Aggression and Violent Behavior 32 (2017) 80–87

Contents lists available at ScienceDirect

Aggression and Violent Behavior

Understanding protective factors for violent reoffending in adults

Gabrielle Klepfisz [a,*], Michael Daffern [a,b], Andrew Day [c]

[a] Centre for Forensic Behavioural Science, Swinburne University of Technology, Melbourne, Australia
[b] Victorian Institute of Forensic Mental Health, Melbourne, Australia
[c] Aust Aboriginal and Torres Strait Islander Centre, James Cook University, Queensland, Australia

ARTICLE INFO

Article history:
Received 6 August 2016
Received in revised form 30 November 2016
Accepted 1 December 2016
Available online 7 December 2016

Keywords:
Protective factors
Risk assessment
Violence

ABSTRACT

Although there has been long-standing interest in identifying those factors that have the potential to increase the likelihood of violence, it is only relatively recently that attention has been given to those factors that act in the opposite way, or what are commonly referred to as protective factors. This paper considers the meaning of the term protective factor and how this and similarly termed constructs have been conceptualized and operationalized in violent offender assessment instruments. We discuss the relationship between risk and protective factors and identify a number of conceptual and definitional issues that arise. Finally, we consider the measurement of protective factors as they pertain to their inclusion in contemporary violent offender assessment instruments.

Contents

1. Introduction

Recent years have seen the identification of a number of personal, situational, and offense-related characteristics that are commonly associated with an increased risk of future violence (e.g., Klepfisz, Daffern, & Day, 2016). These are now routinely assessed by professionals who work in forensic settings who use structured assessment instruments to inform a range of decisions; including those related to risk management, selection into treatment, and the extent to which change over time has occurred. The focus of this paper, however, is not on understanding those factors that increase risk, but on those that have the potential to mitigate risk. These are increasingly being referred to as 'protective' factors, but are denoted by various other terms including 'strengths', 'promotive factors', 'stabilizers', and 'desistance factors' (Serin, Chadwick, & Lloyd, 2015). Although these terms are sometimes used interchangeably, there appears to be a lack of agreement regarding what they refer to and, indeed, whether this different terminology simply reflects semantic differences. For Polaschek (2015), one of the obvious causes of this confusion is the failure to distinguish between causal factors in the onset of offending and those that maintain the propensity to offend. It is understanding this latter set of factors, those that 'protect' against violent reoffending, that is the aim of this review.

The idea that certain characteristics can protect against, or reduce the likelihood of, offending can be traced back to the 1980s (see Garmezy, Masten, & Tellegen, 1984; Rutter, 1987), although there is still no accepted definition of what a protective factor is. Afifi and MacMillan (2011), for example, contend that "a protective factor may influence, modify, ameliorate, or alter how a person responds to the adversity that places them at risk for maladaptive outcomes" (p. 268). For de Vries Robbé, Mann, Maruna, and Thornton (2015), however, protective factors are those "that enable or assist desistance from (sexual) offending among those that have already offended" (p. 17), while de Vogel, de Ruiter, Bouman, and de Vries Robbé (2012) define them as "any characteristic of a person, his/her environment or situation which reduces the risk of future violent behavior" (p. 23). These

* Corresponding author.
E-mail address: gklepfisz@swin.edu.au (G. Klepfisz).

http://dx.doi.org/10.1016/j.avb.2016.12.001
1359-1789/

definitions invoke distinct, but potentially related, phenomena. The first links to the concept of *resilience* and applies to those factors that have the potential to help the individual to improve the ability to overcome stress or adversity, and therefore to avoid engaging in violence despite the presence of risk (Rutter, 2006). In this context, protective factors *moderate* pre-existing risk to reduce the likelihood of a negative outcome (see Lösel & Farrington, 2012). Conversely, the second and third definitions suggest that protective factors are relevant to the process of abstaining from crime among those who previously engaged in offending (e.g., Maruna, 2010). From this perspective, protective factors can only exist when an offense has occurred and are most relevant to the assessment of risk of violent reoffending in adults. They can either *mediate* risk directly (through what de Vries Robbé, 2014 refers to as 'promotive' factors), or reduce risk by moderating the impact of risk factors.

It is important to note from the outset that the presence of a protective factor does not guarantee a protective effect (Heffernan, 2015) and individuals must exercise agency for protective factors to influence behavior. Thus, when opportunities for crime arise the individual must still actively choose an adaptive, functional, and non-criminal response even when protective factors are present (Serin et al., 2015). For instance, an individual may have a significant supportive relationship in which prosocial attitudes are modelled and encouraged; however, if the individual is either unwilling or unable to draw on this support, then the presence of this relationship alone will not mitigate risk. Accordingly, we argue that protective factors should only be regarded as 'strengths' or 'capabilities' when the individual demonstrates an ability and preparedness to utilize them. As such, instruments that seek to assess the likelihood of future violence should consider not only the presence of protective factors, but also their impact. The inclusion of 'relevance' ratings for risk factors in the Historical-Clinical-Risk Management-20 version 3 (HCR-20^{v3}; Douglas, Hart, Webster, & Belfrage, 2013) illustrates how this might occur. For the purpose of simplicity, the discussion that follows will regard a protective factor simply as *any individual or contextual factor that has the potential to have a positive impact on reducing violent reoffending*. Although this inevitably oversimplifies matters, our focus in this paper is practical, particularly with regard to encouraging a consideration of protective factors in forensic practice, as well as orienting professionals toward the development of specialized assessment tools.

2. How have protective factors been conceptualized and operationalized in assessment instruments?

Attempts to operationalize protective factors in current violent offender assessment instruments have been limited by the use of similar terms to refer to different things and by the use of different terms to refer to the same psychological process (Fowler, 2016). For example, in several structured violence risk assessment instruments, protective factors are considered to simply be the absence (Costa, Jessor, & Turbin, 1999) or the opposite of risk factors (Harris & Rice, 2015). To illustrate, the protective equivalent of the risk item 'impulsivity' might be operationalized in an item designed to assess 'self-control'; the protective factor 'prosocial attitudes' might be conceptualized as lying at the positive end of the 'antisocial attitudes' domain; and 'alcohol addiction' might be regarded as protective when it is reframed as 'abstinence'. In many ways, the practice of conceptualizing risk and protective factors on a continuum (with risk representing the negative extreme and protection representing the positive extreme) is appealing in terms of its simplicity (Rutter, 1987). However, if we consider that risk and protective factors can actually co-exist within a single domain, then the approach quickly loses coherence. De Vries Robbé (2014) has argued persuasively that an offender can have both positive and negative social influences at the same time (for example, a supportive prosocial friend who encourages employment and abstinence as well as drug using peers who encourage intoxication and acquisitive offending). Similarly, Webster, Martin, Brink, Nicholls, and Middleton (2004) offer the example of 'insight' and describe how an offender may display little understanding of the relationship between his or her substance use problem and violent behavior, but may also readily express the value of family support and treatment compliance in overcoming his or her substance use. Relatedly, an individual might, for example, demonstrate excellent problem-solving skills, but these become compromised when he/she is intoxicated. These complexities are unlikely to be adequately captured in any simple conceptualization of risk and protective factors as lying on a continuum (such as when these are measured on a single scale, from $+2, +1, 0, -1, -2$). If, however, the assessment of each item or domain is first scored for risk and then for its protective value, then it becomes possible to rate a client as having both risks and strengths simultaneously in a single domain (see Webster et al., 2004).

A protective factor can also exist without a corresponding risk factor being present (Farrington & Loeber, 2000). Thus, for example, although religiosity is known to have a negative relationship with delinquency (Pearce, Jones, Schwab-Stone, & Ruchkin, 2003), the absence of religion is not an established risk factor for violent reoffending (de Vries Robbé, 2014). This means that currently identified risk and protective factors may apply differentially – while some protective items may be the reverse, or inverted, risk factors, others may exist as qualitatively distinct entities. Furthermore, it is likely that some putative risk factors (for example, the absence of recent participation in organized leisure activities as measured by the LS/RNR; Andrews, Bonta, & Wormith, 2008) might actually be better conceived as the absence of a protective factor (i.e., involvement in structured leisure activities) rather than as a risk factor. There have been few attempts, to date, however, to identify those protective factors that might be conceptually independent to risk (although Woldgabreal, Day, & Ward, 2014 have reported mediating effects of a range of positive psychology variables on risk in a sample of community corrections clients).

As with risk factors for violent reoffending, protective factors can be divided into static and dynamic factors. *Static* protective factors include personal historical variables such as intelligence and secure childhood attachment, which are not presumed to change over time (de Vries Robbé, 2014), although it is relevant to consider how they manifest in the future; that is, what are the products of a secure childhood attachment that influence an individual's capacity to desist? *Dynamic*, or changeable, protective factors are those endogenous personal characteristics that reduce future violence (e.g., coping style, problem-solving skills, self-control, participation in work and leisure activities, and motivation for treatment), in addition to exogenous factors, which offer protection from outside the individual (e.g., social networks, professional care, and living circumstances). It is, of course, also possible that a protective factor for violent recidivism will contain multiple, inter-related concepts and therefore represent a composite construct, encompassing both state and trait aspects. Consistent with this, de Vries Robbé et al. (2015) distinguish between a protective factor as an underlying *propensity* (psychological or personality characteristics) and the *observable manifestations* of that propensity (e.g., an underlying propensity of 'good social skills' may be manifest in generally well-functioning intimate relationships; de Vries Robbé et al., 2015).

The different ways in which protective factors have been conceptualized is reflected in contemporary violence risk assessment instruments. The Violence Risk Scale (VRS; Wong & Gordon, 2003), for example, is a violence risk assessment instrument that requires consideration of six static and 20 dynamic risk factors for violence. The manual proposes that risk variables rated as a "0" are the client's areas of 'strength', suggesting that protective factors are regarded as the absence of risk or criminogenic needs. However, elsewhere in the manual a "0" rating refers to a situation in which "the factor in question has no relationship with violence" (p. 15), creating ambiguity about the role of protective/strength factor assessment. The Historical-Clinical-Risk Management-20 version 3 (HCR-20^{v3}; Douglas et al., 2013) does not consider protective factors in its scoring procedures.