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Assessing the Convergent Validity of the VRS-SO and the CPORT with a Forensic Community Sample

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Child pornography (CP) offences have gained increasing attention in societal, legal, and clinical contexts. Consequently, questions regarding the likelihood that individuals who have committed CP offenses will reoffend with either a new online offense and/or will commit an offline contact offense have been raised. Research has demonstrated that individuals whose offenses are limited to online offenses (i.e., no history or concurrent contact sexual offenses) are unique from individuals who commit conventional sexual offenses on a number of characteristics (i.e., average age, level of education, presence of sexual deviancy, sexual preoccupation). These differences, coupled with the increase in CP offenders presenting for assessment and treatment, point to the significant need for empirically validated risk assessment tools designed specifically for this population. The Child Pornography Offender Risk Tool (CPORT; Seto & Eke, 2015) was developed to address this gap and provide a risk assessment tool to aid in the prediction of any sexual recidivism (i.e., contact or noncontact) among adult male offenders with an index conviction of a child pornography offence. A second measure that may have utility in assessing risk among individuals with CP offenses is the Violence Risk Scale – Sexual Offense Version (VRS-SO; Olver et al., 2007). This measure was originally developed to address the absence of a generic sexual offense risk instrument that can be used in situations with or without an identifiable victim. An additional advantage of the VRS-SO is that it was designed to both assess risk and allow clinicians to rate changes in dynamic risk factors over the course of time/treatment. While the VRS-SO has been empirically validated among offenders with sexual offenses that include an identifiable victim, it has not yet been specifically validated among individuals with *only* CP offenses.

The goal of the current study was to examine the convergent validity of the CPORT and the VRS-SO in a forensic community sample of individuals who have been convicted of an index offense of child pornography. Given that the CPORT is a fairly new measure, a secondary goal was to determine the utility of the CPORT with a community sample. The current sample consists of 50 adult male offenders (exact N to be determined). Information from clinical files (e.g., clinical reports, police incident reports, agreed statement of facts) was used to code both the CPORT and the VRS-SO. Convergent validity was assessed using Pearson's correlation coefficient, and results demonstrated significant positive correlations between the CPORT total score and several other scores including the VRS-SO total score, sexual deviance factor score, and criminality factor score. Several missing items were also noted throughout the coding process, with a minimal number of cases being excluded from

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analysis. Implications for risk determination, treatment, and management of individuals convicted of a CP offense along with directions for future research will be explored.

Natasha Maltais is a recent graduate of the psychology honours program at MacEwan University. Her research interests focus primarily on risk assessment, especially as it pertains to sexual offenders. In the future, she hopes to continue to conduct research in the field, and use that research to help inform clinical practice. She is currently a research assistant with the Sexual Violence Team at Forensic Assessment and Community Services.

Christine Sribney is a Registered Psychologist at Forensic Assessment and Community Services (FACS) in Edmonton, Alberta. She is the clinical lead for the sexual violence team and is involved in program development and coordination of assessment and treatment services. She also provides sexual violence risk evaluations, treatment assessments, and, for over 17 years, has participated in both individual and group treatment for individuals who have sexually offended (ISO). She is currently involved in research that relates to community-based treatment for ISO.