

EVIOLENCE AND SEXUAL OFFENDER RECIDIVISM: BASIC RESEARCH AND RISK ASSESSMENT WITH SVR-2

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The study of violence and recidivism in sexual offenders is currently an area of special interest in Criminal Psychology. In this article, both the theories and existing knowledge about the etiology and risk factors of sexual aggression and the international and Spanish research which sustains this knowledge is reviewed. The main goal of this study is to introduce an instrument for risk assessment called Sexual Violence Risk-20 (SVR-20). This instrument has been translated and adapted for the Spanish and Hispanic context by the Group in Advanced Studies on Violence (GEAV) of the University of Barcelona. In order to validate this instrument, a pilot study about the predictive accuracy of the SVR-20 has been carried out, using a sample of incarcerated sex offenders from a Spanish prison. The main conclusion of this study is that the SVR-20 is a good instrument for predicting the risk of sexual recidivism.

Keywords: sex crime recidivism, risk assessment, risk factors.

El estudio de la violencia y de la reincidencia de los agresores sexuales constituye en la actualidad un ámbito de especial interés de la Psicología Criminal. En este trabajo se revisan tanto las teorías y conocimientos existentes sobre etiología y factores de riesgo de agresión sexual, como algunas investigaciones internacionales y españolas que sustentan estos conocimientos. Su principal objetivo es la presentación de un nuevo instrumento de predicción en este campo denominado SVR-20: Manual de valoración del riesgo de violencia sexual. Dicho instrumento ha sido traducido y adaptado para el contexto español y latino por el Grupo de Estudios Avanzados en Violencia (GEAV) de la Universidad de Barcelona. Para su validación se ha efectuado un primer estudio piloto sobre la capacidad predictiva del SVR-20 con una muestra de agresores sexuales que cumplieron condena en una prisión española. La conclusión principal de este estudio es que el SVR-20 es un buen instrumento para predecir el riesgo de reincidencia sexual.

Palabras clave: Reincidencia delictiva, violencia sexual, valoración del riesgo.

A particularly complex and problematic field for psychological analysis of antisocial conduct is that of sexual aggression, which usually adopts two main forms: rape and child abuse. Rape victims are usually women known by the aggressors, friends and schoolmates or neighbourhood acquaintances, or also women who are unknown to them. Sexual abuse victims are usually girls and, sometimes, young boys (D'Amora & Burns-Smith, 1999; Malesky & Keim, 2001).

Sexual offences represent only a small portion of crime (around 1% of the reported offences in total) and its authors are usually both young and adult men. However, we know that sexual offence has a high hidden figure and hence we could think that this percentage, would at least double if all offences were known (Bachman, 1998; Fisher, Daigle, Cullen & Turner, 2003; Hart & Rennison, 2003; Terry, 2006).

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From a topographical or descriptive point of view, sexual aggressors usually present three types of different but interrelated problems: in their behaviour and in their sexual preferences (which seems obvious), in their broader social behaviour, and in their cognitions ("cognitive distortions") (Berlin, 2000; Echeburúa & Guerricaechevarría, 2000; Marshall, 2001; Redondo, 2002). Hence, the sexual conduct of many aggressors is projected in a deviant manner towards unacceptable sexual objectives, such as minors or the use of violence to force the sexual subjugation of women. That is, they "prefer" antisocial ways of sexual relations which seem to them "more exciting" and they are incapable of "inhibiting" those inappropriate and harmful ways of obtaining pleasure. Some of said antisocial preferences (minors or the use of violence in sexual interaction) have probably been generated and consolidated in the individual due to the repeated association between his sexual arousal (through self-stimulation or other sexual behaviours) and infantile or violent stimuli (real or through pornography or fantasies).

On another hand, the problem gets worse depending on whether the person also has difficulties in maintaining normalized sexual contacts, that is, with adults who freely desire to and consent to engage in such contacts. This lack of adult sexual relations could be due to the fact that an individual has fewer social interaction skills, something which is essential to set up affective communications and propose sexual encounters. Many aggressors (not all) are individuals with very few or nonexistent affective or intimate social interactions in which desired and consented sexual encounters can be found. Parallel to the latter, many sexual aggressors present more general difficulties in communicating with other people. They are individuals with fewer skills for relating, empathizing or for understanding the feelings of others, and they seem anxious or nervous in social situations. All of these deficits provoke greater social withdrawal, both with respect to their group of friends and to their work environment, if they have it. Many sexual aggressors are often solitary people (Terry, 2006).

Sexual offenders also have problems with respect to their way of thinking about their abusive or aggressive behaviour. They usually present a large number of cognitive distortions or assessment errors regarding women and their role in society (e.g., "women must subjugate to the desire of men; it has always been that way"), sexuality (e.g., "despite being forced I am sure she is enjoying it") and the norms and social and legal values with respect to what can and what cannot be done in terms of human sexual behaviour (e.g., "if a child accepts it, why can't I have a sexual relationship with him/her?"). These distortions or erroneous beliefs guide his sexual conduct in an illicit and inappropriate manner, and also offer justifications for it.

This multidimensionality makes sexual aggression one of the criminal conducts most resistant to change, therefore those repetitive aggressors who have committed many offences in the past have a high probability of reoffending if all the aforesaid behaviour and thought problems are not treated.

With respect to the etiology of sexual aggression, although there are diverse sexual-aggressor profiles, nowadays a wide consensus exists with respect to a series of trigger elements, such as have been put together in Marshall and Barbaree's theoretical model (1989, 1990). According to this model we should consider the following factors with respect to the origin of sexual aggression:

1. *Biological elements.* In short, these refer to the con-

sideration of two aspects: 1) the existing resemblance between the neuroendocrine mediators of sexual conduct and aggressive behaviour in males, for which the secretion of testosterone plays a decisive role; this implies that through an efficient socialization process the separation between both behaviours with the introduction of the corresponding inhibitions should be learnt, 2) the relative unspecificity that sexual impulse has in humans, needing in all cases the learning of appropriate patterns of behaviour regarding feasible and acceptable partners (adult individuals who consent the encounter), adequate and inadequate contexts, etc.

2. *Failure of inhibitory learning.* Research in Criminal Psychology has shown in general the decreased inhibitory learning (in terms of classical conditioning, with respect to the models of Mowrer and Eysenck) of sexual aggressors and of offenders in general.
3. *Socio-cultural attitudes* favourable or tolerant with sexual aggression. It has been shown that those societies and social groups with more negative attitudes and values towards women have a higher rate of sexual aggressions and rapes (Sanday, 1981; Hollin, 1987).
4. *Violent or child pornography.* Many aggressors and pedophiles view on a regular basis, as an arousal and masturbation mechanism, sexual aggression or child pornography, which consistently reconditions his antisocial excitability.
5. *Proximal facilitory circumstances.* Aggressions are often preceded by emotional states such as prolonged stress, sexual arousal, choleric reactions, or abusive consumption of alcohol.
6. Cognitive distortions regarding sexuality, women, children, etc. acquired by the aggressor throughout his child and juvenile development which help him overcome the internal controls.
7. *Proximal circumstances* of opportunity with a woman or child, depending on the case, and without evident risk of being detected.

SEXUAL AGGRESSORS' RECIDIVISM: BASIC RESEARCH

A generalized belief exists that sexual offenders have an almost certain probability of recidivism. However, sexual aggressors' recidivism as a group is low and it is estimated that on a worldwide level it is around 20% (Lösel, 2002; Quinsey, Rice, & Harris, 1995). (In general the average of offenders' recidivism –not specifically

sexual aggressors-is of about 50%). Nevertheless, the distribution of recidivism is very heterogeneous and fluctuates between those cases of only one known offence, and in the opposite extreme, serial aggressors, who commit dozens of crimes throughout their criminal careers.

In each case, the risk of recidivism-and also the treatment possibilities- are going to depend on the typology of the aggressor in question and, specifically, on the risk factors that converge in each subject (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004). Modern research in Criminal Psychology has shown the existence of risk factors which increase the risk and protective or resistance factors which protect the individual decreasing the risk for criminal conduct (among these, the fact of being a first-born child, of being an affectionate person, having high self-esteem and self-control, having had alternative care-givers than the paternal in case of family risk, and having had support models of the same sex- Smith, Visser, & Jarjoura, 1991—). At the same time, these factors have been categorized as *static* (or that cannot be modified) and *dynamic* factors (or modifiable through interventions) (Andrews & Bonta, 2006). The *static* risk factors are usually inherent to the subject or to his past, and therefore of difficult or impossible alteration, while the *dynamic* risk factors consist of habits, values and cognitions, low academic and social status, low self-control, interpersonal conflicts, etc., which can be modifiable to a certain degree through the appropriate interventions.

There are specific risk factors of sexual recidivism which we have classified as well in Table 1 into *static* and *dynamic* predictors according to international research (Andrews & Bonta, 2006; Berlin, 2000; Craissati & Beech, 2003; Groth, 1979; Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2004; Maletzky, 1991; Marshall, 2001; Marshall & Barbaree, 1989; Marshall & Redondo, 2002; Quinsey *et al.*, 1995).

As can be seen in the previous Table, there is a large group of *static* risk factors which, besides young age and the generic factors mentioned, specifically condition the prediction of sexual offenders' recidivism (with known correlations between 13 and 22). Despite all this, the *dynamic* factors also play a decisive role in said recidivism and constitute, in every case, due to their modifiability, the appropriate objectives of treatment programs. While the *static* factors correspond to a great extent to the energizing or motivating elements for

aggressions (arousal, deviant behaviour repertoires, etc.), the *dynamic* factors would form part of two of the decisive processes in such aggressions (Farrington, 1996): 1) they give *antisocial directionality* to behaviour, due to the fact that many subjects lack the skills to engage in adult and consented sexual relationships, and 2) they facilitate the *disinhibitory processes* (beliefs, distortions, lack of empathy, etc.) which precipitate the aggression.

Our research team in Spain has performed specific analyses of the characteristics and risk factors of incarcerated sexual offenders (Redondo, Luque & Andrés, under revision). Emphasis has been specially placed on the differences obtained (in a wide group of demographic, delinquent career and clinical risk factors) between sexual aggressors who reoffend and those who do not. From the preceding results, and a synthesis of all the empirical information obtained, what could be the most typical "profiles" of sexual aggressors who reoffend and those who do not are shown in Table 2.

TABLE 1 RISK OF SEXUAL RECIDIVISM PREDICTORS	
Static predictors	Dynamic predictors
<ol style="list-style-type: none"> 1. Generic factor: young age 2. Greater number of previous sexual offences 3. Greater number of previous offences in general 4. Criminal versatility (not sexual specialization) 5. Violence in committing previous offences 6. Escalation in the severity of the offences (violence, younger victims) 7. Unknown victims 8. Type of victim: <ul style="list-style-type: none"> - Female (.17) - Male (.20) - Children (.22) - Adults (.13) 9. The offence has not been the result of some circumstantial specific stressor 10. Evidence of severe psychopathology (psychosis) or previous reclusion in psychiatric institutions (.18) 11. Excentric actions, rituals, recurrent deviant fantasies, use of pornography 12. Presenting several paraphilias (abuse, rape) 13. Psychopathological profile (PCL) (Factor I: Psychopathic traits) (.18) 	<ol style="list-style-type: none"> 1. Persistent denial or rationalization of the crime 2. Low/null motivation to follow a treatment 3. Low interpersonal competency and, in general, factors of criminogenic need (cognitions, delinquent values and habits, delinquent friends, drug dependency) 4. High arousal with deviant stimuli and low arousal with adequate stimuli 5. Low control of deviant behaviour 6. Lack of partner (.22) 7. Psychopathic profile (Factor II: Antisocial conduct, except that corresponding to the past)
<p>Source: Our own elaboration based on several authors. The presented correlations are from Quinsey <i>et al.</i> (1995)</p>	

As can be seen, those sexual aggressors assessed in the study who did not reoffend present the following personal and criminal career characteristics: they committed their first sexual crime with a sentence at an average age of 34; they had a criminal history of 1-2 condemned sexual offences and 3 offences in total; their previous criminal career had lasted around 3 years; most (3/4 of the total) had been in prison only once and their reclusion had a mean duration of 5.5 years; they were released from prison at the age of 40; in general they have stable work trajectories; 60% of them have children; they usually abuse alcohol; their victims are both adult girls and girls younger than 14 and in half of the cases known by them previously; only 3.7% present a psychopathic profile, and have lower scores in all items of the risk scale (different victims, paraphilias, few personal skills, deviant sexual arousal, unstable life style), with a total risk score of

13,19 points; lastly, nearly half of those who have not reoffended (46,5%) had received specific treatment for sexual aggression.

On their part, those who reoffended committed their first condemned sexual crime at a younger age (at 25); they had been condemned for a mean of 4 sexual offences and 7 offences in total (here sexual and not sexual crimes are included); their previous criminal careers had a mean duration of 9 years, almost double that of those who did not reoffend; they had been imprisoned multiple times, with an average reclusion of 8 years; they were released from prison at a younger age, around 33; more than half of them had had unstable work trajectories; less than 40% have children; although alcohol consumption is notable, one-third preferably consume other drugs; their victims are unknown girls who are older than 14; a high percentage, 38.5%, present a psychopathic profile, and score higher in all items of the risk scale, with a total score of 45.07 points in said scale (three times the score of the nonoffenders); lastly, only 14.3% had received treatment.

Hence, among the characteristics which distinguish between subjects who re-offend and those who do not we find multiple *static* risk factors, or non modifiable, which include aspects regarding their own individuality (e.g., younger age, high psychopathic profile, high sexual excitability) or their past personal experience (e.g., longer duration of criminal career, unstable work trajectories, unknown victims profile). In addition to all these essentially *static* factors there is also a relevant difference between the group of the nonreoffenders and that of the reoffenders with respect to the percentage who had received treatment. Such difference points to a series of *dynamic* factors such as communication skills, emotional or empathy development, which constitute objectives of the treatment applied to sexual aggressors. As has already been commented, almost half of those who did not reoffend (46.5%) had received treatment while only 14.3% of those who reoffended had had it.

Nonreoffender Profile	Reoffender Profile
First sexual offence with sentence at 34 years of age	First sexual offence with sentence at 25 years of age
Convicted for 1-2 sexual crimes and 3 in total	Convicted for 4 sexual crimes and 7 in total
Previous criminal career of 3 years	Previous criminal career of 9 years
3/4 only in prison once and reclusion of 5.5 years	Several times in prison and reclusion of 8 years
Released at age 40	Released at age 33
Stable work trajectories	More than half unstable work trajectories
More than 60% have children	Less than 40% have children
Alcohol abuse	Alcohol abuse and 1/3 other drugs
Victims are older girls or younger than 14 and in half of the cases previously known	Victims are unknown women older than 14 years of age
Psychopathy (PCL): 1/5 score in Factor II (antisocial conduct) and 3,7% present <i>psychopathic profile</i>	Psychopathy: more than 1/2 score in Factor II (antisocial conduct) and 38,5% present a <i>psychopathic profile</i>
Risk: lower scores in all items: -Different victims -Paraphilias -Few personal skills -Deviant sexual arousal -Unstable life style Their total risk score is 13.19	Risk: higher scores in all items Different victims -Paraphilias -Few personal skills -Deviant sexual arousal -Unstable life style Their total risk score is 45.07
46.5% have received treatment	14.3% have received treatment

**ASSESSMENT OF THE RISK OF RECIDIVISM
USING THE SVR-20**

Nowadays, a strong theoretical and technical development is taking place in the field of violence risk assessment (Mandeville-Norden & Beech, 2006). An emerging field is the risk prediction of recidivism that sexual delinquents could present in the future, whether they have already received psychological treatment or not (Craig, Browne & Stringer, 2004; Olver, Wong,

Nicholaichuk & Gordon, 2007). In modern societies, sexual violence, and with greater relevance the recidivism of sexual aggressors, constitute social problems which are the focus of media attention and which worry citizens as well as public authorities. Forensic professionals who work with sexual aggressors, at the service of court orders or in prison, are confronted with a growing pressure to efficiently assess the risk levels of such delinquents and to perform the decision-taking process as transparently as possible (Craig, Beech & Browne, 2006). A sexual delinquent considered to be a high-risk subject would require much stricter community control and supervision than subjects considered to be of low-risk for sexual aggression recidivism. For this reason, a good prediction of sexual recidivism is necessary for both avoiding future victims and to reduce the institutional costs of these subjects and, therefore, maximize the available resources for the assistance of individuals who require it, offering them efficient treatment programs for reducing the risk of recidivism (Nunes, Firestone, Wexler, Jensen & Bradford, 2007).

Today in Spain, there is not a systematic and generalized use of instruments for predicting the risk of sexual recidivism even though, as international research shows, they can be extremely useful for professionals of forensic practice. However, at an international level several instruments for the prediction of the risk of sexual violence are being developed and applied. Among the most used we find the *Sexual Violence Risk-20* (SVR-20) (Boer, Hart, Kropp & Webster, 1997), whose Spanish version is called "*SVR-20: Manual de valoración del riesgo de violencia sexual*". This guide for risk assessment has been translated and adapted to the Spanish penitentiary population by Martínez, Hilterman & Andrés Pueyo (2005), from the *Group of Advanced Studies on Violence* (GEAV), at the University of Barcelona. It consists of a protocol for assessing the risk of sexual violence of adult delinquents based on 20 items regarding both the *static* and the *dynamic* risk factors.

The items that form part of this guide have been selected taking into consideration empirical research and clinical practice of experts in the field of risk factors for sexual violence. The expression "risk factors" is used to refer to those personal or social elements and variables whose presence make the maintenance of the subject's delinquent activity more probable or, on the other hand, increase his risk for crime. As previously mentioned, a *static* risk factor (such as age or delinquent career) is a

historical variable that, although it could be useful for assessing the risk of the subject, it is not susceptible to change. On the other hand, *dynamic* risk factors (such as thought distortions, drug abuse, solitude or sexual motivation) are variables which can be potentially changed through psychological interventions like, for example, a treatment program (Craig, Browne & Stringer, 2003; Olver *et al.*, 2007). Specifically, each item of the SVR-20 assesses information about the individual which could constitute a *static* or *dynamic* risk factor for his future behaviour. The risk assessment by a forensic expert is performed using a standardized list of factors which finally allows us to adopt a global risk judgement for an individual in a given moment.

The 20 sexual violence risk factors which configure this protocol are structured in three sections:

1. Psychosocial functioning, which incorporates risk factors 1-11. It includes in the first place, two risk factors with respect to the psychosexual functioning of the individual:

- 1) The possible presence of *sexual deviance* (that is, a diagnosis of paraphilia, or an abnormal and dysfunctional sexual arousal pattern) and,
- 2) Having been a *victim of abuse in infancy*.

In addition, four risk factors related to the psychological functioning of the person:

- 3) *Psychopathy*, assessed through the *Psychopathy Checklist-Revised* (PCL-R) or its abbreviated version *Psychopathy Checklist-Short Version* (PCL-SV),
- 4) *Severe mental disorder* (presence of psychosis, mania, mental retardation or severe neuro-psychological disability),
- 5) *Abuse of toxic substances* (including alcohol abuse, abuse of drugs prescribed by doctors and illicit drugs), and
- 6) *Suicide ideation or homicide* (includes impulses, images and verbalized intentions of hurting oneself or others).

The two following risk factors indicate if there has been a failure in the adoption of two important social roles:

- 7) Problems in establishing and maintaining an intimate or stable relationship with a partner, and
- 8) *Problems in the acquisition and maintenance of a stable job*.

Lastly, three risk factors are included which indicate the person's predisposition towards antisocial behaviour in general:

- 9) Antecedents of non-sexual violent behaviour,
 - 10) *Antecedents of non-violent offences and*
 - 11) Failure in previous supervision measures (that is, possible non-compliance of measures or obligations imposed by the courts or justice services, for example, an exit permit, probation, etc).
2. *Sexual offences*, which groups seven items related with previous sexual violence:
- 12) *the frequency of severe sexual offences* (takes into account both the lapse of time between crimes and the risk of the delinquent behaviours),
 - 13) *diverse sexual typologies* (makes reference to the variety of victims as well as to the diversity in the illicit sexual conducts committed),
 - 14) severity of the physical or psychological harm caused to the victim of the sexual aggressions,
 - 15) *utilization of arms or death threats and,*
 - 16) *progression in the frequency or intensity of offences.*
- Finally, two risk factors are considered to be linked to the psychological aspects of sexual violence:
- 17) extreme *minimization or denial of sexual aggressions*, and
 - 18) *attitudes which support or tolerate sexual aggressions.*
3. *Plans for the future*, section which includes two items which assess the life projects of the subject:
- 19) assesses if the individual has a tendency to make *unrealistic plans for the future or tries to avoid any project for the future and,*
 - 20) assesses if a negative attitude towards intervention exists, that is, if the individual is pessimistic, resists or does not cooperate with the treatment or supervision programs.

For the rating and completion of each item of the SVR-20 it is necessary to use all available sources of information about the subject gathered in an exhaustive data recollection process. The SVR-20 is not a test or a questionnaire, it is a protocol of hetero-evaluation which assesses each subject based on the available information supplied by him as well as that supplied by other external sources. The basic sources of information which are usually used are the following: a) interviews, b) technical reports by other professionals (psychologists, psychiatrists, jurists, criminologists, educators, pedagogues, teachers, etc.), and c) records about the subject (legal, penitentiary, clinical histories, computer files, etc.).

The clinical coding (vs. actuarial or of research) of the SVR-20 items is performed on an ordinal scale with three possible categories (N/?/Y), depending on the perceived degree of certainty regarding whether the risk factors are present or have been in some moment of the person's past. A coding of N (no) indicates that we cannot assure that the risk factor is present; if the coding is an interrogation (?) it means that there is some suspicion (but not certainty) that the risk factor is present, and a Y is assigned (yes) it means that the risk factor is present or has been previously present. As a synthesis of the evaluation, a global risk assessment for sexual violence should be established for each subject as Low, Moderate or High.

This instrument does not allow us to linearly add the risk factors present in an individual in order to reach a final risk assessment appropriate for every case. Although it is reasonable to conclude that the larger the number of risk factors present, the higher the risk for sexual violence, it should be prudent as the global risk would probably depend on which factors combine in each subject, and not simply on the sum of these. Nevertheless, with respect to future research, it would be desirable to establish cut points which would guide the decision taking process of experts in relation to the assessment using the SVR-20.

RESEARCH ON THE SVR-20

Diverse research studies have been developed by the *Group of Advanced Studies on Violence (GEAV)* and other researchers to explore the functioning of the SVR-20 in the Spanish population. In one of these studies, Pérez, Redondo, Martínez, García and Andrés (in press) have investigated the accuracy of the SVR-20 in the prediction of recidivism in sexual aggressors. For this aim, the instrument was completed in a retrospective but blind manner (that is, the assessors did not know the empirical recidivism rate of the subjects throughout a follow-up period of four years) for a group of 163 sexual aggressors who had completed a prison sentence. The objective of this study was to contrast the sexual recidivism predicted by the SVR-20 with the real recidivism of the subjects and, this way, estimate the rate of accurate and inaccurate predictions of said instrument.

As has been described in the previous section, the codification of the SVR-20 is performed using a scale with three categories (N/?/Y). This system of scoring is the one the authors of the instrument recommend (Boer *et al.*, 1997) and is conveniently adapted to the necessities of

forensic professionals, who are its main users. Nevertheless, for research purposes, it is possible to complete the SVR-20 in an actuarial way, that is, assigning a numeric value (0,1,2) to each item according to an ordinal scale. This is how this study has been done, which has allowed us to obtain a numeric global score for each subject and, therefore, perform statistical analyses with the information obtained.

The capacity of the SVR-20 to predict sexual recidivism was analyzed using logistic regression statistical technique. This method allows us to estimate the probability of recidivism (yes/no) as a function of the score of each subject on the SVR-20 and, this way, classify these subjects into two groups, reoffenders and nonreoffenders. The variable recidivism has been defined here as the incarceration of the subject for a new offence. In the sample studied, 128 subjects (78.5%) did not offend again, 24 subjects (14.7%) committed a new sexual offence and 11 subjects (6.7%) went back to committing a non-sexual offence. These figures are close to the data obtained from international research which estimate that 20% of sexual aggressors will commit a new crime in a follow-up period of 5 years (Garrido, Stangeland & Redondo, 2006; Hanson, 2005, Lösel, 2002).

The data obtained in this study show that the SVR-20 obtains 79.9% of correct classifications of the subjects who do not reoffend and 70.8% of correct classifications of the subjects who reoffend. The social meaning of these results is that it seems easier to identify those cases who probably will not reoffend than those who probable will. One of the most relevant difficulties in the field of sexual violence prediction is the problem of *low base rates* (Redondo, 2006). When a phenomenon, such as is the case with sexual recidivism, has a low prevalence rate, its prediction becomes more difficult than for phenomena with higher prevalence rates. Sexual violence has very striking effects and very severe consequences, but, nevertheless, it is still a statistically infrequent phenomenon and, therefore, difficult to predict (Garrido, Stangeland & Redondo, 2006; Brown, 2005).

In a complex and multifactorial problem as is the case of criminal behaviour, an average rate of correct predictions of 78.5%, using a prediction instrument which is still under development, is promising although relative, and perhaps it could be improved in the future. On the other hand, we will highlight the predictive role that the variable "having received psychological treatment" had in this study, which notably improved the prediction of sexual

recidivism. Specifically, those subjects who had received treatment had better prognosis of no recidivism than those who had not received it or had rejected it.

Nevertheless, these results allow us to conclude that, even though the official frequency of sexual recidivism is low, if specific variables and proper prediction instruments are used, the prediction of sexual violence obtains rates of correct predictions which stand out. In sum, the main conclusion of this study is that the *Sexual Violence Risk-20 (SVR-20)* can be a good technical aid in the prediction of the risk of sexual recidivism.

CONCLUSIONS

Research on sexual aggression and its recidivism has generated diverse findings which are useful for the scientific explanation of these phenomena as well as for other professional applications. In the first place, international research on the etiology of sexual aggression supports Marshall and Barbaree's theoretical model (1989, 1990) for explaining the triggers and the origin of said aggression. In second place, basic research in Criminal Psychology has seen the influence of risk factors, both *static* and *dynamic*, on the increase of recidivism in sexual offenders. A specific study conducted in Spain by Redondo, Luque & Andrés (under revision), has formulated and explored a multivariable model of the explanatory factors for sexual recidivism. This model suggests that two variables, one *static* as is the variable *Irresponsible* on Hare's psychopathic scale, and another *dynamic* which corresponds to the *Treatment* of the subjects, accurately classify 60% of the cases of sexual recidivism and 96.1% of the cases of sexual nonreoffenders (with an average correct classification of 92.9%). Although this model is only tentative and provisional, when it comes to predicting the risk for criminal behaviour, it is psychologically evocative of the close existent link between some aspects of the subject's personality ("irresponsible"/"responsible") and the therapeutic changes derived from treatment.

The research conducted by the *Group of Advanced Studies on Violence (GEAV)* shows a good discriminating capacity of the *Sexual Violence Risk-20 (SVR-20)* for the detection of those subjects with a greater probability of sexual recidivism. However, in this study we have worked with some shortage of information, a limitation which is not infrequent in retrospective designs. All considered, the good results obtained in this study allow us to initially consider that the SVR-20 can be very useful in improving

predictions of sexual aggression. Future research should solve the methodological problems outlined here and assess the predictive validity of the SVR-20 using longitudinal designs which allow for a more exhaustive recollection of the necessary information for item completion.

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