed the Agency Protection Model as a means of classifying protective factors as being either agency or context related. I have argued that the application of these factors to the AMR has the added benefit of understanding *how* protective factors may work to increase desistance processes, or social reintegration. Further, I have proposed a procedural model that demonstrates how the APM, in conjunction with the AMR, may be applied to interventions in order to reduce reoffending. Chapter five will now discuss the benefits of this approach in greater detail, as well as possible future directions.

### **Chapter 5: Benefits of the APM and AMR Approaches**

To briefly summarise the previous chapters, chapter one and two of the thesis have provided an in depth examination of current research on dynamic risk factors and protective factors. Dynamic risk is a central component of current forensic literature and practice, and the notion of protection is an interesting and potentially promising domain. However, I have argued that the ways in which these concepts are discussed and utilised are often flawed. Chapter three has developed a new way of understanding protective factors, based on the recently developed Agency Model of Risk (Heffernan & Ward, 2015), named the Agency Protection Model, while chapter four elaborates upon this model. This framework is not only useful in terms of understanding the notion of protection, but in conjunction with the AMR, can be utilised to explain offending and treat offenders.

Current methods of understanding and utilising dynamic risk factors have been criticised based on the notion that dynamic risk factors are composite constructs that should not be viewed as direct causes of offending (Ward & Beech, 2015). However, there is a tendency for researchers and practitioners to utilise dynamic risk factors as tools that *explain* offending. This is a problem. Heffernan and Ward (2015) have developed the AMR as a way of utilising dynamic risk factors to explain offending in a more appropriate way, and the benefits of this approach have been discussed in chapter one. Although this approach has overcome a range of criticisms that predominant conceptualisations of dynamic risk have been faced with, it fails to fully understand how the construct of protection ties in. As described previously, there has been a recent increase in interest in protective factors, and it is a promising area in terms of understanding offending and rehabilitating offenders. However, it is a concept that is still not fully understood. While de Vries Robbe and colleagues have provided a



comprehensive review of protective factors, this analysis does more for demonstrating the role of protective factors in predicting offending outcomes, rather than explaining them.

The approach that I have developed is based on the AMR, utilising its key components of agency and context to explain what protective factors actually are and how they exert their protective effects on individuals. The application of these agency-related or contextual factors can then be applied to the AMR to explain how desistance may occur, and this understanding of risk and protection can then be applied to practice. I will now discuss the benefits of each aspect of my approach. Firstly, I argue that the development of the APM greatly improves our understanding of the notion of protection. Secondly, I suggest that elaborating on the AMR by applying protective factors to this model will allow for greater understanding of why offenders desist (or fail to do so). Finally, I will argue for the benefits of applying the APM and AMR to sexual offender treatment, and how this will enhance current practice. The last section of this chapter will look at potential future directions.

### **Benefits of the Agency Protection Model**

While many researchers agree that placing emphasis on protection is likely to be beneficial in the forensic domain, there is very little consensus surrounding the nature of protection. Key issues relate to defining protective factors, the classification of these factors, and the failure of some researchers to explain how protective factors actually work. I will briefly describe each of these issues in more detail, which will be followed by discussion on how my approach overcomes these problems.

Issues with the definition of protection relate to a) how the concept has moved away from the original meaning that developed out of the child maltreatment literature; and b) issues with how broadly the notion of protection is defined. Whereas in the child maltreatment literature, it was clear who was being protected (the child) and what the source of harm was

(maltreatment), the shift away from this area has made the concept somewhat fuzzy. It is also unclear what can actually be described as a protective factor (for example, is a protective factor simply anything associated with a decrease in the likelihood of a negative outcome occurring, or are there more specific criteria?). Further issues with how protection is currently conceptualised refer to how these factors are typically classified. For example, de Vries Robbe (2015) divided protective factors into groups based on how they exerted their protective effects (through a risk-reducing effect, a mediator/buffer effect, a main effect, and a motivator effect). Problems with this approach have been discussed in depth earlier in the thesis, and include criticisms such as vague or unlikely explanations, and unclear examples. The problems with how de Vries Robbe has classified protective factors also relates to the key issue of prediction versus explanation. de Vries Robbe's model was intended to be explanatory. However, it is a predictive model based simply on statistical relationships, which fails to adequately explain how protective factors actually work. While it is useful in terms of risk prediction, it adds little in terms of explanation, and in that sense also adds little value to intervention.

I have aimed to overcome the above issues associated with how protective factors are currently understood in the forensic literature. Firstly, I have defined protective factors as individual or contextual factors that decrease the likelihood of future reoffending. This definition demonstrates that the concept of protection has moved away from previous understandings in the child maltreatment literature, in that it only refers to factors that decrease *reoffending*, rather than those that prevent offending in the first place. Further, I have overcome issues with how broadly the concept is typically defined by classifying protective factors as either features of the individual (i.e. agency related components) or features of their environment. This emphasises factors that genuinely protect an individual from reoffending, rather than simply the events or processes that are merely associated with decreased offending, such as aging or maturation.

In an effort to overcome the problems associated with classification, I have developed a simple classification system that organises protective factors into two groups depending on whether they are components of the individual (agency-related), or aspects of the environment/outside the individual (contextual factors). The APM is a simple depiction of these two key types of protective factors. Further, the APM describes how different protective factors interact to facilitate desistance – agency-related or contextual factors alone typically are not enough to reduce reoffending; rather, an individual needs a combination of a range of factors that interact with each other. Once protective factors have been classified as one or the other, it can then become clear how they may interact. For example, the agency-related component of valued personal goals may only be a useful protective factor if the context provides opportunities for achieving such goals (e.g. employment opportunities).

This approach overcomes another limitation of de Vries Robbe's conceptualisation of protection, in that it aims to *explain* how these different types of protective factors lead to desistance, and more importantly, how they interact to produce desistance – something that de Vries Robbe fails to adequately do. However, the APM alone tells us little of the details of how protective factors reduce offending. A thorough explanation of desistance occurs once the APM has been applied to the AMR, which will be discussed shortly.

### **Benefits of Applying Protection to the AMR**

As mentioned earlier, Heffernan and Ward's (2015) Agency Model of Risk effectively utilises dynamic risk factors to explain offending within a broader framework. This overcame previous criticisms of dynamic risk factors as only existing as indicators of risk, rather than being causes of offending themselves, and therefore holding little explanatory value. However, Heffernan and Ward included little specific mention of protection and how it may relate to offending (or desistance). I have suggested that the application of protective factors to the AMR

can also enhance explanation and intervention. As previously discussed, once protective factors have been classified according to the APM, they can then be applied to the AMR. In applying protective factors to the AMR, it enables us to understand how individual and environmental strengths interact with each other, as well as a range of other factors (e.g. goals, strategies, etc.) to promote desistance.

While the APM provides a basic understanding of how protective factors interact to produce desistance, the application of this to the AMR allows for a more thorough understanding of how protection may work. Following from the assumption that individuals tend to behave in a goal directed manner, it demonstrates how different individual and environmental factors relate to the development of goals, strategies, and the implementation and evaluation of these strategies. Rather than viewing protective factors as simply a list of variables that correlate with desistance, they become active components of an individual's ability (or failure) to desist. This approach holds a great degree of value in terms of sexual offender research, as it can help explain *why* some people desist, and further, why others may fail to desist.

### **Benefits of Applying the APM and AMR to Practice**

Utilising the APM and AMR in real world practice would be beneficial for a range of reasons. Firstly, as I have discussed extensively, these models enable us to more thoroughly understand why individuals may offend, as well as what factors are likely necessary in order to facilitate desistance. Dynamic risk factors have previously existed as simply a list of variables that are statistically related to offending, and problems have arisen when people have attempted to explain the causes of offending using dynamic risk. The application of the AMR to treatment overcomes this issue, whereby dynamic risk factors can be assessed in the usual way, but can then be integrated into a more useful model to enhance explanation. In terms of

protective factors, practitioners can develop a greater understanding of what protective factors enhance desistance, and how they are likely to work, and this can then be applied to treatment. This new conceptualisation of risk and protection as components of the AMR allows for a greater understanding of how risk factors and protective factors causally relate to offending in terms of how they exert an influence on individuals and their environment.

Another important and beneficial aspect of the AMR and the APM is the core component of agency. A key concept in these two models is that humans tend to behave in a goal-directed manner. As described by Heffernan and Ward (2015, p. 254), ‘risk-related phenomena can only be understood in relation to offending behaviour, and behaviour can only be understood when we consider the goals that it is directed by...’. If offending is explained in terms of a list of risk factors or individual deficits, it can undermine an individual’s perceived agency, and therefore personal accountability for their actions. Further, it can be viewed that the offending was an inevitable outcome of a cluster of deficits. However, if offending behaviour is viewed as goal-directed, and offenders are viewed as having goals and strategies, there is a chance that they could actively work towards developing prosocial goals, as well as more appropriate strategies. To summarise, if we reduce offending to a list of risk factors and deficits, it gives the appearance that individuals have no control over their behaviour (i.e. whether they offend). However, the AMR and APM places agency at the core of the frameworks, placing emphasis on individual choice and goals, and therefore also individual responsibility.

Another benefit of these approaches is that those involved in treatment delivery are able to create individualised treatment plans based on the APM and AMR. Traditional risk assessment tools can still be utilised within the early stages of this approach, enabling practitioners to identify individual deficits in the typical way. The features that would be necessary to foster change can also be recognised, and an approach can be developed that is

centred on each specific individual's needs. While many current rehabilitation methods (e.g. the RNR) resemble this approach in terms of addressing individual needs, the AMR incorporates a wider range of individual variables, including biological, emotional, and cognitive, as well as a range of contexts, such as interpersonal and cultural (Heffernan & Ward, 2015). This approach enables us to view each offender as unique individuals and develops an intervention tailored specifically to them, while also utilising the more traditional tools typically used in risk assessment.

This approach differs from typical approaches in that it specifically calls for the identification of necessary protective aspects, rather than focusing solely on risk reduction. It can be described as consistent with strengths-based approaches, taking a more holistic view of the offender. Rather than viewing an offender as a list of risk variables that needs to be reduced, it takes into account a range of different factors both internal and external to the offender that interact with each other, as well as with the basic goal-directed function of humans, to explain offending. Protective factors, rather than viewed as a list of variables merely associated with decreased offending, are again viewed as different types of factors that interact with each other, as well as features of the AMR (e.g. goals, context, etc), that work to facilitate desistance. Since this understanding of risk and protection is more general than previous approaches, as well as being strengths-based, it may lead to increases in offender motivation and greater willingness to complete treatment, resulting in lower attrition rates and more successful outcomes.

Another benefit of this approach is that it is consistent with, and can be embedded within, current approaches to sexual offender treatment. As described in the previous chapter, it is most similar to the GLM approach to rehabilitation. The central themes of both of these frameworks are goals (or goods), and the strategies used to achieve these. The AMR holds that humans behave in a goal-directed manner, which is compatible with the GLM view of offending as a means to meet human needs. The key goal in terms of rehabilitation is that

offenders will be able to achieve their goals/needs in such a way that does not rely on offending. Both the AMR and GLM emphasis a more general method of assessment, and with the inclusion of protective factors, they both place a greater stress on offender strengths, rather than deficits.

Overall, the AMR and the APM, and the application of these to practice have overcome a range of previous limitations. The use of dynamic risk factors to explain offending has been criticised, and Heffernan and Ward's (2015) AMR overcomes this limitation. However, they did not thoroughly integrate the notion of protection into their framework. The APM, and the subsequent application of this to the AMR overcomes this limitation, explaining where protective factors fit in, while also overcoming a range of problems typically associated with current conceptualisations of protection. These approaches are more strengths-based than deficit focused, which can potentially allow for more positive intervention approaches, such as individualised treatment plans based on a broader range of factors, placing a greater emphasis on offender strengths.

### **Future Directions**

While I have provided a new approach to understanding the notion of protection in the forensic and sexual offending domains, this type of theory and its associated research is still in its infancy, and much work remains to be done. Empirical research is necessary to provide support for these approaches, for example, by the real world application of these models to offenders. This would shed some light on whether this approach is indeed useful in terms of understanding offenders, as well as whether it enhances intervention processes.

There are still a range of unanswered questions that need to be addressed by both theoretical and empirical work. I have suggested that in applying the APM to rehabilitations, practitioners can decide what protective factors would likely be useful to instil in offenders in

order to reduce offending. This raises two key questions: a) what is the best way to determine what protective factors an individual would benefit from?, and b) what is the most effective way to instil these factors within individuals? Likely, there would need to be some sort of structured guide that is utilised in determining what protective factors for benefit individuals. Studies have demonstrated that unstructured clinical judgement is the least effective method of determining the likelihood of an individual reoffending. The current approach would likely benefit from some guided structure, rather than clinicians and other professionals subjectively determining what factors would be beneficial to an offender. The second key point refers to *how* to instil these factors (Serin, Chadwick, & Lloyd, 2015). Specific treatment approaches are likely to vary depending on who is implementing them, and this could lead to different treatment outcomes. A standardised, evidence-based approach, while far off, would likely be beneficial. If these two points were addressed, we would then understand in more depth both what factors an individual needs, and how to instil them.

### **Summary**

Chapter 5 has examined the benefits of using the APM and AMR approaches in both research and practice. The APM overcomes problematic ways of understanding the notion of protection, while the combination of the APM and AMR allows for a more thorough understanding of offending and desistance processes. This approach can positively impact how interventions are conducted, creating a strengths-based approach to treatment that aims to directly reduce the likelihood of reoffending reoccurring through addressing risk, as well as indirectly impact the likelihood of offending by improving offender's lives. However, this work is still in its infancy, and much more theoretical and empirical work is required. The final section of the current thesis will include some final remarks regarding protective factors in the forensic and sexual offending domains.



## **Chapter 6: Concluding Remarks and Overall Summary**

This thesis has focused on the relatively new concept of protection in sexual offending research and practice. The first aim of the thesis was to critically analyse the concept of protection in the forensic and sexual offending domains. Chapters 1 and 2 provide an in-depth review of the background and development of protection in forensic psychology, as well as criticisms of how this concept is understood. Previously, there has been a large amount of emphasis placed on the idea of risk and risk factors, and this has been criticised for a range of reasons. The shift in focus to protection and protective factors has been viewed as a positive move away from the more deficit focused understanding of offenders. Because this area of research is still in its infancy, current understandings of protection have been met with a range of criticisms and limitations. de Vries Robbe (2014) has provided the most comprehensive review of protection within the sexual offending area, and while this work is indeed valuable in terms of its role in risk prediction, it is limited in enhancing our understanding of protection, and offers little in terms of explaining offending (and desistance).

The second aim of this thesis was to develop a model that will provide a more useful approach to understanding and utilising protection. Chapters 3, 4, and 5 focused on the development of this approach as well as the benefits of utilising it to understand protection. The goals were to clearly define the notion of protection (something that is lacking in the forensic psychology area), develop a way of classifying and understanding protection, and also develop an approach that could be applied to offender treatment. I drew from Heffernan and Ward's (2015) Agency Model of Risk, and developed the Agency Protection Model. This model classifies protective factors as being either features of the individual (agency related protective factors), or features of the environment (contextual protective factors). Protective factors can be broken down into these core elements, and then applied to the AMR in the same

way that risk factors can be viewed as components of the AMR. This expands on Heffernan and Ward's development of the AMR, and allows for the identification of protective factors that play (or would be helpful in playing) an active role in the desistance process. Most importantly, these models aid in explaining *how* protective factors actually exert their protective effects.

The lack of *explanation* in forensic psychology has recently become a debated issue, due in part to the work by Ward (2015). Ward and colleagues have argued that there has been far too much emphasis on risk prediction and too little on developing comprehensive explanations of crime. Ward and Beech (2015) argued that dynamic risk factors are generated by underlying causal mechanisms, rather than being causes in and of themselves – they should not be used to explain the causes of offending.

In a similar sense, protective factors should not be viewed as causes of desistance. They too have been utilised as predictive tools, and with limited work into the theoretical background of the notion of protection, this has also come at the expense of explanation. As mentioned earlier, de Vries Robbe created a predictive tool incorporating protective factors, and attempted to develop a model explaining how protective factors exert their effects. However, this model was limited, and was more of a statistical model relating to prediction, rather than an explanatory model that clarifies the link between protective factors and desistance. Other researchers have developed scales that utilise protective factors, but the details of this concept have remained murky. For example, there has been debate surrounding what protective factors actually are, how they should be defined, and how they may actually work; yet researchers appear to have failed in addressing these points.

The goal of the APM was to overcome these limitations. It goes beyond the utilisation of protection purely for assessment purposes, incorporating it into the explanation of desistance, as well as the application of it to interventions.

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