



Optimizing Case Conceptualization of Sex Offender Needs: The Utility of Behavioural Crime Scene Analysis

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Researchers at the Criminal Investigative Research & Analysis Group (CiR&A) have been working on various methods to analyze crime scene behaviours to aid forensic clinicians with case conceptualization of sex offenders' needs. Analysis of crime scene behaviours is unstandardized and sporadically used in assessments. However, crime scene behaviours can often be identified to infer an offender's *motivation*—important in assessing criminogenic needs (i.e., risk-need-responsivity model; R-N-R) for offender treatment. Connecting clinicians with research from criminal investigative psychology will aid in their understanding of offenders' motivations through their crime scene behaviours. A framework for behavioural crime scene analysis (BCSA) in sexual offending using risk factors can be of specific help.

Clinicians adherent to R-N-R principles assess evidence to formulate an offender's criminogenic needs when planning treatment goals. Understanding the underlying causes of sexual offending is difficult, as multi-determined, complex behaviours inherent in sexual offences create a myriad of potential causal factors. Presently, forensic assessment is an intricate process, including dynamic risk management composing of clinical interview and/or structured (actuarial) clinical judgment tools (e.g., Static-99). While clinicians may read police reports to gain a sense of the offender, crime scene behaviours are rarely a required component of case conceptualization. It is our view that a clinician's conceptualization and formulation of treatment needs will be enhanced by a detailed analysis of *what* the offender actually did in his crime and inferences as to *why* he went about doing it in that particular manner.

BCSA is a two-step investigative tool typically reserved for violent crimes. In the first step, information is collected in order to reconstruct the offence; primary sources include crime scene photographs, police reports, and victim statements. Next, decisions are made as to what behaviours are necessary and sufficient to represent the offence and understand the offender. This step is highly variable, as relevance of behaviours is contextual. For instance knowing that the victim did not fight back and finding several bruises and cuts on the victim may lead to the interpretation that the offender was abnormally hostile. From an investigative perspective, BCSA is the basis for much of the behavioural investigative advice offered by experts, such as sus-

pect prioritization, serial offender linkage analysis, and threat assessment. Recently, BCSA emerged in sexual recidivism literature, signaling its potential clinical utility (see Lehmann, Goodwill, Gallasch-Nemitz, Biedermann, & Dahle, 2013).

A critical step in BCSA is deciding which behaviours to focus on which calls for the use of a risk factor framework. Mann, Hanson, and Thornton (2010) review psychologically meaningful risk factors that have both a plausible rationale to cause sexual offending and are strongly supported by empirical findings. It is our view that some of the more prominent risk factors may be discernible from BCSA, such as criminal versatility, hostility/grievance, need for intimacy, impulsivity, and sexual deviance. While assessments for sexual deviance (e.g., pedophilia, sadism) usually refer to crime scene behaviours for evidence, the assessment of other risk factors, such as need for intimacy, are usually derived from self-report. An offender's need for intimacy refers to a lack of stable intimate relationships, poor social skills, and feelings of isolation. Behaviourally

this could be evidenced in a crime by negative affect, complimenting the victim, engaging in foreplay, kissing, and/or erectile dysfunction. While this information may be collected through self-report, it is difficult to imagine a better source of relevant information than including objective behavioural details from the offence that caused the individual to present for treatment.

Not only can BCSA buttress assessment tools, it can also indicate when case conceptualization is incomplete. For example, police investigators may traditionally

describe crime scenes as organized or disorganized. In clinical terms, this likely captures an offender's overall impulsivity or level of behavioural regulation. Indeed, clinicians evaluating whether an offender was criminally responsible may address behavioural "disorganization", yet, BCSA may reveal additional and even contrary evidence related to impulsivity (e.g., evidence of prior planning) relevant for any assessment. Alternatively, a first-time sex offender may score low on scales of criminal versatility based on his official record, but an analysis of the index offence reveals a number of indicators of criminal versatility (e.g., con approach, bringing a weapon, stealing from the victim, awareness of police procedures). These indicators of criminal versatility might otherwise be overlooked in a seemingly comprehensive assessment. Therefore, the addition and synthesis of BCSA methods to standard sexual offender assessment methods may provide the clinician with additional

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mental health needs of federally sentenced women in Canada found that 85% of incarcerated women reported a lifetime history of one or more mental disorders ^[7].

Given the magnitude of substance use and mental health problems among women offenders, it is not surprising that these issues have been found to co-occur in this population. For example, Correctional Service Canada (CSC) found that 75% of Canadian women offenders experience significant substance use difficulties and 70% of this group have a comorbid mental disorder ^[8]. Occurring alongside these comorbid issues are elevated rates of medication use among women offenders. Indeed, it has been found that 87% of women offenders in CSC institutions had medical prescriptions, with psychotropic medications (42%) being most commonly prescribed ^[9]. Such findings have led researchers to question whether the widespread societal trend toward an increasing reliance on psychotropic medications to treat mental health and substance use difficulties ('medicalization') is even more prevalent within prison settings ^[10]. In light of the high dependency risk associated with the use of some psychotropic medications (e.g., anxiolytics for anxiety disorders), it is important that future research empirically examine whether the medicalization of women that has been found to occur in the community ^[11] contributes to even higher rates of substance use among women offenders.

As women entering correctional facilities represent a population at high risk for substance use and mental health problems, it is also important that research focus on developing gender specific interventions that address the unique issues faced by women offenders. Namely, it is imperative that women offenders are provided with a broad range of services that integrate issues related to their substance use and mental health. Although the heightened awareness of the substance use and mental health problems faced by women offenders has led to an increase in the number of treatment programs that focus on these risk factors for criminality, much of the research informing integrated (transdiagnostic) treatment programs for women offenders have been based on community-based treatment programs ^[2]. Women offenders, however, differ in significant ways from the general population of women, particularly in relation to their experiences of substance use and mental health problems. Thus, it is important that future research focus on evaluating the efficacy of integrated treatments designed to target factors (e.g., anxiety sensitivity, rumination, negative affect) that underlie substance use and mental health disorders commonly found among women offenders (e.g., borderline personality disorder). In doing so, treatment programs could be more appropriately targeted towards the identified needs of this diverse population. Importantly, targeting the unique issues faced by women offenders in a more comprehensive and integrated manner may ultimately lead to a reduction in criminal activity among this population.

For a complete list of references, please go to www.cpa.ca/psynopsis

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confirmatory or contradictory evidence to increase the validity of their case conceptualization and formulation of the offender, improving treatment efficacy.

BCSA should not replace current clinical methods for assessing sexual offenders; rather, it may enhance the capability of clinicians to correctly formulate an offender's needs. As sexual offences are complex multi-determined phenomenon, good clinical practice should require a standardized, multi-method approach to assess treatment needs. The authors are currently working on projects aimed at increasing standardization in BCSA. One such project directly useful to treatment is the creation of a tool to identify prominent sex offender risk factors through BCSA. While this tool will further improve BCSA efforts, we urge clinicians to always evaluate behavioural offence details where available to ground their conceptualization of an offender's needs in relation to their actual (read, not self-reported) behaviours. For further research on BCSA efforts in Canada, visit the CiR&A webpage (www.criminvestresearch.com).

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Goethe Award Winner

Dr. Jon Mills recently won the Goethe Award for best book in 2012 for *Conundrums: A Critique of Contemporary Psychoanalysis* (New York: Routledge) given by the Section on Psychoanalysis & Psychodynamic Psychology of the Canadian Psychological Association. He also recently won a Gradiva Award from the National Association for the Advancement of Psychoanalysis in New York City for best TV program for his TV series *The Talking Cure*, which was produced by Rogers Television and aired from 2012-2013. Dr. Mills was the community producer and designed the series in order to educate the public about the value of talk therapy. This is the third time he has won a Gradiva Award, which has been in more categories than any other recipient in the history of the prize.

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