ADVANCES IN THE STRUCTURED ASSESSMENT OF PROTECTIVE FACTORS AGAINST SEXUAL OFFENDING (SAPROF-SO)

Current Research and Practice Considerations

Gwenda Willis, David Thornton, & Sharon Kelley

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PRESENTATION OVERVIEW



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SAPROF-SO TEAM



Gwenda Willis
The University of Auckland
New Zealand

David Thornton
FAsTR LLC
Wisconsin, USA

Sharon Kelley
Sand Ridge Secure Treatment Center
Wisconsin, USA

Michiel de Vries Robbé
SAPROF International
The Netherlands



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DEFINING PROTECTIVE FACTORS

- Protective factors = the presence of a positive propensity associated with a reduced risk of (sexual) reoffending (de Vogel et al., 2012; de Vries Robbé et al., 2015)
  - Not simply the absence of a risk factor
  - Can exist on a continuum with risk factors, as an antidote to risk factors, or independent of risk factors

(de Vogel et al., 2012; de Vries Robbé et al., 2015)

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STRUCTURED ASSESSMENT OF PROTECTIVE FACTORS AGAINST SEXUAL OFFENDING (SAPROF-SO)

- Inspired by the Structured Assessment of PROtective Factors against violence risk (SAPROF; de Vogel et al., 2012); the SAPROF-SO was developed initially as a standalone actuarial tool, with an SPJ additional manual for use with the original SAPROF under development. SAPROF items were revised and sexual offence specific items added
- Three core subscales informed by factor analysis: Resilience, Adaptive Sexuality, Prosocial Connection & Reward
- One optional subscale: Professional Risk Management
- Items rated 0 - 4; higher ratings = increased protection
- Highly dynamic (generally considering information from past 6 months to make predictions about upcoming 6 - 12 months)

(De Vogel et al., 2012)

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SAPROF-SO SUBSCALES



Resilience

1. Adaptive schemas
2. Empathy
3. Coping
4. Self-control
5. Attitudes towards rules & regulations



Adaptive Sexuality

6. Sexual self-regulation
7. Prosocial sexual interests
8. Prosocial sexual identity
9. Intimate relationship



Prosocial Connection & Reward

10. Goal-directed living
11. Work
12. Leisure activities
13. Social network
14. Emotional connection to adults



Professional Risk Management

P1. Sexual offence-specific treatment
P2. Therapeutic alliance
P3. Motivation for managing risk
P4. Medication
P5. Supervised living
P6. External control

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RESEARCH UPDATES

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FACTOR ANALYSIS OF PILOT ITEMS

- Exploratory factor analysis with a composite sample of cases recruited from prison and community-based SAPROF-SO pilot sites (N = 614).
  - First published factor analysis of the 24 SAPROF-SO pilot items
  - WLSMV estimation with oblique (GEOMIN) rotation; solutions with up to eight factors examined
- A six-factor solution provided the best fit. Factors were labelled Resilience, Adaptive Sexuality, Prosocial Connection & Reward, External Control, Response to Treatment, and Economic Stability.
  - First solution with good fit on all three indices: RMSEA = .042, TLI = .976, SRMR = .032
  - First three factors substantially intercorrelated (r = .44 to .54)
- The first three factors largely align with the SAPROF-SO Version 1 subscales.

(Willis, Thornton, & Kelley, 2026)

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FACTOR ANALYSIS RESULTS

Resilience		Adaptive Sexuality		Prosocial Connection & Reward		External Control		Response to Treatment		Economic Stability	
Self-Control	.982	Prosocial Sexual Interests	.992	Work	.640	Supervised Living	.938	Therapeutic Alliance	.541	Housing Stability	.587
Coping	.933	Prosocial Sexual Identity	.737	Goal-directed living	.615	External Control	.861	Motivation to Manage Risk	.453	Financial Management	.451
Attitude to Rules & Regulations	.715	Sexual Self-Regulation	.587	Leisure	.510	Sexual Offence Specific Treatment	.331	Medication	.266		
Adaptive Schemas	.707	Intimate Relationship	.348	Cognitive Functioning	.505						
Empathy	.617			Emotional Connection to Adults	.466						
Social Network	.405			Secure Attachment in Childhood	.244						

Note. Six-factor solution (N = 614). Items are shown under the factor on which they loaded most strongly. Social Network and Emotional Connection to Adults loaded about equally on Resilience and Prosocial Connection & Reward.

(Willis, Thornton, & Kelley, 2026)

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SAPROF-SO PREDICTIVE VALIDITY: OVERVIEW OF STUDIES

Study	Sample	Measures
Nolan et al. (2023)	N = 210, NZ prison-based treatment sample	SAPROF-SO (pilot version), Static-99R
Thornton et al. (2026)	N = 467 (Nolan et al. sample + subset of cases from Olver & Riemer, 2021)	SAPROF-SO V1, Static-99R
Carr et al. (2025)	N = 170, U.S. supervised release sample	SAPROF-SO V1, Static-99R
Olver et al. (2026)	N = 261, Canadian prison-based treatment sample	SAPROF-SO (pilot version), Static-99R, VRS-SO
Willis & Thornton (2026)	N = 362 NZ prison-based treatment sample	SAPROF-SO V1, Static-99R, RM2000/S, Stable-2007
Hare et al. (2026)	N = 138, Australian correctional sample	SAPROF-SO V1, Static-99R, Stable-2007
Willis et al. (2024)	N = 157, NZ longitudinal study	SAPROF-SO V1, Static-99R, RM2000/S, DRAOR, VRS-SO

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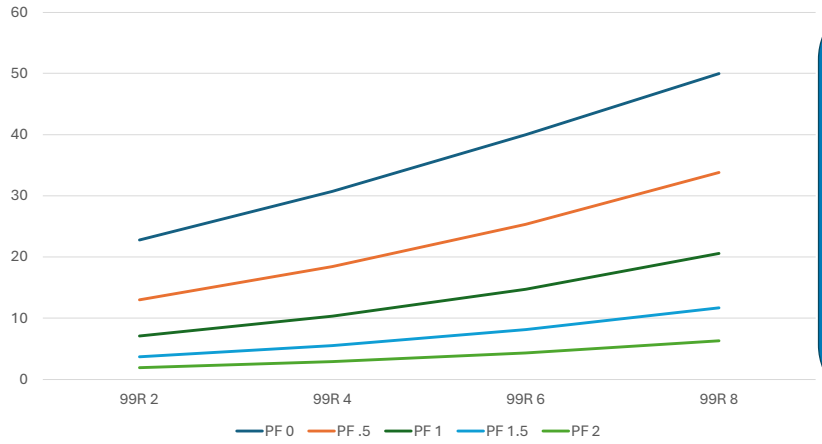
FIVE-YEAR SEXUAL RECIDIVISM BY SAPROF-SO AND STATIC-99R



- *N* = 467, NZ & Canada samples
- SAPROF-SO scores were strongly incremental to Static-99R scores
- When mean SAPROF-SO score reaches 2, recidivism rates consistently low even with above average Static-99R scores

(Thornton et al., 2026)

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SUCCESS ON SUPERVISED RELEASE

- SAPROF-SO retrospectively coded using all available reports predating release from Sand Ridge Secure Treatment Centre (US)
  - *N* = 170; Static-99R *M* = 4.98 (*SD* = 1.62)
  - 41 cases (24.1%) double coded for interrater reliability analyses; ICC for SAPROF-SO Total score = .91, 95% CI = [.84, .95]
  - Raters blind to revocation outcomes
- Revocation data provided by Sand Ridge
  - Included details of any breaches of SR rules that resulted in a return to custody
  - 68 participants (40%) revoked within 24 months of release
    - Most revoked for multiple violations (*M* = 4.72, *SD* = 2.38)
    - 17 (10%) revoked for behaviour meeting the legal threshold for a criminal offence, including 11 (6.5%) sexual in nature
    - An additional 20 participants (11.8%) revoked for sexual offence analogous behaviours.

(Carr et al., 2025)

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CARR ET AL. (2025) KEY RESULTS: AUC

Scale	Any revocation (n = 68)	Sexually related (n = 31)
SAPROF-SO Total	.60* [.51, .68]	.61* [.51, .70]
Resilience	.60* [.51, .68]	.59 [.49, .70]
Adaptive Sexuality	.55 [.46, .64]	.65** [.55, .74]
Prosocial Connection & Reward	.56 [.47, .64]	.52 [.41, .62]
Static-99R	.50 [.41, .59]	.46 [.35, .58]

Note. 95% CI in brackets
**p < .01, *p < .05

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PREDICTIVE VALIDITY RELATIVE TO DYNAMIC RISK INSTRUMENTS

- Olver et al. (2026) retrospectively rated SAPROF-SO (pilot version) for N = 261 Canadian cases (treated sample)
- 21 cases double coded; ICC SAPROF-SO Total posttreatment = .69 (.58 with outlier)
- SAPROF-SO Total posttreatment AUC = .75
- SAPROF-SO scores did not predict sexual recidivism after controlling for Static-99R and VRS-SO scores in Cox regression analyses
  - However, neither VRS-SO or SAPROF-SO change scores were incrementally predictive after controlling for pretreatment scores, noncompletion, & length of stay
  - Note: professionally provided support items were included in SAPROF-SO total score

(Olver et al., 2026)

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PREDICTIVE VALIDITY RELATIVE TO DYNAMIC RISK INSTRUMENTS

- Predictive validity relative to Stable-2007 examined in Willis & Thornton (2026). Hypotheses and analyses pre-registered: osf.io/3n94k
- SAPROF-SO rated retrospectively for *N* = 362 New Zealand cases (treatment sample); 61 cases co-coded; ICC for SAPROF-SO Total = .94, 95% CI = [0.90, 0.96]
- Clinician-rated Stable-2007 scores extracted from participant files
- Recidivism data provided by NZ Police, average follow-up 11.5 years

(Willis & Thornton, 2026)

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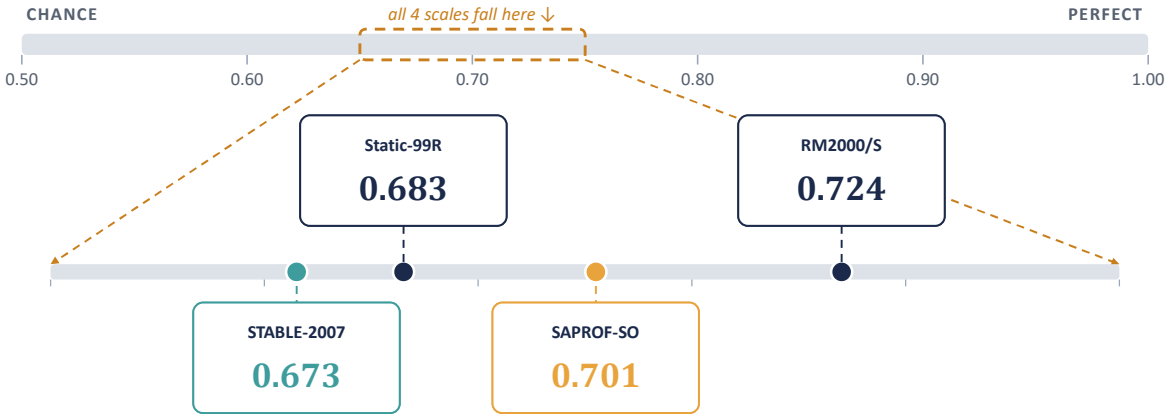
KEY FINDING 1

All four scales significantly predicted sexual recidivism

AUC positions each scale on the same 0.50 (chance) to 1.00 (perfect) discrimination scale



(Willis & Thornton, 2026)

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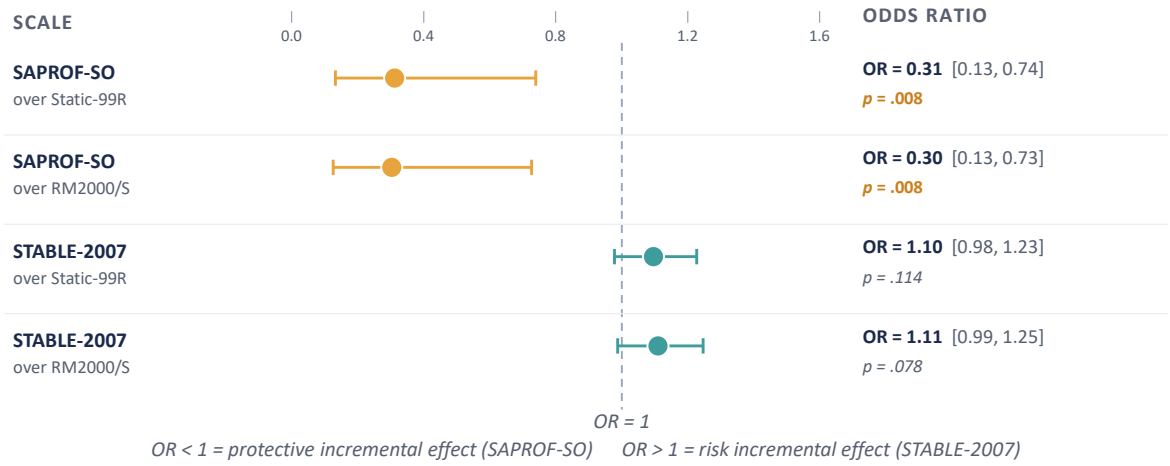
KEY FINDING 2

SAPROF-SO adds significant incremental value over static risk tools for 5-year sexual recidivism

Odds ratios (95% CI) for the incremental step — reference line marks OR = 1 (no incremental effect)



OR < 1 = protective incremental effect (SAPROF-SO) *OR > 1 = risk incremental effect (STABLE-2007)*

(Willis & Thornton, 2026)

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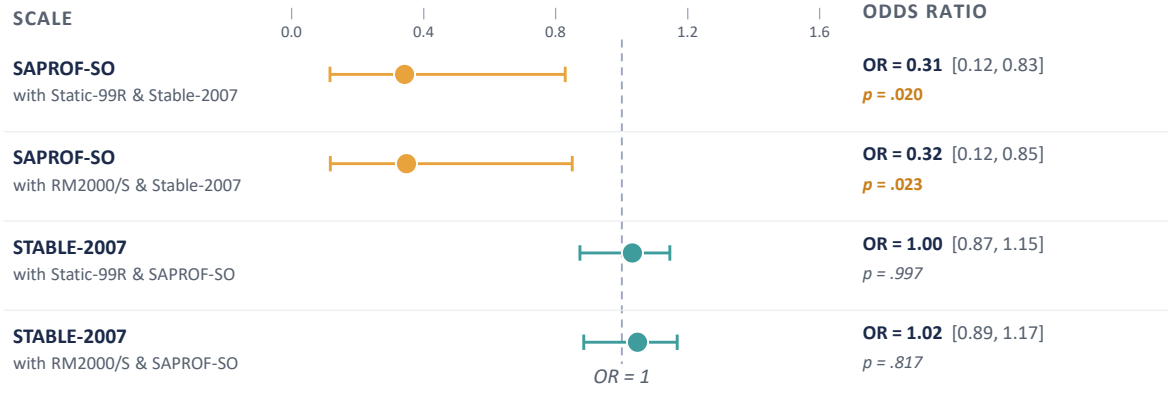
KEY FINDING 3

Head-to-head: when both are in the model, SAPROF-SO stays predictive — STABLE-2007 does not

Odds ratios (95% CI), controlling for a static risk tool (Static-99R or RM2000/S) — reference line marks OR = 1 (no effect)



OR < 1 = SAPROF-SO remains protective *OR ≈ 1 = STABLE-2007 effect disappears*

(Willis & Thornton, 2026)

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KEY FINDING 4

Cox Regression: Time to Sexual Recidivism

Uses the full available follow-up period for every case (average 11.5 years)

Same direction, throughout

All four predictors retained b-coefficients in the expected direction across every Cox model.

Weaker & more often n.s.

Univariate & incremental effects were smaller than in the logistic models; several fell below significance.

Whether vs. when

Predictors were better at forecasting whether someone recidivates within 5 years than exactly when.

INCREMENTAL EFFECTS OVER STATIC TOOLS (COX)

	Over Static-99R (*p*)	Over RM2000/S (*p*)
SAPROF-SO	.062	.108
STABLE-2007	.167	.177

(Willis & Thornton, 2026)

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SUMMARY OF SAPROF-SO RESEARCH FINDINGS

Reliability is good	Ratings are consistent across items and across raters
Construct validity is supported	For the total score and for subscales
Subscales match factor analysis	Subscales represent the three underlying dimensions indicated by factor analysis
Predictive validity is good	Higher SAPROF-SO scores are associated with better cooperation with supervision and less sexual recidivism

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ONGOING RESEARCH

- Predictive validity with indigenous and ethnic minority groups; exploring protective factors through different cultural lenses
- SAPROF-SO change (in longitudinal study data & pre/post therapy) and meaningfulness of change
- Standard error of measurement (SEM) & standardized risk levels

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PRACTICE UPDATES

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MAPPING RISK & PROTECTIVE FACTORS

1 Compared item content

13 of 13
Stable-2007 items

17 of 17
VRS-SO dynamic items

mapped to at least one SAPROF-SO item (its "healthy pole").

VRS-SO Insight, Sexual Offending Cycle and Treatment Compliance mapped only to Motivation for Managing Risk (optional subscale).

No dynamic risk counterpart: Prosocial Sexual Identity; for the Stable-2007, also Goal-directed Living, Work and Leisure Activities.

2 Rated two composite cases



Richard, 19
Community program
Stable-2007 + SAPROF-SO



Jason, 40
Prison program
VRS-SO + SAPROF-SO

Fictional cases written and rated by experienced clinicians. Therapy foci inferred from each tool were then compared.

(Willis, Kelley, et al., 2026)

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COMMUNITY CASE: RICHARD

Stable-2007 risk, scored 0 to 2

Offence-related sexual interests/behaviour
Sex Drive/Preoccupation **1**
Sex as Coping **2**
Deviant Sexual Preference **2**

Antisocial traits
Poor Problem Solving Skills **2**
Negative Emotionality **1**
Capacity for Relationship Stability **2**
General Social Rejection **1**
Impulsive Acts **1**
Cooperation with Supervision **1**

One exception: sexual interests. Deviant Sexual Preference flags a need (rated on offence history), yet Prosocial Sexual Interests is moderately developed (rated on the past 24 months).



Richard, 19
Above Average risk
Low-moderate protection

Mostly the same needs on both tools.
The SAPROF-SO added goals, work and leisure.

SAPROF-SO protection, scored 0 to 4

Adaptive Sexuality
Sexual Self-regulation **1**
Prosocial Sexual Interests **2**
Intimate Relationship **1**

Resilience
Adaptive Schemas **0**
Empathy **1**
Coping **1**
Self-control **1**

Prosocial Connection & Reward
Goal-directed Living **1**
Work **0**
Leisure Activities **1**
Social Network **2**
Emotional Connection to Adults **2**

(Willis, Kelley, et al., 2026)

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PRISON CASE: JASON

VRS-SO risk, scored 0 to 3

Sexual Deviance
Sexually Deviant Lifestyle **2**
Offence Planning **3**
Sexual Offending Cycle **3**
Deviant Sexual Preference **3**

Criminality
Interpersonal Aggression **2**
Substance Abuse **3**
Community Support **3**
Impulsivity **2**

Treatment Responsivity
Insight **2**

Additional needs
Intimacy Deficits **3**
Emotional Control **2**



Jason, 40
Above Average risk
Low-moderate protection

Agreement domain by domain.

SAPROF-SO protection, scored 0 to 4

Adaptive Sexuality
Sexual Self-regulation **0**
Prosocial Sexual Interests **0**
Prosocial Sexual Identity **0**
Intimate Relationship **0**

Resilience
Adaptive Schemas **0** Empathy **1**
Coping **0** Self-control **1**
Attitudes towards Rules & Regulations **1**

Professional Risk Management
Motivation for Managing Risk **1**

Prosocial Connection & Reward
Goal-directed Living **2** Work **2**
Leisure Activities **0** Social Network **0**
Emotional Connection to Adults **0**

(Willis, Kelley, et al., 2026)

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EQUIVALENT THERAPY FOCI IDENTIFIED

=

Considerable overlap

Conceptually and in practice, the SAPROF-SO identified therapy foci equivalent to those from the Stable-2007 and VRS-SO.

+

Additional foci

The SAPROF-SO also identified needs the dynamic risk tools did not, most notably Prosocial Sexual Identity, Goal-directed Living, Work and Leisure Activities.

≠

Different time frames

SAPROF-SO items rate recent functioning (the past 6 to 24 months). Dynamic risk tools also capture long-term vulnerabilities, so findings can diverge.

In practice: risk and protective factors are flags for potential therapy foci (ultimately informed by case formulation). The SAPROF-SO may be more sensitive to pre/post treatment change given its time frames.

(Willis, Kelley, et al., 2026)

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PRACTITIONER SURVEY

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2017 SURVEY (KELLEY ET AL., 2020)

Article

How Do Professionals Assess Sexual Recidivism Risk? An Updated Survey of Practices

Sexual Abuse
2020, Vol. 32(1) 3–29
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Sharon M. Kelley[1], Gina Ambroziak[1], David Thornton[2], and Robert M. Barahal[1]

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Instrument	Frequency	%
SAPROF	12	10.1
START	2	1.7
DUNDRUM	0	-
IORNS	2	1.7
Qualitative Description	70	58.8
No Protective Factors Assessment	22	18.5
Other Protective Factor Assessment	11	9.2

2017 SURVEY (N = 119)

Participants could choose more than one

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NEED FOR A NEW SURVEY: SINCE 2017....

- New norms for Static-99R and Static-2002R
- STABLE-2007 revised evaluator's workbook (2017)
- STABLE-2007 meta-analysis (Brankley et al., 2019)
- Static-99R & STABLE-2007 calculator (released in 2024)
- VRS-SO revised coding manual (2017)
- VRS-SO calculator and norms publication (Olver et al., 2018)
- Multiple predictive validity studies and meta-analyses for DRF tools
- Time free calculator (Thornton et al., 2021)
- New revisions of SPJ tools
- And importantly →

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SAPROF-SO

Structured Assessment of Protective Factors against Sexual Offending

Version 1

2021

Scoring Manual

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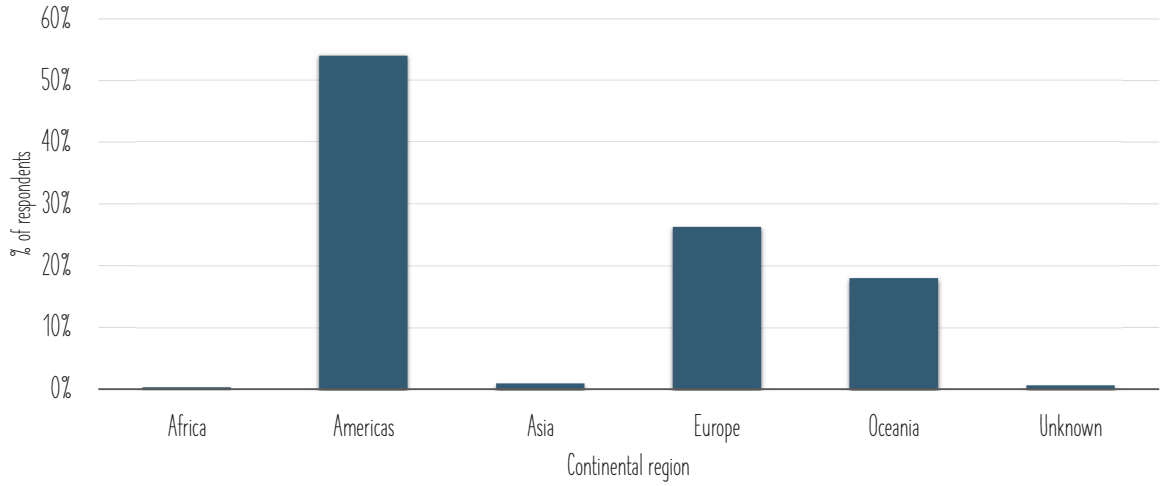
CONTINENTAL REGION (*N* = 350)



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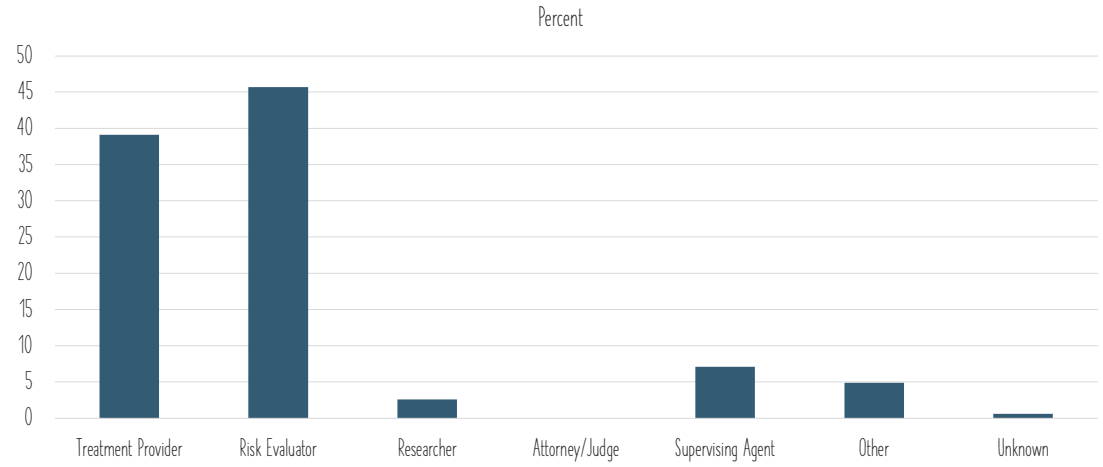
PRIMARY WORK ROLE (*N* = 350)



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YEARS OF EXPERIENCE (*N* = 350)

M = 14.38 years (*SD* = 10.25)

Med = 12.00 years

Range = 1 year to 47 years

MDs = 2.3%

PhD/PsyD/Psych Dip = 47.4%

LCSW/MSW = 38.0%

MA/MS = 10.9%

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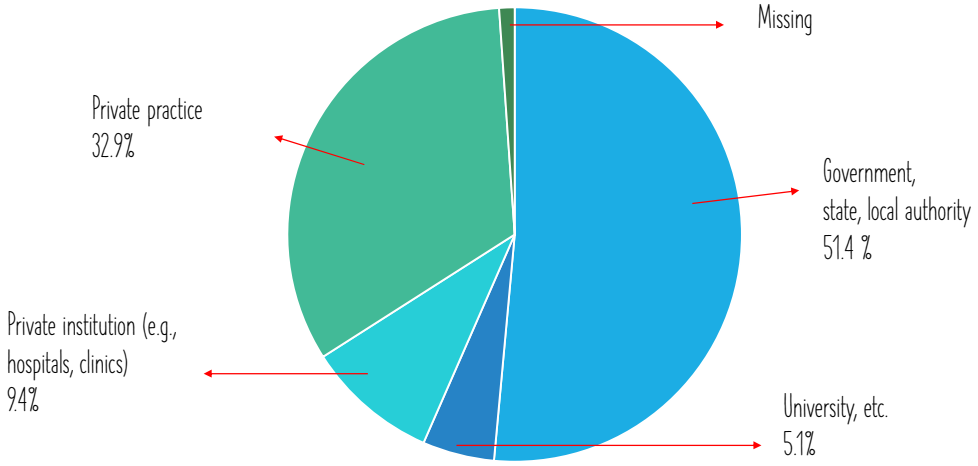
HOW IS THE SAMPLE PREDOMINATELY EMPLOYED? (*N* = 350)



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ROUTINE USE OF TOOLS MEASURING PROTECTIVE FACTORS

What has changed since 2017?



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Protective Factor Tool	2017 Routine Use (*N* = 117)	2026 Routine Use (*n* = 288)
Adult tools		
DUNDRUM	0%	0.3%
IORNS	1.7%	1.0%
SAPROF	10.1%	16.7%
SAPROF-SO	Not available in 2017	27.8%
START	1.7%	1.4%
Kid tools		
DASH-13	Not asked about in 2017	1.0%
PROFESOR	Not asked about in 2017	7.6%
Uses qualitative approach	58.8%	49.0%
Other	9.2%	5.6%
Does not assess for protection	18.5%	16.3%

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DISCUSSION POINTS

There was an increase in SAPROF-SO and SAPROF use from 2017

Still most professionals are using a qualitative approach to appraising protective factors

Why?

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DISCUSSION POINTS

- SAPROF-SO V1 only recently released in 2021
- Research demonstrating incremental validity to Static-99R published in 2023 and 2026 (Nolan, et al., 2023; Olver et al., 2026)
- Was not shown to be incremental predictive to Static-99R plus VRS-SO (Olver et al., 2026)
- Evaluators aware of the importance of protective factors but -
  - Scoring a third instrument is time consuming unless it is clear it adds empirical value
- Current research projects are addressing this concern

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PRACTITIONER'S WORKBOOK

- Includes initial normative data (*N* = 518), level of community supervision/case management needs based on SAPROF-SO and Static-99R, and more!
- Appendix includes interview guide and example reports
- Updated workbook including SEM & Standardised Risk Levels due out early 2026

(Kelley et al., 2025)

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Clinical applications of the structured assessment of protective factors against sexual offending (SAPROF-SO), Version 1

Sharon M. Kelley, Gwenda M. Willis & David Thornton

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Level of community supervision / case management by level of sexual risk and SAPROF-SO dynamic increasing factors

Risk → / *Average SAPROF-SO Score ↓*	Very Low Risk (4)	Below Average Risk (3)	Average Risk (2)	Above Average Risk (1)	Well Above Average Risk (0)
Low (0)	Moderate supervision (2)	Moderate-high supervision (1.5)	High supervision (1)	Very high supervision (0.5)	Highest level of supervision (0)
Low-Moderate (1)	Low-moderate supervision (2.5)	Moderate supervision (2)	Moderate-high supervision (1.5)	High supervision (1)	Very high supervision (0.5)
Moderate (2)	Low supervision (3)	Low-moderate supervision (2.5)	Moderate (average) supervision (2)	Moderate-high supervision (1.5)	High supervision (1)
Moderate-High (3)	Very low / limited supervision (3.5)	Low supervision (3)	Low-moderate supervision (2.5)	Moderate supervision (2)	Moderate-high supervision (1.5)
High (4)	None needed (4)	Very low / limited supervision (3.5)	Low supervision (3)	Low-moderate supervision (2.5)	Moderate supervision (2)

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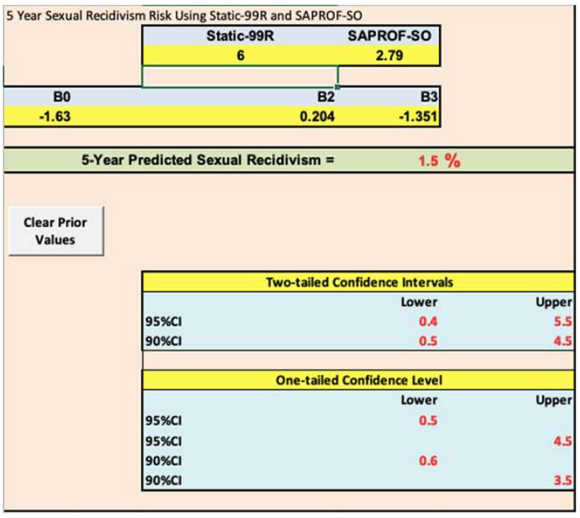
SAPROF-SO & STATIC-99R CALCULATOR

- Total sample = 467 (fixed 5yr follow-up)
  - 3 prison samples from New Zealand & Canada
  - Static-99R: *M* = 2.86, *SD* = 2.85
  - SAPROF-SO: *M* = 1.29, *SD* = 0.70
- Static-99R *AUC* = 0.66 (0.56, 0.76)
- SAPROF-SO *AUC* = 0.71 (0.59, 0.82)



(Thornton et al., 2025)

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Table 3. Five-year Sexual Recidivism Estimates and 95% Confidence Intervals from Combined Static-99R and SAPROF-SO Scores.

	SAPROF-SO mean score			
Static-99R score	0.5	1.0	1.5	2.0
−2	6.2% [2.7%, 13.7%]	3.3% [1.5%, 7.1%]	1.7% [0.7%, 4.0%]	0.9% [0.3%, 2.4%]
0	9.1% [4.8%, 16.4%]	4.8% [2.7%, 8.5%]	2.5% [1.3%, 5.0%]	1.3% [0.5%, 3.2%]
2	13.0% [8.3%, 19.9%]	7.1% [4.7%, 10.6%]	3.7% [2.1%, 6.5%]	1.9% [0.9%, 4.3%]
4	18.4% [13.1%, 25.3%]	10.3% [7.5%, 13.9%]	5.5% [3.3%, 9.0%]	2.9% [1.3%, 6.2%]
6	25.3% [18.1%, 34.3%]	14.7% [10.4%, 20.4%]	8.1% [4.7%, 13.6%]	4.3% [1.9%, 9.5%]
8	33.8% [22.5%, 45.0%]	20.6% [13.0%, 31.1%]	11.7% [6.1%, 21.2%]	6.3% [2.5%, 14.8%]

Note. $N = 467$.

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	Average SAPROF-SO Score										
Static-99R	1.50	1.45	1.40	1.35	1.30	1.25	1.20	1.15	1.10	1.05	1.0
0	2.5%	2.7%	2.9%	3.1%	3.3%	3.5%	3.7%	4.0%	4.2%	4.5%	4.8%
1	3.1%	3.3%	3.5%	3.7%	4.0%	4.3%	4.5%	4.8%	5.2%	5.5%	5.9%
2	3.7%	4.0%	4.3%	**4.5%**	4.8%	5.2%	5.5%	5.9%	6.2%	6.7%	7.1%
3	4.5%	4.8%	5.2%	5.5%	5.9%	6.3%	6.7%	7.1%	7.6%	8.0%	8.6%
4	5.5%	5.9%	6.3%	6.7%	7.1%	7.6%	8.1%	8.6%	9.1%	9.7%	10.3%
5	6.7%	7.1%	7.6%	8.1%	8.6%	9.1%	9.7%	10.3%	10.9%	11.6%	12.3%
6	8.1%	8.6%	9.1%	9.7%	10.3%	11.0%	11.6%	12.4%	13.1%	13.9%	14.7%
7	9.7%	10.3%	11.0%	11.7%	12.4%	13.1%	13.9%	14.7%	15.6%	16.5%	17.5%
8	11.7%	12.4%	13.1%	13.9%	14.8%	15.6%	16.5%	17.5%	18.5%	19.5%	20.6%

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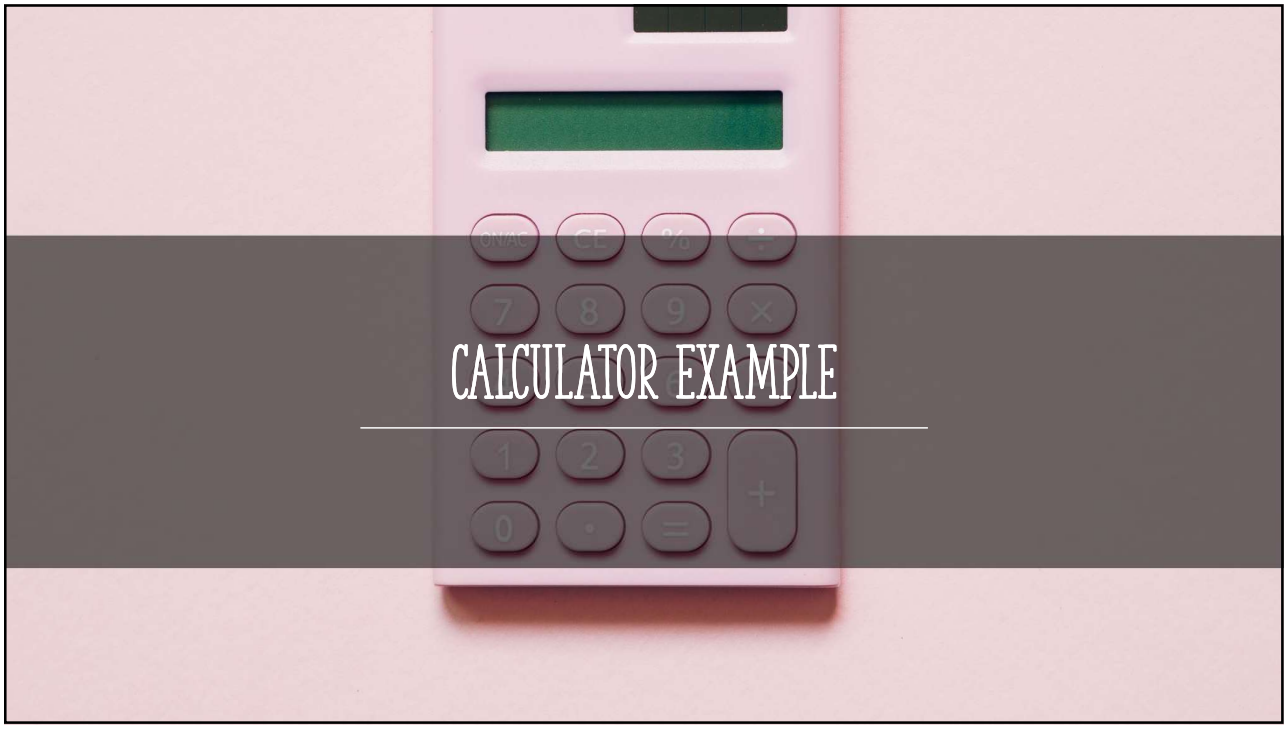
Level of Community Supervision / Case Management Needs by Static-99R and Average SAPROF-SO scores

	Average SAPROF-SO Score						
Static-99R	*3.0+*	*2.5*	*2.0*	*1.5*	*1.0*	*.5*	*0*
-3	None needed						
-2							
-1							
0							
1			Very low/limited supervision	Moderate (Average) supervision			
2					Moderate-high supervision	Very high supervision	Highest level of supervision
3			Low-moderate supervision				
4					High supervision		
5							
6							
7							
8							

47



48

DETERMINING PROBABILITIES OF RISK OUT TO 5 YEARS

- David will be presenting a case, "John", in the risk management section
- John
  - Age 45
  - Static-99R = 5
  - STABLE-2007 = 8
  - Serving a prison sentence with impending release for exposing himself to young adult women
  - Previous prison sentence for groping young females' breasts
  - Completed sexual offense-specific treatment during current prison sentence

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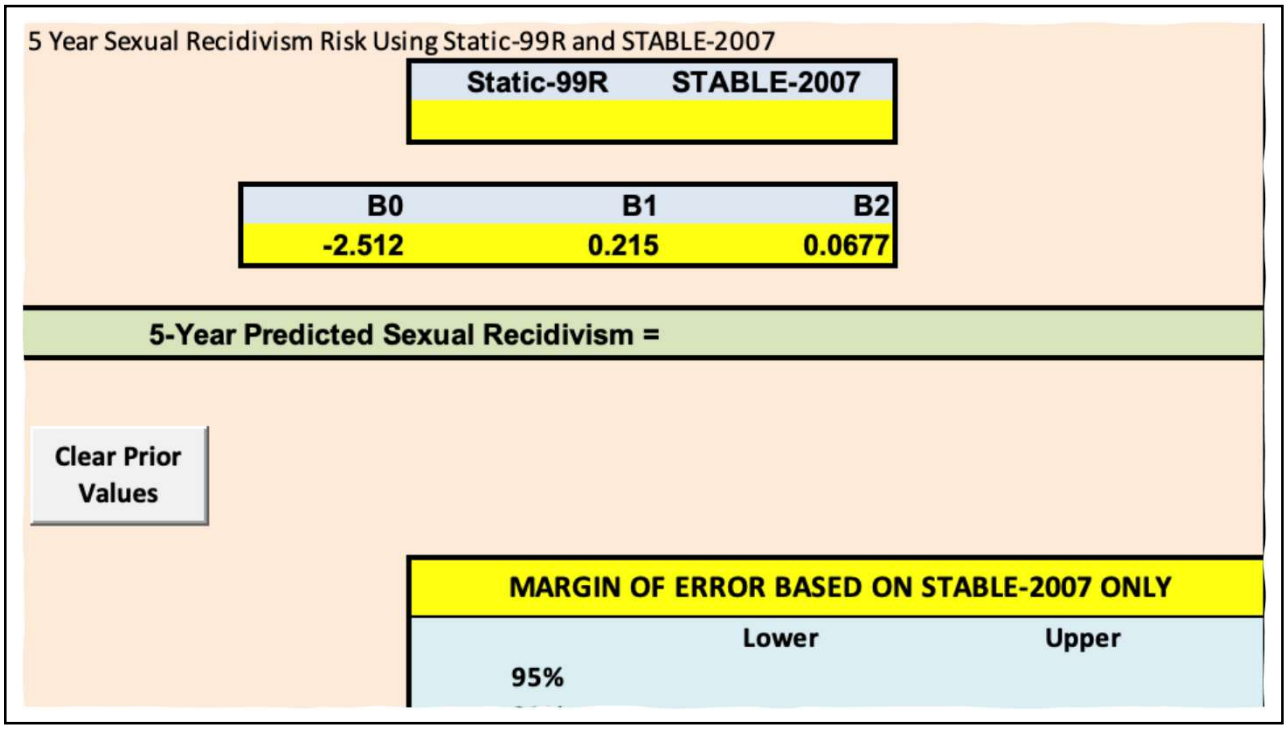
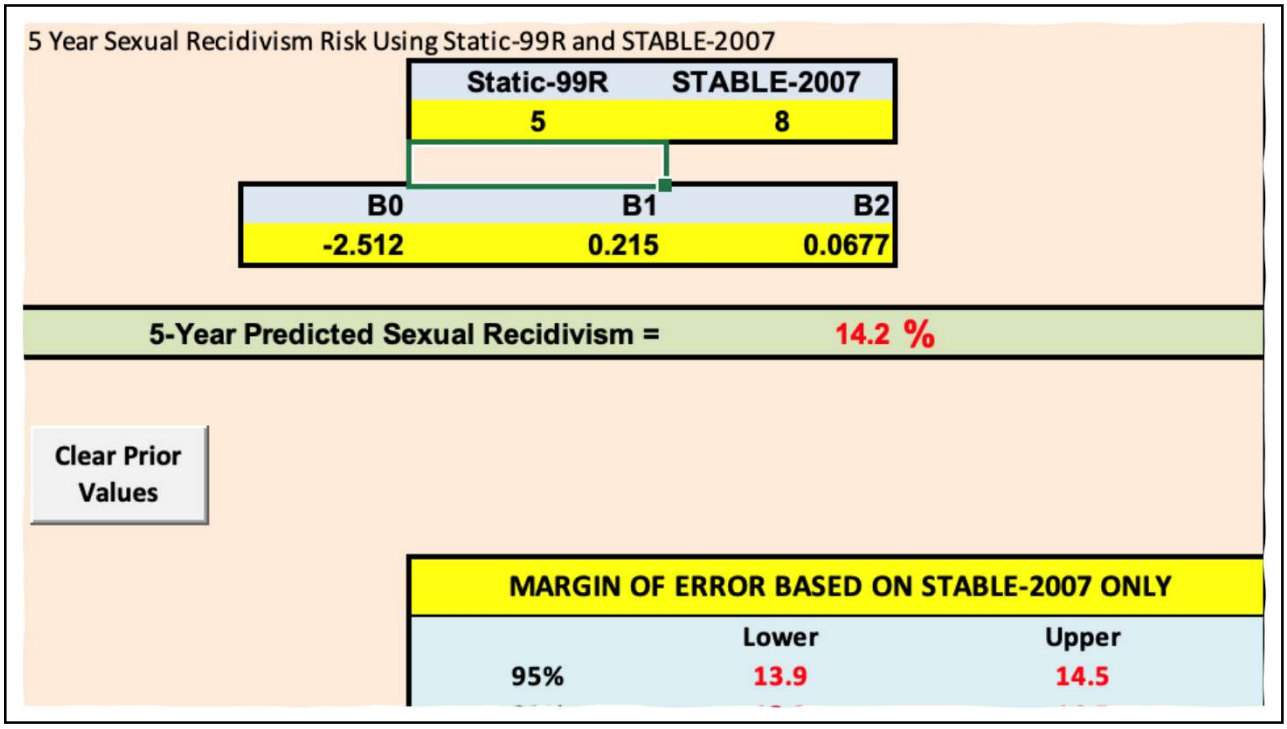
		Score (0,1,2,3,4)
Resilience		**Current**
1.	Adaptive schemas	2
2.	Empathy	2
3.	Coping	1
4.	Self-control	3
5.	Attitudes towards rules and regulations	3
	Resilience Total	11
	Resilience Average *(Total/5)*	2.2
Adaptive Sexuality		
6.	Sexual self-regulation #1= #2= #3= #4=	1
7.	Prosocial sexual interests	1
8.	Prosocial sexual identity	0
9.	Intimate relationship	0
	Adaptive Sexuality Total	2
	Adaptive Sexuality Average *(Total/4)*	.5
Prosocial Connection & Reward		
10.	Goal-directed living	2
11.	Work	2
12.	Leisure activities	3
13.	Social network	2
14.	Emotional connection to adults	1
	Prosocial Connection & Reward Total	10
	Prosocial Connection & Reward Average *(Total/5)*	2.0
	TOTAL SAPROF-SO SCORE	23
	AVERAGE SAPROF-SO SCORE *(Total/14)*	1.64

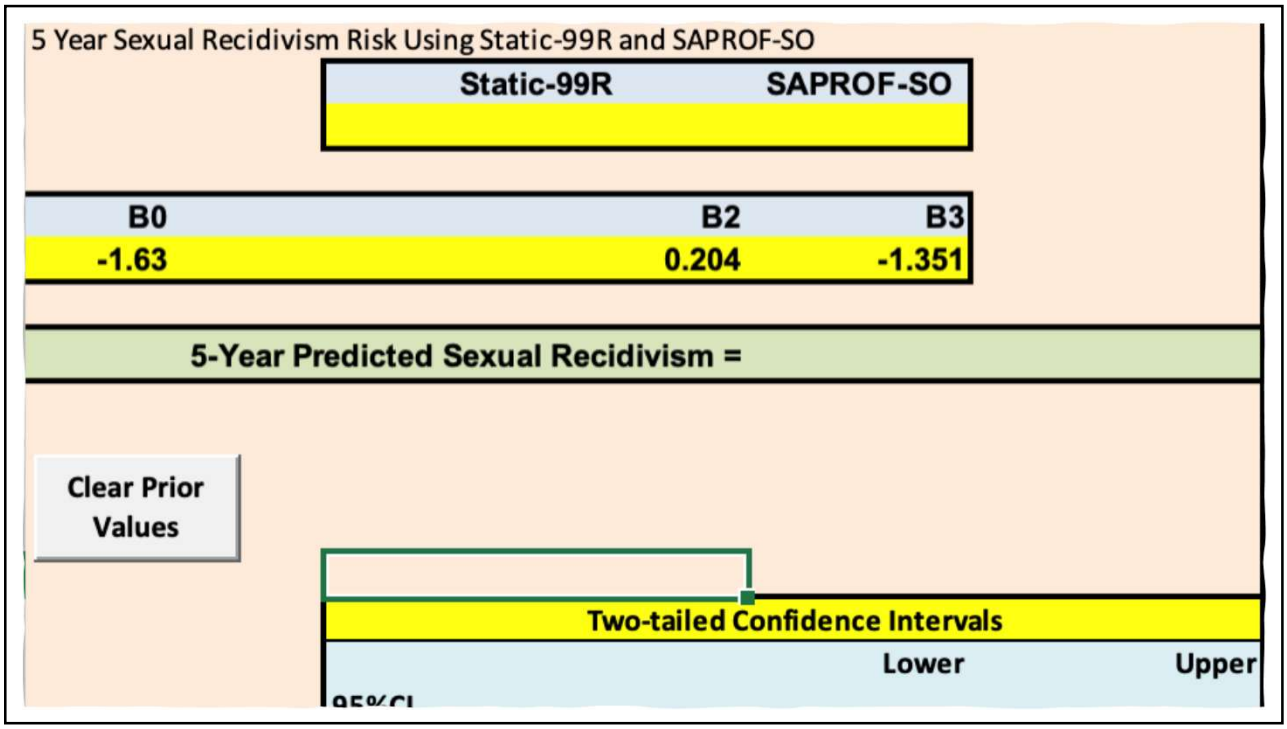
50


5 Year Sexual Recidivism Risk Using Static-99R and STABLE-2007
Static-99R
STABLE-2007
B0
B1
B2
-2.512
0.215
0.0677
5-Year Predicted Sexual Recidivism =
Clear Prior Values
MARGIN OF ERROR BASED ON STABLE-2007 ONLY
Lower
Upper
95%

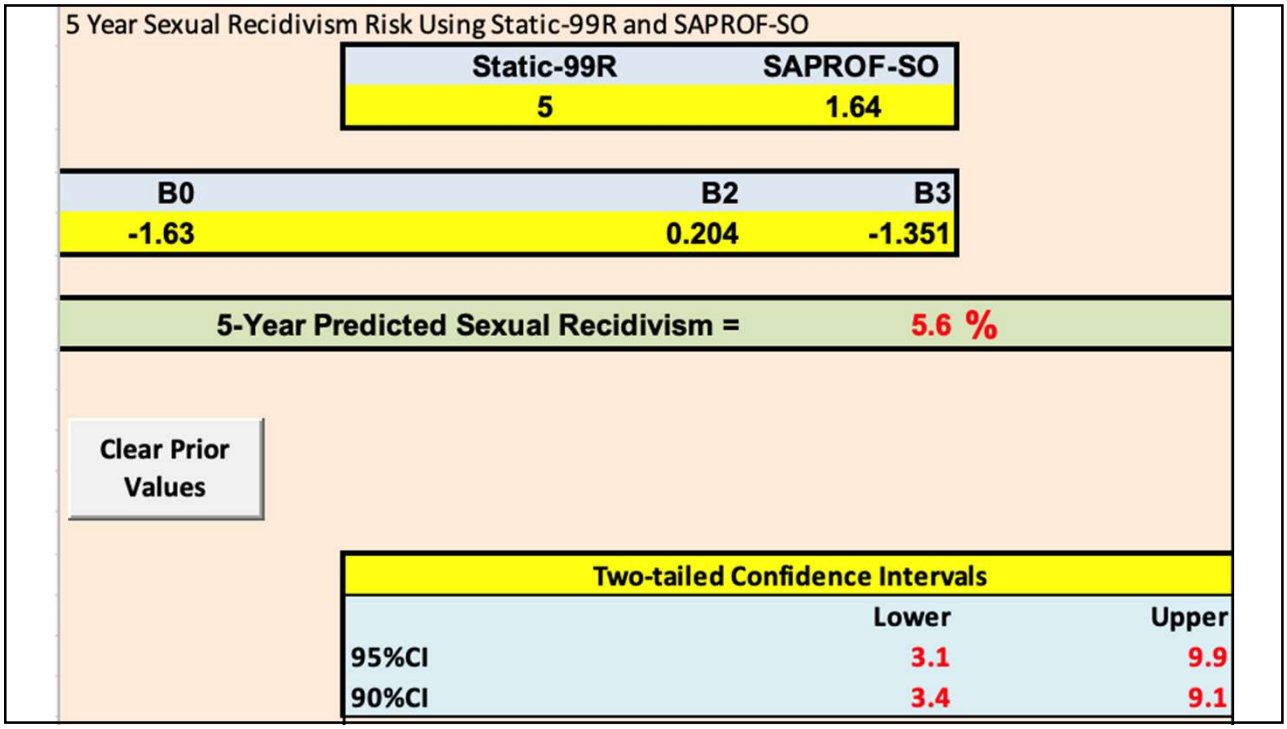
51


5 Year Sexual Recidivism Risk Using Static-99R and STABLE-2007
Static-99R
STABLE-2007
5
8
B0
B1
B2
-2.512
0.215
0.0677
5-Year Predicted Sexual Recidivism =
14.2 %
Clear Prior Values
MARGIN OF ERROR BASED ON STABLE-2007 ONLY
Lower
Upper
95%
13.9
14.5

52


5 Year Sexual Recidivism Risk Using Static-99R and SAPROF-SO
Static-99R
SAPROF-SO
B0
B2
B3
-1.63
0.204
-1.351
5-Year Predicted Sexual Recidivism =
Clear Prior Values
Two-tailed Confidence Intervals
Lower
Upper
95%CI

53


5 Year Sexual Recidivism Risk Using Static-99R and SAPROF-SO
Static-99R
SAPROF-SO
5
1.64
B0
B2
B3
-1.63
0.204
-1.351
5-Year Predicted Sexual Recidivism =
5.6 %
Clear Prior Values
Two-tailed Confidence Intervals
Lower
Upper
95%CI
3.1
9.9
90%CI
3.4
9.1

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DIFFERENCES BETWEEN CALCULATOR RISK RATES

- In our recent study, STABLE-2007 offered little to no predictive value once applying the Static-99 and SAPROF-SO
- This suggests you give more weight to the estimate of the SAPROF-SO calculator
- However, this is just one study, and we do not know whether similar results will be obtained in other studies
- Furthermore, the SAPROF-SO calculator is based on a considerably smaller dataset than the STABLE-2007 calculator
- This is an argument for giving more weight to STABLE-2007 results

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RECOMMENDATIONS FOR PRACTICE

- Currently, there are no strong grounds for choosing between the STABLE-2007 and SAPROF-SO calculators
- We recommend practitioners should report recidivism estimates as a range
- One reasonable way to resolve a range is to average them – this gives equal weight to the two calculator results, and the ends of the range then function as a margin of error

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DEVELOPING A RISK MANAGEMENT FRAMEWORK FOR THE SAPROF-SO

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THE SAPROF-SO AS AN ACTUARIAL INSTRUMENT

- Developed to be an actuarial instrument
- Mechanical rules for scoring items and combining into subscale and total scores
- Assignment of risk class and risk estimates based on mechanical combination of Static-99R and SAPROF-SO score

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ACTUARIAL INSTRUMENTS SUPPORT RISK ASSESSMENT

- Risk assessment can help you follow the Risk Principle
- But sometimes what we want is guidance on how to manage that risk
- This requires going beyond a simple estimate of the overall degree of risk

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LESSONS FROM STRUCTURED PROFESSIONAL JUDGMENT

- One of SPJ's selling points is that it structures judgment in a way that supports risk management
- The product of the SPJ process is intended to be better risk management
  - Although it does allow an overall risk level to be assigned, this secondary to risk management

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GOAL

- We wanted to develop a framework for Risk Management with the SAPROF-SO to supplement and build on the standard actuarial output
- We wanted to incorporate two concepts
  - Re-offense scenarios - which are now a staple of SPJ
  - Context dependent assessment - which Kelley et al. had proposed earlier
- At the same time this needed to be consistent with how the SAPROF-SO had been developed and the findings that emerged in the development process

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WE CONSULTED WITH MICHIEL DE VRIES ROBBE

- Michiel is the leading exponent of the original SAPROF which is an SPJ instrument
- We originally hoped to have a single framework that could be used either with an SPJ version of the SAPROF-SO which Michiel has been working on or with the current actuarial version
- This did not prove possible but we learned a lot in the process of exploring this possibility

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MICHIEL PROPOSED

- Distinguishing different kinds of sex offense that might occur and then identifying likely victims and imminence, along with their likelihood in the current context and a future context
- Protective factors would be rated for both current and future contexts
- A final rating of level of concern would be made for the current and future context
- All this would inform identification of risk management / intervention needs

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A POINT OF DISAGREEMENT HERE

- Central to Michiel's proposal is the idea that you can rate all the protective factors for both current and proposed future contexts
- We don't believe future context ratings are as easy as that
- In our earlier research we found that ratings of future context did not allow better prediction than solely rating the current context
- And in workshops we found asking people to rate future contexts introduced large rater differences

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THE PROBLEM

- Some raters optimistically believe improved protective factors will just transfer to new contexts
- Other raters pessimistically believe that improvements won't generalize
  - A typical expression of this idea is something like "He is doing well now in a structured environment but this will just fall away when he goes back to the community"
- The important point here is neither optimistic or pessimistic rater knows how much generalization there is, the divergence in their opinions is just a result of different view points

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SAPROF-SO APPROACH

- The core SAPROF-SO items are normally only rated for the current context
  - The implications of current context for future behavior is to be established empirically rather than being a matter of clinical judgment
  - We only rate core items for future contexts where there is enough information to know the level of the protective factor that will apply
- However, Professional Risk Management items can vary across settings and you can compare proposed future contexts to each other and to the current setting in terms of the degree to which this kind of factor applies in each context

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DISRUPTIVE FACTORS

- We now introduce one qualification to this framework
- Contexts may differ in the degree to which personally-relevant disruptive factors (PRDF) are liable to be present
- Examples of potential PRDF
  - Reconnection with a criminal gang for an individual whose past offending was gang involved
  - Return to an environment where illicit drugs are easily available for someone whose functioning changed substantially when using these drugs

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WHAT WE CAME UP WITH

- SAPROF-SO - Version 1: Coding Sheet and Risk Management Framework
- This has two sides
  - Side one allows recording of ratings from the current context, together with key actuarial information
  - Side two structures a risk management analysis
- Supporting Notes on how to code this are provided

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SIDE ONE COMPONENTS

IDENTIFICATION BLOCK

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SAPROF-SO – Version 1: Coding Sheet and Risk Management Framework

Name:	**Date:**
DOB: **Ethnicity:**	**Sex:** ❑ Male ❑ Female ❑ Gender diverse
Current context:	
Name assessor(s):	

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SIDE ONE COMPONENTS

RATING BLOCK

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		Score (0,1,2,3,4)
Resilience		**Current**
1.	Adaptive schemas	
2.	Empathy	
3.	Coping	
4.	Self-control	
5.	Attitudes towards rules and regulations	
	Resilience Total	
	Resilience Average *(Total/5)*	
Adaptive Sexuality		
6.	Sexual self-regulation #1= #2= #3= #4=	
7.	Prosocial sexual interests	
8.	Prosocial sexual identity	
9.	Intimate relationship	
	Adaptive Sexuality Total	
	Adaptive Sexuality Average *(Total/4)*	
Prosocial Connection & Reward		
10.	Goal-directed living	
11.	Work	
12.	Leisure activities	
13.	Social network	
14.	Emotional connection to adults	
	Prosocial Connection & Reward Total	
	Prosocial Connection & Reward Average *(Total/5)*	
	TOTAL SAPROF-SO SCORE	
	AVERAGE SAPROF-SO SCORE *(Total/14)*	

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REVIEW JOHN

- John is being used to illustrate how the risk management framework might be applied

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John

Static-99R =5; STABLE = 8

Age 45, being released following a prison sentence served for sex offense. Release planning is ongoing.

He was well behaved as a child and had supportive but busy parents. His family is in the carnival business which he informally worked in from when he was aged 13 along with older cousins. He started using alcohol and drugs around the age of 14. He truanted from school and then dropped out at age 16. He then worked full time in the family business. As an adult he used crack cocaine and then meths regularly. He also drank heavily.

As an adult he continued working on fairground rides but also did construction work.

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He liked to party and had casual sex with other fairground workers but did not develop any long-lasting relationships. As a young man would flirt with teenage girls at fairgrounds and sometimes had sex with them. He served a short prison sentence after groped a young woman's breasts when "helping" her get on one of the rides. His family were angry at him and would not let him return to the family carnival business.

He became homeless after release from his first prison sentence and started funded his drug and alcohol use through burglaries.

After his first prison sentence he started exposing himself to young women coming out of bars. His current sentence is for indecent exposure.

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In treatment he said he started exposing himself because he could no longer pick up young women in the way he could when he was younger. He said he felt like a failure and still feels like that when he thinks about his life. Masturbation, alcohol and drugs would make him feel better. When sober he had fantasies about exposing himself and the woman he exposed to liking what she saw but knew this wasn't realistic and would get him in trouble. When drunk or high he was more impulsive and would act on these fantasies. He would expose himself late at night when young women in the college town where he lived were coming out of bars. He said that sometimes they smiled and laughed and sometimes looked scared or tried to ignore him. He liked it better if they smiled.

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In prison he has avoided getting conduct reports and although finding the prison rules frustrating does not complain about them. Staff see him as cooperative and as getting on easily with other inmates. He tends to avoid troublemakers as he wants a quiet life and mainly spends time with other members of his treatment group.

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In treatment he talked about how he finds some female COs attractive and will think about how they might react if they saw him in the shower but knows not to expose himself. He said he would masturbate to these thoughts if he had privacy, but he is in a shared cell. He has positive relations with other people in his treatment group and helped one of them calm down when they became agitated on the prison wing and were talking hurting themselves. He was commended by staff for this. He has struggled with feeling hopeless about his life. He is currently attending a maintenance treatment group in prison that is mainly focused on release planning. He wants to re-establish relations with his family, have a stable place to live, stay sober, and get work that avoids the temptations of the carnival life. He has started going to AA and says he wants to continue this in the community and has spoken to his family who are prepared to help him so long as he does not want to return to the family business.

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Release contexts that are being discussed include returning to the college town that he used to live in. There are places in a rather seedy area of the town that will rent to released prisoners, and his family has said they will help with money until he gets a job. His agent has said there are jobs in fast food restaurants easily available. He would be expected to participate in a weekly group maintenance/resettlement group. These groups are not specific to people who have committed sex offenses.

Another possibility is his being placed in a hostel in a different but nearby town. This would involve tighter supervision. Resources are provided to find approved work, and he would be expected to get a job within a month. Construction work in which he has experience is available. Initially he would only be allowed to leave the hostel to go to work and to attend required treatment. This would include an AODA treatment group and a sex offense specific group designed as a follow on to treatment he participated in when in prison.

In either placement he would be subject to passive GPS monitoring. Supervision conditions would include not using alcohol and drugs and avoiding places where children congregate.

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		Score (0,1,2,3,4)
Resilience		**Current**
1.	Adaptive schemas	2
2.	Empathy	2
3.	Coping	1
4.	Self-control	3
5.	Attitudes towards rules and regulations	3
	Resilience Total	11
	Resilience Average *(Total/5)*	2.2
Adaptive Sexuality		
6.	Sexual self-regulation #1= #2= #3= #4=	1
7.	Prosocial sexual interests	1
8.	Prosocial sexual identity	0
9.	Intimate relationship	0
	Adaptive Sexuality Total	2
	Adaptive Sexuality Average *(Total/4)*	.5
Prosocial Connection & Reward		
10.	Goal-directed living	2
11.	Work	2
12.	Leisure activities	3
13.	Social network	2
14.	Emotional connection to adults	1
	Prosocial Connection & Reward Total	10
	Prosocial Connection & Reward Average *(Total/5)*	2.0
	TOTAL SAPROF-SO SCORE	23
	AVERAGE SAPROF-SO SCORE *(Total/14)*	1.64

80

SIDE ONE COMPONENTS

SUMMARY BLOCK

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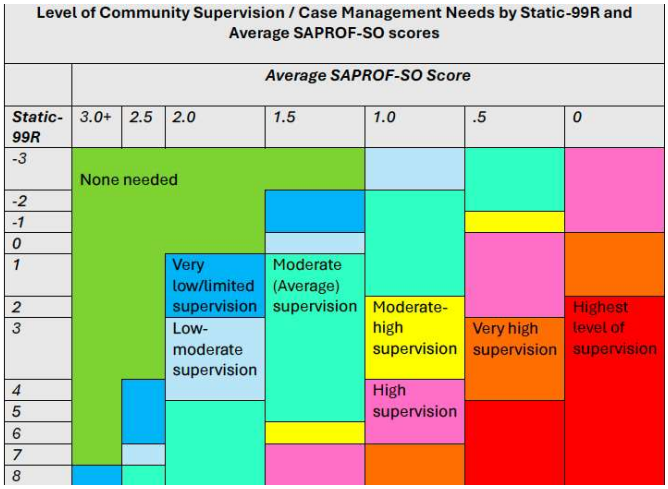
Summary

Subscales	***Resilience***	***Adaptive Sexuality***	***Prosocial Connection & Reward***
Av Score			
Keys *Goals*			

Av SAPROF-SO Score	***Percentile/Norms Used***	***Static-99R Score***	***Combined Risk Level***

82



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Summary

Subscales	***Resilience***	***Adaptive Sexuality***	***Prosocial Connection & Reward***
Av Score	*2.2*	*0.5*	*2.0*
Keys *Goals*	*Self-control/Att* *Coping*	*Sx Self-Reg*	*Goal Dir/Work/Leisure* *Network/Connection*

Av SAPROF-SO Score	***Static-99R Score***	***5-Year Sex Recidivism***	***Need Level***
1.64	5	5.6% (3.1-9.9%)	Moderate

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SIDE TWO COMPONENTS

PROPOSED CONTEXTS

85

Professional Risk Management Analysis

Describe Proposed Context A:

Describe Proposed Context B:

86

SIDE TWO COMPONENTS

PROFESSIONAL RISK MANAGEMENT FACTORS

87

Professional Risk Management Factors			Current	Proposed Contexts A	Proposed Contexts B
P1.	Sexual offence-specific treatment	❑ N/R			
P2.	Therapeutic alliance	❑ N/A			
P3.	Motivation for managing risk	❑ N/A			
P4.	Medication	❑ N/A			
P5.	Supervised living				
P6.	External control				
Degree to which context Affords & Builds Internal Protective Factors			-2 -1 0 +1 +2	-2 -1 0 +1 +2	-2 -1 0 +1 +2
Degree to which context Blocks Offense Opportunities			-2 -1 0 +1 +2	-2 -1 0 +1 +2	-2 -1 0 +1 +2

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POSITIVE RATINGS IMPLY A POSITIVE EFFECT: THE CONTEXT ALLOWS THE PF TO BE EXPRESSED AND BUILT UP

NEGATIVE RATINGS IMPLY THE PF WILL BE BLOCKED OR IMPAIRED

Degree to which Affords & Builds Internal Protective Factors	-2 -1 0 +1 +2
Degree to which Blocks Offense Opportunities	-2 -1 0 +1 +2

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Professional Risk Management Analysis

Describe Proposed Context A: College town, apartment in seedy area,

Describe Proposed Context B: Tight supervision with placement in hostel and specialized tx

Professional Risk Management Factors			Current	Proposed Contexts A	Proposed Contexts B
P1.	Sexual offence-specific treatment	❑ N/R	4	1	4
P2.	Therapeutic alliance	❑ N/A	4	?	?
P3.	Motivation for managing risk	❑ N/A	2	?	?
P4.	Medication	❑ N/A	NA	NA	NA
P5.	Supervised living		4	2	3
P6.	External control		4	2	3
Degree to which context Affords & Builds Internal Protective Factors			-2 -1 0 +1 +2	-2 -1 **0** +1 +2	-2 -1 0 **+1** +2
Degree to which context Blocks Offense Opportunities			-2 -1 0 +1 **+2**	-2 **-1** 0 +1 +2	-2 -1 0 **+1** +2

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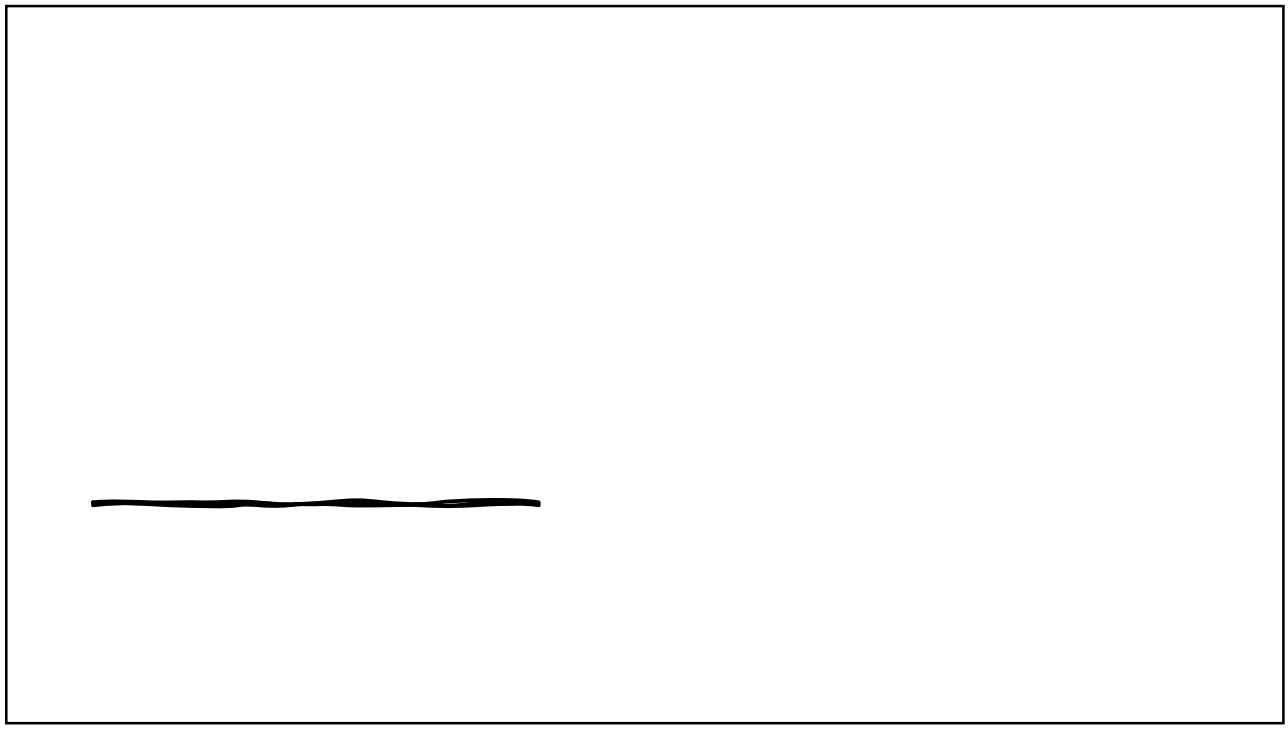

91

	Personally Relevant, Disruptive Features of Proposed Context
Proposed Context A	No Yes (Describe)
Proposed Context B	No Yes (Describe)

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	Personally Relevant, Disruptive Features of Proposed Context
Proposed Context A	No Yes (Describe) Sleazy district exposes him to prostitutes and easy access to drugs
Proposed Context B	No Yes (Describe)

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SIDE TWO COMPONENTS

Scenario analysis

94

Risk scenarios: What sexual offending behavior is of concern?				
Context	Type of sexual offence	Victims	Modus Operandi	Priority in this Context
A				Low Standard High
A				Low Standard High
B				Low Standard High
B				Low Standard High

95

Risk scenarios: What sexual offending behavior is of concern?				
Context	Type of sexual offence	Victims	Modus Operandi	Priority in this Context
A	Expose self	Adult female strangers	Planned opportunistic in anonymous settings like outside bars late at night	Low Standard High
A	Grope	Adult or older teen female	Opportunistic or after grooming in workplace	Low Standard High
B	Expose self	Adult female strangers	Planned opportunistic in anonymous settings like outside bars late at night	Low Standard High
B	Grope	Adult or older teen female	Opportunistic or after grooming in workplace	Low Standard High

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WHAT SHOULD YOU GET OUT OF THE RISK MANAGEMENT FRAMEWORK FOR THIS INDIVIDUAL?

- From side 1
  - Moderate Need level despite Above Average risk
  - Keys: Self-Control & Attitude to Authority, Goal Directed Living, Work & Leisure
- From side 2
  - Context B preferable in terms of enhancing internal protective factors and blocking offense opportunities; less exposure to prostitutes and drugs
  - Main risks are for Exposing self outside bars and workplace groping
  - Both risks are more manageable in context B

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STATUS OF RISK MANAGEMENT FRAMEWORK

A framework to organize and structure professional judgment in a way that is consistent with the SAPROF-SO and affords a richer case conceptualization in support of risk management

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THIS IS THE PILOT VERSION OF THIS FRAMEWORK

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WHAT WE WOULD LIKE YOU TO DO

- Try it out in your own practice on a few cases
- Then give us feedback on how you think it could be improved
- Feedback should be sent to
  - davidsmthornton@icloud.com
- I would be willing to provide additional training (for free) to support use of the framework by anyone willing to try it out

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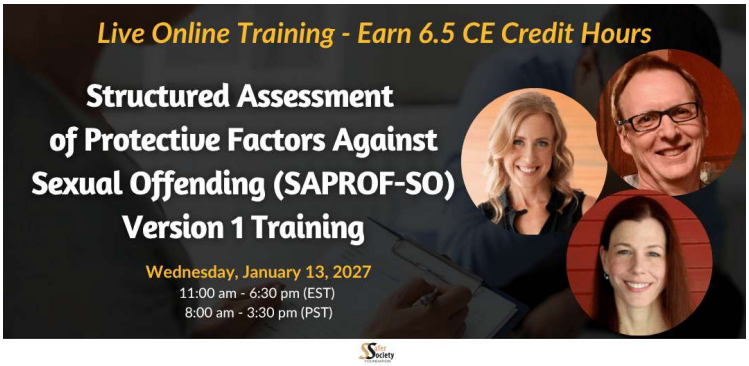
UPCOMING TRAINING FOR NEW USERS



https://safersociety.org/continuing-education/structured-assessment-of-protective-factors-against-sexual-offending-saprof-so-ot329/

101

SAPROF-SO Version 1 Train the Trainer training

Register your interest at https://fas-tr.com/saprof-so

Master trainers: Gwenda Willis, David Thornton, & Sharon Kelley





Train the trainer training prerequisites:

1. Completion of certified SAPROF-SO training (1-day training + post training calibration case)
2. Coded the SAPROF-SO for 10 cases (min)

Train the trainer requirements:
2-day training with 2 master trainers; post-training consolidation exercise

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THANK YOU!

g.willis@auckland.ac.nz

sharonmkelley@gmail.com

davidsmthornton@icloud.com

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