Is Dynamic Risk Assessment in Sexual Offenders is Captured in Diagnosis

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Dynamic risk factors have variously been referred to as “psychologically meaningful risk factors” or “individual propensities”. Like traditional concepts of traits, propensities are described as enduring characteristics that lead to predictable expressions of thought, feelings or behaviors (Mann, Hanson and Thornton, 2010). In addition, dynamic risk factors and dynamic risk tools stress measurement of sexual deviance and sexual preoccupation. Hanson and Morton-Bourgon (2004) reported that paraphilias were significantly associated with sexual recidivism. This same meta-analysis found that a sexual preference for prepubescent or pubescent children, however measured, significantly predicted sexual recidivism. Multiple instruments have been developed relative to the assessment of dynamic risk factors and include the Acute, the Stable, the Structured Risk Assessment Forensic Version (SRA-FV), and the Sex Offender Treatment Intervention and Progress Scale (SOTIPS). These instruments generally contain clinical measures that assess four different rubrics or clinical domains including a sexual interest/sexual deviance domain, relationship style domain, adjustment to supervision domain, and a self-management domain. Strong parallels are noted between these clinical domains and the diagnostic features as delineated in the Diagnostic and Statistical manual of Mental Disorders-5th Edition (DMS-5) for the Paraphilic Disorders and the Personality Disorders. These diagnoses predominate in the area of risk assessment of sexual offenders and, in particular, in the controversial area of SVP.

The present study examined 100 cases of male sex offenders previously evaluated by licensed psychologists employed by the Wisconsin Department of Corrections under the provisions of Chapter 980, the Sexually Violent Persons (SVP) law enacted in Wisconsin in 1994. In all cases the Stable 2007, the SOTIPS and the SRA-FV were scored. Results of dynamic risk assessment were then compared to the diagnostic formulation of these cases as determined independently of dynamic risk assessment. The implications are discussed in terms of methods of capturing and assessing important static and dynamic factors of sexual recidivism risk.

Goals of the Poster Presentation:
1. Gain an understanding of the concepts of dynamic risk assessment.
2. Understand the implications of diagnostic formulation in SVP evaluations relative to dynamic risk.
3. Extend the research into understanding comprehensive risk assessment in sex offender populations.