Protective Factors in Forensic Risk Assessment: A Survey of Current Practices and Professionals' Perceptions

by

Samuel Matthew

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Degree:	**Master of Arts (Clinical Psychology)**
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	Stephen Hart Co-Supervisor Professor, Psychology
	Gina Vincent Co-supervisor Professor, Medical University of Massachusetts
	David Cox Committee Member Associate Professor, Psychology
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Abstract

There has been growing attention in the forensic psychology literature to the potential benefits of formally including more positively-oriented attributes like protective factors in the risk assessment process. However, little is known about how risk assessors integrate protective factors into their assessment practices and how they perceive the hypothesized utility of these factors. This study surveyed 75 risk assessors to determine their understanding of protective factors, risk assessment practices, and perceptions regarding the value of assessing protective factors. Risk assessors' definitions of protective factors demonstrated notable variability, with two main conceptualizations emerging from their responses. Despite a lack of a unified definition, assessors generally had positive beliefs about the value of assessing protective factors, particularly in enhancing treatment planning and the risk management process. Addressing the conceptual uncertainty surrounding protective factors will be critical to the continued expansion of their inclusion within risk assessment practices.

Keywords: forensic risk assessment; protective factors; survey research

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Chapter 1.

Introduction

Psychologists and other professionals are often tasked with assessing the likelihood that a person will engage in future violence or reoffending (Singh & Fazel, 2010). Historically, the practice of assessing risk has almost exclusively relied on a deficits-focused approach (Skeem & Monahan, 2011). However, numerous professionals argue that including strengths-oriented attributes in risk assessments allows for a more balanced determination of violence and offending risk (Klepfisz et al., 2017). Within the field of forensic psychology, professionals typically refer to an individual's strengths or positive attributes that reduce their risk of future offending as protective factors (Viljoen et al., 2017). Research examining protective factors is ongoing; however, little is known about how risk assessors consider these strengths-oriented factors in their work. Although the literature on protective factors has increased in past decade, risk assessors' perceptions of this relatively new concept remain a mystery. Therefore, the present study uses a survey design to examine professionals' risk assessment practices and their perceptions regarding the inclusion of protective factors in risk assessment instruments.

Risk Assessment

In criminal justice settings, risk assessment involves characterizing a person's likelihood of future violent, sexual, and general offending. The primary objective of this task is to identify individuals requiring legal and therapeutic interventions and to connect them with necessary support services (Andrews & Bonta, 2010). Throughout most of the twentieth century, mental health clinicians relied on unstructured clinical judgment to assess risk (Douglas & Kropp, 2002; Skeem & Monahan, 2011). However, this approach faced heavy criticism, notably from Monahan (1981), whose review concluded there was an absence of good evidence supporting the validity of violence risk assessment. Prompt action was necessary because the recommendations resulting from risk assessments have significant consequences for the liberties of individuals assessed and the safety of communities. Errors in prediction can be costly (Miller & Brodsky, 2011), underscoring the importance of assessors relying on empirically supported practices. In

response to mounting criticism, clinicians developed structured risk assessment instruments to consolidate existing research evidence on violence and offending (Singh, 2012).

In the past two decades, risk assessment instruments have gained widespread popularity among forensic professionals (Singh et al., 2014) and are routinely used in civil psychiatric (Douglas et al., 1999), correctional (Desmarais et al., 2016), and forensic mental health settings (Gatner et al., 2021) as well as in pre-trial (Desmarais et al., 2021) and parole decision-making (Mooney & Daffern, 2011). Research on the use of risk assessment instruments indicates that between 58% to 75% of professionals employ these tools when completing assessments (Singh et al., 2016; Viljoen et al., 2010). The utilization of structured risk assessment instruments is supported in the research literature, with meta-analytic reviews suggesting their capability to predict violence and reoffending with moderate accuracy (Campbell et al., 2009; Singh et al., 2011). Importantly, certain instruments demonstrate significantly better predictive validity for specific populations, underscoring the importance for professionals to consider the unique characteristics of the individuals they are assessing (Singh et al., 2011).

The goals of risk assessment extend beyond predicting future offending. Characterizing an individual's risk of offending is just the initial step in a larger multi-step process (Viljoen & Vincent, 2020). Following risk assessment, effective management of violence and offending risk is crucial; otherwise, the effort put into assessments by professionals holds little value. As a results, the key question is how professionals can leverage the information gathered during risk assessments to facilitate subsequent risk management. Unfortunately, actual practices often fall short at this critical juncture, with the information collected during risk assessment not always influencing intervention planning (Bosker et al., 2013; Bosker et al., 2015; Bosker & Witteman, 2016). Moreover, by relying primarily on risk information, treatment professionals are compelled to focus on individuals' deficits (i.e., risk factors), thereby diminishing the potential therapeutic benefits of highlighting a person's positive attributes and strengths (de Ruiter & Nicholls, 2011).

Protective Factors

The overwhelming majority of risk assessment research has focused on the identification of risk factors (de Vries Robbé & Willis, 2017). Consequently, this emphasis on risk factors has led to relatively minimal consideration of the role of protective factors in risk assessment contexts (Miller, 2006; Shedrick, 1999). Risk assessors' lack of attention toward strengths-oriented factors has faced strong criticism from clinicians advocating for a more holistic approach to risk assessment. Proponents of protective factors argue that evaluations focusing solely on risk are inherently inaccurate, leading to unbalanced and biased assessments (Rogers, 2000). Furthermore, some scholars contend that ignoring peoples' strengths leads to the over-prediction of risk (Miller, 2006), fosters therapeutic nihilism, and negatively affects professionals' perception of their assessment populations (de Ruiter & Nicholls, 2011). While these concerns are significant, the validity of these assertions remains to be tested.

Hypothesized Utility Protective Factors in Risk Assessment

Researchers advocating for the assessment of protective factors have proposed three advantages of including these positively oriented factors in risk assessments. First, developers' risk assessment instruments that incorporate protective factors argue that they offer incremental validity beyond that of risk-only assessment instruments. However, research examining the predictive and incremental validity of assessment instruments that include protective factors has yielded mixed results. In certain cases, protective factors have significantly contributed to predicting recidivism beyond risk factors (Wanamaker et al., 2018). For instance, the Structured Assessment of PROtective Factors for violence risk (SAPROF; de Vogel et al., 2009) has demonstrated moderate predictive validity (Abidin et al., 2013; Doyle, 2014; Haines et al., 2018) as well as incremental validity (Neil et al., 2020) with risk-only instruments such as the Historical Clinical Risk Management-20; (HCR-20; Webster et al., 1997). Conversely, there is also evidence suggesting that the additional assessment of protective factors does enhance the predictive accuracy beyond that of risk-only instruments (Dickens & O'Shea, 2018; Eisenberg et al., 2022). Further examination of the predictive validity of protective factors is needed to reconcile these contradictory findings.

A second proposed advantage of protective factors is their potential to bridge the gap between risk assessment and risk management. Forensic clinicians have proposed that assessing protective factors better orients forensic professionals toward treatment efforts and the management of an individual's risk (de Vries Robbé & Willis, 2017).

Similarly, the third proposed advantage of protective factors focuses on the clinical utility of strengths-based assessment approaches (de Ruiter & Nicholls, 2011). Hypothesized benefits of incorporating them into risk assessments instruments include supporting the therapeutic alliance, increasing clients' motivation to change, and reducing therapeutic nihilism (Klepfisz et al., 2017; de Ruiter & Nicholls, 2011). While these potential advantages are compelling at face value, research examining the accuracy of these claims is currently limited. Nevertheless, an increasing number of risk assessors argue that the potential value associated with integrating this more positive element into risk assessment warrants serious consideration (de Vries Robbé & Willis, 2017; Serin et al., 2016).

Defining Protective Factors

The concept of protective factors was first introduced in the mental health literature by both Rutter (1985, 1987), Masten (1985), and Garmezy (1985) in the 1980's. Rutter (1985) defined protective factors as influences that mitigate an individual's response to a hazard or risk that would typically result in a negative outcome. Less than a decade later, Hoge and colleagues (1996) investigated the concept of protective factors in relation to youth risk for offending. They examined risk and protective factors in a sample of 338 youth who had committed serious offences and found evidence supporting the concept of protective factors, which sparked interest among other clinicians working with youth populations involved in the criminal justice system (Hawkins et al., 1998; Werner, 2000). More recent conceptualizations of protective factors frame them as strengths or positive attributes that reduce the likelihood of violence or offending (Borum et al., 2003). Though this interpretation of protective factors has been echoed by other clinicians (Viljoen et al., 2020), there is still no broadly agreed-upon definition or conceptual understanding of protective factors.

Defining protective factors in the context of forensic risk assessment has proven to be exceedingly challenging. Despite speculation that the role of definitions in

constructing scientific theories may be overemphasized (Haig, 2012), the general lack of agreement regarding the meaning of "protective factor" represents a significant barrier to both the development and use of strengths-based measures. One central question about protective factors is whether they should be considered conceptually distinct from risk factors. For instance, some scholars argue that protective factors simply represent the absence of risk factors (Costa et al., 1999), while other clinicians assert that they exist on a continuum with risk factors (Webster et al., 2006). Additionally, many professionals disagree with this "mirror image" interpretation and instead view protective factors as independent predictors that exist without corresponding risk factors (Farrington & Loeber, 2000; Ullrich & Coid, 2011).

Some more recent attempts to conceptualize protective factors have categorized them into two types (promotive factors/direct protective factors and buffering/interactive protective factors) based on their hypothesized relationship with risk (Guay et al., 2020). Within this framework, protective factors that predict a low probability or absence of offending (Farrington et al., 2016) are described as promotive factors or direct protective factors. These factors are thought to have a direct inverse effect on the likelihood of recidivism (e.g., having a pro-social adult involved in an adolescent's life), such as personal and environmental characteristics that are associated with a decreased risk of future antisocial behaviour.

The other classification of protective factors, buffering/interactive protective factors, supposes a conditional relationship where the effect of risk factors depends on the presence/and or strength of protective factors. For example, an individual with a serious mental illness (risk factor) might be less likely to reoffend if they have strong emotional bonds with pro-social peers (protective factor). Unlike promotive factors, buffering protective factors are only effective in the presence of relevant risk factors, which has led to relatively fewer studies of buffering protective factors.

While the differentiation of protective factors into types has gained traction in the literature (Cording & Christofferson, 2017; Farrington et al., 2016; Guay et al., 2020; Lösel & Farrington, 2012), it remains unclear whether forensic assessors broadly agree with this conceptualization. In fact, there are still a small group of risk assessment scholars that strongly believe risk factors are merely the obverse of risk factors and do not require any additional assessment (Harris & Rice, 2015). Although this position

appears to be a minority view, it underscores the lack of broader consensus within the assessment field. Consequently, the ongoing debate surrounding the definition and conceptualization of protective factors has been identified as a concern by risk assessors who are hesitant to support their inclusion in structured risk assessment instruments (Polaschek, 2017; Serin et al., 2016; Harris & Rice, 2015).

Risk assessors have encountered confusion due to the various terms used to reflect the concept of protective factors (Serin et al., 2016). For instance, terms such as "desistance factors" (Serin et al., 2010) and "strength factors" have been used similarly to protective factors. Although each term may carry distinct meanings (Serin et al., 2016), they are often used interchangeably, further contributing to the lack of clarity on this topic. The ongoing uncertainty and lack of consensus among scholars regarding the definition of protective factors highlight the need for additional research into the mechanisms through which protective factors operate. For now, a simple and relatively vague definition of protective factors aligns with the current understanding of risk assessors. Perhaps through further investigation, this definition can be expanded to incorporate a more comprehensive conceptual understanding of protective factors.

Current Practices of Assessing Protective Factors

Researchers have developed over 300 risk assessment instruments (Singh et al., 2014), and numerous studies have examined various combinations of risk factors in order to achieve the best prediction of recidivism (Witt et al., 2013)—yet, even the best instruments have significant limitations. Although research confirms that the majority of risk assessment professionals use structured instruments to assist in decision-making (Singh et al., 2016; Viljoen et al., 2010), the relative popularity of instruments that include protective factors remains unknown. In a survey conducted by Viljoen and colleagues (2010), 94.8% of professionals reported always or almost always including protective factors in their risk assessment reports for juveniles, and 80.3% reported the same for adults. Remarkably, for juvenile reports, this inclusion rate was equivalent to that of risk factors. Based on these findings, one might naturally expect that risk assessment instruments incorporating protective factors have achieved widespread popularity. However, in the same study, the most commonly used instruments in juvenile risk assessments included only tools two that assessed protective factors: the Structured Assessment of Violence Risk in Youth (SAVRY; Borum et al., 2003) with a 35.1% usage

rate, and the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge et al., 2002) with an 11.7% usage rate (notably, the older version of the YLS/CMI had minimal inclusion of strengths). For adult risk assessments, the most used tool that included strengths was the Level of Service and Case Management Inventory (LS/CMI; Andrews et al., 2004), with only a 12.3% usage rate. These statistics reveal a significant disparity between the inclusion of strengths and protective factors in reports and the risk assessment instruments used by professionals in their work.

To date, no researchers have directly investigated the use of risk assessment instruments that include protective factors. Nevertheless, similar to the findings of the aforementioned study, estimates from the research literature suggest that roughly 30% of professionals use a risk assessment instrument that includes protective factors (Kamorowski et al., 2021; Singh et al., 2014). This limited usage raises the question of what approaches professionals are employing for the assessment of protective factors. As demonstrated by the 2010 study of Viljoen et al., the substantial majority of risk assessors mention protective factors in reports. More research is needed to confirm these numbers, but they indicate a potential failure of professionals to adhere to best practices in forensic risk assessment (Hart et al., 2017); if protective factors are discussed in reports but not assessed using a structured instrument, professionals may be relying on alternative methods such as unstructured clinical judgment. Given what is known about the limitations of unstructured judgment (Skeem & Monahan, 2011), it is imperative that researchers further examine this possibility. If risk assessors choose to include protective factors in their reports, it is essential that they utilize empirically validated assessment approaches, such as the use of a structured instrument.

Professional's Attitudes Regarding Protective Factors

To date, only a few studies have examined forensic clinicians' perceptions regarding the assessment of protective factors. The first study involved a questionnaire distributed to department heads at various German forensic psychiatric hospitals (Stubner et al., 2006). These clinicians were asked to report which criteria were being used at their hospital to make decisions regarding easing patient restrictions. The main finding from the questionnaire responses was that protective factors were considered equally important as risk factors in these decisions. However, the researchers' conceptualization of protective factors in this study was not entirely consistent with the

research literature. For instance, the absence of severe antisocial behavior was treated as a protective factor. Although some scholars have conceptualized protective factors as simply the absence of risk factors (Costa et al., 1999), this description is widely disputed and contradicts existing evidence in the field (Serin et al., 2016). Therefore, these results should be interpreted with caution, as the definition of protective factors used in this study was overly broad and included items that lack validated research evidence.

Another study (Sher & Gralton, 2014) surveyed a multidisciplinary team about their views on the implementation of the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV; Viljoen et al., 2014). The staff of a medium secure service for adolescents in the UK generally perceived the START:AV as valuable and helpful. Moreover, the vast majority reported finding it useful to have separate ratings for strengths and vulnerabilities (defined by the START:AV authors as positive features or characteristics that may reduce risks of adverse outcomes and challenges or characteristics that may increase risks of adverse outcomes, respectively). Similarly, a later study (De Beouf et al., 2019) conducted at a residential youth care facility revealed that staff perceived the START:AV as useful for treatment; however, overall satisfaction with the instrument decreased over time.

Similar research has also been conducted using an interview format (De Beuf et al., 2020; Domjancic et al., 2019; Whyman, 2019). In these studies, professionals had varied understandings of the term "protective factors," but nonetheless, generally viewed protective factors in a positive light. The emphasis on strengths was highly valued, and participants expressed optimism about the usefulness of strengths-based risk assessment in their work. However, through these interviews, several barriers were identified; namely, organizational culture and available resources (e.g., time) were the main concerns of staff (De Beuf et al., 2020). Many individuals felt that management wanted to maintain the status quo and that frontline staff were rarely consulted when changes were made. Moreover, the additional workload associated with adopting a new assessment instrument was perceived as a significant burden. These findings underscore the need to further investigate barriers to assessing protective factors, as well as to explore potential solutions to address ongoing challenges.

Present Study

While interest in protective factors has increased in recent years, it remains unclear how clinicians and scholars perceive the potential role of these strengths-oriented items in risk assessment. Furthermore, little is known about the current consideration of protective factors, including whether assessors are using instruments that include them or relying on alternative methods such as unstructured clinical judgment. Therefore, the present study aims to (1) examine risk assessment practices concerning protective factors (i.e., how assessors utilize protective factors in their work, if at all), (2) investigate how assessors define protective factors, (3) evaluate assessors' attitudes regarding the inclusion of protective factors in risk assessment, and (4) identify any barriers to incorporating protective factors into risk evaluations (whether by using current assessment instruments that include protective factors or by integrating them into risk-only assessment instruments).

In seeking to understand these research questions, the present study surveyed forensic professionals globally who conduct risk assessments for violent, sexual, or general offending. Although some diversity in opinions was expected, it was predicted that assessors would generally hold positive attitudes regarding protective factors, consistent with findings from earlier research (Whyman, 2019). However, it was also anticipated that only a small portion of assessors would report regularly using instruments that include protective factors. Additionally, in line with earlier research on assessment practices (Viljoen et al., 2010), it was expected that professionals would endorse mentioning protective factors in risk assessment reports, indicating some form of assessment through alternative methods. Furthermore, it was anticipated that assessment practices and perceptions of protective factors would differ based on various demographic factors such as geographic location, education, age, and years of experience. Particularly, it was expected that professionals outside of North America, younger professionals, and PsyD-educated psychologists would display more positive perceptions of protective factors and incorporate them more into their risk assessment practices.

Chapter 2.

Methods

This survey followed the Bennett et al. (2011) reporting guidelines for survey research. Additionally, the survey procedure (e.g., sending a reminder email) and design (e.g., visually emphasizing information that is essential to completing the survey) closely followed evidence-based Tailored Design Method guidelines (Dillman et al., 2014).

Participants

The final sample included 75 forensic assessors, with an average age of 44.2 years (SD = 13.2). Most assessors fell within the age ranges of 30 to 39 years (n = 20) or 40 to 49 years (n = 17). In terms of gender identity, the majority identified as women (72%, n = 48), followed by men (27%, n = 18), and a small portion preferred not to disclose (2%, n = 1). Regarding racial identity, the majority identified as white (90%, n = 60), with others identifying as mixed race (5%, n = 3), Asian (2%, n = 1), and Middle Eastern (2%, n = 1). Two assessors chose not to disclose their race (3%). The sample represented various ethnic groups, including American (48%, n = 32), European (30%, n = 20), Canadian (15%, n = 10), Oceanic (i.e., Australian, New Zealander, and Pacific Islander; 6.0%, n = 4), East and South Asian (3%, n = 2), West Central Asian and Middle Eastern (3%, n = 2), and Latin, South, and Central American (2%, n = 1). Two assessors chose not to disclose their ethnicity (3%, n = 2). Geographically, assessors were located internationally, with the majority residing in North America (78%, n = 52), followed by Europe (13%, n = 9), Oceania (8%, n = 5), and South America (2%, n = 1).

Assessors were trained as clinical psychologists (83%, n = 54), forensic psychologists (9%, n = 6), psychiatrists (3%, n = 2), occupational therapists (3%, n = 2) counselling psychologists (2%, n = 1), and social workers (2%, n = 1). The highest level of education for most assessors was a Doctor of Philosophy (PhD; 42%, n = 28), and for others it was a Doctor of Psychology (PsyD; 33%, n = 22), master's degree (19%, n = 13), Doctor of Medicine (MD; 3%, n = 2), or bachelor's degree (3%, n = 2). Slightly over half of assessors (55%, n = 41) had received formal training in the administration of risk

assessments during their education, whereas the others had developed expertise later on (45%, n = 33).

Assessors conducted work in a variety of settings including private practice (n = 30), forensic psychiatric hospitals (n = 22), forensic psychiatric outpatient clinics (n = 11), jails or prisons (n = 16), and academic or research institutes (n = 10). Assessors had an average of 14.1 years of experience conducting risk assessments (Median = 10.0; SD = 11.4; range = 0 to 39). In the past twelve months, assessors had conducted an average of 26 assessments (Median = 12.0; SD = 32.4; range = 1 to 149), with the majority of professionals having conducted between 5 to 10 assessments annually (36%, n = 21). Roughly half of the assessors (49%, n = 37) had received formal training in conducting risk assessments with children and/or adolescents.

Procedure

Recruitment

I employed two primary strategies to recruit forensic professionals conducting risk assessments for participation in the survey. Initially, I identified the largest national forensic organizations within the U.S. and Canada, along with a prominent international forensic professional organization, through online searches. These professional bodies included the International Association of Forensic Mental Health Services (IAFMHS), the Canadian Psychological Association–Criminal Justice Section (CPA-CJS), and the American Psychology–Law Society (AP-LS). Following the approval of Simon Fraser University's Research Ethics Board in the Fall of 2023, representatives from these organizations sent out email invitations to their members, containing a link to the Qualtrics survey. Subsequently, all three organizations sent a reminder email approximately two to four weeks later to remind potential participants about the survey and ensure an adequate sample size. Research suggests that sending reminder emails to potential respondents can enhance survey response rates (Millar & Dillman, 2011).

As a secondary recruitment method, I employed a snowball sampling approach to reach risk assessors who were not members of these professional organizations. Professionals who received an invitation to participate in the study were encouraged to share the survey link with their colleagues who also conduct risk assessments.

Furthermore, upon completing the survey, respondents were prompted to share the survey link with other assessors who might be interested in taking part.

Eligibility

Eligible respondents included forensic professionals who had conducted at least one assessment in the past two years evaluating risk for violent, sexual, or general offending.

Final Sample

In total, 109 forensic professionals completed the eligibility screen at the beginning of the survey, out of which 84 were deemed eligible to participate. Among these 84 participants, 2 did not provide consent to participate in the survey, and 7 participants did not respond to most of the survey questions. After excluding these individuals, a total of 75 assessors were included in the final sample. Assessors included in the final sample received the invitation from the following professional organizations: American Psychology-Law Society (n = 46) and International Association of Forensic Mental Health Services (n = 23). Additionally, some assessors received the invitation through a forwarded email from a colleague (n = 5), or from multiple sources (n = 1). Although survey research guidelines recommend reporting response rates (Bennett et al., 2011), it was not possible to determine the response rate for this survey due to the unknown number of members in professional organizations who conduct risk assessments, and the number of assessors who received invitations from other respondents.

Survey

The initial draft of the survey was developed based on a review of the literature on protective factors, including their conceptualization, hypothesized benefits, and barriers to their inclusion in risk assessment (de Ruiter & Nicholls, 2011; de Vries Robbé & Willis, 2017; Miller, 2006; Rogers, 2000; Shedrick, 1999; Wanamaker et al., 2018) and risk assessment practices in the forensic psychology literature (Archer et al., 2006; Kamorowski et al., 2021; Hurducas et al., 2014; Singh et al., 2016; Viljoen et al., 2010). To further refine the survey, two risk assessment professionals provided

feedback on the content (Dr. Heather Moulden and Dr. Tonia Nicholls). After incorporating this feedback, the online survey took approximately 20 minutes to complete. To encourage honest responding, all responses were anonymized, and collection of demographic information did not include identifying information.

The survey was made-up of three major sections. The first section focused on practices and included 17 questions related to training, knowledge, assessment instrument usage, and assessment practices. Given the various conceptualizations of protective factors, respondents were first asked to define protective factors in an open-ended manner. Subsequently, they were provided with a standardized definition of protective factors for reference throughout the survey. Within this section there were many questions that asked how frequently respondents use a number of specific structured risk assessment instruments, most of which included some variation of protective factors. To ensure that questions were sufficiently tailored to the age group with which respondents work, this subsection was divided into youth and adult instruments. Following precedent from prior risk assessment survey research (Viljoen et al., 2010), assessors were asked to indicate their usage frequency for each risk assessment instrument over the past year, with responses options including always (99% to 100% of the time), almost always (81% to 98%), frequently (41% to 80%), sometimes (11% to 40%), rarely (1% to 10%), and never (0% of the time).

The second section focused on perceptions and included 28 questions that asked assessors their opinions on the assessment of protective factors. The survey asked respondents to rate the extent to which they agree with statements about protective factors using a 5-point Likert scale (i.e., *strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree*). This section explored various aspects, including self-efficacy, acceptability, appropriateness, perceived benefits (e.g., assessing protective factors facilitates the use of strengths-based interventions), and perceived barriers (e.g., “Including protective factors in risk assessment tools is not worth the added time”) related to the assessment of protective factors.

The last section, demographic information, included 11 questions about assessor characteristics (i.e., age, gender, geographical location, educational level, field/discipline, setting of practice, years of experience, and organizational membership).

Data Analysis

To analyze forensic professionals' practices and attitudes regarding the inclusion of protective factors in the risk assessment process, descriptive analyses (analyses (e.g., frequencies and medians) were conducted using SPSS 29 (2022). For survey questions rated using a Likert-type response format, certain response options were collapsed to ensure consistency with previous surveys (Viljoen et al., 2010). For instance, the original 6-point scale assessing frequency (*never, rarely, sometimes, frequently, almost always, always*) was condensed into a 4-point scale (*never, rarely and sometimes, frequently, almost always and always*), grouping together items reflecting similar frequencies. This decision was made *a priori* to prevent selective reporting of results.

To identify how forensic professionals defined protective factors, I conducted conventional content analysis using NVivo 12 (2018) to code open-ended responses. Following research guidelines (Hsieh & Shannon, 2005), I derived themes from responses and inductively coded information into categories. This involved creating a codebook by iteratively reviewing responses, extracting codes reflecting key concepts, and organizing related codes into categories. An independent rater also coded the responses. Interrater reliability, as indexed by Cohen's kappa, was κ = .82, indicating "almost perfect" agreement according to the guidelines proposed by Landis & Koch (1977).

Beyond these primary analyses, secondary analyses were conducted to examine whether practices and attitudes correlated with respondent characteristics: geographic location (North America vs. Rest of World), education (psychologists with a PhD vs. a PsyD), age (split at the median), years of experience (split at the median), and number of assessments conducted over the past year (split at the median). Due to violated assumptions of normality, the Mann-Whitney U test, a nonparametric alternative to the independent samples *t*-test, was chosen. Correlational analyses were conducted to explore the association between assessors' self-efficacy, assessment practices, and attitudes toward protective factors. As the distributions of most variables were not normal, I indexed correlations using Spearman's *rho* (ρ).

Chapter 3.

Results

Missing Data

Although missing data were rare, some assessors did not complete a substantial proportion of items (i.e., > 20%) on the practices scale (15%; n = 11), attitudes scale (19%; n = 14), or demographics scale (21%; n = 16). In all but one of these cases, respondents missed more than 20% of items on a scale, necessitating the exclusion of their data. For the one case that missed fewer than 20% of items, missing items were replaced with the average of their responses to completed items. Since demographic information was collected at the end of the survey, it was not possible to determine if professionals who completed the survey differed demographically from those who discontinued partway through the survey.

Assessment Practices

General Practices

Assessors responded to a series of questions detailing their assessment practices. When asked about the types of risk assessments that they most commonly conduct, professionals endorsed conducting assessments of violence risk (84%, n = 63), sexual violence risk (59%, n = 44), general reoffence risk (41%, n = 63), and other forms of specialized violence (24%, n = 18), including intimate partner violence (n = 12). Assessors indicated that these risk evaluations focused on various time frames, including short-term risk (i.e., within several months or a year; 88%, n = 66), longer-term risk (i.e., over one year; 76%, n = 57), and immediate risk (i.e., days to weeks; 48%, n = 36). Additionally, 73% of assessors reportedly conducted risk assessments with adults, 9% with youth, and 17% with both adults and youth. When asked about potential errors made while conducting risk assessments, about half of assessors believed that they were more likely to overestimate risk (i.e., see individual as higher risk than they actually are; 47% n = 35) if they were to make an error. The remaining assessors believed they were equally likely to underestimate or overestimate risk (35%, n = 26), underestimate

risk (i.e., see individual as lower risk than they actually are; 15% n = 11), or not make any errors at all (i.e., neither overestimate nor underestimate; 4% n = 3).

Tool Use

When asked about their preference between actuarial and structured professional judgement (SPJ) risk assessment tools, the majority of assessors indicated that they believe both can be useful (59%, n = 44), some preferred SPJ tools (37%, n = 28), and others preferred actuarial tools (4%, n = 3). Among professionals who conduct risk assessment with adults, the most widely used risk assessment tool was the HCR-20 (See Table 1.), with over half of assessors always or almost always using it when conducting risk assessments in the past year. Among professionals who conduct risk assessments with youth, the most widely used risk assessment tool was the SAVRY (See Table 2.

Table 1. Frequency of Risk Assessment Tool Use Among Forensic Professionals Who Assess Adults

	n =	*Never*	*Rarely or Sometimes*	*Frequently*	*Almost Always or Always*
Historical Clinical Risk Management-20 (HCR-20)	65	6.2%	21.6%	20.0%	52.3%
Hare Psychopathy Checklist – Revised (PCL-R)	65	33.8%	37.0%	12.3%	16.9%
Violence Risk Appraisal Guide – Revised (VRAG-R)	64	67.2%	21.3%	10.9%	1.6%
Structured Assessment of Protective Factors (SAPROF)	65	47.7%	16.9%	10.8%	24.6%
Level of Service and Case Management Inventory (LS/CMI) or Level of Service Inventory-Revised (LSI-R)	63	71.4%	17.5%	7.9%	3.2%
Short-Term Assessment of Risk and Treatability (START)	63	71.4%	19.0%	7.9%	1.6%
Inventory of Offender Risk, Needs, and Strengths (IORNS)	61	80.3%	9.8%	4.9%	4.9%
Dynamic Risk Assessment of Offender Re-Entry (DRAOR)	61	93.8%	6.2%	0.0%	0.0%

*The question was phrased as: “Select the frequency with which you assess protective factors when conducting a risk assessment with an individual from each of the following populations.”

Table 2. Frequency of Risk Assessment Tool Use Among Forensic Professionals Who Assess Youth

	n =	Never	Rarely or Sometimes	Frequently	Almost Always or Always
Structured Assessment of Violence Risk in Youth (SAVRY)	20	0.0%	25.0%	40.0%	35.0%
Youth Level of Service and Case Management Inventory (YLS/CMI)	19	57.9%	36.9%	0.0%	5.3%
Short-Term Assessment of Risk and Treatability Adolescent Version (START-AV)	19	84.2%	5.3%	5.3%	5.3%
Hare Psychopathy Checklist: Youth Version (PCL:YV)	19	43.1%	9.8%	10.5%	15.8%

Protective Factors

Defining Protective Factors

At the beginning of the survey, assessors were asked to define the term protective factors in the context of forensic risk assessment. Out of 75 assessors, 74 provided comments about the relationship between protective factors and the risk of reoffending. Many of the descriptions given by assessors were similar to the definition of protective factors that was later provided in the survey (i.e., associated with a reduced likelihood of violence or reoffending; n = 16). The most common description of protective factors referred to them as factors that decrease, reduce, or lower risk (n = 30), with four professionals characterizing the relationship between reduced risk and protective factors as an association (e.g., “factors that are associated with decreased risk of problematic behavior”). Several assessors also referred to protective factors as being able to mitigate or buffer risk of reoffending (n = 22), with one assessor describing them as “factors in an individual which buffer or mitigate the impact of risk factors on reoffending.” In a couple of assessors’ definitions, they explicitly stated that protective factors are not the absence of risk factors (n = 2). Additionally, other assessors described protective factors as protecting from or preventing risk of adverse behaviours and outcomes (n = 4).

When defining protective factors, a number of assessors also referred to aspects of the perceived positive utility associated with protective factors. This included the ability of protective factors to help support desistance (n = 7), guide risk management strategies (n = 7), foster resilience (n = 4), and support personal well-being (n = 4). One assessor stated that protective factors “promote psychological wellbeing, positive behavioral adjustment and resilience.” Other assessors focused on the connection with risk management; one professional stated that protective factors “can be leveraged in developing a risk reduction plan.”

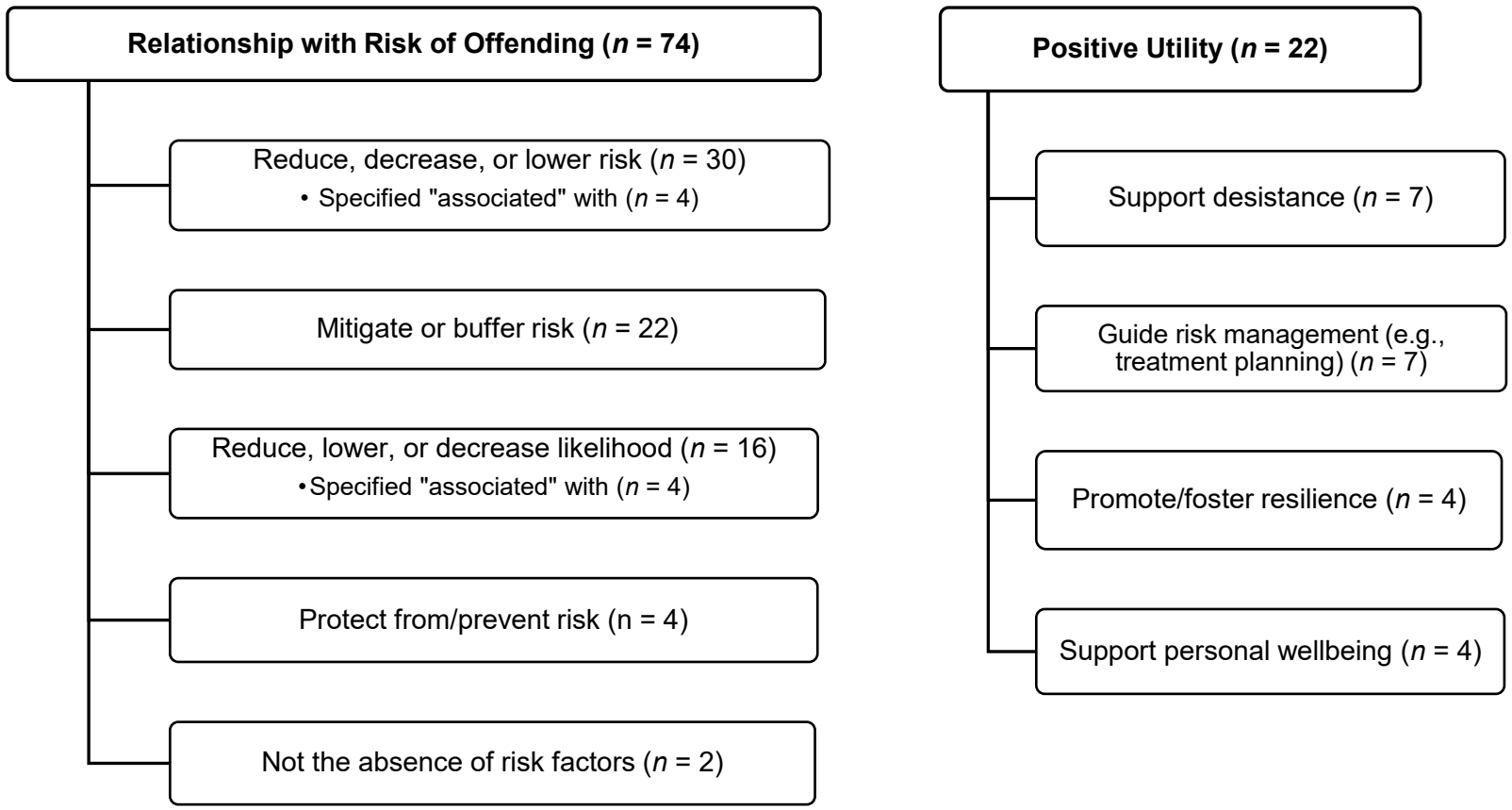

Figure 1. Features of Assessors Definitions of Protective Factors

Note. Tree diagram depicting the categories and subcategories of features of assessor's definitions of protective factors which were derived from conventional content analysis

Knowledge and Understanding of Protective Factors

The majority of assessors agreed (33% somewhat agree; 54% strongly agree), that they were confident in their understanding of the term protective factors. When asked if the terms protective factors and strengths can be used interchangeably, the majority of assessors disagreed (44% somewhat disagree; 13% strongly disagree) or were undecided (20% neither agree nor disagree). Similarly, the majority of assessors disagreed (57% strongly disagree; 23% somewhat disagree) with the idea that protective factors are merely an attempt to rephrase risk factors in a positive manner.

Assessors indicated that their knowledge of protective factors was primarily informed by the research literature (91%, n = 68), risk assessment training (81%, n = 61), experience assessing protective factors (76%, n = 57), and coursework or work training (65%, n = 49). Most professionals were trained on the use of a risk assessment tool that includes protective factors, with 33% (n = 25) receiving training on one tool, 26% (n = 19) on two tools, and 28% (n = 21) on three or more tools. Only a small number of professionals (12%, n = 9) were not trained on the use of at least one tool that included protective factors.

Assessment of Protective Factors

Self-Efficacy

Forensic professionals had varying degrees of confidence in their ability to assess protective factors. When asked the extent to which they agreed with the statement, “I am confident in my ability to assess protective factors”, most assessors somewhat agreed (48%) or strongly agreed (28%). Compared to assessing risk factors, the majority of assessors indicated that they are either equally confident (49%) or somewhat less confident (39%) in their ability to assess protective factors, whereas a minority of assessors were much less confident (4%), somewhat more confident (6%), or much more (1%) confident.

Perceived Importance

Assessors nearly unanimously agreed that the assessment of protective factors has at least some degree of importance when working with various populations, such as youth, adults, cultural minorities, indigenous peoples, and people who commit violent,

sexual, or general offences (See Table 3). Assessors perceived the assessment of protective factors to be the most important when working with youth populations.

Practices

In the past year, when conducting risk assessments, the majority of assessors reported using a tool that includes the evaluation of protective factors almost always or always (54.2%, n = 39), with only a small portion of assessors never having used these tools (16.7%, n = 12). The remaining assessors used these tools sometimes or rarely (22.2%, n = 16), or frequently (6.9%, n = 5). Similarly, the majority of assessors reported mentioning protective factors in their risk assessment reports almost always or always (75.0%, n = 54). The remaining assessors reported mentioning protective factors in risk assessment reports frequently (15.3%, n = 11), and sometimes or rarely (9.8%, n = 7), with no assessors reporting never mentioning them. When asked how often they rely exclusively on subjective judgements to assess protective factors, 33.3% reported never doing so, 45.8% rarely or sometimes, 11.1% frequently, and 9.7% almost always or always. The mostly widely used adult risk assessment tool that includes protective factors was the Structured Assessment of Protective Factors (SAPROF; n = 31). Among assessors who conduct risk assessments with youth, the Structured Assessment of Violence Risk in Youth (SAVRY n = 20) was the most widely used tool.

Demographic Differences in Practices

Assessors located outside of North America were significantly more likely to incorporate protective factors into their risk assessment practices, $U = 235.50$ $p = 0.002$. There were no significant associations found between the incorporation of protective factors in risk assessment practices and age (≤41.5 years-old v. >41.5 years-old), education (PsyD. v. PhD.), years of experience as an assessor ((≤10 years v. >10 years), and number of assessments conducted over the past year (≤12 assessments v. >12 assessments).

Table 3. Perceived Importance of Assessing Protective Factors with the Following Populations

	n	Not at all important or Slightly Important		Moderately Important		Very Important or Extremely Important	
		%	n	%	n	%	n
Adults	68	2.9	2	7.4	5	89.7	61
Youth	66	1.5	1	1.5	1	97.0	64
People who commit violent offences	66	1.5	1	7.6	5	90.1	60
People who engage in general offending	63	4.8	3	7.9	5	87.3	55
People who commit sexual offences	61	1.6	1	7.9	4	91.8	56
Cultural minorities	64	1.6	1	10.9	7	87.5	56
Indigenous Peoples	66	1.5	1	9.1	6	89.4	59

Table 4. Assessment of Protective Factors When Evaluating Risk for Various Populations

	n	Never	Rarely or Sometimes	Frequently	Almost Always or Always
Adults	69	0.0%	7.2%	11.6%	81.2%
Youth	48	25.0%	8.4%	8.4%	58.4%
People who commit violent offences	66	1.5%	4.5%	15.2%	78.8%
People who engage in general offending	64	1.6%	7.8%	14.1%	76.6%
People who commit sexual offences	62	8.1%	6.5%	11.3%	74.2%
Cultural minorities	71	2.8%	11.2%	9.9%	76.1%
Indigenous Peoples	48	8.3%	14.6%	12.5%	54.6%

Perceived Utility of Protective Factors

Clinical Utility

Assessors generally had positive perceptions regarding the clinical utility of assessing protective factors, with an average score of 25.92 (SD = 2.96, range = 19 to 30) on a scale where 0 represents maximal disagreement and 30 represents maximal agreement (See Table 5). Specifically, over two-thirds of assessors agreed that assessing protective factors helps to strengthen the therapeutic alliance, reduce therapeutic nihilism, increase an evaluee's motivation to change, guide treatment/intervention planning, and facilitate the use of strengths-based interventions. The most agreed upon benefit of assessing protective factors was their utility in guiding treatment/intervention planning.

Risk Assessment and Management

The overwhelming majority of assessors either strongly agreed (63.8%; n = 44) or somewhat agreed (29.0%, n = 20) that they would welcome the addition of protective factors to widely used risk assessment tools. Notably, there was not a single assessor who strongly disagreed with this statement (neither agree nor disagree, 4.3%, n = 4; somewhat disagree, 2.9%, n = 3). Similarly, almost all assessors either strongly agreed (77.5%; n = 55) or somewhat agreed (19.7%, n = 14) that including protective factors in risk assessment tools aligns with the goals of their profession. None of the survey respondents disagreed with this statement, irrespective of their field of work. Overall, assessors generally had positive perceptions regarding the benefits of assessing protective factors on risk assessment and risk management, as evidenced by an average score of 21.06 (SD = 2.38, range = 12 to 25) on a scale where 0 represents maximal disagreement and 25 represents maximal agreement (See Table 5). Specifically, over two thirds of assessors agreed that assessing protective factors helps to guide risk management planning, increase the predictive validity of risk assessment tools, reduce the likelihood of over predicting risk of reoffending, and create more culturally safe assessment experiences and reduce biases and stereotypes.

Potential Concerns about Protective Factors

In general, assessors disagreed with the stated potential concerns about including protective factors in risk assessment tools (Table 6). The majority of assessors

strongly disagreed that including protective factors in risk assessment tools would be premature, threaten the importance given to risk factors, and not be worth the added time. The most agreed upon concern among assessors regarding protective factors was that there are many individuals who do not have any protective factors relevant to their risk of reoffending—even still, less than a quarter of assessors agreed with this concern (Table 6).

Demographics Differences in Perception of Protective Factors

Assessors located outside of North America had significantly more positive perceptions about the clinical utility of assessing protective factors, $U = 277.0$, $p = 0.024$. No significant differences were found by age (≤41.5 years-old v. >41.5 years-old), education (PsyD. v. PhD.), years of experience as an assessor ((≤10 years v. >10 years), and number of assessments conducted over the past year (≤12 assessments v. >12 assessments).

Table 5. Perceived Utility of Assessing Protective Factors

Assessing protective factors….	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree	Median
Clinical Utility						
adds clinical value to the findings produced by risk assessment tools	0.0%	1.4%	4.2%	22.5%	71.8%	Strongly agree
helps strengthen the therapeutic alliance	0.0%	0.0%	23.9%	32.4%	43.7%	Somewhat agree
helps reduce therapeutic nihilism	0.0%	8.5%	12.7%	45.1%	33.8%	Somewhat agree
helps to increase an evaluee's motivation to change	0.0%	2.8%	33.8%	40.8%	22.5%	Somewhat agree
helps guide treatment/intervention planning	0.0%	0.0%	4.2%	31.0%	64.8%	Strongly agree
helps facilitate the use of strengths-based interventions	0.0%	0.0%	5.6%	29.6%	64.8%	Strongly agree
Risk Assessment and Management						
increases the predictive validity of risk assessment tools	2.8%	2.8%	23.9%	52.1%	18.3%	Somewhat agree
helps guide risk management planning	1.4%	0.0%	1.4%	29.6%	67.6%	Strongly agree
reduces the likelihood of over-predicting risk of reoffending	1.4%	7.0%	22.5%	53.5%	15.5%	Somewhat agree
help to create more culturally safe assessment experiences and reduce biases and stereotypes	0.0%	0.0%	16.9%	38.0%	45.1%	Somewhat agree

Table 6. Potential Concerns about Including Protective Factors in Risk Assessment Tools

n = 69	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree	Median
Including protective factors in risk assessment tools…						
would be premature	58.0%	30.4%	8.7%	1.4%	1.4%	Strongly Disagree
threatens the importance given to risk factors	59.4%	29.0%	2.9%	4.3%	4.3%	Strongly Disagree
leads to under-predictions of recidivism	34.8%	36.2%	23.2%	5.8%	0.0%	Somewhat disagree
is not worth the added time	76.8%	13.0%	1.4%	4.3%	4.3%	Strongly Disagree
There is not enough research evidence supporting the inclusion of protective factors in risk assessment tools	31.0%	23.2%	29.0%	13.0%	2.9%	Somewhat disagree
I am skeptical that protective factors provide additional value to existing risk assessment tools	55.1%	29.0%	7.2%	5.8%	2.9%	Strongly Disagree
There are many individuals who do not have any protective factors relevant to their risk for offending	26.1%	33.3%	20.3%	20.3%	0.0%	Somewhat disagree

Associations between Perceptions, Self-efficacy, and Assessment Practices

There were significant correlations among assessors' perceptions about protective factors, self-efficacy in assessing and understanding protective factors, and their assessment practices (Table 7). Namely, there was a positive correlation between viewing protective factors more positively and incorporating them into their risk assessment practices. Moreover, assessors' confidence in their ability to assess and understand protective factors was positively correlated with incorporating them into their risk assessment practices.

Table 7. Spearman's rho Correlations Among Assessors Responses Regarding Protective Factors

	1	2	3
1. Self-Efficacy	-		
2. Protective Factor Assessment Practices	.524**	-	
3. Overall Perceptions regarding Protective Factors	.380**	.312**	-

**Correlation is significant at the 0.01 level (2-tailed).

Chapter 4.

Discussion

Although a vocal contingent of forensic professionals has long emphasized the importance of assessing protective factors, there remains a lack of understanding about how professionals conducting risk assessments perceive these factors on a broader scale. Furthermore, there is limited insight into the extent to which assessors consider protective factors in their evaluations, if at all. Therefore, this study surveyed assessors to examine (1) risk assessment practices concerning protective factors, (2) professionals' perceptions regarding the potential value of assessing protective factors, and (3) barriers to including protective factors in risk assessments. The primary findings are discussed below.

Risk Assessment Practices

To examine assessors' practices, the survey included numerous questions directed at forensic professionals regarding their overall risk assessment procedures, with a specific emphasis on the evaluation of protective factors. The most commonly conducted assessments by participating professionals focused on violence risk, adult populations, and short-term risk. This aligns with prior research indicating that forensic professionals are frequently tasked with assessing the risk of violence and offending (Kamorowski et al., 2022; Viljoen et al., 2010). Also consistent with previous survey research was the popularity of the HCR-20 (Singh et al., 2014); over half of the survey respondents reported always or almost always using it when conducting risk assessments in the past year.

When asked about potential evaluator errors in determining an evaluee's risk level, assessors reported a higher likelihood of overestimating rather than underestimating risk. Given that people, including experienced forensic professionals (Walters et al., 2014), tend to over-predict low base rate behaviors (Neal & Grisso, 2014), the assessors' awareness of this tendency is significant. Nonetheless, research on bias among forensic evaluators shows that merely acknowledging one's biases does not effectively reduce them (Zappala et al., 2018), even though it is the primary strategy

assessors use to address bias (Neal & Brodsky, 2016). Therefore, simply being aware of the tendency to overestimate risk is not an adequate method for assessors to manage this issue. While there has been speculation that assessing protective factors may help mitigate the issue of overestimating risk (Desmarais et al., 2012), this study did not explore the validity of that hypothesis.

With regards to the assessment of protective factors, the majority of assessors reported using a tool that includes the evaluation of protective factors almost always or always in the past year. Only small minority of assessors reported never using such tools in the past year. The most widely used risk assessment tool that includes protective factors was the SAPROF for adults, and the SAVRY for youth populations. Taken at face value, these findings suggest a notable increase from other estimates of tool use, which have generally found that roughly 30% of professionals use a risk assessment tool that includes the formal evaluation of protective factors (Kamorowski et al., 2021; Singh et al., 2014). However, it is possible that this increase reflects a difference in measurement, as this survey is the first to directly ask assessors how frequently they have used a tool that includes protective factors over the past year.

Even with the growing use of risk assessment tools that include protective factors, it appears that some assessors are still encountering situations where they rely on subjective judgement to assess protective factors. This practice is in spite of a body of research establishing that structured methods of risk assessment are demonstrably superior to unstructured methods (Viljoen et al., 2021). It is unclear whether unstructured methods of assessing protective factors have similar pitfalls to those of risk factors—however, we would expect that adding structure to the assessment of protective factors would increase the reliability, validity, and transparency of the resulting conclusions.

Consistent with the finding that professionals are commonly assessing evaluees' protective factors, the majority of assessors reported almost always or always discussing protective factors in their risk assessment reports. This also aligns with the assessment literature, suggesting that a widely recognized benefit of assessing protective factors is their role in guiding risk management strategies (de Vries Robbé & Willis, 2017; Serin et al., 2016). By including protective factors in their reports, forensic professionals are acknowledging the unique role of protective factors in directly informing subsequent risk management decisions.

In this study, the only demographic factor associated with a difference in the frequency of assessing protective factors was geographic location. Assessors located outside of North America were significantly more likely to incorporate protective factors into their risk assessment practices (i.e., use tools that include protective factors and mention them in reports). This finding is not unexpected, as many European psychologists have been among the individuals at the forefront of the research and development of assessment tools in this area. In particular, Dutch forensic psychologists have contributed to a significant proportion of the recent research on protective factors in forensic contexts (e.g., de Vogel et al., 2011; de Vries Robbé et al., 2011; Janković et al., 2021). Additionally, it is possible that European countries are more likely to have agencies with policies mandating the use of assessment tools that include protective factors (e.g., the SAPROF). Since this question was not addressed in this survey, future research should examine agency policies regarding the assessment of protective factors internationally.

Defining Protective Factors

In their open-ended responses defining protective factors, assessors' descriptions typically focused on the relationship between protective factors and risk of offending. Over a third of responses described protective factors as decreasing, reducing, or lowering risk for offending and an additional four assessors characterized them as being associated with decreased risk of offending. Some respondents' (n = 20, 27%) descriptions were more similar to the definition of protective factors (i.e., reduced likelihood of violence or reoffending) that was later provided to assessors to ensure a similar understanding of the concept in responding to questions. The major difference in these groups of definitions is how assessors are choosing to represent the nature of risk of offending; describing protective factors as being associated with a reduced likelihood of offending assumes a continuous/probabilistic estimate of risk. Comparatively, the description of protective factors as reducing risk for offending fits with both categorical and continuous estimates of risk. However, both of these descriptions are also similar because they assume that protective factors directly impact recidivism risk, aligning with various past conceptualizations of protective factors in the research literature (Borum et al., 2003; Viljoen et al., 2020).

A significant portion of assessors also described protective factors as mitigating or buffering the risk of reoffending. Such definitions suggest that protective factors indirectly affect the likelihood of offending by altering the direction or strength of the relationship between risk factors and recidivism. This perspective contrasts with other definitions that suggest a direct relationship between protective and risk factors. However, it aligns with efforts by some researchers to conceptualize protective factors as "buffering or interactive" (Cording & Christofferson, 2017; Farrington et al., 2016; Guay et al., 2020; Lösel & Farrington, 2012). Currently, it remains unclear whether protective factors operate through direct mechanisms, indirect mechanisms, or a combination of both—this uncertainty is reflected in the varied definitions provided by assessors in this study.

Attitudes about Protective Factors

Based on the findings, the vast majority of assessors recognize the clinical value of assessing protective factors. Respondents overwhelmingly agreed that assessing protective factors strengthens the therapeutic alliance, reduces therapeutic nihilism, boosts individuals' motivation to change and facilitates strengths-based interventions and treatment planning. Notably, the most widely recognized clinical benefit of assessing protective factors is their utility in guiding treatment and intervention planning. Treatment efforts often focus on enhancing personal or environmental attributes, such as developing vocational skills and fostering social integration. Thus, insights into an individual’s protective factors are crucial for effective treatment planning. This finding is consistent with prior research indicating that treatment providers highly value the role of protective factors in formulating plans for individuals engaged with the justice system (de Vries Robbé et al., 2012).

Assessors reported positive views on the impact of assessing protective factors on risk assessment and management. Over two-thirds of respondents acknowledged that evaluating protective factors aids in guiding risk management plans, enhances the predictive accuracy of risk assessment tools, reduces the risk of overestimating the likelihood of reoffending, and creates more culturally sensitive assessment experiences that minimize biases and stereotypes. The most widely recognized benefit was the role of protective factors in shaping risk management strategies. Echoing their importance in treatment planning, protective factors are deemed crucial for making informed

management decisions that support desistance among justice-involved individuals (Cording & Christofferson, 2017).

Another notable result from the survey indicated that assessors have few concerns about integrating protective factors into risk assessments. When asked about their agreement with concerns cited in existing research, the most common concern was the potential absence of relevant protective factors in many assessed individuals. However, only 20.3% of assessors agreed that this is a concern, with the majority either strongly or somewhat disagreeing. The worry that evaluees may lack protective factors, though minimally supported, could warrant further exploration as there has been limited examination of the prevalence of relevant protective factors among assessment populations. In addition, future research should explore how individuals lacking identifiable protective factors are perceived by forensic professionals (such as assessors and judges), as this absence could inadvertently lead to a higher perceived risk of evaluee's.

Another noteworthy finding emphasizing the acceptability of protective factors was that almost all respondents expressed their willingness to see protective factors included in widely used risk assessment tools. Similarly, almost all assessors (with only two exceptions) agreed that formally integrating protective factors into risk assessment tools aligns with the goals of their profession. These results are in line with earlier qualitative research highlighting forensic professionals' positive perceptions of the value of assessing protective factors in their work (De Beuf et al., 2020; Domjancic et al., 2019; Whyman, 2019). Overall, these findings suggest that professionals conducting risk assessments regard the assessment of protective factors as highly beneficial and congruent with the aims of their profession.

Implications

Since previous research examining practices and attitudes regarding the assessment of protective factors is limited to individual agencies, this study aimed to broaden the understanding of the relevance of protective factors in the global risk assessment context. The results support researchers' earlier assertions that increased attention is being given to the assessment of protective factors in forensic settings. The results also build upon prior literature suggesting that forensic professionals perceive the

assessment of protective factors to be acceptable and worthwhile for their work. On the other hand, the finding of significant variability in how professionals define protective factors highlights the current lack of agreement about the conceptualisation of what protective factors are, and how they relate to risk. While researchers have previously mentioned this issue in the literature (Cording & Christofferson, 2017; Lösel & Farrington, 2012), this study was the first to confirm the notable variance in assessor's understanding of protective factors.

Practice

This study revealed that the majority of assessors now regularly utilize risk assessment tools incorporating protective factors, marking a significant increase from previous estimates where only about one third typically employed such tools (Kamorowski et al., 2021; Singh et al., 2014). However, a notable number of assessors still depend on subjective judgment to evaluate protective factors during assessments (11.1% frequently, and 9.7% almost always or always). This is surprising given that risk assessment trainings consistently stress the importance of employing structured methods to evaluate an individual's risk factors. Moreover, it prompts the question of why there are not similar expectations of following structured assessment methods when evaluating protective factors.

There are a couple of possible explanations for the lack of uniformity in practices when assessing risk factors and protective factors. Unlike for risk factors where structured methods of assessment are well established as superior to unstructured judgement (Viljoen et al., 2021), there is an absence of research comparing these two methods of assessment for protective factors. As such, until forensic professionals are provided with evidence in favour of a particular method of assessing protective factors (e.g., structured tool use), they are likely to go with what is most convenient for their work. Another factor potentially contributing the use of unstructured methods to assess protective factors could be the current absence of protective factors in some of the most widely used risk assessment tools, such as the HCR-20 V3 (Douglas et al., 2013). To make up for the gaps in risk-only tools, some clinicians have recommended supplementing assessments with the added use of a protective-factor based tool, such as the SAPROF (de Vogel et al., 2009). Alternatively, some assessors may opt for unstructured methods to assess protective factors. Therefore, ensuring that assessors

receive adequate education and training on the assessment of protective factors is crucial to ensuring that these factors are being properly evaluated.

Theory/Research

The results from this study underscore the existing ambiguity concerning protective factors and the challenge of accurately defining them. Both researchers and assessors would benefit from establishing a unified understanding of how to conceptualize and articulate these factors. Without a shared definition, communication among professionals regarding protective factors may remain unclear and inconsistent. Moreover, a standardized conceptual framework for protective factors is crucial for effectively incorporating them into risk evaluations. Fortunately, forensic professionals have initiated efforts to address this issue and ongoing collaboration will be necessary as assessors increasingly integrate protective factors into risk assessments because of their perceived importance.

Further research is needed to explore the potential benefits of assessing protective factors. While the findings of this study suggest that assessors generally perceive assessing protective factors as clinically valuable, many of the hypothesized advantages associated with protective factors remain untested. To my knowledge, only one research study has investigated the potential clinical utility of strengths-oriented assessment in forensic contexts (Matthew et al., 2024). However, the findings of this study did not provide strong evidence for the unique contribution of protective factors in enhancing evaluees' motivation to change, their alliance with the assessor, or their positive affect. Therefore, a significantly larger body of research is necessary before definitive conclusions can be drawn about the benefits of assessing protective factors.

Strengths and Limitations

To my knowledge, the present study represents the first survey to investigate professionals' assessment practices and perceptions regarding the assessment of protective factors. Furthermore, it was also the first occasion where assessors were prompted to define protective factors based on their own expertise. The inclusion of this open-ended component in the survey is a significant strength because it allowed us to examine assessors' conceptualizations of protective factors. Moreover, it enabled us to

determine the variability in understanding of protective factors among risk assessment professionals. It is crucial to understand how assessors currently perceive protective factors because the growing popularity of assessing protective factors will require forensic professionals to share a unified understanding of what protective factors represent and how they relate to the risk of adverse behaviors.

In interpreting the findings of this study, several limitations should be considered. First, the final sample size of the study was 75 assessors, which is lower than the average sample size of approximately 100 assessors in prior surveys examining risk assessment practices (Hurducas et al., 2014). Consequently, the secondary analyses might have lacked sufficient power to detect small or medium-sized demographic differences in practices. Nonetheless, the main analyses conducted were descriptive in nature, for which this sample size was adequate to address my research goals.

A second limitation is that the final sample might not have been entirely representative of all international forensic professionals who conduct risk assessments. Since assessors are a hard-to-reach population, random sampling was not feasible for this study. Therefore, the primary method of recruiting participants was through online communication distributed by major forensic psychological organizations. Consequently, assessors who were not members of these organizations were unlikely to have participated in this survey. I attempted to mitigate this limitation by including snowball sampling, but very few assessors who completed the survey received it through this method.

A final limitation is that the results may represent an over-estimate of assessor's actual use of tools that include protective factors. It is possible that risk assessment tools which permit assessors to add factors at their discretion, may be inadvertently captured by certain questions intended to gauge tools specifically incorporating protective factors or similar strengths-oriented components. For instance, although the HCR-20 doesn't inherently include protective factors, its guidelines offer flexibility for assessors to consider additional factors in their risk evaluation. If assessors responding to this survey mistakenly regarded these tools as having protective factors, the number reporting the use of tools with protective factors would be inflated. To address this limitation, along with any concerns regarding the accuracy of self-reported data on professionals'

practices, future studies should directly examine the assessment of protective factors at agencies conducting risk assessments.

Conclusion and Recommendations

Since the early 2000s, there has been increasing attention on the assessment of protective factors, yet the understanding of how risk assessment professionals perceive their role remains limited. This study aimed to explore assessors' perceived value of protective factors, their integration into risk assessments, and how they are defined by assessors in their own words. Consistent with earlier studies on risk assessment practices, the assessment of protective factors appears to be expanding globally. Moreover, assessors generally demonstrate strong positive beliefs about the value of incorporating protective factors into their work, particularly for treatment planning and risk management. Nonetheless, appears to be a lack of agreement among assessors about how to define protective factors, echoing concerns previously noted in the research literature (Cording & Christofferson, 2017). As the emphasis on protective factors continues to rise, ongoing efforts to resolve the conceptual ambiguity are essential. This is crucial for ensuring that the unique potential of protective factors to enhance risk management and rehabilitation outcomes can be fully realized.

The following recommendations for future research on protective factors are offered:

- The hypothesized benefits of assessing protective factors require additional investigation, especially in relation to their potential to positively contribute clinically (e.g., therapeutic alliance, motivation to change).
- To help establish clear guidelines about best practices for assessing protective factors, structured methods of assessing these factors should be compared to the use of unstructured judgement.
- Further research examining the relationship between risk of reoffending and protective factors will be critical to resolving the existing ambiguity surrounding the conceptualization of protective factors.
- Research directly examining the assessment of protective factors at agencies conducting risk assessments (e.g., review of assessment reports, examination of tool use) will allow for a clearer understanding of assessors’ incorporation of protective factors into their practices.

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Appendix A.

Protective Factors in Risk Assessment Survey

Start of Block: Eligibility Screener

Thank you for your interest in this survey, which asks a number of questions about risk assessment practices and related issues.

Have you conducted a risk assessment evaluation for violence, sexual, or general offending within the last two years?

- ○ Yes
- ○ No

Which organization(s) sent you an email containing the link to this survey?

- ☐ American Psychology - Law Society (AP-LS)
- ☐ International Association of Forensic Mental Health Services (IAFMHS)
- ☐ Canadian Psychological Association - Criminal Justice Section (CPA-CJS)
- ☐ Canadian Association of Threat Assessment Professionals (CATAP)
- ☐ Association of Threat Assessment Professionals (ATAP)
- ☐ Email forwarded to me by a colleague

End of Block: Eligibility Screener

Start of Block: Consent Form

Please read the following and then indicate whether you would like to voluntarily participate or not.

Consent Form

Protective Factors in Forensic Risk Assessment: A Survey of Current Practices and Professionals' Attitudes

Student Lead: Samuel Matthew, B.Sc., SFU Psychology Department

Principal Investigator: Stephen Hart, Ph.D., SFU Psychology Department

Co-investigators and Research Personnel: Gina Vincent, Ph.D. and (Co-supervisor), & research assistants in the Adolescent Risk and Resilience Lab (Data analysis support)

Sponsor: This study is being funded by the SFU Psychology Department.

Study Purpose: We are conducting a survey to further our understanding of risk assessment practices and risk assessors attitudes, particularly as it relates to the inclusion of protective factors in risk assessment.

Study Details: The brief and anonymous survey will ask a series of questions regarding your experiences conducting risk assessments. It will take approximately 15 minutes to complete.

Participation Benefits: We do not think that participating in this study will have any direct benefits. However, this research might benefit the broader field of forensic risk assessment by informing the continued evolution of forensic risk assessment practices.

Participation Risks: There are no foreseeable risks involved with participating in this study. Since the survey doesn't collect any personally identifiable information, any answers that you provide cannot be attributed to you or your organization.

Confidentiality: We have taken measures to protect your confidentiality. In particular, your survey responses will be anonymous as we will not ask for identifying information such as your name or workplace. Only the student lead (Samuel Matthew), the principal investigator (Dr. Stephen Hart), Co-investigator (Dr. Gina Vincent), and research assistants in the Adolescent Risk and Resilience Lab will have access to your data. Further, your data will be password-protected and stored on password-protected computers, which are kept behind locked doors. Your data will be retained for a maximum of 10 years. Please know that if you are a U.S. citizen, your data will be stored in Canada which is outside of your country of residence.

This online survey is hosted through Qualtrics, a secure internet survey company that is located in the U.S. Any data you provide may be transmitted and stored in countries outside of Canada, as well as in Canada. It

is important to remember that privacy laws vary in different countries and may not be the same as in Canada. The security and privacy policies for Qualtrics can be found at the following links:
https://www.qualtrics.com/security-statement/
https://www.qualtrics.com/privacy-statement/

Study Results: This study is part of a thesis for the degree of Master of Arts in the department of psychology and as such, the thesis will be published as a public document. Further, findings may be presented at academic conferences and published in academic journals. Your survey responses will remain unidentifiable in any report of the findings. If you have any questions or would like to receive a summary of the findings once this study is complete, you can contact the student lead, Samuel Matthew, or the principal investigator, Dr. Stephen Hart.

Contact for Information about the Study: For more information about the study please contact Samuel Matthew, SFU Psychology Department.

Contact for Complaints: If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, please contact the Director, SFU Office of Research Ethics, at dore@sfu.ca or 778-782-6593.

If you would like to participate in this study, please check the 'YES' box below to indicate that you have read this form and voluntarily agree to participate. By consenting, you do not waive any rights to legal recourse in the event of research-related harm. You may exit the survey at any time without any negative consequences, but you will not be able to withdraw your responses from this study because your responses are not identifiable.

Do you consent to participate in this study?

- ○ **YES**, I voluntarily consent to participate in this study
- ○ **NO**, I do not consent to participate in this study

Display This Question:

If Do you consent to participate in this study? = NO, I do not consent to participate in this study

You indicated that you do NOT consent to participate in this study. If you have any questions or concerns, please contact Samuel Matthew.

Skip To: End of Survey If You indicated that you do NOT consent to participate in this study. If you have any questions or... Displayed

End of Block: Consent Form

Start of Block: Definition of Protective Factors

Forensic Risk Assessment: Sometimes forensic professionals assess an offenders' risk for future violence and/or other types of offending in the evaluations they conduct. These evaluations are sometimes referred to as risk assessments. The purpose of these evaluations is to determine the likelihood that a person will reoffend, and/or evaluate which factors may increase or decrease the chance that the person will reoffend.

In the context of forensic risk assessment, how would you briefly define the term protective factors?

_____

End of Block: Definition of Protective Factors

Start of Block: Practices

The following section will ask a number of brief questions about your current risk assessment practices.

For the type of risk assessment that you most commonly conduct, what type of offending does your evaluations focus on? (You may select multiple categories)

- ☐ General reoffending
- ☐ Violence risk
- ☐ Sexual violence risk
- ☐ Other form of specialized violence (e.g., intimate partner violence) _____

For the type of risk assessment that you most commonly conduct, what time period do your evaluations focus on? (You may select multiple categories)

- ☐ Immediate risk: violence/offending in the next few days or weeks
- ☐ Short-term risk: Violence/offending within several months or a year
- ☐ Longer-term risk: violence/offending over one year

Did your educational training include administration of risk assessments for violence/offending, or did you develop that expertise later?

- ○ Formal training
- ○ Developed expertise later
- ○ Not applicable

In general, which types of risk assessment tools (if any) do you consider preferable?

- ☐ Actuarial tools
- ☐ Structured professional judgment tools
- ☐ Both can be useful
- ☐ Neither are useful
- ☐ Prefer not to answer/Don't know

In your assessments of risk of violence/offending, what type of error do you believe that you are more likely to make?

- ○ Underestimate risk (tend to see individual as lower risk than they actually are)
- ○ Overestimate risk (tend to see individual as higher risk than they actually are)
- ○ I am equally likely to underestimate risk as I am to overestimate risk
- ○ I neither underestimate nor overestimate risk

I consult the research literature on risk assessment approximately every _____

- Month
- Year
- 2-3 years
- 5+ years
- Never

Page Break

For the purpose of answering the rest of the survey questions, the term "protective factors" will be defined as strengths or positive attributes that are associated with a reduced likelihood of violence or reoffending.

Do you have training on the use of a risk assessment tool that includes protective factors?

- No, 0 tools
- Yes, 1 tool
- Yes, 2 tools
- Yes, 3 or more tools

My knowledge base of protective factors is informed by _____ (Select all that apply).

- [ ] Risk assessment training
- [ ] Research literature
- [ ] Experience assessing protective factors
- [ ] Work training/ Coursework
- [ ] Other, please describe _____
- [ ] Does not apply to me

(Optional) Provide a couple of examples of items that might be considered protective factors on a risk assessment tool

_____

Page Break

Have you received formal training on conducting risk assessments with child/adolescents?

- ○ No
- ○ Yes

I conduct risk assessments primarily with _____ populations.

- ○ Adult (18 years of age and older)
- ○ Youth (Under 18 years of age)
- ○ Both adult and youth

Skip To: Q4.15 If I conduct risk assessments primarily with _____ populations. = Youth (Under 18 years of age)

Display This Question:

If I conduct risk assessments primarily with _____ populations. = Adult (18 years of age and older)

Or I conduct risk assessments primarily with _____ populations. = Both adult and youth

In the past year, when conducting risk assessments, I have used the following adult risk assessment tool _____ % of the time.

	Never (0%)	Rarely (1% to 10%)	Sometimes (11% to 40%)	Frequently (41% to 80%)	Almost always (81%-98%)	Always (99 to 100%)
Historical Clinical Risk Management-20 (HCR-20)	○	○	○	○	○	○
Hare Psychopathy Checklist – Revised (PCL-R)	○	○	○	○	○	○
Violence Risk Appraisal Guide-Revised (VRAG)	○	○	○	○	○	○
Dynamic Risk Assessment of Offender Re-Entry (DRAOR)	○	○	○	○	○	○
Inventory of Offender Risk, Needs, and Strengths (IORNS)	○	○	○	○	○	○

Level of Service and Case Management Inventory (LS/CMI) or Level of Service Inventory-Revised (LSI-R)	○	○	○	○	○	○
Short-Term Assessment of Risk and Treatability (START)	○	○	○	○	○	○
Structured Assessment of Protective Factors (SAPROF)	○	○	○	○	○	○
Other locally developed tool for adults that includes protective factors (please specify)	○	○	○	○	○	○

In the past year, when conducting risk assessments, I have used the following youth risk assessment tool _____ % of the time.

	Never	Rarely (1% to 10%)	Sometimes (11% to 40%)	Frequently (41% to 80%)	Almost always (81% to 98%)	Always (98% to 100%)
Structured Assessment of Violence Risk in Youth (SAVRY)	○	○	○	○	○	○
Short-Term Assessment of Risk and Treatability-Adolescent Version (START-AV)	○	○	○	○	○	○
Youth Level of Service and Case Management Inventory (YLS/CMI)	○	○	○	○	○	○
Youth Assessment and Screening Instrument (YASI)	○	○	○	○	○	○
The Hare Psychopathy Checklist: Youth Version (PCL:YV)	○	○	○	○	○	○

Other locally developed tool for youth that includes protective factors (please specify)	○	○	○	○	○	○

Page Break

For each of the following questions, please select the frequency option that best describes your risk assessment practices

In the past year, when conducting risk assessments, I have used a risk assessment tool that includes the evaluation of protective factors

- ○ Never
- ○ Rarely (1% to 10%)
- ○ Sometimes (11% to 40%)
- ○ Frequently (41% to 80%)
- ○ Almost always (81% to 98%)
- ○ Always (98% to 100%)

I explicitly mention protective factors during my risk assessment reports on individuals

- Never
- Rarely (1% to 10%)
- Sometimes (11% to 40%)
- Frequently (41% to 80%)
- Almost always (81% to 98%)
- Always (98% to 100%)

When determining a person's protective factors, I rely exclusively on my subjective judgment

- Never
- Rarely (1% to 10%)
- Sometimes (11% to 40%)
- Frequently (41% to 80%)
- Almost always (81% to 98%)
- Always (98% to 100%)
- Not applicable, I don't assess protective factors

Select the frequency with which you assess protective factors when conducting a risk assessment with an individual from each of the following populations

	Never	Rarely (1% to 10%)	Sometimes (11% to 40%)	Frequently (41% to 80%)	Almost always (81% to 98%)	Always (98% to 100%)	Not Applicable
Adults	○	○	○	○	○	○	○
Youth	○	○	○	○	○	○	○
People who commit violent offences	○	○	○	○	○	○	○
People who engage in general offending	○	○	○	○	○	○	○
People who commit sexual offences	○	○	○	○	○	○	○
Cultural minorities	○	○	○	○	○	○	○
Indigenous peoples	○	○	○	○	○	○	○

End of Block: Practices

Start of Block: Attitudes

For each of the following questions, rate the extent to which you agree or disagree with the statements.

I am confident in my ability to assess protective factors

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

I am confident in my understanding of the term protective factors

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

The terms protective factors and strengths can be used interchangeably

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors adds clinical value to the findings produced by risk assessment tools

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors increases the predictive validity of risk assessment tools

Note: Predictive validity refers to the ability of a test or other measurement to predict a future outcome

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps guide risk management planning

Note: Risk management is the process of planning and implementing strategies to help prevent violence and other forms of offending

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps strengthen the therapeutic alliance

Note: Therapeutic alliance refers to a cooperative working relationship between client and therapist/treatment provider

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps reduce therapeutic nihilism

Note: Therapeutic nihilism is when treatment providers have an overly pessimistic view of a client's outcome and their ability benefit from treatment intervention.

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps to increase an evaluee's motivation to change

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps guide treatment/intervention planning

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors helps facilitate the use of strengths-based interventions

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors reduces the likelihood of over-predicting risk of reoffending

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Including protective factors in risk assessment tools allows for a more balanced evaluation of an individuals risk of reoffending

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors is a necessary part of risk assessment

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Including protective factors in risk assessment tools aligns with the goals of my profession

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Assessing protective factors could help to create more culturally safe assessment experiences and reduce biases and stereotypes

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Page Break

Including protective factors in risk assessment tools is not worth the added time

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

There is not enough research evidence supporting the inclusion of protective factors in risk assessment tools

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Including protective factors in risk assessment tools would be premature

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

I am skeptical that protective factors provide additional value to existing risk assessment tools

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Including protective factors in risk assessment tools leads to under-predictions of recidivism

Note: Recidivism is the act of committing another crime or coming into conflict with the criminal justice system again

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Including protective factors in risk assessment tools threatens the importance given to risk factors

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

There are many individuals who do not have any protective factors relevant to their risk for offending

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

I would welcome the addition of protective factors to widely used risk assessment tools

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

The concept of protective factors is merely an attempt to rephrase risk factors in a positive manner

- ○ Strongly disagree
- ○ Somewhat disagree
- ○ Neither agree nor disagree
- ○ Somewhat agree
- ○ Strongly agree

Page Break

Compared to assessing risk factors, I am _____ confident in my ability to assess protective factors

- ○ Much less
- ○ Somewhat less
- ○ Equally
- ○ Somewhat more
- ○ Much more

Rate the importance of assessing protective factors when conducting a risk assessment with an individual from each of the following populations

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Adults	○	○	○	○	○
Youth	○	○	○	○	○
People who commit violent offences	○	○	○	○	○
People who commit sexual offences	○	○	○	○	○
People who engage in general offending	○	○	○	○	○
Cultural minorities	○	○	○	○	○
Indigenous peoples	○	○	○	○	○

Rate the importance of assessing protective factors based on an evaluee's risk level

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Low Risk	○	○	○	○	○
Moderate Risk	○	○	○	○	○
High Risk	○	○	○	○	○

End of Block: Attitudes

Start of Block: Demographic Information

This final section will ask demographic-related questions. If you prefer not to answer any of these questions, please select prefer not to respond.

Age:

- ○ _____ years old (Please specify) _____
- ○ Prefer not to respond

Gender:

- ○ Man
- ○ Woman
- ○ Another gender (transgender woman, transgender man, non-binary)
- ○ Prefer not to respond

Race: Select all that apply.

- [ ] Asian
- [ ] Black
- [ ] Indigenous (First Nations, Métis, Inuit) or American Indian or Alaska Native
- [ ] White
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Some other race _____
- [ ] Prefer not to respond

Ethnicity: Select all that apply.

- [ ] African (e.g., Nigerian, Moroccan, Kenyan)
- [ ] American
- [ ] Canadian
- [ ] Caribbean (e.g., Dominican, Jamaican, Puerto Rico)
- [ ] East and Southeast Asian (e.g., Chinese, Filipino, Japanese, Korean, Vietnamese)
- [ ] European (e.g., British Isles, French, German, Norwegian, Russian, Spanish)
- [ ] Latin, Central, and South American (e.g., Brazilian, Hispanic, Mexican)
- [ ] North American Indigenous (e.g., American Indian, Alaska Native, First Nations, Métis, Inuit)
- [ ] Oceania (e.g., Australian, New Zealander, Pacific Islands)
- [ ] South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- [ ] West Central Asian and Middle Eastern (e.g., Afghan, Israeli, Lebanese)
- [ ] Prefer not to respond

On which continent do you reside?

- ○ Africa
- ○ Asian
- ○ Australia/Oceania
- ○ Europe
- ○ North America
- ○ South America
- ○ Prefer not to respond

What is the highest level of education that you have completed?

- ○ College certificate
- ○ Bachelor's degree
- ○ Master's degree
- ○ Doctor of Psychology (PsyD)
- ○ Doctor of Philosophy (PhD)
- ○ Doctor of Medicine (MD)
- ○ Other, please specify _____
- ○ Prefer not to respond

What is the field in which you were trained/or are currently being trained in?

- ○ Clinical psychology
- ○ Counselling psychology
- ○ Social work
- ○ Nursing
- ○ Educational (school) psychology
- ○ Probation or Parole officer
- ○ Psychiatry
- ○ General physician (i.e., not a psychiatrist)
- ○ Other, please specify _____

In which setting(s) do you primarily conduct you work? Select all that apply.

- ☐ Academic/ research institute
- ☐ Forensic psychiatric hospital
- ☐ Forensic psychiatric outpatient clinic
- ☐ General (non-forensic) psychiatric hospital
- ☐ General (non-forensic) psychiatric outpatient clinic
- ☐ Pre-trial justice agency
- ☐ Probation or parole agency
- ☐ Jail or prison
- ☐ Private practice
- ☐ Other (please specify) _____
- ☐ Prefer not to respond

How many years of risk assessment experience do you have?

- ○ _____ years (Please specify) _____
- ○ Prefer not to respond

Please estimate how many risk assessments you have conducted within the past 12 months:

- ○ _____ risk assessments (Please specify) _____
- ○ Unsure/Unable to estimate

What (if any) of the following organizations are you a member of? Select all that apply.

- ☐ International Association of Forensic Mental Health Services (IAFMHS)
- ☐ American Psychology-Law Society (AP-LS)
- ☐ Canadian Psychological Association - Criminal Justice Section (CPA - CJS)
- ☐ American Board of Forensic Psychology (ABFP)
- ☐ Canadian Association of Threat Assessment Professionals (CATAP)
- ☐ Association of Threat Assessment Professionals (ATAP)
- ☐ Other professional organization _____
- ☐ None of the above

End of Block: Demographic Information

Start of Block: Final Message

Thank you for your willingness to participate in this survey!

To ensure that we can collect input from as many risk assessment professionals as possible, we would greatly appreciate if you could *forward the email invitation to other assessors who may be interested in participating*.

End of Block: Final Message