OFFENDER RACE AND CLINICIAN DECISION-MAKING IN SEXUALLY VIOLENT PREDATOR EVALUATIONS

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by

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DEDICATION

I would like to dedicate this work to survivors of sexual violence. I believe you, I stand with you, you are not alone.

ABSTRACT

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This study examined associations between offender race and evaluator decision-making in Sexually Violent Predator (SVP) evaluations. Participants were 393 incarcerated sexual offenders who were evaluated for civil commitment as SVPs by three evaluators in Texas between September of 2000 and August of 2018. Evaluators completed the Static-99R, a 10-item actuarial scale that is used to assess recidivism of risk in adult male sex offenders, and the PCL-R, a 20-item, clinician scored measure of interpersonal, affective, and behavioral traits associated with psychopathy as part of their assessment. Generally, evaluators determined if an offender met criteria for a behavioral abnormality that made them more likely to engage in a predatory act of sexual violence, provided diagnoses as appropriate, and made determinations regarding risk level. This study examined whether race moderated the relation between risk measure (i.e., Static-99R and PCL-R) scores and decisions pertaining to behavioral abnormality findings, risk level, and diagnoses. There were differences in scoring of the PCL-R across race, with Black offenders scoring higher overall, though particularly on Facet 4 scores, whereas Static-99R scores were more robust across race. Race did moderate the relation between PCL-R Factor 2 and Facet 4 scores and risk, though this was only true when differentiating between low and moderate risk groups. Both Latino and White offenders in the low risk groups scored lower in these PCL-R domains, whereas Black offenders did not show a similar patterns. Further, White offenders who scored higher on the PCL-R Facet 4 were more likely than Black or Latino offenders with similar scores to be

diagnosed with a paraphilic disorder and be labeled as having a behavioral abnormality. Having mixed victim types, multiple diagnoses, and a greater number of victims were all associated with increased risk and likelihood of being found to have a behavioral abnormality, regardless of race. These findings and their implications are discussed in relation to victim type, victim gender, and racial disparities within the criminal justice and mental health systems.

KEY WORDS: Race, Ethnicity, Evaluator decision-making, Sexually violent predator evaluations, Forensic assessment, Risk assessment

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CHAPTER I

Introduction

Sexual violence affects millions of people each year in the United States, with an estimated one in three women and one in four men experiencing sexual violence involving physical contact during their lifetimes (Centers for Disease Control and Prevention, 2019). Nearly 20% of women and 2.6% of men have experienced a completed or attempted rape in their lifetimes (Centers for Disease Control and Prevention, 2019). One in three women and one in four men who were raped experienced it for the first time between the ages of 11 and 17, whereas one in eight women and one in four men experienced rape for the first time before the age of 10 (Centers for Disease Control and Prevention, 2019).

There are numerous consequences for survivors of sexual violence, including physical, psychological, and financial effects. Sexual violence has been linked to depression, anxiety, and suicidal thoughts, as well as the development of chronic problems, such as post-traumatic stress disorder or re-occurring gynecological, gastrointestinal, cardiovascular and sexual health problems (Basile & Smith, 2011). Survivors are more likely to engage in negative health behaviors, including smoking, abusing alcohol, using drugs, and engaging in risky sexual activity (Smith et al., 2018). Trauma resulting from sexual violence can have long-term effects on the economic well-being of survivors and their families, as an incident of sexual violence can result in a need for time off work, diminished job performance, job loss, or being unable to work (Smith et al., 2018). Indeed, estimates put the cost of rape at $122,461 per victim,

including medical costs, lost productivity, criminal justice activities, and other costs (Peterson, DeGue, Florence, & Lokey, 2017).

It is extremely difficult to estimate the actual number of sexual crimes committed in the United States, as underreporting is a known issue; only about one in four rapes or sexual assaults are reported to the police, with 347,090 of an estimated three million incidents being reported to police in 2018 (Morgan & Oudekerk, 2019). Of those incidents reported to police, approximately 2% of cases result in a felony conviction and subsequent incarceration, with about 12% of state inmates in 2013 serving sentences for sexual violence crimes (Morgan & Truman, 2018; Department of Justice, 2014).

Considering the prevalence of sexual violence, the severity of its effects on survivors and society as a whole, and the disparate number of convictions versus offense estimations, recidivism among convicted sexual offenders has long been an area of public concern. Indeed, released sexual offenders have been shown to be more than three times as likely as other released prisoners to be rearrested within 9 years for rape or sexual assault (7.7% versus 2.3%), though sexual offenders are less likely to be arrested for any type of crime (67%) than prisoners released after serving time for nonsexual crimes (82% - 88%; Alper & Durose, 2019).

Sexually Violent Predator Laws

Heinous sexual crimes committed by recently released sexual offenders in the 1990s prompted states to enact what were termed Sexually Violent Predator (SVP) or Sexually Dangerous Person (SDP) laws (Felthous & Ko, 2018). These laws allowed states to civilly confine and involuntarily treat certain sexual offenders deemed “likely to re-offend if released” until it is determined they no longer pose a danger to society

(Felthous & Ko, 2018, p. 160). The SVP determination is made in accordance with optional state statutes, which 20 of the 50 states have currently adopted (see DeMatteo et al., 2015 for review of state statutes). Though there are some differences across states, the commitment generally requires proof of the following four conditions: 1) one or more convictions of a sexually violent offense, 2) a qualifying mental abnormality, 3) a specific likelihood of engaging in further acts of predatory sexual violence, and 4) a causal link between the mental abnormality and the risk of recidivism (Tucker & Brakel, 2017). The evaluation process for such a determination is likewise governed by states, and generally includes an evaluation of the inmates' mental health and risk for sexual dangerousness, a clinical interview, and administration of standardized risk assessments.

In Texas, the cases of incarcerated offenders with a history of at least two qualifying sexual offenses (i.e., primarily contact sexual offenses) are reviewed by a multidisciplinary team (MDT) that includes various criminal justice, law enforcement, and mental health professionals (THSC, § 841.022; Meyer, Molett, Richards, Arnold, & Latham, 2003; Bailey, 2002). Offenders considered to be at high risk are referred to an external contractor for an evaluation to determine if they manifest a behavioral abnormality, defined as "a congenital or acquired condition that, by affecting a person's emotional or volitional capacity, predisposes the person to commit a sexually violent offense, to the extent that the person becomes a menace to the health and safety of another person" (THSC § 841.002; pp. 7-8). To determine whether a behavioral abnormality exists that makes the person likely to engage in a predatory act of sexual violence, the expert is asked to conduct a clinical assessment "based on testing for

psychopathy, a clinical interview, and other appropriate assessments and techniques to aid in the determination" (THSC, § 841.023).

In Texas, either a psychologist or psychiatrist conducts this evaluation as mandated by the statute, and typically they will perform various risk assessments. Typical examples include the use of the Hare Psychopathy Checklist, Revised (PCL-R; Hare, 2003), Static-99 (Hanson & Thornton, 1999) or Static-99R (Helmus, Thornton, Hanson, & Babchishin, 2012), and the Minnesota Sex Offender Screening Tool Revised (MnSOST-R; Epperson, Kaul, & Hesselton, 1998). Most offenders undergo an internal screening by sex offender treatment program personnel, which includes a clinical interview and Personality Assessment Inventory (PAI; Morey, 1991), before their cases are reviewed by the MDT. The records associated with this screening are also made available to the external evaluators. However, the statute does not specify any given approach for assessment, and each expert who performs these assessments is free to use whichever measure(s) he or she deems relevant. The evaluator then compiles this information into a report, which may then be used by the attorney representing the state to file a petition requesting the civil commitment of the person. If the state wishes to proceed, the matter is tried in a court not unlike most civil trials in Texas, and a jury is called to decide whether the person is a sexually violent predator, subject to instructions from the court (Bailey, 2002).

Racial Disparities in the Justice System

Nearly all aspects of the criminal justice system, from policing to courts to incarceration, are affected by racial and ethnic inequalities that disproportionately affect Black and Latinx individuals (Pettit & Gutierrez, 2018). The collateral consequences for

these individuals and their communities are far reaching, reinforcing existing income and wealth disparities, affecting levels of voting, political engagement, and overall trust in the legal system, and negatively influencing the overall health and wellbeing of minority communities. For example, though self-reports of criminal offending are relatively similar between Black and White men, Black men are disproportionality surveilled and stopped by the police (Kohler-Hausmann, 2013; Stuart, 2016). Of those stopped by police, Black drivers are almost twice as likely to not be provided a reason for why they are stopped than White drivers (Langton & Durose, 2013). During both traffic stops and stops on the street, police are more likely to search a minority individual than Whites (Baumgartner, Epp, & Shoub, 2018; Fagan, Braga, Brunson, & Pattavinna, 2016), and they are particularly likely to stop Black and Latinx individuals in contexts in which searches are unlikely to produce weapons (Goff, Lloyd, Geller, Raphael, & Glaser, 2016). Of note, the frisking of Whites is more likely to result in a discovery of a weapon or contraband (Levchak, 2017), or an arrest (Gelman, Fagan, & Kiss, 2007) than is the frisking of either Black or Latinx individuals. Police are more likely to use force with minority rather than White suspects (Goff et al., 2016), and based on data in the U.S. Police-Shooting Database, a crowd-sourced dataset of shooting in the United Stated, an unarmed Black person is 3.5 times more likely to be shot by police than an unarmed White man (Ross, 2015).

Although Blacks constituted only 13% of the U.S. population in 2019, the represented over 30% of those imprisoned (Bronson & Carson, 2019). Although there is a smaller disparity for imprisoned Latinx individuals, they still represented about 22% of the prison population despite only making up 18% of the population (United States

Census Bureau, 2019). Among men aged 20 to 40, the rates of those with felony convictions are seven times greater for Blacks and almost three times greater for Latinx individuals, as compared to the felony conviction rate among Whites (Wakefield & Uggen, 2010). Research has shown that Black and Latinx offenders are more likely than their White counterparts to receive harsh sentences if cases were adjudicated in the south (Mitchell, 2005), if offenders were young males (Warren, Chiricos, & Bales, 2012), and in courts with lower minority representation (King, Johnson, & McGeever, 2010). Researchers have argued that minority race *in conjunction with* criminal history can have a compounding effect; Black and Latinx offenders with more extensive criminal histories are seen as particularly dangerous or crime-prone, whereas criminal history may be disregarded for some types of offenders (e.g., White offenders; Ulmer and Laskorunsky, 2016). Relative to White offenders, Latinxs generally receive longer sentences (2.6% longer), as do Blacks (1.6% longer; Franklin & Henry, 2020).

Innocent Black people are 12 times more likely than innocent White people to be convicted of drug crimes, 3.5 times more likely to be convicted of sexual assault, and 7 times more likely to be convicted of murder (Gross, Possley, & Stephens, 2017). This may be due, at least in part, to racial disparities in participation on juries. Because of disenfranchisement of people who have committed a felony, one in every 13 Black citizens is barred from voting after having served a prison sentence (Chung, 2018), which is four times greater than the disenfranchisement of White citizens (Uggen, Shannon, & Manza, 2012). A pattern of racial bias is evident in studies of voir dire, a jury selection process in which attorneys can use a limited number of peremptory challenges (i.e., removal of a juror without justification) or challenges for cause (i.e., removal of a juror

because they have been determined by the judge to be too biased to impartially evaluate the case facts and apply the law). In voir dire simulation studies, prosecutors were more likely to use a peremptory challenge to strike a Black than White venireperson (Sommers & Norton, 2007), and this pattern holds in real cases as well (Clark, Boccaccini, Caillouet, & Chaplin, 2007).

Racial Inequality in Mental Health Care

Mental health disparities across race and ethnicity are a public health issue that is complex and far reaching, much like disparities within the criminal justice system (Woods-Jaeger, Cho, & Briggs, 2020). Researchers have noted disparities in risk factors for mental health disorders, as well as disparities in access, outcomes, and quality of mental health care (Gómez, 2015; Snowden & Yamada, 2005; Whaley, 2001). For example, though they are disproportionately burdened with mental illness (Alegría et al., 2008), Black Americans and Latinx Americans are less likely than White Americans to receive mental health care generally (Lê Cook, McGuire, Lock, & Zaslavsky, 2010). For example, Marrast, Himmelstein, and Woolhandler (2016) found that Blacks aged 18 to 34 made 47% fewer and Latinxs made 55% fewer visits to psychiatrists than Whites from 2006 to 2012, and 68% and 62% fewer to a psychologist or social worker, respectively.

The severity of mental illness in Black and Latinx populations tends to be greater and have greater persistence than in White individuals (Breslau et al., 2006). Indeed, Blacks are three to four times more likely than Whites to receive a diagnosis of a psychotic disorder, such as schizophrenia (Blow et al., 2004). Although some of the effects of race on incidence of psychotic diagnoses can be explained by confounding factors, such as differences in socioeconomic status (SES) and potential social

epidemiological variables such as racism and segregation into impoverished neighborhoods (Bresnahan et al., 2007; Williams & Jackson, 2005), clinician behavior and clinical decision-making also impacts prevalence rates of these diagnoses, with some researchers suggesting that clinicians may be artificially inflating rates of psychotic disorders among blacks as a result of implicit racial biases (van Ryn, 2002; van Ryn and Fu, 2003). Even when a semi-structured instrument and DSM criteria are used, Black patients are more likely to receive a diagnosis of a psychotic disorder, and White patients are more likely to receive a mood disorder diagnosis when reporting similar symptoms (Neighbors, Trierweiler, Ford, & Muroff, 2003).

When controlling for clinical factors, clinicians spend less time evaluating black patients relative to white patients (Cooper et al. 2003), creating the potential for systematic differences in evaluation and diagnostic practices based on patient race. For example, Veterans Affairs psychiatrists were found to prescribe long-acting anti-psychotic agents to Blacks at higher rates than Whites and Latinxs, as these are often given to patients perceived to be less compliant about taking medication (Copeland, Zeber, Valenstein & Blow, 2003). Overall, even though racial and ethnic prejudices may not be endorsed by physicians and other mental health professionals at a conscious level, evidence suggests they may result in unintended biases in clinical decision-making, further perpetuating racial inequality within the healthcare system (Dovidio and Fiske, 2012).

Several studies have focused on differences in paraphilic interest across race, with generally consistent results. Whites convicted of sexual offenses are shown to be more paraphilic than their Black counterparts, as they display greater sexually deviant arousal

(to exhibitionism, male children, and rape; Murphy, DiLillo, Haynes, & Steere, 2001). White sexual offenders are more likely than Blacks to have committed crimes involving non-conventional sexual behavior (i.e., a child victim, a male victim), and they are generally less likely to engage in use of pornography or vaginal intercourse with their victims (Fix, Falligant, Alexander, & Burkhart, 2017; Waldron, 2012).

A recent study (Lee, Hanson, Calkins, & Jeglic, 2020) found differences between White (n = 797) and Black (n = 788) sexual offenders on a number of relevant variables. The authors developed a paraphilia scale comprised of eight binary items (pedophilia, paraphilia, or exhibitionism diagnosis; molestation of a child; use of pornography during the index offense; any exhibitionism/voyeurism offenses; any non-contact sexual offense; and any male victim), and they found that White offenders scored significantly higher on this scale than Black offenders. Similarly, Whites were more likely to molest children and be diagnosed with pedophilia than Black offenders. The authors discuss the difficulty explaining these findings, stating it is difficult to determine if the rates of paraphilia indicate overrepresentation within White populations or underrepresentation within Black populations. They suggest that although Whites typically experience leniency within the legal system (e.g., lower rates of prosecution, favorable plea bargains), perhaps this privilege precludes sexual assaults involving children. Further, they propose the low arrest/prosecution rates of Blacks for sexual offenses against children could be the result of victims' family members refusing to cooperate with police. Despite showing less sexually deviant interests/behaviors and being less likely to carry a pedophilia diagnosis, Blacks are overrepresented among individuals convicted of sexual offenses (Carson, 2018).

Racial Disparity in Risk Assessment

Risk assessment is intended to assess an offender's potential risk for recidivism using actuarial science, to sort offenders into risk classifications, and to assist in the decision-making process regarding treatment (Mulvey & Iselin, 2008). However, some scholars have argued that risk assessment instruments have the potential to exacerbate systemic disparities because race and ethnicity predict some of the items, implicitly placing racial and ethnic minorities at greater risk for harsher punishment (Muncie, 2006). For example, living in a minority-dominated, economically depressed residential area would mean fewer employment opportunities (a protective factor in some risk assessment instruments), and would increase the likelihood of attending schools characterized by gang activity and higher dropout rates (risk factors in some assessment tools; Brown, 2007). Indeed, critics of risk assessment in general assert that, although race and ethnicity are typically omitted from these instruments, certain risk factors that are included are actually "proxies" for minority race and poverty (e.g., marital history, employment status, criminal history; Harcourt, 2015). In Harcourt's (2015) view, prior criminal history has become a primary proxy for race, likely due to the numerous factors noted above regarding disparities in arrest rates and incarceration. Other researchers argue that criminal history predicts recidivism much more strongly than does race, suggesting that rather than being considered a "proxy," criminal history likely mediates race's relation to recidivism (Durose, Cooper, & Snyder, 2014).

Of those risk assessment instruments commonly used in U.S. correctional settings, very few have provided data necessary to make comparisons of predictive accuracy by offender race; a meta-analysis by Desmarais, Johnson, and Singh (2016)

noted only three studies where such comparisons were permitted, ultimately finding identical predictive accuracy on the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS; Brennan and Oliver, 2000), and highly similar predictive accuracy on the Levels of Services Inventory-Revised (LSI-R; Kim, 2010; Lowenkamp and Bechtel, 2007). Similarly, Skeem and Lowenkamp (2016) found that although Black offenders tend to obtain higher scores on the Post Conviction Risk Assessment (PCRA; Johnson, Lowenkamp, VanBenschoten, & Robinson, 2011) than do White offenders, the instrument strongly predicts re-arrest for both groups, with criminal history partially mediating the weak relationship between race and a future violent arrest. Notably, no data was made available for comparisons on either the PCL-R or Static-99R within this meta-analysis.

The generalizability of psychopathy relations, a commonly assessed construct in risk assessment, has been increasingly examined across membership in different racial or ethnic groups (Fanti, Lordos, Sullivan, & Kosson, 2018). The PCL-R, one of the most commonly used instruments in risk assessment, assesses two factors that are further comprised of two facets each (Hare, 2003). Factor 1 is comprised of interpersonal and affective facets, whereas Factor 2 is comprised of embracing lifestyle and antisocial facets. Factor 1 is thought to represent a set of dynamic risk factors (e.g., shallow affect, grandiosity, superficial charm), whereas Factor 2 is thought to identify static risk factors (e.g., criminal versatility, parasitic lifestyle). In comparing the predictive validity of facet scores across different racial groups, Walsh (2013) found that affective (Facet 2), lifestyle (Facet 3), and antisocial (Facet 4) scores all significantly predicted violent recidivism for White male offenders, whereas affective (Facet 2) and antisocial (Facet 4) scores were

predictive for African Americans. Only antisocial (Facet 4) scores predicted new violent crime arrests for Latino offenders. Regarding the effectiveness of PCL-R scores in predictive violent recidivism, existing studies suggest psychopathy in Latino American, European American, and African American men manifests similarly (Sullivan, Abramowitz, Lopez, & Kosson, 2006), though some research suggests psychopathy only predicts recidivism among European Americans and African-Americans, but not among Latino Americans (Walsh, 2013; Anderson, Walsh, & Kosson, 2018). Further, research has found that the pattern of external correlates of PCL-R psychopathy differs by ethnicity, such that Blacks who are high in psychopathic traits do not manifest passive avoidance, affective, or information processing deficits the same as their White counterparts (Newman & Schmitt, 1998; Lorenz & Newman, 2002). In contrast, Cooke, Kosson, and Michie (2001) found that the PCL-R generalizes across ethnic groups, and a 2004 meta-analysis by Skeem, Edens, Camp, and Colwell demonstrated a less than 1-point difference on PCL-R total scores between Blacks and Whites.

Varela, Boccaccini, Murrie, Caperton, and Gonzalez (2013) examined the Static-99 and Static-99R to determine if the most widely used sexual offender risk assessment in the world performs similarly across White, Black, and Latinx offenders. Black offenders received significantly higher scores than both White and Latinx offenders, and there was a consistent finding of potentially weaker predictive effects for the Static-99 among Latinx offenders; indeed, recidivism rates for "High Risk" Latinx offenders were often lower than for those offenders with the Moderate-High or Moderate-Low ranges. Concerningly, the authors reported that neither measure predicted sexual recidivism for White, Black, or Latinx offenders. A 2015 article by Murrie and Boccaccini suggested

Static-99R scores appear to be less vulnerable to subjective scoring compared to other measures commonly included in risk assessment. They pointed to the instrument's objective scoring criteria and extensive coding manual. Helmus and colleagues (2021) conducted a meta-analysis of available field studies of the Static-99R and found acceptable predictive validity. They suggested this was due, at least in part, to the measure being less vulnerable to adversarial pressures than other risk assessment instruments.

Lee and colleagues (2020) note consistent findings across studies comparing Black and White sexual offenders, stating that Black offenders tend to be younger and have higher Static-99R scores, though they generally have comparable sexual recidivism rates to their White counterparts. The authors note previous studies suggesting the Static-99R may not predict sexual recidivism in Whites as well as in Blacks, which is contrary to their finding that the Static-99R predicted sexual recidivism equally well for both Blacks and Whites in a sample of 1585 sexual offenders (Lee et al., 2020).

Hanson and colleagues (2014) reported the Static-99R performed well with both Blacks and Latinxs in terms of relative risk. Findings by Leguízamo, Lee, Jeglic, and Calkins (2017) suggest that immigrant status of Latinx offenders affects the accuracy of scores on Static-99 measures, as the measure was able to predict recidivism from a U.S.-born/Puerto Rican sample fairly well, but performance was poor when applied to a non-U.S.-born Latinx sample. Boccaccini, Helmus, Murrie, and Harris (2017), in contrast, found the Static-99R worked better for Hispanics born outside the United States than for those born inside, though not at a statistically significant level. They reported very similar and moderate predictive ability of the Static-99R across ethic groups (White, n = 7938;

Black, *n* = 9725; Hispanic, *n* = 8939). Lee and Hanson (2017) evaluated the predictive validity of Static-99R across White (*n* = 789), Black (*n* = 466), and Hispanic (*n* = 719) California sexual offenders, finding base rates (at a Static-99R score of 2) at a 5-year follow-up were very similar across ethnic groups, but were significantly lower than the norms, particularly for Hispanic offenders. Finally, Hanson and colleagues (2014) reported overall good and similar discrimination across ethnic groups (Black, White, Hispanic) in examining the predictive validity of 475 paroled sexual offenders. Though recidivism rates were relatively low across ethnic groups (4.8%. after 5 years), Hispanics reoffended at a particularly low rate of 2.5%.

Ethnic/Racial Bias and SVP Evaluations

Considering the racial and ethnic disparities evident within the criminal justice and mental health fields, it stands to reason those evaluators who conduct SVP evaluations are likely influenced by the same implicit biases observed in other mental health professionals. Further, given the conflicting research regarding the PCL-R and Static-99/R's predictive validity, the use of such instruments during SVP evaluations to draw conclusions may inadvertently further bias the evaluative process and the ultimate decisions of evaluators. To date, only a handful of studies have specifically examined how race or ethnicity impact SVP evaluation decisions, including ultimate risk recommendations or findings of a behavioral abnormality. Of those, the results are somewhat mixed, with some studies observing no differences across race and others demonstrating significant differences across race in either evaluation recommendations, diagnoses, or commitment decisions.

For example, in 2004, Levenson found no differences across race when comparing commitment decisions pertaining to 450 sexual offenders. However, in 2006, a study by Levenson and Morin using the same sample, albeit utilizing different statistical analyses, the authors suggested that White offenders were more likely to be recommended for commitment than their minority counterparts. The authors hypothesized that their findings could be explained by the homogeneity within the child molester group within their sample, which was significantly less ethnically diverse and representative than the rapist group. Similarly, Lucken and Bales (2008) found that White sex offenders were significantly more likely to be referred than non-Whites in a Florida sample of 773 offenders referred for SVP evaluation. Another study by Mercado, Jeglic, Markus, Hanson, and Levenson (2011) examined 3,168 New Jersey sexual offenders, comparing those selected for civil commitment versus those who returned to the community, ultimately finding that committed offenders were more likely to be White than Hispanic or Black. They also compared offenders who served their sentences at a prison-based sex offender treatment facility (ADTC) versus those who were not selected for treatment and served their sentence as usual in prison. These who were selected for treatment were less likely to be Black or Hispanic.

In another survey of SVP commitment decisions (Deming, 2007), though Whites represented the majority of civilly committed offenders, this percentage (68.3%) roughly matched United States Census figures (67.4%) in 2005. In contrast, 24% of civilly committed offenders were Black compared to 12.8% of the general population, suggesting they were largely overrepresented in the civil commitment population. Latinx offenders were underrepresented, with 6% of civilly committed individuals identifying as

Latinx compared to 14.1% of the general population. Boccaccini, Murrie, Caperton, and Hawes (2009) found that of 1,971 Texas offenders evaluated for SVP commitment between 1999 and 2004, fewer Latinx offenders (10.8%) were referred for evaluation (irrespective of eventual commitment decisions) compared to their White (22.7%) and Black (27.1%) counterparts.

Lockhart, DiCiro, Rokop, and Brennan (2021) used a stratified sample of evaluations of 395 individuals referred as potential SVPs in California between 2012 and 2017 to examine the interrater reliability of the Statis-99R and diagnoses provided, as each individual was evaluated by at least two experts. They also included analyses of ethnicity across outcomes and common diagnoses in their study. They found that White offenders were significantly more common in the positive group (i.e., found to meet SVP criteria) than the negative group (i.e., found to *not* meet SVP criteria), while the reverse was true for Hispanic offenders. These findings were mirrored in average Static-99R scores: White (M = 3.47, SD = 2.6) and African-American (M = 4.04, SD = 2.8) offenders scored significantly higher on the Static-99R than did Hispanic (M = 2.0, SD = 2.7) offenders. Lockhart and colleagues (2021) also found that diagnosis of a pedophilic disorder was less prevalent among African-American offenders, whereas antisocial personality disorder (ASPD) was more common in this group. They wrote, “the explanation for increased prevalence of paraphilic disorders among White sex offenders remains unsolved” (p. 448). They referred to an explanation offered by Lee et al. (2020)—who similarly found differences in paraphilic versus antisocial differences in White and African-American sex offenders—suggesting that this is likely due to multiple

factors, including institutional racism by law enforcement, social inequality, and social oppression (Lee et al., 2020, p.337).

None of the aforementioned studies exclusively examined racial differences across risk measures used in SVP evaluations in conjunction with evaluator decision-making outcomes, namely whether an offender meets criteria for having a behavioral abnormality, risk level, and diagnoses. Given the mixed and sometimes counterintuitive results of past studies examining these factors independently, as well as the need for additional research examining the effect of potential racial bias in all aspects of risk assessment, including SVP evaluations, the current study aims to bridge this wide gap in the literature.

CHAPTER II

The Present Study

Research specifically examining the association between race/ethnicity and evaluator decision-making in Sexually Violent Predator (SVP) evaluations is limited, with only a handful of studies explicitly considering this relation (Levenson & Morin, 2006; Levenson, 2004). Given the research showing disparity in arrest rates, sentencing, and victimization of minorities within the criminal justice system, it stands to reason concerns of bias in the SVP evaluation process should be considered (Higginbotham, 2002). Little is known about the relation between race/ethnicity and evaluator decisions regarding whether or not a defendant has a behavioral abnormality, their level of risk, and the diagnoses offered, all of which ultimately dictate decisions pertaining to civil commitment. The literature suggests there are several factors that evaluators take into consideration when making decisions, including scores on risk and psychopathology measures (e.g., Static-99 and Static-99R, PCL-R), along with victim age, diagnosis, and number of victims (Levenson & Morin, 2006). However, the results of studies examining the predictive validity of the Static-99 and Static-99R in Latinx (Varela et al., 2013; Leguízamo, Lee, Jeglic & Calkins, 2017) and Black offenders (Långström, 2004) are mixed, with some researchers finding no differences in predictive validity across race and ethnicity (Boccaccini et al., 2017). While recent research suggests there is little difference between Blacks and Whites on PCL-R total scores in the aggregate, there is some evidence that clinicians may overdiagnose antisocial and psychopathic traits in Blacks (Mack, 1999). More recently, scholars have argued the reliance on criminal history in actuarial instruments and other related measures, including the PCL-R and Static-99/R,

perpetuates disproportionality within the justice system (Harcourt, 2015). The present study sought to examine whether the use of the Static-99/R or PCL-R, both measures that use some element of criminal history to derive scores used to predict risk of sexual reoffending, was associated with racial differences in findings of behavioral abnormality, level of risk, or diagnoses given. Specifically, the study aims to examine differences across ethnicity *within* Static-99 and PCL-R scores and explore whether those differences, if any, play a significant role in decisions regarding risk and diagnoses.

Hypotheses and Research Questions

Hypothesis 1: PCL-R Score Pattern Differences across Race/Ethnicity

We expected there to be differences across race and ethnicity on PCL-R score patterns. Harcourt (2015) suggested that in risk assessment, any item addressing criminal history acts as a "proxy" for minority status and poverty, whereas Durose and colleagues (2014) argued criminal history may mediate race's relation to recidivism. Based on this theory, we would expect to see the largest differences in scores across race for Facet 4, which considers juvenile delinquency, revocation of conditional release, and criminal versatility. Specifically, we expect Black and Latino offenders to score higher on Facet 4 of the PCL-R than White offenders, which should also impact Factor 2 scores, but perhaps to a lesser degree. We do not expect to see significant differences for Facet 1, 2, or 3 scores, or Factor 1 scores. Because Skeem and colleagues (2004) found less than a 1-point difference on PCL-R Total Scores between Blacks and Whites in their meta-analysis (d = .11), we do not expect there to be significant differences across PCL-R Total Scores. If there is a significant difference, we expect the effect size of this

difference to be small. One-way analysis of variance with post-hoc comparisons were used to examine differences across groups.

Hypothesis 2: Static-99R Total Score Pattern Differences across Race/Ethnicity

We expect there will be differences across racial and ethnic groups in Static-99R total and item-level scores. Lee and colleagues (2020) noted multiple studies in which differences were found between the Static-99R Total scores of Black and White sexual offenders, indicating that Black offenders tend have higher Static-99R scores overall. Lockhart and colleagues (2021) found that both White and African-American offenders scored significantly higher on the Static-99R than did Hispanic offenders. We expect our findings to be similar, meaning Black offenders will score highest on the Static-99R and Latino offenders will have the lowest scores.

Few studies that have examined differences across racial/ethnic groups on individual Static-99R items, so the following hypotheses are primarily drawn from review of the literature on racial differences within each item category generally. For example, based on Fix and colleagues' (2017) finding that White sexual offenders are more likely than Blacks to have committed crimes involving non-conventional sexual behavior, including non-contact sexual offenses and having a male victim, we expect White offenders to score significantly higher than Black and Latino offenders on those items (Static-99R Item 7: Any Convictions for Non-Contact Sexual Offenses; Static-99R Item 10: Any Male Victim). Lee and Colleagues (2020) found that Black offenders tended to be younger generally, so we expect the Static-99R item addressing age to be significantly higher for Black offenders than White or Latino offenders (Static-99R Item 1: Age at Release). Långström (2004) found that African Asian offenders were more

likely to offend against an unrelated victim or stranger victim than did Europeans and Nordic Offenders. Despite this being an older study that was based in Switzerland, we expect to see similar result in which Black offenders are more likely to score a 1 on the Static-99R items assessing these victim characteristic (Static-99R Item 8: Any Unrelated Victims; Static-99R Item 9: Any Stranger Victims). Finally, as noted in Hypothesis 1, since items assessing criminal history could stand in for minority racial status, we expect Black and Latino offenders to score higher on the Static-99R items addressing general criminality (Static-99R Item 4: Prior Non-Sexual Violence; Static-99R Item 6: Prior Sentencing Dates). We do not expect to see any significant differences on Static-99R items addressing past cohabitation with an intimate partner (Item 2), index non-sexual violence (Item 3), or past sex offenses (Item 5). One-way analysis of variance with post-hoc comparisons were used to examine differences across groups for Static-99R total scores. Chi-square analysis with post hoc comparisons were used to examine differences across groups for items.

Hypothesis 3a: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Behavioral Abnormality

Boccaccini, Harris, Trupp, and Varela (2019) found that no single diagnosis stood out as a predictor of behavioral abnormality opinions; however, having either a paraphilia or antisocial personality disorder diagnosis was consistently associated with determining an offender to have a behavioral abnormality. We expect White offenders to receive a paraphilia diagnosis at higher rates than Black or Hispanic offenders, but we also expect Black offenders to be diagnosed with ASPD at higher rates than either White or Latino offenders. Thus, we expect there to be a minimal moderating effect of race on the relation

between behavioral abnormality opinions and PCL-R Total scores, though we do believe those behavioral abnormality opinions will be driven by different diagnostic factors depending on race. Those same researchers also found that PCL-R Factor 1 scores were more consistently associated with behavioral abnormality opinions than Factor 2 or Total scores. Given our earlier hypothesis that Black offenders would score higher on PCL-R Factor 2 scores only, we do not anticipate race to moderate the association between PCL-R Factor scores and behavioral abnormality findings. Although Boccaccini et al (2019) did not examine effects of the PCL-R Facet scores on behavioral abnormality opinions, it is assumed based on Factor results that only Facet 1 or Facet 2 would be associated with a positive behavioral abnormality opinion, but not Facet 3 or Facet 4. Thus, we do not expect race to moderate the relation between PCL-R Facet scores and behavioral abnormality opinions. Hierarchical logistic regression was used to test hypothesis 3a. The dichotomous behavioral abnormality opinion was regressed on to PCL-R scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Hypothesis 3b: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Risk Ratings

Boccaccini and colleagues (2019) found that PCL-R Factor 1 scores were more consistently associated with perceived risk than PCL-R Factor 2 or Total scores, though Total scores were also small to moderate predictors of evaluator opinions. Because we expect to see racial differences primarily on Facet 4 and Factor 2 scores, we do not expect race to moderate the relation between PCL-R Total scores and risk ratings. Similarly we do not expect race to moderate the relation between PCL-R Factor 1 scores

and risk ratings, which precludes a moderating effect of race on the relation between Facet 1 or Facet 2 scores and risk ratings. However, we do expect there to be a moderating effect for race on PCL-R Facet 4 scores and risk. Specifically, we expect that higher PCL-R Facet 4 scores will be associated with higher risk ratings in general, but that Black offenders with higher scores in this domain will have considerably higher risk than White or Latino offenders with similar scores. Depending on the strength of this effect, we expect Factor 2 scores may demonstrate a similar, if not less significant, effect. Hierarchical multiple regression was used to test hypothesis 3b. The summary risk rating was regressed on to PCL-R scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Hypothesis 3c: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Diagnoses

We expect PCL-R scores to be associated with both personality disorder and paraphilia diagnoses, and we do not expect PCL-R scores to be associated with diagnosis of a psychotic disorder or substance use disorder generally. We anticipate that Factor 2 and Facet 4 scores, which have been shown to correlate strongly with antisocial personality disorder criteria, will have a particularly strong impact on decisions pertaining to personality disorder diagnosis. We expect Black offenders with higher PCL-R Factor 2 and Facet 4 scores will be more likely than White offenders with similar scores to be diagnosed with a personality disorder. In contrast, we expect White offenders with higher PCL-R Factor 4 scores to be diagnosed with a paraphilic disorder above and beyond Black or Latino offenders with similar scores. A series of hierarchical logistic regressions were used to test hypothesis 3c. Within each model, the dichotomous

diagnostic outcome variable was regressed on to PCL-R scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Hypothesis 4a: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Scores and Behavioral Abnormality

Static-99R Total scores are driven by a combination of item scores that, as discussed in Hypothesis 2, will likely differ by race. In general, we know from past research that Static-99R Total scores are less vulnerable to subjective scoring compared to other measures commonly included in risk assessment, but also that Black offenders tend to score higher on the Static-99R than their White or Latino counterparts. Because research suggests behavioral abnormality opinions are driven largely by diagnosis of a paraphilia or personality disorder, we turn to differences across race on these diagnostic opinions to form our hypotheses in this domain. Although research suggests Black offenders maybe be more likely to be diagnosed with a personality disorder than White or Latino offenders, this is a less robust finding than the positive relation between White offenders and diagnosis of a paraphilia. As such, we expect that both Black and White offenders with higher Static-99R scores will be labeled as having a behavioral abnormality more so than Latino offenders, but this may only rise to significance for White offenders. Hierarchical logistic regression was used to test hypothesis 3a. The dichotomous behavioral abnormality opinion was regressed on to Static-99R scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Hypothesis 4b: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Scores and Risk Ratings

Although we expect Black offenders to score higher on the Static-99R overall, we do not expect there to be a moderating effect of race on the relation between Static-99R scores and risk ratings. This is due to the robust nature of the Static-99R as a risk tool that is less susceptible to subjective scoring than other commonly used measures. Hierarchical multiple regression was used to test hypothesis 4b. The summary risk rating was regressed on to Static-99R scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Hypothesis 4c: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Scores and Diagnoses

Although we expect diagnoses to differ considerably across racial groups, we do not believe these differences occur by way of the Static-99R Total score. As such, we expect that Static-99R scores will be associated with paraphilic disorder and personality disorder diagnoses, but race will not moderate that relation. A series of hierarchical logistic regressions were used to test hypothesis 4c. Within each model, the dichotomous diagnostic outcome variable was regressed on to Static-99R Total scores, dummy-coded race/ethnicity, and the two-way interaction of these variables (to examine moderation effects).

Criterion Variable Analyses

Several sample, study, and criminogenic characteristics were coded that might help to explain variability in scoring and evaluator decisions, including whether the offender committed crime(s) against only children, only adults, or against both children

and adults; the total number of charges against the offender as part of the instant offense; the evaluator; the offender's estimated IQ; age at first offense; current age; the average age of the victim(s); the youngest age of the victim(s); number of diagnoses; a personality disorder diagnosis; the offender's relationship to his victim(s) (i.e., stranger, acquaintance, family, mixed); the victim(s)' gender; and the number of victims.

In addition to testing the primary hypotheses concerning the moderating effects of race on PCL-R and Static-99R scores on behavioral abnormality findings, risk ratings, and diagnoses, exploratory analyses were conducted to examine variables (aside from race) that could potentially influence determinations made by evaluators. The outcome variables assessed included those examined as part of the original hypotheses, including whether an offender was found to have a behavioral abnormality, the offender's identified risk level, and diagnoses. Chi-square analysis was used to examine the effects of categorical variables (i.e., offense type, evaluator, offender relationship to his victim(s), personality disorder diagnosis, and victim(s)' gender). Pairwise z-tests were run during post hoc analyses when a chi-square test was significant. Either binomial or multinomial logistic regression was used when predictor variables were continuous (i.e., estimated IQ, age at first offense, age at evaluation, average age of the victim(s), youngest victim age, number of diagnoses, and number of victims), depending on whether the outcome variable was dichotomous (i.e., behavioral abnormality opinion, diagnosis opinions) or categorical (i.e., risk level).

CHAPTER III

Method

Participants

In Texas, the cases of incarcerated offenders with a history of at least two qualifying sexual offenses (i.e., primarily contact sexual offenses) are reviewed by a multidisciplinary team that includes various criminal justice, law enforcement, and mental health professionals as the approach release from prison. Offenders considered to be at high risk are referred to an external contractor for an evaluation to determine if he or she manifests a behavioral abnormality and give recommendations regarding risk for reoffending. Data were collected from the evaluation records of 393 incarcerated sexual offenders who were evaluated for civil commitment as SVPs by three evaluators in Texas between September of 2000 and August of 2018. The aim of the current study was to provide as much information as possible regarding a relatively understudied subgroup of inmates, so age below 18 was the only exclusionary criteria observed during data collection. As there were no offenders under the age of 18, all 393 evaluations met criteria for inclusion. A total of 88 evaluations were completed by Evaluator 1, 157 by Evaluator 2, and 139 by Evaluator 3 (n = 9 missing evaluator information). Analyses were limited to Black (n = 103), White (n = 211), and Latinx (n = 70) offenders, who represented 97.7% of the data, resulting in a final sample size of n = 384 used during analyses.

Offenders ranged in age at the time of their evaluation from 20 to 83 years old (M = 48), whereas the average age of the offender at first offense was 26. Average estimated IQ was 93, with a minimum IQ of 57 and maximum IQ of 139. Number of victims

ranged from one to 24, with an average of about three victims per offender. A total of 184 offenders exclusively had charges representing offenses against children, 145 offenders had charges representing offenses exclusively against adults, and 49 offenders had charges indicative of crimes against both children and adult victims (*n* = 6 missing offense type information). This resulted in an average of two sexual offense-related charges per offender, with a range from only one charge to 11 charges each. Victim types were categorized into stranger (*n* = 67; 17%), acquaintance (*n* = 127; 33%), family (*n* = 70; 18%), or mixed (*n* = 116; 31%). Victim gender, as described in police reports or the evaluation, were categorized into female only (*n* = 265; 69%), male only (*n* = 51; 13%), and mixed across multiple victims (*n* = 66; 17%). Evaluators provided an opinion regarding whether an offender had a behavioral abnormality in about 98% of cases, ultimately determining that 199 offenders (52%) did not have a behavioral abnormality and 176 (46%) offenders met criteria for having a behavioral abnormality. Regarding risk levels, 81 (21%) offenders were considered "low" risk, 113 (29%) were "low to moderate" risk, 41 (11%) were "moderate" risk, 81 (21%) were "moderate to high" risk, 52 (14%) were "high" risk, and only 2 (0.5%) were "very high" risk.

The final dataset contained up to seven diagnostic fields per evaluation, with evaluators generally providing an average of one to three diagnoses. There were thus many more diagnoses than individuals.

In terms of comorbidity, approximately 19% had more than one diagnosis, excluding a personality disorder diagnosis. Specifically, 13% had two diagnoses, 5% had three diagnoses, and just under 1% had four or more diagnoses. Pedophilic disorders were the most common diagnoses, with approximately 38% of the sample being

diagnosed with a disorder from this diagnostic category. About 28% of the sample was not given a formal diagnosis aside from V Codes (i.e., other conditions that may be a focus of clinical attention but are not mental disorders). The next most common diagnoses fell in the substance use disorders category (20%), followed by antisocial personality disorder (17%). About 27% of the population was diagnosed with a personality disorder, and of those, around 21% had a cooccurring personality disorder and at least one primary diagnosis. Finally, just over half (52%) of the sample was given a V Code. For a list of frequencies of all diagnostic categories, please refer to Table 1.

Table 1

Frequency of Diagnoses in the Sample

Diagnosis	Frequency	Percent
Paraphilic Disorder	193	50
Pedophilic Disorder	146	38
Unspecified Paraphilic Disorder	24	6
Exhibitionistic Disorder	6	2
Sadism	8	2
Hebephilia	5	1
Voyeurism	3	1
Frotteuristic Disorder	1	0.3
No Diagnosis	109	28
Personality Disorder	107	28
Antisocial Personality Disorder	66	17
Unspecified/Mixed/Other Personality Disorder	37	10
Narcissistic Personality Disorder	3	1
Avoidant Personality Disorder	1	0.3
Alcohol Use Disorder	42	11
Substance Use Disorder	34	9
Schizophrenia Spectrum and other Psychotic Disorders	16	4
Mood Disorder	13	3
Bipolar Disorder	12	3
Neurocognitive Disorder	12	3
Intellectual Disability	8	2
Posttraumatic Stress Disorder	2	0.5
Attention-Deficit/Hyperactivity Disorder	1	0.3
Somatic Symptom Disorder	1	0.3
Intermittent Explosive Disorder	1	0.3

Note. $N = 384$.

Procedure

Information for this study were collected from evaluators' behavioral abnormality evaluation reports and copies of Texas Department of Criminal Justice (TDCJ) records provided to evaluators for each case. These records include information about index and prior offenses, prison disciplinary infractions, and prior testing conducted by TDCJ staff (e.g., Personality Assessment Inventory). Evaluators typically meet with and interview the offender as part of the evaluation process, although offenders are permitted to refuse participation in the interview. After conducting the evaluation, evaluators submit a written report to the department of criminal justice. These reports typically contain the following relatively standard set of information: psychosocial history (e.g., developmental, employment, substance use), psychosexual information (e.g., number of sexual partners, sexual interests), legal involvement (e.g., index and prior offense summaries), risk assessment instrument results, psychopathy assessment and interpretation, and diagnoses.

For the purposes of the current study, a coding sheet was developed by doctoral-level researchers to collect data pertaining to a number of relevant variables—defendant race, PCL-R facet, factor, and total scores, Static-99 and Static-99R item and total scores, decisions regarding the presence of a behavioral abnormality, diagnoses, risk level, and evaluator are all relevant variables. Information regarding victim type(s) and number of victims is also available for additional analyses (see Appendix A). Data were collected by a team of researchers over a span of approximately six months. Researchers had access to the written behavioral abnormality evaluation reports for each offender, along with the records provided by TDCJ for each case. As the Static-99R contains revised age weights

to account for a decline in recidivism among older offenders (Helmus, Hanson, Thornton, Babchishin, & Harris, 2012), Static-99R scores were individually calculated for evaluations with Static-99 scores; this is done by calculating the offender's age at the time of evaluation, calculating the Static-99R age item score, and adjusting the Static-99 total score accordingly. After all 393 files were coded, the same team of researchers entered the data into SPSS Version 25 for analysis.

Measures

Psychopathy Checklist-Revised (PCL-R)

The PCL-R is a 20-item, clinician scored measure of interpersonal, affective, and behavioral traits associated with psychopathy (Hare, 2003). Clinicians typically score the PCL-R using information gleaned during a clinical interview and collateral record review, but they can base scoring of the PCL-R on records alone. The PCL-R total score reflects the overall degree of psychopathic characteristics, while factor and facet scores identity individual components of psychopathy (interpersonal, affective, impulsive lifestyle, and antisocial behavior). Subsets of PCL-R item scores can be combined to calculate factor scores. Factor 1 items measure interpersonal and affective components of psychopathy, while Factor 2 items measure behavioral elements of psychopathy, such as antisociality and impulsivity. The validity and reliability of the PCL-R has been well established within the male forensic population. In correctional and psychiatric facilities, PCL-R scores approximate a normal distribution, with means ranging from 20.1 to 23.9 with a standard deviation of 6.7 to 9.0. Interrater reliability is generally high (i.e., .85 - .94; Hare, 2003). The alpha coefficient ranges from .85 to .89 and the mean inter-item

correlation is between .23 and .30 (Hare, Harpur, Hakstian, Forth, Hart & Newman, 1990).

Static-99R

The Static-99R is a 10-item actuarial scale that is used to assess recidivism of risk in adult male sex offenders (Helmus, Thornton, Hanson, & Babchishin, 2012). The Static-99R comprises 10 static factors including demographic information such as age and marital history, as well as information relating to criminal history such as conviction type, number of prior convictions, and victimology (see Appendix B). Scores can range between -3 and 12, with the revised age weights provided, and fall within four categories of risk: low (-3-1), low-moderate (2-3), moderate-high (4-5), and high (6-12). Hanson, Lunetta, Phenix, Neeley, and Epperson (2014) evaluated the implementation and predictive ability of both the Static-99 and Static-99R risk scores, and their results demonstrated high predictive accuracy for both measures among sexual offenders, as both instruments were able to discriminate between recidivists and nonrecidivists. Interrater reliability data of the Static-99 has yielded ICCs of .85 to .90 (Barbaree, Seto, Langton, & Peacock, 2001).

CHAPTER IV

Results

Hypothesis 1: PCL-R Score Pattern Differences Across Race/Ethnicity

I used one-way analysis of variance (ANOVA) to determine if there were differences between PCL-R Total scores, Factor 1 and 2 scores, and Facet 1, 2, 3, and 4 scores across groups (see Table 2 for a summary of PCL-R scores for each race/ethnicity group).

Table 2

Average PCL-R Scores by Race/Ethnicity

	Race/Ethnicity					
	White (n = 211)		Black (n = 103)		Latino (n = 70)	
PCL-R Score	*M*	*SD*	*M*	*SD*	*M*	*SD*
Total	**18.24**	**7.19**	**20.41**	**6.86**	18.01	7.12
Factor 1	8.25	3.95	8.75	4.08	8.05	3.66
Facet 1	3.28	2.39	3.57	2.39	3.10	1.99
Facet 2	4.88	2.36	5.05	2.42	4.97	2.38
Factor 2	8.34	4.58	9.54	3.82	8.27	4.38
Facet 3	4.66	2.56	4.55	2.22	4.27	2.48
Facet 4	**3.64**	**2.74**	**5.02**	**2.64**	4.33	2.53

Note. Bolded numbers indicate a statistically significant difference at the $p < .05$ threshold.

Tukey's post hoc test was used to determine which groups differed significantly from one another for each significant ANOVA result. PCL-R Total scores differed significantly based on offender race ($F(2, 355) = 3.44$, $p = .033$, $\eta^2 = .019$), with Black offenders scoring higher than White offenders overall (Cohen's $d = .31$). There was a difference approaching significance for PCL-R Factor 2 scores ($F(2, 355) = 2.93$, $p = .054$, $\eta^2 = .016$), with Black offenders scoring higher than White offenders (Cohen's $d = .29$). Finally, at the facet level, a significant difference was observed for PCL-R Facet 4 scores ($F(3,359) = 6.12$, $p = .000$, $\eta^2 = .046$), which measures antisocial behaviors.

Tukey's post hoc test revealed that Black offenders scored significantly higher on PCL-R Facet 4 scores than did their White counterparts (Cohen's d = .51).

Hypothesis 2: Static-99R Total Score Pattern Differences Across Race/Ethnicity

I used a one-way ANOVA to compare differences on Static-99R Total scores across offender race and ethnicity. There was no statistically significant difference between White, Black, and Latino offender total scores (see Table 3 for a summary of Static-99R scores for each race/ethnicity group).

Table 3

Average Static-99R Scores by Race/Ethnicity

	Race/Ethnicity					
	White (n = 211)		Black (n = 103)		Latino (n = 70)	
Static-99R Score	*M*	*SD*	*M*	*SD*	*M*	*SD*
Total	2.53	2.22	3.05	2.33	2.57	2.22
Age at Release	-1.06	1.23	-.93	1.15	-1.00	1.18
Live with Partner	.35	.48	.35	.48	.40	.49
Index Non-Sexual Violence	.08	.28	.10	.30	.09	.29
Prior Non-Sexual Violence	**.17**	**.38**	**.34**	**.48**	.27	.45
Prior Sex Offenses (SO)	1.00	.96	1.15	.96	1.00	.87
Prior Sentencing Dates	.26	.44	.32	.47	.24	.43
Non-Contact SO	.14	.34	.10	.30	.07	.32
Unrelated Victim	.83	.38	.89	.32	.79	.41
Stranger Victim	**.31**	**.46**	**.50**	**.50**	.40	.49
Male Victim	**.42**	**.49**	**.16**	**.37**	.25	.44

Note. Bolded numbers indicate a statistically significant difference at the $p < .05$ threshold.

Chi-Square Goodness of Fit Tests were used to determine if there were differences between scores on individual items of the Static-99R across offender race and ethnicity, and a Bonferroni correction was used during post hoc analyses. There was a significant difference between scores on an item assessing prior convictions for non-sexual violent crimes ($X^2(2, 371) = 11.00$, p = .004, Cramer's V = .172), with 17% of White offenders scoring a 1 on this item versus 33.7% of Black offenders (Cohen's d =

.41). 26.9% of Latino offenders scored a 1 on this item, but this was a nonsignificant difference from scores of White or Black offenders. There were also differences between scores on an item assessing whether someone had offended against a stranger ($X^2(2, 371) = 10.97$, $p = .004$, Cramer's $V = .172$). On this item, 30.6% of White offenders scored a 1, whereas 50% of Black offenders scored a 1 (Cohen's $d = .40$). Again, though 40.3% of Latino offenders scored a 1 on this item, this did not differ significantly from the scores of their White or Black counterparts. Finally, there were differences observed on a Static-99R item assessing whether someone had offended against a male victim ($X^2(2, 371) = 21.38$, $p = .000$, Cramer's $V = .240$), with 41.7% of White and only 16.3% of Black offenders scoring a 1 on this item (Cohen's $d = .57$). 25.4% of Latino offenders scored a 1 on this item, but this again represented a nonsignificant difference from White or Black offenders' scores.

Hypothesis 3a: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Behavioral Abnormality

I used a series of hierarchical logistic regressions to examine whether race/ethnicity moderated the relation between PCL-R scores and behavioral abnormality findings. To avoid potentially problematic high multicollinearity with the interaction terms, the variables were centered, and interaction terms were created between centered PCL-R scores and dummy coded variables identifying race. Within each model, two sets of variables were initially included: the PCL-R score and the dummy coded variables for race/ethnicity. In the second step, the corresponding interaction term was entered into the regression model.

The first model was significant and revealed a significant effect for PCL-R Total score but not race on behavioral abnormality outcomes, $\chi^2(5) = 67.038$, $p = .000$, Nagelkerke's $R^2 = .231$. Essentially, each additional point on the PCL-R Total score increased the odds of an offender being found to have a behavioral abnormality by 16.8% ($p = .001$; 95% CI [1.063, 1.283]). The model was run a second time using White offenders as the reference group, which revealed an effect for race. Specifically, holding PCL-R Total scores constant, Black offenders were 50.6% less likely to be labeled as having a behavioral abnormality than White offenders. Race did not moderate the relation between PCL-R Total scores and behavioral abnormality findings (see Table 4).

Table 4

Moderating Effect of Race on PCL-R Total and Factor Scores Predicting Behavioral Abnormality (BA) Findings

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Total	**PCL-R Total[a]**	**.155**	**.048**	**10.399**	**.001**	**1.168**	**[1.063, 1.283]**
	White[a]	.303	.332	.833	.361	1.354	[.706, 2.595]
	Black[a]	-.403	.378	1.136	.287	.668	[.318, 1.403]
	Black[b]	**-.706**	**.289**	**5.964**	**.015**	**.494**	**[.280, .870]**
	White[a] x PCL-R Total	-.070	.387	.033	.856	.932	[.436, 1.990]
PCL-R Total	**PCL-R Total[a]**	**.155**	**.048**	**10.399**	**.001**	**1.168**	**[1.063, 1.283]**
	White[a]	.303	.332	.833	.361	1.354	[.706, 2.595]
	Black[a]	-.403	.378	1.136	.287	.668	[.318, 1.403]
	Black[b]	**-.706**	**.289**	**5.964**	**.015**	**.494**	**[.280, .870]**
	White[a] x PCL-R Total	-.070	.387	.033	.856	.932	[.436, 1.990]
	Black[a] x PCL-R Total	-.360	.428	.707	.400	.698	[.302, 1.613]
	Black[b] x PCL-R Total	-.289	.313	.853	.356	.749	[.405, 1.384]
	Constant[a]	-3.041	.946	10.337	.001	.048	
PCL-R Factor 1	**PCL-R Factor 1[a]**	**.247**	**.089**	**7.690**	**.006**	**1.280**	**[1.075, 1.524]**
	White[a]	.679	.885	.588	.443	1.972	[.348, 11.184]
	Black[a]	.251	1.017	.061	.805	1.285	[.175, 9.427]
	Black[b]	-.428	.731	.344	.558	.652	[.156, 2.728]
	White [a] x PCL-R Factor 1	-.038	.098	.150	.699	.963	[.794, 1.168]
	Black [a] x PCL-R Factor 1	-.056	.109	.260	.610	.946	[.764, 1.171]
	Black [b] x PCL-R Factor 1	-.017	.076	.053	.818	.983	[.847, 1.140]
	Constant[a]	-2.318	.801	8.370	.004	.098	

(Continued)

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
	PCL-R Factor 2[a]	**.243**	**.075**	**10.418**	**.001**	**1.275**	**[1.100, 1.478]**
	White[a]	.887	.790	1.261	.262	2.427	[.516, 11.411]
	Black[a]	1.003	.943	1.131	.288	2.726	[.429, 17.320]
PCL-R	Black[b]	.116	.715	.026	.871	1.123	[.277, 4.563]
Factor 2	White [a] x PCL-R Factor 2	-.063	.085	.547	.460	.939	[.796, 1.109]
	Black [a] x PCL-R Factor 2	-.147	.096	2.354	.125	.863	[.716, 1.042]
	Black[b] x PCL-R Factor 2	-.084	.071	1.422	.233	.919	[.800, 1.056]
	Constant[a]	-2.312	.708	10.671	.001	.099	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold;
[a] Latino as racial reference group; [b] White as racial reference group.

This process was repeated for PCL-R Factor 1 and Factor 2 scores (see Table 4). The model examining PCL-R Factor 1 scores was significant, $\chi^2(5) = 52.440$, $p = .000$, Nagelkerke's $R^2 = .183$, as was the model examining PCL-R Factor 2 scores, $\chi^2(5) = 44.747$, $p = .000$, Nagelkerke's $R^2 = .159$. Both PCL-R Factor 1 and Factor 2 scores differentiated between behavioral abnormality findings to nearly the same degree. There was no effect for race in the models, nor did race moderate the relation between PCL-R Factor scores and behavioral abnormality findings.

This process was once again repeated for PCL-R Facet scores. Each model was significant, and there were significant effects for Facets 2, 3, and 4 scores on behavioral abnormality decisions. The greatest effect was observed for PCL-R Facet 3 scores, in which each additional point increased the odds of a positive behavioral abnormality finding by 43.3% ($p = .005$; 95% CI [1.115, 1.843]). There was a significant effect for race in the model examining the relation between PCL-R Facet 4 scores and behavioral abnormality findings, $\chi^2(5) = 28.819$, $p = .000$, Nagelkerke's $R^2 = .105$. It was found that, holding PCL-R Facet 4 scores constant, there was a 423.9% increase in the odds of receiving a behavioral abnormality finding for White offenders compared to Latino

offenders (p = .036; 95% CI [1.102, 16.309]). Finally, race did not moderate the relation between any PCL-R Facet scores and behavioral abnormality findings (see Table 5).

Table 5

Moderating Effect of Race on PCL-R Facet Scores Predicting Behavioral Abnormality (BA) Findings

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Facet 1	PCL-R Facet 1[a]	.265	.144	3.380	.066	1.303	[.983, 1.728]
	White[a]	.478	.586	.667	.414	1.613	[.512, 5.084]
	Black[a]	-.258	.690	.140	.709	.773	[.200, 2.990]
	Black[b]	-.736	.509	2.094	.148	.479	[.177, 1.298]
	White[a] x PCL-R Facet 1	-.068	.157	.187	.666	.934	[.686, 1.272]
	Black[a] x PCL-R Facet 1	.005	.176	.001	.979	1.005	[.712, 1.417]
	Black[b] x PCL-R Facet 1	.073	.119	.373	.541	1.075	[.852, 1.357]
	Constant[a]	-1.064	.530	4.039	.044	.345	
PCL-R Facet 2	**PCL-R Facet 2[a]**	**.337**	**.136**	**6.117**	**.013**	**1.401**	**[1.072, 1.830]**
	White[a]	.378	.899	.176	.674	1.459	[.250, 8.498]
	Black[a]	1.010	.976	1.071	.301	2.745	[.405, 18.591]
	Black[b]	.632	.667	.898	.343	1.882	[.509, 6.960]
	White [a] x PCL-R Facet 2	.019	.154	.015	.903	1.019	[.753, 1.378]
	Black[a] x PCL-R Facet 2	-.189	.166	1.288	.256	.828	[.598, 1.147]
	Black[b] x PCL-R Facet 2	-.207	.119	3.038	.081	.813	[.644, 1.026]
	Constant[a]	-2.069	.811	6.509	.011	.126	
PCL-R Facet 3	**PCL-R Facet 3[a]**	**.360**	**.128**	**7.891**	**.005**	**1.433**	**[1.115, 1.843]**
	White[a]	.525	.720	.532	.466	1.691	[.412, 6.936]
	Black[a]	.744	.836	.794	.373	2.105	[.409, 10.828]
	Black[b]	.219	.638	.118	.731	1.245	[.357, 4.344]
	White[a] x PCL-R Facet 3	-.075	.144	.276	.599	.927	[.700, 1.229]
	Black[a] x PCL-R Facet 3	-.206	.165	1.558	.212	.814	[.588, 1.125]
	Black[b] x PCL-R Facet 3	-.131	.123	1.134	.287	.877	[.689, 1.116]
	Constant[a]	-1.808	.636	8.066	.005	.164	
PCL-R Facet 4	**PCL-R Facet 4[a]**	**.366**	**.124**	**8.729**	**.003**	**1.442**	**[1.131, 1.839]**
	White[a]	**1.444**	**.687**	**4.415**	**.036**	**4.239**	**[1.102, 16.309]**
	Black[a]	.805	.811	.984	.321	2.236	[.456, 10.959]
	Black[b]	-.640	.553	1.337	.248	.527	[.178, 1.560]
	White[a] x PCL-R Facet 4	-.190	.136	1.947	.163	.827	[.633, 1.080]
	Black[a] x PCL-R Facet 4	-.206	.150	1.876	.171	.814	[.606, 1.093]
	Black[b] x PCL-R Facet 4	-.016	.102	.024	.877	.984	[.806, 1.202]
	Constant[a]	-1.999	.642	9.697	.002	.135	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold;
[a] Latino as racial reference group; [b] White as racial reference group.

Hypothesis 3b: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Risk Ratings

For ease of analysis, risk ratings were collapsed from six categories into three groups: "low," (51%; comprised of "low" and "low to moderate") "moderate" (32%; comprised of "moderate" and "moderate to high"), and "high" (14%; comprised of "high" and "very high"). I used a series of multinomial logistic regressions to test examine whether race/ethnicity moderated the relation between PCL-R scores and risk categories. To avoid potentially problematic high multicollinearity with the interaction terms, the variables were centered, and interaction terms were created between centered PCL-R scores and dummy coded variables identifying race. Within each model, two variables were initially included: the PCL-R score and the dummy coded variables for race/ethnicity. In the second step, the corresponding interaction term was entered into the regression model. Regarding the outcome variable, low risk was selected as the reference group for each analysis, so each model included results for two separate risk categories: low versus moderate risk and low versus high risk.

The first model examining PCL-R Total scores, race, and the interaction between the two as they related to risk was significant, $\chi^2(10) = 52.870$, $p = .000$, Nagelkerke's $R^2 = .163$. Higher PCL-R Total scores were associated with increased odds of being placed in the moderate or high risk category, as opposed to the low risk category. Only Latino race was significantly associated with differentiating between low versus moderate risk. Specifically, White offenders were 84.9% less likely to be considered moderate risk (as opposed to low risk) than Latino offenders; conversely, Latino offenders were 664.3% more likely than White offenders to be found moderate risk when holding PCL-R Total

scores constant. Race did not moderate the relation between PCL-R Total scores and risk decisions. Findings for PCL-R Total and Factor scores in relation to risk categories can be found in Table 6.

Table 6

Moderating Effect of Race on PCL-R Total and Factor Scores Predicting Risk Category

Predictor	Risk[c]	Variable	*B*	*SE*	Wald	*p*	OR	95% CI for Odds Ratio
PCL-R Total	Low v. Mod.	Constant[a]	- 2.612	.511	26.157	.000		
		Total[a]	**.117**	**.026**	**20.331**	**.000**	**1.124**	**[1.068, 1.183]**
		Latino[a]	**1.894**	**.927**	**4.169**	**.041**	**6.643**	**[1.079, 40.909]**
		Black[a]	.971	.944	1.058	.304	2.642	[.415, 16.820]
		Black[b]	-.922	1.109	.691	.406	.398	[.045, 3.497]
		Latino[a] x Total	-.091	.050	3.344	.067	.913	[.829, 1.007]
		Black[a] x Total	-.061	.045	1.833	.176	.941	[.861, 1.028]
		Black[b] x Total	.030	.056	.278	.598	1.030	[.923, 1.150]
	Low v. High	Constant[a]	-4.474	.801	31.174	.000		
		Total[a]	**.162**	**.037**	**19.692**	**.000**	**1.176**	**[1.095, 1.264]**
		Latino[a]	-.867	2.002	.187	.665	.420	[.008, 21.267]
		Black[a]	.865	1.442	.360	.549	2.375	[.141, 40.080]
		Black[b]	1.732	2.191	.624	.429	5.650	[.077, 414.415]
		Latino[a] x Total	.041	.087	.222	.637	1.042	[.878, 1.237]
		Black[a] x Total	-.047	.063	.553	.457	.954	[.844, 1.080]
		Black[b] x Total	-.088	.094	.869	.351	.916	[.761, 1.102]
PCL-R Factor 1	Low v. Mod.	Constant[a]	-1.307	.383	11.633	.001		
		Factor 1[a]	**.098**	**.042**	**5.497**	**.019**	**1.103**	**[1.016, 1.197]**
		Latino[a]	.552	.770	.513	.474	1.736	[.384, 7.857]
		Black[a]	.173	.710	.059	.807	1.189	[.296, 4.778]
		Black[b]	-.379	.896	.179	.672	.685	[.118, 3.965]
		Latino[a] x Factor 1	-.038	.089	.179	.672	.963	[.808, 1.147]
		Black[a] x Factor 1	-.027	.075	.127	.721	.974	[.841, 1.127]
		Black[b] x Factor 1	.011	.100	.012	.911	1.011	[.831, 1.231]
	Low v. High	Constant[a]	-2.867	.605	22.459	.000		
		Factor 1[a]	**.170**	**.060**	**8.122**	**.004**	**1.185**	**[1.055, 1.332]**
		Latino[a]	-.939	1.464	.411	.521	.391	[.022, 6.894]
		Black[a]	.477	1.039	.211	.646	1.612	[.210, 12.358]
		Black[b]	1.416	1.579	.805	.370	4.123	[.187, 90.967]
		Latino[a] x Factor 1	.118	.143	.675	.411	1.125	[.849, 1.490]
		Black[a] x Factor 1	-.041	.101	.162	.688	.960	[.788, 1.171]
		Black[b] x Factor 1	-.158	.154	1.061	.303	.854	[.631, 1.154]

(Continued)

Predictor	Risk[c]	Variable	*B*	*SE*	Wald	*p*	OR	95% CI for Odds Ratio
PCL-R Factor 2	Low v. Mod.	Constant[a]	-2.192	.413	28.094	.000		
		Factor 2[a]	**.204**	**.044**	**21.655**	**.000**	**1.227**	**[1.126, 1.337]**
		Latino[a]	**1.527**	**.722**	**4.473**	**.034**	**4.603**	**[1.118, 18.943]**
		Black[a]	1.186	.762	2.424	.119	3.274	[.736, 14.575]
		Black[b]	-.340	.872	.153	.696	.711	[.129, 3.926]
		Latino[a] x Factor 2	**-.163**	**.080**	**4.082**	**.043**	**.850**	**[.726, .995]**
		Black[a] x Factor 2	-.148	.077	3.732	.053	.862	[.742, 1.002]
		Black[b] x Factor 2	.014	.092	.023	.878	1.014	[.846, 1.215]
	Low v. High	Constant[a]	-3.675	.636	33.419	.000		
		Factor 2[a]	**.263**	**.060**	**19.015**	**.000**	**1.301**	**[1.156, 1.464]**
		Latino[a]	-.078	1.360	.003	.954	.925	[.064, 13.297]
		Black[a]	.797	1.223	.425	.515	2.219	[.202, 24.360]
		Black[b]	.875	1.592	.302	.583	2.399	[.106, 54.384]
		Latino[a] xFactor 2	-.001	.121	.000	.996	.999	[.788, 1.268]
		Black[a] x Factor 2	-.104	.111	.869	.351	.901	[.725, 1.121]
		Black[b] x Factor 2	-.103	.141	.536	.464	.902	[.684, 1.189]

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold;
[a] White as racial reference group; [b] Latino as racial reference group; [c] Low Risk as reference group.

The model examining PCL-R Factor 1 scores, race, and the interaction between the two as they related to risk was significant, $\chi^2(10) = 21.269$, $p = .019$, Nagelkerke's $R^2 = .068$. Factor 1 scores were associated with increased odds of being placed in the moderate or high risk category versus the low risk category. Race was not associated with risk categorization, nor did race moderate the relation between PCL-R Factor 1 scores and risk ratings.

The overall model examining PCL-R Factor 2 scores, race, and the interactions between them as they related to risk was significant, $\chi^2(10) = 47.710$, $p = .000$, Nagelkerke's $R^2 = .148$. PCL-R Factor 2 scores were associated with increased odds of being placed in the moderate or high risk category versus low risk. In comparing the low versus moderate risk groups, Latino offenders were 460.3% more likely to be labeled moderate risk than White offenders when holding PCL-R Factor 2 scores constant; conversely, White offenders were 78.3% less likely than Latino offenders to be labeled

moderate risk when holding PCL-R Factor 2 scores constant. Thus, race moderated the relation between PCL-R Factor 2 scores and risk ratings, but only when comparing White and Latino offenders and only when differentiating between low and moderate risk. A series of independent t-tests were run to compare mean PCL-R Factor 2 scores for relevant risk categories, and this was done for each racial/ethnic group. A significant difference was observed for White offenders when comparing PCL-R Factor 2 scores for those in the low versus moderate risk groups, $t(170) = -5.341$, $p = 000$, Cohen's $d = .84$. Low risk White offenders scored significantly lower on the PCL-R Factor 2 ($M = 6.69$, $SD = 3.74$) than did moderate risk White offenders ($M = 9.91$, $SD = 3.99$), whereas differences were not observed for Black or Latino offenders. Findings for PCL-R Facet scores in relation to risk categories can be found in Table 7.

Table 7

Moderating Effect of Race on PCL-R Facet Scores Predicting Risk Category

Predictor	Risk[c]	Variable	*B*	*SE*	Wald	*p*	OR	95% CI for Odds Ratio
PCL-R Facet 1	Low v. Mod.	Constant[a]	-.907	.279	10.609	.001		
		Facet 1[a]	.116	.067	2.947	.086	1.123	[.984, 1.282]
		Black[a]	.016	.534	.001	.975	1.017	[.357, 2.894]
		Latino[a]	.330	.595	.307	.580	1.391	[.433, 4.468]
		Black[b]	-.314	.696	.203	.652	.731	[.187, 2.859]
		Black[a] x Facet 1	-.010	.125	.007	.935	.990	[.775, 1.264]
		Latino[a] x Facet 1	-.001	.164	.000	.996	.999	[.724, 1.379]
		Black[b] x Facet 1	-.009	.183	.003	.959	.991	[.692, 1.418]
	Low v. High	Constant[a]	-1.720	.384	20.104	.000		
		Facet 1[a]	.091	.093	.967	.325	1.095	[.913, 1.314]
		Black[a]	.320	.680	.222	.638	1.377	[.363, 5.219]
		Latino[a]	-.549	.929	.350	.554	.577	[.094, 3.564]
		Black[b]	.869	1.015	.734	.392	2.385	[.326, 17.439]
		Black[a] x Facet 1	-.025	.161	.023	.878	.976	[.712, 1.337]
		Latino[a] x Facet 1	.248	.225	1.213	.271	1.281	[.824, 1.991]
		Black[b] x Facet 1	-.272	.243	1.253	.263	.762	[.473, 1.227]

(Continued)

Predictor	Risk[c]	Variable	*B*	*SE*	Wald	*p*	OR	95% CI for OR
PCL-R Facet 2	Low v. Mod.	Constant[a]	-1.296	.383	11.415	.001		
		Facet 2[a]	**.160**	**.070**	**5.185**	**.023**	**1.174**	**[1.023, 1.348]**
		Black[a]	.639	.690	.857	.354	1.895	[.490, 7.335]
		Latino[a]	.945	.739	1.635	.201	2.572	[.605, 10.940]
		Black[b]	-.305	.853	.128	.721	.737	[.138, 3.926]
		Black[a] x Facet 2	-.125	.124	1.009	.315	.883	[.692, 1.126]
		Latino[a] x Facet 2	-.145	.135	1.161	.281	.865	[.664, 1.126]
		Black[b] x Facet 2	.021	.154	.018	.894	1.021	[.755, 1.380]
	Low v. High	Constant[a]	-3.313	.720	21.191	.000		
		Facet 2[a]	**.358**	**.118**	**9.249**	**.002**	**1.430**	**[1.136, 1.800]**
		Black[a]	1.970	1.028	3.670	.055	7.171	[.955, 53.821]
		Latino[a]	-.067	1.669	.002	.968	.935	[.036, 24.637]
		Black[b]	2.037	1.676	1.478	.224	7.667	[.287, 204.569]
		Black[a] x Facet 2	-.323	.175	3.390	.066	.724	[.513, 1.021]
		Latino[a] x Facet 2	.025	.261	.009	.923	1.025	[.615, 1.709]
		Black[b] x Facet 2	-.348	.267	1.705	.192	.706	[.419, 1.191]
PCL-R Facet 3	Low v. Mod.	Constant[a]	-1.278	.354	13.019	.000		
		Facet 3[a]	**.164**	**.066**	**6.184**	**.013**	**1.178**	**[1.035, 1.340]**
		Black[a]	.361	.672	.289	.591	1.435	[.385, 5.354]
		Latino[a]	**1.376**	**.657**	**4.391**	**.036**	**3.959**	**[1.093, 14.343]**
		Black[b]	-1.015	.795	1.630	.202	.362	[.076, 1.721]
		Black[a] x Facet 3	-.075	.130	.332	.565	.928	[.720, 1.197]
		Latino[a] x Facet 3	-.273	.140	3.791	.052	.761	[.579, 1.002]
		Black[b] x Facet 3	.198	.167	1.411	.235	1.219	[.879, 1.690]
	Low v. High	Constant[a]	-2.560	.541	22.376	.000		
		Facet 3[a]	**.235**	**.093**	**6.372**	**.012**	**1.265**	**[1.054, 1.517]**
		Black[a]	.746	.948	.618	.432	2.108	[.329, 13.518]
		Latino[a]	-.415	1.210	.118	.731	.660	[.062, 7.069]
		Black[b]	1.161	1.333	.759	.384	3.193	[.234, 43.547]
		Black[a] x Facet 3	-.111	.175	.405	.525	.895	[.635, 1.260]
		Latino[a] x Facet 3	.115	.201	.328	.567	1.122	[.757, 1.664]
		Black[b] x Facet 3	-.226	.232	.955	.329	.797	[.506, 1.256]
PCL-R Facet 4	Low v. Mod.	Constant[a]	-1.634	.305	28.629	.000		
		Facet 4[a]	**.334**	**.071**	**22.365**	**.000**	**1.396**	**[1.216, 1.603]**
		Black[a]	.931	.579	2.589	.108	2.538	[.816, 7.890]
		Latino[a]	.329	.661	.248	.618	1.390	[.381, 5.076]
		Black[b]	.602	.765	.619	.431	1.826	[.408, 8.174]
		Black[a] x Facet 4	**-.292**	**.114**	**6.536**	**.011**	**.747**	**[.597, .934]**
		Latino[a] x Facet 4	-.087	.141	.380	.537	.917	[.695, 1.209]
		Black[b] x Facet 4	-.205	.152	1.820	.177	.815	[.605, 1.097]
	Low v. High	Constant[a]	-3.357	.527	40.646	.000		
		Facet 4[a]	**.493**	**.099**	**24.978**	**.000**	**1.637**	**[1.350, 1.987]**
		Black[a]	.629	1.015	.384	.536	1.876	[.256, 13.721]
		Latino[a]	-.484	1.287	.142	.707	.616	[.049, 7.671]
		Black[b]	1.113	1.460	.582	.446	3.045	[.174, 53.258]
		Black[a] x Facet 4	-.221	.167	1.746	.186	.801	[.577, 1.113]
		Latino[a] x Facet 4	.042	.219	.037	.848	1.043	[.678, 1.603]
		Black[b] x Facet 4	-.263	.238	1.223	.269	.768	[.482, 1.226]

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold;
[a] White as racial reference group; [b] Latino as racial reference group; [c] Low Risk as reference group.

The model examining PCL-R Facet 1 scores, race, and the interactions between them as they related to risk was not significant. The model examining PCL-R Facet 2 scores, race, and the interactions between them as they related to risk was significant, $\chi^2(10) = 18.797$, $p = .043$, Nagelkerke's $R^2 = .062$. PCL-R Facet 2 scores were associated with increased odds of being labeled moderate or high risk versus low risk. For example, each additional point on the PCL-R Facet 2 was associated with a 143% increase in the odds of being labeled high risk rather than low risk. Race was not associated with risk level when holding PCL-R Facet 2 scores constant, nor was there a moderating effect for race on the relation between PCL-R Facet 2 scores and risk ratings.

The model examining PCL-R Facet 3 scores, race, and the interactions between them as they related to risk was significant, $\chi^2(10) = 19.092$, $p = .039$, Nagelkerke's $R^2 = .063$. PCL-R Facet 3 scores were associated with increased odds of receiving a moderate or high risk rating compared to low risk. Latino race was associated with a 396% increased likelihood of being labeled moderate risk rather than low risk when compared to White offenders when holding PCL-R Facet 3 scores constant, though this was only approaching significance as a moderating effect.

The model examining PCL-R Facet 4 scores, race, and the interactions between them as they related to risk was significant, $\chi^2(10) = 58.591$, $p = .000$, Nagelkerke's $R^2 = .179$. Again, higher PCL-R Facet 4 scores increased the odds of being labeled moderate or high risk rather than low risk, though this was especially true for comparing the low versus high risk categories (OR = 1.637). Though race did not have an effect on risk categories when holding PCL-R Facet 4 scores constant, race did moderate the relation between PCL-R Facet 4 scores and risk, but only when comparing low versus moderate

risk groups. A series of independent t-tests were run to compare mean PCL-R Facet 4 scores for relevant risk categories, and this was done for each racial/ethnic group. Significant differences were observed for White offenders when comparing PCL-R Facet 4 scores for those in the low versus moderate risk groups, $t(168) = -5.448$, $p = 000$, Cohen's $d = .84$. Low risk White offenders scored significantly lower on the PCL-R Facet 4 ($M = 2.50$, $SD = 2.17$) than did moderate risk White offenders ($M = 4.52$, $SD = 2.63$). This same pattern was also evident for Latino offenders, $t(168) = -2.150$, $p = .036$, Cohen's $d = .60$, with low risk Latino offenders scoring significantly lower on the PCL-R Facet 4 ($M = 3.39$, $SD = 2.51$) compared to moderate risk Latino offenders ($M = 4.78$, $SD = 2.13$). There were no differences between low risk Black offenders ($M = 4.62$, $SD = 2.36$) and moderate risk Black offenders ($M = 4.91$, $SD = 2.90$).

Hypothesis 3c: Moderating Effects of Race and Ethnicity on the Relation between PCL-R Scores and Diagnoses

I used a series of hierarchical logistic regressions to examine whether race/ethnicity moderated the relation between PCL-R scores and diagnoses, using the four diagnostic categories that comprised more than 5% of the total sample each: Personality Disorder, Psychotic Disorder, Paraphilic Disorder, Substance Use Disorder. To avoid potentially problematic high multicollinearity with the interaction terms, continuous variables were centered, and interaction terms were created between PCL-R scores and dummy coded variables identifying race. Within each model, two variables were initially included: the PCL-R score and the dummy coded variables for race/ethnicity. In the second step, the corresponding interaction term was entered into the

regression model predicting a dichotomous diagnostic outcome (diagnosis is present versus not present).

The model examining the relation between PCL-R Total scores and personality disorder diagnosis was significant and revealed a significant effect for PCL-R Total scores but not for race/ethnicity on diagnostic decisions, $\chi^2(5) = 54.198$, $p = .000$, Nagelkerke's $R^2 = .202$. Each additional point on the PCL-R Total score increased the odds of receiving a personality disorder diagnosis by 14% ($p = .000$; 95% CI [1.081, 1.200]). Higher PCL-R scores in general, including Factor 1 and 2 and Facet 1, 2, 3, and 4 scores, were associated with increased odds of being diagnosed with a personality disorder. The greatest association was for PCL-R Facet 4 scores. Each additional point on the PCL-R Facet 4 increased the odds of this diagnosis by 32.6% ($p = .000$; 95% CI [1.169, 1.504]) Findings in relation to PCL-R scores and a personality disorder diagnosis can be found in Table 8.

Table 8

Moderating Effects of Race on PCL-R Scores Predicting Diagnosis of a Personality Disorder

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Total	**PCL-R Total[a]**	**.130**	**.027**	**23.979**	**.000**	**1.139**	**[1.081, 1.200]**
	Black[a]	-.185	.355	.270	.603	.831	[.414, 1.668]
	Latino[a]	-.010	.370	.001	.978	.990	[.479, 2.046]
	Black[b]	-.174	.446	.153	.696	.840	[.350, 2.015]
	Black[a] x PCL-R Total	.213	.369	.335	.563	1.238	[.601, 2.550]
	Latino[a] x PCL-R Total	-.027	.412	.004	.947	.973	[.434, 2.181]
	Black[b] x PCL-R Total	.241	.483	.248	.618	1.272	[.494, 3.280]
	Constant[a]	-3.551	.580	37.480	.000	.029	
PCL-R Factor 1	**PCL-R Factor 1[a]**	**.158**	**.044**	**12.795**	**.000**	**1.171**	**[1.074, 1.277]**
	Black[a]	-.730	.877	.693	.405	.482	[.086, 2.688]
	Latino[a]	-.806	1.070	.568	.451	.447	[.055, 3.636]
	Black[b]	.076	1.233	.004	.951	1.079	[.096, 12.107]
	Black[a] x Factor 1	.076	.084	.832	.362	1.079	[.916, 1.272]
	Latino[a] x Factor 1	.091	.109	.696	.404	1.095	[.885, 1.355]
	Black[b] x Factor 1	-.014	.122	.014	.907	.986	[.776, 1.252]
	Constant[a]	-2.388	.443	29.092	.000	.092	

(Continued)

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Factor 2	**PCL-R Factor 2[a]**	**.208**	**.044**	**22.505**	**.000**	**1.231**	**[1.130, 1.342]**
	Black[a]	-.035	.953	.001	.971	.966	[.149, 6.254]
	Latino[a]	1.005	.824	1.486	.223	2.732	[.543, 13.748]
	Black[b]	-1.040	1.078	.931	.335	.353	[.043, 2.923]
	Black*Factor 2[a]	-.012	.087	.018	.893	.988	[.834, 1.171]
	Latino*Factor 2[a]	-.106	.081	1.719	.190	.899	[.768, 1.054]
	Black*Factor 2[b]	.094	.101	.873	.350	1.099	[.902, 1.339]
	Constant[a]	-2.888	.462	39.125	.000	.056	
PCL-R Facet 1	**PCL-R Facet 1[a]**	**.204**	**.069**	**8.794**	**.003**	**1.226**	**[1.072, 1.403]**
	Black[a]	-.192	.586	.108	.742	.825	[.262, 2.600]
	Latino[a]	-.588	.765	.592	.442	.555	[.124, 2.487]
	Black[b]	.396	.859	.212	.645	1.486	[.276, 8.006]
	Black[a] x Facet 1	.081	.126	.414	.520	1.084	[.847, 1.389]
	Latino[a] x Facet 1	.186	.184	1.024	.312	1.204	[.840, 1.727]
	Black[b] x Facet 1	-.105	.201	.274	.601	.900	[.608, 1.334]
	Constant[a]	-1.757	.308	32.493	.000	.173	
PCL-R Facet 2	**PCL-R Facet 2[a]**	**.184**	**.075**	**5.964**	**.015**	**1.202**	**[1.037, 1.393]**
	Black[a]	.034	.780	.002	.965	1.035	[.224, 4.774]
	Latino[a]	-1.065	1.167	.833	.361	.345	[.035, 3.396]
	Black[b]	1.099	1.262	.759	.384	3.002	[.253, 35.603]
	Black[a] x Facet 2	.020	.132	.022	.882	1.020	[.787, 1.322]
	Latino [a] x Facet 2	.172	.187	.841	.359	1.187	[.823, 1.714]
	Black[b] x Facet 2	-.152	.203	.561	.454	.859	[.577, 1.279]
	Constant[a]	-1.976	.435	20.604	.000	.139	
PCL-R Facet 3	**PCL-R Facet 3[a]**	**.173**	**.067**	**6.766**	**.009**	**1.189**	**[1.044, 1.355]**
	Black[a]	-.419	.786	.284	.594	.657	[.141, 3.071]
	Latino[a]	.252	.741	.115	.734	1.286	[.301, 5.494]
	Black[b]	-.671	.936	.514	.474	.511	[.082, 3.203]
	Black[a] x Facet 3	.119	.143	.697	.404	1.126	[.852, 1.489]
	Latino[a] x Facet 3	-.035	.138	.064	.801	.966	[.737, 1.266]
	Black[b] x Facet 3	.154	.175	.775	.379	1.166	[.828, 1.643]
	Constant[a]	-1.880	.381	24.329	.000	.153	
PCL-R Facet 4	**PCL-R Facet 4[a]**	**.282**	**.064**	**19.287**	**.000**	**1.326**	**[1.169, 1.504]**
	Black[a]	-.056	.700	.006	.936	.946	[.240, 3.727]
	Latino[a]	.165	.746	.049	.825	1.180	[.273, 5.090]
	Black[b]	-.221	.908	.059	.808	.802	[.135, 4.753]
	Black[a] x Facet 4	-.043	.119	.129	.720	.958	[.759, 1.209]
	Latino[a] x Facet 4	-.093	.138	.452	.501	.911	[.695, 1.195]
	Black[b] x Facet 4	.050	.158	.102	.750	1.052	[.772, 1.433]
	Constant[a]	-2.140	.333	41.400	.000	.118	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

The model examining the relation between PCL-R Total scores and paraphilic disorder diagnosis was significant and revealed a significant effect for PCL-R Total scores and race/ethnicity on diagnostic decisions, $\chi^2(5) = 30.961$, $p = .000$, Nagelkerke's $R^2 = .110$. Specifically, compared to White offenders, Black offenders were 70.8% less

likely to be diagnosed with a paraphilic disorder when holding PCL-R Total scores constant. Race did not moderate the relation between PCL-R Total scores and paraphilic disorder diagnosis. Findings in relation to PCL-R scores and a paraphilic disorder diagnosis can be found in Table 9.

Table 9

Moderating Effects of PCL-R Scores Predicting Diagnosis of a Paraphilic Disorder

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Total	**PCL-R Total[a]**	**.047**	**.021**	**5.300**	**.021**	**1.049**	**[1.007, 1.092]**
	Black[a]	**-1.231**	**.277**	**19.804**	**.000**	**.292**	**[.170, .502]**
	Latino[a]	-.306	.306	1.004	.316	.736	[.404, 1.340]
	Black[b]	**-.925**	**.357**	**6.721**	**.010**	**.397**	**[.197, .798]**
	Black[a] x PCL-R Total	-.083	.280	.089	.766	.920	[.532, 1.592]
	Latino[a] x PCL-R Total	.274	.321	.725	.394	1.315	[.700, 2.467]
	Black[b] x PCL-R Total	-.357	.372	.920	.337	.700	[.338, 1.451]
	Constant[a]	-.485	.394	1.517	.218	.616	
PCL-R Factor 1	**PCL-R Factor 1[a]**	**.135**	**.039**	**12.118**	**.000**	**1.145**	**[1.061, 1.235]**
	Black[a]	-.943	.677	1.941	.164	.390	[.103, 1.467]
	Latino[a]	-.291	.731	.159	.690	.747	[.178, 3.132]
	Black[b]	-.651	.872	.558	.455	.521	[.094, 2.882]
	Black[a] x Factor 1	-.034	.070	.240	.624	.966	[.843, 1.108]
	Latino[a] x Factor 1	-.019	.083	.051	.821	.981	[.834, 1.154]
	Black[b] x Factor 1	-.015	.093	.027	.868	.985	[.820, 1.182]
	Constant[a]	-.713	.340	4.397	.036	.490	
PCL-R Factor 2	PCL-R Factor 2[a]	.012	.033	.130	.718	1.012	[.948, 1.081]
	Black[a]	-.666	.665	1.003	.317	.514	[.140, 1.892]
	Latino[a]	**-1.546**	**.673**	**5.270**	**.022**	**.213**	**[.057, .798]**
	Black[b]	.880	.837	1.105	.293	2.411	[.467, 12.436]
	Black[a] x Factor 2	-.042	.067	.387	.534	.959	[.842, 1.094]
	Latino[a] x Factor 2	.138	.073	3.614	.057	1.149	[.996, 1.325]
	Black[b] x Factor 2	**-.180**	**.087**	**4.305**	**.038**	**.835**	**[.705, .990]**
	Constant[a]	.268	.312	.737	.390	1.308	
PCL-R Facet 1	**PCL-R Facet 1[a]**	**.131**	**.062**	**4.454**	**.035**	**1.140**	**[1.009, 1.288]**
	Black[a]	**-1.042**	**.489**	**4.536**	**.033**	**.353**	**[.135, .920]**
	Latino[a]	-.501	.551	.826	.363	.606	[.206, 1.785]
	Black[b]	-.540	.652	.686	.408	.583	[.162, 2.093]
	Black[a] x Facet 1	-.033	.114	.085	.770	.967	[.774, 1.209]
	Latino[a] x Facet 1	.028	.149	.036	.849	1.029	[.769, 1.377]
	Black[b] x Facet 1	-.062	.165	.139	.710	.940	[.680, 1.300]
	Constant[a]	-.061	.243	.062	.803	.941	

(Continued)

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R	**PCL-R Facet 2[a]**	**.214**	**.064**	**11.320**	**.001**	**1.239**	**[1.094, 1.404]**
Facet 2	Black[a]	-.695	.662	1.103	.294	.499	[.136, 1.826]
	Latino[a]	-.157	.722	.047	.828	.855	[.207, 3.519]
	Black[b]	-.538	.856	.394	.530	.584	[.109, 3.129]
	Black[a] x Facet 2	-.088	.117	.565	.088	.117	[.565, 1.152]
	Latino[a] x Facet 2	-.062	.128	.232	.062	.128	[.232, 1.209]
	Black[b] x Facet 2	-.026	.149	.032	.859	.974	[.728, 1.303]
	Constant[a]	-.668	.336	3.942	.047	.513	
PCL-R	PCL-R Facet 3[a]	.105	.057	3.337	.068	1.110	[.992, 1.242]
Facet 3	Black[a]	-1.072	.625	2.941	.086	.342	[.101, 1.166]
	Latino[a]	-1.159	.654	3.140	.076	.314	[.087, 1.131]
	Black[b]	.087	.801	.012	.913	1.091	[.227, 5.243]
	Black[a] x Facet 3	.009	.120	.005	.943	1.009	[.797, 1.277]
	Latino[a] x Facet 3	.198	.134	2.191	.139	1.219	[.938, 1.585]
	Black[b] x Facet 3	-.190	.161	1.391	.238	.827	[.604, 1.134]
	Constant[a]	-.130	.298	.190	.663	.878	
PCL-R	PCL-R Facet 4[a]	-.072	.053	1.862	.172	.930	[.838, 1.032]
Facet 4	**Black[a]**	**-1.094**	**.525**	**4.350**	**.037**	**.335**	**[.120, .936]**
	Latino[a]	**-1.443**	**.577**	**6.255**	**.012**	**.236**	**[.076, .732]**
	Black[b]	.349	.698	.250	.617	1.417	[.361, 5.571]
	Black[a] x Facet 4	.020	.099	.042	.837	1.021	[.841, 1.239]
	Latino[a] x Facet 4	.227	.117	3.800	.051	1.255	[.999, 1.577]
	Black[b] x Facet 4	-.207	.133	2.416	.120	.813	[.626, 1.055]
	Constant[a]	.644	.246	6.866	.009	1.903	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

Higher PCL-R Factor 1, Facet 1, and Facet 2 scores each increased the odds that an offender would be diagnosed with a paraphilic disorder, with PCL-R Facet 2 scores associated with the greatest increase per point (OR = 1.239). Latino offenders were 78.7% less likely than White offenders to be diagnosed with a paraphilic disorder when PCL-R Factor 2 scores were held constant, and race moderated the relation between PCL-R Factor 2 scores and paraphilia diagnosis. A series of independent t-tests were run to compare mean PCL-R Factor 2 scores for relevant risk categories, and this was done for each racial/ethnic group. Significant differences were observed for Latino offenders when comparing PCL-R Factor 2 scores for those with a paraphilic disorder diagnosis and those without, $t(61) = -2.493$, $p = 015$, Cohen's $d = .63$. Latino offenders with a

paraphilic disorder scored significantly higher on the PCL-R Factor 2 (*M* = 9.61, *SD* = 4.44) than did Latino offenders without this diagnosis (*M* = 6.97, *SD* = 3.96). There were no differences in PCL-R Factor 2 scores between Black offenders diagnosed with a paraphilic disorder (*M* = 9.26, *SD* = 4.37) and those without (*M* = 9.69, *SD* = 3.54), nor were there differences between White offenders diagnosed with a paraphilic disorder (*M* = 8.43, *SD* = 3.99) and those without (*M* = 8.20, *SD* = 4.69).

Black offenders were 64.7% % less likely than White offenders to be diagnosed with a paraphilic disorder when holding PCL-R Facet 1 scores constant. Similarly, when holding PCL-R Facet 4 scores constant, Black offenders were 66.5% less likely and Latino offenders 76.4% less likely than White offenders to receive a paraphilic disorder diagnosis. Race did not moderate the relation between PCL-R Factor 1, Facet 1, Facet 2, Facet 3, or Facet 4 scores and paraphilia diagnosis.

Only higher PCL-R Total, Factor 1, and Facet 3 scores were associated with increased likelihood of being diagnosed with a psychotic disorder. PCL-R Facet 3 scores were most associated with this finding, with each additional point on the PCL-R Facet score correlating to a 33.3% increase in the odds of receiving a psychotic disorder diagnosis. Race did not moderate the relation between any PCL-R score and receiving a psychotic disorder diagnosis. Findings in relation to PCL-R scores and a personality disorder diagnosis can be found in Table 10.

Table 10

Moderating Effects of PCL-R Scores Predicting Diagnosis of a Psychotic Disorder

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Total	**PCL-R Total[a]**	**.097**	**.049**	**3.990**	**.046**	**1.102**	**[1.002, 1.212**
	Black[a]	.582	.589	.978	.323	1.790	[.565, 5.675]
	Latino[a]	.683	.611	1.248	.264	1.979	[.597, 6.557]
	Black[b]	.750	1.052	.772	.879	.904	[.247, 3.309]
	Black[a] x PCL-R Total	-.043	.550	.006	.938	.958	[.326, 2.815]
	Latino[a] x PCL-R Total	-.269	.619	.189	.664	.764	[.227, 2.56]
	Black[b] x PCL-R Total	.226	.667	.115	.735	1.254	[.339, 4.635]
	Constant[a]	-4.945	1.143	18.716	.000	.007	
PCL-R Factor 1	**PCL-R Factor 1[a]**	**.197**	**.094**	**4.400**	**.036**	**1.217**	**[1.013, 1.463]**
	Black[a]	1.802	1.427	1.594	.207	6.063	[.370, 99.441]
	Latino[a]	1.839	1.640	1.257	.262	6.287	[.253, 156.350]
	Black[b]	-.036	1.574	.001	.982	.964	[.044, 21.095]
	Black[a] x Factor 1	-.110	.130	.714	.398	.896	[.695, 1.156]
	Latino[a] x Factor 1	-.133	.163	.665	.415	.876	[.637, 1.204]
	Black[b] x Factor 1	.023	.160	.020	.887	1.023	[.747, 1.401]
	Constant[a]	-4.844	1.060	20.884	.000	.008	
PCL-R Factor 2	PCL-R Factor 2[a]	.102	.077	1.752	.186	1.108	[.952, 1.289]
	Black[a]	.261	1.483	.031	.860	1.298	[.071, 23.764]
	Latino[a]	.422	1.466	.083	.773	1.526	[.086, 26.979]
	Black[b]	-.161	1.714	.009	.925	.851	[.030, 24.476]
	Black[a] x Factor 2	.035	.132	.072	.789	1.036	[.800, 1.341]
	Latino[a] x Factor 2	.010	.135	.005	.943	1.010	[.775, 1.315]
	Black[b] x Factor 2	.026	.153	.028	.867	1.026	[.759, 1.386]
	Constant[a]	-3.900	.840	21.561	.000	.020	
PCL-R Facet 1	PCL-R Facet 1[a]	.239	.137	3.038	.081	1.270	[.971, 1.661]
	Black[a]	1.398	.985	2.015	.156	4.046	[.587, 27.882]
	Latino[a]	1.576	1.105	2.032	.154	4.833	[.554, 42.167]
	Black[b]	-.178	1.100	.026	.872	.837	[.097, 7.229]
	Black[a] x Facet 1	-.195	.207	.887	.346	.823	[.549, 1.234]
	Latino[a] x Facet 1	-.267	.275	.946	.331	.766	[.447, 1.311]
	Black[b] x Facet 1	.072	.284	.065	.799	1.075	[.616, 1.875]
	Constant[a]	-3.887	.701	30.794	.000	.020	
PCL-R Facet 2	PCL-R Facet 2[a]	.356	.190	3.512	.061	1.427	[.984, 2.071]
	Black[a]	2.077	1.581	1.726	.189	7.984	[.360, 177.093]
	Latino[a]	1.798	1.841	.953	.329	6.035	[.163, 222.865]
	Black[b]	.280	1.692	.027	.869	1.323	[.048, 36.458]
	Black[a] x Facet 2	-.253	.253	1.002	.317	.776	[.473, 1.275]
	Latino[a] x Facet 2	-.220	.293	.560	.454	.803	[.452, 1.427]
	Black[b] x Facet 2	-.034	.279	.015	.904	.967	[.559, 1.672]
	Constant[a]	-4.959	1.230	16.241	.000	.007	

(Continued)

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Facet 3	**PCL-R Facet 3[a]**	**.287**	**.142**	**4.110**	**.043**	**1.333**	**[1.010, 1.760]**
	Black[a]	-.008	1.647	.000	.996	.992	[.039, 25.034]
	Latino[a]	1.333	1.438	.859	.354	3.793	[.226, 63.573]
	Black[b]	-1.342	1.738	.596	.440	.261	[.009, 7.876]
	Black[a] x Facet 3	.133	.263	.254	.614	1.142	[.682, 1.914]
	Latino[a] x Facet 3	-.119	.239	.249	.618	.888	[.556, 1.418]
	Black[b] x Facet 3	.252	.294	.736	.391	1.287	[.723, 2.288]
	Constant[a]	-4.521	.939	23.183	.000	.011	
PCL-R Facet 4	PCL-R Facet 4[a]	.050	.117	.179	.672	1.051	[.836, 1.321]
	Black[a]	-.044	1.121	.002	.968	.957	[.106, 8.604]
	Latino[a]	.113	1.194	.009	.924	1.120	[.108, 11.631]
	Black[b]	-.158	1.428	.012	.912	.854	[.052, 14.018]
	Black[a] x Facet 4	.098	.193	.255	.613	1.103	[.755, 1.610]
	Latino[a] x Facet 4	.068	.223	.093	.760	1.071	[.691, 1.659]
	Black[b] x Facet 4	.029	.245	.014	.905	1.030	[.637, 1.664]
	Constant[a]	-3.128	.567	30.411	.000	.044	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

Findings in relation to PCL-R scores and a substance use disorder diagnosis can be found in Table 11. Higher PCL-R Factor 2 and both associated Facet scores—Facets 3 and 4—were associated with increased odds of receiving a substance use disorder diagnosis. PCL-R Facet 3 scores were most highly related, as each addition point on the PCL-R Facet 3 increased the odds of receiving such a diagnosis by 20.2%.

Table 11

Moderating Effects of PCL-R Scores Predicting Diagnosis of a Substance use Disorder

Predictor	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
PCL-R Total	PCL-R Total[a]	.024	.025	.882	.348	1.024	[.974, 1.076]
	Black[a]	-.652	.408	2.556	.110	.521	[.234, 1.159]
	Latino[a]	-.008	.381	.000	.983	.992	[.470, 2.093]
	Black[b]	-.644	.495	1.694	.193	.525	[.199, 1.385]
	Black[a] x PCL-R Total	.194	.402	.232	.630	1.214	[.552, 2.669]
	Latino[a] x PCL-R Total	.062	.394	.025	.875	1.064	[.492, 2.303]
	Black[b] x PCL-R Total	.132	.501	.069	.793	1.141	[.427, 3.047]
	Constant[a]	-1.946	.517	14.184	.000	.143	

(Continued)

Predictor	Variable	*B*	*SE*	Wald	*p*	OR	95% CI for OR
PCL-R Factor 1	PCL-R Factor 1[a]	-.030	.046	.430	.512	.970	[.886, 1.062]
	Black[a]	-.794	.908	.764	.382	.452	[.076, 2.679]
	Latino[a]	-.695	.948	.537	.464	.499	[.078, 3.199]
	Black[b]	-.099	1.178	.007	.933	.906	[.090, 9.108]
	Black[a] x Factor 1	.010	.098	.010	.922	1.010	[.834, 1.223]
	Latino[a] x Factor 1	.077	.104	.545	.460	1.080	[.881, 1.324]
	Black[b] x Factor 1	-.067	.127	.281	.596	.935	[.729, 1.199]
	Constant[a]	-1.262	.409	9.501	.002	.283	
PCL-R Factor 2	**PCL-R Factor 2[a]**	**.093**	**.044**	**4.525**	**.033**	**1.097**	**[1.007, 1.196]**
	Black[a]	-1.180	1.276	.854	.355	.307	[.025, 3.749]
	Latino[a]	.214	.894	.057	.811	1.238	[.215, 7.144]
	Black[b]	-1.393	1.423	.959	.327	.248	[.015, 4.034]
	Black[a] x Factor 2	.032	.114	.082	.775	1.033	[.827, 1.291]
	Latino[a] x Factor 2	-.029	.089	.104	.747	.972	[.817, 1.158]
	Black[b] x Factor 2	.061	.130	.220	.639	1.063	[.823, 1.372]
	Constant[a]	-2.326	.449	26.771	.000	.098	
PCL-R Facet 1	PCL-R Facet 1[a]	.021	.076	.074	.786	1.021	[.879, 1.185]
	Black[a]	-1.169	.794	2.167	.141	.311	[.065, 1.473]
	Latino[a]	.339	.675	.252	.616	1.403	[.374, 5.269]
	Black[b]	-1.508	.943	2.556	.110	.221	[.035, 1.406]
	Black[a] x Facet 1	.086	.172	.247	.619	1.089	[.777, 1.526]
	Latino[a] x Facet 1	-.111	.188	.346	.556	.895	[.619, 1.294]
	Black[b] x Facet 1	.196	.231	.720	.396	1.217	[.773, 1.914]
	Constant[a]	-1.564	.314	24.875	.000	.209	
PCL-R Facet 2	PCL-R Facet 2[a]	-.084	.075	1.232	.267	.920	[.793, 1.066]
	Black[a]	-.493	.815	.366	.545	.611	[.124, 3.017]
	Latino[a]	-1.124	1.013	1.232	.267	.325	[.045, 2.366]
	Black[b]	.631	1.177	.288	.592	1.880	[.187, 18.862]
	Black[a] x Facet 2	-.077	.163	.225	.635	.926	[.673, 1.273]
	Latino[a] x Facet 2	.215	.172	1.556	.212	1.240	[.884, 1.738]
	Black[b] x Facet 2	-.292	.212	1.907	.167	.747	[.493, 1.130]
	Constant[a]	-1.099	.391	7.898	.005	.333	
PCL-R Facet 3	**PCL-R Facet 3[a]**	**.184**	**.076**	**5.847**	**.016**	**1.202**	**[1.035, 1.395]**
	Black[a]	-.219	1.020	.046	.830	.803	[.109, 5.926]
	Latino[a]	.755	.818	.852	.356	2.128	[.428, 10.574]
	Black[b]	-.974	1.143	.727	.394	.377	[.040, 3.545]
	Black[a] x Facet 3	-.116	.190	.373	.542	.891	[.614, 1.292]
	Latino[a] x Facet 3	-.146	.155	.884	.347	.864	[.638, 1.171]
	Black[b] x Facet 3	.030	.220	.019	.892	1.030	[.669, 1.587]
	Constant[a]	-2.413	.449	28.923	.000	.090	
PCL-R Facet 4	**PCL-R Facet 4[a]**	**.159**	**.067**	**5.646**	**.017**	**1.172**	**[1.028, 1.336]**
	Black[a]	-1.773	1.197	2.195	.138	.170	[.016, 1.773]
	Latino[a]	.112	.795	.020	.888	1.119	[.236, 5.309]
	Black[b]	-1.885	1.351	1.948	.163	.152	[.011, 2.143]
	Black[a] x Facet 4	.106	.184	.332	.564	1.112	[.776, 1.594]
	Latino[a] x Facet 4	-.064	.150	.182	.670	.938	[.699, 1.259]
	Black[b] x Facet 4	.170	.218	.610	.435	1.185	[.774, 1.815]
	Constant[a]	-2.114	.346	37.385	.000	.121	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

Hypothesis 4a: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Score and Behavioral Abnormality

I used hierarchical logistic regression to determine if race/ethnicity moderated the relation between Static-99R Total Score and the determination of whether someone was found to have a behavioral abnormality. To avoid potentially problematic high multicollinearity with the interaction terms, continuous variables were centered, and interaction terms were created between Static-99R Total scores and dummy coded variables identifying race. Static-99R Total scores and the dummy coded variables for race/ethnicity were entered into the regression model first, and the interaction term was added during a second step (see results in Table 12).

Table 12

Moderating Effect of Race on Static-99R Total Score Predicting Behavioral Abnormality (BA) Findings

Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
Static-99R Total[a]	**.367**	**.076**	**23.004**	**.000**	**1.443**	**[1.242, 1.676]**
Black[a]	**-1.298**	**.569**	**5.204**	**.023**	**.273**	**[.089, .833]**
Latino[a]	-.784	.581	1.819	.177	.457	[.146, 1.426]
Black[b]	-.515	.739	.485	.486	.598	[.140, 2.545]
Black[a] x Static-99R Total	.176	.153	1.312	.252	1.192	[.883, 1.610]
Latino[a] x Static-99R Total	.054	.168	.105	.746	1.056	[.760, 1.468]
Black[b] x Static-99R Total	.121	.200	.366	.545	1.129	[.763, 1.671]
Constant[a]	-.866	.240	13.057	.000	.421	

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

The model was significant and revealed significant effects for both Static-99R Total scores and race/ethnicity, $\chi^2(5) = 66.815$, $p = .000$, Nagelkerke's $R^2 = .224$. Each additional point on the Static-99R increased the odds of an offender being found to have a behavioral abnormality by 44.3% ($p = .000$; 95% CI [1.242, 1.676]). Holding Static-

99R scores constant, the odds of receiving a positive behavioral abnormality finding increased decreased by 72.7% for Black offenders compared to White offenders. Race did not moderate the relation between Static-99R scores and behavioral abnormality findings

Hypothesis 4b: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Score and Risk Ratings

I used multinomial logistic regression to determine if race/ethnicity moderated the relation between Static-99R Total scores and offender risk level, using the previously collapsed risk categories of "low," "moderate," and "high" risk. To avoid potentially problematic high multicollinearity with the interaction terms, continuous variables were centered, and an interaction term was created between Static-99R scores and dummy coded variables identifying race. Static-99R scores and the dummy coded variables for race/ethnicity were entered into the model initially, followed by the interaction term in the second step. Regarding the outcome variable, low risk was selected as the reference group, so results for two separate risk categories are included: low versus moderate risk and low versus high risk.

The model was significant, $\chi^2(10) = 188.831$, $p = .000$, Nagelkerke's $R^2 = .475$, with Static-99R scores significantly differentiating between low and moderate risk categories, as well as low versus high risk categories. In comparing low versus moderate risk offenders, each additional point on the Static-99R increased the odd of being labeled moderate risk by 94.1% ($p = .000$; 95% CI [1.554, 2.425]). Each additional point on the Static-99R increased the odds of an offender being labeled high risk, as opposed to low risk, by 321.1% ($p = .000$; 95% CI [2.259, 4.565]). Black offenders were 88.8% less

likely than Latino offenders to be labeled moderate risk versus low risk when holding Static-99R scores constant. Race did not moderate the relation between Static-99R scores and risk categorization (see Table 13).

Table 13

Moderating Effect of Race on Static-99R Scores Predicting Risk Category

Risk Category[c]	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
Low v. Mod.	Constant[a]	-2.143	.347	38.062	.000		
	Static-99R[a]	**.663**	**.114**	**34.154**	**.000**	**1.941**	**[1.554, 2.425]**
	Black[a]	-1.832	.987	3.445	.063	.160	[.023, 1.108]
	Latino[a]	.354	.683	.269	.604	1.425	[.373, 5.441]
	Black[b]	**-2.186**	**1.095**	**3.984**	**.046**	**.112**	**[.013, .961]**
	Black[a] x Static-99R	.494	.286	2.982	.084	1.638	[.936, 2.869]
	Latino[a] x Static-99R	-.093	.221	.175	.676	.911	[.591, 1.407]
	Black[b] x Static-99R	.586	.324	3.274	.070	1.797	[.952, 3.392]
Low v. High	Constant[a]	-5.114	.747	46.856	.000		
	Static-99R[a]	**1.167**	**.179**	**42.279**	**.000**	**3.211**	**[2.259, 4.565]**
	Black[a]	-2.831	1.705	2.757	.097	.059	[.002, 1.667]
	Latino[a]	.079	1.552	.003	.959	1.082	[.052, 22.648]
	Black[b]	-2.910	2.049	2.017	.156	.054	[.001, 3.022]
	Black[a] x Static-99R	.656	.398	2.715	.099	1.926	[.883, 4.201]
	Latino[a] x Static-99R	.010	.372	.001	.978	1.010	[.487, 2.095]
	Black[b] x Static-99R	.645	.482	1.791	.181	1.906	[.741, 4.903]

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group; [c] Low Risk as reference group.

Hypothesis 4c: Moderating Effects of Race and Ethnicity on the Relation between Static-99R Total Score and Diagnoses

I used a series of hierarchical logistic regressions to determine if race/ethnicity moderated the relation between Static-99R Total Score and diagnoses, using the four diagnostic categories that comprised more than 5% of the total sample each: Personality Disorder, Psychotic Disorder, Paraphilic Disorder, Substance Use Disorder. To avoid potentially problematic high multicollinearity with the interaction terms, continuous variables were centered, and an interaction term was created between Static-99R scores

and dummy coded variables identifying race. Within each model, two variables were initially included: the Static-99R scores and the dummy coded variables for race/ethnicity. In the second step, the interaction term was entered into the regression model predicting a dichotomous diagnostic outcome (diagnosis is present versus not present; see Table 14).

Table 14

Moderating Effect of Race on Static-99R Total Score Predicting Diagnosis

Diagnosis	Variable	*B*	*SE*	Wald	*p*	Odds Ratio	95% CI for Odds Ratio
Personality Disorder	Constant[a]	-1.662	.279	35.493	.000	.190	
	Static-99R[a]	**.247**	**.076**	**10.617**	**.001**	**1.280**	**1.103, 1.485**
	Black[a]	-.850	.612	1.928	.165	.428	.129, 1.418
	Latino[a]	-.483	.662	.533	.465	.617	.168, 2.258
	Black[b]	-.366	.811	.204	.651	.693	.142, 3.396
	Black[a] x Static-99R	.221	.149	2.199	.138	1.247	.931, 1.671
	Latino[a] x Static-99R	.086	.174	.241	.624	1.089	.774, 1.533
	Black[b] x Static-99R	.136	.203	.447	.504	1.145	.770, 1.704
Psychotic Disorder	Constant[a]	-2.797	.456	37.683	.000	.061	
	Static-99R[a]	-.036	.141	.065	.799	.965	.732, 1.271
	Black[a]	.526	.732	.517	.472	1.692	.403, 7.100
	Latino[a]	.371	.822	.204	.652	1.449	.289, 7.258
	Black[b]	.155	.892	.030	.862	1.168	.203, 6.710
	Black[a] x Static-99R	.026	.206	.015	.902	1.026	.685, 1.537
	Latino[a] x Static-99R	-.001	.251	.000	.998	.999	.611, 1.635
	Black[b] x Static-99R	.026	.257	.010	.919	1.027	.621, 1.698
Paraphilic Disorder	Constant[a]	.479	.216	4.904	.027	1.615	
	Static-99R[a]	-.051	.064	.633	.426	.950	.839, 1.077
	Black[a]	**-1.276**	**.419**	**9.287**	**.002**	**.279**	**.123, .634**
	Latino[a]	-.337	.437	.595	.441	.714	.303, 1.682
	Black[b]	-.939	.523	3.230	.072	.391	.140, 1.089
	Black[a] x Static-99R	.055	.113	.233	.629	1.056	.846, 1.318
	Latino[a] x Static-99R	-.088	.131	.449	.503	.916	.709, 1.184
	Black[b] x Static-99R	.142	.148	.930	.335	1.153	.863, 1.540
Substance Use Disorder	Constant[a]	-1.677	.285	34.642	.000	.187	
	Static-99R[a]	.080	.080	.982	.322	1.083	.925, 1.267
	Black[a]	**-2.103**	**.871**	**5.831**	**.016**	**.122**	**.022, .673**
	Latino[a]	-.363	.653	.308	.579	.696	.193, 2.502
	Black[b]	-1.740	1.011	2.962	.085	.175	.024, 1.273
	Black[a] x Static-99R	.332	.182	3.341	.068	1.394	.976, 1.990
	Latino[a] x Static-99R	.029	.181	.026	.872	1.030	.722, 1.469
	Black[b] x Static-99R	.303	.230	1.729	.189	1.354	.862, 2.126

Note. Bolded numbers indicate a statistically significant result at the $p < .05$ threshold; [a] White as racial reference group; [b] Latino as racial reference group.

The model examining the relation between Static-99R scores and personality disorder diagnosis was significant and revealed a significant effect for Static-99R scores but not for race/ethnicity on diagnostic decisions, $\chi^2(5) = 35.329$, $p = .000$, Nagelkerke's $R^2 = .131$. Each additional point on the Static-99R increased the odds of receiving a personality disorder diagnosis by 28% ($p = .000$; 95% CI [1.103, 1.485]) when controlling for race.

In the model examining Static-99R scores, race, and paraphilic disorders, only race was a significant predictor of paraphilia diagnosis, $\chi^2(5) = 23.143$, $p = .000$, Nagelkerke's $R^2 = .080$. Holding Static-99R scores constant, the odds of receiving a paraphilic disorder diagnosis decreased by 72.1% for Black offenders compared to White offenders ($p = .002$; 95% CI [.123, .634]).

The model examining Static-99R scores and race in relation to psychotic disorder diagnosis was not significant. In the model examining Static-99R scores, race, and substance use disorders, only race was a significant predictor of a substance use disorder diagnosis, $\chi^2(5) = 12.798$, $p = .025$, Nagelkerke's $R^2 = .058$. Holding Static-99R scores constant, the odds of receiving a substance use disorder diagnosis decreased by 87.8% for Black offenders compared to White offenders ($p = .016$; 95% CI [.022, .673]).

Criterion Variable Analyses

In addition to testing the primary hypotheses concerning the moderating effects of race on PCL-R and Static-99R scores on behavioral abnormality findings, risk ratings, and diagnoses, exploratory analyses were conducted to examine variables (aside from race) that could potentially influence determinations made by evaluators. Of note, given the large number of exploratory chi-square analyses and regressions run, a *p*-value of less

than .01 was used to determine significance for the purposes of interpretation. The goal was originally to determine factors that had an effect on evaluator decision-making and then include those factors as covariates in the corresponding regression models when examining race/ethnicity as a potential moderator of each relation. However, because race was not shown to moderate the relation between PCL-R or Static-99R scores and any of the outcome variables, none of the criterion variables were entered as covariates in those models.

Variables Predicting Behavioral Abnormality Findings

Behavioral abnormality decisions across race can be examined in Table 15.

Table 15

Behavioral Abnormality Findings by Race

	Behavioral Abnormality Opinion		
Race	No	Yes	Total
White	101 (48.8%)	106 (51.2%)	207
Black	57 (57%)	43 (43%)	100
Latino	41 (60.3%)	27 (39.7%)	68

To determine which variables influenced clinicians' decisions regarding whether an offender met criteria for a behavioral abnormality, a series of preliminary univariate analysis were conducted. First, several chi-square tests of independence were performed to examine the relation between abnormality and the following variables: victim type, evaluator, the offender's relationship to his victim(s), victim(s) gender, and diagnosis of a personality disorder. Of the variables examined, the offender's relationship to his victims ($\chi^2(2) = 16.66$, $p = .001$, Cramer's $V = .212$), the victims' gender ($\chi^2(2) = 6.507$, $p = .039$, Cramer's $V = .132$), and diagnosis of a personality disorder ($\chi^2(2) = 71.611$, $p = .000$,

Cramer's V = .437) were significantly related to behavioral abnormality findings (see Table 16).

Table 16

Chi-Squared Analyses for Criminological and Study Variables and Behavioral Abnormality Findings

		Behavioral Abnormality Opinion				
Variable		No (n = 176)	Yes (n = 199)	χ^2	p	Cramer's V
Victim Age Type[a]	Children	99	85	2.48	.289	.082
	Adults	79	60			
	Combined	20	26			
Evaluator[b]	1	40	42	2.89	.235	.089
	2	88	61			
	3	70	67			
Victim Relationship[c]	Stranger	41	25	**16.66**	**.001**	**.212**
	Acquaintance	64	58			
	Family	**46**	**21**			
	Mixed	**47**	**68**			
Victim Gender[d]	Male	21	30	6.51	.039	.132
	Female	147	109			
	Combined	29	37			
Personality Disorder[e]	No	180	91	**71.61**	**.000**	**.437**
	Yes	19	85			

Note. Bolded numbers indicate a statistically significant difference at the $p < .01$ threshold. [a]n = 369, [b]n = 368, [c]n = 370, [d]n = 373, [e]n = 375.

Next, for those categorical variables that were identified as significantly related to behavioral abnormality findings, pairwise z-tests were used to determine which group(s) differed significantly in their relation. In examining the offender's relationship to his victim(s), offending against a family member indicated the offender was less likely to be categorized as having a behavioral abnormality (z = -1.9, p = .029), whereas offending against at least two different types of victims (i.e., stranger, acquaintance, family) indicated they were more likely to be categorized as having a behavioral abnormality (z =

2.0, p = .022). Being diagnosed with a personality disorder meant an offender was more likely to be assessed as having a behavioral abnormality (z = 5.2, p = .000).

Binary logistic regression was used to examine the effects of the following criminological and demographic variables on the likelihood that an offender was categorized as having a behavioral abnormality: number of index sexual charges, estimated IQ, age at first offense, age at evaluation, average victim age, youngest victim age, number of diagnoses (excluding personality disorders), and number of victims. The logistic regression model was statistically significant ($\chi 2(8) = 76.819$, p = .000). The model explained 28.4% (Nagelkerke R^2) of the variance in behavioral abnormality decisions and correctly classified 68.5% of cases. Of the eight predictor variables, only greater number of diagnoses (B = 1.205, p = .000) was statistically significant using a p-value cutoff of .01. Each additional diagnosis increased the odds of being labeled as having a behavioral abnormality by over three times (see Table 17).

Table 17

Binary Logistic Regression: Criminological and Demographic Variables Predicting Behavioral Abnormality Findings

Variable	*B*	SE	Wald	*p*	Odds Ratio	CI
Constant	-.416	.999	.173	.677	.660	
# Index sexual charges[a]	-.212	.087	5.942	.015	.809	[.682, .959]
Estimated IQ[b]	.004	.009	.195	.659	1.004	[.987, 1.021]
Age at first offense[c]	-.038	.018	4.305	.038	.963	[.929, .998]
Age at evaluation[d]	.000	.013	.000	.994	1.000	[.974, 1.027]
Average victim age[e]	-.010	.033	.093	.761	.990	[.928, 1.056]
Youngest victim age[e]	-.015	.038	.159	.690	.985	[.915, 1.061]
# Diagnoses (excluding PD)[f]	**1.205**	**.190**	**40.136**	**.000**	**3.337**	**[2.298, 4.844]**
Number of victims[g]	-.416	.115	4.019	.045	1.258	[1.005, 1.575]

Note. Bolded numbers indicate a statistically significant value at the $p < .05$ threshold. [a]n = 369, [b]n = 356, [c]n = 368, [d]n = 371, [e]n = 351, [f]n = 372, [g]n = 375.

Variables Predicting Risk Ratings

Risk decisions across race can be found in Table 18.

Table 18

Risk Categorization by Race

	Risk Categories			
Race	Low	Moderate	High	Total
White	110 (53.9%)	66 (32.4%)	28 (13.7%)	204
Black	50 (51.0%)	32 (32.7%)	16 (16.3%)	98
Latino	34 (50.0%)	24 (35.3%)	10 (14.7%)	68

To determine which variables influenced clinicians' decisions regarding offenders' risk level, a series of preliminary univariate analyses were conducted. First, several chi-square tests of independence were performed to examine the relation between risk level and the following variables: victim type, evaluator, the offender's relationship to his victim(s), victim(s) gender, and diagnosis of a personality disorder. Of the variables examined, evaluator ($\chi^2(2) = 39.954$, $p = .000$, Cramer's $V = .235$), the offender's relationship with his victim(s) ($\chi^2(2) = 39.255$, $p = .000$, Cramer's $V = .232$), and diagnosis of a personality disorder ($\chi^2(2) = 66.386$, $p = .000$, Cramer's $V = .424$) were significantly related to risk ratings.

Next, for those categorical variables that were identified as significantly related to risk level, pairwise *z*-tests were used to determine which group(s) differed significantly in their relation. Evaluator 1 was less likely to diagnose an offender as "low" risk ($z = -2.2$, $p = .014$) and more likely to label an offender as "high" risk ($z = 4.8$, $p = .000$), whereas Evaluator 2 was more likely to label an offender as "low" risk ($z = 1.8$, $p = .036$). Offending against a family member meant an offender was more likely to be labeled as "low" risk ($z = 3.4$, $p = .000$) and less likely to be labeled as either "moderate" ($z = -2.9$, p

= .002) or "high" risk (z = -2.1, p = .018). Offending against multiple victims with different types of relationships to the offender meant they were less likely to be labeled as "low" risk (z = -2.1, p = .018), and they were more likely to be labeled as "high" risk (z = 1.8, p = .036). Finally, being diagnosed with a personality disorder increased the odds of being labeled as "moderate" (z = 2.2, p = .014) or "high" risk (z = 4.9, p = .000), and it greatly decreased the odds of being labeled "low" risk (z = -4.4, p = .000). Not being given a personality disorder diagnosis was similarly impactful on risk ratings, as those offenders were more likely to be labeled "low" risk (z = 2.7, p = .003), and less likely to be labeled "high" risk (z = -3.0, p = .001). See Table 19 for a summary of findings related to criminological and study variables as they relate to risk ratings.

Table 19

Chi-Squared Analyses for Criminological/Study Variables and Risk Ratings

		Risk Level Opinion					
Variable		Low (n = 194)	Moderate (n = 122)	High (n = 54)	χ^2	p	Cramer's V
Victim Age Type[a]	Children	110	51	22	8.73	.068	.109
	Adults	59	52	24			
	Combined	23	15	8			
Evaluator[b]	1	28	**24**	**28**	**39.95**	**.000**	**.235**
	2	**95**	43	11			
	3	69	51	14			
Victim Relationship[c]	Stranger	27	24	13	**39.16**	**.000**	**.232**
	Acquaintance	67	41	13			
	Family	**55**	**8**	**3**			
	Mixed	**44**	46	**24**			
Victim Gender[d]	Male	27	19	5	1.44	.838	.044
	Female	134	81	38			
	Combined	32	22	11			
Personality Disorder[e]	No	**172**	76	**20**	**66.39**	**.000**	**.424**
	Yes	**22**	**46**	**34**			

Note. Bolded numbers indicate a statistically significant difference at the $p < .05$ threshold. [a]n = 364, [b]n = 363, [c]n = 365, [d]n = 369, [e]n = 370.

Multinomial logistic regression was used to examine the effects of the following criminological and demographic variables on the likelihood that an offender was categorized as "low" versus "medium" or "high" risk: number of index sexual charges, estimated IQ, age at first offense, age at evaluation, average victim age, youngest victim age, number of diagnoses (excluding personality disorders), and number of victims. The logistic regression model was statistically significant ($\chi^2(16) = 103.230$, $p = .000$). The model explained 32.3% (Nagelkerke R^2) of the variance in risk category decisions. When comparing between "low" and "medium" risk offenders, of the eight predictor variables, number of index sexual charges and number of victims were statistically significant using a p-value cutoff of .01. Fewer index sexual charges ($B =$ -.288, $p = .004$) and greater number of victims ($B = .358$, $p = .006$) resulted in in increased likelihood of an offender being rated as "medium" risk. In comparing "low" versus "high" risk offenders, only greater number of victims ($B = .437$, $p = .006$) increased the likelihood of an offender being categorized as "high" risk (see Table 20).

Table 20

Multinomial Logistic Regression: Criminological and Demographic Variables Predicting Risk Ratings

Risk	Variable	*B*	SE	Wald	*p*	Odds Ratio	95% CI for OR
Low	Constant	2.383	1.086	4.810	.028		
v.	**# Index sex charges[a]**	**-.288**	**.101**	**8.152**	**.004**	**.750**	**[.616, .914]**
Mod.	Estimated IQ[b]	-.012	.009	1.597	.206	.988	[.970, 1.007]
	Age at first offense[c]	-.017	.020	.778	.378	.983	[.946, 1.021]
	Age at evaluation[d]	-.037	.015	6.368	.012	.964	[.936, .992]
	Average victim age[e]	.023	.039	.351	.554	1.023	[.948, 1.104]
	Youngest victim age[e]	-.027	.043	.375	.540	.974	[.894, 1.060]
	# diagnoses (exc. PD)[f]	.254	.184	1.909	.167	1.289	[.899, 1.849]
	# Victims[g]	**.358**	**.131**	**7.474**	**.006**	**1.431**	**[1.107, 1.849]**

(Continued)

Risk	Variable	*B*	SE	Wald	*p*	Odds Ratio	95% CI for OR
Low v. High	Constant	4.566	1.566	8.503	.004		
	# Index sex charges[a]	-.061	.126	.234	.629	.941	[.735, 1.204]
	Estimated IQ[b]	-.040	.014	7.798	.005	.960	[.934, .988]
	Age at first offense[c]	-.050	.032	2.449	.118	.951	[.893, 1.013]
	Age at evaluation[d]	-.070	.022	10.146	.001	.932	[.893, .973]
	Average victim age[e]	.065	.048	1.813	.178	1.067	[.971, 1.174]
	Youngest victim age[e]	-.084	.057	2.154	.142	.919	[.821, 1.029]
	# diagnoses (exc. PD)[f]	1.121	.237	22.304	.000	3.069	[1.927,4.889]
	# Victims[g]	**.437**	**.160**	**7.485**	**.006**	**1.548**	**[1.132, 2.118]**

Note. Bolded numbers indicate a statistically significant value at the $p < .05$ threshold. [a]n = 369, [b]n = 356, [c]n = 368, [d]n = 371, [e]n = 351, [f]n = 372, [g]n = 375.

Variables Predicting Diagnoses

Diagnostic prevalence across race can be found in Table 21.

Table 21

Diagnosis by Race

Race	Personality Disorder Diagnosis		Total
	No	Yes	
White	152 (72.0%)	59 (28.0%)	211
Black	73 (70.9%)	30 (29.1%)	103
Latino	53 (75.7%)	17 (24.3%)	70
	Psychotic Disorder Diagnosis		
	No	Yes	
White	200 (94.8%)	11 (5.2%)	211
Black	93 (90.3%)	10 (9.7%)	103
Latino	65 (92.8%)	5 (7.1%)	70
	Paraphilic Disorder Diagnosis		
	No	Yes	
White	87 (41.2%)	124 (58.8%)	211
Black	70 (68.0%)	33 (32.0%)	103
Latino	39 (55.7%)	31 (44.3%)	70
	Substance Use Disorder Diagnosis		
	No	Yes	
White	172 (81.5%)	39 (18.5%)	211
Black	91 (88.3%)	12 (11.7%)	103
Latino	59 (84.3%)	11 (15.7%)	70

To determine which variables influenced clinicians' decisions regarding offenders' diagnoses, a series of preliminary univariate analysis were conducted. First, several chi-square tests of independence were performed to examine the relation between diagnoses (personality disorder, psychotic disorder, paraphilic disorder, and substance use disorder) and the following variables: victim type, evaluator, the offender's relationship to his victim(s), victim(s) gender, and diagnosis of a personality disorder (see Table 22). Victim type ($\chi^2(2) = 11.186$, $p = .004$, Cramer's $V = .172$) and evaluator ($\chi^2(2) = 81.500$, $p = .000$, Cramer's $V = .466$) both significantly differentiated between whether an offender was diagnosed with a personality disorder. All four variables, victim type ($\chi^2(2) = 40.743$, $p = .000$, Cramer's $V = .328$), evaluator ($\chi^2(2) = 37.885$, $p = .000$, Cramer's $V = .318$), the offender's relationship to his victim(s) ($\chi^2(2) = 22.623$, $p = .000$, Cramer's $V = .244$), and victim(s) gender ($\chi^2(2) = 23.464$, $p = .000$, Cramer's $V = .248$), significantly differentiated between whether an offender was diagnosed with a paraphilic disorder. Only evaluator significantly differentiated between whether an offender was diagnosed with a substance use disorder ($\chi^2(2) = 45.756$, $p = .000$, Cramer's $V = .349$). Further, none of the criminological or study variables significantly predicted diagnosis of a psychotic disorder. As such, neither category was included in Table 22 for readability purposes.

Table 22

Chi-Squared Analyses for Criminological and Study Variables and Diagnoses

Variable		Personality DO		χ^2	*p*	Cramer's *V*
		No (n = 278)	Yes (n = 106)			
Victim Age Type	Child	148	**36**	**11.186**	**.004**	**.172**
	Adult	93	**52**			
	Combination	34	15			

(Continued)

Variable		Personality DO		χ^2	*p*	Cramer's *V*
		No (n = 278)	Yes (n = 106)			
Evaluator	1	**50**	**38**	**81.500**	**.000**	**.466**
	2	**147**	**3**			
	3	**75**	**62**			
Victim Relationship	Stranger	43	24	10.939	.012	.170
	Acquaintance	95	32			
	Family	60	10			
	Mixed	77	39			
Victim Gender	Male	42	9	3.166	.205	.091
	Female	186	79			
	Combination	48	18			

Variable		Paraphilic Disorder		χ^2	*p*	Cramer's *V*
		No (n = 196)	Yes (n = 188)			
Victim Age Type	Child	**68**	**116**	**40.743**	**.000**	**.328**
	Adult	**104**	**41**			
	Combination	21	28			
Evaluator	1	36	52	**37.885**	**.000**	**.318**
	2	**56**	**94**			
	3	**98**	**39**			
Victim Relationship	Stranger	**51**	**16**	**22.623**	**.000**	**.244**
	Acquaintance	64	63			
	Family	28	42			
	Mixed	51	65			
Victim Gender	Male	**11**	**40**	**23.464**	**.000**	**.248**
	Female	154	111			
	Combination	31	35			

Note. Bolded numbers indicate a statistically significant difference at the $p < .05$ threshold.

Next, for those categorical variables that were identified as significantly related to risk level, pairwise z-tests were used to determine which group(s) differed significantly in their relation. Having only child victim(s) decreased the odds of an offender being diagnosed with a personality disorder ($z = -2.0$, $p = .023$), whereas having only adult victim(s) increased those odds ($z = 2.0$, $p = .023$). Evaluator 1 was more likely to diagnose a personality disorder ($z = 2.8$, $p = .003$) than not ($z = -1.7$, $p = .045$), as was Evaluator 3 (Yes: $z = -2.4$, $p = .008$; No: $z = 4.0$, $p = .000$). The opposite was true for Evaluator 2, who was more likely to not diagnose an offender with a personality disorder ($z = 3.7$, p= .000) than to provide a personality disorder diagnosis ($z = -6.0$, $p = .000$).

Offending only against child(ren) increased the odds of being diagnosed with a paraphilia and decreased the odds of not receiving a paraphilia diagnosis in equal measure (Yes: z = 2.7, p = .003; No: z = -2.7, p = .003). The odds of being diagnosed with a paraphilia decreased for those who offended exclusively against adult(s) (z = -3.6, p = .000) and increased for those who did not (z = 3.5, p = .000). Evaluator 2 was more likely to provide a paraphilia diagnosis (z = 2.3, p = .011) than not (z = -2.3, p = .011), whereas Evaluator 3 was less likely to provide a paraphilia diagnosis (z = -3.5, p = .000) than not (z = 3.4, p = .000). Offending against only stranger(s) decreased the odds of being diagnosed with a paraphilia diagnosis and increased the odds of not receiving this diagnosis in equal measure (Yes: z = -2.9, p = .002; No: z = 2.9, p = .002). Offending against only male victim(s) increased the likelihood of receiving a paraphilia diagnosis and decreased the chances of not receiving this diagnosis in equal measure (Yes: z = 3.0, p = .001; No: z = -3.0, p = .001). Finally, Evaluator 1 was more likely to diagnose a substance use disorder (z = 2.5, p = .006), as was Evaluator 3 (z = 3.0, p = .001). Evaluator 2 was less likely to diagnose a substance use disorder (z = -4.8, p = .000) and more likely to not provide this diagnosis (z = 2.1, p = .018).

Binary logistic regression was used to examine the effects of the following criminological and demographic variables on the likelihood that an offender was categorized as having a specific diagnosis (personality disorder, psychotic disorder, paraphilic disorder, and substance use disorder): number of index sexual charges, estimated IQ, age at first offense, age at evaluation, average victim age, youngest victim age, and number of victims. The logistic regression model examining these variables in relation to personality disorder diagnosis was statistically significant ($\chi 2(7) = 26.148$, p =

.000). The model explained 11.3% (Nagelkerke R^2) of the variance in whether or not an individual was diagnosed with a personality disorder and correctly classified 74.3% of cases. Of the seven predictor variables, fewer number of index sexual charges (B = -.298, p = .006) was statistically significant using a p-value cutoff of .01. The model examining these variables and their association with a paraphilic disorder diagnosis was also significant ($\chi 2(7) = 88.563$, p = .000). Only minimum victim age was statistically significant as a predictor of a paraphilia diagnosis; the older an offender's youngest victim was, the less likely they were to be diagnosed with a paraphilia (B = -.113, p = .009). The models examining the effects of these seven variables on diagnosis of either a psychotic disorder or substance use disorder were not significant; these diagnoses were not included in Table 23 for readability purposes.

Table 23

Binary Logistic Regression: Criminological and Demographic Variables Predicting Diagnosis

Diagnosis	Variable	*B*	SE	Wald	*p*	OR	CI
Personality Disorder	Constant	1.540	1.014	2.306	.129	4.663	
	# Index sex charges[a]	**-.298**	**.110**	**7.418**	**.006**	**.742**	**[.599, .920]**
	Estimated IQ[b]	-.016	.009	2.740	.098	.985	[.967, 1.003]
	Age 1st offense[c]	-.010	.020	.257	.612	.990	[.952, 1.029]
	Age at evaluation[d]	-.022	.014	2.532	.112	.978	[.951, 1.005]
	Avg.victim age[e]	.004	.032	.017	.897	1.004	[.944, 1.068]
	Youngest vic. age[e]	.009	.036	.069	.793	1.010	[.941, 1.084]
	Number of victims[f]	.229	.104	4.875	.027	1.257	[1.026, 1.541]
Paraphilic Disorder	Constant	-1.721	.989	3.028	.082	.179	
	# Index sex charges[a]	.181	.089	4.163	.041	1.198	[1.007, 1.426]
	Estimated IQ[b]	.008	.009	.926	.336	1.008	[.991, 1.026]
	Age 1st offense[c]	.015	.018	.692	.406	1.015	[.979, 1.053]
	Age at evaluation[d]	.029	.014	4.632	.031	1.030	[1.003, 1.057]
	Avg. victim age[e]	-.032	.035	.875	.350	.968	[.904, 1.036]
	Youngest vic. age[e]	**-.113**	**.043**	**6.774**	**.009**	**.893**	**[.820, .972]**
	Number of victims[f]	.154	.110	1.952	.162	1.166	[.940, 1.447]

Note. Bolded numbers indicate a statistically significant value at the $p < .05$ threshold. [a]n = 369, [b]n = 356, [c]n = 368, [d]n = 371, [e]n = 351, [f]n = 375.

CHAPTER V

Discussion

Racial disparities are evident in multiple facets of the criminal justice and mental health systems; several scholars have suggested that these disparities have impacted risk assessment generally, as well as measures typically used during the risk assessment process. Critics of risk assessment suggest that, although race and ethnicity are omitted from these measures, certain risk factor items commonly included are "proxies" for minority race (Harcourt, 2015). If true, it stands to reason that PCL-R and Static-99R scores are fundamentally tainted by their creation within systems that have been driven historically by the systemic oppression of minorities. The aim of this study was to examine the extent to which this is true for SVP evaluations, which generally require evaluators to use such measures to make decisions regarding behavioral abnormality findings, risk ratings, and diagnoses. Though there is some research available on the factors that contribute to evaluator decision-making in SVP evaluations (Boccaccini et al., 2019), and research has been done on racial differences in SVP commitment decisions (Deming, 2007; Boccaccini et al., 2009; Lee et al., 2020; Lockhart et al., 2021), little is known about the interactions between race and risk measure scores in predicting evaluator decisions. This study expands upon the findings in these aforementioned studies by providing a multimethod examination of the role race/ethnicity plays in scoring of risk measures and their subsequent relation to ultimate decisions made by SVP evaluators.

A primary goal of this study was to examine PCL-R and Static-99R score differences across ethnicity. Consistent with past research, Black offenders scored higher

on the PCL-R Total than did White or Latino offenders, but there were no differences across race for Static-99R Total scores. This speaks to the robust nature of the Static-99R, which has been deemed less vulnerable to subjective scoring compared to other measures commonly used in risk assessment. Indeed, the Static-99R is a more structured instrument that permits less subjective clinical judgment than the PCL-R—Murrie and Boccaccini (2015) noted that the PCL-R was more susceptible to allegiance effects (i.e., experts' decision making after they begin work on a case). Thus, it stands to reason that less subjective measures would be less affected by *any* potential evaluator biases, including conscious or unconscious racial biases. In examining the Static-99R individual items across race, there were several results consistent with our hypotheses. Specifically, White offenders were more likely to offend against a male victim whereas Black offenders were more likely to offend against a stranger victim. This is consistent with numerous studies that have shown White sexual offenders to be more likely to commit crimes involving non-conventional sexual behavior compared to their Black counterparts. Unsurprisingly, then, when holding Static-99R scores constant, White offenders were more likely to be found to have a behavioral abnormality and be diagnosed with a paraphilic disorder than Black or Latino offenders. Black offenders were more likely to receive a point on the Static-99R item assessing prior non-sexual violence, which is in line with Harcourt's (2015) "proxy" theory.

Though PCL-R Total scores differed for White and Black offenders, the effect was small in comparison to the medium effect size for differences on the PCL-R Facet 4, on which Black offenders scored higher than White offenders. This is consistent with our first hypothesis that PCL-R scores most aligned with "proxy" items would be associated

with higher scores for minority offenders, though this was only true for Black offenders but not their Latino counterparts. As a reminder, PCL-R Facet 4 scores represent the antisocial facet of psychopathy, including juvenile delinquency, early behavioral problems, revocation of conditional release, and criminal versatility. In examining several of these components, it is easy to see how systemic racial disparities in the criminal justice system could contribute to differences in scoring on the PCL-R Facet 4 across race. For example, overall arrest rates for Black youth are higher than for White youth (Brame, Bushway, Paternoster, & Turner, 2014), and schools with higher proportions of minorities are more punitive and minorities tend to be arrested more (Payne & Welch, 2015). Homer and Fisher (2020) found that the association between arrest rate and police presence was significantly higher for Black than either White or Hispanic students—the authors hypothesized this may have been due to implicit biases in school police and others responsible for determining student discipline. Thus, that bias then has a ripple effect on future scoring on the PCL-R item assessing juvenile delinquency. In our sample, Black offenders (M = .95, SD = .90) scored significantly higher on this item than White offenders (M = .69, SD = .85), though the effect size for this difference was small (p = .048, Cohen's d = .29).

Interestingly, in examining parole revocation patterns across race, Henry (2021) found that Latino parolees were the most likely to receive punitive outcomes (i.e., intermediate sanction or parole revocation), in comparison to Whites, whereas Blacks were less likely to receive these outcomes. The author hypothesized that this was not because Black parolees are treated more leniently than whiles; instead, she argued that past research has suggested that police may be more willing to arrest minorities even

when evidence is insufficient for processing, which has resulted in increased dismissals of charges for Black and Latino defendants pretrial in comparison to Whites. She wrote that a similar process might be in play for parole charging decisions, in which parole boards may find violations of Black parolees to be less substantiated and therefore choose to dismiss or remain under community decisions. Of note, there were no significant differences across race for the corresponding item of the PCL-R—revocation of conditional release.

It stands to reason that each individual item on the PCL-R Facet 4 scale, and each item of the PCL-R generally, is uniquely affected by race in one way or another, though the extent to which these differences affect scoring likely differs across items as well. Factor 4 items appear to be uniquely affected by race, particularly in comparing White and Black offenders. In our study, in addition to the juvenile delinquency item, the items for poor behavioral controls and criminal versatility also differed by race, with Black offenders scoring higher than Whites on each. Only the differences on the item for poor behavioral controls had a medium effect size (Cohen's d = .55), compared to a small effect for criminal versatility (Cohen's d = .29). This was the single greatest contributor to differences between Black and White offender scores on the PCL-R Factor 4. Poor behavioral control refers to violent, damaging or reactionary behavior that is not controlled, such as expressions of irritability, annoyance, impatience, threats, aggression and verbal abuse, inadequate control of anger and temper, and acting hastily, even when the consequences may be harmful to them personally (Hare, 2003). Research has shown that mental health clinicians may perceive Black patients as being more violent than

White patients who engage in similar behavior (Whaley, 1988; McMaster et al., 2021), which sheds light onto how this item could be affected by unconscious racial bias.

We hypothesized that race would not moderate the relation between PCL-R scores and behavioral abnormality findings, as we expected similar rates for behavioral abnormality findings across race. However, we also suspected that behavioral abnormality findings would be driven by differing diagnoses depending on race. Our initial assumption was met, and criterion variable analysis later revealed that having a personality disorder, offending against mixed victim types, and having multiple diagnoses were factors most associated with being labeled as having a behavioral abnormality. Interestingly, of the 106 White offenders who were found to have a behavioral abnormality, 44% were diagnosed with a personality disorder, whereas 83% were diagnosed with a paraphilic disorder. For Black offenders, 65% of the 43 found to have a behavioral abnormality were diagnosed with a personality disorder versus 49% who were diagnosed with a paraphilic disorder. Finally, for Latino offenders, of the 27 found to have a behavioral abnormality, 40.7% were diagnosed with a personality disorder versus 81.5% who were diagnosed with a paraphilic disorder. Essentially, White and Latino offenders received a behavioral abnormality label by way of paraphilic behavior whereas Black offenders received this label by way of personality disordered behavior. Nearly every domain of the PCL-R, with the exception of Facet 1 (interpersonal), contributed to behavioral abnormality findings, but race had a unique effect on PCL-R Total and Facet 4 scores and behavioral abnormality findings. Black offenders who scored higher on the PCL-R Total were less likely than White offenders with comparable scores to receive a behavioral abnormality finding. Further, White

offenders who scored higher on the PCL-R Facet 4 were considerably more likely than Latino offenders with similar scores to be found to have a behavioral abnormality. As PCL-R Facet 4 scores are most associated with antisocial personality disorder diagnoses, perhaps these findings are due to a compounding effect of diagnoses. For White offenders, who were already more likely to exhibit paraphilic behavior than either Latino or Black offenders, any addition of antisocial behaviors to their presentation may have been viewed as particularly problematic for evaluators. Given the similarities in diagnoses for White and Latino offenders found to have a behavioral abnormality, it is unclear why PCL-R Facet 4 scores were not as meaningful within the Latino sample. Further research could be helpful in exploring the mechanisms driving these findings.

With respect to risk ratings, we only expected race to moderate the relation between PCL-R Facet 4 or Factor 2 scores and risk, with higher scores having a greater impact for Black offenders. We were correct in that race moderated the relation between PCL-R Factor 2 and Facet 4 scores and risk. However, this was only true when differentiating between low and moderate risk offenders, but not for differentiating between low and high risk offenders. Specifically, Latino offenders, who tended to score lower than either White or Black offenders on the PCL-R Factor 2, had to score significantly higher on this item to be considered moderate risk rather than low risk. For PCL-R Facet 4 scores, both Latino and White offenders had wider gaps between scores than did Black offenders when comparing the low and moderate risk groups. It seems that when making initial decisions between low versus moderate risk, but not low versus high risk, antisocial behavior made a difference for Latino and White offenders in how evaluators viewed them. For Black offenders, antisocial behavior, or lack thereof, did not

have this same impact on risk ratings. That is, because PCL-R Facet 4 scores were generally higher for Black offenders, even when a particular offender scored lower in this domain, this did not prompt evaluators to adjust their risk ratings accordingly—at least when that offender was straddling the line between low and moderate risk. When comparing low to high risk offenders, race had no effect on those risk ratings, so that benefit afforded to Latino and White offenders did not extend to situations in which the offender was clearly higher risk.

The relations between PCL-R scores and diagnoses were not moderated by race, but there were some interesting effects of race on paraphilia diagnosis that were in line with past research. Specifically, for PCL-R Total, Factor 2, and Facet 1, and Facet 4 scores in relation to paraphilias, there were effects for race when controlling for PCL-R scores. Specifically, Black offenders were significantly less likely to be diagnosed with a paraphilic disorder than White offenders, even when they had comparable PCL-R Total, Facet 1, or Facet 4 scores. Latino offenders were also less likely than White offenders to receive this diagnosis, even when they had comparable PCL-R Factor 2 or Facet 4 scores. Essentially, when a White offender demonstrated psychopathic traits, particularly antisocial traits and a socially deviant lifestyle, they were deemed more paraphilic than their minority counterparts. As noted previously, consistent with past research, White offenders were more likely to be diagnosed with a paraphilic disorder in general, apparently driven by offending against children and males at greater rates than their minority counterparts. Given that Black offenders scored higher on the PCL-R across all factors and facets, there was something about White offenders in particular who were more antisocial and led socially deviant lifestyles that led evaluators to view them as

especially paraphilic in their interests. Interestingly, those Latino offenders diagnosed with a paraphilic disorder scored much higher on the PCL-R Factor 2 compared to those who did not, whereas this was not the case for Black or White offenders. Perhaps the behavioral and antisocial components of psychopathy are particularly pronounced in Latino offenders diagnosed with a paraphilic disorder.

Our findings, consistent with past research, suggest that diagnoses and behavioral abnormality decisions are highly correlated, with personality disorders and paraphilic disorders as the primary diagnoses influencing positive behavioral abnormality findings. For White and Latino offenders, paraphilic disorders were most commonly the driving force for behavioral abnormality findings, whereas personality disorders were more important for Black offenders. Race had less of an impact on decisions pertaining to risk, which was more driven by the number of victims and offending against mixed victim types. Taken together, our findings suggest that even though the PCL-R may be susceptible to some unconscious (or conscious) racial bias, particularly Facet 4—which includes several "proxy" items to code for race—these differences in scoring do not impact evaluator decisions regarding behavioral abnormality decisions, risk ratings, or diagnoses. Instead, when a White offender demonstrates characteristics associated with these "proxy" items (i.e., higher PCL-R Facet 4 and Factor 2 scores), they are viewed in a particularly harsh light. Though already more likely to be diagnosed with a paraphilic disorder, White offenders with antisocial traits and socially deviant lifestyles may be seen as particularly paraphilic. This speaks to a different bias against those sexual offenders who offend against children, a group in which White offenders are more prevalent. Although White offenders appear to have advantages across numerous aspects of the

mental health and criminal justice systems, grace does not appear to be afforded to those who offend against children regardless of race. Scoring higher on "proxy" items in combination with paraphilic behavior seemed to be viewed as the most dangerous combination, as it merges the worst of both worlds—the aggression and violent histories often associated with minority race in tandem with paraphilic interests demonstrated more commonly by White offenders.

Our results lend support for the use of the Static-99R in SVP evaluations, as Static-99R scores appear to be minimally influenced by race or other outside biases. Although there is an argument to be made for racial bias in PCL-R scores, particularly Facet 4 scores, these differences in scoring do not appear to have a substantial influence on evaluator decision-making. Our findings are encouraging when considering racial bias in SVP evaluations, though they also point to bias against those who offend against children above and beyond those who offend against adults. Perhaps, then, these findings instead shed a light on gender rather than racial biases in evaluator decision-making. In our sample, of those who offended against children, 19% offended against only boys, 58% offended against only girls, and 22% offended against boys and girls. For those who offended against adults, only 5.5% offended against only men and only 13% offended against men and women. The vast majority of those who offended against adults—81.4%, acted exclusively against women. These findings raise questions about how evaluators perceive offenses against primarily adult women compared to offenses against children. It seems those who offend against adult women may be perceived as less likely to have a behavioral abnormality that makes them dangerous, unlike those who offend against children (likely by way of a paraphilia diagnosis). Though this makes sense on its

face, it still raises questions about what type of victims evaluators view as more "worthy" of protection.

Limitations and Future Directions

Finally, it is important to address limitations of the current study, suggest potential remedies, and introduce ideas for future projects. The current study only considered the evaluations of three evaluators in Texas, and thus cannot be generalized to all SVP evaluations across those states with SVP laws in the U.S. As noted previously, 20 of the 50 states have currently adopted SVP laws, and each has a specific state statute that details the requirements for the evaluation process to determine if an offender is likely to re-offend if released. Although these statutes likely have many similarities, some have differing definitions of a "mental abnormality" or "mental disorder," and there are differences between states regarding whether a personality disorder qualifies as such. Therefore, the evaluations examined in the current study completed in Texas used a specific definition of a behavioral abnormality that differs from other states' legislatures. Further, the SVP statute in Texas does not specifically address personality disorder, though Texas case law indicates that personality disorders are considered mental abnormalities sufficient to justify SVP commitment (DeMatteo et al., 2015). These differences between states make it so that the results of the current study cannot be generalized to SVP evaluations conducted in states with significantly different legislation, such as those that do not allow for the use of a personality disorder as a qualifying mental abnormality. As such, the current study should be considered one step in exploring the relations between race/ethnicity and evaluator decision making in SVP cases, and future research projects could help provide us with a broader picture.

Specifically, replicating this study in other states, as well as within evaluations completed by different evaluators in Texas, could be paramount in understanding how race impacts these evaluations nation-wide.

Another major difference between Texas' SVP statute is the requirement that the expert's assessment must be "based on testing for psychopathy, a clinical interview, and other appropriate assessments and techniques to aid the department in its assessment" (Tex. Health & Safety Code Ann. x 841.023(a)). Although Texas does not specify any specific method or procedure for assessing psychopathy, the PCL-R is the most commonly used measure, and the only measure used by the three evaluators in our study. Thus, the results of the current study likely do not generalize to states in which the evaluator is not required to assess for psychopathy, or in which different measures are utilized. Of note, even in cases in which an evaluator in Texas does not believe the PCL-R is clinically indicated, they are still required to assess psychopathy. This poses a limitation for the current study, in which there may have been cases in which the PCL-R was not clinically indicated but was used by the evaluator regardless due to the state statute. In these cases, the results of the PCL-R may not have been considered as strongly by the evaluator when making ultimate decisions, which could have had an immeasurable effect on our findings. Again, this suggests the need for replication of our study in states where the PCL-R or another measure of psychopathy is not required. This would allow for researchers to discern whether this requirement influences evaluator decision-making, and perhaps explore whether race has more of less of an effect on evaluator decision-making when psychopathy is not addressed or is only addressed when an evaluator believes it to be clinically indicated.

Another limitation of our study was the method by which the researchers involved collected the data. Several different coders scored evaluator reports using a common scoring form, but no interrater reliability analyses were conducted to ensure researchers were coding in a similar manner. However, the purpose of the study was to collect factual information from the reports themselves rather than interpret report findings subjectively. As such, the data collected was entirely objective in nature, thus reducing the need to consider interrater reliability.

Although each evaluation included PCL-R and Static-99 or Static-99R scores, not all reports included detailed scoring information. For example, some of the reports only included a PCL-R Total score, some included the PCL-R Total score and both PCL-R Factor scores but not the individual PCL-R Facet scores, and others included the PCL-R Total score, both Factor scores, and all four Facet scores. As such, some of this detailed information was missing for various cases and could not be included in analyses. Similarly, some reports only included the Static-99/R Total score but did not provide a table with scoring for each of the ten items. This limited some analyses to those reports in which this information was provided. Of note, there was no discernable pattern to which reports included scoring information versus those that did not.

Finally, the current study only examined the relation between race/ethnicity, scoring of the PCL-R and Static-99/R, and evaluator decision-making as it pertained to behavioral abnormality determinations, risk ratings, and diagnoses. The outcome of each individual case, such as whether the offender was committed as an SVP or the recidivism rates of those offenders who were ultimately released, was not known. Thus, although there is information gleaned from the study about the effects of race, evaluator risk-

measure scoring, and evaluator decision-making, we could not make conclusions about the effect these factors had on long-term outcomes. For future projects, if possible, I would like to explore the link between the variables in the current study and those long-term outcomes, including sexual and violent recidivism. Further, although PAI scores were available for a large portion of offenders, the current study focused exclusively on the PCL-R and Static-99/R scores in relation to evaluator decision making and race. I would like to conduct a similar study examining the relations between PAI scores, evaluator decision-making, and race.

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APPENDIX A

Coding Form

Coding Form for MDT Study

Case ID: _____ **Age:**_____ **Race/Ethnicity:** White Black Latino Other: _____

Present Offense(s): _____ **Evaluator:** _____

Date of Incarceration: _____ **Date of Eval:**_____ **IQ:** _____ **EA:** _____

Infractions: Total _____ SM _____ MA _____ MM _____ MI _____ FT _____ SA _____

SOTP at time of Eval? YES NO **Which SOTP Unit?** _____

Age of first Sex Offense: _____ **Total Number of Victims:** _____

Number of Kids: _____ **Number of Kids' Moms:** _____ **Number of Sexual Partners:** _____

Victim	Offense Date	Gender	Age	Relationship			Kinship		
Vic 1		M F		Str	Acq	Fam	N/A	Blood	Non-Blood
Vic 2		M F		Str	Acq	Fam	N/A	Blood	Non-Blood
Vic 3		M F		Str	Acq	Fam	N/A	Blood	Non-Blood
Vic 4		M F		Str	Acq	Fam	N/A	Blood	Non-Blood
Vic 5		M F		Str	Acq	Fam	N/A	Blood	Non-Blood

PCL-R	
1. _____	11._____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____
Total Score:	_____
Factor 1:	_____
Factor 2:	_____
Factor 3:	_____
Factor 4:	_____

Static-99R

Age at release: _____

Lived with partner: _____

Index violence: _____

Prior violence: _____

Prior SO: _____

Sentence dates: _____

Non-contact SO: _____

Unrelated victim: _____

Stranger victim: _____

Male victim: _____

Total: _____

PAI			
ICN:	_____	BOR:	_____
INF:		ANT:	
NIM:		ALC:	
PIM:		DRG:	
SOM:		AGG:	
ANX:		SUI:	
ARD:		STR:	
DEP:			
MAN:			
PAR:			
SCZ:			

Diagnoses

_____

_____

_____

_____

Summary Risk Opinion: _____ **BA Opinion:** _____

APPENDIX B

Static-99R Scoring Sheet

Static-99R Scoring Sheet

Name: _____ Date: _____

TDCJ No.: _____

Item	Risk Factor	Coding		Score
1.	Age at release	18 – 34.9		1
	DOB:	35 – 39.9		0
		40 – 59.9		-1
	DOR:	60+		-3
2.	Lived with intimate partner for two years	YES		0
		NO		1
3.	Index non-sexual violence—any convictions	NO		0
		YES		1
4.	Prior nonsexual violence—any convictions	NO		0
		YES		1
5.	Prior sex offenses	Chrg	Conv	
		0	0	0
		1-2	1	1
		3-5	2-3	2
		6+	4+	3
6.	Prior sentencing dates	3 or less		0
		4 or more		1
7.	Non-contact sex offenses—any convictions	NO		0
		YES		1
8.	Any unrelated victims	NO		0
		YES		1
9.	Any stranger victims	NO		0
		YES		1
10.	Any male victims	NO		0
		YES		1
		TOTAL		

Static-99R Risk Outcomes			
-3 & -2	Very Low	Relative Risk:	
-1 & 0	Below Average		
1 – 3	Average	Recidivism Rate (95% CI):	
4 & 5	Above Average		
6 – 10+	Well Above Average	Texas Recidivism Rate (95% CI):	

VITA

CURRICULUM VITAE

Samantha Holdren, M.A.
Department of Psychology and Philosophy
Sam Houston State University
Huntsville, TX 77341

EDUCATION

Candidate Expected 2022 — **Doctor of Philosophy (Clinical Psychology, Forensic Emphasis)**
Sam Houston State University – Huntsville, Texas
Dissertation: Offender Race and Clinician Decision-Making in Sexually Violent Predator Evaluations
Co-Chairs: Marcus Boccaccini, Ph.D. & Jorge Varela, Ph.D.

May 2016 — **Master of Arts, Forensic Psychology**
John Jay College of Criminal Justice – New York, NY
Thesis: Efficacy of Treatment Options for Offenders with Psychopathy: Attitudes, Beliefs, and Opinions of Forensic Mental Health Professionals
Chair: Elizabeth Jeglic, Ph.D.

May 2012 — **Bachelor of Arts, Psychology (Magna Cum Laude)**
Bachelor of Science, Criminal Justice (Cum Laude)
California State University, Long Beach – Long Beach, CA
Study Abroad: Introduction to Forensic Science & Comparative Forensic Sciences, University of Leicester – Leicester, United Kingdom (Summer 2009)

SUPERVISED CLINICAL EXPERIENCE

08/2021 – 07/2021 — **Pre-Doctoral Intern**
Oregon State Hospital – Salem, OR

- Complete two 6-month dual-major rotations in neuropsychology/ geropsychology and Forensic Evaluation Services (FES)/Risk Assessment
- Conduct in depth clinical neuropsychological evaluations among individuals with a range of neurological and neurodevelopmental disorders, including traumatic brain injury, dementias, neurosyphilis, autism, epilepsy, multiple sclerosis, and Parkinson's disease.
- Serve as a unit psychologist on the Springs Program, which mainly serves people 55 and older who have been civilly committed or voluntarily committed by a guardian. Many patients experience co-

occurring mental and physical illnesses that often require hospital-level care for dementia or organic brain injuries.
- Ψ Complete at least one forensic evaluation per week on the FES rotation, including evaluations of competency, responsibility, and diminished capacity.
- Ψ Carry a caseload of two Sexual Offender Treatment Program (SOTP) individual clients and complete at least two psychosexual evaluations.
- Ψ Complete risk assessments of individuals under the Psychiatric Security Review Board having previously been found Guilty Except for Insanity and requesting conditional release.

Population: Adult and geriatric inpatients with severe mental illness and/or cognitive/neuropsychological impairment hospitalized for voluntary and involuntary commitment, competency restoration, guilty except for insanity (GEI).

Supervisors: Dr. Kristopher Thomas, Dr. Sabine Hyatt, and Dr. Molly Shepard, Dr. Kimberly Rideout

05/2018 – 06/2019 **Practicum Student: Individual and Group Therapist, Evaluator**
Walker County Adult Probation Department – Huntsville, TX

- Ψ Conduct psychodiagnostic evaluations including achievement, cognitive, neuropsychological screening, and personality measures as well as substance abuse evaluations including clinical interviews and the Addiction Severity Index
- Ψ Provide voluntary and mandated, individual, evidence-based psychotherapy and substance use treatment including Assertiveness Training, Cognitive Behavior Therapy, Cognitive Processing Therapy, components of Dialectical Behavior Therapy, Motivational Interviewing, and supportive counseling
- Ψ Co-facilitate court-mandated, manualized anger management groups
- Ψ Consulted with probation officers regarding mental health needs of probationers as well as crisis intervention

Population: Ethnically diverse, male and female adults on probation for felony and misdemeanor charges in several rural counties

Supervisor: Wendy Elliott, Ph.D., ABPP

12/2017 - Present **Assistant Forensic Evaluator**
Psychological Services Center at Sam Houston State University – Huntsville, TX

- Ψ Conduct court-ordered pre-trial evaluations (i.e. competency to stand trial and mental state at the time of the offense for adults; fitness to proceed and criminal responsibility for juveniles)
- Ψ Consult with supervisors to formulate psycholegal opinions in accordance with state statutes

- Ψ Co-author forensic evaluation reports for the court including psycholegal opinion and treatment recommendations

Population: Ethnically diverse, male and female, adults and adolescents involved in the justice system in rural counties; conducted in jails or outpatient clinic

Supervisors: Mary Alice Conroy, Ph.D., ABPP; Wendy Elliott, Ph.D., ABPP; Darryl Johnson, Ph.D.

08/2017 - Present **Practicum Student: Individual Therapist & Evaluator**
Psychological Services Center at Sam Houston State University – Huntsville, TX

- Ψ Provide individual evidence-based interventions including Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), components of Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), Schema Therapy, Interpersonal Therapy, and supportive counseling
    - Conduct intake evaluations and authored intake reports
    - Formulate detailed treatment plans and monitor treatment goals
    - Engage in suicide risk assessment and prevention
- Ψ Conduct comprehensive assessments utilizing methods such as clinical and collateral interviews, intelligence and achievement testing, personality and psychopathology testing, and neuropsychological testing
    - Author comprehensive, integrated reports
    - Communicate assessment results and recommendations to clients

Population: A diverse, low-income, multi-ethnic population of adolescents and adults with diagnoses including serious mental illness, substance use history, mood and anxiety disorders, personality disorders, family, and academic stress

Supervisors: Craig Henderson, Ph.D., Darryl Johnson, Ph.D., Mary Alice Conroy, Ph.D., ABPP, Chelsea Ratcliff, Ph.D., Temilola Salami, Ph.D. & Jorge Varela, Ph.D.

02/2016 – 05/2016 **Psychology Extern: Individual & Group Therapist**
Kirby Forensic Psychiatric Center – New York, NY

- Ψ Co-lead weekly competency restoration and forensic issues groups, along with Dialectical Behavioral Therapy (DBT) group therapy
- Ψ Conduct individual supportive counseling
- Ψ Attending weekly multi-disciplinary treatment team meetings and supervision seminars on a wide variety of topics, including art therapy, assessment of psychopathy, and competency evaluations

Population: Adult inpatients with severe mental illness hospitalized for voluntary and involuntary commitment, competency restoration, not guilty by reason of insanity (NGRI)

Supervisor: Cynthia Scheuer, Ph.D.

ADDITIONAL CLINICAL/PROFESSIONAL EXPERIENCE

07/2020 – 07/2021 **Graduate Student Educator: Implicit Bias and Beyond Police Officer Training**
Conroe Police Department – Conroe, TX

- Ψ Created curriculum and presented to law enforcement on topics including implicit bias, emotion regulation, empathy, in-group/outgroup bias, normative social influence, and attitudinal change
- Ψ Collaborated with a multidisciplinary team including members of the police department and psychologists from various disciplines to develop relevant and meaningful content for presentation

Supervisor: Darryl Johnson, Ph.D.

10/2019 - Current **Remote Trial Consultant, Scientific Resources for the Law (SRL)**
Department of Psychology and College of Law, University of Nebraska-Lincoln , Lincoln, NE

- Ψ Provide research and support services to trial consultants throughout all steps of a trial, including the pre-trial planning stages through the research and review post-trial stage
- Ψ Conduct social media research to assist in jury selection and voir dire
- Ψ Assist with pre-trial litigation strategy

Supervisors: Casey Tisdale, M.A., Joshua Haby, M.A., MLS, & Eve Brank, J.D., Ph.D.

05/2019 – 06/2019 **Graduate Student Educator: Mental Health Peace Officer Training**
Conroe Police Department – Conroe, TX

- Ψ Assist with the development of a standardized training protocol to be approved by *Texas Commission on Law Enforcement (TCOLE)* for future training purposes
- Ψ Present lectures on topics relevant to law enforcement officers working with individuals with mental health diagnoses, including suicide risk assessment, multi-cultural issues, psychopathology, and de-escalation techniques
- Ψ Participate in role-play exercises with officers illustrating how to effectively communicate with individuals with mental illness in the community

Supervisors: Darryl Johnson, Ph.D. & Wendy Elliot, Ph.D., ABPP

09/2014 – 05/2015 **Professional Advisor: Circles of Support & Accountability Project, Sex Offender Research Lab (SORL) Pilot Study**

John Jay College of Criminal Justice – New York, NY

- Act as a professional advisor to recently released sexual offenders, providing weekly supportive counseling sessions, assessment of basic needs (social support, housing, prosocial activities, government assistance etc.), and psychoeducation to improve community reintegration
- Collect data, via Life Satisfaction Survey, on progress of offenders' development and effectiveness of the project for future research purposes

Population: Primarily low-income, multi-ethnic adult males on parole for sexual offenses

Supervisors: Cynthia Caulkins, Ph.D. & Elizabeth Jeglic, Ph.D.

11/2013 – 07/2014 **Trauma Intervention Volunteer**

Trauma Intervention Programs, Inc. – Vista, CA

- Respond to the site of traumatic incidents, including suicides, accidental and unexpected deaths, sexual assaults, school and community shootings, and natural disasters, at the request of police, fire and hospital personnel
- Provide emotional aid and practical support to victims of traumatic events and their families in the first few hours following a tragedy

Population: A diverse, urban community population consisting of adult, adolescent, and child clientele

08/2012 – 08/2014 **Mental Health Milieu Manager/Administrative Assistant**

Western Medical Center Anaheim – Anaheim, CA

- Participate in multi-disciplinary treatment team meetings, behavioral interventions, and treatment plan review
- Facilitate group activities on a variety of topics, including stress management, creative expression, exercise and health, goal setting, socialization, etc.
- Manage patient-to-patient and patient-to-staff interactions with a goal of reducing patient falls, assaults, and AWOLs

Population: Adults with severe mental illness hospitalized for voluntary or involuntary commitment in an acute inpatient psychiatric facility

12/2010 – 02/2013 **Sexual Assault Crisis Counselor**
Community Services Programs, Inc. - Santa Ana, CA

- Ψ Provide emotional support, psychoeducation, and crisis intervention as needed via a telephone hotline for victims of sexual assault and their loved ones
- Ψ Accompany victims of rape and sexual assault during medical evidentiary examinations directly following the event, serving as a liaison between the victim, police, and medical staff

Population: A diverse, urban community population consisting of adult, adolescent, and child clientele

SUPERVISORY EXPERIENCE

05/2020 – 08/2020 **Peer Supervisor: Introduction to Doctoral Practicum (PSYC 8382)**
Department of Psychology & Philosophy at Sam Houston State University – Huntsville, TX

- Ψ Serve as a weekly mock therapy virtual client for students whose training had been impacted by COVID-19, portraying a multitude of clients and allowing for development of suicide risk assessment skills
- Ψ Provide feedback on basic counseling skills to students
- Ψ Review and provided feedback on materials for the Capstone comprehensive exam

Supervisor: Mary Alice Conroy, Ph.D.

08/2019 – 05/2020 **Peer Supervisor: Capstone Practicum (PSCY 8381)**
Department of Psychology & Philosophy at Sam Houston State University – Huntsville, TX

- Ψ Co-facilitate supervisions sessions of second-year doctoral students with licensed staff psychologist
- Ψ Review therapy and assessment session videos with supervisee and provided feedback on clinical documentation, case materials, and integrated reports
- Ψ Review and provided feedback on materials for the Capstone comprehensive exam

Supervisor: Craig Henderson, Ph.D.

TEACHING EXPERIENCE

Spring 2021 **Instructor of Record: Human Sexuality (PSYC 3334) – Online Course**
Department of Psychology & Philosophy at Sam Houston State University – Huntsville, TX

- Developed and served as an instructor for an online course of 32 undergraduates
- Created virtual lecture materials and weekly written assignments, created exams, and graded all materials in a timely manner.
- Held office hours virtually as needed.

Course effectiveness evaluation: 4.9 out of 5

Supervisor: Tiffany Russell, Ph.D.

Fall 2017 – Spring 2018 **Instructor of Record: Introduction to Psychology (PSYC 1301)**
Department of Psychology & Philosophy at Sam Houston State University – Huntsville, TX

- Developed and served as an instructor for a course of 170 undergraduates
- Presented weekly lectures, created and administered exams, worked with students to enhance their foundational understanding of psychology
- Held office hours and optional review sessions for undergraduates to ask additional questions and review materials

Course effectiveness evaluation: 4.6 (Fall); 4 (Spring) out of 5

Supervisor: Christopher Wilson, Ph.D.

01/2011 – 11/2011 **Academic Advisor**
Department of Psychology at California State University, Long Beach – Long Beach, CA

- Developed and facilitated student support workshops, including those for General Education, Major Exploration, and Application to Graduate School
- Informed students of stress management techniques, time planning tools, and the importance of organization
- Assisted students with planning semester schedules

LEADERSHIP/PROFESSIONAL DEVELOPMENT

08/2020 – 08/2021 **Clinical Liaison, American Psychology-Law Society (AP-LS) Student Committee**
American Psychology-Law Society (APA Division 41)

- Serve as the Student Committee representative for Student Affiliates of AP-LS with clinical interests
- Oversee student programming relevant to such clinically-focused students (e.g., internship resources; clinical post-doctoral resources)

- Attend virtual meetings with other elected student commented members from other institutions

08/2018 – 05/2019 **Student Reviewer, *Law and Human Behavior***
American Psychology-Law Society (APA Division 41)

- Review and critique submitted manuscripts for their scientific rigor and merit.
- Topics ranging from risk assessment to juror decision making.

08/2016 – Current **Student Member, Graduate Student Psychology Organization (GSPO)**
Department of Psychology & Philosophy at Sam Houston State University – Huntsville, TX

- Participate in GSPO general body meetings to collaborate professionally and promote unity in the SHSU psychology community
- Participate in GSPO social events, attend institutional panels, and attend guest lectures

RESEARCH EXPERIENCE

08/2016 – Current **Graduate Research Assistant**
Department of Psychology and Philosophy at Sam Houston State University – Huntsville, TX & the Houston County Public Defender's Office – Houston, TX

- Develop research projects, including conceptualization of theory, study format, and methodology, literature review, creation of proposals, development of IRB submissions, and execution of study methodology
- Code Sexually Violent Predator (SVP) evaluations using a standardized measure as part of a larger study on SVP cases and evaluation practices (Dissertation Project)
- Code Competency to Stand Trial evaluations using a standardized measure to assess the content, clarity, and effectiveness of the evaluation
- Assist in data collection for a project examining the difference in disclosures of sensitive information between in-person and videoconferencing interviews

Supervisor: Jorge Varela, Ph.D.

08/2016 – Current **Graduate Research Assistant**
Department of Psychology and Philosophy at Sam Houston State University – Huntsville, TX

- Attend collaborative lab meetings and provide research support to colleagues.

- Code peer reviewed articles and thesis documents using a standardized measure in order to establish inter-rater reliability for a meta-analysis

Supervisor: Marcus Boccaccini, Ph.D.

05/2018 – Current **Graduate Research Assistant**
Department of Psychology and Philosophy at Sam Houston State University – Huntsville, TX

- Complete neuropsychological testing on undergraduate research participants to assess decision making processes underlying sexually aggressive behavior
- Administer the Trail Making Test, Porteus Maze test, and the Wisconsin Card Sorting Task
- Develop research projects, including conceptualization of theory, study format, and methodology, literature review, and creation of proposals

Supervisor: Jaime Anderson, Ph.D.

10/2015 – 05/2016 **Graduate Research Assistant**
John Jay College of Criminal Justice – New York, NY

- Develop a coding protocol to collect information regarding crime scene characteristics and homicide offender behaviors
- Code FBI homicide case files using the developed protocol, noting the presence of "undoing behaviors" at crime scenes
- Conduct statistical analyses, contribute to writing of a manuscript for publication, and assist with the manuscript submission process

Supervisor: Louis B. Schlesinger, PhD

05/2015 – 05/2016 **Graduate Research Assistant: Investigative Psychology Research Unit (IPRU)**
John Jay College of Criminal Justice – New York, NY

- 8/15 – 05/16. Research Assistant on the Sex Offender Profiling (SOP) Project.
    - This project focused on risk assessment and behavioral components of serial sex offenders.
    - Tasks included coding behavioral crime scene and clinical risk assessment data from clinical files of sex offenders.
- 5/15 - 9/15. Research Assistant on the Homicide & Rape Profiling Index (HPI-R) Coding Project.
    - This project is linked to the John Jay College of Criminal Justice and FBI Behavioral Science Unit Collaborative Research Project
    - Tasks involved intensive training on the HPI to collect data from police case files

Supervisor: C. Gabrielle Salfati, PhD

09/2014 – 05/2016 **Follow-Up Study Coordinator: Psychopathy Research Lab**
John Jay College of Criminal Justice – New York, NY

- Ψ Manage the implementation of a follow-up study examining adaptive psychopathic traits in a sample of New York Police Department officers
- Ψ Edit manuscripts for future publication, developing research posters and presentations, and conducting literature reviews
- Ψ Creating online surveys through the Qualtrics system for study implementation
- Ψ Data entry and management

Supervisor: Diana Falkenbach, Ph.D

09/2014 – 05/2016 **Graduate Research Assistant: Sex Offender Research Lab (SORL)**
John Jay College of Criminal Justice – New York, NY

- Ψ Coordinate research participant sign-ups and run participants as part of a three year national study on campus sexual misconduct.
- Ψ Track recently released parolees for follow-up interviews regarding their prison experience, prison policy, and parole.
- Ψ Edit manuscripts for future publication.

Supervisors: Cynthia Calkins, Ph.D. & Elizabeth Jeglic, Ph.D.

09/2014 – 05/2015 **Graduate Research Assistant: Life Events & Role of Emotion Lab**
John Jay College of Criminal Justice – New York, NY

- Ψ Administer a series of writing tasks to undergraduate participants to assess emotional reactions to life events using varying humor types

Supervisor: Peggilee Wupperman, Ph.D.

02/2011 – 04/2013 **Research Assistant: Neuropsychology Lab**
California State University, Long Beach – Long Beach, CA

- Ψ Neuropsychological testing, including administration of four subtest of the WAIS-IV (i.e. block design, similarities, digit span, symbol search), Wisconsin Card Sort Test, Grooved Pegboard, and the Tower of London
- Ψ Administration of EEG equipment and use during testing procedures
- Ψ Data management, including data entry for computerized statistical analyses
- Ψ Participant scheduling, administrative, research, and clerical duties

Supervisors: Robert Schug, Ph.D. & Jennifer Ostergren, Ph.D.

PUBLICATIONS

JOURNAL ARTICLES

Holdren, S. & Russell, T.D. (in preparation). The role of right-wing authoritarianism, social dominance, and political affiliation on the perpetration of sexual violence in heterosexual males.

Russell, T.D. & **Holdren, S.** (in preparation). Impulsivity and sexual violence perpetration: Using the Iowa Gambling Task and the Personality Inventory for the DSM-5 to predict sexual violence perpetration in university and community men.

Russell, M., Schlesinger, L. B., Leon, M., & **Holdren, S.** (2018). "Undoing" (or Symbolic Reversal) at Homicide Crime Scenes. *Journal of Forensic Sciences*, *63*(2), 478–483.

EDITED BOOK CHAPTERS

Russell, T.D., **Holdren, S.**, & Ronningstam, E. (in press). Narcissistic personality disorder and deviant behavior. In Garofalo, C. & Sijtsema, J. (Eds.), *Clinical Forensic Psychology: Development, Psychopathology, and Treatment*. New York, NY: Springer Nature (Palgrave Macmillan).

Schug, R. A., Geraci, G. G., **Holdren, S.**, Marmolejo, G., McLernon, H. L., & Thompson, S. (2015). Understanding disorders of defiance, aggression, and violence: Oppositional defiant disorder, conduct disorder, and antisocial personality disorder in males. In C. M. Zaroff & R. C. D'Amato (Eds.), *The Neuropsychology of men: A Developmental perspective from theory to evidence-based practice*. New York: Springer.

CONFERENCE PRESENTATIONS

Bryson, C. N., Boccaccini, M. T., Gowensmith, W. N., Laxton, K. L., Mattos, L., Reinhard, E., **Holdren, S.**, & Lawrence, J. (2019, March). *Does time matter in competency to stand trial evaluations?* Paper presented at the annual conference of the American Psychology-Law Society, Portland, OR.

Chevalier, C.S., Boccaccini, M.T., Hanley, J.A., **Holdren, S.** (2018, March). *The value of judgment in SPJ risk assessment measures: A meta-analytic review.* Paper presented at the annual conference of the American Psychology-Law Society, Memphis, TN.

Laxton, K. L., Varela, J. G., Bryson, C. N., Mattos, L. A., Reinhard, E. E., **Holdren, S. M.**, Lawrence, J., & Minor, B. R. (2018, March). *Content and quality of forensic reports of competency to stand trial evaluations.* Paper presented at the annual conference of the American Psychology-Law Society, Memphis, TN.

Quintero, N., Sigal, J.A., Alhomaizi, D., Kaylor, L., & **Holdren, S.** (2015, August). Sexual violence, culture, and discrimination against women. In J.A. Sigal (Chair), *Reducing inequality within and among countries—Psychological contributions to the*

UN's post 2015 global agenda. Symposium conducted at the meeting of the American Psychological Association, Toronto, CA.

Sigal, J.A. & **Holdren, S.** (2015, March). Global stigma and mental illness. In C.S. Perrino (Chair), *Stigma: A label and its consequences*. Symposium conducted at the meeting of the Eastern Psychological Association, Pittsburg, PA.

POSTER PRESENTATIONS

Holdren, S., Schiafo, M. C., & Anderson, J. L. (2020, August). *Psychopathy and impulsivity: Exploring the link between experimental versus self-report measures of impulsivity using the LSRP and TriPM.* Poster presented at the American Psychological Association's annual convention, Washington, DC.

Rubenstein, L., Varela, J. G., **Holdren, S.**, Kurus, S. J., Harris, P. B., Turner, D. B. (2020, March). *Predictors of Behavioral Abnormality findings in Sexually Violent Predator Evaluations.* Poster presented at the Annual American Psychology-Law Society Conference, New Orleans, LA.

Kurus, S.J., **Holdren, S.**, Rubenstein, L., Varela, J. G., Boccaccini, M. T., Harris, P. B., Turner, D. B., Hamilton, P. M. (2020, March). *Evaluator differences in trends in PCL-R scoring and risk level determination in sexually violent predator civil commitment evaluations.* Poster presented at the Annual American Psychology-Law Society Conference, New Orleans, LA.

Kurus, S. J., **Holdren, S.**, Rubenstein, L., Varela, J. G., Harris, P. B., Strauss, J. P., Franklin, D. W., Turner, D. B., & Hamilton, P. M. (2019, March). *Correlates of behavioral abnormality among sexual offenders evaluated for civil commitment as sexually violent predators.* Poster presented at the annual convention of the American Psychology – Law Society, Portland, OR.

Camins, J.S., **Holdren, S.**, & Varela, J.G., Waymire, K., A., & Schiafo, M.C. (2019, March). *Criminal culpability: Does military status matter?* Poster presented at the annual convention of the American Psychology – Law Society, Portland, OR.

Bryson, C. N., Boccaccini, M. T., Gowensmith, W. N., Laxton, K. L., Mattos, L., Reinhard, E., **Holdren, S.**, & Lawrence, J. (2018, March). *Time Matters in Competency to Stand Trial Evaluations.* Poster presented at the annual convention of the American Psychology-Law Society, Memphis, TN.

Waymire, K.A., Varela, J.G., Schiafo, M.C., **Holdren, S.**, Miller, R.S., Lawrence, J.M., Ibarra, D.A., & Camins, J.S. (2017, March). *Do race, ethnicity, and ethnic identity influence perceptions of law enforcement officers after traffic stops?* Poster presented at the meeting of the American Psychology-Law Society, Seattle, WA.

Mattos, L.A., Bernhard, P.A., Varela, J.G., Yenne, E.M., Kavish, N., Long, T., Holdren, S., Manyose, M. (2017, March). *The effects of telepsychology on interview disclosure.* Poster presented at the meeting of the American Psychology-Law Society, Seattle, WA.

Holdren, S., Russell, M., Breulmann, H.M., Leon., Schlesinger, L. (2016, March*). 'Undoing' (or symbolic reversal) in homicide crime scenes.* Poster presented at the meeting of the American Psychology-Law Society, Atlanta, GA.

Holdren, S. & Jeglic, E. (2015). *Treatment options and viability of psychopathic offenders: Attitudes, beliefs, and opinions of forensic mental health professionals.* Poster presented at the meeting of the Master's Student Research Group, John Jay College of Criminal Justice, New York, NY.

Holdren, S., Geraci, G., Marmolejo, G., McLernon, H., Thomson, S., Ostergren, J., & Schug, R. A. (2012). *Neuropsychological correlates of schizotypy and criminal behavior in a community sample.* Poster presented at the meeting of the Western Psychological Association, San Francisco, CA.

Saveau, D., **Holdren, S.**, Stuver, D., & Warren, C. (2012). *Variables attributing to anger while driving.* Poster presented at the meeting of the Western Psychological Association, San Francisco, CA.

McLernon, H., Geraci, G., **Holdren, S.**, Thomson, S., Marmolejo, G., Ostergren, J., & Schug, R. A. (2012). Schizotypy, frontal lobe abnormality and crime. Poster presented at the meeting of the Western Society of Criminology, Newport Beach, CA.

SPECIALIZED TRAININGS

09/2020 *2-Day Virtual Workshop: Military Informed Care*
Yocasta Reynoso, LMSW
Veterans Mental Health Department, Texas Veterans Commission

04/2020 *Telepsychology Best Practices 101 Series (6 hours)*
APA's Office of Continuing Education in Psychology

09/2019 *Training Seminar: Texas Health and Human Services State Hospital-Wide Forensic Evaluator*
Wendy Elliot, Ph.D., ABPP, Mary Alice Conroy, Ph.D., ABPP, & Darryl Johnson, Ph.D.

07/2019 *Texas Health and Human Services State Hospital Academic Collaborations*
Matthew Faubion, Ph.D.

06/2019 *Training Seminar: Client Suicide*

	Elise Yenne, M.A.; Jessi Hart, M.A.; Katherine Schrantz, M.A.; Wendy Elliott, Ph.D., ABPP; & Darryl Johnson, Ph.D.
04/2019	*Private Practice* Rebecca Hamlin, Ph.D.
04/2019	*Cognitive Processing Therapy (CPT) Web Training* Medical University of South Carolina, National Crime Victims Research & Treatment Center
03/2019	*New Reviewer Workshop* Law and Human Behavior
03/2019	American Psychology-Law Society (Division 41) Conference – Portland, OR
05/2018	*Critical Thinking in Forensic Psychological Evaluations* Terry Kukor, Ph.D., ABPP
04/2018	*Gender Diverse Youth: Beyond the Binary* Megan Mooney, Ph.D.
03/2018	American Psychology-Law Society (Division 41) Conference – Memphis, TN
09/2017	*2-Day Workshop: Prolonged Exposure Therapy for PTSD* American Psychological Association Division 19: Society for Military Psychology
08/2017 – 05/2018	*Monthly Seminar: Clinical Supervision* Mary Alice Conroy, Ph.D., ABPP
07/2017	*Training Seminar: Motivational Interviewing* Joseph Mignogna, Ph.D.
04/2017	*Training Seminar: Indispensable Forensic Psychology in the Age of Neuroscience* Steven J. Morse, JD, Ph.D.
03/2017	American Psychology-Law Society (Division 41) Conference – Seattle, WA
11/2016	*Symposium: Getting It Wrong about Miranda Rights: Research on our Myths and Misconceptions* Richard Rogers, Ph.D., ABPP
03/2016	American Psychology-Law Society (Division 41) Conference – Atlanta, GA.
03/2015	Eastern Psychological Association Conference – Pittsburg, PA

PROFESSIONAL AFFILIATIONS

American Psychology Association, Student Affiliate
American Psychology - Law Society, Student Affiliate
Texas Psychological Association (TPA)
Psi Chi, National Honor Society in Psychology