**Sexual Violence Risk - 20**

The SVR-20 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence. Sexual violence is defined broadly as "actual, attempted, or threatened sexual contact with a person who is nonconsenting or unable to give consent." The goals of the SVR-20 guidelines include the following:

- Make risk assessments more systematic.
- Increase agreement among evaluators.
- Provide detailed guidelines grounded in the scientific literature.
- Assist in the planning and delivery of interventions (treatment and supervision).
- Objectively evaluate the adequacy of risk assessments.

Risk assessment does not fall exclusively within the domain of any profession or discipline. Risk assessments are routinely conducted by correctional, psychological, and medical professionals, as well as by multidisciplinary teams. Evaluators need to understand the factors associated with general crime and violence as well as those associated with sexual violence. The SVR-20 manual provides information about how and when to conduct sexual violence risk assessments, research on which the basic risk factors are based, and key questions to address when making judgments about risk.

The SVR-20 specifies which risk factors should be assessed and how the risk assessment should be conducted. The list of risk factors is: (a) empirically related to future sexual violence; (b) useful in making decisions about the management of sex offenders; (c) nondiscriminatory; and (d) reasonably comprehensive without being redundant. The 20 factors essential in a comprehensive sexual violence risk assessment fall into three main categories: Psychosocial Adjustment, History of Sexual Offenses, and Future Plans. The actual risk for sexual violence depends on the combination (not just the number) of risk factors present in a specific case. Coding of the SVR-20 involves determining the presence/absence of each factor and whether there has been any recent change in the status of the factor. This item-level information is integrated into a summary judgment of the level of risk (Low, Moderate, or High), which can easily be translated into an action plan.

Developed primarily for use in criminal and civil forensic contexts, the SVR-20 is appropriate for use in cases where an individual has committed, or is alleged to have committed, an act of sexual violence:

- Pretrial release decisions.
- Presentence assistance to judges.
- Development of treatment programs at correctional intake.
- Prior to discharge to assist in post-release management.
- Custody/access assessment.
- Determination of need for a community warning.
- Quality assurance or critical incident reviews.
- Education and training.

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1. Sexual Deviation:
Sexual deviation – also known as deviant sexual preference or paraphilia – is a relatively stable pattern of sexual arousal to inappropriate stimuli (e.g., age-inappropriate or non-consenting people, animals, or inanimate objects) that causes distress or social dysfunction. It is clear from the research literature that people whose sexual violence is motivated, at least in part, by sexual deviation are at increased risk for re-offense. This is true regardless of whether sexual deviation is inferred from the defendant’s history of sexual behavior, the results of plethysmographic assessments of deviant sexual arousal, or the offender’s self-reported history of deviant sexual fantasies (Hanson & Busiere, 1996).

Most individuals have little interest in exposing their genitals to strangers or stealing underwear. Offenders who engage in these types of behaviors are more likely to have problems conforming their sexual behavior to conventional standards than offenders who have no interest in paraphilic activities. Sexual deviation is likely a causal risk factor that renders sexual violence appetitive for some individuals. Depending on the nature of the sexual deviation, it may be associated with several facets of risk. People with sexual deviations generally commit acts of violence consistent with their fantasies. Also, multiple, severe, or exclusive paraphilias are associated with the likelihood, frequency, and imminence of future sexual violence, whereas sexual sadism (sexual arousal to the physical or psychological suffering of others) may predict the severity of future violence.

Application to Mr. (ln):

2. Victim of Sexual Abuse
Empirical evidence suggests that child abuse is a general risk factor for criminality, nonsexual violence, and sexual violence (Dutton & Hart, 1992a,b; Kaufman and Zigler, 1989; Widom, 1989), even among sex offenders (Hanson & Bussiere, 1996). Professional reviews support the consideration of child abuse when evaluating risk for sexual violence (Greer, 1991; McGovern & Peters, 1988; Ross & Loss, 1991). However, there is little evidence supporting a specific link between child sexual abuse and later sexual violence (Hanson & Bussiere, 1996; Romans, Martin & Mullen, 1997).
Numerous social-psychosocial and biopsychological theories predict a link between experiences of abuse in childhood and perpetration of violence in adulthood. Socio-psychological theories tend to view child abuse as a causal factor, whereas biopsychological theories view it as a risk marker. Some theories also posit that sexual abuse experiences in childhood are causally related to perpetration of sexual violence in adulthood, possibly because of their influence on the development of deviant sexual preference (Laws & O’Donohue, 1997; Marshall, Laws, & Barbaree, 1990). It is likely that child abuse is associated with both the nature and likelihood of future sexual violence.

Application to Mr. (ln):

3. Psychopathy
Psychopathy – also known as psychopathic antisocial, or dissocial personality disorder – is a robust risk factor for criminality and violence in correctional offenders and forensic psychiatric patients (Hart & Hare, 1997). With respect to sexual violence, psychopathy is associated with past opportunistic and sadistic offenses (Hart & Hare, 1997). Follow-up studies of sex offenders indicate that psychopathy is predictive of general criminality, non-sexual violence, and sexual violence (Hanson & Bussiere, 1996; Rice & Harris, 1997).

Psychopathy appears to have a causal association with all facets of risk for violence (Hart & Dempster, 1997). In addition, psychopathy probably is associated with the likelihood, frequency, severity, and imminence of future sexual violence. (see Hart, 1998a,b; Webster et al. 1997).

Application to Mr. (ln):

4. Major Mental Illness
Epidemiological research in several countries indicates that major mental illness, those which seriously impair cognition and affect, are associated with an increased risk for criminality and violence (Hodgins, 1992; Monahan, 1992). There may be a particularly strong relationship between violence and psychosis or mania (Douglas & Hart, 1996; McNiel & Binder, 1994, Taylor et al., 1994). There is some evidence that psychosis and intellectual deficits also are risk factors for sexual violence (Hanson & Bussiere, 1996), and professional reviews recommend its consideration when evaluating risk (McGovern & Peters, 1988; Murphy et al., 1992).

Major mental illness likely is a causal factor that may lead to impulsive or irrational decisions to act in a sexually violent manner. It probably is associated with the likelihood of future sexual violence, although active symptoms of major mental illness may be associated with the imminence of future sexual violence.

Application to Mr. (ln):

5. Substance Use Problems
Substance use is associated with increased risk for general violence (Hodgins, 1990; Swanson, 1994). Is has been linked to risk for sexual violence by researchers (Quinsey, Lalumiere, Rice, & Harris, 1995) and professionals (McGovern & Peters, 1988; Murphey et al., 1992). It may also predict general criminality in sex offenders (Hanson & Bussiere, 1996).
Application to Mr. (ln):

6. Suicidal / Homicidal Ideation
This factor is likely a risk marker that reflects the presence of sexual deviation, and particularly sexual sadism, major mental illness, or attitudes that support or condone sexual violence. A history of suicidal/homicidal ideation probably is associated with the likelihood, frequency, and severity of future sexual violence; the nature of the ideation with the nature of the violence; and the recency of the ideation with the imminence of the violence.

Application to Mr. (ln):

7. Relational Problems
Failure to establish and maintain stable intimate relationships is considered an important risk factor for sexual violence (Hanson, 1997; Hanson & Bussière, 1996; McGovern & Peters, 1988; Quinsey, Lalumiere, Rick & Harris, 1995). Research suggests that having a prolonged intimate connection to someone may be a protective factor against sexual reoffending. See Hanson and Bussière (1998). On the whole, we know that the relative risk to sexually reoffend is lower in men who have been able to form intimate partnerships.

Application to Mr. (ln):

8. Employment Problems

Application to Mr. (ln):

9. Past Nonsexual Violent Offences
Nonsexual violence is a risk factor for criminality and violence among criminal offenders and forensic patients (Harris et al., 1993; Monahan, 1981/1995; Hanson and Bussière, 1998), including sex offenders (Hanson & Bussière, 1996; Quinsey, Lalumiere, Rice & Harris, 1995). The presence of non-sexual violence predicts the seriousness of damage were a re-offence to occur and is strongly indicative of whether overt violence will occur (Hanson & Bussière, 1998).

At present, there is no clear evidence that it is a specific risk factor for sexual violence (Hanson & Bussiere, 1996). However, one study did show that convictions for non-sexual violence were specifically predictive of rape (forced sexual penetration) rather than all kinds of sexual offenses (Thornton & Travers, 1991). According to professional reviews, past nonsexual violence is an important risk (Murphy et al., 1992; Ross & Loss, 1991). This factor may be risk marker that reflects the presence of personality disorder or antisocial attitudes. It probably is associated with the likelihood, frequency, and severity of future sexual violence. In some English data sets this item has also been predictive of reconviction for any sex offense. Sub-analyses of additional data sets confirm the relation of prior non-sexual violence and sexual recidivism (Hanson & Thornton, 2002).

Application to Mr. (ln):
10. Past Nonviolent Offences
Criminal history and the measurement of persistence of criminal activity are based on a firm foundation in the behavioral literature. As long ago as 1911 Thorndyke stated that the “the best predictor of future behavior, is past behavior”. Andrews & Bonta (2003) state that having a criminal history is one of the “Big Four” predictors of future criminal behavior. More specific to potential for sexual crimes, a history of general (nonsexual, nonviolent) criminality is a risk factor for violence and sexual violence among criminal offenders and forensic patients (Harris et al., 1993; Monahan, 1981/1995), including sex offenders (Hanson & Busseiere, 1996; Quinsey, Lalumiere, Rice & Harris, 1995). According to professional reviews, past nonviolent offending is an important factor to consider in clinical evaluations of risk (McGovern & Peters, 1988; Murphy et al., 1992; Ross & Loss, 1991).

This factor may be a risk marker that reflects the presence of personality disorder or antisocial attitudes. It probably is associated with the likelihood and frequency of future sexual violence.

Application to Mr. (ln):

11. Past Supervision Failures
People who have violated the conditions of conditional release or community supervision are at increased risk for criminality and violence (Bonta, Harman, Hann, & Cormier, 1996; Harris et al., 1993). There is some evidence that it may also be a risk factor for nonsexual and sexual violence in sex offenders (Rice & Harris, 1997; Quinsey, Lalumiere, Rick & Harris, 1995). According to professional reviews, past supervision failure may be an important factor to consider in clinical evaluations of risk (McGovern & Peters, 1988).

This factor is likely a risk marker that reflects the presence of personality disorder, as well as sexual deviation and attitudes that support or condone sexual violence (if the failures involved acts of sexual violence). It probably is associated with the likelihood, frequency, and imminence of future sexual violence.

Application to Mr. (ln):

12. High Density Sex Offenses
Number of past sexual offenses is one of the factors most reliably associated with recidivistic sexual violence among correctional offenders and forensic patients (Hanson, 1997; Hanson & Bussiere, 1996; Quinsey, Lalumiere, Rice & Harris, 1995). This factor is an important factor to consider in clinical evaluations of risk, according to professional reviews (McGovern & Peters, 1988; Murphy et al., 1992, Ross & Loss, 1991). More recently, and specific to sexual offenders, a meta-analytic review of the literature indicates that having prior sex offences is a predictive factor for sexual recidivism (Hanson and Bussière, 1998).

This factor is likely a risk marker that reflects the presence of sexual deviation and attitudes that support or condone sexual violence. If probably is associated with the likelihood, frequency, and imminence of future sexual violence. Also, the nature of past offenses may be associated with the nature and severity of future sexual violence.

Application to Mr. (ln):
13. Multiple Sex Offense Types
People who have committed multiple types of sex offenses are at increased risk of recidivistic sexual violence (Hanson, 1997; Hanson & Bussiere, 1996; Quinsey, Lalumiere, Rice & Harris, 1995). It is also deemed an important factor to consider in clinical evaluations of risk (McGovern & Peters, 1988; Murphy et al., 1992; Ross & Loss, 1991). Sex offense “types” typically are defined according to victim characteristics and nature of the violence.

This factor is likely a risk marker that reflects the presence of sexual deviation, as well as attitudes that support or condone sexual violence. It probably is associated with the likelihood, frequency, and imminence of future sexual violence; it may also prevent forecasting the specific nature and severity of any future sexual violence.

Application to Mr. (ln):

14. Physical Harm to Victim(s) in Sex Offences
There is no clear evidence that this factor predicts sexual violence (Hanson & Bussiere, 1996, but see Epperson, Kaul, & Huot, 1995). This particular risk factor is difficult to study, however, as individuals who commit the most serious physical violence typically are institutionalized for much longer periods of time than are most sex offenders. Professional reviews have deemed it an important factor to consider in clinical evaluations of risk (Greer, 1991; McGovern & Peters, 1988; Murphy et al., 1992; Ross & Loss, 1991).

This factor is likely a risk marker that reflects the presence of sexual deviation (possibly sexual sadism), as well as attitudes that support or condone sexual violence. It probably is associated with the likelihood, frequency, and severity of sexual violence; it may also be associated with the nature of any future sexual violence.

Application to Mr. (ln):

15. Uses Weapon or Threats of Death in Sex Offences
There is no clear evidence that this factor predicts sexual violence (Hanson & Bussiere, 1996). If is difficult to study, however, as individuals who use weapons during offenses typically are institutionalized for much longer periods of time than most sex offenders. Professional reviews have deemed it an important factor to consider in clinical evaluations of risk (Greer, 1991; McGovern & Peters, 1988; Ross & Loss, 1991).

This factor is likely a risk marker that reflects the presence of sexual deviation (possibly sexual sadism), as well as attitudes that support or condone sexual violence. It probably is associated with the nature, likelihood, frequency, and severity of future sexual violence.

Application to Mr. (ln):

16. Escalation in Frequency or Severity of Sex Offences
Anecdotal evidence suggests that some people show a clear pattern of escalating sexual violence. This risk factor overlaps conceptually with others: Escalation in frequency may be reflected in part by high-density sex offenses in recent times, and escalation in severity by the use of physical
violence, weapons, or threats of death in recent offences. However, the unique aspect of this factor is that it captures the “trajectory” over time of violence committed by the individual (Greenland, 1985). There is no clear evidence that this factor predicts sexual violence (Hanson & Bussiere, 1996), perhaps because it is rare or because it is examined infrequently. However, professionals consider it an important factor, and it is discussed in some professional reviews (e.g., Ross & Loss, 1991).

This factor is likely a risk marker that reflects the presence of sexual deviation (possibly sexual sadism), as well as attitudes that support or condone sexual violence. It probably is associated with all facets of risk, that is, the nature, likelihood, frequency, severity, and imminence of future sexual violence.

**Application to Mr. (ln):**

**17. Extreme Minimization or Denial of Sex Offences**

It is often noted in the professional literature that sex offenders minimize the seriousness of past violence, deflect personal responsibility for past violence, or even deny their involvement in past violence all together. There is no clear evidence supporting this factor’s ability to predict future sexual violence, although it predicts general criminality in sexual offenders (Hanson & Bussiere, 1996). According to professional reviews, it is an important factor to consider in clinical evaluations of risk (Greer, 1991; McGovern & Peters, 1988; Ross & Loss, 1991).

This factor likely is a risk marker that reflects the presence of personality disorder or attitudes that support or condone sexual violence. It probably is associated with the likelihood and frequency of future sexual violence.

**Application to Mr. (ln):**

**18. Attitudes that Support or Condone Sex Offences**

People who engage in criminal conduct frequently endorse socio-political, religious, (sub)cultural, and personal attitudes that support or condone their behavior (e.g., Andrews & Bonta, 1994). Insofar as beliefs or attitudes can be used to minimize or deny past offences, this risk factor overlaps conceptually with the previous one (item 17). There is no clear evidence supporting this factor’s ability to predict future sexual violence (Hanson & Bussiere, 1996), but some professional reviews deem it an important factor to consider in clinical evaluations of risk (Greer, 1991; McGovern & Peters, 1988).

This factor is causally related to future sexual violence. According to some social-psychological theories, certain attitudes may influence the decisions made by individuals who are considering sexual violence, reducing the perceived likelihood of severity of harm to self and others. Alternately, attitudes may be a risk marker that reflects the presence of sexual deviation, personality disorder, or extreme minimization or denial of past sexual offenses. This risk factor probably is associated with the likelihood and frequency of future sexual violence; the specific attitudes may be related to the nature and severity of any violence.

**Application to Mr. (ln):**

**19. Lacks Realistic Plans**
People who fail to devise suitable, safe, and realistic plans for discharge from an institution are at increased risk for criminality and violence after release (Andrews & Bonta, 1994; Bartels, Drake, Wallach, & Freeman, 1991; Estroff & Zimmer, 1994). Such plans should be tailored to the individual’s needs and include targets such as place of residence, employment, family relationships, and relationships with correctional and health care professionals. Although this risk factor has received little attention in the research literature, it is discussed in some professional reviews (e.g., Ross & Loss, 1991).

This factor may be causally related to future sexual violence. A lack of realistic plans may lead to psychological distress, which in turn may lead to short-term increases in sexually deviant thought or urges (Proulx et al., 1997). Thus, a history of poor planning may be associated with increased likelihood and frequency of future sexual violence, and current problems concerning goals with the imminence of violence.

Application to Mr. (ln):

20. Negative Attitude Toward Intervention
People who are rejection of correctional or mental health support, or who lack the motivation to make use of this support, are at increased risk for criminality and violence (Andrews & Bonta, 1994; see also Webster et al., 1997). With respect to sex offenders, there is some evidence that failure to receive treatment, refusal of treatment, and dropping out of treatment predict future sexual violence (Hall, 1995; Hanson & Bussiere, 1996). This risk factor also is deemed important in professional reviews (Greer, 1991; McGovern & Peters, 1988; Murphy et al., 1992; Ross & Loss, 1991).

Negative attitudes toward intervention may be causally related to future sexual violence. They may lead to inadequate professional support, which in turn may lead to: (a) decreased chances that the individual’s sexual deviation will diminish; (b) increased chances that the individual will experience psychological distress; or (c) increased chances that the individual will be exposed to destabilizing factors, such as illicit drugs or easy access to victims, while living in the community. This risk factor may be associated with increased likelihood and frequency of future sexual violence, and current problems concerning attitudes with the imminence of the violence.

Application to Mr. (ln):

References


