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Citation for published version:

Judge, J, Quayle, E, O'Rourke, S, Russell, K & Darjee, R 2013, 'Referrers' views of structured professional judgement risk assessment of sexual offenders: A qualitative study' *Journal of Sexual Aggression*, vol 20, no. 1, pp. 94-109. DOI: 10.1080/13552600.2013.767948

Digital Object Identifier (DOI):

[10.1080/13552600.2013.767948](https://doi.org/10.1080/13552600.2013.767948)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Journal of Sexual Aggression

Publisher Rights Statement:

© Referrers' views of structured professional judgement risk assessment of sexual offenders : A qualitative study. / Judge, J.; Quayle, E.; O'Rourke, S.; Russell, K.; Darjee, R.
In: *Journal of Sexual Aggression*, 01.01.2013.

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Referrers' views of structured professional judgement risk assessment of sexual offenders

The Risk for Sexual Violence Protocol is a structured professional judgement (SPJ) tool that aids risk assessment of sexual violence. It is widely used internationally. The aim of this study was to explore the clinical practice of SPJ risk assessment and risk management through qualitative analysis of the accounts of users of these assessments. Questionnaires and semi-structured interviews were conducted with a sample of 31 criminal justice professionals in southeast Scotland. The participants' accounts were explored using the framework method. Five themes emerged from this analysis: informing risk management; confirming what was known and giving weight; understanding personality; treatment; and the usefulness and limitations of risk assessment. The participants reported that the assessments were influential with respect to risk management. The study revealed some important implications for service development. The authors suggest possible future use of the framework method in research investigating the risk assessment of sexual violence.

Keywords: sexual violence; qualitative; risk assessment; framework analysis; risk management; forensic

Introduction

Professionals engaged in the assessment, treatment and management of sexual offenders are asked to accurately evaluate the risk of recidivism that an offender poses, consider the circumstances that might make recidivism more likely, and recommend treatment or management strategies that mitigate or reduce the likelihood of recidivism (Hart, 2008). Two main approaches to dealing with these tasks have been developed, termed 'discretionary' and 'non-discretionary' by Hart and Logan (2011). In the discretionary approach, the risk assessor is afforded a degree of flexibility and can use his or her professional judgement in order to arrive at decisions about risk. In the non-discretionary approach the converse is true. Decisions about risk are made based upon statistical or algorithmic procedures that are specified *a priori*. The non-discretionary

approach has also been termed 'actuarial' (Hart & Logan, 2011).

There is much disagreement in the literature about which approach has the best evidence base. On one side, exponents of the discretionary approach argue for the use of 'structured professional judgement' (SPJ) methods, such as the Risk for Sexual Violence Protocol (RSVP; Hart & Boer, 2010). On the other hand, there are leading figures who contend that non-discretionary, actuarial instruments, such as the Static-99, have superior predictive validity (Hanson & Morton-Bourgon, 2009). Recently, there has been debate about the appropriateness of using group data to predict the behaviour of an individual offender, a notion which is fundamental to the actuarial, non-discretionary method. Some authors have argued that this is appropriate (Harris, Rice, & Quinsey, 2008) while others have strongly disagreed (Cooke & Michie, 2010; Hart, Michie, & Cooke, 2007).

Hart et al. (2007) have argued that actuarial tools are based upon data from groups of recidivistic or non-recidivistic offenders. They suggested that when these group data are used to make predictions about individuals, statistical error is committed. These authors maintained that it is fallacious to argue that because an individual shares characteristics with others who are high risk he will necessarily reoffend more often than an individual in the 'low risk' group. Hart et al. (2007) examined the margins of error for risk estimates made using actuarial methods and found that these margins of error were so high that the tests were 'virtually meaningless'. Harris et al. (2008) responded to this analysis by suggesting that Hart and colleagues had themselves misapplied statistical techniques. They suggested that actuarial tools are 'distillations' of empirical evidence and that they are superior to other risk assessment instruments. This complicated statistical debate continues, with both research groups maintaining relatively entrenched opposing positions.

In Scotland, the body responsible for best practice in risk assessment and risk management (Risk Management Authority; RMA) recommends the use of SPJ methods. For sexual offenders the Risk for Sexual Violence Protocol (RSVP) is recommended (Risk Management Authority, 2006).

The Risk for Sexual Violence Protocol (Hart et al., 2003)

The RSVP is a structured professional judgement tool. It was developed following systematic review of the sexual recidivism literature. It consists of 22 items associated with recidivism based upon that literature. Items are coded as: (0) no evidence; (1) partial evidence; or (2) definite evidence. These items are not summed to provide a risk score but instead are used to anchor the assessor's judgement. They are scored through careful examination of case-file information and detailed clinical interview. Following assessment of these items a risk formulation of the offender is developed. Future risk scenarios are then detailed and summary risk judgements presented. Crucially, detailed risk management recommendations are provided so that the offender can be managed in a way that reduces or mitigates the risk of recidivism.

Predictive validity and reliability of the RSVP

There is a wealth of research exploring the validity and reliability of SPJ tools, including the RSVP. The predictive validity of a tool is considered to be a useful method of assessing its efficacy. Structured professional judgement tools have been reported to perform better than unstructured methods but less well than actuarial tools using this criterion (Hanson & Morton-Bourgon, 2009). However, it has been argued by some that risk assessment tools are required to do more than just predict recidivism. They should also inform treatment and risk management (Hart & Logan, 2011). Further, because the emphasis of SPJ tools is on the development of risk management strategies

that reduce risk, the risk level that an offender poses may not always be reflected in recidivism data. Appropriate risk management should reduce recidivism rates.

With respect to reliability, a number of studies have evaluated the inter-rater reliability of the SVR-20 (the precursor of the RSVP) and the RSVP itself. Hart and Boer (2010) provided an overview of this literature in a review of the area. They pointed to three unpublished studies that examined the inter-rater reliability of the RSVP (Hart, 2003; Watt, Hart, Wilson, Guy, & Douglas, 2006; Watt & Jackson, 2008). These three studies were conducted in Canada and studied experienced risk assessors. Inter-rater reliability was found to be 'good' to 'excellent' in all three. (Hart & Boer, 2010). More recently, Sutherland et al. (2012) investigated the inter-rater reliability of the RSVP with a sample of 28 forensic mental health professionals in Scotland. The participants were asked to use the RSVP in order to assess six case vignettes. Sutherland et al. (2012) found that inter-rater reliability was 'fair' to 'good' and that agreement was highest when the participants were highly trained in forensic risk assessment.

The validity and reliability of the RSVP has thus been demonstrated in research contexts. However, less is known about the real-world clinical practice of sexual violence risk assessment. Green, Carroll and Brett (2010) surveyed risk assessment use in Australian forensic community mental health services and found that SPJ tools were used widely. Similarly, Khuroya, Weaver and Madden (2009) evaluated the responses of medium secure forensic mental health units in England. These authors found that actuarial tools were more commonly used than SPJ tools with respect to the assessment of sexual violence risk. However, SPJ tools were highly rated in terms of their utility and were considered to inform risk management to a greater degree than actuarial methods.

Study aims and objectives

A previous study conducted by the present authors explored the practice of sexual violence risk assessment using the RSVP in an NHS Sexual Offender Liaison Service (SOLS) in Scotland. The present study sought to extend these findings by considering whether the risk management recommendations made using the RSVP changed the way the offender was managed by partner criminal justice agencies. An additional aim was to explore the views of professionals from partner agencies with respect to the utility (or not) of the SPJ approach to risk assessment of sexual violence. A qualitative framework analysis was used to facilitate this process.

Method

Framework Analysis

This study employed a framework analysis methodology. Framework is a relatively recently developed approach to qualitative research in the social sciences. It was developed by researchers working in a social research institute in the UK, now known as NatCen Social Research, in the 1980s (Ritchie & Lewis, 2003). The framework approach has been used by NatCen in numerous publications since then. In the sexual offending field, the European Online Grooming Project (Webster et al., 2012) and the Attitudes to Sexual Offending Project (McNaughton Nicholls, Mitchell, Simpson, Webster, & Hester, 2012) have both been undertaken by NatCen and both have utilised framework analysis (see www.natcen.ac.uk for further details). Smith and Firth (2011) noted that framework has been used increasingly in social and health related research because it is robust and transparent. It also provides a method of both managing and analysing qualitative data.

Ritchie and Lewis (2003) have noted that the name ‘framework’ comes from the ‘thematic framework’, viewed by them as the defining component of this method of analysis. Each study has its own thematic framework, constructed through the development of themes and subthemes that have emerged from the data. The process involved in developing such a framework is described in more detail below. Although framework shares some similarities with other qualitative approaches such as thematic analysis (Quayle, 2012) and grounded theory (Smith & Firth, 2011) it has been argued that framework is ideally suited to research that has predetermined questions, a narrow time frame, or pre-existing issues that require attention (Srivastava & Thomson, 2009). Its purpose is primarily to describe and interpret rather than to generate theory (Ritchie & Lewis, 2003). The framework method was ideally suited to the present study as the study had predetermined questions about sexual violence risk assessment, there was a limited time frame, and because the sample was made up of criminal justice professionals rather than lay members of the public.

The service: NHS Lothian Sex Offender Liaison Service (SOLS)

The SOLS was developed to provide clinical input to help criminal justice agencies manage challenging sex offenders in the community. It aims to improve management of the most challenging sexual offenders by providing specialist assessment, consultation, advice, training, and clinical supervision to criminal justice agencies. The service takes referrals directly from partner agencies (particularly criminal justice social work services and police offender management units) and provides various levels of input. With respect to risk assessment, the service offers a comprehensive clinical assessment of individuals whom criminal justice agencies are finding difficult to manage. Approximately 78 per cent of these individuals attract personality disorder diagnoses

(Russell & Darjee, 2012). Risk assessment and management advice is offered and this is structured using the RSVP method.

Referrals are taken from the Lothian & Borders Community Justice Authority (CJA) area. This area constitutes a mix of urban, rural and semi-rural environments. A recent publication reported that the population is estimated to be 939,020 (Scottish Government, 2010). In 2010, 599 sexual offenders were registered and at liberty in the CJA area, corresponding to 64 registered sexual offenders per 100,000 of the population. (Scottish Government, 2010).

The SOLS assessment process involves two main components and its ultimate aim is to provide risk assessment and management advice using the RSVP method. Substantial quantities of file information are reviewed, and the clinical interview and assessment of the offender is subsequently undertaken. The assessment process is described in detail elsewhere (Russell & Darjee, in press) and follows the protocol suggested by the RSVP. The risk assessment and management advice generated using the RSVP is then shared with the referrer both verbally and in writing.

Participants and Procedure

Study participants were identified through review of case-file information and of the SOLS referral database. Approximately 100 referrals were received for a comprehensive SOLS risk assessment and the referrers of each of these individuals were contacted via email or post initially. Each participant was sent a covering letter explaining that they had been contacted as they had referred an offender to the SOLS. The offender was identified by name in order to refresh the memory of the participant. The purpose of the research was explained briefly in writing and participants were asked to complete a short questionnaire. The questionnaire asked five questions pertaining to the effect that the SOLS risk assessment had on: risk management

planning; monitoring of the offender; supervision of the offender; treatment of the offender; and victim safety planning. Space was provided for the participant to record reasons why the SOLS risk assessment did not change the management of the offender. Participants were asked to return the questionnaires by post or email and responses were anonymous.

Unfortunately, there was a relatively low response rate, with only 15 of the 100 questionnaires returned. In response to this low uptake, and in order to maximise participation, a series of semi-structured interviews were conducted with participants. These participants were contacted via email by the primary author and were interviewed at their places of work. Sixteen interviews were conducted in total. Six interviews were conducted with criminal justice social workers, four with criminal justice social work managers, five with police officers from a Lothian & Borders Police offender management unit and one with a senior member of staff from a hostel used to house high risk sexual offenders. Participants have been assigned pseudonyms in order to preserve their anonymity but their identity was known to the primary author. Prior to interview commencement they were reminded verbally that their participation was voluntary and that they were free to withdraw from the study at any point. Interviews were conducted in private, on a one-to-one basis, and lasted a minimum of 15 minutes in total. The structure of the original research questionnaire was adhered to, although interviews were semi-structured. The interview schedule acted as a guide and participants were afforded the opportunity to discuss information that they considered to be relevant to the study.

Interviews were recorded on a digital recording device and were transcribed verbatim. These verbatim transcripts and the previously completed questionnaires made up the raw data of the study. Data were analysed according to the process described by

Ritchie and Lewis (2003). NVivo (version 9.2) qualitative analysis software was used to facilitate this process. First, the researcher becomes familiarised with the data in its raw form, identifying key processes and themes that emerge. Ritchie and Lewis (2003) explained that this is a crucial part of the framework process. The primary author was able to examine the dataset in its entirety and notes were taken at this stage. Second, an initial thematic framework is developed using notes taken at the familiarisation stage. The researcher allows the data to 'dictate the themes and issues' at this point (Srivastava & Thomson, 2009, p. 76). The data are examined and a list of what appear to be important themes and concepts is constructed. A more manageable index is developed by considering the links between themes so that a hierarchy of themes and subthemes can be used. Third, the transcripts and questionnaires are 'indexed'. That is, parts of the data that correspond with a particular theme are identified and coded. This is an intensive process. The raw data are examined line by line and are coded or indexed according to the themes already developed. If the data do not fit with the initial themes then new concepts can be introduced. Fourth, the parts of the data that are indexed are then organised into charts and matrices. The columns in these matrices represent themes and subthemes while the rows correspond to individual interviews (Webster, et al., 2012). Fifth, the charted data is interrogated in order to explain themes and patterns. Similarities and differences in views are explored and hypotheses tested (Ritchie & Lewis, 2003). The overall process is iterative rather than linear. In the present study, the primary author conducted all components of the framework analysis. Five randomly selected transcripts were then scrutinised by a secondary author. These transcripts were checked against the thematic framework and any differences in opinion discussed and settled through consensus. The framework matrices are not normally presented in reports

and instead are used to structure the narrative account shown below in the results section.

Methodological considerations and limitations

Two main methodological issues were considered, relating to the size and composition of the sample. A sample size of 31 participants is generally considered to be small in studies using quantitative methods. However, within the qualitative literature a sample of this size would be considered to be adequate. Ritchie and Lewis (2003) have noted that qualitative samples are generally small in size. They explained that, because an ideographic approach to analysis is taken, increasing sample size may actually not contribute further evidence. Further, because the information that qualitative studies reveal is detailed and rich, sample sizes are required to be small so that analysis is manageable and gives sufficient weight to the accounts of participants. Comparison with existing qualitative research from different traditions suggests that the present sample was robust. In a study using interpretive phenomenological analysis, De Visser and Smith (2007) utilised a sample of 31 individual interviews. In similar studies using grounded theory, sample sizes have also been small. In Boyle, Kernohan and Rush's (2009) study of community forensic mental health practitioners a sample size of five was used, while in Kurtz and Jeffcote's (2011) study of professionals working in a medium secure unit a sample of 25 was used. With respect to framework analysis, Maddox, Lee and Baker (2011) interviewed a sample of 12 specialist police officers on their perceptions of the reliability of rape victims as witnesses, while Bhugra, Easter, Mallaris and Gupta (2011) interviewed a sample of 31 psychiatrists about approaches to decision making in psychiatric practice. The current sample is comparable with each of these in terms of quantity.

Similarly, qualitative research takes a slightly different approach to sampling compared to quantitative methods. Samples are not required to be generalisable to other populations but should be representative of the population being studied. In the present study, the sample was recruited using an anonymous questionnaire method, and, due to low uptake, semi-structured interview. For interviews, purposive sampling was used. Using this method the aim is not to select a sample that is statistically representative of the population of interest but to aim for diversity across key variables. Because of this, the findings cannot be generalised to other populations and services. This is true of any qualitative study since the emphasis is on study of areas which are embryonic or are not well represented in previous research. However, the sample were representative of referrers to the SOLS in terms of professional discipline.

An additional limitation pertains to the recruitment difficulties experienced. There was a poor response rate to the anonymous questionnaire with a 15 percent response rate. The semi-structured interviews were conducted in response to this challenge in order to maximise participation. However, this sampling method may have affected the representativeness of the sample. For example, the interviewer was a representative of the SOLS. This may have resulted in participants feeling less able to be critical of the service and may have affected their responses. Similarly, it is possible that questionnaire data were affected by response bias. Although questionnaires were anonymous it seems unlikely that individuals who were critical of the service or the approach taken to risk assessment would respond to such a questionnaire.

Results

Five major themes emerged from the analysis of interview and questionnaire data: (1) Informing risk management; (2) Confirming what was known and giving weight; (3) Understanding personality; (4) Treatment; and (5) The usefulness and the limitations of

the risk assessment. All five themes are discussed along with potential links between themes. A discussion of the clinical implications follows.

Theme 1: Informing risk management

Almost all of the participants noted that the SOLS risk assessment had informed risk management planning, at least to some degree. There was some variation in exactly how big a part the risk assessment had played. For example, Frank noted that:

It [the assessment] was helpful because it framed his entire risk management plan.
(Frank).

Similarly, Peter explained that:

There is so much helpful information about how to work with this individual, how he is going to progress, when he should progress, in what circumstances, how he should be tested, what do you need to look out for in his personality, There is so much detail in there and I think having it in one place is really, really helpful.
(Peter).

In both quotes it is clear that the SOLS risk assessment has had a dramatic impact upon risk management planning and that both participants have found this helpful. Peter also appears to suggest that it is helpful when the assessment is comprehensive, detailed and when helpful information about a client is contained in a single document. Numerous participants suggested that the SOLS risk assessment had played a role in determining whether the offender progressed from prison, although this was not always the case.

Several participants spoke about the risk management planning process in more detail. They noted that the risk assessment identified specific risks of reoffending for the individual offender rather than global definitions of risk that they found unhelpful. For Jane, this more specific formulation of risk allowed management to be less risk averse.

. . . and yes, things that informed the risk management plan. What risk does he pose. . . and we were less risk averse. We allowed him to go and do things that he wouldn't otherwise have been allowed to do. There were less external controls on him. . . As time went on. . . We were pretty robust early on but we were allowed to do that. (Jane).

As well as pointing out that identification of specific risks is a helpful aspect of the SOLS risk assessment, Jane also hinted that the risk management plan is comprehensive, and considered interpersonal as well as 'external factors' such as how often the offender is supervised and monitored. This was mentioned by **several** participants.

It is important to emphasise that the SOLS risk assessment was not considered to be a perfect document and that other services play their own roles in the risk management planning of the offender. This was highlighted in the second theme identified.

Theme 2: Confirming what was known and giving weight

On a **number of occasions** participants explained that part of the usefulness of the SOLS risk assessment was in confirming what was already known and in some cases 'giving weight' or credibility to what was already being said.

I think that the report was done and really added to what I was saying but really largely confirmed my feelings about the case in terms of the risk. (John).

Again, I think we were taking an approach that seemed to be quite appropriate on the basis of the information that came out of the SOLS report. So there wasn't anything in this specific case that I could say, we hadn't thought of that, or, we should be doing this differently. (Peter)

One criminal justice social work manager explained that by referring an offender for a specialist risk assessment his staff were giving up an element of control and that this

was a difficult thing for staff to do initially. Participant responses could be seen as being defensive given this context. However, some participants reported that they had not been listened to by other professionals and that it was useful to have another voice in agreement with their own.

[The risk assessment] made everybody sit up at MAPPA. Not that they don't sit up but there was much more willingness to cooperate and get resources put into this. (Frank).

The term 'giving weight' or 'adding weight' was one that was used by a number of participants. There were two aspects to this. The SOLS risk assessments appeared to often be concordant with the recommendations of referrers and therefore added weight or value to these recommendations. In addition, the reports were viewed as being very influential and were taken extremely seriously by senior figures with respect to risk assessment and management of offenders.

It's because psychology and psychiatric reports are much more credible to the courts when making any judgement about personality. (James).

It has given some weight to the idea that he is not an extremely dangerous chaotic offender who would lift someone off the street... and I think that maybe it has helped some of the other agencies recognise that. (John).

While participants often valued the support or weight that a SOLS risk assessment provided, some participants emphasised that this was not the only consideration. Other agencies and external factors are involved in the process.

It does hold a lot of weight but we also recognise that there are lots of other partners around the table and we take their views as well. We have to give them equal weight. (Anne).

As can be ascertained from Anne's quote, numerous factors have to be taken into

consideration when managing an offender. What participants seemed to be saying was that the SOLS had a particular expertise and role and although that expertise was valuable, others also had differing, complementary, areas of expertise. One area in which the SOLS risk assessments were viewed as being very valuable pertained to the assessment and formulation of personality.

Theme 3: Understanding personality

In discussions about SOLS risk assessments the topic of personality (and personality disorder) invariably arose. Participants reported that they found it helpful to consider how the offender's personality had developed. **Many** reported that they found it helpful to have a personality disorder diagnosis as this enabled them to think about and manage the offender in specific ways. However, what participants appeared to find most helpful was a formulation of the offender and the risk that they represented. This was described by one participant as 'separating the risk from the personality'. Following on from this, the SOLS risk assessments often gave tips or recommendations on how to work with the offender given his personality difficulties. This was considered to be very important by participants.

The risk assessment provided a much clearer insight into the behavioural characteristics of the offender and gave significant understanding of how his difficult upbringing may to a large degree have influenced his emotions, thought processes and motivations leading to his sexual offending. (Anonymous questionnaire response).

The anonymous quote above describes the process of formulation and of personality development and the utility of this could easily be ascertained. The helpfulness of personality disorder diagnoses was not expected by the author; however, it also featured prominently in the responses of the participants who were interviewed.

It helpfully explained the personality disorder. What was really helpful was that he did not have a psychopathic personality disorder but he was a sadist. There were things we were worried about, concerned, and it was really helpful to have that kind of concrete assessment. (Jane).

And a diagnosis. Because we'll interview clients but we don't actually have the in depth tools or psychological or psychiatric background to be able to make those diagnoses. (Anne).

What was also evident was that the formulations and diagnoses were being used by participants in a very practical way to consider their responses to offenders and to consider interpersonal and relationship processes more generally. This was viewed as being one of the biggest benefits of the SOLS risk assessments.

The fact that he has been identified as having a narcissistic personality disorder does provide corroboration of how he presents generally and has ensured that a different approach has been taken when engaging him during monitoring. (Anonymous questionnaire response).

The SOLS report helped us understand that that is the way he would behave and how we reacted to his behaviour. (David).

So actually going back to the basics and having a sense about, on an interpersonal level and on the basis of his personality how can we work with this man and not make him feel humiliated, not make him feel isolated. (Peter).

The SOLS risk assessments appear to have had an impact on how participants worked interpersonally with offenders based on these responses. This is encouraging as the participants were a very skilled and competent group of professionals and were more than capable of managing these relationships effectively.

Theme 4: Treatment

One powerful theme that emerged from the data concerned treatment of offenders. The

participants explained that for some offenders the SOLS risk assessment (and perhaps diagnosis) allowed them to access treatment that would not otherwise have been available. In more than one case, the SOLS risk assessment had resulted in a diagnosis of intellectual disability and because of this the offender was able to access local intellectual disability services. In other instances, offenders were commenced on anti-libidinal medication following SOLS risk assessment, since one of the psychiatrists in the SOLS has specialist expertise in this area.

It has allowed us to access services which would probably have been off -limits before, so he is working with the forensic learning disability service now and I think that wouldn't have necessarily happened before. And that has certainly been a big help. (John).

As a result of the SOLS assessment he was being released on anti-libidinal medication. (Frank).

Made clear (radical) proposals for treatment that would not otherwise have been considered. (Anonymous questionnaire response).

It appears that participants generally found it of value when treatments became available as a result of the SOLS risk assessment. Interestingly, many participants reported that some treatments were ruled out or advised against as it was considered that they could be unhelpful as a result of the SOLS risk assessment. This type of recommendation was also viewed as being positive.

That was very good that the assessment said he doesn't need any ongoing treatment as such. The treatment is social inclusion and risk management and all of those kind of bits. But we're not talking about a direct psychological or forensic intervention. (James).

It [psychological treatment] would make it worse actually. It would make his anger worse anyway. That is helpful. That is really helpful to know, and it is in a number of cases. (Jane).

This theme is linked to the theme of ‘giving weight’ as it appears from these quotations that the SOLS risk assessments can have a dramatic effect on how the offender is managed and treated. It seems that the participants are generally in agreement with the SOLS when specific treatments are likely to be unhelpful, especially when it could destabilise the offender or could result in waste of resources that would be better spent elsewhere.

Theme 5: The usefulness and the limitations of the risk assessment

The final theme concerned the utility and limitations of SOLS risk assessments. This theme is likely to have been influenced by response bias as the lead interviewer was a representative of the service. It is therefore less likely that the participants would be critical of the service. Similarly, questionnaire responses were almost all positive, again perhaps reflecting response bias. **Several** participants reported that the SOLS risk assessment was helpful as a document because it was detailed and comprehensive.

These are comprehensive documents but in my experience they are not vanity projects putting stuff down for the sake of it. They are very detailed and grounded. . . I think they are very helpful. (Peter)

Participants noted that the risk assessments were not simply detailed and comprehensive but also practical and useful. One part of the structured professional judgement approach to risk assessment that was particularly valued was the emphasis on dialogue with partner agencies. This was mentioned in **almost all** of the participants` responses.

There is ongoing dialogue and we also get updates about, 'We have interviewed him and this is what we think. This is where our assessment is going'. It's an ongoing dialogue. (Anne).

And incredibly helpful for [the risk assessor] to come to talk to me about him too. (Jane).

. . . the back-up of having meetings with [the risk assessor] and coming and explaining what the report is actually saying in laymen's terms. . . I think that is a brilliant thing. (David).

In terms of the limitations of the approach, few were mentioned by participants. One issue was raised mainly by criminal justice social workers and related to the 'weight' or credence that SOLS risk assessments were given. These participants noted that the recommendations made for risk management needed to be realistic. They explained that historically that had not always been the case but that this issue had been resolved through dialogue.

One of the issues we've probably ironed out... there were some issues. Recommendations were made about supervision and management of the case and they were going to the parole board and we couldn't always meet those recommendations. (Jane).

Only one response was overtly critical of the SOLS approach to risk assessment and as might be expected this was an anonymous questionnaire response.

Report not received until five months after patient was discharged from my service. (Anonymous questionnaire response).

This participant has highlighted one of the limitations of the structured professional judgement method in that this type of assessment is a lengthy and resource intensive piece of work. Only one participant made this criticism. However, this could reflect response bias. Participants who chose to respond to the questionnaire or who

participated in an interview may have been less likely to be critical of the service.

Discussion

The present study provides some useful data on the views of referrers to a specialist sexual offender liaison service, specifically concerning SPJ risk assessment and the utility of this approach. Within this context, five themes emerged from the framework analysis: (1) informing risk management; (2) confirming what was known and giving weight; (3) understanding personality; (4) treatment; and, (5) the usefulness and the limitations of risk assessment. These themes are discussed in relation to implications for policy, practice and future research.

Referrers perceptions of the utility of risk assessments

Our findings indicated that the referrers to the SOLS were satisfied with the SPJ risk assessments that they requested. These findings are consistent with previous research which found that SPJ tools were rated very highly with respect to utility. Both Green et al. (2010) and Khiroya et al. (2009) found that SPJ risk assessment tools were used widely in forensic mental health. Khiroya et al. (2009) noted that the SPJ tools were rated highest with respect to utility. They were considered to inform risk management to a greater extent when compared against actuarial tools. We did not compare these reports against those for actuarial risk assessments (statistically or qualitatively) and this may be a direction for future research. Nonetheless, the referrers in most cases would carry out their own risk assessment prior to referral for SPJ risk assessment.

Anecdotally, these assessments generally used actuarial tools, suggesting that an SPJ assessment adds something of value to the previously existing actuarial assessment.

A place for formulation

Embedded within the transcripts was an appreciation of the risk assessors' attempts to explain personality and its impact on behaviour. We termed this theme 'understanding personality' but it could equally have been called, 'formulation': that is, the attempt to explain, using psychological theory, the development and maintenance of difficulties at a particular time and in particular situations (Johnstone & Dallos, 2006). Leading figures in structured professional judgement risk assessment have argued persuasively that formulation is a key component of risk assessment, providing the important link between assessment and management. Hart, Sturmey, Logan & McMurrin (2011) argued that formulation should be able to improve the predictive validity of risk judgements and that it should improve the development of risk management plans. The findings of our study are preliminary, and have important limitations due to the qualitative approach we have undertaken, but they suggest that formulation is viewed very favourably by the users of these assessments. Further, there is preliminary evidence from our study that the referrers' used risk formulation to aid them with risk management in very practical ways. For example, in interpersonal management and communication with the offender. A next step for our research will be to look at the formulations and risk management plans using a quantitative approach, examining these outcomes systematically.

Implications for policy and practice

The findings were important in the local context since they will be circulated to the SOLS management team and local service planning officials. It is hoped that the SOLS service, particularly the approach to SPJ risk assessment, can be shaped according to the needs of the users of these risk assessments. This represents success at a local level.

It is difficult, and potentially unwise, to generalise our findings to other services and populations due to the qualitative nature of the study. However, with respect to clinical practice, our study emphasises the importance that users of risk assessments attach to formulation and explanatory accounts of behaviour and personality. Structured professional judgement approaches provide a coherent framework with which to do this work. The recent drive towards use of psychological formulation, rather than a list of risk factors, is supported by our findings. This is what the users of these risk assessments wanted in our study.

Further good practice points highlighted by the study include good communication throughout the risk assessment process. Participants appreciated efforts to communicate the process of the risk assessment as well as opportunities for dialogue when the assessment was completed. A final practice point concerned timing. A detailed and comprehensive piece of work such as this is valued, however, it should also be timely and usable. Participants highlighted both of these points.

Implications for research

The study findings provide support for the notion that structured professional judgement risk assessments are valued by users and are viewed as practical and useful. We speculated that SPJ risk assessments may be viewed more favourably than actuarial assessments among our participants since in our study most participants would have conducted their own actuarial assessment prior to referral. An important direction for future research would be to test this assumption by scoring rates of acceptability and utility for both types of tool.

In addition, explanatory accounts of personality, psychological formulation and psychiatric diagnosis were viewed very favourably by participants. The participants

reported that this information was used to shape the risk management of offenders, particularly with respect to interpersonal management. An important next step would be to test this experimentally. That is, do the individual formulations go on to improve the development of risk management plans? This question was highlighted by Hart et al. (2011) and is an important point for future research. In this way, the initial exploratory, qualitative research conducted has led to important quantitative questions. The two approaches are complimentary.

Conclusion

The present study sought to explore the real-world clinical practice of the SPJ risk assessment approach through qualitative investigation of the accounts of referrers to a specialist sexual offender liaison service. The framework method of qualitative analysis proved fruitful and revealed five major themes. These themes suggested that the SPJ risk assessments conducted by the SOLS informed risk management of the offender in most cases. The risk assessment was viewed as being confirmative in some cases and was very influential. Participants valued advice concerning management of interpersonal relationships with individuals diagnosed with personality disorder. Recommendations regarding treatment were also highly valued. The risk assessments were generally viewed as useful, with dialogue between services an important element. Limitations with respect to timing arose on one occasion.

Implications for policy, practice and future research are suggested. Important practice points include: use of psychological formulation and explanation of risk, dialogue with referrers, and, issues of timing. Qualitative and quantitative approaches can be used in combination to investigate the utility of SPJ approaches compared to

actuarial tools and to investigate the effects of psychological formulation on risk management.

References

- Bhugra, D., Easter, A., Mallaris, Y., & Gupta, S. (2011). Clinical decision making in psychiatry by psychiatrists. *Acta Psychiatrica Scandinavica*, *124*, 403-411.
- Boyle, J., Kernohan, G. W., & Rush, T. (2009). 'When you are tired or terrified your voice slips back into its old first place': The role of feelings in community mental health practice with forensic patients. *Journal of Social Work Practice*, *23*(3), 291-313.
- Cooke, D. J., & Michie, C. (2010). Limitations of diagnostic precision and predictive utility in the individual case: A challenge for forensic practice. *Law and Human Behavior*, *34*, 259-274. doi: 10.1007/s10979-009-9176-x
- de Visser, R. O., & Smith, J. (2007). Alcohol consumption and masculine identity among young men. *Psychology & Health*, *22*(5), 595-614.
- Green, B., Carroll, A., & Brett, A. (2010). Structured risk assessment in community forensic mental health practice. *Australasian Psychiatry*, *18*(6), 538-541. doi: 10.3109/10398562.2010.498513
- Hanson, R. K., & Morton-Bourgon, K. E. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment*, *21*(1), 1-21. doi: 10.1037/a0014421
- Harris, G. T., Rice, M. E., & Quinsey, V. L. (2008). Shall evidence based risk assessment be abandoned? *British Journal of Psychiatry*, *192*, 154.
- Hart, S. (2003). *Assessing risk for sexual violence: The Risk for Sexual Violence Protocol (RSVP)*. Paper presented at the Annual Meeting of the International Association of Forensic Mental Health Services, Miami, Florida, USA.
- Hart, S. (2008). Risk assessment: Sexual violence and the role of paraphillia. In A. J. Harris & C. A. Page (Eds.), *Sexual homicide and paraphillias: The Correctional Service of Canada's Experts Forum 2007* (pp. 131-160). Ottawa: Correctional Service of Canada.
- Hart, S., & Boer, D. (2010). Structured professional judgement guidelines for sexual violence risk assessment: The Sexual Violence Risk-20 (SVR-20) and Risk for Sexual Violence Protocol. In R. K. Otto & K. S. Douglas (Eds.), *Handbook of violence risk assessment tools*. (pp. 269-294). Milton Park, UK: Routledge.

- Hart, S., Kropp, P. R., Laws, D. R., Klaver, J., Logan, C., & Watt, K. A. (2003). *The Risk for Sexual Violence Protocol (RSVP)*. Burnaby, BC, Canada: Simon Fraser University, Mental Health, Law, and Policy Institute.
- Hart, S., & Logan, C. (2011). Formulation of violence risk using evidence based assessments: The structured professional judgment approach. In P. Sturmey & M. McMurrin (Eds.), *Forensic Case Formulation* (pp. 83-106). Chichester, UK: Wiley-Blackwell.
- Hart, S., Michie, C., & Cooke, D. J. (2007). Precision of actuarial risk assessment instruments: Evaluating the 'margins of error' of group versus individual predictions of violence. *British Journal of Psychiatry*, *190*(S49), s60-s65.
- Hart, S., Sturmey, P., Logan, C., & McMurrin, M. (2011). Forensic case formulation. *International Journal of Forensic Mental Health*, *10*(2), 118-126.
- Johnstone, L., & Dallos, R. (2006). *Formulation in Psychology and Psychotherapy*. London: Routledge.
- Khiroya, R., Weaver, T., & Maden, T. (2009). Use and perceived utility of structured violence risk assessments in English medium secure units. *Psychiatric Bulletin*, *33*, 129-132. doi: 10.1192/pb.bp.108.019810
- Kurtz, A., & Jeffcote, N. (2011). Everything contradicts in your mind: A qualitative study of experiences of forensic mental health staff in two contrasting services. *Criminal Behaviour & Mental Health*, *21*, 245-258.
- Maddox, L., Lee, D., & Barker, C. (2011). Police empathy and victim PTSD as potential factors in rape case attrition. *Journal of Police and Criminal Psychology*, *26*(2), 112-117.
- McNaughton Nicholls, C., Mitchell, M., Simpson, I., Webster, S., & Hester, M. (2012). Attitudes to Sentencing Sexual Offences. *Sentencing Council Research Series* (Vol. 01/12): Sentencing Council.
- Quayle, E. (2012). Framework Analysis. In O. Kolpakova (Ed.), *Online Behaviour Related to Child Sexual Abuse: Focus Groups' Findings* (pp. 19-20): Risktaking Online Behaviour Empowerment through Research and Training (ROBERT).
- Risk Management Authority. (2006). *Standards and Guidelines for Risk Assessment*. Paisley, Scotland: Author.
- Ritchie, J., & Lewis, J. (2003). *Qualitative Research Practice*. London, UK: Sage.
- Russell, K., & Darjee, R. (2012). Managing the risk posed by personality-disordered sex offenders in the community: A model for providing structured clinical guidance to support criminal justice services. In C. Logan & L. Johnstone (Eds.), *Managing Clinical Risk* (pp. 88-114). London, UK: Routledge.
- Scottish Government. (2010). MAPPA Edinburgh, Lothian and the Borders Multi Agency Public Protection Arrangements Annual Report 2009/10 Retrieved 1 April, 2012, from <http://www.scotland.gov.uk/Publications/2010/11/10112315/0>

- Smith, J., & Firth, J. (2011). Qualitative data analysis: the framework approach. *Nurse Researcher, 18*(2), 52-62.
- Srivastava, A., & Thomson, S. B. (2009). Framework analysis: A qualitative methodology for applied policy research. *Journal of Administration & Governance, 4*(2), 72-79.
- Sutherland, A. A., Johnstone, L., Davidson, K. M., Hart, S., Cooke, D. J., Kropp, P. R., . . . Stocks, R. (2012). Sexual violence risk assessment: An investigation of the interrater reliability of professional judgements made using the Risk for Sexual Violence Protocol. *International Journal of Forensic Mental Health, 11*, 119-133.
- Watt, K. A., Hart, S., Wilson, C., Guy, L., & Douglas, K. S. (2006). *An evaluation of the Risk for Sexual Violence Protocol (RSVP) in high risk offenders: Inter-rater reliability and concurrent validity*. Paper presented at the Annual Meeting of the American Psychology-Law Society, St Petersburg, Florida, USA.
- Watt, K. A., & Jackson, K. (2008). *Inter-rater and structural reliabilities of the Risk for Sexual Violence Protocol*. Paper presented at the Annual Meeting of the International Association of Forensic Mental Health Services, Vienna, Austria.
- Webster, S., Davidson, J., Bifulco, A., Gottschalk, P., Caretti, V., Pham, T., . . . Graparo, G. (2012). European Online Grooming Project: Final Report: European Online Grooming Project.