




# Advanced VRS-SO Training for Evaluators

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## Violence Risk Scale – Sexual Offense version (VRS-SO)

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Best place to get materials:

[www.psynergy.ca](http://www.psynergy.ca)

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## Training schedule

- Review scoring rules
- Practice examples
- Review use of calculator and interpretation
- Review use of user's workbook
- Selected research studies

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## Scoring Rules: Basic rules & reminders

- Always score with the manual. Don't score based on guesses or impressions.
- Pre-tx DRF numerical score: Was this a treatment need on the day he was admitted to the treatment program?
- 0 = Absence of behaviors for the items; can be considered a strength.
- 1 = Some behaviors reflective of the item, but not enough to be a treatment needs; Minor Risk
- 2 = Behaviors for item indicate moderate risk / treatment need
- 3 = Behaviors for item indicate high risk / treatment need

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## Scoring Rules: Basic rules & reminders

- When determining the SOC, always compare patient's progress with the description for Maintenance. This tells us what ORBs to be looking for.
- Determining SOC means considering the frequency of ORBs to OABs.
- Consider how consistent and frequent the ORBs as compared to OABs or lapses, and how long this has been evident for
- The OAB/ORB manual can be helpful

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## Scoring Rules: Basic rules & reminders

- Maintenance: Demonstrating that he is able to manage this risk factor in high-risk situations.
- Action: Stable management of this risk factor for about 1-2 years, many ORBs and few OABs.
- Preparation: Evidence of having learned and using overt skills to manage risk factor. But OABs outnumber ORBs, or the skill set is still new.
- Contemplation: Realizes this risk factor/ treatment need relates to him. Willing to start working on this in treatment, but no overt skills being demonstrated.
- Precontemplation: Doesn't see this risk factor as applying to him/needing treatment in this area, and not motivated to work on it.

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## Scoring Rules: Basic rules & reminders

- In SVP contexts, we generally use a 2yr rule to get from Prep to Action. However, also consider the density and endurance of the risk factor and difficulty to change. For example, D8 insight will be faster and easier to achieve than D16 deviant sexual preferences.
- Action requires stability of change: mostly evidence of ORBs and few OABs.
- Maintenance requires Action but the stability of the item is tested in high-risk situations.

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## Time 1 vs. Time 2

- Must have consistency among users within a given jurisdiction – differing T1 and change scores will make it even more difficult to determine whether differences are due to scoring errors, differences of opinions, or something else
  - Lack of consistency is difficult for the court
- The difference between having a constant T1 baseline and a revolving T1 baseline results in differences of the final risk estimate (see users' workbook). The constant T1 baseline seen as more accurate
- Any historical information up to the day of admission counts as T1. T2 is revolving with the most emphasis in the past two years
  - Don't forget to consider prior prison time in T1!

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## Time 1 vs. Time 2: Conditional Release (CR)

- In SVP settings, I recommend counting CR in T2
- T1 remains everything up to the day of admission to SVP facility
- T2 is everything since then including time on CR with the last 2 years being most relevant
  - I would give little weight to incidents/behaviors that occurred years ago for cases that have been under commitment for years

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## Time 1 vs. Time 2: Reincarceration

- New sexual offense? Clock starts over.
- Jail for non-sexual offense, probation hold, CR violation: Continues to be T2 when returns to the treatment program or CR
- Long-term prison stays for revocations? Pros and cons to either choice.

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## IRR


- VRS-SO User's Manual will have information about samples, IRR, etc.
- Pretreatment SEM = 3.7, Change = 1.1
- Evolving research: Comparing the 5- and 10-year risk estimates between evaluators may be a useful way to examine IRR with the VRS-SO
  - Higher pretreatment score tends to result in higher change score
  - Lower pretreatment score tends to result in lower change score
  - The way the VRS-SO is scored seems to control for evaluator differences (provided they are defining T1 and T2 in the same way)

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## Scoring Rules: Common misunderstandings & errors


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## “Static-99R is always better than VRS-SO static”

- VRS-SO static is easier to score – simple and straightforward
- VRS-SO static can have its advantages (e.g., when current governing offense is not the index sexual offense)
- Can average the recidivism rates from the VRS-SO total score with the Static-99R+VRS-SO (Helmus et al., 2022)
- Should not use the VRS-SO static with 60+ year olds


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## “Any information documented in T2 cannot count in T1”

- Generally, anything that has occurred since admission (sanctions, completion of assignments, etc.) only counts in T2
- However, if individuals report historical events during treatment sessions, this can count in T1. For example, Mr. X completed an offense disclosure assignment and reported he was angry at the time of the index offense (rape) after having been stood up on a blind date earlier that night. This can be used to rate T1 for D7. Information about how he now manages his anger relates to T2.

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## “T1 can’t be scored retrospectively”

- In three of the four normative studies, T1 was scored retrospectively based on file information.
- There is no problem with scoring cases retrospectively who have been in treatment as long as the rule for T1 is being consistently followed.

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## “Can’t use the same data for more than 1 item”

- Actually, yes you can.
- Some items overlap, and similar data points are going to be relevant.

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## “When items share similar data, the items get the same score”

- Just because the items have overlap and similar data may be used in more than one place, it doesn't mean the items shares similar scoring instructions or weights the data the same.
- Be attentive to scoring differences between items and make sure your notes reflect your scores.

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## “Everyone starts in Precontemplation at T1”

- The risk score and SOC depends on everything that happened up to the day of admission to SRSTC.
- Treatment participation in prison or in the community needs to be considered (SOT, substance abuse tx, anger management tx, etc.).
- Consider conduct reports, work reports, community supports, and release planning while in prison. Where would he have been discharged if not to the current program? Terms of DOC supervision? Release plan? Willingness to participate in treatment at the current facility on the day of admission?
- Consider age and length of time in prison – if he was 70 years old by the time he was admitted, is D2 still really a treatment need?


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## “A lack of information must mean change”

- Change is related to Offense Replacement Behaviors (ORB). There must be evidence that a skill is being used to manage the risk factor. Sometimes this can be avoiding triggering stimuli, but it should not only be avoidance coping. Avoidance coping will be of limited value in the community.

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## “Can’t use the VRS-SO with old guys”

- As long as the VRS-SO dynamic and change is paired with Static-99R, research indicates that the VRS-SO works reasonably well and older guys can have treatment needs and show treatment change.

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Specific items

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## D1: Sexually Deviant Lifestyle

- This is not about sexual compulsivity. Extensive use of non-illegal porn is not relevant.
- This is about whether the person immerses himself in deviant situations and/or sets up new opportunities to access victims
- The individual prioritizes sexual deviance in their life; it's a daily part of their life
- Grooming is included but does not have to include grooming


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## D2: Sexual Compulsivity

- Weight newer information as stronger than very historical information
- If evidence of sexual preoccupation is limited to juvenile years and not adulthood, this would not result in a high score
- Consider prison behavior


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## D3: Offense Planning

- Scores for D3 does not dictate scores for D13. These are scored independently.
- One can be planful in carrying out sex offenses while still exhibiting lifestyle impulsivity – moving from place to place and job to job without real plans, impulsively spending money, etc.
- Consider planning in the moment


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## D4: Criminal Personality

- Only related to interpersonal and affective features of psychopathy
- Antisocial behaviors (Factor 2) are not relevant here
- This item picks up on those who are more likely to drop out / get kicked out of treatment
- Helpful to use original PCL-R item scores at time of admission

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## D5: Cognitive Distortions

- When scoring T1, the focus is on distorted beliefs specifically related to sexual offending
- When scoring T2, OABs can involve overt distortions of sexual offending as well as other types of thinking errors if it is relevant to sex offense patterns (e.g., hostility towards females; entitlement)
- Distorted thinking related to depressive thoughts or things that are not offense-related is not relevant here


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## D6: Interpersonal Aggression

- Don't forget this can be physical, verbal, non-verbal, and passive-aggressive displays of aggression towards others as well as violent fantasies
- Consider how much this is a habitual part of the individual's interaction style
- Consider both sexual and non-sexual offenses, and behavior in custodial settings


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## D7: Emotional COnTrol

- MUST be directly linked to 1+ sexual offenses
- 1 = as a difficulty with anger management or other emotional dyscontrol and not linked to sexual offenses
- 2 = Linked to one sexual offense, OR emotions linked to sexual offenses in a general manner but no specific precursor for a specific sexual offense
- 3 = There is a pattern. A pattern means 2 or more. An emotional state or trigger is linked to 2+ sexual offenses

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## D8: Insight

- The focus here is on the cognitive understanding of the link between risk factors/precipitating factors and the sexual offense as well as the need for treatment
- Can they name risk factors? Can they describe what led up to past sexual offenses? Are they willing to participate in treatment?
  - Or are they minimizing the need for treatment, what they did, etc?

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## D9: Substance Abuse

- Similar to D7: must be linked to sex offenses
- 1 = Has a substance abuse problem, but use not linked to any sex offenses
- 2 = Use of drugs/alcohol preceded one sexual offense
- 3 = Use of drugs/alcohol preceded two or more sexual offenses

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## D10: Community Support

- T1 is based on the adequacy of community supports when the individual was last in the community and when he was getting ready to be released from prison
- T2 is based on the adequacy of community supports he is expected to have when released from his current program
  - Needs to be more than just ideas; has communicated and confirmed; has plan in place; etc.


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## D11: Released to High-Risk Situations

- Does he have a pattern of rapidly returning to high-risk situations?
- What was/ is his risk management plan? Where would he live and work? Appropriate to manage risk?
- What high risk situations could he anticipate? How would he manage them?
- How would he get help if needed?
- Any aftercare? People who knew / know his red flags?
- Learned to manage his DRFs and could start to generalize coping strategies to community settings?

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## D12: Sexual Offending Cycle

- Is there a pattern to his sexual offenses? Are they similarly linked to a precipitating factor?
- He may have different types of offenses and victims. We are interested in similar patterns leading to sexual offenses.
- It is unlikely that those with multiple sexual offenses would not have some similar precursors.

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## D13: Impulsivity

- This is not just about impulsivity within sexual offenses, although that is considered
- The focus is on LIFESTYLE IMPULSIVITY. The item is similar to the PCL-R item.


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## D14: Compliance with Community Supervision

- This tends to be an easy item to score for cases with a history of probation/parole
- Don't forget to consider release planning and cooperation with recommended services in prison

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## D15: Treatment Compliance

- Consider prior participation in SOT programs (e.g., prison before SVP facility). If he completed SOT, then it's probably not a high treatment need, and he's probably not still in Precontemplation/contemplation (unless he says something to undermine this on the day of his admission)
- Treatment that is unavailable to him should not be counted against him. Instead, consider whether he was willing to participate in SOT if offered and whether he consented to SOT upon admission
- If he sexually reoffended after treatment, then the clock goes back to zero

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## D16: Deviant Sexual Preference

- Having a paraphilic diagnosis is helpful but not necessary
- The focus here is evidence that the individual demonstrates a preferential pattern for deviant stimuli over normative stimuli
- If the individual has a preferential pattern for normative stimuli but evidence of a deviant interest, a score of 2 vs. 3 may be more appropriate.
- If the individual has a preferential pattern for normative stimuli but committed sexual offenses of an antisocial nature (little to no evidence of deviant interests), this is probably not a treatment need.

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## D17: Intimacy Deficits

- This item is about a lack of intimate attachments. This can stem from fear of adult partners or intimacy or a lack of interest due to personality disorders or mental health issues
- Individuals who don't have long-term relationships and jump from girlfriend to girlfriend tend to get a 2 on this item
- Individuals who avoid adult partners, seek intimacy with children, or have no interest in girlfriends (instead getting sexual needs met in highly impersonal ways) tend to get a 3
- Prison relationships do not count

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## Practice Example

- Mr. Gold was convicted of two sexual offenses against adult female strangers. On the first occasion, he was drinking at a local bar with friends. Over the course of the night, he had six beers and three shots of whiskey. As he was leaving, he noticed an attractive woman getting into her car. He pushed himself into the car, grabbed her throat, and directed to drive and park behind a school. He forced her into the backseat where he raped her, and then he fell asleep in the backseat.
- On the second occasion, Mr. Gold agreed to meet a woman on a blind date. He used an alias. After meeting for coffee, they agreed to take a walk in a local park. While walking, he pushed her behind some bushes, grabbed her throat, and ordered her to take off her clothes. He then forcibly raped her.
- While in jail awaiting trial, Mr. Gold acknowledges problems with substance abuse. He drinks to intoxication almost daily, has been charged with driving under the influence, and has previously been in detoxification units.

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## Practice Example

- What is Mr. Gold's D9 Substance Abuse score at Pretreatment?

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## Practice Example

- Mr. Silver has a long history of sexual offenses involving multiple victims. Even while committing sexual offenses, he was engaging in daily intercourse with his live-in girlfriend. He was also cheating on his girlfriend with other women including one-night stands. During the early time of his current incarceration period, Mr. Silver received multiple sanctions for engaging in mutual sex with other inmates and having contraband (possession of pornography). In recent years, he has not received any such sanctions. He was recently admitted into an SOT program, but he has always declined such treatment. He is now 69 years old.

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## Practice Example

- What is Mr. Silver's D2 Sexual Compulsivity Pretreatment score?

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## Practice Example

- Mr. Bronze has committed sexual offenses against three different prepubescent children including two girls and one boy. He has agreed to participate in SOT while incarcerated. During the initial SOT evaluation, Mr. Bronze was not sure what led up to his offenses. However, he believed he was generally feeling depressed and hopeless at the time. He said he had a stressful job he didn't like, which didn't pay enough money for him to live comfortably. He has a history of depression since his teenage years. He denied being sexually attracted to children. He could not recall any specific event that would have made him experience strong feelings on the day of any of the offenses.

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## Practice Example

- What is Mr. Bronze's D7 Emotional Control Pretreatment score?

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The image shows the cover of a workbook titled "VRS-SO Calculator & User's Workbook". The top half of the cover has a dark blue background with a subtle pattern of overlapping circles and a vertical blue bar on the left. The title is written in white text. The bottom half of the cover is white.

## VRS-SO Calculator & User's Workbook

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A decorative graphic consisting of a 3x4 grid of small blue dots.

Some important research to  
know for testimony

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Olver, M. E., & Wong, S. C. P. (2011). A comparison of static and dynamic assessment of sexual offender risk and need in a treatment context. *Criminal Justice and Behavior*, 38, 113-126.

Updated:

Olver, M. E., Kelley, S. M., Kingston, D. A., Beggs Christofferson, S. M., Thornton, D., & Wong, S.C. P. (2021). Incremental contributions of static and dynamic sexual violence risk assessment: Integrating Static-99R and VRS-SO common language risk levels. *Criminal Justice and Behavior*, 48(8), 1091-1110

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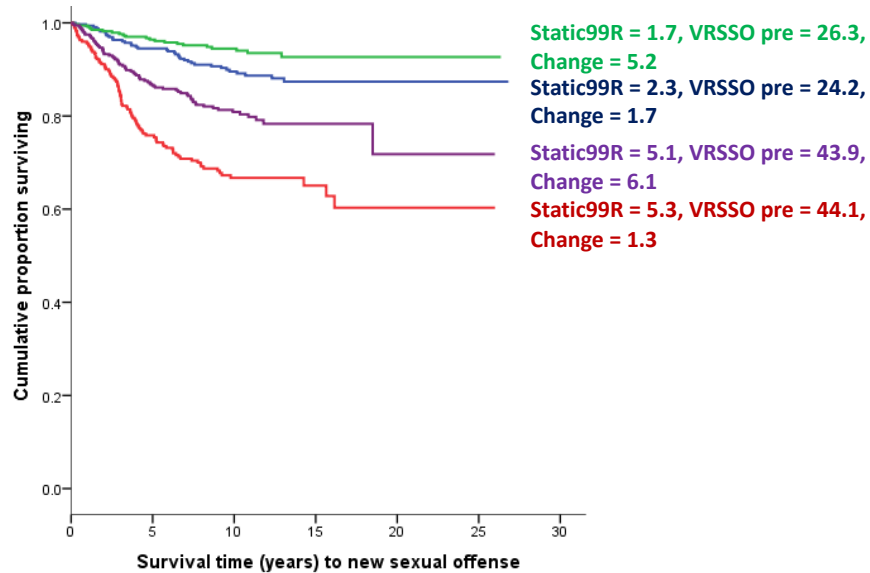
## Four Risk-Change Groups

Risk-change group	n	Static-99R	Pretreatment	Change
Low risk, low change	328	2.3 (2.5)	24.2 (6.5)	1.7 (1.2)
Low risk, high change	332	1.7 (2.2)	26.3 (5.6)	5.2 (1.4)
High risk, low change	271	5.3 (2.3)	44.1 (6.6)	1.3 (1.3)
High risk, high change	357	5.1 (2.0)	43.9 (6.0)	6.1 (2.1)

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## Trajectories of Sexual Recidivism as a Function of Baseline Risk Level and Change



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## Use of the VRS-SO with Older Persons

Olver, M. E. \*, Beggs Christofferson, S. M., Nicholaichuk, T. P., & Wong, S. C. P. (2020). Predictive properties of the Violence Risk Scale-Sexual Offense version as a function of age. *Assessment*, 1-23. Ahead of print publication  
<https://doi.org/10.1177/1073191120914405>

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### Objective

- To examine the age related discrimination and calibration properties of the VRS-SO as a function of increasing age

### Featured four samples:

- Olver et al. (2007)
- Beggs & Grace (2010, 2011)
- Olver et al. (2014, 2020)
- Sowden & Olver (2017)

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### Predictive Accuracy of VRS-SO Scores for Sexual Recidivism and Fixed Effects Meta-Analysis by Age Group

VRS-SO	< 30 n = 311/255	30s n = 378/289	40s n = 348/232	50s n = 155/88	≥ 60† n = 77	Fixed effects meta-analysis		
						AUC	Q	I <sup>2</sup>
5-year sexual recidivism								
Static	.65***	.69***	.74***	.67*	.77*	.71***	1.63	0.00
Dynamic pre	.71***	.66***	.75***	.63	.80*	.71***	6.33	36.80
Dynamic post	.72***	.69***	.77***	.67*	.81*	.74***	5.67	29.46
Total pre	.71***	.69***	.77***	.66	.81*	.73***	4.69	14.77
Total post	.72***	.71***	.79***	.70*	.82*	.75***	4.31	7.05
10-year sexual recidivism								
Static	.66***	.72***	.80***	.67	.77*	.73***	6.93	42.29
Dynamic pre	.70***	.68***	.71***	.61	.80*	.70***	3.27	0.00
Dynamic post	.71***	.71***	.72***	.66	.81*	.72***	2.67	0.00
Total pre	.71***	.72***	.76***	.64	.81*	.73***	2.83	0.00
Total post	.72***	.74***	.77***	.68	.82*	.74***	2.52	0.00

†D/t low base rates ≥ 60 employs unfixed follow-up

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Calibration: E/O Index Analyses Comparing Observed Rates of 5 and 10-Year Sexual Recidivism Among Age Cohorts to Logistic Regression Estimates Generated by VRS-SO Risk and Change Score Combinations (with and without Static-99R).

Age	Observed		Static-99R and VRS-SO predicted			VRS-SO predicted		
	N	n recid	n recid	E/O	95% CI	n recid	E/O	95% CI
Sexual recidivism (5-year)								
< 30	311	46	46.7	1.01	0.76, 1.35	43.3	0.94	0.70, 1.25
30s	378	58	47.4	0.82	0.63, 1.06	42.9	0.74*	0.57, 0.96
40s	348	22	29.3	1.33	0.88, 2.02	33.1	1.50	0.99, 2.26
50s	155	13	14.7	1.13	0.66, 1.95	16.2	1.25	0.72, 2.15
≥ 60	76	2	4.2	2.10	0.53, 8.40	6.5	3.25	0.81, 13.00
Sexual recidivism (10-year)								
< 30	255	57	58.0	1.02	0.79, 1.32	52.5	0.92	0.60, 1.19
30s	289	68	59.7	0.88	0.69, 1.12	53.1	0.78*	0.61, 0.99
40s	232	29	31.9	1.10	0.76, 1.31	37.4	1.29	0.90, 1.86
50s	88	9	10.8	1.20	0.62, 2.31	12.7	1.41	0.73, 2.71
≥ 60	47	2	2.8	1.40	0.35, 5.60	5.0	2.51	0.63, 10.03

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## VRS-SO and Age: Conclusions

- Fixed effects meta-analysis showed non-significant variability in AUC magnitudes for 5 and 10-year sexual recidivism across age cohorts
  - VRS-SO demonstrates good discrimination of recidivists from non-recidivists across different age groups, including older individuals

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## VRS-SO and Age: Conclusions

- Calibration analyses (E/O index) show rates of sexual recidivism observed in a given age cohort, consistent with that expected on the basis of VRS-SO scores
  - Good calibration across age groups with slight underprediction of sexual recidivism for 30s.
  - Static-99R-VRS-SO combination provides slight improvement in age correction over VRS-SO static + dynamic for  $\geq 60$ s group.

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Olver, M. E., Mundt, J. C., Thornton, D., Beggs Christofferson, S. M., Kingston, D. A., Sowden, J. N., Nicholaichuk, T. P., Gordon, A., & Wong, S. C. P. (2018). Using the Violence Risk Scale-Sexual Offense Version in sexual violence risk assessments: Updated risk categories and recidivism estimates from a multisite sample of treated sexual offenders. *Psychological Assessment, 30*, 941-955.

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## VRS-SO Calculator

- Four samples of treated sex offenders with complete VRS-SO and Static-99R ratings
  - Olver et al. (2007)
  - Beggs & Grace (2010, 2011)
  - Olver, Nicholaichuk et al. (2014, 2019)
  - Sowden & Olver (2017)

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## VRS-SO Calculator

- Minimum 10-years of offending opportunity
  - N = 913
  - 5 and 10-yr LR generated estimates for sexual and violent recidivism
- Risk scores entered into LR equation and excel spreadsheet computes risk estimate
  - Developed by Dr. J. Mundt at SRSTC

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**Logistic Regression Prediction of 5 and 10-Year Sexual Recidivism by VRS-SO and Static-99R Risk and Change Scores (N = 913)**

Regression model	5-year Sexual recidivism					10-year Sexual recidivism				
	B	SE	Wald	p	e <sup>B</sup>	B	SE	Wald	p	e <sup>B</sup>
<b>Model 5</b>										
VRS-SO pretreatment total	.082	.011	58.15	<.001	1.09	.085	.009	81.99	<.001	1.09
VRS-SO change	-.148	.042	12.41	.001	.86	-.148	.036	16.54	<.001	.86
Constant (B <sub>0</sub> )	-4.552	.459				-4.124	.385			
<b>Model 6</b>										
Static-99R	.247	.050	24.70	<.001	1.28	.254	.042	35.74	<.001	1.29
VRS-SO dynamic (pre)	.060	.015	15.15	<.001	1.06	.059	.013	19.95	<.001	1.06
VRS-SO change	-.133	.043	9.59	.002	.88	-.130	.037	12.23	<.001	.88
Constant (B <sub>0</sub> )	-4.247	.451				-3.736	.377			

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Kelley, S. M. (2021). Use of the Violence Risk Scale – Sexual Offense version (VRS-SO) within sexually violent persons evaluations. *Sexual Offending Theory, Research, and Prevention*, (16), 1-17.

	Clearwater 1 (n = 321)	NaSOP (n = 254)	Clearwater 2 (n = 180)	SRSTC (n = 182)
Static-99R	4.6 (2.3)	5.3 (2.1)	4.9 (2.2)	5.2 (1.7)
Pretreatment	25.0 (7.5)	31.8 (6.7)	31.2 (5.4)	39.4 (4.9)
Change	2.6 (2.1)	4.0 (2.9)	4.2 (3.3)	4.4 (3.0)

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## Q & A

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