Aggression and Violent Behavior 32 (2017) 64–70

Contents lists available at ScienceDirect

Aggression and Violent Behavior

Protective factors, correctional treatment and desistance

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ARTICLE INFO

Article history:
Received 31 October 2016
Received in revised form 23 November 2016
Accepted 4 December 2016
Available online 12 December 2016

ABSTRACT

A confusing array of empirical and conceptual definitions has been offered for protective factors and related terms. This paper reviews these, and recent scales that include protective factors, for their treatment implications. The scales, and the small volume of treatment research on protective factors reveal a similar amount of confusion: most notably with regard to whether protective factors are really different from risk factors except in name. Next, I argue that research on desistance has also examined several protective factors, such as the relationship of release planning to various positive intermediate community outcomes that may mediate desistance effects. Three conceptualizations of protective factors in treatment and desistance are described, before I conclude that calling a factor protective may not automatically enhance treatment effectiveness or desistance support, and that more research is needed, including studies that examine the potential effects of correctional treatment on positive outcomes.

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1. Introduction

Correctional practice—no matter how well-meaning—unfolds inside a system that is inherently negative, with its dominant punishment paradigm and its imperative to reduce criminal risk. Against this backdrop, talking about protective factors seems like a much more positive enterprise, especially within treatment. But what are protective factors? Are they simply figments in the imagination of people who want to find good in every offender? Are they the individual strengths offenders bring into treatment, such as being exceptional at needlework or math or having a nice smile? Are they indices of treatment change? Are they resources external to the person that assist with reentry and desistance, such as positive social support? Are they simply the flip side of risk? When people refer to protective factors, they may be thinking of any of these definitions. One benefit of the increasing use of terms such as "protective factors" (PFs) is that the resulting confusion may trigger theoretical development in our understanding of criminal risk, of how correctional treatment or rehabilitation works, and how to enhance desistance. These latter two issues are particularly the focus of this paper. Before examining the potential

http://dx.doi.org/10.1016/j.avb.2016.12.005
1359-1789/

roles of protective factors in treatment and desistance, I consider first how PFs have been defined.

2. Defining protective factors empirically

Confusion about PFs is evident throughout the literature on crime prevention. Although multiple definitions exist, there is more clarity about how to define PFs empirically than conceptually. Empirically, at its simplest, a PF predicts a decrease in involvement in crime or violence (Farrington, 2007). This type of factor (high intelligence for example: see SAPROF Table 1) can be understood as *directly* protective since the relationship is independent of other factors (Lösel & Farrington, 2012) and so is sometimes referred to as *promotive* (Loeber, Pardini, Stouthamer-Loeber, & Raine, 2007).

2.1. Protective factors are reverse-worded risk factors

Although promotive PFs are often operationalized as if they were unipolar (present to some degree vs. not), their definitions have led to criticism that some, perhaps many, are bipolar with a corresponding risk factor at the other pole. But not all relevant factors are necessarily bipolar. Consider criminal peers. Does a low score on this risk item mean that prosocial peers are protective? Is social isolation its opposite?

Still, protective factors *can* have a linear relationship with the corresponding risk factor. So actually, high intelligence—the example used before—can protect while low intelligence can increase risk (Farrington, 2007). To examine whether bipolar factors have these individual protective and risk components, some researchers have trichotomized the data: typically by comparing separately the bottom quartile of scorers (the risk end) and the top quartile of scorers (the protective end) with the middle 50% (Loeber et al., 2007). This methodology appears not yet to have been used in an adult correctional study and certainly not in a treatment context, possibly because it requires a reasonably large sample size. Consequently many correctional PF studies cannot defend themselves against the "these are just positively worded risk factors" critique (e.g., Harris & Rice, 2015).

Furthermore, studies based on the promotive model of protective factors and their relationship to risk factors have often simply summed the number of risk and protective factors to obtain a cumulative or overall risk/protection index (i.e., by adding risk factors and subtracting protective factors: see HCR-SAPROF index; (de Vries Robbé, de Vogel, & Douglas, 2013); or DRAOR total (Yesberg & Polaschek, 2015). This approach appears to assume that PFs and risk factors are each independent of the other (i.e., not the inverse), but the moderate to strong correlations found between PF and risk subscales in these studies argues otherwise (e.g., de Vries Robbé, de Vogel, & Douglas, 2013).

Similarly, the demonstration of incremental predictive validity for PF over risk factors also does not show independence conceptually, only statistically. In this scenario, it is plausible that the addition of new risk factors based on reversing the protective factors measured would also have shown incremental validity. Additional measures of risk factors have quite often been demonstrated to add to predictive accuracy over other risk measures (e.g., adding a dynamic to a static risk measure; Olver, Wong, Nicholaichuk, & Gordon, 2007). It seems that it has not always been appreciated that incremental predictive validity actually is a demonstration only that the second measure accounts for a significant amount of variance not accounted for by the original (de Vries Robbé et al., 2013; Dickson, Polaschek, & Casey, 2013): it does not establish its conceptual meaning (Lösel & Farrington, 2012).

A similar argument for the independence of promotive factors is that they are *needed* in order to boost the amount of variance accounted for by risk factors alone (Lösel & Farrington, 2012). Perhaps leaving out PFs is decreasing the accuracy of risk assessment, and even supports the overestimation of risk (Rogers, 2000); see also (Miller, 2006). The basis of these latter claims is not clear but may actually reflect a practice issue rather than an empirical one. Assessment of dynamic risk factors should always include a search for disconfirming evidence for each item but this step can be overlooked in practice. Including explicit PF items directs assessors to look for this evidence.

2.2. Protective factors have a non-linear or independent relationship to risk factors

In a second model, protective factors can be without an opposing risk factor: a *free-standing* protective variable (Farrington, 2007). In this case a high level of the variable may predict low involvement in crime, but there would be no relationship to crime in medium or low levels of the variable. Third is the *buffering* model; buffering protective factors weaken the expression of risk factors in behavior when those risk factors are strongly present. Irrelevant when risk factors are only weakly present, they therefore show up as moderators of outcome and are tested as statistical interactions (Lösel & Farrington, 2012).

An example that is sometimes given is of high religious commitment. High religious commitment may protect at high levels of risk factors but is not relevant when those risk factors are only weakly present. A strong attachment to an influential prosocial figure may also work this

Table 1
Examples of protective items from a selection of scales.

SAPROF	SAVRY	DRAOR	START
Internal	Prosocial involvement	Responsive to advice	Insight
Intelligence	Strong social support	Prosocial identity	Attitudes
Secure attachment in childhood	Strong attachments and bonds	Realistic expectations	Mental state
Empathy	Positive attitude toward intervention and authority	Costs/benefits (demonstrations that prosocial behavior is	Emotional state
Coping		more important than criminal behavior) Social support	Substance use
Self-control	Strong commitment to school or work		Impulse control
Motivational factors			Treatability
Work	Resilient personality	Social control	Plans
Leisure activities			External triggers
Financial management			Social support
Motivation for treatment			Material resources
Attitudes toward authority			Relationships
Life goals			Social skills
Medication			Occupational
External factors			Recreational
Social network			Medication adherence
Intimate relationship			Rule adherence
Professional care			Coping
Living circumstances			Self-care
External control			Conduct

Notes. SAPROF first two items are static.