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**Assessing Adolescents who display Harmful  
Sexual Behaviours:  
The Challenge of the Developmental  
Transition**

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**Durham University (2019)**

**A thesis submitted in fulfilment of the requirements for  
the degree of Doctor of Philosophy**

**Declaration**

I declare that this is my own work and has not been submitted for the award of a higher degree anywhere else.

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## **Abstract**

In the 1980's research began to highlight how adolescents who display harmful sexual behaviour and adult sexual offenders were two distinct groups with distinct characteristics. This distinction led to the development of a range of assessment tools and interventions that are tailored to the specific group's risks and needs. The process of assessment and risk management of harmful sexual behaviour is undertaken by a variety of statutory and non-statutory services, these services have different assessment focuses creating assessments that differ in structure and content.

This thesis uses a mixed methods approach to explore the assessment of adolescents who display harmful sexual behaviour as they transition to adulthood. It explores the developmental transition, risk assessment tools, the link between risk assessment and risk management and the experience of the assessment process. The qualitative research focuses on interviews with young people who have displayed harmful sexual behaviour and professionals that work with them (Police, Probation, Youth Offending Service, Social Work and Clinical). The quantitative research focuses on case file information exploring how risk assessment tools analyse risk and how the assessment tools relate to each other.

This research highlights how there are challenges to assessing adolescents who display harmful sexual behaviour as they transition to adult services. There are issues in relation to strategic alignment, organisational alignment, and role and goal alignment within the assessment process. There are difficulties establishing the context for risk assessment and identifying risks associated with harmful sexual behaviour, issues with assessing and evaluating sexual risk and how risk is managed, monitored and reviewed. There are also concerns in relation to consultation, communication and intervention. These issues not only have an impact of the effectiveness of the assessment process but also have an impact on the experiences of those involved within the process.

The research findings highlight key factors that could improve the effectiveness of the risk assessment and risk management processes including greater clarity about professionals' roles and responsibilities and how create an overarching multi-agency framework. It highlights the need for a more standardised approach to assessment and risk management, with increased training for professionals and access to resources, improved monitoring and reviewing processes, and more effective communication between professionals and between the professional and the young person.

## **Acknowledgements and Dedication**

This thesis is dedicated to my family for their support and commitment, particularly my parents for their love, support and continued encouragement. I would like to give special thanks to my daughter Chloe who has gone on this journey of study with me, supporting me and showing understanding for the time and commitment that has been given to completing this thesis. I would not have got through this without you.

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## **Glossary of Terms and Abbreviations**

There are a variety of acronyms used within the field of sexual offending; key terms referenced throughout this thesis are outlined below:

**ARMS-** Active Risk Management System

**YOT-** This term refers to the Youth Offending Team, both qualified and unqualified practitioners

**Clinical-** This refers to Professionals who work providing therapeutic intervention with sexual offenders, such as psychologists and therapists.

**CPS-** Crown Prosecution Service

**CAMHS-** Children and Adolescents Mental Health Service

**DBS-** Disclosure and Barring Service

**DoL-** Deprivation of Liberty

**G-MAP-** Specialist Service delivering training and intervention

**HMIP-** Her Majesty's Inspectorate of Prisons

**J-ARMS-** Juvenile Active Risk Management System

**MAPPA-** Multi- Agency Public Protection Arrangements, a professionals meeting that is held to consider and manage high risk offenders in the community. The panel usually has representatives from Police, Probation/ YOT, Social Care, Housing and Mental Health.

**MOSOVO-** Management of Sexual Offenders and Violent Offenders

**NOMS-** National Offender Management Service

**NOTA-** National Organisation for the Treatment of Abusers

**PSR-** Pre-Sentence Report

**YJB-** This term refers to the Youth Justice Board; this is the organisation that oversees the Youth Justice System in England and Wales.

# Part I

## Chapter 1: Introduction

### 1. Introduction

This chapter provides the rationale for this thesis, detailing the context and theoretical framework, as well as outlining the aims and objectives and the structure for the thesis.

### 2. Rationale for the Research

In considering the rationale for the research, it is important to understand the background of the research, as this has influenced the focus of this research. I am a Registered Social Worker and have been working in the field of harmful sexual behaviour for 24 years. In my career I have worked in a variety different professional disciplines and with a range of client groups; Probation, working with adult sexual offenders; Social Care, working with adult sexual offenders, non-abusing carers, survivors of sexual abuse and adolescents who displayed harmful sexual behaviour and for the last 13 years I have worked at a specialist therapeutic service working with adolescent males who display harmful sexual behaviour, where I currently hold the role of Clinical Director.

The specialist service has been running for 55 years and was originally developed to support young adult men as they transitioned from borstal into the community, working with young people 15 to 21 years of age. As part of my work I support and manage the young people in their transition from the service into the community. This transition planning involves multi-agency liaison, considering the young people's risks and needs. The experience of planning these transitions has varied considerably from transitions that are well co-ordinated with ample support, through to transitions which have been more complex with professionals holding differing positions in relation to risk and need. There have been many occasions where I have been concerned about how services understand the needs and risks of young people and have questioned some of the risk management decisions that have been made. I have been concerned that some of the decisions lacked an understanding of the young people's developmental needs, that inappropriate tools were used to assess them and that the subsequent risk management strategies implemented may increase risk, or at least make it harder for the young person to integrate into society and lead a pro-social life. For example, one young person wanted to join an adult only football team at a local pub, as a way to build

positive social relationships and provide some structure to his week; however this was refused on the grounds that there was the possibility that children may come to watch the game. Another example was a young person that was told that he could only watch films at the cinema that were rated 18, as professionals were concerned that there would be children present. Whilst this may seem an appropriate restriction in relation to preventing contact with children, it did not consider that this limited the young person to watching films that were 'adult' in nature, with a high level of violent or sexual content.

The concerns in relation to professionals understanding of child development, harmful sexual behaviour, risk assessment and risk management led me to want to explore how adolescents who display harmful sexual behaviours are assessed through the developmental transition to adulthood and the challenges that this developmental phase presents.

### **3. Context for the Research**

Research in the field of sexual offending is vast; the main focus of research prior to the 1980's was on adult male sexual offenders. In the 1980's there was a heightened interest in understanding adolescent sexual offending, this grew from research indicating that adult sexual offenders often started displaying harmful sexual behaviour in childhood or adolescence (Ryan and Lane, 1990). From this point, adolescents who display harmful sexual behaviour and adult sexual offenders began to be viewed as two distinct groups. With this separation assessment tools and interventions began to be tailored to each group's distinct characteristics. The purpose of assessing risk in adults and juveniles appears to be similar, predicting the risk of future sexual offences and aiding the professionals working with them to determine sentencing, focus intervention, assess progress in treatment and to decide the degree of restriction to be placed on an individual (Worling, 2002).

There are a variety of statutory and non-statutory services that can be involved in assessment and risk management decisions about adolescents who display harmful sexual behaviour. These services have different assessment needs and as such their assessment structures and contents vary depending on the different client group and on the professions assessing. The Youth Offending Service uses the ASSET assessment tool. This tool highlights that often the young people have multiple needs and difficulties which once identified and addressed, can reduce the young person's chance of re-offending. This tool considers the young person's offending behaviour, their personal circumstances and their attitudes and beliefs. The Probation Service uses the OASys assessment tool, designed to assess an offender's

likelihood of reconviction, considering the criminogenic factors associated with offending, and the risk of harm they present. This assessment tool examines the offending history, social and economic factors such as employability, income and relationships and personal factors such as attitudes and beliefs. Similarly, an offender may be subject to police assessment (RM2000) or in depth psychological assessment (such as J-SOAP, AIM Model, HCR-20) all of which consider different factors.

Whilst there has been a necessary separation of the research into adolescent and adult sexual offending, there is absence in respect of consideration to what happens to the adolescent who displays harmful sexual behaviour once they reach adulthood and are viewed as an adult. This developmental transition raises a variety of questions, one of which is whether adolescents who display harmful behaviour who turn 18 should be considered as adolescents who display harmful sexual behaviour or adult sexual offenders and which research is more applicable. Further questions are raised such as how risk assessment tools view risk through this transition, whether the focus of intervention shifts and how confident professionals are working across this developmental transition.

With so many different risk assessments being used it is important to understand how they relate to each other and whether there is a degree of consistency between them. This consistency is particularly important when addressing how juvenile assessment tools correlate with adult assessments. The transition from adolescence into adulthood, from juvenile services into adult services needs to recognise the developmental context within which the offending took place. There needs to be some way to bridge the different services and assessment approaches. With this transition bridged then assessments are more likely to be able to aid the implementation of robust and appropriate risk management strategies.

#### **4. Theoretical framework for the research**

The field of sexual offending research predominantly comes from a cognitive or behavioural theoretical base, with the focus being on changing behaviour and cognitive beliefs. The theoretical framework for this research is rooted in humanistic psychology, a combination of psychoanalysis and psychodynamic theory. The humanistic and psychodynamic models sit comfortably together, with an inevitable degree of overlap.

One of the major theorists in Humanistic Psychology is Abraham Maslow (1943). His hierarchy of need highlights how in order to achieve higher levels of functioning, the



foundations of basic need, safety and security need to be in place. Other notable humanistic theorists are Carl Rogers (1965) and Erich Fromm (1956) who highlight the need for a sense of self, belonging and freedom. Haigh (2013) published his 'quintessence of a therapeutic environment' five universal qualities he believed were fundamental in providing a solid therapeutic environment, these being attachment, containment, communication, involvement and agency. This model has strong echoes to the humanistic model proposed by Maslow 70 years earlier. Whilst Haigh is predominantly thinking about patients or offenders, the therapeutic community model he describes applies just as well to thinking about those who work in this field.

Therapeutic communities in the United Kingdom originated from the 1940's Northfield Experiment (Bion, 1943) where psychoanalysts who worked with World War II veterans suffering from PTSD began to question how mentally ill veterans were treated. Psychiatrist Robert Rapoport (1960) was fundamental in shifting thinking around the importance of the therapeutic environment. The central philosophy being, that the individual is an active participant in their own and other people's treatment. When considering these theoretical foundations, they are often ascribed to the patient or offender; however, these factors are also important when considering the experiences professionals have whilst undertaking the work. In the 1980's psychoanalysis and therapeutic communities focused on understanding the connections between the task of the work and the anxieties which that task may generate, this 'collective defence' they believed could, if unattended to, disrupt the work itself. This started a culture of enquiry encouraging the questioning of fundamental beliefs and practices held by professionals, questioning the roles professionals play and the impact of their experiences on the work.

In adopting a humanistic/ psychoanalytic theoretical underpinning this thesis will focus on a holistic approach to the assessment of young people who have displayed harmful sexual behaviour, one which promotes the importance of the experiences of both young people and professionals.

## **5. Aims and objectives of the research**

The primary research focus of this thesis is to explore the experience professionals and young people have in the process of assessing harmful sexual behaviour through the developmental transition. The research will consider how the risk of harmful sexual behaviour is assessed and managed through the transition from adolescence to adulthood. The research aims to

identify the challenges experienced assessing people who have displayed harmful sexual behaviour in adolescence and explore how assessments can aid professionals to development appropriate risk management strategies which can transcend through the developmental transition to adulthood.

The objectives of the research are:

- To explore professionals understanding of adolescents who display harmful sexual behaviour.
- To understand how professionals assess risk in adult sex offenders and adolescents who display harmful sexual behaviour.
- To explore the difference between adult sex offenders and adolescents who display harmful sexual behaviour and the significance of the developmental transition.
- To explore how professionals use risk assessments to develop risk management strategies.
- To identify key factors that aid pro-social outcomes for adolescents who display harmful sexual behaviour and adults who offended during adolescence.

## **6. The structure of the thesis**

This thesis has three main sections; Part One of the thesis consists of two chapters, an introductory chapter that outlines the rationale for the research, the theoretical framework for the research and aims and objectives of the study. The second chapter reviews academic literature, focusing on understanding risk, the developmental transition and its effect on assessment and the challenges of assessment. There will also be exploration of literature that focuses on the relationship between assessment and management and the risk management factors that promote pro-social outcomes. The chapter will conclude by outlining the research questions.

Part Two of the thesis consists of the Research Methodology Chapter and Pilot Chapter. The methodology chapter outlines the research design and methodology. There is consideration given to the ethics, participant selection and consent. The chapter then describes in detail the two different types of analysis that will be used within this research, comparative analysis, and qualitative interviews. The Pilot Chapter provides a review of the research pilot, summarising some of the challenges encountered and how these will be addressed.

Part three of the thesis consists of four findings and discussion chapters; there is then an analysis chapter and the final conclusion and recommendations chapter. Chapter's 5 to 8 consider different research questions, presenting both the qualitative and quantitative data. Chapter 5 explores the impact of the developmental transition; Chapter 6 considers the challenge of assessment; Chapter 7 considers the relationship between assessment and management and finally Chapter 8 explores the experience of the risk assessment process.

Chapter 9 is an analysis chapter providing a discussion and analysis of the findings, drawing the findings chapters together. Finally Chapter 10 outlines the conclusions and recommendations, reviewing the findings of the research, responding to current practice deficits and weaknesses and proposes a more effective way to assess adolescents who display harmful sexual behaviours, through the transition to adulthood. This chapter considers the new knowledge generated by this research, the strengths and limitations of the research and areas for further exploration. The chapter concludes with a personal reflection in respect of undertaking the research.

## **Chapter 2: Literature Review**

### **1. Introduction**

Chapter Two focuses on a review of literature relating to harmful sexual behaviour. The chapter firstly explores the understanding of risk, considering the societal perception of risk, before exploring both adult sexual offending and adolescents who display harmful sexual behaviour. There is consideration of the assessments of sexual risk and sexual recidivism. The chapter reviews key literature that focuses on the developmental transition from adolescence to adulthood, considering the challenges of assessment and the relationship between assessment and management. The chapter concludes by focusing on what risk management factors promote pro-social outcomes.

### **2. Understanding risk**

In starting to think about harmful sexual behaviour, the assessment process and how assessments aid the development of appropriate risk management strategies, the need to define what is meant by risk becomes prominent and appears to be the most useful starting point. The concept of risk is complex; defined simply as an exposure to a hazard or danger, but the term also incorporates the nature of that risk and what response should be elicited to a risky situation. It is important to understand how risk in general is understood and experienced. Risk appears to be defined and understood in terms of a variety of social factors such as ethical and moral perspectives, history and the political climate. In considering what factors influence thinking in relation to risk, the fundamental basis of the constructionist argument is that risk is socially constructed by and between the people who experience it (Gergen, 1999), but this raises the question of whether a risk exists independently of our representations of it (Searle, 1995) and how we need to engage with it. Stahl et al (2003) highlight how an objective approach to risk can be problematic as it assumes a fixed and objective reality of risk, whereas adopting a Social Construction approach to risk, provides flexibility in how risk is considered.

The term risk can be used interchangeably to define both a hazard and also a social construct (Beck, 2000a). When considering harmful sexual behaviour, the hazard is clearly identified, that being the threat of someone being harmed sexually, however when considering the social construction of risk of harmful sexual behaviour, then the issues are not so clear.

### **3. Societal perception of sexual risk**

The social perception of sexual risk heavily depends on the knowledge base held and the individual's own experiences. Risk can clearly be defined and understood in terms of a social construction. Gavin (2005) states 'Child sexual abuse is not a new phenomenon, but the perception of it is and always has been, socially constructed'. The social construction of sexual abuse links heavily to the social construction of family, with the balance between the wellbeing of the family and the needs of the child varying significantly through history and the safety of family being challenged (Jackson, 2000; Hammerton, 1992, Edwards & Hensley, 2001). Gavin (2005) states how 'History has treated incest ambiguously: on the one hand condemning it and on the other hand punishing the victims'. Guarnieri (1998) highlights how children were often institutionalised after disclosing sexual abuse, highlighting how society's understanding of sexual risk has changed. It is important when considering the assessment of sexual risk that there is acknowledgement to how risk changes with time and societies views, with behaviours previously defined as acceptable being reconsidered as harmful, leading to changes in policy and procedure and different factors being considered in understanding, assessing and responding to sexual risk.

Moral Panic was originally proposed by Cohen (1972). Crossman (2019) describes moral panic as a widespread often irrational fear that there is a threat to society's safety and values, identifying key stages, that there is threat to social norms; that the threat is simplified by media in ways that increase public concern; that there is a policy response to this perceived threat and ultimately this can lead to social change. The Media is a prime example of this with its sensationalist reporting and manipulation of facts which can lead the public to misunderstand sexual offending, with headlines using terminology such as 'paedophile' and 'pervert', often the image of an older male stranger being portrayed as presenting a risk and females being portrayed as more vulnerable to exploitation and abuse. This is echoed in campaigns and strategies implemented to keep children safe, the 'stranger danger' campaign, the heightened awareness in schools around strangers and safety. These social messages provide a false impression of sexual abuse. Rape Crisis report that only 10% of rapes are committed by a stranger and highlight that men can be victims too. Similarly, NSPCC report that 1 in 20 children in the UK have been abused and that 90% of that abuse was perpetrated by someone the child knew, in a third of these cases the abuse was perpetrated by another child or young person.

The perception of sexual offending is not only misrepresented in the media but is also treated differently by society from other offending that may be just as harmful. It is interesting that praise is often given to those who turn away from a life of crime or addiction, being seen as rehabilitated or recovering. However, with sexual offending there appears to be a label that is harder to lose, a stigma that cannot be shaken. If understanding this from a functionalist perspective, it could be argued that society may have a vested interest in keeping sexual offending as such a distasteful taboo. The line between what is deemed as abusive or non-abusive at its extremes may be quite clear however, considering typical and atypical sexual fantasy for example there is a significant lack of clarity.

*"All the forms of sexual perversion...have one thing in common: their roots reach down into the matrix of natural and normal sex life; there they are somehow closely connected with the feelings and expressions of our physiological erotism. They are hyperbolic intensifications, distortions, monstrous fruits of certain partial and secondary expressions of this erotism which is considered 'normal' or at least within the limits of healthy sex feeling."* (Eulenburg, 1914)

It therefore raises the question of whether the myths that surround sexual offending serve a purpose, in creating a sense of security that sexual offenders are in some way distinct and identifiable.

Merton (1936) states that 'when a society over-reacts to a perceived threat and seeks to curtail that threat by drastically altering social order, unexpected outcomes can subsequently result'. Kasperson et al (1988) argues that there are two distinct structural descriptions for the amplification of risk, these being how information is transferred and what response mechanisms are in place. When looking at the response mechanisms there needs to be an analysis of risk, sometimes even low-level risks can evoke a strong public response and therefore impact on society and the economy. Menzies (1960) explores how social systems can be used as a defence against anxiety. She highlights how the main aim of this defence is how it attempts to help the individual avoid experiencing anxiety, uncertainty and other negative emotions. It is suggested that this is often achieved through minimising exposure to emotionally high-risk situations. Menzies questions that if there are limited attempts to work with these difficult emotions, there is not the opportunity to develop a capacity to tolerate and effectively manage anxiety. In the case of sexual offending it could be argued that in reality the risk is likely to come from someone known to the victim and not easily identifiable prior

to offending, thus creating social anxiety that needs to be defended from, through focusing on the rarer extreme cases of stranger offending, cases that provide the reassurance of difference and distance.

In exploring the meaning of sexual risk and how society understands risk it is clear that there are many different factors that influence this. It is not as simple as seeing a hazard or having a shared notion of what the risk looks like, but that it is important to explore and understand sexual risk in detail, questioning the underpinning beliefs.

#### **4. Adult Sexual Offending**

There has been an interest in understanding sexual offending for many decades. In the 1980's the focus of theories of sexual offending was on the social and emotional difficulties of offenders, this developed with the focus on attachment as a root cause of these difficulties (Marshall, 1989). There were a variety of different psychological approaches used to try to understand sexual offending, from biological through to social constructionist approaches. Ward and Hudson (1998a) proposed a meta-theoretical framework to understand the different theories; this framework contained 3 levels, a multifactorial level, a single factor level and a micro level (offence specific).

Many multifactorial models were proposed during the 1980s and 1990s, such as Finkelhor's (1984) precondition model, Barbaree and Marshall (1990) integrated theory, Hall and Hirshman (1991) quadripartite model and Ward and Siegert (2002b) Pathways Model. Finkelhor described four pre-conditions to sexual offending, these being the motivation to abuse, the ability to overcome internal inhibitors, the ability to overcome external inhibitors and the ability to overcome victim resistance. Marshall and Barbaree focused on early year's experiences including developmental vulnerability, stress of adolescence and situational factors, such as family dysfunction. This model integrates biological, social and situational factors, they highlight how in early childhood individuals are learning to distinguish between and control violence and sexual urges.

Hall and Hirschman (1991) suggest a Quadripartite Model for understanding sexual offending; they identify four key components, physiological sexual arousal, cognitions justifying sexual aggression, affective dyscontrol, and personality problems. Ward and Siegert (2002b) focus on deviant sexual scripts, intimacy deficits, emotional dysregulation, anti-social cognitions and multiple pathways as the route to offending. Within all of these

models the behaviour is understood in terms of factors within the individual, within the individual's relationships and their social environment.

There have been a number of studies that have identified key factors that play a part in adult sexual offending, Cohen (1969, 1971) highlights how adult sexual offending can be compensatory in nature, Hazelwood (1998) discussed that adult sexual offenders can be motivated by anger, sadism, impulsive and antisocial motivations. In addition there are offence specific factors such as sexual pre-occupation, emotional congruence with children, social factors such as intimate relationships and social relationships and individual factors such as self-management skills that are key factors in sexual offending for adults (Hanson & Bussiere 1998, Hanson & Morton-Bourgon 2005).

## **5. Adolescents Who Display Harmful Sexual Behaviour**

The societal perception of a sexual offender often focuses on an image of an adult male, whilst the majority of sexual offenders are adult males, approximately a third of reported sexual offences are perpetrated by people under the age of 18 (Fisher and Beech, 2004). Similarly to adult offenders, adolescents who display harmful sexual behaviour are diverse in character, experiences, and presentation (Letourneau & Miner 2005, Smallbone 2006, Cullen 2011, Robertillo & Terry, 2007). There are however key differences in the patterns of harmful behaviour displayed by adult sexual offenders and adolescents who display harmful sexual behaviour (Worling 2002, Prentky et al 2000 and Groth et al, 1977).

There have been a variety of meta-analysis studies that have explored adolescent sexual offending and proposed typologies (Malvaso et al, 2019; Balfe et al, 2019;, Graves et al, 1996 and Prentky et al, 2000). These studies have suggested that adolescents who display harmful sexual behaviour are significantly different from adult sexual offenders particularly in relation to the characteristics of their offending (Cullen 2011). Research suggests there are some distinct patterns to adolescent harmful sexual behaviour. These conclude that adolescents are more likely to offend against younger children rather than same age peers (Boyd and Bromfield, 2006), these young people also appear to experience noticeable issues with their psychosocial functioning (Worling 2002) and they do not appear to display high levels of aggression in their sexual offending (Hunter et al, 2003). Another pattern which emerged from the research was that the majority of those adolescents who offended against either adults or peers chose to offend against females (Stermac & Matthews, 1987). A further area highlighted within research as being a key factor is the adolescents distorted beliefs



about their offending; Kahn & Chambers (1991) highlight how adolescents who blamed their victims were more likely to commit further offences.

In 2010, Seto and Lalumiere undertook a meta-analysis exploring adolescent males who displayed harmful sexual behaviour and compared their offending to the explanations for adolescent sexual offending as found within the existing literature. This study identified factors that pre-disposed an adolescent towards sexually offending, this included issues such as level of delinquency, social skills deficits, attachment issues, the development of atypical sexual interests and compared the cognitive abilities of the perpetrator with the victim age.

Balfe et al (2019) explore the health characteristics and experiences of 117 young people who display harmful sexual behaviour. This study found that young people often experienced health and personal difficulties. Balfe et al (2019) highlight that many young people that display harmful sexual behaviour continued to display problematic behaviours within residential provisions, issues with sexual and violent behaviours.

The issue of adolescents who display harmful sexual behaviour having social skills deficits was raised in a number of other studies (Beckett 1999, Langstrom & Grann 2000 and Kenny et al 2001). In 2008, Woodham undertook a study suggesting that these factors could be grouped into four broader domains; Family Factors, Individual Factors, Peer Factors and Schooling.

These patterns highlight the significance of developmental factors, attachment relationships and the experience of trauma and abuse. Rich (2003) explores the issue relating to adolescent harmful sexual behaviour, stating:

*'Work with child and adolescent sexual offenders is even more complex as it deals with developmental and cognitive issues, personality development, family and community systems, a complex interplay between developing emotions and behaviours, the line between normative sex play and experimentation and the development of sexual offending behaviour, psychiatric comorbidity, social learning, and often the echoes of personal trauma in the adolescent or child offender' (p4).*

This is echoed by Barbaree and Marshall (2006), who highlighted how understanding and assessing adolescents who display harmful sexual behaviour has to be considered within the context of the normal development of sexuality in adolescence. These developmental

contextual factors are key elements in most risk assessment tools designed for assessing adolescents or more specifically for assessing someone who offended within adolescence.

## **6. Developmental transition and its effect on assessment**

### **Developmental Transition**

The development from birth to adulthood has a variety of distinct developmental phases and transitions, from birth to infancy, infancy to toddlerhood, toddlerhood to childhood, childhood to adolescence, adolescence to adulthood, adulthood to middle age, middle age to old age and old age through to death. During these stages individuals experience changes in a range of different areas, physical, intellectual, emotional and social. This study focuses on the developmental transition from adolescence to adulthood. It is however important to acknowledge that there is debate about the definition of adolescence and whether this is a fixed stage and whether there is argument for extending the stage of adolescence beyond the age of 18 (Arnett, 2004; Gallo & Gallo, 2011).

In trying to understand the role that the developmental transition has on sexual offending, it is important to explore the history of developmental theory. In the 17<sup>th</sup> Century, John Locke (1690) proposed the notion of *tabula rasa* a behavioural approach that suggested that children are born as blank slates and develop as a response to the nurturing they receive. In the 20<sup>th</sup> Century, Jean Jacques Rousseau (1920) proposed the notion of children as *Noble savages*, a maturational approach where children were thought to be born with a natural sense of morality. In thinking about these two foundational approaches questions are raised as to how an adolescent who displays harmful sexual behaviour should be viewed, and subsequently assessed and treated, how much of the behaviour is pre-determined or due to environmental factors.

Developmental theory has moved on significantly since these approaches with the introduction of psychoanalytical approaches (Freud, 1949, Erikson, 1959), behavioural and social learning approaches (Watson, 1913, Skinner, 1938, Bandura, 1977), attachment theory (Bowlby, 1969, Ainsworth, 1980, 1985, Crittenden & Ainsworth, 1989) and cognitive developmental approaches (Piaget, 1928, Vygotsky, 1978). There is a significant amount of literature that explores the link between the internal world (psychoanalytic approach), the social world (behavioural and social learning approaches) and the role of attachment. Ryan and Lane (1990) state:

*‘the most pervasive common element in those that maltreat children is the feeling of not having been adequately cared for or loved in enough of a holding environment and was unable to help the child develop a solid cohesive sense of a worthwhile self’*  
(p.62)

### **Developmental Transition and Assessing Risk**

It is important when assessing sexual risk within adolescence that developmental factors are considered. Current thinking and theories of sexual offending and specifically harmful sexual behaviour in adolescence consider all of the theoretical approaches highlighted above to help understand the origins of harmful sexual behaviour and how to assess and work to reduce the concerning behaviour (Miner et al, 2006).

Rich (2003) proposes a holistic model that incorporates all the different theoretical approaches described above. He identifies a *biopsychosocial* theory that links the factors together. He describes how *‘There is no profile or set of unique identifiers that defines or distinguishes juvenile sexual offenders’* (p98). He goes on to highlight how adolescents who display harmful sexual behaviour need to be viewed differently to adult sexual offenders as they are not at the same developmental stages. This is fundamental when assessing adolescents who display harmful sexual behaviour, where it is considered the pathways to sexual offending may not be fixed and that targeted intervention may be able to alter the developmental pathway.

*‘Working with adolescent sexual offenders and sexually reactive children is a substantially different proposition from work with adult offenders. This is primarily because sexually abusive behaviour, in both children and adolescents, appears far more tied to developmental issues than sexual deviance, in terms of the emergence of personality, psychological development, response to the social environment and social messages, and the myriad of forces that shape and define the emotions, cognitions, relationships and behaviour of children and adolescents’*

(Rich, 2009, p431)

The role of attachment appears to be central to understanding harmful sexual behaviour, the development of secure early relationships is crucial to how individuals develop a sense of self and others, it is important that relationships are including in an assessment of sexual risk. Family factors are suggested to play a key part in the development and continuation of

harmful sexual behaviours (Marshall & Barbaree 1990, Righthand & Welsh 2001, Ryan 1999 and Smallbone 2006). However this poses questions as to how professionals work with attachment disorders and dysfunction, Craissati (2009) states *'there are implications for attachment problems and sexual offending, in terms of providing an accessible conceptual framework within which practitioners and agencies can enhance the effectiveness of their treatment and management interventions'* (p.32). In thinking about attachment holistically then the theories proposed by Maslow (1943) and Haigh (2013) are key, ensuring that primary needs are met before psychological wellbeing can be achieved.

### **The Impact of Trauma and Adverse Childhood Experiences**

In considering developmental transition it is important to consider the impact trauma and adverse childhood experiences have on development and harmful sexual behaviour. Research into trauma and abuse has developed significantly; in 1998 the Kaiser Permanente population study highlighted 10 adverse childhood experiences (ACEs) that are linked to the increased risk of problems in later life (Felitti et al, 1998). These experiences include physical, sexual, psychological abuse and neglect, experiences of domestic violence, issues with drug use, mental health problems, criminality and custody and relationship breakdown within the family (Aiyer et al 2006; Anda et al, 2006; Velleman & Templeton; 2016; Vissing et al 1991). It is important to recognise that disclosing sexual abuse is complex and that it is often hidden from professionals (Priebe & Svedin, 2008).

Hughes et al (2017) highlight how minimal exposure to ACEs has less of an impact on risk, when a young person experiences four or more significant ACEs there is a substantial risk of developing mental and physical health problems in adulthood. Asmussen et al (2020) suggest that 10-15% of the population are likely to have experienced four or more ACEs. Shonkoff et al's (2012) study suggests that if the ACEs are continuous and unresolved then young people can cause the body to produce too much cortisol, affecting the nervous and immune systems, this is supported by Rimel (2014) who highlights how abuse and trauma can negatively affect an individual. Longo (2008) refers to how adolescent harmful sexual behaviour is a sign of a more significant problem. Adolescents who are displaying inappropriate and harmful sexual behaviours must be viewed holistically; Longo suggests that traumatic histories can cause neurological and developmental deficits. Hickey et al (2006) explored the link between adolescents who display harmful sexual behaviour and the emergence of significant personality disorder.

McMackin et al (2002) highlight how experiences that are traumatic or trigger associated feelings can be triggers for sexually harmful behaviours in adolescents. In McMackin et al's study they found that 95% of the adolescents who displayed harmful sexual behaviour in their study had experienced a traumatic event and 65% were assessed as meeting the criteria for PTSD. This echoes the findings of Rezmovic et al (1996), Allan (2006), Kempe et al (1962) and Glasser et al (2001) who all highlight the link between being a victim of sexual abuse and displaying harmful sexual behaviour. Braga et al (2016) highlight how there is a link between experiencing trauma and ACEs and increased rates of anti-social behaviour and that there is a strong link between aggression and the experience of physical and sexual abuse.

Hunter et al (2009) explored the pathways into social and sexual deviance in adolescence, they identified two major developmental pathways, one of social deviance taking a route characterised by psychosocial deficits and the potential for psychopathic and aggressive attitudes resulting in harmful sexual behaviour. The second is a pathway of sexual deviance, taking a route characterised by psychosocial deficits, resulting in sexual aggression and potential paedophilia. They highlight how early exposure to abuse (physical or sexual) may evoke the young person to perceive their environment as highly sexualised and dangerous. The difficulty with experiencing this in childhood or adolescence is that the individual is unlikely to have positive sexual or life experiences to compensate for the trauma therefore this can lead to a distorted sexuality and view of the world.

Hunter (2004) highlights how psychosocial factors play a significant part in understanding adolescents who display harmful sexual behaviour, stating '*Youths who sexually offend against prepubescent children manifested greater deficits in psychosocial functioning, committed fewer offenses against strangers, and demonstrated less violence in their sexual offending than offenders against pubescent females*' (p.233).

It is clear there are multiple factors that need consideration when assessing an individual who committed harmful sexual behaviour as an adolescent. Adolescence is a time when independence and responsibility is strived for, however young people may not have the skills or emotional capacity to manage the change in responsibility and independence (Bowlby 1969, Ainsworth 1980, Crittenden & Ainsworth 1989, Piaget 1923, Vygotsky 1978). It is widely recognised that adolescents who display harmful sexual behaviour experience difficulties with deficits in the areas of intimacy and social skills, which may affect their

development of independence and responsibility. These deficits appear to originate from early years experiences and attachments. These deficits when left unresolved can lead the individual to experience relationship and trust issues, with them experiencing difficulties learning to emotionally regulate resulting in maladaptive behaviours (Blandford & Parish, 2017).

### **Adolescent Limited or Life Course Persistent Offending**

In Moffitt's (1993) study into Adolescence Limited and Life Course Persistent Offending, Moffitt identifies that early arrest is an important predictor for long term offending, she also states that offending that continues past the age of 25 years is a predictor of long-term recidivism. This however is not surprising in terms of a pattern of behaviour becoming more entrenched and the inappropriate coping strategies becoming more embedded. Moffitt also highlights how personality traits and how the environment responds to them are crucial.

There are a number of studies that highlight how many Youth Offending cases have social care involvement (Hopkins et al, 2010, Day et al, 2007). Fielder et al (2007) identified that 20% of young people who are in custody are care leavers. There has been significant interest into the experience of adolescents who display harmful sexual behaviour and their re-entry back into society, following care, custody or treatment. Beresford & Cavet (2009) highlight how young people leaving care are particularly vulnerable during transition, Singh (2009) describes how transition needs to be planned in order to avoid disengagement of young people. Boswell et al (2016) explored the experiences young people had transitioning from specialist services into adulthood and independence, they reported that young people often experience difficulties with physical and mental health issues, echoing the earlier research in relation to the impact of adverse childhood experiences. Within the research Boswell et al highlight how there is often a lack of support services for young people to aid them with this transition. In Dominey & Boswell's (2018) research they raised how the circle of support model is a useful model for young people to aid them transition from services. Barton (2006) highlights what he believes are the crucial elements for successful re-entry, highlighting the Intensive Aftercare Program model developed by Altschuler and Armstrong (1994a), he states:

*'[This] is a promising approach that builds upon the balanced approach and recognizes that successful re-entry requires continuous case management, beginning with assessment*

*and transition planning during incarceration, partnerships with community service providers, carefully managed transition programming, and a gradual substitution of community control for correctional control upon release'. (p.56)*

It is clear that the process of transition is a complex one, but are the experiences of adolescents any different to that of adults? Sullivan (2004) argues there are significant differences, that the adolescent who displays harmful sexual behaviour is more likely to be returned back to live with parents, to not have had previous employment and is likely to be involved in less criminal behaviour than adults. Sullivan goes on to highlight how the process of being removed from the family home is likely to have had a significant impact developmentally, prematurely ending key stages of adolescences, like leaving home and school. These factors need to be considered within the risk assessment process.

Ruhland et al (2006) identified that the young people that were less likely to reoffend as adults were those whose offences did not include drugs or weapons. They also found that a pro-social family was important, and the presence of a father figure within that family was influential. They concluded:

*'These youth looked to life-changing events as having facilitated their change. In particular, familial support, the formation of intimate relationships, parenthood, and changed peer affiliations seem to have been key in providing these juveniles with an environment to change' (p.34)*

Altschuler & Brash (2004) explored the challenges re-entry presents to adolescents who display harmful sexual behaviour. They propose that there are three key developmental stages; early (11-14 years), middle (15-17 years) and late (18-early 20's). They then identified four key developmental areas; physical, cognitive, emotional and social. They highlighted that depending on where someone is in each of these categories (age/development) effects the way professionals need to think about re-entry. Altschuler and Brash identify seven transition domains (family/living, employment, peer groups, substance misuse, mental health, education and leisure) that need to be considered. For example, they argue that for the early developmental stage the quality of family relationships are likely to be fundamental. As someone moves through the developmental stages there is likely to be a shift away from the importance of the family relationship, to one of peer relationships or intimate relationship (Barlow et al, 1977).

There has been a growing interest in desistance research; Maruna and King (2009) highlight the term ‘moral redeemability’, the notion that offending is not a persistent characteristic but that it is a maladaptation to circumstances and that change can occur if these circumstances are altered. Paternoster and Bushway (2009) suggest that research in relation to desistance from crime is a dynamic and exciting area of criminology. Glynn’s (2014) New Moons Model highlights how leading a crime free life requires there to be readiness for change and the individual needs to build on ‘social capital’; having a network of relationships that aid pro-social lifestyles. This supports the desistance paradigm proposed by McNeil (2006).

In relation to sexual offending, research suggests how maturation was a key factor, as is the process of having contact with the criminal justice service; having intervention around their sexual offending behaviour and having positive aspirations about their future (Farmer et al 2015). Uggen & Piliavin (1998) highlight the importance of desistance theory and research; however, they highlight the limitations of research around adolescents who display harmful sexual behaviour and also the impact of offering practical assistance and training. Uggen & Staff (2001) consider the importance of employment for offenders in helping them desist from offending, concluding that work programmes appear to be most useful for adults rather than adolescents, and that the quality of this employment plays a significant role. This was echoed by Saraw (2009) and Farmer et al (2015). Desistance research suggests the individual is an active participant in change, and that this is affected by social environment and relationships (Maruna & Mann, 2019, Farmer et al, 2015). Asmussen et al (2020) highlight how trauma-informed care can reduce the impact of ACEs, if a young person is placed within an environment where there is safety, personal choice and a degree of control, coupled with positive and trusting relationships. This is echoed by Elliott et al (2005) who highlight how recovery from trauma has to be a primary goal and that this is best achieved through empowerment, personal control and positive relationships. Greenwald (2005) suggests that there are a variety of individuals that are in a position to help children and young people heal from trauma and ACEs, such as parents, teachers, carers and other professionals.

De Vries Robbé et al (2015) also consider desistance; they highlight how risk assessment in the field of sexual offending has been focused on a deficit approach. Grossman et al (1992) and De Vries Robbé et al explore the issue of desistance; they argue that protective factors need to be given greater consideration within the assessment and risk management process. Hackett et al (2011) have conducted an in-depth study into outcomes, in analysing 700 cases they conclude that successful outcomes were linked to having positive thinking, a stable



relationship either intimate or carer and having an educational or employment achievement. Whereas less successful outcomes were linked to having a poor sense of self or ill health, a lack of relationships, poor living conditions and substance misuse.

It is clear the developmental transition impacts significantly on adolescents who display harmful sexual behaviour, both in terms of how established an abusive behaviour pattern becomes and on the factors that are important for helping aid an individual away from further offending and promoting a healthier pro-social developmental pathway. The process of transition from adolescence to adulthood is not only a developmental stage, but is also a stage where there are changes in the systems around the individual, the move to adulthood triggers a move from juvenile to adult services and these transitions need to be considered.

## **7. Terminology**

There is much debate about the terminology used to describe and define sexual risk displayed by adolescents. Some of the terms used describe the behaviours, or the legal definition in terms of criminal behaviour and others refer distinctly to a person's age. The term sexual offender sits comfortably when defining an adult offender however it is a term that is less comfortably used when defining a young person or a child. There are a range of terms used to describe young people who present a sexual risk, Araji (1997) refers to the sexually aggressive child, Vizard (2002) adopts the label young sexual abuser, whereas Hackett (2004) adopts young people with harmful sexual behaviours. The term 'young people with harmful sexual behaviour' provides a distinction that the young person and the behaviour are two distinct factors. Myers (2002) highlights how changes in terminology reflect an acknowledgement that the young person presents differently to their adult counterparts and should not be defined as a 'mini' adult sexual offender. The term harmful sexual behaviour also widens the behaviour beyond that of the criminal offence, allowing for a continuum of behaviours to be explored, behaviours that range from inappropriate to problematic and abusive. This wider definition fits more appropriately when considering young people who are developing and maturing.

Within this research there are various terms used to consider sexual risk. These include the general terms offending/ offending behaviour referring to any criminal behaviour, sexual offending to define sexual behaviour that meets the criteria for criminal conviction and harmful sexual behaviour to define a broader range of inappropriate or harmful sexual

behaviours. There are also terms used that describe the behaviours in more detail such as deviant sexual scripts, atypical sexual interests, social and sexual deviance and sexually abusive behaviour patterns. These describe behaviours that deviate from a typical healthy pattern of behaviour.

## **8. Understanding and assessing sexual risk**

There are a variety of challenges when looking at the assessment of sexual risk, in trying to understand the assessment process it is important to understand the purpose of assessment. It is important to consider the reason why an individual might be being assessed; it could be that they have offended or that they have orders which continue past the age of 18 and different services are working with them. It could be that they have begun to have a family and therefore there is a new interest in their risk. The difficulty this presents is that individuals are categorised in assessments purely as either adolescent or adult offenders dependent on current age; this does not acknowledge that individuals transition to adulthood. The risk assessment tools are not designed to differentiate or even acknowledge the underpinning reason for the involvement or the context in which the offence took place.

The purpose of assessing individuals who display harmful sexual behaviour is diverse and is both organisationally and theoretically dependent. Different organisations have different remits, whether to protect the public, to promote change or to assess risk and need. These factors influence the way assessments are devised and conducted. Whilst the organisational approach impacts on the assessment focus, so does the theoretical base of the person undertaking the assessment. With each organisation there may be different theoretical underpinnings, whether criminology, medical, legal, sociology or psychology, some of these approaches consider wide population trends whilst others are more person-centred. If a practitioner is taking a behavioural stance, they would be focused on what someone is doing. This approach leads to responses that restrict negative behaviour and promote positive behaviour. However, if a more psychodynamic approach is taken then the focus would be looking for the meaning of that behaviour. In taking this approach the risk assessment process could be used as a therapeutic tool, to work with the individual to understand their behaviour, take ownership and learn to recognise their individual processes aiding them to control their behaviour.

The need for assessment has grown significantly over the last few decades, born out of a need to measure results and efficiency of services; this increased focus can be seen in the growth in

popularity of psychometric testing and risk assessment tool development (Cattell, 1886, Galton, 1887, Kaplan and Saccuzzo, 2010). Assessing sexual risk is a complex issue that not only focuses on measuring behaviour and risk but also attempts to define it. There are a variety of different models proposed that define and understand sexual risk in adults and adolescents, such as typology models (Prentky et al, 2000, Groth, 1977) and models that attempt to trace the origins of sexual risk, such as those described previously (Hall and Hirschman, 1991, Ward and Siegert, 2002b).

There has been a wealth of literature exploring the assessment of risk and comprehensive accounts of the different types of risk assessments. One of the major focuses in the field of sexual risk assessment is on how information is assessed. The first-generation risk assessments focused on unstructured clinical judgement; these are now considered with a significant degree of criticism in relation to their validity, particularly around the inconsistency between assessments, with them being viewed only slightly better than chance (Hanson and Bussiere, 1998). The second generation of assessments developed were Actuarial Risk Assessment Scales. These assessment tools focused on static factors, tools such as RM2000 (Thornton, 2002), Static-99 (Hanson and Thornton, 2000) and SORAG (Quinsey et al, 1998). The evolution of risk assessment tools has led to the third generation of tools, tools that as well as looking at static factors also have the scope to assess dynamic factors, these are structured professional judgement-based assessments. Examples of these tools are SVR, HCR, RSVP. More recent risk assessment models include the risk, need, responsivity model (Andrews et al, 1990), and the Good Lives Model (Ward & Brown, 2004), both offer direction for rehabilitation however take very different approaches. The risk, need, responsivity model focuses on risk management whereas the Good Lives Model looks at building strengths. Ward et al (2009) highlights how these two approaches at times can be conflicting.

Monahan (1981) highlights how clinical judgement in the short term can be a good predictor of risk, but in the long term it appears to be less accurate. When using the actuarial assessment tools practitioners need to be careful about deriving specific conclusions about the individual from a process which is designed to consider group behaviour. Graybeal (2001) highlights how traditional assessments are not focused on the individual and are taking a medical model or deficit-based approach. Over the last thirty years of sex offending research there has been an integration of risk, need and vulnerability factors. Hutton & Whyte (2006) state how a comprehensive assessment should consider onset of offending, motivation as well

as broader assessment factors. Rogers (2000) highlights how risk assessments do not provide enough balance between risk and protective factors. The Risk-Need-Responsivity model developed by Andrews et al (1990), focuses on matching the response to the risk of offending, tailoring the treatment to target criminogenic need and providing rehabilitation that maximises learning opportunities, this model looks at building on strength. Another similar model is the 'Good Lives' model proposed by Ward & Brown (2004), which is heavily linked to Maslow's hierarchy of need.

Singh & Fazel (2010) raise concern about the quality and consistency of a number of assessment tools. It is fundamental when using assessment tools that the clinician knows the strengths and limitations of the tools they are using and their validity. This should ideally include an understanding of the differences in application; for example, how offence definition can differ, how the age of consent or cultural constructions influence application, or in the case of this research the implications for application when assessing individuals who cross the developmental transition to adult services.

### **Assessing Adolescents**

In undertaking an assessment of an adolescent, it is important to consider what constitutes normal and deviant development. Gil and Cavanagh-Johnson (1993) highlight how adolescent sexual behaviour should be understood as a continuum, one end being consensual behaviour, the other sexual abuse. The difficulty for professionals assessing harmful sexual behaviour is that once there has been an incident of sexual abuse, being able to distinguish between behaviours which are concerning and part of an abusive pattern and behaviours which are part of normal development can be extremely difficult. It is normal that for some adolescents there may be experimentation with drugs and alcohol, risk taking behaviour and egocentric behaviour. However often these are viewed as risk increasing factors when seen through the lens of harmful sexual behaviour. If risk taking behaviours in adolescence are considered a 'normal' part of development, it could be argued that rather than being considered a risk factor it should be considered as vulnerability that needs addressing.

In thinking about risk, it is important to recognise that this might take a variety of forms, not just sexual offending. The areas of risk and need are fundamental to working with this client group. When assessing an individual it would appear important to consider whether there are deficits or vulnerabilities that need to be taken into account. Often adolescents who display harmful sexual behaviour have experienced a degree of ACEs. This can complicate the

question of need further, raising issues like when does a victim stop being viewed as a victim and start to be viewed as a perpetrator; is it possible to hold both labels, or are neither labels helpful.

### **Comprehensive Assessment**

In thinking about need there are several comprehensive models available, probably most well-known is Maslow's (1943) Hierarchy of Need. Maslow proposed that there were important levels that an individual needs to have in place in order to move forward, these he defined as physiological needs, safety needs, love and belonging, esteem and self-actualisation. The Concepts of Need model identified by Bradshaw (1972) focuses more on need as a process; Bradshaw defines these as follows: Normative need being the way professionals define need, their organisational standards. Felt need refers to what a person or group of people feel the need is. Expressed need is defined as the economic or political demand. Finally, comparative need looks at understanding individual's access to resources. All these factors require consideration when understanding the assessment and management of sexual offenders.

Cardona (2004) looks holistically at the concept of vulnerability and risk stating:

*'Human development has led humankind to idealise the elements of its own habitat and environment and the possibilities of interaction between them. In spite of confused perceptions about the notion of vulnerability, this expression has helped clarify the concepts of risk and disaster'. (p. not available)*

Cardona goes on to conclude that *'all concepts of risk have a common element: a distinction between reality and possibility. If the future were predetermined or independent of present human activities, the term risk would have no significance'*. Cardona raises concern about the separation between assessment and risk reduction and the lack of effectiveness of risk management and highlights how a more holistic and consistent approach to risk assessment and management would be more effective.

### **9. Sexual Recidivism**

Sexual recidivism is an area of significant debate; there have been a variety of studies that have looked at the recidivism rates of adult sexual offenders and adolescents who display harmful sexual behaviours. The Home Office reports (Home Office Crime in England and

Wales 2010/2011) that the Police recorded statistics on sexual offences are likely to be significantly diminished by under-reporting and there should be a degree of caution taken when interpreting them. Self-completion reports indicate that only 11 per cent of victims of serious sexual assault reported the offences to the police (Smith et al., 2011). In 2010/2011 the total number of sexual offences recorded by the police was 54,982.

Hood et al (2002) studied the reconviction rates of serious sex offenders, using a sample of 192 offenders, who had been sentenced to 4 years or more in custody. They found there was a <10% reconviction rate for general sex offenders 6 years on and for intra familial offenders a 0% reconviction rate over a 4 and 6 year follow up. In Canada, Harris and Hanson (2004) also conducted a study into recidivism. A much larger study than the previous with 4724 offenders, their study concluded that most sexual offenders do not go on to commit further sexual offences. They also highlight how first-time offenders are even less likely to reoffend. Of those sexual offenders who had not offended for 20 years, they considered their recidivism rate to be 4 %. Another study identified that high risk offenders were found to have a recidivism rate of between 25-50% whereas less high-risk offenders recidivism rate was at <15% (Grubin, 1998). Taft and Wilkinson (2001) found that of all the sexual offenders they studied that returned to prison for a new sexual offence, 50% occurred within 2 years and 67% within 3 years.

Whilst there is a lack of clarity of the true statistics of sexual offences, research indicates that approximately 20% of all sexual crime arrests were committed by adolescents under the age of 18 years (Pastore and Maguire 2007). Research also suggests that half of all adult offenders' first offence occurred under the age of 18 years and that the adolescent offender is more likely to commit sexual offences as adults than their non-offending peers (Hagon et al, 2001). It is suggested that adolescents who display harmful sexual behaviour and delinquency have a greater risk of violating the rights of others and are at a higher risk of re-offending (Almond et al, 2006). Waite et al (2005) conducted a study of the re-arrest rates for adolescent sexual offenders; this was a ten year follow up study. This study outlined how the literature at that time indicated the recidivism rate for sexual offending was between 2-14% and for non-sexual offending between 8- 54%. This study stresses that the rates of recidivism amongst adolescents is low.

There is a significant degree of contradiction in the research in respect of adolescent recidivism. Moffitt (1993) in her study of Adolescence-Limited and Life Course Persistent

Antisocial Behaviour, states that early arrest is an important predictor of long-term recidivistic offending. She goes on to state that there are even higher rates for those offenders who persist in their offending behaviour past the age of 25.

Loeber et al (2008) suggest that recidivism rates are affected by the transition from childhood to adolescence. They suggest the recidivism rates for young adolescents is low, this risk increases in mid adolescence and then subsequently reduces in late adolescence (van de Put, 2011). This supports the findings from Moffitt (1993) and Moffitt et al (1996) who suggest there are high rates of offending in adolescence but that the young offenders appear to desist from offending as they transition to adulthood. There can be difficulty separating out the risk factors for adolescents who display harmful sexual behaviour and adult sexual offenders, Letourneau and Miner (2005) propose that applying adult recidivism findings to adolescent populations is highly problematic, this was supported by research from Miner (2002) who had suggested that the risk factors for adults are not the same as for adolescents.

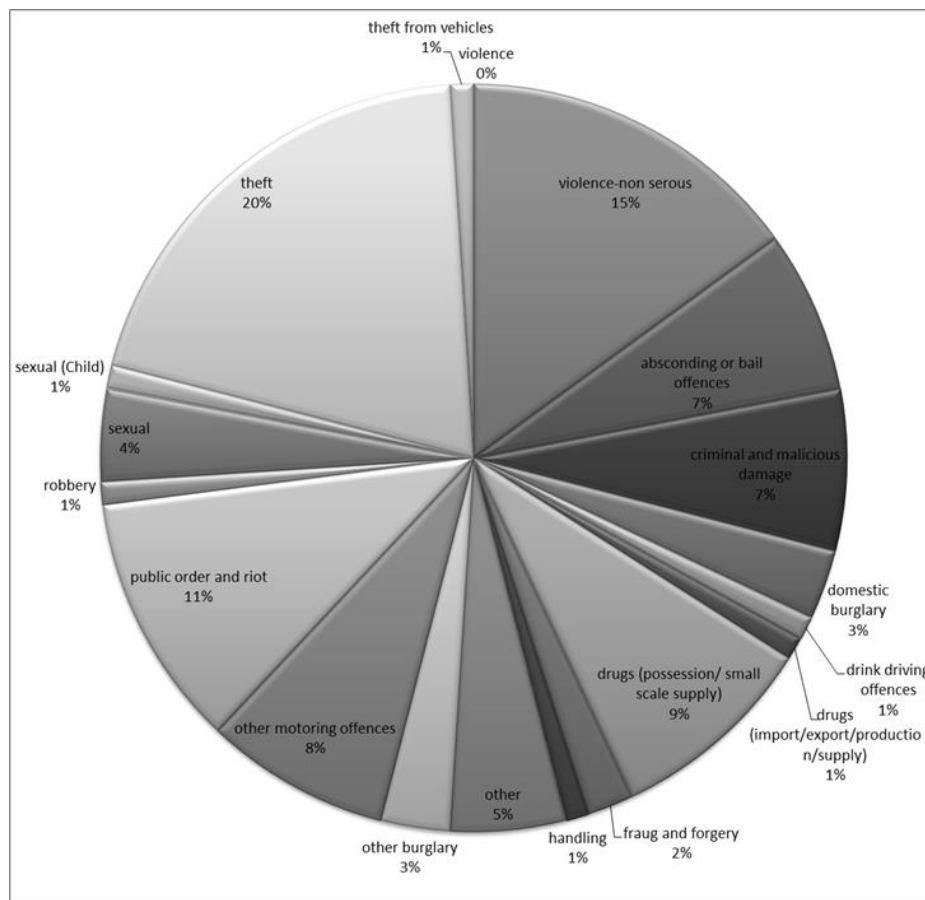
The Ministry of Justice re-offending data for the period of April 2010 to March 2011 includes 4,632 adult offenders in England and Wales who had previously committed sexual or sexual (child) offences while they were adolescents. This data looked at the type of offences adolescents who displayed harmful sexual behaviours went on to commit if they had gone on to reoffend. This demonstrated a proven re-offending rate of 42.6%. Figure 1 shows the proven re-offences committed in a one year follow up.

What is clear from the information above is that adolescents with a history of harmful sexual behaviour are more likely to non-sexually reoffend. This suggests that risk assessing adolescents who display harmful sexual behaviours when they become adults is not straight forward; any assessment needs to consider broader ranging offending and be able to acknowledge the low recidivism rates. Worling (2002) highlights how risk assessments need to be undertaken with caution, that an assessment is only as good as the information gathered and it is important that risk assessments are reviewed regularly and are time limited. This is echoed by Studer et al (2011) who explored the misuse of risk assessments, they suggested the idea that a high-risk rating for an offender directly relates to the level of intervention needed.

Statistics, like those presented above, can heavily influence the perception of risk. Bonner and Newell (2008) looked at whether ratio bias or temporal construal is more influential in making judgements about risk. They concluded that ratio bias appears to dominate.

Therefore, it is highly important to understand the way statistics are presented. In understanding risk, it is important to look further than just the statistics, but it is also important to acknowledge that the under reporting of sexual offences and subsequent lack of conviction influences the way risk is assessed. There may be very different responses to adolescents who display harmful sexual behaviours and are not pursued through the criminal justice route but are rather managed through a social care route; their experiences of assessment, intervention and restriction are likely to be very different.

**Figure 1- Reoffending of Young People**



## **10. The relationship between assessment and management**

### **Risk Management of Sexual Offenders**

Whilst the process of assessing harmful sexual behaviour presents a variety of challenges, the purpose of risk assessing appears to be clear, to identify and consider the severity of any sexual risk. There appears to be growing awareness of sexual abuse and how sexual offending is not only a criminal justice but also a public issue. There are a variety of different responses to managing the risk of harmful sexual behaviour and these responses are



an area of much debate, responses such as sex offender registration, restrictive legal mandates or in some cases even a pharmacological response. The current policies for managing sexual offenders in the UK includes the development of the sex offenders register (VISOR), the Child Sexual Offender Disclosure Scheme, the multi-agency risk assessment processes and risk management of sexual offenders (Kemshall & McCartan, 2014, O'Sullivan et al, 2016).

There are currently nearly 49,500 sex offenders registered in England and Wales (College of Policing, 2016). This figure has increased significantly and is likely to increase further with media attention highlighting the reporting of historical sexual abuse and high-profile inquiries (Kemshal & McCartan, 2014). This increase in registration places additional pressure on the criminal justice system, particularly policing (McCartan et al, 2015). The Police have commissioned the development of a range of risk management tools focusing on dynamic risk management of sexual offenders, the Active Risk Management System (ARMS) developed by Kewley and Blandford (2017) and the Juvenile Active Risk Management System (J-ARMS) developed by Blandford and Parish (2017). These risk management tools have been designed to aid professionals in targeting resources more effectively; these management systems will be discussed further in the chapter on the challenge of assessment.

The process of risk management on first appearance seems straight forward, that being to manage the risks identified in the risk assessment, ensure appropriate safeguards are implemented and risk management strategies strengthen an individual's likelihood of desisting offending; however, research on risk management indicates this is a more complicated process. Risk management includes a variety of different aspects, where possible risks should be eliminated, reduced or redirected however there needs to be consideration to defining risk and also how to address residual risks. The process of assessing risk becomes complex when viewed within the context of the individual, society and the process itself, where the issue of rights needs to be considered. It is important that risk assessments and risk management strategies adopted are appropriate and respect human rights, however balancing the needs of the 'victim' and 'perpetrator' can be complicated.

This minefield can at times lead to challenges in court, for example Regina v Smith & Others [2011] EWCA Crim 1772, which looked at an internet ban being unlawful, R v R & C [2010] EWCA Crim 907 or R v Mortimer [2010] EWCA Crim 1303, both of which question the implementation of Sex Offender Prevention Orders (SOPO's) or finally R v Hemsley [2010] EWCA Crim 225, which challenged the restrictions on employment. When considering

adolescents who display harmful sexual behaviour the issue of rights is made more complex when the young person may be both a victim and a perpetrator.

The issue of implementation of risk management strategies such as sex offender registration and the implementation of restrictions have been the subject of much debate. Fisher & Nagin (1978) highlighted that there was no clear link between the crime committed and the sanctions imposed; Meloy et al (2008) also concluded there is little correlation between risk and risk management; McCartan et al (2017) questioned the appropriateness of current risk management systems. Several researchers highlight how using sex offender registration as a means of risk management may actually increase risk because of the negative stigma attached to registration, impacting on social isolation, building relationships and gaining employment (Uggen and Staff 2001, Tewksbury 2005, Levenson, 2011; Levenson & Cotter 2005, Saraw 2009). Wood et al (2007) reported that external controls, such as restrictions and sex offender registration are routinely used however vary significantly in their use. Wood goes on to state that there is better compliance from the offender if there is a clear rationale for any restrictions imposed. Goh (undated) highlights concerns about the appropriateness of restrictions in relation to proportionality.

### **Process of Change**

A key element of the process of moving from risk assessment to risk management is to be able to understand the process of change and the difference between lapse (a temporary return to previous behaviour) and relapse (a full return to previous behaviours) a notion explored in Pithers-Marques et al (1983) relapse model of sexual offending. The issue of how to change a person's behaviour is crucial in understanding how to work with sexual harm. Bandura (1977) suggests an integrative theoretical framework to understand change in behaviours, he believed that intervention can alter the belief an individual has in themselves and their ability to achieve a task. Bandura states:

*'In the proposed model, expectations of personal efficacy are derived from four principal sources of information: performance accomplishments, vicarious experience, verbal persuasion, and physiological states. The more dependable the experiential sources, the greater are the changes in perceived self-efficacy'*

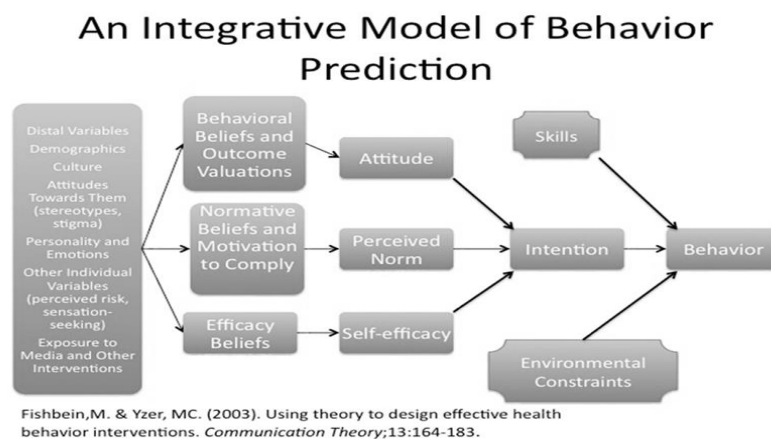
Bandura, 1977, p.191

Ward and Maruna (2007) also explore the process of rehabilitation and change, they stress the importance of not just seeing the offence but also looking at what strengths the person has and also what legitimate needs the offending is trying to meet. Burrowes and Needs (2008) explore the process of change further identifying important factors that indicate readiness for change, they suggest that the individual's internal context, the catalyst for change and the environment for change are all crucial in understanding how to promote change.

Fishbein & Yser (2003) propose 'An integrative model of behaviour prediction, this combines a variety of theories, theory of reasoned action, health belief model and social cognitive theory (Fig 4). What is useful about this model of change is that it suggests behaviour will occur only if it is intended to occur, that there is the ability to perform the behaviour and there are no environmental constraints.

Marlett's (1985a) Relapse prevention model identifies key areas; high risk situations, the need for instant gratification, apparent irrelevant decisions and the abstinence violation effect. Another significant relapse prevention model is Ward et al's (1998) self-regulation model; this multi pathway approach tries to accommodate the diversity of sexual offending. This theory proposes that individuals regulate their emotions and behaviours in order to achieve goals.

**Figure 2- Integrative Model of Behaviour Prediction**



There are a variety of approaches that explore harmful sexual behaviour and influence the treatment programmes. One which has become popular in recent years is the multi-systemic approach, this approach believes that the offender should not be viewed in isolation but should be viewed as part of multiple systems, as part of their family, their social group and

wider social context. The research indicated that taking a broader approach to intervention is more effective (Borduin et al, 1990).

With harmful sexual behaviour then it is important to consider many different behaviours exhibited by the individual in order to assess progress. Offence parallel behaviour is behaviour that's pattern mirrors the offending behaviour cycle without an offence being committed. This could be behaviours that display issues with power and control, spite and jealousy or risk-taking behaviours. This type of behaviour is thought to occur when an individual person experiences certain stressors, for example thoughts, situations, feelings and reactions that mirrored those connected with their offending (Jones, 2004). The notion of offence parallel behaviour raises significant issues in relation to relapse, or more importantly the difference between lapse and relapse. Pithers et al (1983) highlight that often it is the experience of lapse that is beneficial for the offender, as they learn to manage struggles and grow in confidence and control.

*'In the absence of an established pattern, risk assessments need to rely on other, relevant information. Determining what is "relevant" requires theoretical assumptions about the nature of sexual offending'*

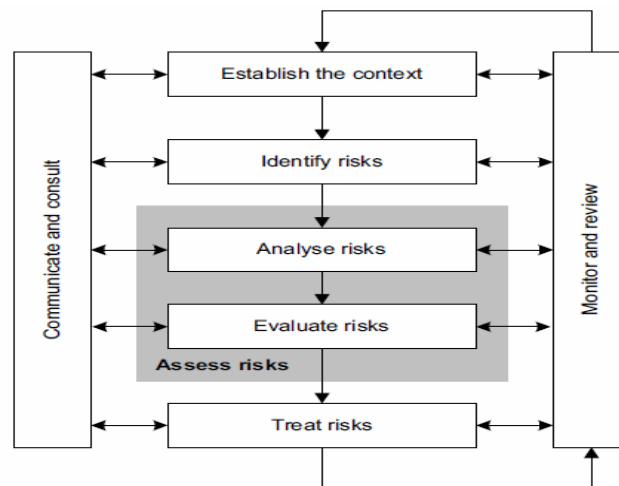
(Hanson & Bussière, 1998, p.3)

### **Broad Risk Management Frameworks**

Within the field of sexual offending, there appears to be little focus on the process of transferring the risk assessment information into a useable risk management plan, in fact there appears to be a deficit in respect of structured approaches to the risk management of harmful sexual behaviour that link robustly to the risk assessment process. With this in mind the risk management approaches adopted in other fields need to be explored to see whether they can provide useful insight. It is important to consider the stages of risk management, once a risk is identified, in this case the potential risk of harmful sexual behaviour, then the next phase is to understand that risk, what the consequences would be if the risk were to happen again and then to understand what the likelihood of that risk occurring is. Guled et al (2012) describes five different types of risk, these being an identified risk, an unidentified risk, an unacceptable risk (a risk that is not able to be tolerated), an acceptable risk (a risk that could be allowed to persist) and a residual risk (risk that exist despite all efforts to reduce the risk). Guled et al explored how the process from assessment to management works and how information is looped back to the assessment process (Fig 2). Massingham (2010) discusses a

process of knowledge risk management; this approach takes the foundations of knowledge management techniques and applies them to risk. Massingham highlights levels of acceptability like Guled et al (2012) and then applies ratings to derive a Hazard Risk Severity Score, a matrix that combines the hazard severity and likelihood of a hazard occurring (Fig 3).

**Figure 3- Guled et al (2012)**



**Figure 4- Hazard Risk Severity Score**

	Hazard severity			
Hazard likelihood	Catastrophic (1)	Critical (2)	Major (3)	Minor (4)
Frequent (1)	1	3	7	13
Probable (2)	2	5	9	16
Occasional (3)	4	6	11	18
Remote (4)	8	10	14	19
Improbable (5)	12	15	17	20

Massingham (2010), p.469

Hammond (2002) describes how the desire to eliminate risk has led to a greater emphasis being placed on control measures; Hammond argues that the process of risk management can be transformed by behaviour-based risk management techniques. Hammond questions how the traditional enforcement of rules approach to risk management is reactive and that it would be more beneficial to take a pro-active approach.

*‘The underlying philosophy of the behavioural approach is to give ownership of performance, to those people who may otherwise undertake undesired or ‘at risk’ behaviours’ (p.26)*

In researching the link between risk assessment and risk management, it becomes clear that within the field of sexual offending the processes are not necessarily that straight-forward. Risk assessments rarely provide a framework for thinking about risk management strategies. In questioning how the process of risk assessment and risk management could be linked better, a useful starting point is to look at how other fields understand the link between risk assessment and management.

In other fields it appears that the starting point is more thought through, with clear stages such as the need to understand risk. Gilbert et al (2011) highlight the relationship between risk assessment and risk management for example within mental health services. Tchankova (2002) highlights stages of risk identification, these being the source of risk hazard and the exposure to risk. In classifying risk there are a variety of types of sources that are considered: physical, social, political, operational, economic, legal and cognitive environment (Tchankova, 2002, De Zoysa et al, 2003). It may be useful to use a similar approach to understand sexual risk.

Occupational risk is an area of much research, wanting to reduce injuries and legal claims. Often a top-down control approach is used within this field, this is a hierarchical approach where there are a set of identified risk factors which are considered in relation to what level of internal control there needs to be. However, there has been a move within this field to a behaviour-based approach towards safety (Geller, 2005). This approach encourages workers to take control and responsibility for risk, a bottom up approach to risk reduction. The focus of intervention is on observable behaviour, understanding it and improving on it, this is a motivational approach that focuses on positives. This has clear links to Ward and Brown’s (2004) Good Lives Model.

Another area of risk management is the study of flood defence systems. Voortman (2003) suggests that the appropriate level of protection from flood is reached by balancing the degree of risk reduction with the cost of protection. Voortman identifies that ‘the concept of risk-based design is well developed but that in applications; strong schematisations and simplifications are applied’ (p.i). This, Voortman suggests, casts doubt on the validity of the results applied.

One interesting notion raised in the exploration of other risk areas was that less information may be more preferable to more information (Powers, 2010). In considering government mandated insurance, Powers argues that the degree of usefulness of risk classification may be dependent on who is the policyholder. This is interesting when considering adults who displayed harmful sexual behaviour as adolescents, risk classification may be dependent on which information is being considered; that of adolescents who display harmful sexual behaviour or that of adult offenders.

### **Professional Impact of Risk Management**

Whilst there is some research on risk management highlighted, with the risk management framework and the knowledge of risk management structure, the research on risk management practice is limited and the links to literature do not appear to correlate (Stulz, 1996). Stulz argues that research stresses the value that risk management provides, however in practice risk management is confined and restrictive. The notion of risk management is complicated, particularly when considering whose risk is being managed; clearly it should be the offenders but the process of managing risk can lead organisations to adopt a position of risk aversion. Rabin & Thaler (2001) explored the process of risk aversion, they describe this as a hesitation that occurs about monetary risk even when it is expected that there may be a financial gain. They explore how any good theory of risk should look at attitudes to risk and should include aversion to loss and the desire to isolate risk should be explored and acknowledged. March & Shapira (1987) wrote about the risk attitudes held by managers, and how they compared to decision theory. Again, they look at defining risk, before moving to consider attitudes to risk, like the previous studies they too highlight the role risk aversion plays. Unlike some of the other studies March & Shapira highlight how risk may be context related; this is a useful concept when thinking about harmful sexual behaviour particularly those where developmental context may be a factor.

The role the organisation plays in risk management is key, it could be argued that the risk management process takes on a different role, that of protecting the worker and managing professional anxiety (Menzie's 1960). Reason et al (2001) identified a 'vulnerable system syndrome'. They suggest that this syndrome has three elements that interact and are self-perpetuating; blaming frontline practitioners, denying the existence of systemic errors, and the blinkered approach to productivity and results. They conclude that all organisations that work with risk will experience a degree of vulnerable system syndrome, particularly when

working with humans who will inevitably present some degree of error or non-conforming behaviour.

There is an impact of this vulnerable system syndrome on those professionals working in this field, it is recognised that professionals working within this field are becoming under increasing pressure (Lea et al, 1999), Kadambi & Truscott (2003) looked at the emotional impact working with offenders has on therapists. In their study they identified that 24% of the therapists were found to have a moderate to severe stress response to their work with offenders. In the same study they identified that 23% of the therapists interviewed scored in the high range on Emotional Exhaustion and Depersonalization scales. These findings indicate that professionals working within this field are at risk of developing problems in relation to emotional burnout and stress. There were similar findings in Kraus's 2005 study of professional compassion fatigue and burnout. Arslan (2013) described the experience of professionals working with homelessness and their experience of helplessness. In the study by Thorpe et al (2001) the caseworkers interviewed reported significantly greater levels of emotional distress than other criminal justice professionals. Within this study it was suggested that the negative emotional reactions were associated with professionals feeling that their work performance was impaired. In this study those professionals who were using positive coping strategies presented with fewer adverse effects on their professional functioning.

James & Bottomly (1994) highlight the pressures on professionals and the links to limitations in resources. Craig (2005) studied the impact professional training has on professionals, in his study he considered the impact of undertaking an introductory training course on sexual offending had on the professionals. The results showed that after the training 86% of the professionals believed they had gained skills to work effectively with sexual offenders. This study suggested that providing appropriate training can help professionals to improve their awareness and confidence. Sanghara & Wilson (2010) highlight how inexperienced professionals have less knowledge of child abuse and are more likely to stereotype, whereas professionals with greater knowledge have greater ability to detect offending in those they work with.

It could be argued that the risk assessment processes most significant contribution is to be a tool to manage the anxiety provoked from the impact of the client groups challenging and



distressing behaviour, and that having a structure and framework allows the individual practitioner some professional distance. The psychoanalytic perspective provides an understanding of this complex dynamic, focusing on counter transference, this being the practitioner's individual emotional responses to a person presenting a risk. Sexual risk comes with a high level of anxiety, from an individual questioning the appropriateness of their own thoughts or behaviours through to managing individuals who present a significant sexual risk to the public. Clarke and Roger (2010) highlight the impact on staff undertaking work in the field of sexual offending. This area of research has become more prominent over that last few years, particularly looking at what supervision staff need in order to manage the stresses and anxieties evoked by this work.

It is also important to understand the professional's role in assessment and intervention, specifically decision making and multi-agency working. Giddens (1999) highlights the unenviable task faced by professionals within this field:

*'In risk society there is a new moral climate of politics, one marked by a push-and-pull between accusations of scaremongering on the one hand and of cover-ups on the other. A good deal of political decision-making is now about managing risks- risks which do not originate in the political sphere, yet have to be politically managed. If anyone- government official, scientific expert or lay person- takes any given risk seriously, he or she must proclaim it. It must be widely publicised because people must be persuaded that the risk is real- a fuss must be made about it. However, if a fuss is indeed created and the risk turns out to be minimal, those involved will be accused of scaremongering. (p.5)*

Munro (1999) has written on decision making within the child protection arena, looking at common errors in reasoning. Within the field of child abuse and sexual offending the results of errors in judgement can be catastrophic with further victimisation occurring. Munro highlights how there is an inevitable degree of error that comes from having limited knowledge, however some errors arise from human error. Her analysis concluded that errors in human judgement are to some degree predictable:

*'Errors can be reduced if people are aware of them and strive consciously to avoid them. The challenge is to devise aids to reasoning that recognize the central role of*

*intuition and do not seek to ignore or parallel it but, using our understanding of its known weaknesses, offer ways of testing and augmenting it.’ (p.756)*

Whilst it is important to recognise the role of intuition it is also important to recognise the role power has on the assessment process. Smith (2009) questions where the power sits with the professionals assessing the risk and management offenders. Smith highlights the hierarchical and at times oppressive realities of risk and power within the field of social work. The question of power and risk is particularly important when considering harmful sexual behaviours because of the multi-agency involvement that often occurs. With individuals potentially having involvement from the Police because of registration requirements, Probation/ Youth Offending for any potential criminal justice orders and Social Care in respect of any child protection issues, professional power and hierarchy needs to be understood and acknowledged. This is even more evident when working with young people who cross the developmental transition from juvenile to adult services. This process is hindered when the assessment tools used by the different professionals are looking at different factors.

There are advantages to multi-agency working; there can be greater efficiency, wider skills mix, higher degree of responsiveness and more opportunities for innovation and creativity (Littlechild & Smith, 2013). Davidson (1976) highlights the benefits of multi-agency working stressing the development of better communication, cooperation and coordination. English (1998) however stress the importance of containment through multi-agency working and the need for collaboration and communication within a structure that has clear protocols between and within agencies. There can however be many challenges to multi-agency working, predominantly the different organisational approaches and approaches to risk, this can be from a position of being risk aware, a risk management approach or to a more cautious, risk averse approach (Kemshall, 2009). There can also be challenges Maguire & Kemshall (2004) describe how there is uncertainty about responsibility, allocation of resources and how work should be assessed within multi-agency working. Littlechild & Smith (2013) also highlight boundary disputes, issues with different services using different terminology to understand and assess risk, competing practice models, differing accountabilities and differences in decision making processes. Whittington (2003) explores the issue of multi-agency working stating:

*‘Effective interpersonal collaboration appears to require practitioners to learn, negotiate and apply understanding of what is common to the professionals involved, their distinctive contributions, what is complementary between them; what may be in conflict, and how to work together’*

(Whittington, 2003, P58)

Blagg (2000) highlights how criminal justice became an interlocking system in the 1970s moving away from an isolated professional discipline approach. Blagg proposes that the Police are seen in many respects as the ‘gate keepers’ of this process. Blagg describes how this is not a level playing field for all professionals involved and that power differentials clearly exist. There are also psychoanalytic components to consider; displacement of conflict or behaviour often occurs, whether that is between agencies or from offender to professional. Therefore, it is important to recognise that powerful agencies, or in some cases individuals can directly influence the decision making process.

#### **11. Risk management factors that promote pro-social outcomes**

The literature indicates that there are a variety of different risk management strategies that could aid pro-social outcomes. Using a Culture of Enquiry approach (Lees et al 2003) to exploring risk assessment and risk management raises questions about what is being assessed and why, how relevant the assessments are for adults who offend in adolescence and how effectively these assessments are at directing and influencing risk management plans. The research indicates that understanding the reasons why we are assessing is crucial; what the behaviour that caused concern was and what the triggering event is that is creating the need for assessment. Is someone being assessed because there has been recent offending or is the assessment because of historic offending. Another important area in promoting positive outcomes is the importance of building the therapeutic relationship (Baldwin et al, 2007, Horvarth et al, 2011). However, it is important to recognise that professionals need to balance the ‘helper-role’ with the supervision component of the criminal justice role and that this is the key to developing positive therapeutic relationships within mandatory criminal justice settings (Andrews et al, 1996).

When considering effective risk management then the literature appears to focus on two specific areas; that of the individual and that of the organisation. In focusing on the individual, it is clear that working with adolescents who display harmful sexual behaviour

and adults who sexually offend within adolescence, there appears to be a lack of research on to how to understand this offending population. Often the developmental context within which they offended is lost within the adult assessment process. It is clear that the recidivism rates for adolescents are lower than the recidivism rates of adults; this suggests that the sexually abusive behaviour pattern is different and is not as entrenched. The re-offence profile also appears different with broader ranging criminality being a feature, therefore a different approach needs to be taken in order to appropriately risk manage adolescents as they transition to adulthood.

In considering the research in relation to what makes a difference to pro-social outcomes then the humanistic roots of Maslow (1943) and the psychoanalytic approach of Haigh (2013) seem a useful starting point, stressing the importance of basic needs, safety, love and relationships and positive thinking. The need for a strengths-based approach is also crucial when working with adolescents (Ward & Maruna, 2007), encouraging positive behaviours and pro-social development and acknowledging how ready the individual is for change (Burrows & Need, 2008). The importance of strengths based practice is also highlighted by Buckingham & Clifton (2001) and Clifton & Harter (2003). In aiding reintegration then it is important to encourage engagement (Duggins, 2011) and partnership working with the young person, where they are given responsibility and ownership over their own behaviour and risks (Smale et al, 1993, Rapoport 1960, Kennard, 1998).

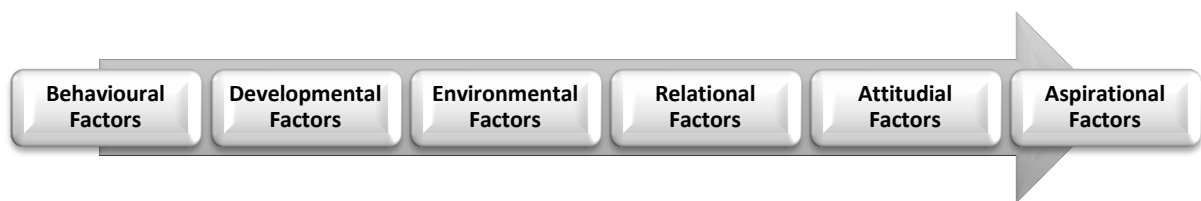
Silovsky et al (2018) highlight how targeted intervention with young people has a significant impact on the reduction of sexual offending by young people; this is echoed by Worling & Curwen (2004), Worling et al (2010) and ter Beek et al (2018). However Kettrey & Lipsey (2018) report that there is little credible research into specialist treatment programmes for young people who display harmful sexual behaviour and that the effectiveness for reducing offending is not clear. When considering behaviour, it is important there is a focus on sexual concerns, such as sexual deviance, victim profile and the use of threat and harm (Worling & Longstrom 2003, Robinson et al, 1997, Seto et al, 2000). In addition to the sexual concerns non-sexual anti-social behaviours such as aggression also need to be considered (Righthand et al, 2005). The importance of including developmental factors in any risk assessment of adolescents has been highlighted by research, suggesting the importance of factors such as trauma and abuse experience, domestic violence and mental illness (Hackett 2013b, Cantor et

al, 2005, Johnson & Knight 2000, Knight & Simms-Knight 2003, Koba-yashi et al 1995, Marshall & Barbaree 1990).

Relational aspects also need to be considered, highlighting the importance of family, peers and intimate relationships (Marshall & Barbaree, 1990; Righthand & Welsh, 2001; Ryan, 1999; Smallbone, 2006; Marshall et al, 1993; Altschuler & Brash, 2004). Wider environmental factors are also important and these need to incorporate the findings from the research on re-integration (Manocha & Mezey 1998, Hickey et al 2006, Timms & Goreczny 2002, Cicchetti, Toth & Maughan 2000).

The final areas to be highlighted as significant in developing pro-social outcomes are that of attitude and aspiration, that the individual has a positive attitude to intervention and that they have positive aspirations to strive towards (de Vogel et al 2012). These factors key areas are highlighted in Fig 5.

**Figure 5- Key Factors for Pro-Social Outcomes**

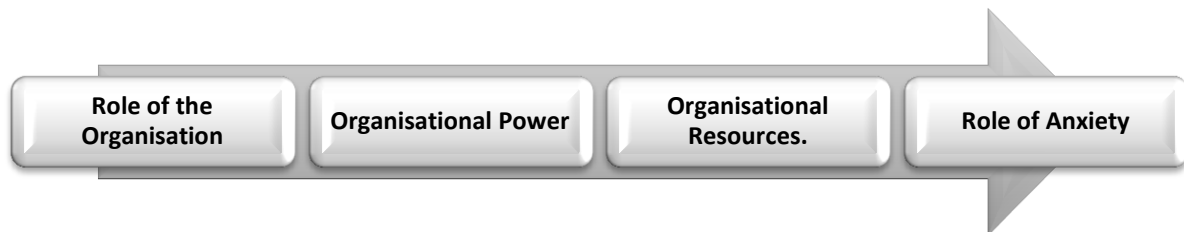


An individual's behaviour will also be an important part of any assessment of risk and risk management plan but including this with other factors may give a more detailed picture. It is clear that understanding someone's developmental history is also important in being able to focus intervention appropriately in terms of relationships and environmental factors. The final areas focus on are the individual's engagement with services and their attitudes to both their offending and their future; these appear to be crucial in understanding someone's ability to change. In order to strengthen the risk assessment and risk management process it would be useful to have a tool that could bridge the developmental transition and work across different professional disciplines.

It is also important to focus on the role organisations have in promoting positive risk management and pro-social outcomes. It is clear that working with offenders is a complex field that presents a significant amount of issues for professionals, including coming from different perspectives and having limited resources, professionals also have to navigate complex issues with professional power and anxiety, anxiety that is often unexplored or

unexpressed by those professionals involved in this work. The factors that appear to be important are firstly the political climate as this is the foundation which dictates the role of the organisation, the resources available to that organisation and the review process within that organisation and ultimately the power held by the organisation (Fig 6).

**Figure 6- Political Climate**



In order to strengthen the risk assessment and risk management process it would be useful to have clear guidance and support for professionals working in this field, guidance on what assessments should be undertaken, the restrictions and risk management strategies to implement and the process of review. It is also important that organisations have structures in place to support the staff to complete their role effectively.

## **12. Conclusion**

In conclusion there is a wealth of literature in relation to adolescents who display harmful sexual behaviour and adult sexual offending, recidivism, sexual risk assessment and risk management. The literature in relation to assessing harmful sexual behaviour through the developmental transition from adolescences to adulthood is complex, diverse and full of debate. The information presented through the review of literature highlights how risk is a broad ranging topic; suggesting how the assessment of risk performs a variety of different functions; to direct services, identifying risk and need and even to manage professional anxiety.

The literature also highlights how the developmental transition impacts on assessment, with research showing there are key differences associated with this developmental phase. Research also suggests adolescents who display harmful sexual behaviour and adult sexual offenders should be seen as two distinct groups of individuals; however, this creates difficulty when an adolescent who display harmful sexual behaviour gets older and transfers to adult services. There are clearly many challenges to assessing harmful sexual behaviour and the relationship between assessment and risk management are not as straightforward as in other

assessment fields. The research indicates that there may be benefit from focusing on broader assessment factors in order to manage risk appropriately and promote pro-social outcomes. There are gaps within the research particularly focusing on the crossover from adolescence to adulthood and how this population should be assessed and managed and it raises questions as to how useful or appropriate the adult assessment tools are for this group of offenders and how appropriately focused the risk management strategies that result are.

There are some key issues that do not appear to be covered within the literature review, such as the exploration of the link between risk assessment and risk management processes, particularly in relation to the risk assessment processes used to assess adolescents who display harmful sexual behaviour during the transition to adulthood. The role the current blame culture has on the development of risk averse management strategies and the wider factors that impact on risk management also appears to need further exploration.

There are some aspects of the literature review which whilst clear in literature, appear to not filter into practice; for example the literature clearly indicates that there are significant differences between adolescents who display harmful sexual behaviour and adult sexual offenders however it is not clear how these offenders are treated differently or whether this knowledge is applied. This is particularly highlighted around the time of transition from adolescence to adulthood. Similarly, there is a wealth of literature exploring the risk assessment process however there is limited research about how this process is experienced by those involved. These factors indicate there may be challenges assessing adolescents who display harmful sexual behaviour through the developmental transition to adulthood.

The issues highlighted within the review of literature direct the overarching aims of this thesis, to research how the risk of harmful sexual behaviour is assessed and managed through this transition from adolescence to adulthood and to gather information on how it is experienced by those involved. The research specifically aims to identify the challenges experienced when assessing young people who have displayed harmful sexual behaviour and to identify the areas that need to be considered in order to aid the development of appropriate risk management strategies that can transcend the developmental transition to adulthood. In understanding the experience there are certain key areas that need to be explored, these being how the risk assessment process is undertaken with adolescents and adults, including what risk assessment tools are used. There also needs to be exploration of what the elements of an

effective risk management process are. With these factors in mind the following research questions were posed:

- What significance does developmental transition have on assessing harmful sexual behaviour?
- What understanding and training do professionals have of harmful sexual behaviour in adolescence?
- How is the risk of harmful sexual behaviour in adolescents assessed?
- What are the differences between the assessment tools used to assess adult sex offenders and adolescents who display harmful sexual behaviour?
- What is the relationship between the risk assessment and risk management when assessing harmful sexual behaviour?
- How useful are restrictions for effective risk management of harmful sexual behaviour?
- What experience do professionals and young people have of the risk assessment and risk management process?
- What are the potential elements of effective risk management for adolescents who display harmful sexual behaviour and adults who offend in adolescence?



## Part II

### Chapter 3: Research Methodology

#### 1. Introduction

Chapter Three focuses on the thesis research methodology, exploring how the research questions outlined in Chapter 2 will be addressed. The chapter considers the research design exploring the broad philosophical underpinning of this research, before outlining the research methods to be adopted. There will be consideration to the issues of ethics, confidentiality and informed consent. An outline will also be provided in relation to how the data collected will be stored and how participants will be contacted. The next sections will look at the specific methodologies adopted within the research and how the data collected will be analysed. Chapter 4 will provide details of the research pilot.

#### 2. Research Design

The aim of this research is to explore the challenges of assessing adolescents who display harmful sexual behaviours. In considering the best ways to explore the research questions, it was crucial to reflect on the most appropriate research design for this study, Crotty's (1998) foundations of social research were considered. Crotty (1998) highlights the importance of considering epistemology, theoretical perspective, methodology and method. In considering this research study, the focus of the study is on assessing adolescents who display harmful sexual behaviours; the research aims to explore the understanding and experience of risk and risk assessment, the literature review highlights how risk is a social construction, abstract and an area of much debate and difference. The research also aims to explore more concrete elements of risk, considering how the tools assess risk; this is measurable and rational in nature.

In considering the research paradigm, the elements of this research fall within a constructivist/ interpretive paradigm (the understanding and experience of risk) and a positivist paradigm (the measurement of risk). In taking in to consideration the ontology of the research, the elements that focus on the understanding of risk and the experience of assessment consider that there is no single reality or truth; instead reality is created by those involved, in this approach reality needs to be interpreted and meaning understood. The

exploration of understanding of risk and the experience of assessment best lends itself to a constructivist ontological approach, considering how to appropriately risk manage adolescents who display harmful sexual behaviour; this part of the research needs to be subjective in its approach, considering individuals experiences and emotions. An interpretivist epistemology that uses qualitative methods provides a greater depth of understanding of the risk management process. The broader research questions of why we are undertaking risk assessments and whose needs are met by undertaking these assessments are also able to be explored through this approach. This approach allows for some subjective debates to be entered into about the rights of the individual being assessed and how this is balanced against the risk they present. The approach also allows for exploration of topics such as the role professional power has in decision making and risk management.

The second element of the research needs to take a very different ontological approach, it focuses on measuring risk; this considers that there is a single truth and that this is measurable and reliable. This part of the research takes a more objective approach, using empirical data to explore risk prediction across the developmental transition. A positivist epistemology using quantitative methods provides concrete data that can provide a contrast to the interpretive data described above. This allows for the risk assessment tools to be assessed both in terms of their consistency and content.

The majority of the research questions identified lend themselves to a qualitative research approach, interviews allow for a flexible approach that encourages the generation of data, through Grounded Theory and Interpretative Phenomenological Analysis approach (IPA). The research aims to take a holistic approach to assessment, considering the knowledge held by professionals and young people and the experiences they have of the assessment process. However to just focus on the qualitative elements of the research would be out of context without exploration of the assessment tools themselves, as these are the framework within which the knowledge and experiences occur. The addition of the quantitative approach to the research allows for there to be exploration of the risk assessment process, understanding risk in terms of how it is measured, comparing the risk assessment tools of different services in terms of structure, content and risk rating.

In preparing the design of the study a mixed method approach was considered most useful, a mixed methods methodology allows for the integration of quantitative and qualitative data. Driscoll *et al* (2007) describe the advantages of mixed methods research as follows:

*Mixed methods designs can provide pragmatic advantages when exploring complex research questions. The qualitative data provide a deep understanding of survey responses, and statistical analysis can provide detailed assessment of patterns of responses.*

Mouton (2001) also supports the advantages of a mixed method approach highlighting how it mitigates for any weaknesses in a single research approach. Brannen (2005) highlights how there are advantages and disadvantages of using a mixed method research approach. She highlights how this method can encourage broader and more creative thinking, however questions whether there are risks to not getting enough depth in either approach used.

The research has been structured around four findings and discussions chapters, Chapter 5 focusses on the impact and significance of developmental transition and professionals understanding of harmful sexual behaviour. Chapter 6 focusses on the challenges of assessment and considers how risk is assessed and the differences between the different risk assessment tools. Chapter 7 focuses on the relationship between risk assessment and risk management and how useful the restrictions for effective risk management are. The final findings and discussions chapter, Chapter 8, focuses on the experience professionals and young people have of the risk assessment and risk management process and the potential elements of effective risk management for adolescents who display harmful sexual behaviour and adults who offend in adolescence. The rationale for structuring the thesis this way is that it provided a systematic narrative through the process of assessment, from foundation knowledge, assessment process, and implementation of risk management through to experience of the assessment process for those involved.

The qualitative and quantitative elements of the research will be independent of each other in terms of their administration; however their findings will be integrated as the different research questions are explored within these findings chapters. It was important to consider how the different approaches integrate together; triangulation was considered the most appropriate approach. Triangulation (Patton, 1999; Denzin, 2006) will be applied to combine the different research methods, this aides the operationalization of the research methods, increasing the credibility and validity of the findings by studying the issue from different perspectives, giving greater detail and a more holistic picture (Cohen & Manion, 2000; Altrichter et al, 2008; Donahue & Punch, 2003).

### **3. Ethics, Confidentiality and Informed Consent**

#### **Ethics**

This research has been in full compliance with the guidelines as set out in the Code of Ethics from the British Association of Social Workers (BASW) and the requirements of Durham University regarding research ethics. These ethical guidelines correlate and highlight the importance of protecting participants from harm or risk, protecting any sensitive participant data and undertaking the research with integrity and professionalism. As a Registered Social Worker the researchers ethical stance is heavily influenced by social work values and ethics, in relation to respecting human rights and the worth and dignity of all people, promoting social justice and the importance of professional integrity ensuring reliability, honesty and trustworthiness.

The service users approached for this research are all ex-service users from one specialist residential provision. Written agreement to undertake the research was obtained from the Director of the residential provision and their board of trustees. The provision has not been named in this research paper in order to protect the confidentiality of the service users. All participants have had their identity protected and no identifiable case specific details have been provided in the thesis, this is in line with both BASW codes of conduct and Durham University's Ethics Policy. The service users participating in this research were approached and written agreement sought at each phase of the research process, including accessing case file information, the service users were informed of how their information would be handled and stored.

In making contact with the young people it was important to ensure their welfare, they were asked about their general wellbeing, ensuring that those individuals contacted were in an emotionally stable place, they were also provided with a point of contact at the residential provision should they need additional support. This point of contact was not the researcher to ensure that there was no researcher bias and also to ensure that the young people had a route to raise any concerns, if they did not feel comfortable raising them with the researcher. Consideration was given in relation to how any disclosures or safeguarding concerns would be managed, as the researcher is a Registered Social Worker, the process of managing a disclosure was clear, any disclosures or safeguarding issues would be treated as a priority and the research process would be suspended whilst these issues would be addressed.

Time was spent talking to the young people about the written information they would be sent and whether it was appropriate to send information to their place of residence, ensuring their confidentiality was maintained. They were also given the opportunity to opt out at any stage. It was important to recognise that the individuals contacted may be living with people that do not know about their past harmful sexual behaviour therefore it was important to ensure that this was not compromised participating in the research.

In relation to the qualitative interview, as well as the service user information, information was collected from statutory services such as Police, Probation, YOT and Clinicians. Written agreement was sought from the individual professionals from these organizations about undertaking the anonymous questionnaire.

### **Confidentiality**

In undertaking the research, it was important to consider how the confidentiality of the participants could be achieved, particularly when considering the sensitive nature of the subject matter and using ex-service users. The ESRC ethics principles clearly state the importance of providing confidentiality to those who participate in research and the data they provide. In order to protect the confidentiality of all the research participants each participant was assigned a code, ex-service users were assigned YP (young person) and then a number and Professionals were assigned P and then a number. All records such as interviews and case file analysis were filed using these codes so that no participant could be identified from the data collected. The records ascribing participants and codes were kept in the possession of the specialist provision.

The interviews asked participants for personal experiences of the risk assessment process, if a young person or a professional spoke about data that could identify either themselves or someone they work with, this data was omitted from the data recording or replaced with more general information such as 'a family member' or 'YOT officer', Corti, Day and Blackhouse (2000) suggest that information could be omitted or replaced with more generic statements for example not including people's names or locations.

### **Informed Consent**

Shahnazarian et al (2013) describe informed consent stating '*Informed Consent is a voluntary agreement to participate in research. It is not merely a form that is signed but is a process, in which the subject has an understanding of the research and its risks*'. The Nuremberg Code

(1947) highlights ten key elements needed for research ethics, Shahnazarian et al (2013) reference the Nuremberg code stating that *'the voluntary consent of the human subject is absolutely essential not only to the safety, protection, and respect of the subject, insofar the integrity of the research itself'*. With this in mind it was important to consider the different needs of the groups of participants particularly the ex-service users who may have different needs in terms of ability or vulnerability. Two different consent forms are used during this research, one for ex-service users and the other for professionals. The language used in the forms reflects the different abilities of these groups. When gaining consent from the young people and professionals they were asked if they understood the process and whether they required any further information. Additional measures were added to ensure that the young people fully understand the research process, its rationale, how their data would be used and that they had the right to opt out of the research at any point, checking out their understanding prior to commencing the research and also reading through the consent forms with them.

Written consent to assess case files was gained from the Director and Board of Trustees from the specialist provision. With this agreement in place then the 24 cases were identified based on the criteria specified above. The initial consent of the ex-service users was obtained verbally through telephone contact or through social networking sites, once an initial agreement to undertake the written consent forms were provided for signing.

24 professionals across the different professions were approached and their consent to participate in the research was obtained. This contact was made via telephone initially then followed up with written consent.

#### **4. Participant Selection and Sampling**

##### **Young People**

The access to the young people was provided by a specialist residential treatment unit working with young males aged 16- 25 years, all of whom have displayed harmful sexual behaviour prior to referral to the service. The service adopts a Quaker theoretical underpinning and has a board of Quaker trustees. The service operates a national intake, so the ex-service users come from different parts of the country. Written consent was obtained from the Service Director and Board of Trustees as well as the young people. It is important to note that this research cohort is a very specific sample group and that caution is needed in terms of the generalisation of the findings as they may not be representative of other groups.

It is important to note that the service specifically works with adolescent males; therefore no females will be interviewed during this research. There are a higher number of males who display harmful sexual behaviour than females, so this study will be representative of the wider population. Similarly the resident group within the specialist service is predominantly white British, this again is representative of the wider population of young people and their experience of the criminal justice system, the Lammy Review (2017) into the treatment of Black, Asian and Minority Ethnic Individuals in the Criminal Justice System reports that there is a higher proportion of minority ethnic groups that receive custodial sentences. The report indicates that the BAME community are less likely to cooperate with the system and more likely to plead not guilty, therefore resulting in custody rather than non-custodial treatment options being considered. The issue of ethnicity and gender is an important issue however would need to be considered in greater depth in a dedicated study with purposive sampling in order to generate findings of sufficient depth and therefore is not possible within a study of this size, this would be best addressed within further research.

Young people were identified through purposive sampling. These young people were matched against a set of criteria. This was to minimise any potential bias that could occur through the selection process. The criteria chosen identified convicted and non-convicted young people with similar profiles, based on key profiling factors; offence type, victim gender and victim type.

The initial criteria identified:

- Young people who all completed the treatment programme
- Left the organisation more than 4 years, therefore being adults who are at least 22 years of age.
- Having had no individual therapy with the researcher, this is to avoid researcher bias
- 12 cases to be identified that are non- convicted and 12 that are convicted of sexual offences prior to receiving treatment.

### **Professionals**

The access to professionals was provided by a specialist residential treatment unit working with young males aged 16- 25 years; these will be Social Workers, Clinical Practitioners, Youth Offending and Probation Officers and Police Officers that work with young people within the service. It is important to note that the service specifically works with adolescent

males; therefore all professionals will have experience of working with harmful sexual behaviour.

Professionals were identified through purposive sampling. These Professionals were matched against a set of criteria. This was to minimise any potential bias that could occur through the selection process.

The initial criteria identified:

- Professionals who work with Harmful Sexual Behaviour
- Professionals from Police, Probation, Youth Offending, Clinical and Social Work
- Male and Female Professionals

## **5. Data Storage**

There are various sources of data that were collected whilst undertaking this research:

- Named signed consent forms with code allocation
- Case code allocation list
- Audio interview recordings anonymous with identification codes
- Interview transcripts anonymous with identification codes
- Risk assessment anonymous with identification code

It was important to consider the most appropriate way for this data to be stored. The storage needed to be compliant with the ethics requirements of the university and BASW codes of conduct, consider the sensitive subject matter and also the short- and long-term data storage issues. Firstly it was important to consider the storage of research data during the research process, for this period it was considered appropriate that the signed consent forms and case code allocation lists were stored at the specialist provision used for to the research; this information was able to be held securely. The remaining data, which had no case identifiable information present, was stored on a secure computer which was password protected and was the property of the specialist provision. On conclusion of the research the data collected from ex-service users will be archived securely by the specialist provision. This will ensure that there would be no breaches of General Data Protection Regulations (GDPR) and that anonymity of the ex-service users can be protected.



## **6. Methodology for contacting participants**

### **Service Users**

There were a variety of approaches used to contact the specialist provision ex-service users. Firstly the specialist provision provided access to their ex-service users contact record, a record kept of any ex-service users that remain in contact with the organisation. This provided a telephone number for some ex-service users. When initiating telephone calls the first question asked was whether the individual was free to speak or whether they would prefer to speak at a more convenient time. It was important to ensure that in making contact with ex-service users that no individual was compromised.

An alternative route for contact was through social media. A Facebook profile had been set up by the specialist provision when they were undertaking previous research as a means of contacting ex-service users, the organisation were happy for this profile to be used for the purpose of this research. This profile had a picture of the organisation as its profile picture however used a pseudonym for the organisation that ex-residents would recognise; this reduced any risk of people being identified as ex-service users. When contacting the service user through this media then a message was sent asking whether they would be willing to participate in a research project.

After the initial contact the ex-service users were asked if they would like the consent forms and research information sent to them or whether they would prefer to go through the material in person, recognising that the research information was sensitive and therefore ex-service users may prefer not to have the material at home.

The interviews took place in several locations, firstly at the specialist provision and secondly at locations local to the young person. There were two young people who were interviewed over the telephone due to geographical constraints.

### **Professionals**

All the professionals contacted for the research had links to the specialist provision. All of the clinicians identified worked at the service, the initial contact with the Police, Probation, Social Workers and Youth Offending Officers came through links with the specialist provision however several of the professionals interviewed had not been involved with young

people at the service directly. The interviews with professionals either took place at the specialist provision or at the professional's place of work.

## **7. Methodology for Qualitative Interviews**

The aim of the qualitative interviews was to explore how the risk assessment process is experienced by ex-service users as they cross the developmental transition to adult services and also how the professionals who work with individuals through this transition experience the risk assessment process. There were two sets of interview schedules produced, one designed for the professionals working with the ex-service user group and the second for the service users (see Appendix A and B).

The professionals' interview schedule focused on a set of 20 questions covering how different professions view adults who offended within adolescents and what the key focus of assessment and risk management is. The questionnaires also covered what professionals believed about the resources available to them, the professional power within the different disciplines and the role anxiety plays within the risk management process. These interview questionnaires were structured, however they also allowed for discussion. The interviews took place in a controlled manner, the questions were asked systematically and verbatim, if professionals did not understand the question then further explanation was provided, ensuring not to influence the responses. Additional prompts like 'Is there anything else you wish to add?' or 'Is there anything else' were used to ensure that maximum responses were gathered.

The ex-service user interview also focused on a set of 20 questions covering what services the ex-service user had involvement with, their experience of the services, how they think their risk has been viewed, what factors they believe have been focused on and what factors they believe had been important to them. These interview questionnaires were structured however also allowed for discussion.

The first stage was to gain consent. The second stage was for the interviewer to make telephone contact with the ex-service user and arrange either to meet face to face or by telephone. If face to face, then a neutral appropriate venue was arranged. The ex-service users were given information on the purpose of the research and information about how the information they provide would be used. They were given information about how their confidentiality and anonymity would be protected throughout the research process.

It was important in the communication with both ex-service users and professionals that the focus of the research was looking at the experiences of the risk assessment and risk management process rather than passing judgement on practice or current lifestyle.

The interviews took place in a controlled manner, the questions were asked systematically and verbatim, if the service user did not understand the question then further explanation was provided, ensuring not to influence the responses. Additional prompts like ‘Is there anything else you wish to add?’ or ‘Is there anything else’ were used to ensure that maximum responses were gathered.

With the interviews undertaken there was then an analysis of the information collected to identify themes and an analysis of how this relates to the information identified within the literature review. This is described in the following section.

## **8. Data Analysis- Qualitative Approach**

In undertaking the qualitative part of the research, it was important to consider the best way of analysing the data collected. Nigatu (2009) describes qualitative data analysis as:

*‘Qualitative Data Analysis (QDA) is the range of processes and procedures whereby we move from the qualitative data that have been collected into some form of explanation, understanding or interpretation of the people and situations we are investigating’*

There were two approaches identified as suitable for consideration for the data analysis of this research; these were ground theory and phenomenology approaches. There are many similarities between these two approaches. In considering the first of these, Grounded Theory (GT) is a systematic approach to analysing social research data; developed by sociologists Glaser and Strauss (1967) the approach involves the construction of theory through the analysis of the data. Glaser and Strauss (1967) describe grounded theory as *‘the discovery of theory from data systematically obtained from social research’*. Glaser (1992) believed that Grounded Theory was about the meaning interpreted in social interaction. The other approach to the data analysis is an Interpretative Phenomenological Analysis approach (IPA). This approach considers how an individual person experiences and understands a given phenomenon. According to Biggerstaff & Thompson (2008) this approach has its theoretical underpinnings in phenomenology and hermeneutics (the theory of interpretation), together with symbolic-interactionism which ascribes meaning to events and behaviours.

These two approaches have many similarities in that they both are interested in understanding and exploring real life experiences. Both perspectives try to ensure that the data they are collecting from their participants is not influenced by any preconceived ideas. That said there are some key differences between these two approaches, the IPA approach is only interested in ‘lived experiences’, so therefore will rely heavily on interview material, whereas the grounded theory approach will include various sources of information. The IPA and Grounded Theory approach clearly align themselves with some of the broader research theoretical underpinning; that of a more humanistic and therapeutic community model, a psychodynamic approach that considers the meaning of behaviour. In considering the focus of the qualitative part of the research the IPA more accurately describes the data analysis used in this research, with the interview transcripts being the primary source of data and the dominant focus for this research was on the experiences of the ex-service users and professionals as they experience the risk assessment process.

In considering how this analysis was to be undertaken a computer-based software package (NVIVO) was considered most useful. This software package was designed for undertaking qualitative research allowing the researcher to code the text, in this case the interview transcripts. This research looked at coding the interviews around the broad categories identified in the research questions, these being around 13 key areas. These 13 categories can be broken down into three distinct categories; those that focus on risk (Risk, risk assessment process, re-offending risk and restrictions); those that focus on professional involvement (working relationships, multi-agency working and training) and those that focus on the service user specifically (being an adolescent, transition, usefulness of services, key elements that helped and advice to professionals). With the initial coding undertaken then secondary coding within these categories was undertaken however this was directed by the data, looking for the themes that emerged. It was important to focus the initial data coding to ensure that the research focus could be maintained.

## **9. Methodology for Quantitative Analysis of Case files**

The aim of the analysing the case files was to explore how the risk assessments professionals use in the risk assessment process assess individuals’ risk either side of the developmental transition.

### **Selection of assessment tools:**

The quantitative element of this research was about undertaking an in depth look at the risk assessment process. It is important to understand risk in a measurable way, to ascertain how risk is measured and whether there are differences in the types of risk assessments that are used to assess sexual risk in young people. In considering the key factors that needed to be investigated the research needed to compare the risk assessment tools of different services in terms of their structure, content and risk rating.

In order to undertake this evaluation, the research focused on six common assessment tools used by professionals. The original plan for the research was that six risk assessments were going to be used, however the final research analysed five common assessment tools in respect of their focus and their assessment of risk. The Probation OASys risk assessment tool was identified as not suitable for this type of research, due to the assessment tool having sections that could be included or omitted depending on the profile of the offender, therefore providing too many variables for a direct comparison. OASys was however included within the broader analysis of the tools composition.

The choice of risk assessment tool was firstly based on the assessment tools used by the Criminal Justice Services that have contact with adolescents who display harmful sexual behaviour and adult offenders, these being Youth Offending Service, Police, Probation, and Social Care (coloured green on the table below). These assessments were the AIM 2 assessment; at the time of undertaking the data collect for this research, this was a common assessment used by Social Care and the Youth Offending Service to assess sexual risk in young people, recently this has been superseded by AIM 3.

The second tool identified is the ASSET Plus risk assessment, this is a broader ranging risk assessment tool used by the Youth Offending Service to assess general risk of offending in young people. The third risk assessment identified is the RM2000; this risk assessment tool is predominantly used by the Police however it is also used by the Probation Service. This is a specific tool for assessing the sexual risk of adult offenders. It is designed for assessing people whose sexual offending occurs post 18 years of age. As adolescents move into adult services, particularly if they have order which has a lengthy duration, then these risk assessments sometimes get used.

The final criminal justice risk assessment considered was OASys, used by the probation service. The remaining two risk assessments that have been used are clinical assessment

tools, often used by Clinicians or Psychologists. These risk assessments are the J-SOAP II and SVR-20 these were chosen due to their popularity within the field and their research validity (coloured blue on the table below Fig 3.1). The J-SOAP II risk assessment is an assessment tool used to assess adolescents who display harmful sexual behaviour. The SVR-20 is designed for the assessment of sexual risk in adults; unlike the RM2000 this tool can be used on any offender over 18 regardless of what age they were when the offending took place.

**Figure 7- Risk Assessment Tool Overview**

<b>Tool</b>	<b>Client group</b>	<b>Profession</b>	<b>Key Characteristics of tool</b>	<b>Overview of tool</b>
AIM 2	Juveniles	Social Care	<ul style="list-style-type: none"> <li>• Specific tool for assessing sexual risk in juveniles</li> </ul>	<p>Provided by Risk Assessment Tools Evaluation Directory (2007) The Risk Management Authority</p> <ul style="list-style-type: none"> <li>• Designed by the Youth Justice Board. The assessment tool is designed to be used on juveniles aged 12-18 yr.</li> <li>• It is validated in the United Kingdom by Griffen &amp; Beech (2004) and also by 2 independent state studies (unnamed).</li> <li>• Its predictive accuracy has not yet been studied. In 2012 AIM 2 was launched, this study will use the AIM 2 model.</li> </ul>
ASSETPLUS	Juveniles	YOT	<ul style="list-style-type: none"> <li>• Generic risk assessment tool for assessing risk in juveniles</li> </ul>	<ul style="list-style-type: none"> <li>• Original Asset findings. Designed by the Home Office Youth Justice Board. The assessment tool is designed to be used on 10-18 yr. olds. It is validated in the United Kingdom,</li> <li>• This tool has been validated by Baker et al (2002, 2005) and Raynor et al (2000).</li> <li>• This assessment tool has had more than 2 independent state sponsored studies and is a third generation risk assessment, including empirically established risk factors. It has good inter-rated reliability. Asset 2 has recently been published and will be used for the purpose of this study.</li> <li>• It is considered as 67% accurate which is comparable to most accurate</li> </ul>

				reconviction predictors.
RM2000	Adults	Police	<ul style="list-style-type: none"> <li>• Generic risk assessment tool for assessing risk in adults</li> </ul>	<ul style="list-style-type: none"> <li>• Designed by Hanson &amp; Thornton. The assessment tool is designed to be used with adults, 18 yrs plus.</li> <li>• It is validated in the United Kingdom by Craig et al (2004, 2006) Ford &amp; Beech (2003) Craissati &amp; Beech et al (2005) and Thornton et al (2003).</li> <li>• This assessment tool has 2 plus independent peer reviews, 1 independent State sponsored study, 1 author related peer review study.</li> <li>• This tool has no inter-rater reliability at present.</li> </ul>
OASys	Adults	Probation	<ul style="list-style-type: none"> <li>• Generic risk assessment tool for assessing risk in adults</li> </ul>	<ul style="list-style-type: none"> <li>• Designed by the Home Office National Offender Management Service. The assessment tool is designed to be used on adults, 18 yrs plus.</li> <li>• It is validated in the United Kingdom. This tool has been validated by Howard et al (2006) and Mair et al (2006).</li> <li>• It has had 1 independent state sponsored study and 1 peer reviewed study.</li> <li>• This tool is considered as being very good at predicting reoffending but not as reliable as OGRS, it has a wide range of static and dynamic factors and risk of serious harm section.</li> </ul>



J-SOAP-II	Juveniles	Clinical	<ul style="list-style-type: none"> <li>• Specific tool for assessing sexual risk in juveniles</li> </ul>	<ul style="list-style-type: none"> <li>• Designed by Prentky &amp; Righthand (2003). The assessment tool is designed to be used on juveniles 12-18 yr old males.</li> <li>• This assessment tool is not validated in the United Kingdom, but has been validated elsewhere (Righthand et al, 2000, Parks, 2006, Waite et al 2002, 2005, Righthand et al, 2005, Prentky, 2006).</li> <li>• There has been 1 independent peer review, 1 independent conference paper and 1 author related unpublished conference presentation.</li> </ul>
SVR-20	Adults	Clinical	<ul style="list-style-type: none"> <li>• Specific risk assessment tool for assessing sexual risk in adults</li> </ul>	<ul style="list-style-type: none"> <li>• Designed by Boer, Hart, Kropp &amp; Webster. This assessment is designed to be used on adults, 18 yrs plus.</li> <li>• It has not been validated in the United Kingdom but has been validated elsewhere Dempster (1998) Långström (2002), De Vogel et al (2001), Ducro et al (2003).</li> <li>• It also has 2 plus independent peer reviews, 2 independent state studies.</li> <li>• There is good evidence of risk prediction (MacNeil et al 2003).</li> </ul>

This research was undertaken over a 6-year period and during this time the Police introduced new assessment frameworks, the ARMS (Active Risk Management System) designed by Blandford & Kewley (2017) and the juvenile assessment tool, J-ARMS designed by Blandford & Parish (2017). The AIM Project also launched an updated version of the AIM 2 assessment, the AIM 3 model was designed by Leonard & Hackett (2019). It is important to acknowledge that the author of this research co-developed the J-ARMS assessment tool and the supervising Professor; Professor Simon Hackett co-developed the AIM 3 assessment tool. Due to their recent development they were not included in the quantitative data analysis administered to the young people but have been included in the broader data analysis and will be outlined within the findings chapters.

### **Method:**

The six assessment tools questions were grouped under the six headings identified within the literature review, these being behavioural, developmental, relational, environmental, attitudinal and aspirations. This allowed for there to be a comparison of the weighting of each of the risk assessment tools against these headings.

The first stage of this part of the research was to gain consent from ex-service users (see section: consent). The second phase of the quantitative research was to administer the five assessment tools on case file information. The risk assessments were administered to see whether the risk ratings altered. Case file information was used as it would ensure that the same data was used for each assessment tool. The administration of the risk assessments was undertaken by the researcher; to avoid researcher bias there was a randomised approach to the administration, and the assessments were undertaken in different orders and the sequencing of the cases were changed. These risk assessments were correlated against the risk assessments within the case files.

There followed an analysis of the information collected to identify themes and an analysis of how this relates to the information identified within the literature review, the analysis is described in the following section.

### **10. Data Analysis- Quantitative Approach**

In undertaking the quantitative part of the research, it was important to consider the best way of analysing the data collected. Quantitative data is described by Babbie (2010) as:

*'The numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect'. (p422)*

Greene & D'Oliveira (1999) highlight how in undertaking quantitative research predictions are made and that quantitative data analysis is about developing and testing theories. Neuman (2006) stated that in considering research design there requires important decisions to be made about what data is going to be collected and how it is going to be measured.

There are many strengths and weaknesses of the quantitative data analysis approach. An advantage of quantitative data analysis is that the data collected is measurable and numerical statistical tests can be used to understand and interpret findings. Another advantage of a quantitative approach is that the analysis is more objective and descriptive. Quantitative data can also help to identify and establish connections and correlations between different variables and outcomes. Choy (2014) identifies some of the strengths and weaknesses of the quantitative approach, stating that its strengths are its reliability and replicability, whereas there are weaknesses in that this approach is not as in depth or subjective. The objective and measurable nature of this approach would contrast well with the subjective nature of the qualitative interviews and provide a broader analysis of the risk assessment process.

In considering how to analysis the quantitative data a computer-based software package (SPSS) was considered most useful. There were several types of analysis that needed to be undertaken on the case file information; these being the analysis of the risk ratings of the case files across the five different risk assessments as well as being able to undertake an analysis of the risk assessment tools themselves in terms of their content.

In considering the risk ratings of the case files, the first analysis undertaken was to see if there were similarities in the way the different tools assessed the risk presented within the case file information. As each risk assessment tool rated risk differently, using different weightings, it was important to find a way to compare the different tools. This was achieved by giving numerical ratings to each of the overall risk ratings (i.e. Low risk = 1, medium low= 2 through to very high risk= 6); this allowed the different tools to be compared.

A simple line graph was used to highlight if there were any trends in the ways the risk assessments rated risk. This allowed for a visual representation to be provided that not only identified if risk assessments rated the case files at the same level but also was able to recognise whether, even if they did not rate the risk the same, they followed the same trend.

This was a rudimentary initial analysis of the data and a more comprehensive method of analysis was needed. A means analysis was thought to be useful in order to measure internal consistency, in this case whether the risk assessments rated risk similarly. Tavakol & Dennick (2011) describe internal consistency as *'the extent to which all the items in a test measure the same concept or construct and hence it is connected to the inter-relatedness of the items within the test'*. This test was able to look at the average risk rating each tool gave the case file information and compare them. It was also able to consider the standard deviation; the amount that each risk assessment deviated from the mean rating. This test allowed there to be a comparison as to how consistent the tests were in comparison to each other.

To expand this analysis further a correlation analysis was undertaken. A Spearman's Rho was identified as a suitable test. The Spearman's Rank correlation coefficient is a statistical test that can be used to look at the correlation of variables, both in terms of strength and direction. This test looks at how the risk assessment tools correlate with each other in terms of their risk ratings.

The next section of the quantitative analysis focused on the content of the different risk assessment tools, considering whether they were taking account of the same factors. Similarly, to the start of the previous quantitative analysis a simple analysis was initially undertaken. There were six key domains identified in the literature review, these were developmental, behavioural, relational, environmental, attitudinal and aspirational. Each of the risk assessments were considered individually, looking at the questions that were asked and categorising them in terms of identifying which of the six categories they best fitted in to. To provide further information, the behavioural section was divided in to sexual and non-sexual behaviour. With all six risk assessments questions categorised this data was translated into simple pie charts, allowing there to be a comparison of the risk assessment tools focus and content.

# Chapter Four

## Pilot

### 1. Introduction

Chapter Four focuses on the pilot undertaken to explore the design of the research and its findings. There will also be an outline of the profiles of the research participants provided before concluding with a summary of the challenges. It was important to undertake a pilot study prior to starting the full research so that the research design could be tested to see whether there were any difficulties with the administration of the interviews, whether the questionnaires provided an appropriate focus to elicit information needed to explore the research questions and provided the opportunity to analyse the data. This section overviews the pilot study and the final data collection process.

### 2. Method

#### Interviews

For the pilot of the interview process there were 3 young person interviews and 4 professional interviews undertaken. The young person's interviews were undertaken over the telephone, with hand-written notes being taken by the researcher. The consent for these interviews was posted to the ex-service users prior to the interview taking place, with the interview being arranged once the consent form was returned to the researcher. The professional interviews were given to the professionals in paper form and returned to the researcher with the signed consent forms. For both interview processes the questions were asked systematically and verbatim, if they did not understand the question then further explanation was provided, ensuring not to influence the responses. Additional prompts like 'Is there anything else you wish to add?' or 'Is there anything else?' were used to ensure that maximum responses were gathered.

#### Case File Analysis

In terms of case file analysis, the pilot included an analysis of the five risk assessments on the 3 young people's case file information; again this was undertaken once the written consent had been gained.

### **3. Findings of the Pilot**

The young people and professionals approached for the research appeared to be interested in the subject matter and they were willing to support the research and to take part in the interview process, suggesting that gaining participants to take part in the research would not present too many difficulties.

In administering the interviews with the young people there were several factors that needed considering. The experience of administering the young person's interviews demonstrated that there was a degree of unnecessary repetition in the questions, so much so that this was commented on by the participants, with statements like 'haven't we had that question already'.

Another factor that was raised during the young people's interview pilot was that there was a degree of difficulty for some young people in undertaking certain questions over the telephone, specifically the questions where the young person needed to either make choices from a selection of answers or the questions where they had to rate the answers in order. This proved most difficult for young people who had a degree of learning difficulty, therefore questioning the suitability of telephone interviews.

The quality of the data being collected by telephone interview and also the professionals' paper-based interviews raised some concern. There was a degree of information that was missed by hand writing the answers. It seemed that professionals were concise in their answering, therefore there was an inevitable filtering of information and that some of the subtle comments were perhaps being missed.

In considering the professional's interviews there were issues in respect of the information provided being quite restrictive. For example, questions that encouraged a single word response rather than a narrative which, whilst they allowed for comparisons to be drawn between the interviews, they did not provide any reasoning or explanation for any of their answers.

In undertaking the case file data collection, it seemed that the process was quite straight forward. However, as stated at the beginning of this methodology section, the Probation OASys risk assessment had to be withdrawn from the original catalogue of risk assessments being administered on file information due to difficulties with the administration process.

#### **4. Changes to the methodology**

The pilot proved beneficial in identifying aspects of the research design that needed to be amended. The concerns highlighted above about the structure of some of the questions and the process of undertaking the interviews were considered before the final data collection began. In response to these concerns the following changes were made:

- Interviews were to be audio recorded and transcribed
- Young person's interview to be streamlined to avoid unnecessary duplication
- Young people and Professional interviews, where possible, would be undertaken in person
- Additional questions were included to allow for broader explanations for answers
- Questions were altered to provide a framework to encourage discussion and wider gathering of information

The following sections will provide an overview of the final participant's profiles. This will be split into two sections; the first will focus on the profiles of the young people who agreed to participate in the research and the second will focus on the profiles of the professionals interviewed for the research.

#### **5. The Participant Profiles- Young People**

This section outlines the profiles of the young people who agreed to participate in the research. 24 young people were contacted for the interview process, of the original 24 young people, 23 young people agreed for their case file information to be used and agreed to be interviewed, with only 1 young person stated that they did not wish to be part of the research. However, 5 of those 23 young people then became difficult to get in contact with to arrange an interview, so 18 young people were finally interviewed.

It proved difficult to make contact with some of the young people who had left the service over four years, with changes of address and telephone numbers being a theme. It was more important to achieve a mix of offence profiles within the research cohort and therefore the time that the young people had left the service was reduced and further young people were identified. The final composition of those service users interviewed was as follows:

**Figure 8- Young Person Profile**

Case	Convicted	Age of onset	Offence type	Victim type	Multiple victims	Victim gender	years left service	Contacted via
YP1	N	Childhood	Assault	Sibling/ peer	Y	Both	4	Service
YP2	N	Puberty	Assault	Peer	Y	Male	3	Service
YP3	N	Childhood	Rape	Peer/ sibling	Y	Both	6	Service
YP4	Y	Puberty	Rape	Cousin	Y	Male	9	Service
YP5	N	Puberty	Rape	Sibling	N	Female	5	Facebook
YP6	N	Puberty	Assault	Peer	N	Male	4	Facebook
YP7	Y	Puberty	Rape	Peer	Y	Male	5	Facebook
YP8	Y	Puberty	Rape	Peer	Y	Female	7	Service
YP9	Y	Puberty	Rape	Sibling	N	Female	2	Facebook
YP10	N	Childhood	Rape	Peer	Y	Male	10	Facebook
YP11	N	Puberty	Rape	Sibling	Y	Female	4	Service
YP12	Y	Puberty	Rape	Peer	Y	Male	4	Service
YP13	Y	Puberty	Assault	Peer/ sibling	Y	Male	1	Facebook
YP14	Y	Puberty	Rape	Adult	N	Female	3	Service
YP15	Y	Puberty	Rape	Peers	Y	Male	3	Service
YP16	Y	Puberty	Rape and Assault	Peer	Y	Male	1	Service
YP17	N	Puberty	Assault	Sibling	N	Female	1	Service
YP18	N	Childhood	Assault	Peer	Y	Male	2	Service

The young people cohort can be seen to be varied in terms of offence profile, victim profile and time out of the service, therefore providing a range of different experiences. The group was also evenly balanced in respect of whether they received convictions or not. It is important to note that all young people within the research cohort were white and either British or Irish origin.

## **6. The Participant Profiles- Professionals**

### **Selection of Professional participants**

25 Professionals were contacted for the interview process; all of the 25 professionals approached were willing to partake in the research. The professional composition of those interviewed was as follows:

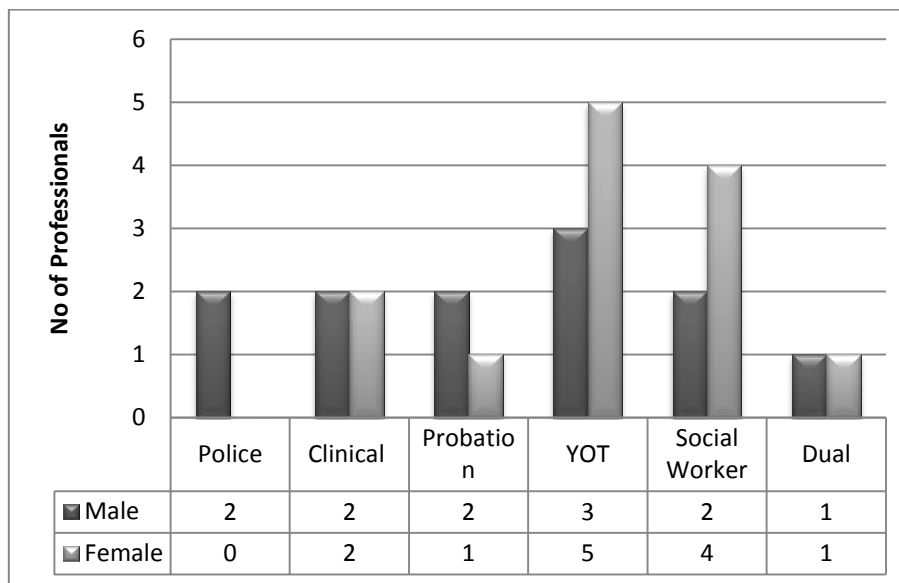


**Figure 9- Professional Profile**

<b>Professional</b>	<b>Profession</b>	<b>Gender</b>
P1	Police	Male
P2	Police	Male
P3	Social Worker	Female
P4	YOT	Male
P5	YOT/ Clinical	Male
P6	Clinical	Female
P7	Clinical/ Probation	Female
P8	Clinical	Female
P9	Clinical	Male
P10	Probation	Female
P11	YOT	Female
P12	Probation	Male
P13	Probation	Male
P14	YOT	Female
P15	YOT	Female
P16	Clinical	Male
P17	Social Worker	Male
P18	Social Worker	Female
P19	YOT	Female
P20	YOT	Female
P21	Social Worker	Female
P22	Social Worker	Male
P23	YOT	Male
P24	YOT	Male
P25	Social Worker	Female

The graph below (Fig 10) highlights the profession and gender split of the professional cohort. It can be seen that Police were the only profession that was not represented with a gender comparison. Two of the professionals held a dual professional status, one being a Youth Offending officer and a Clinician and the other being a Probation Officer and a Clinician, these were scored and categorised separately. The cohort of professionals varied in relation to ethnicity and ethnicity.

**Figure 10- Professional Interview Composition**



The details from the young people’s and professional interviews will be explored in the following findings chapters.

## **7. Summary of challenges**

There were challenges identified during the course of the research pilot, these challenges were identified as follows:

- Will the research provide enough information on what the potential elements of an effective risk management tool are?
- How to track down young people for the interview process and if ex-residents have remained in contact with the service does this create a bias?
- Will enough young people be tracked down?
- How will consent from professionals be gained?
- What is the impact of just having young people from one organisation?
- Are there other issues not covered by the 6 areas chosen?
- Are some assessment questions able to be grouped into multiple categories, how will this be decided?

Some of these challenges relate to the entirety of the research such as the question relating to identifying potential elements of a risk management tool and the impact of using service users from one organisation. These will be considered in the concluding chapter of this thesis.

However, the remaining challenges are able to be addressed within this Pilot Chapter. In relation to tracking down young people there were some difficulties, particularly due to the number of changes of telephone numbers or moves of accommodation. Also using social media presented some difficulties with some young people using nicknames as their profile name; therefore a straightforward name search was not always successful. That said 24 participants were able to be contacted, only 1 was unwilling to participate therefore tracking down residents did not prove that problematic.

The concern raised in relation to whether enough young people were tracked down was important however as the interviews progressed there was a significant amount of consistency in the information young people were raising, therefore raising the question of data saturation, whilst further useful information could have been gathered if more participants had been interviewed there were clear themes emerging from the interviews.

The concern in relation to gaining professional consent was overcome by the change in methodology, moving to a position of face to face contact. There were initial concerns by the research that professionals may feel somewhat exposed or vulnerable raising concerns about their knowledge of sexual offending or their lack of confidence in the risk assessment process, however these issues did not manifest themselves in the interviews, with professionals appearing comfortable to speak about their concerns.

In undertaking the quantitative analysis where the risk assessment questions were categorised into the 6 key areas of developmental, behavioural (sexual/ non-sexual), relational, environmental, attitudinal and aspirational, it became apparent that some of the questions within the different risk assessment tools could be categorised into multiple areas, when this occurred the researcher and the secondary assessor were asked to commit to just one category, the one that they believed was the most appropriate fit. It is important to acknowledge that there were no questions that were unable to be allocated within these areas. With the methodological challenges addressed the data collected was analysed and related to the information collected in the literature review.

## **Part III**

### **Chapter 5:**

#### **Findings: Developmental Transition and the impact on assessment**

##### **1. Introduction**

The following chapter explores the developmental transition from adolescence to adulthood and the impact this development phase presents professionals when they are undertaking assessments. The chapter focuses on the following research questions:

- What significance does developmental transition have on assessing harmful sexual behaviour?
- What understanding and training do professionals have of harmful sexual behaviour in adolescence?

These questions are addressed through an analysis of interviews with professionals who work with harmful sexual behaviour and young people who have displayed harmful sexual behaviour. Information was also collected from the young people's case files in relation to their offending profiles and background information.

The aims of the data collection and analysis were:

- a) To explore the difference between adult sexual offenders and adolescents who display harmful sexual behaviour.
- b) To identify whether professionals and young people believe there is a difference between adult sexual offenders and adolescents who display harmful sexual behaviour.
- c) To consider what training professionals should have in relation to working with adolescents with harmful sexual behaviour.
- d) To identify the developmental needs of adolescents who display harmful sexual behaviour.
- e) To explore what factors young people believe are important to address in order to reduce the risk of further offending.

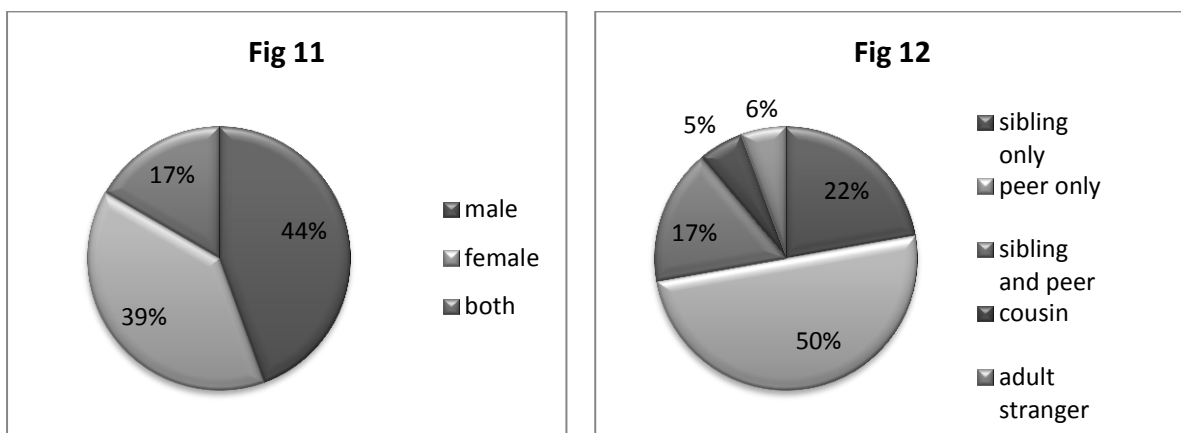
## 2. Harmful Sexual Behaviour in Adolescents

The research within the literature review indicates there are significant differences between the patterns of behaviour of adolescents who display harmful sexual behaviour and adult sexual offenders (Prentky et al, 2000, Groth, 1979). This includes the duration of the harmful sexual behaviour, the relationships with the victim and the number of offences. In this study, case file information was analysed from the 18 young people interviewed, exploring the profile of their harmful sexual behaviour. This considered how the sample of young people interviewed related to the information presented within the research.

In considering the duration of the harmful sexual behaviour; of the 18 young people interviewed, 4 displayed their first harmful sexual behaviour before puberty. 13 of the young people went on to offend against multiple victims. Interestingly, all four of the young people whose harmful sexual behaviour started before puberty went on to harm sexually multiple victims. There were a similar number of male and female victims with 8 of the young people harming sexually male victims and 7 young people harming sexually female victims, 3 young people harmed sexually both male and female victims, see Fig. 11. The findings regarding the relationship the young people had with their victim supported the research findings (Cullen 2011, Worling 2002). The majority of the young people's harmful sexual behaviour was against peers (same age or younger). However, there was a crossover of four young people whose harmful sexual behaviour was against their siblings and peers. Only one young person displayed harmful sexual behaviour towards an adult stranger, see Fig 12.

**Figure 11- Victim Gender**

**Figure 12- Relationship to Victim**



Worling (2002) identified there are distinct patterns to adolescent harmful sexual behaviour; adolescents are more likely to display harmful sexual behaviour towards younger children. Boyd and Bromfield (2006) reported that 84.5% of the young people who had harmed sexually had harmed someone between the ages of 6-11 years and 45.9% of the young people who had harmed sexually had abused someone within their family, this echoes the findings within this research. Understanding that there are different sexually abusive patterns relating to adult sexual offenders and adolescents who display harmful sexual behaviour, appears to be crucial in being able to appropriately work with the young people ensuring that any interventions and assessments are aimed appropriately.

### **3. Professionals views of the differences between adults and adolescents**

The professionals interviewed within the study were asked to comment on whether they believed there were any differences between offenders who offend as adults and those whose harmful sexual behaviour takes place in adolescence. The responses given echoed those presented in the research (Letourneau & Miner 2005, Smallbone 2006, Cullen 2011), with themes emerging in relation to the pattern and duration of behaviours and the significance of developmental factors.

In considering the professionals responses to the importance of the pattern and duration of behaviours, there were a variety of different answers provided. Professional interview P4 stated *'I think there probably are some differences, in terms of patterns of behaviour, length of time behaviour is established'*, Professional P6 added *'juveniles are less like to go on to offend and those that do go on to reoffend as adults are more likely to serial offend'*. Another professional interviewed believed that there were a high proportion of prolific adult offenders that started displaying harmful sexual behaviour within adolescence. Whilst these responses support the research within the literature, it is unclear whether professionals have a clear sense of what the differences are and why they may occur.

Within the professional interviews some spoke about the ability to change stating how this was one of the key differences between adult offenders and adolescents who display harmful sexual behaviour. Professional P23 stated:

*'yeah I think it is very influential, as the young person develops, I think there is more scope for change, perhaps the young person is more set for changing their behaviours in the future than an adult'*.

This professional suggested that young people are more amenable to change than their adult counterparts, maybe because the behaviour is less engrained or that young people are more easily influenced. Another professional P11 stated:

*'we feel that offending as a child or a juvenile is as a result of other factors, childhood, family set up, the environment you are in, and we do feel you are still developing as individuals, so the more likely you are to get support to deal with some of those issues or to develop individually'.*

This response suggests that when considering adolescent harmful sexual behaviour, wider contributory factors need to be taken into account, factors that are unlikely to be considered for adults. The influence of external factors on the young person appears crucial, implying that the young person may be part of a more complex holistic process, a process that cannot be explained in terms of a dyad between offender and victim (Rich, 2003).

Professional Interview P8 also spoke about the ability to change, stating:

*'I believe in the ability to change somebody's patterns of behaviour if you work with them and build a relationship with them which you can do with adolescents and it would take a very different way of working to do that with adults'.*

The suggestion that juvenile services place a greater emphasis on the relationship between professionals and service users is interesting, questioning why the relationships are viewed as more significant than the relationship between professionals and adult service users.

Professional P7 explores the differences between adult sexual offenders and adolescents who display harmful sexual behaviour further, stating:

*'I guess there are going to be some differences and some similarities; maybe their behaviours are less entrenched when they are offending as juveniles. The way they kind of make sense of the world might be different if they are juveniles and maybe they are more open to change at that age more quickly. I think they could be more entrenched, I guess it depends on what those factors are that have driven them to offend, if it is stuff that has come from their childhood and how they were brought up,*

*then by the time they offended as an adult that's going to be more entrenched and be more difficult to challenge and change. I'm guessing some of the adults that I have worked with who have offended post 18, may have offended pre 18 as well; maybe we are just not aware of that. I think they find it harder to talk about stuff from their early years compared to the boys I work with now'.*

The suggestion that as an offender gets older it becomes harder to talk about their past experience raises the question of whether it is harder for the adult to talk about these experiences or harder for the professionals to broach the subject. This may suggest that the professionals working with adults do not have the training to be able to explore issues of early year's experiences and abuse.

The professionals interviewed considered the ability for change as significant, however this was not the case with the young people interviewed, with only two young people raising the ability to change. Young Person YP4 stated '*I think if this had been displayed or come out when I was older, I think it would have taken a lot longer to understand things and break things down, because my whole attitude would have been just fuck off*', he went on to add '*whereas then I was young enough that my thought trail, my actions, my behaviour could be manipulated*'. Similarly, Young Person YP5 stated how he believed that thought processes were easier to change when people are younger particularly in relation to knowing what was wrong. This would appear to support the notion that young people are more amenable to change and that as people get older it may become more difficult for them to explore their past experiences (Burrowes and Needs, 2008).

Within this research both the young people's offending profiles and the professional's opinions support the research that there are differences between adolescents who display harmful sexual behaviours and adult sexual offenders. The notion that the ability to change becomes harder for someone as they progress into adulthood has significant impact on thinking about professional responses to harmful sexual behaviour and the resources available for early intervention. The responses by professionals raises questions as to whether there is enough research tracking the offending and re-offending patterns of adolescents who display harmful sexual behaviour as they move into adulthood. The responses also indicate that the professional relationship may differ with adolescents particularly with wider contributory factors being considered within the assessment process.



#### **4. Significance of offending occurring before adulthood**

As part of the interview process professionals were asked to consider how significant they believed it was that offending occurred before adulthood. There were two main themes that professionals raised during interview from this line of questioning; these being developmental factors, such as emotional, social and moral development and the impact of trauma.

##### **Developmental Factors**

Within the interviews a significant number of the professionals made reference to developmental factors. Maturation was a key issue, Professional Interview P2 stated '*People mature, develop, learn and adjust their behaviour*'. Another professional (P13) stated:

*'I think when you are growing up that at the time you learn about rules and boundaries and kind of set your moral compass, you get your understanding of the world, maybe you didn't have the right understanding or you were not in an environment where you were taught properly and that sets them off on that path. You do think if someone could have been there at that time and been pro-social then all of this could have been avoided, that sets a pattern in life which for some can lead to a pattern of more offending'*.

Two of the professionals interviewed spoke about how external influences differed between adolescents and adults, professional P13 stated:

*'you look at the circumstances around them for the decisions they are making, there seems to be a lot more external factors that impact on external decision making as a youngster because you don't quite understand the world, as a child you are much more likely to be affected by peer pressure than you would be as a 45 year old'*.

The issue of child development was further explored by Professional P14 who stated the following:

*'It's about child development, it's about exploration and experimentation, sorting out their sexuality, their attachments within their families, their educational attainments or potential, whereas as an adult they have transitioned many of those phases, so the dynamics in their lives are different and their motivation and needs are different'*.

This highlights how adolescence is a period of flux and change, where the young person is developing a sense of self identity, developing intellectually and morally and that young people change significantly during this key developmental phase (Bowlby, 1969, Ainsworth 1980, Crittenden & Ainsworth 1989, Piaget 1923, Vygotsky 1978). This was supported by Professional P14 who highlighted risk taking connected with exploration and experimentation as the brain develops an understanding of the world. They stated *‘I think the developmental stages for a child are very different to when you are an adult, for example puberty and other kind of things like upbringing, parents supervision, all this has a massive affect and then there is their sexual development’*, Professional P24 also made reference to risk taking, stating *‘What we know about adolescence is the importance of the developmental stages and some of the difficulties that young people go through within that stage and the risk taking and the brain development.* It would appear that the notion of risk taking is viewed differently by professionals when they are considering adolescent harmful sexual behaviour. Risk taking is seen to some degree as a ‘normal’ part of development, whereas risk taking within adulthood is more likely to be considered a deliberate act and a risk increasing factor.

The Professionals responses support the biopsychosocial theoretical framework outlined by Rich (2003) where he roots the development of adolescent harmful sexual behaviour within a complex system of physical, emotional and cognitive development which interplays with social systems, through exploration and experimentation. The professional interviews highlight a belief that adolescence is a time of personal development and flux and that the adolescent develops in their understanding and decision making. There is an importance placed on parenting with appropriate boundary setting and security being mentioned by several of the professionals interviewed. This reinforces the idea that for adolescents who display harmful behaviour there are complex dynamics that impact on the displaying of harmful sexual behaviour. It highlights the influence the adults around the young person have on the young person’s development of moral and social boundaries. This raises the question as to whether the harmful sexual behaviour young people display is solely the responsibility of the young person or whether these wider factors need to be taken into consideration. It could be argued that these issues would be better addressed through Social Care rather than Criminal Justice.

The young people interviewed were also asked to consider the importance of developmental factors. Within the interviews with the young people, five of the 18 young people commented

on developmental factors, they made reference to being in a stage of learning, Young Person YP2 stated:

*‘When you’re a teenager you are like growing up, you’re finding out different stuff, you are learning, whereas as an adult you know if you fuck up you need to take more responsibility’.*

Similarly, another YP24 stated *‘I think it is because when I was a child, yes I knew right from wrong, but not as well as I do now as an adult’.* These responses support the findings from the interviews with the Professionals and from the literature about child development.

Another young person YP6 spoke about what factors influenced their behaviour stating:

*‘I think at the time when things were going on I thought that I was struggling quite a lot at school, that I wasn’t quite sure at the time about my sexuality, there was a lot of stuff going on at home that I was struggling with and I didn’t really have anyone to talk to and that brought in to play the behaviour that happened, and that was where it sort of came from really’.*

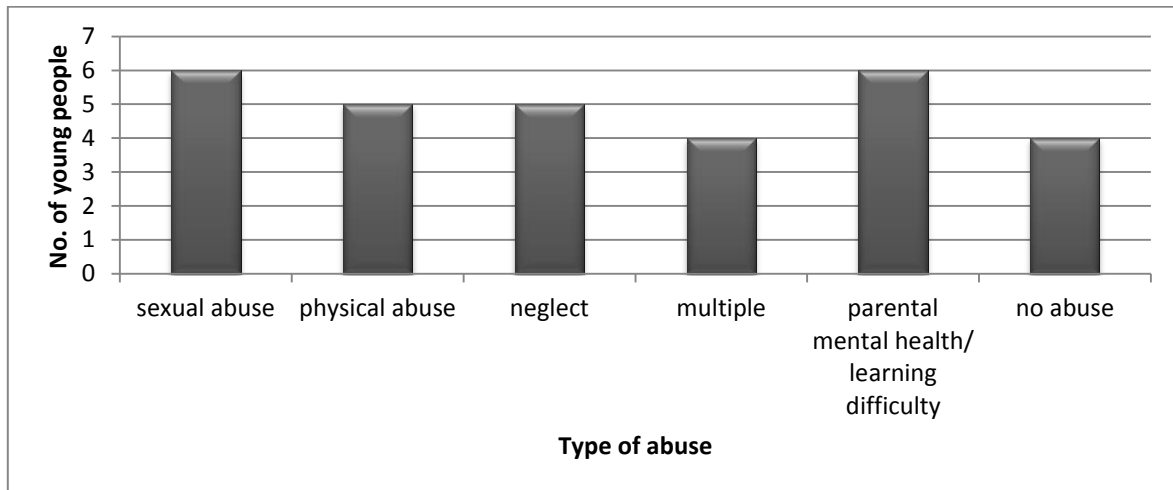
It appears that both professionals and the young people view developmental factors as significant in the origin of the harmful sexual behaviour and recognise this developmental phase as a period of moral development, heavily influenced by those around them.

### **Trauma and Abuse**

The issue of trauma and abuse was the second theme to emerge. Whilst undertaking the case file information data was collected in respect of the young people’s experience of abuse. This data was collected following information from the literature review and a theme emerging in the interviews in relation to the number of young people who made reference to the impact of their early years’ experiences. This data was collected under six key areas; those having an experience of sexual abuse, physical abuse, neglect, multiple abuse issues (i.e. more than one category of abuse experienced). There was a further category added in respect of young people who had experienced parental difficulties, either with mental health problems or learning difficulties. The final category was for those young people who had suffered no

form of abuse. If a young person suffered multiple abuse types, then each type of abuse was recorded as well as a multiple recording. This can be seen in the graph below:

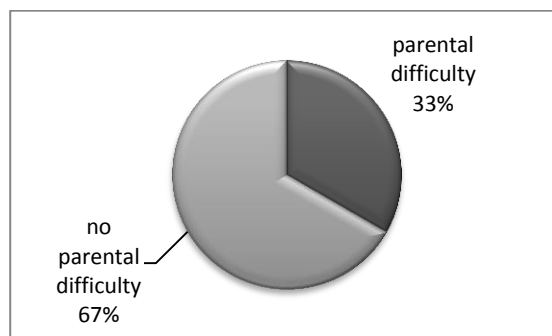
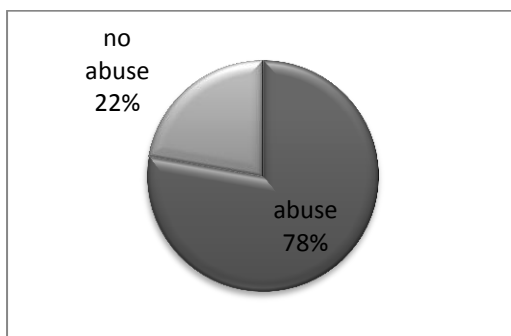
**Figure 13- Abuse History**



What is clear from these results is that a significant number of young people had suffered a traumatic upbringing; in fact 78% of the young people interviewed had suffered some form of abuse in their early years. 33% of those interviewed also reported issues with parental difficulty. This echoes the research in relation to ACEs (Felitti et al, 1998; Rimel, 2014; Longo, 2008; McMackin et al, 2002).

**Figure 14- Young Peoples Abuse History**

**Figure 15- Parental Difficulty**



Several of the professionals raise concerns about how abuse can impact on why adolescents may go on to sexually abuse. Professional P19's response to the question was:

*'I think it is massively significant, in the majority of cases they are reactive behaviours, so you are thinking about childhood traumas and experiences and I think that they are the most significant thing that leads to juvenile offending'.*

The notion of harmful sexual behaviour being a reactive behaviour raises questions as to whether adolescents who display harmful sexual behaviour should be considered and responded to as victims rather than perpetrators. Professional P12 states *'It doesn't come out of nowhere, it comes out of abuse or experiences, rather than driven by adult sexual offending drives'*. Professional P10 made reference to the importance of the childhood home in relation to why some adolescents display harmful sexual behaviour *'maybe to do with rebelling against their situation at home, because he was unhappy and it is getting back, whereas with an adult it is more about sexual gratification in the longer term'*. The experience of abuse or trauma was only referenced briefly by one young person (YP11) during the interviews, he stated *'yeah, because I was younger I didn't understand what was happening and that, yeah, I wasn't treated nicely, and some people treated me differently'*. These responses support the research in relation to the number of adolescents who display harmful sexual behaviour who have experienced abuse and trauma (Rich, 2003).

If it is the case that adolescents who display harmful sexual behaviour have experienced trauma and abuse, then it could be argued that adult offenders are just as likely to have experienced early year's trauma and abuse too. Professional P17 commented on how trauma may be an influential factor for both adults and adolescents:

*'if it occurs in childhood it includes their upbringing, their family home, their environment, how they have been raised, whereas if it happens in adulthood you would think it would be out of character and then think about a force acting on that individual, so a response to trauma in both instances'*.

This was echoed in another professional interview where there was reference to adult offenders displaying developmental issues such as low self-esteem or relationship difficulties that were believed to stem from childhood.

The importance of the motivation to harm sexually and the link with developmental factors was raised as a crucial difference between adolescents who display harmful sexual behaviour and adult sexual offenders; the motivation is likely to be different with harmful sexual behaviour in adolescence having links to developmental factors and history of abuse and trauma (McMackin et al, 2002). Whilst many of these factors may be present for the adult

sexual offender, the link is likely to have been diluted by time and entwined with other factors, such as distorted cognition or inappropriate coping strategies.

### **Alternative Themes- Opportunity, Access to Services and Labelling**

There were other themes raised during the interviews, these include the opportunity to harm sexually, access to services and labelling. One professional commented on how they believed that the opportunity to harm sexually was different for adolescents, that often adolescents who display harmful sexual behaviour were more opportunistic whereas they viewed adults to be more predatory in nature. The issue of opportunity and accessibility are different for young people than for adults, as young people are more likely to harm sexually against their siblings or peers, with whom they have ready access.

The issue of what resources were available to individuals with harmful sexual behaviour was raised by some of the professionals, all of whom believed that adolescents who display harmful sexual behaviours and adult sexual offenders receive different access to services. Professional P11 stated that *'I feel that when an adult offends it is far less support out there for them, whereas when a young person offends there is far more out there for them, agencies, family support, the community, people recognise the need for support to some extent, with adults I don't think that happens'*. This issue of support will be explored further in the following chapters.

Professional P24 raised the importance of intervention stating *'I think it is very significant because if it does occur before adulthood and we can intervene then we can have a massive impact on their future and try to reduce the risk so it is less likely to happen again, where if we don't then it can be a much bigger problem in adulthood'*. This professional was not the only professional to raise the issue of intervention, others raised concerns about the lack of therapy available and how one of the major differences between adolescents and adults is that adults were more likely to receive custody as there were not as many alternatives to custody for adults. This was echoed in the interviews with young people, five of the young people interviewed spoke about how they believed access to services was different because they were adolescents. All five of the young people stated similar things; they believed that if they were adults then they were more likely to have received custody rather than getting therapeutic help.

In the young person's interviews, YP15 made reference to how they believed services treated them differently because they were an adolescent, they stated:

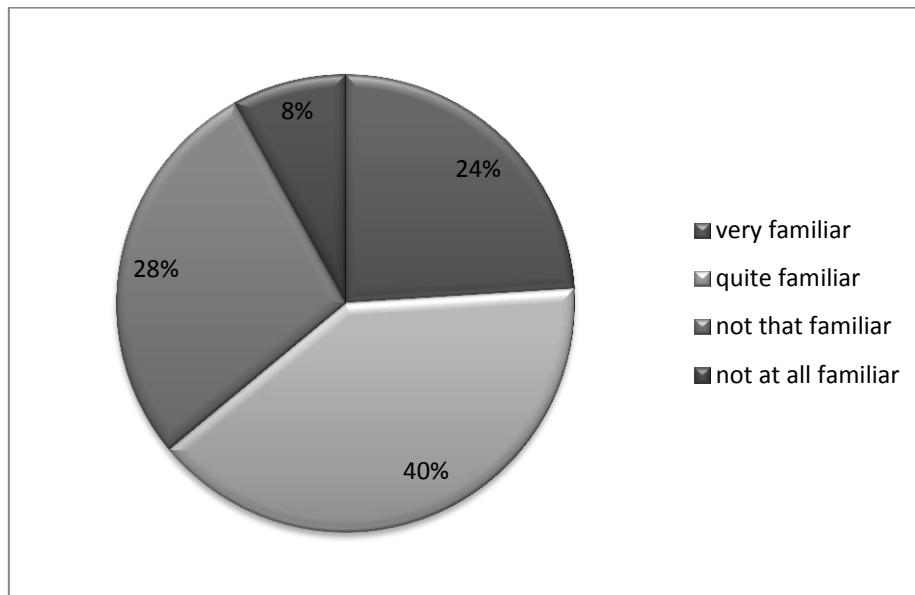
*'obviously in terms of services and sentences from the courts, from the sex offenders register, from public protection units yes, there is a big difference in terms of the age, being a juvenile and being an adult. In terms of the reality of it No, because whatever age you are a sexual offence is a sexual offence, but people who offend as a juvenile, and then they have to look for jobs and that, people go ok he was a juvenile, maybe it was just a mistake and stupidity, you're an adult now and we are going to give you a chance and you're an adult now and it's up to you to figure it all out'.*

The notion that the wider public may be more forgiving or understanding of adolescents who display harmful sexual behaviour was questioned when the issue of labelling was raised. One professional (P20) made reference to the significance of having the label of being a sexual offender as an adolescent, they stated *'I think it is very significant, the impact, it is very difficult unfortunately for the world to think of them as anything other than a sex offender and not taking into account the age at which the offences took place, the label sticks with them'*. It would seem significant that harmful sexual behaviour occurs within childhood or adolescence, with professionals and young people echoing research, believing that the developmental stage, trauma and possibility for change were all significant in distinguishing the adolescent with harmful sexual behaviour from their adult sexual offender counterparts.

## **5. Professional Involvement with Adolescents who display Harmful Sexual Behaviour**

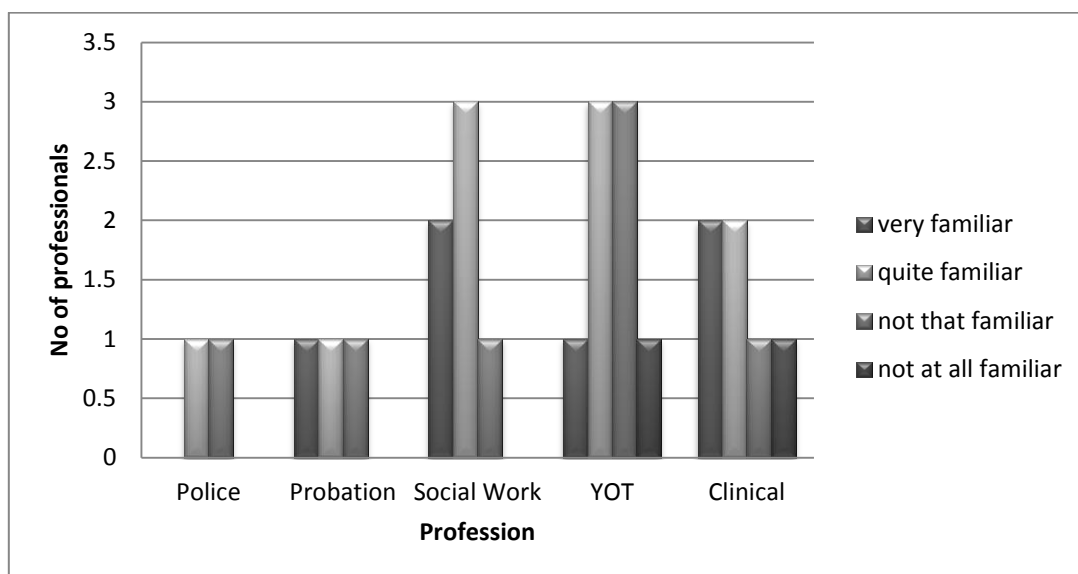
It is important to explore whether there is a clear distinction between juvenile and adult services. If there is, then where do adults who offend within adolescence fit and which group of professionals are best placed to work with them. In order to ascertain this, the 25 professionals were asked how familiar they were with working with adults who offended sexually as an adolescent, see Fig 16.

**Figure 16- Familiarity working with Adults that offended as Juveniles**



24% of the professionals stated that they believed they were very familiar with working with adults who offended within adolescence, 40% believed they were quite familiar, 28% believed that whilst they had some experience working with these adults they did not consider themselves to be familiar with this group and 8% of the professionals asked stated that they were not familiar at all. But it was important to consider whether the level of familiarity related to specific professions, in order to explore this, the information was broken down to consider the different professions, see Fig. 17

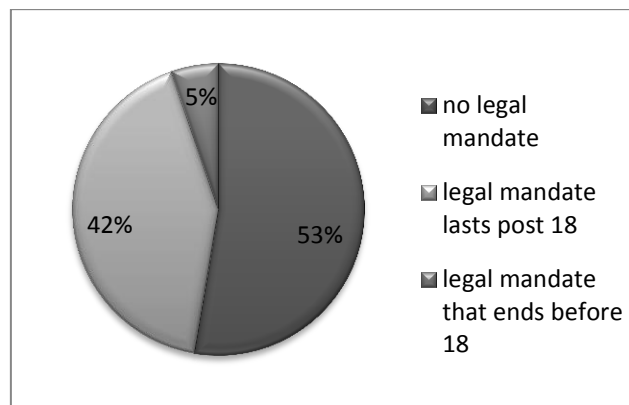
**Figure 17- Familiarity working with Adults who offended as Juveniles**





Interestingly, Youth Offending, Social Work and Clinical professionals believed that they were familiar with working with adults who harmed sexually within adolescence. Whereas the Police and Probation Services (those who would classically been defined as working with adults) were not as familiar working with adults who harmed sexually within adolescence. It may be that for the Police and Probation Service, the young people once reaching 18 are viewed solely as adult offenders and the fact that the harmful sexual behaviour occurred within adolescence is lost. In order to explore the relationship between juvenile and adult services and what contact they have with adolescents who display harmful sexual behaviour, information was gathered from the case files of the young people interviewed. Information was collected in relation to whether they had legal mandates that continued through adolescence into adulthood, therefore creating involvement with services such as Probation, see Fig. 18.

**Figure 18- Legal Mandates**



Of the 18 young people interviewed 53% had no legal mandate and therefore would have no contact with adult services such as the Police or Probation post 18 years of age. 5% had legal mandates that had concluded before the age of 18 and 42% had a legal mandate that continued with them into adulthood, therefore their cases were transferred from the Youth Offending Service to Probation.

Two of the professionals interviewed spoke about their experience of working with adults who displayed harmful sexual behaviour within adolescence, Professional P5 stated *'I have limited knowledge of adult offenders; although I have a sense of whether their offending may have started as juveniles'*. Another Professional (P11) when asked about their familiarity with working with adults that displayed harmful sexual behaviour within adolescence stated that they were not very familiar with working with adults but added *'I have worked occasionally with the odd young person who passes 18 but that specifically depends on their*

*order, for example if you have a custody order which then continues in the community then some of them are managed by Youth Offending but no further than adults above say 18/19 years'.*

It would appear that the transfer from juvenile to adult services could potentially raise difficulties for professionals and raise questions in terms of the knowledge and training professionals receive in relation to child development and adolescent harmful sexual behaviour. For those offenders that display harmful sexual behaviour within adolescence, but are in the adult criminal justice system due to legal mandates imposed on them as adolescents, consideration needs to be given to how they are viewed, whether they are viewed differently by adult services to offenders that commit their offences as adults and whether this group of offenders need to be understood in relation to complex developmental factors.

## **6. Professional understanding of Child Development**

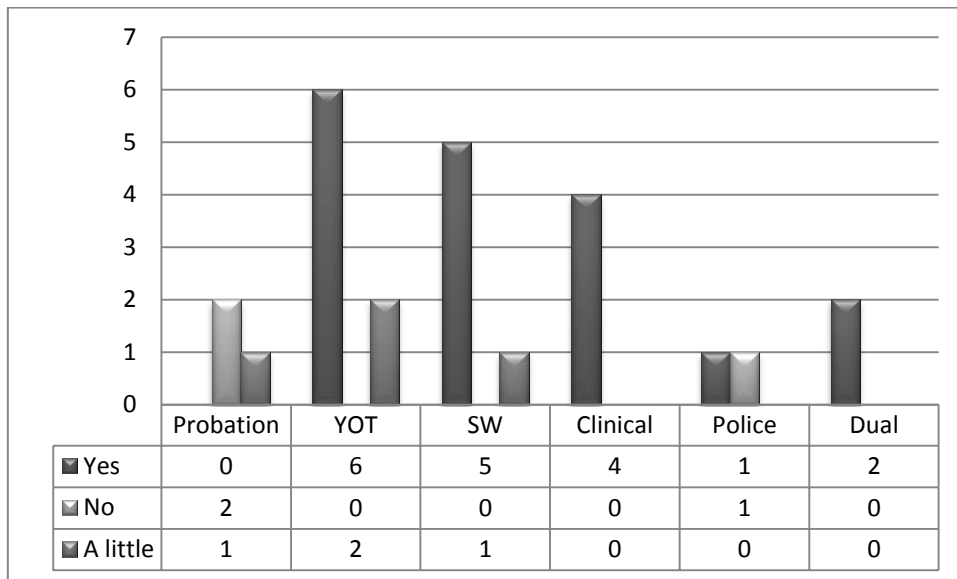
It is clear that an understanding of child development is crucial when working with young people, having an understanding of the different developmental phases and how a young person may be transitioning through them would aid the professional working with them. Child Development is important in terms of thinking about how to relate with an individual, what level to pitch the work at and how best to engage them (Rich, 2003).

### **Level of Training**

The professionals interviewed were asked whether they had any child development training as part of their professional training. Of the 25 professionals interviewed 72% believed that they had received some child development training. 16% believed they had received no child development training and 12 % believed they had only briefly covered child development as part of their professional training.

When this was broken down by profession it could be seen that there were considerable differences between the different professions training, See Fig, 19.

**Figure 19- Child Development Training**



Unsurprisingly, those professionals that work primarily with young people had more training in relation to child development, with the Youth Offending Service, Social Workers and Clinical professionals all stating that they received training. It is important to note that many of the Youth Offending Officers interviewed commented on how their primary professional training was as a Social Worker. It is unsurprising that the Probation Officers interviewed reported that they had little or no developmental training given that they work solely with adults. The information provided by the Police is interesting with one officer reporting they had undertaken training and the other reporting the opposite. It is likely that this is due to the route they may have taken through the police force to working within a Public Protection Team working with sexual offenders, if they had worked within a Child Protection Team then they are likely to have undertaken some child development training.

Many of the professionals interviewed spoke about previous professions they had been involved with and how some of their training had been through this route. One of the clinician’s interviewed (P6) stated:

*‘my background is in psychology so my undergraduate degree covered areas of child development and I spent time teaching child development to undergraduates and worked as a research associate within a clinical psychology department looking at psychopathology in children and adolescents so I think that covered quite a lot of child development’.*

Another Clinician (P8) interviewed spoke about her previous training as a teacher and the child development training she had for this profession, stating:

*'Well going back to teacher training in terms of educational stages and Piaget and understanding both physical development, emotional development and educational development and also in terms of the psychotherapy training a lot of stuff that linked back to the stages that were missed out on, thinking about someone from babyhood into infancy, thinking about the stages that mattered for healthy development and then realising that some of these stages had been missed out on with the kids that we worked with'.*

In the study 4 clinicians had a background in psychology; it is therefore not surprising that child development features heavily, with developmental psychology being a feature of undergraduate psychology training. Also, in looking at the description given by interviewee P8, there is a clear understanding of why child development knowledge is useful, that this knowledge helps the practitioner to understand what normal healthy development is and if there are areas of deficits how these can be focused on in any intervention.

One YOT Officer (P11), describing their change of career also spoke about understanding developmental deficits stating *'I did work in education training and employment in Youth Offending before this post so we looked at developmental age and academic side of things, but also it comes in to things like social skills development, understanding harmful sexual behaviour and what is right and what is wrong and all of these things'.* The three extracts provided suggest that the level of training and knowledge can vary significantly. This was echoed by other interviewees, Professional P12 stated *'I think we did cover it a bit in the 2-year training but I don't think it was a substantial amount. Yes, the history of a person is really important; more so for juveniles than for adults but yeah I think it would be quite useful'.*

Child development knowledge can aid professionals in assessing the level of ability of their client, aid them in directing the work at the appropriate level, so that the person they are working with understands and can make the most of the intervention. It is crucial that professionals working with young people through the change from adolescence to adulthood recognise and can respond to the emotional pressures, insecurities and uncertainty that this

developmental phase creates. During this adolescent phase young people strive for more responsibility but may not have developed the skills or emotional capacity to manage these changes (Bowlby 1969, Ainsworth 1980, 1985, Crittenden & Ainsworth 1989, Piaget 1928, Vygotsky 1978). Child development knowledge allows the professionals to begin to establish a working model of what the client's deficits are (Ryan & Lane, 1990, Rich 2009).

### **Composition of Training**

In considering and comparing the areas of study covered within the National Social Work and Probation training programmes the training seems to have quite different focuses. The Social Work courses tended to focus on a broad range of areas these included psychology and human development as well as law and policy issues. Whereas the focus of the Probation training seems to be far narrower with a focus on the structure of the Criminal Justice System, understanding crime and criminal behaviour and the rehabilitation of offenders.

One of the themes coming from the Probation Officers interviewed was that they believed there was a lack of developmental training in the training they received and that they believed they would have benefited from undertaking some as part of their professional training. The importance of having child development training was raised by one of Probation Officers (P23) interviewed who stated *'In thinking about probation training, that's one of the bigger gaps we find with people coming over to probation, that we look at what their strengths and deficits are in terms of their learning and also one of the areas we always need to address is that whole part of developmental factors'*.

One of the Professionals (P14) interviewed had started their career within the Probation Service, and then moved into Social Care, they highlighted the importance of child developmental training, stating:

*'It is really interesting to have gone from probation and to have done the sex offender work then went to the safeguarding children's board, to be told that I didn't know about children, which I was very aggrieved about, now I realise how little I knew, and it would of helped to of known about children even in the adult sector and you definitely need to know about it in the children's sector and you need to know there is a big difference. I think people feel that because they were children they know about children and that's just not true at all'.*

It is interesting that interviewee P14's views on her knowledge base around child development shifted as she was given more training. The professionals interviewed clearly believed that having an understanding of child development was important and lacking within the training some of the professions receive.

The understanding of how this knowledge could be beneficial varied significantly. One Probation Officer (P13) when asked whether they believed it would be useful to have undertaken some child development training as part of their professional training stated *'Absolutely we do timelines and if you can then say well that was at a time when certain things might have impacted and affected the rest of their life then it would be much better'*. This focus on child developmental factors as a past issue was a theme emerging from those professionals that worked predominantly with adults. There appeared to be a lack of understanding of how the individuals they are working with, whether adults or adolescents, will potentially display issues related to their attachments to others, their regulations of emotions, their belief systems or behavioural management strategies and that having an understanding of how these behaviours may have developed might be useful in relation to intervention and risk management.

It is clear that there is significant difference in the understanding and training professionals have in relation to child development and that those working with adults receive the least amount of developmental training.

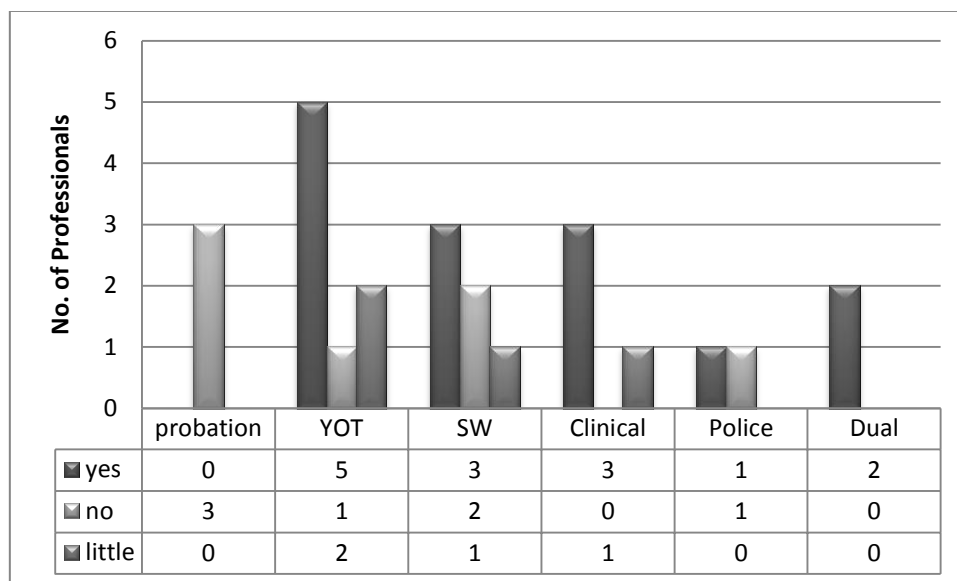
## **7. Child Development and Harmful Sexual Behaviour**

The importance of having an understanding of developmental factors is crucial when considering adolescents who display harmful sexual behaviour. The information above suggests child developmental deficits and the presence of trauma and abuse can all play a part in the early onset of sexual offending (Felitti et al, 1998; Rimel, 2014; Longo, 2008; McMackin et al, 2002). There will be a number of adolescents who may have experienced trauma or abuse, because the trauma experiences and emotions are raw and recent the young person may not have the skills to manage their emotions appropriately and therefore may go on to behave in harmful ways as a way to manage these emotions. It is important to consider how much training professionals get in relation to understanding child development when it links to harmful sexual behaviour. The professionals interviewed were asked whether they had any training on working with adolescents who display harmful sexual behaviour, of the

25 professionals interviewed 48% believed that they had received some training on working with adolescents who display harmful sexual behaviour, 32% believed that they had received no training on working with adolescents who display harmful sexual behaviour and 20 % believed that they had only briefly covered how to work with adolescents who display harmful sexual behaviour.

It was also important to consider whether there were differences in the training the different professions received. There were significant differences between the professions interviewed, see Fig, 20.

**Figure 20- Training in working with Adolescents with HSB**



Unsurprisingly, those professionals that work primarily with young people had a higher degree of training in relation to working with adolescents who display harmful sexual behaviour, with high scores for Youth Offending Service and Clinical. Whilst Social Work also had a number of professionals who had received training this was matched by the number who expressed that they had received little or no training. Overwhelmingly though the Probation Officers believed that they had not received training on working with adolescents who display harmful sexual behaviour. Whilst at first glance this would seem unsurprising, given that they work solely with adults, when linked to the information that 42% of the young people interviewed had legal mandates that would have continued into adulthood, there would appear to be a deficit in training.

There appears to be a clear distinction between adult and juvenile services, however adolescence is not a fixed developmental stage. Individuals progress at different rates,

because of this there has been much focus on specialist adolescent support services extending the age that young people with complex needs can access their services until the age of 25 years. The World Health Organisation's definition of an adolescent encompasses those between 10-19 years of age. Both of these definitions differ from the definition and frameworks used within the field of harmful sexual behaviour. The consideration that the developmental transition to adulthood is a longer process than just reaching the chronological age of 18 potentially has significant implications for those services classically defined as working with adults. It may be more beneficial for adolescents who display harmful sexual behaviour who transition into adulthood with legal mandates to be overseen and managed by the juvenile services that receive the appropriate training.

## **8. Composition of HSB Training**

The professionals interviewed were asked about the training they had received in relation to working with adolescents who display harmful sexual behaviour. Several of the professionals interviewed spoke about the training they had received and what it covered highlighting how the training covered the best approaches to use to engage young people, how to complete risk assessments, an understanding of attachment and cognitive functioning, resilience and safeguarding. Three professionals working with adolescents commented on the training they had received. Professional P9 was asked what sort of things this training included:

*'The majority of the training would be around undertaking risk assessments, probably about 30% of it would be around intervention strategies and then a whole bunch that would be kind of sub-related stuff, stuff like attachment training that kind of stuff'*

The content of training was outlined in more detail by Professional P14, who stated:

*'Through G-MAP and AIM, looking at risk, looking at cognitive functioning, looking at relationships and looking at the impact of your relationship on that young person and how you engage, your own baggage if you like and the importance of working with the family as a whole not just an individual and then networking and the role of education'.*



These two responses echo the information presented earlier in the chapter about the focus of juvenile services being on attachment, child development and histories of trauma and abuse. Professional P8 spoke about the focus of training including the theoretical knowledge of approaches for working with young people:

*'I suppose it allowed me to develop strategies for how one goes about doing the work. I also did a fair bit of training in my psychotherapy training, in my systemic training, so there is something about enlarging the toolbox if you like, looking at the background of systemic training that really helped me look at things differently with the young men. I remember one of the NOTA trainings, but I can't remember what it was entitled, where they said it was okay to be challenging, to challenge a bit more rather than to go gently and thinking that actually suited my style'*

A number of professionals interviewed made links between the training on working with harmful sexual behaviour and developmental factors such as attachment issues, Professional P18 stated *'I have done a lot of training on attachment and sexual offending and systemic family therapy'*. Another Professional P19 made reference to attachment and resilience, stating *'yes, it included things like attachment, the whole thing about AIM led into the Good Lives' Model, so a resilience model of working with young people particularly'*, and one final example from Professional P20 who stated *'It's looking at development, family, current circumstances, attachment issues, networks and relationships'*.

Two professionals interviewed made reference to their training focusing on safeguarding and therefore it being more focused on recognising harmful sexual behaviour and knowing how to safeguard and protect victims, but did not focus on working with an adolescent around their harmful behaviour.

When comparing the responses provided by those professionals who worked predominantly with adults, there appeared to be significant differences presented. The limitation of the training Probation Officers receive was raised in a similar way to the previous section on child developmental training, one Probation Officer (P13) stated:

*'I think the problem with the probation service is that we tend to get involved with them when they become adults so we don't get training on understanding when they*

*were young and maybe having that training would help us, rather than just applying an adult tool to them'.*

The interview information above suggests that having knowledge of child development and how to work with adolescents who display harmful sexual behaviour would be considered useful but that this training tends to only be provided to those professionals that are viewed as working directly with adolescents. The difference in training is likely to be a reflection of the different focus and direction each profession has for working with people who harm sexually. Understanding the origins of behaviour and focusing intervention on these areas is predominantly a focus for youth services. In widening this it could be argued that the training adult services such as Probation and Police have is directed towards a primary focus on monitoring and control rather than on intervention. The knowledge of where certain adult behaviour may originate from would seem to be crucial to helping that adult to change their behaviour, reduce their risk of reoffending and potentially reintegrate them more successfully in society. Similarly having the skills and knowledge to be able to identify attachment, resilience and developmental deficits may aid the Probation Officer in building stronger working relationships with their clients and pitching the work at the most appropriate level.

In considering Probation and Police training there have been moves for these services to become more holistic and solution focused, with assessment tools such as the Police ARMS (Active Risk Management System) assessment and Probation intervention models such as 'The Good Lives Model'. These assessments and models are underpinned by theory from developmental psychology, theory such as Ward and Siegert's (2002b) Pathways Model of offending, models that route the cause of offending behaviour clearly within developmental deficits.

## **9. Transition to Adulthood**

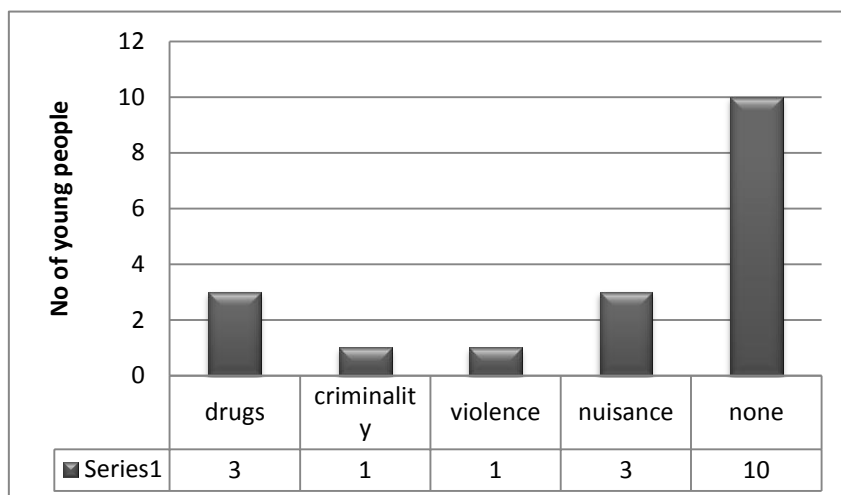
In exploring the backgrounds of the young people within this study it is clear that just under half will transfer to adult services, to services that may not have training in relation to child development and harmful sexual behaviour in adolescence. It is important to understand what factors may influence transition, and potentially may be missed by professionals not receiving adequate training in this area. Altschuler & Brash (2004) wrote about the challenges adolescents experience on re-entering society following offending. They identified four key developmental areas; these being physical, cognitive, emotional and

social. They also identified seven transition domains (family/living, employment, peer groups, substance misuse, mental health, education and leisure) that need to be considered. When considering the Altschuler & Brash model it is important to explore how these categories fit with the profile of the young people interviewed.

Of the 18 young people interviewed, only 7 young people had positive and stable relationships with their parents, 6 experienced instability and inconsistency in their parental relationships and 5 had problematic or no relationship with their parents. When considering peer relationships 11 of the 18 had some peer group at the time of re-entering the community, 6 young people however had minimal or no peer group support. This information was taken from case file information in relation to support networks. In breaking down the profile information further it is worth noting that one of the young people experienced significant behavioural problems on leaving, with issues relating to drugs, criminality and violence. This young person had no family contact and was therefore reliant on peer relationships, which were pre-dominantly pro-criminal; these factors appeared to have a significant impact on his re-entry into society. It is important that professionals working with young adults who have transitioned from juvenile services recognise the significance and impact of these transitional support factors, as highlighted by Altschuler & Brash (2004).

In considering the 18 young people interviewed, whilst the majority of the young people (10 out of the 18) did not display behavioural difficulties in adulthood, 8 of the young people did. There were a range of difficulties that these 8 faced; 3 experienced problems with drugs, 1 with criminality, 1 with violence and 3 displaying low level nuisance type behaviour, such as disturbance of the peace (see Fig. 21).

**Figure 21- Behavioural difficulties in Adulthood**



This is another example of a difference between adolescents who display harmful sexual behaviour and adult sexual offenders. Whilst the sexual recidivism rates for adolescents are much lower than for adults, adolescents are more likely to commit further non-sexual offences than adults. It is important that professionals working with adolescents through the transition to adult services have an understanding of these specific transitional issues faced by this population, so that they are able to accurately assess need and risk and provide the most appropriate support.

Another area that needs to be acknowledged and understood is the issue of learning difficulties and whether this adds further complexities to working with this group of young people. Within the study 8 of the young people interviewed had some degree of intellectual difficulty. In considering these 8 young people with learning difficulties, it is interesting that only one had a positive relationship with their parents. When explored further this appeared to be due to a high level of parental dysfunction, either because of parental learning difficulties or because of mental health difficulties. Interestingly, out of the 8 young people with learning difficulties 5 of them experienced issues with lack of peer relationships and when considering behavioural difficulties 3 of the young people with learning difficulties presented with nuisance behaviours in adulthood. This may indicate that those young people with learning difficulties may need additional support with transition and reintegrating into a pro-social way of life.

It is important to understand the different factors that may impact on a young person transitioning from adolescent to adult services and moving into independent living. The information within this study would indicate that those services working with adolescents who display harmful sexual behaviour are more likely to understand the key difficulties better than their professional counterparts within adult services.

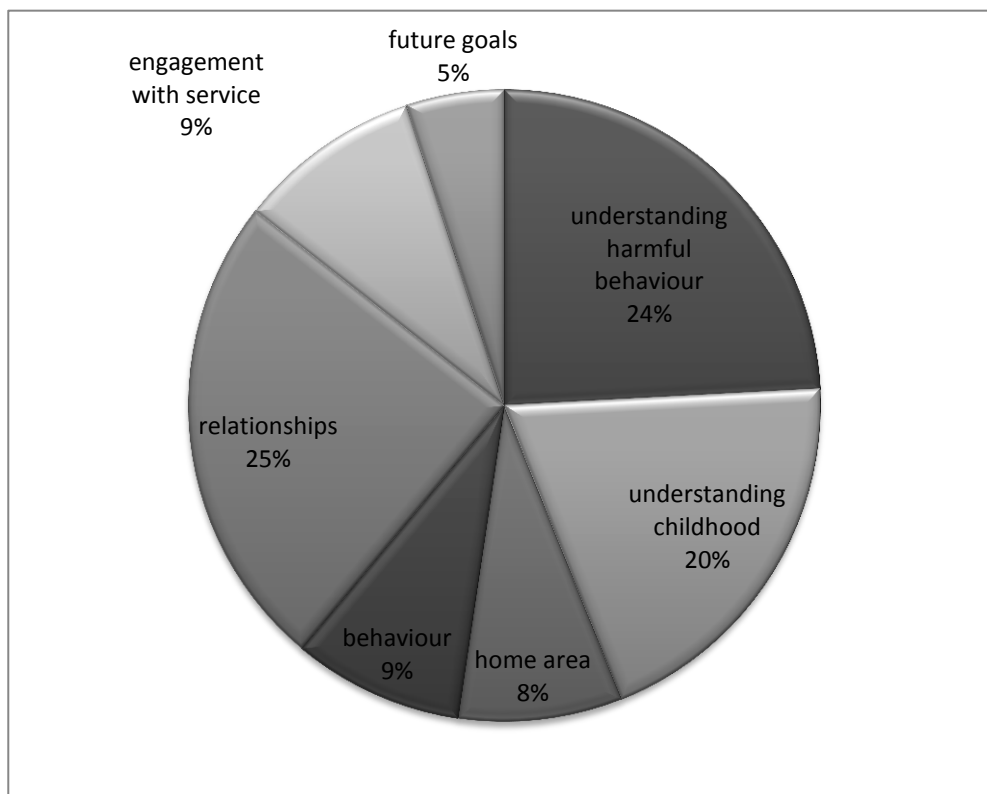
#### **10. Effect of developmental issues on risk**

In considering the roles and responsibility of the professionals it is necessary to understand what factors are important to focus on in reducing and managing the risk of adolescents who display harmful sexual behaviour. In order to explore this issue during interview the young people and professionals were asked to consider what they believed were the key factors that helped manage risk. The professionals and young people were given a list of seven options; these were understanding the harmful sexual behaviour; understanding childhood; the home area that the young person was in; the current behaviour the young person was displaying; the

relationships the young people had with others; the engagement the young people had with services and whether the young people had future goals.

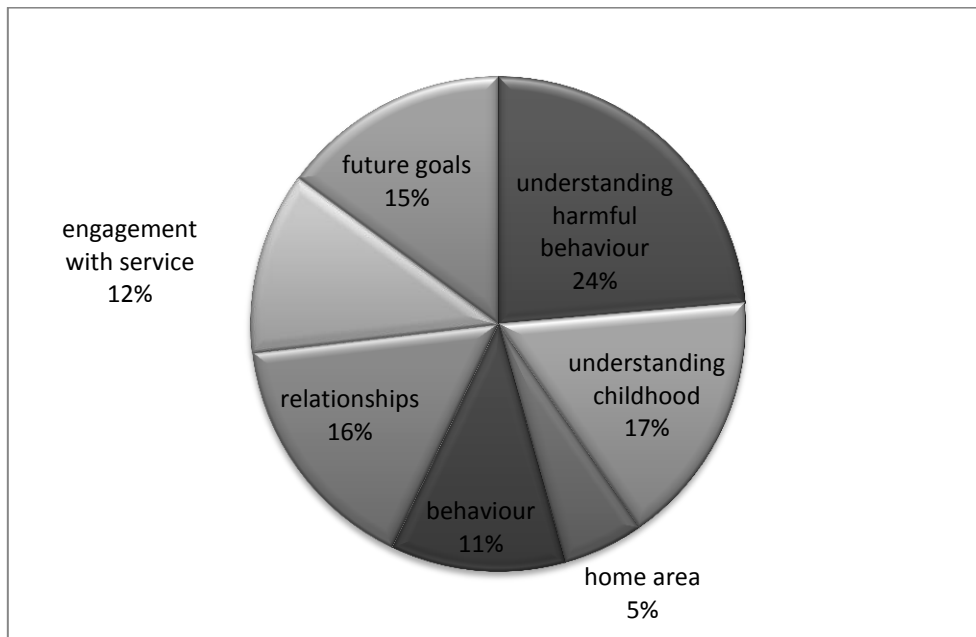
In considering the responses provided by the young people interviewed, they were asked to rank the 7 areas in order. These were then given a score with the most weight receiving a score of 7 and the lowest rate giving a rating of 1. Where the young person was not able or did not wish to rank all seven then the remaining options were given a score of zero. These scores were then added together and the total scores were converted into a percentage. It can be seen in Fig. 22 that the young people interviewed believed that having relationships were the most significant factor in managing their risk, this was closely followed by having an understanding of their harmful behaviour and their childhood experiences. Interestingly engagement with services, the home area and having future goals were not rated as particularly significant by the young people.

**Figure 22- What Young People thought helped manage risk**



But how does this compare to the views of professionals? They were asked to rate the same seven options; understanding harmful behaviour; understanding childhood; the young people's home area; their current behaviour; their relationships; their engagement with services and their future goals. The answers were ranked in the same way as for the young people. Fig. 23 shows the results of the professional's interviews.

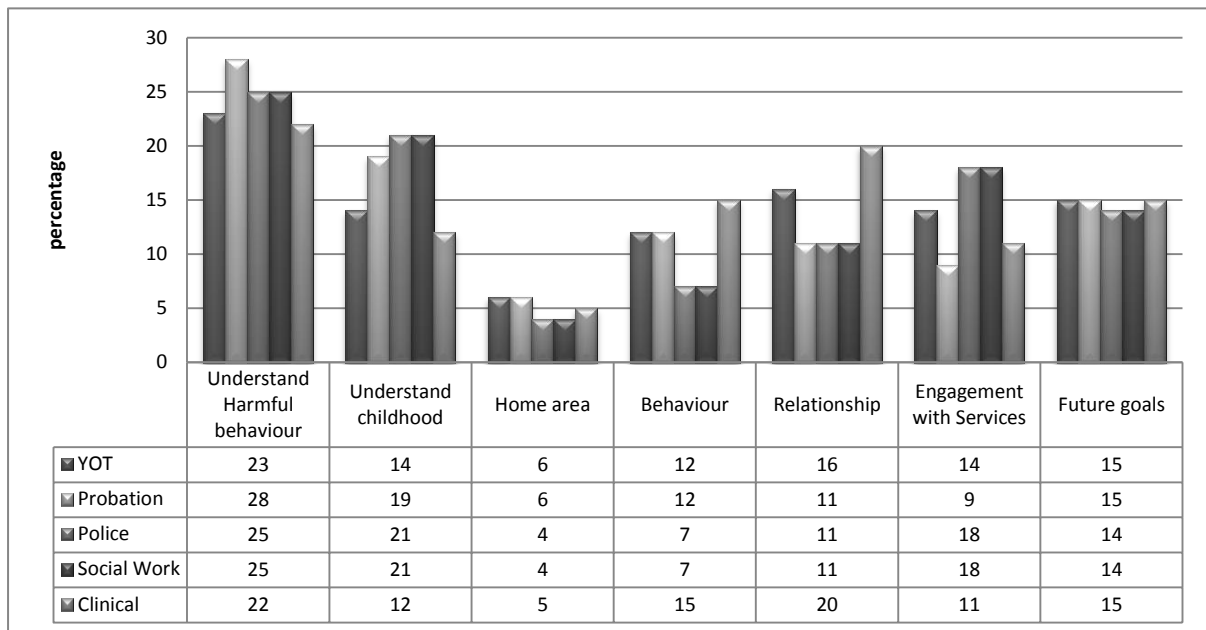
**Figure 23- What professionals thought helped young people manage their risk**



It is interesting that whilst there are some similarities in the rating of these key areas there are some key differences. Both young people and professionals believed that harmful sexual behaviour was important. However, for the young people this came after relationships, relationships for professionals was ranked third most significant, closely followed by having future goals, something that the young people ranked least important. What this suggests is not that having future goals is unimportant for managing risk but that for the young people the need for social relationships was believed to be more significant, echoing Altschuler & Brash (2004) research. This is quite crucial when thinking about what areas of work to focus on in relation to assessment and risk management. Importantly, the three highest rated factors were the same for both professionals and young people, these being: understanding sexual behaviour, relationships and understanding childhood. These areas have clear links to understanding child development and harmful sexual behaviour in young people, areas where the training is lacking for professionals that work with adults.

The next question raised was whether there was any difference in the way the different professions ranked these seven options. The following graphs show the different professions ratings, see Fig. 24. What is interesting in analysing the percentages each profession ranked the seven elements is that three elements were consistently rated by all of the professions, this being the importance of understanding harmful sexual behaviour as being most important, that the home area was considered the least significant in managing risk and that having future goals was considered to be of medium importance for all professions.

**Figure 24- Different professions view on what helps young people manage risk**



In looking at the remaining factors there appeared to be a degree of difference between professions; surprisingly understanding childhood was ranked more significant by the Social Workers, Police Officers and Probation Officers and not by the YOT and Clinical workers who it would be expected to have given this more weight given the training they had received in relation to child development. Another difference was that, when considering present behaviour, the Police and Social Care did not rank this as particularly significant. This was surprising particularly given that the primary role of the Police is on ensuring people behave in law abiding ways and their focus is predominantly on current behaviour. Unsurprisingly, the Clinical professionals viewed relationships as being crucial given the focus of their training on child development and knowledge of the importance of developing peer relationships within adolescence. The issue of engagement with services provided some of the most inconsistent results with a range from 9 to 18, with all professions viewing it as being of medium importance. It is important to understand what professionals and young people view as significant in managing risk, particularly if there are differences in what the focuses are.

## **11. Summary of Findings**

There were several findings presented within this chapter, the chapter explored professionals understanding of child development and harmful sexual behaviour within adolescence. The following key findings were highlighted:

- The professionals identified that adolescents who display harmful sexual behaviour and adult sexual offenders are different; however, they highlighted how they believed they had a lack of knowledge about what the differences are.
- Just under half the young people interviewed (42%) had legal mandates that continued past the age of 18; however only 24% of professionals believed that they were very familiar working with this group, meaning that many of the professionals within the study were unfamiliar with working with adolescents who display harmful sexual behaviour.
- The professionals involved in working with adolescents who display harmful sexual behaviour received a varying amount of training in relation to child development. Professionals had a varying degree of understanding of how child developmental factors impact on adult behaviour. Professionals understand child development as being about historical information rather than understanding current presenting issues.
- The professionals interviewed received a varying amount of training in relation to adolescents who display harmful sexual behaviour, with professionals working with adults receiving minimal or no training.
- The young people experienced difficulties with the transition into adulthood, with difficulties with parents, peers, behavioural and learning difficulties
- The distinction between being an adolescent and being an adult and that the period of adolescence may not be dependent on chronological age but may continue beyond the age of 18.



## Chapter 6

### Findings: The Challenge of Assessment

#### 1. Introduction

The following chapter explores a variety of risk assessment tools that are used in the assessment of sexual risk. Some of these are age specific, others profession specific, such as those used by Police or Criminal Justice agencies and some a matter of personal choice or training. This chapter explores the challenges created by having a range of different assessment tools available. The chapter focuses on the following research questions:

- How is the risk of harmful sexual behaviour in adolescents who display harmful sexual behaviour assessed?
- What are the differences between the assessment tools used to assess adult sex offenders and adolescents who display harmful sexual behaviour?

These questions are addressed through both qualitative and quantitative analysis, a statistical analysis was undertaken from the information collected from the risk assessment tools. There was an analysis of case file information and there has been a qualitative analysis of interviews gathering information about the assessment process with professionals who work with adolescents who display harmful sexual behaviour and young people who have displayed harmful sexual behaviour.

The aims of the data collection and analysis were:

- a) To explore what professionals think the assessment tools are assessing
- b) To explore the difference between the assessment tools used to assess adults and those used to assess adolescents who display harmful sexual behaviour
- c) To establish whether the assessment tools rate risk in the same way
- d) To identify the content and focus of the different assessment tools
- e) To consider the importance of risk and need within the assessment process
- f) To explore how the assessment tools assess risk through the developmental transition to adulthood.

The Review of Literature in Chapter 2 explored the issue of assessing risk. This chapter researches six respected risk assessment tools commonly used by different agencies working

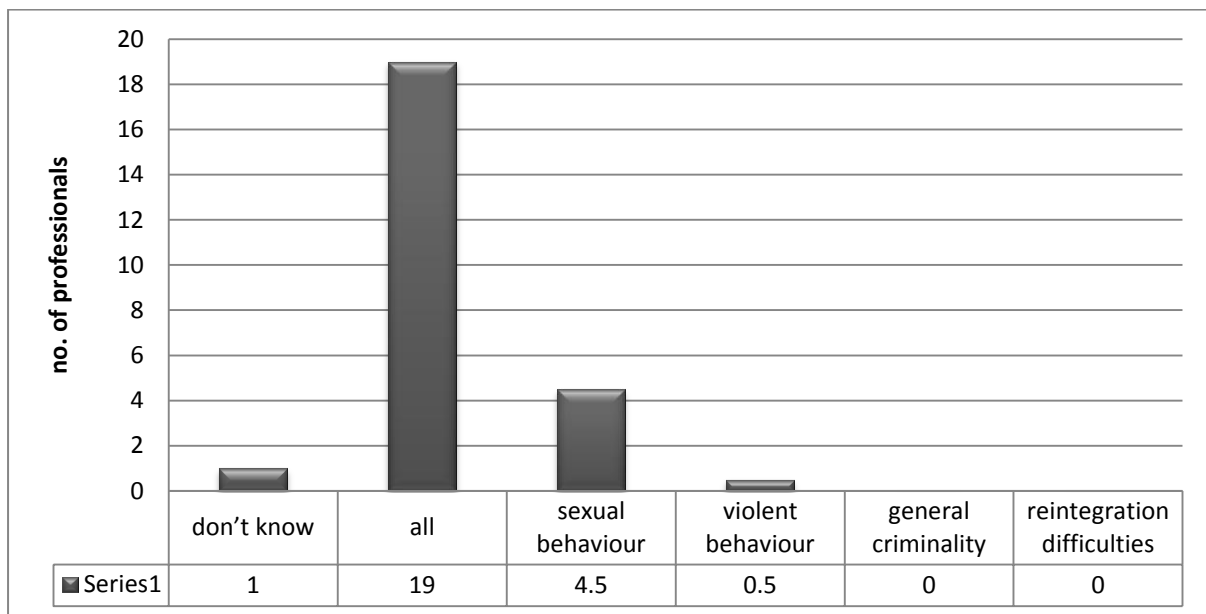
with harmful sexual behaviour. With different assessment tools being used by different professionals it is important to understand the tools similarities and differences and how they relate to each other in order to ensure that assessment findings are being used appropriately. It is important to understand if these different assessment tools assess risk in the same way or whether there is difference in respect of how they rate risk and whether they focus on the same issues or they are assessing different factors. It is also important to understand how these assessments correlate with each other, particularly considering tools used during the transition to adult services, by understanding the tools better a more comprehensive assessment can be undertaken.

In addition, the chapter explores some of the recent developments in the field of sexual and non-sexual anti-social risk assessment. These findings are considered within a wider context, reviewing in relation to research and literature, exploring the importance of the findings, analysing the limitations of the findings and considering alternative explanations. There are also recommendations for further areas of study. The chapter concludes by considering how to reduce the challenges associated with the process of assessing adolescents who display harmful sexual behaviours.

## **2. What are professionals assessing?**

In exploring the challenges of undertaking a risk assessment it was important to understand what professionals believe they are assessing when they undertake risk assessments on adolescents who display harmful sexual behaviour. The professionals interviewed were asked to consider what they focused on when they undertake a risk assessment. They were given four choices, those being sexual behaviours; violent behaviours; general criminality and reintegration difficulties. Two other choices were provided by professionals during the course of the interviews, 'all four options' and 'I don't know'. The six answers given by the professionals are presented in Fig. 25. The majority of the professionals, 19 out of the 25, stated that they considered all four of the areas when undertaking a risk assessment; however one professional stated that they did not know what they focused on. Where a professional gave two answers then a score of 0.5 was given. It can be seen that one professional believed that they would focus on violent and sexual risk in the risk assessments they undertake, whereas four professionals stated that they would just focus on sexual risk.

**Figure 25- What is the focus of your risk assessments**

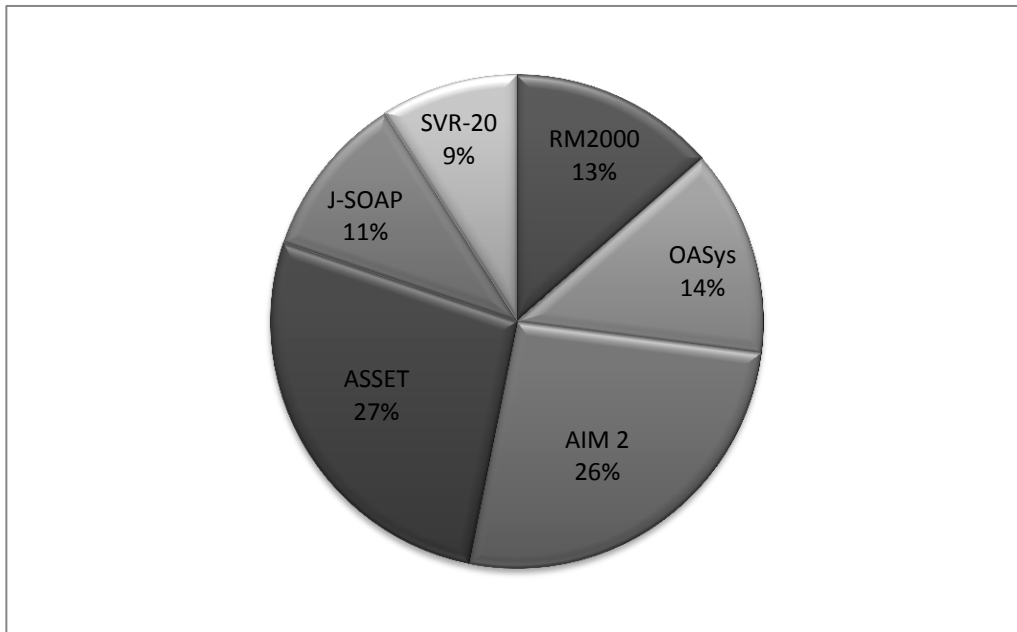


The analysis of what professionals believe risk assessment focus on is interesting. If the majority of professionals believe that risk assessments cover sexual, violent, general criminality and re-integration difficulties it implies that they have a familiarity with the assessment process but what is this based on? How familiar are professionals with the risk assessments they use and do the assessments used cover the areas that professionals believe they do?

### **3. Professionals' familiarity with the different Risk Assessments**

During the interview process professionals were asked about their familiarity with the different risk assessment tools; they were given the options of answering very familiar, quite familiar or not at all familiar with the risk assessments. Fig. 26 shows the results. Unsurprisingly, ASSET and AIM 2 were considered the most familiar. These are the primary assessment tools of the Youth Offending Service and a larger number of Youth Offending Officers were interviewed. There tends to be joint working between the Youth Offending Service and other services, such as Children's Services, therefore more professionals are likely to have been involved with YOT cases and potentially have an involvement or had sight of these assessment reports.

**Figure 26- Familiarity with risk assessment tools**



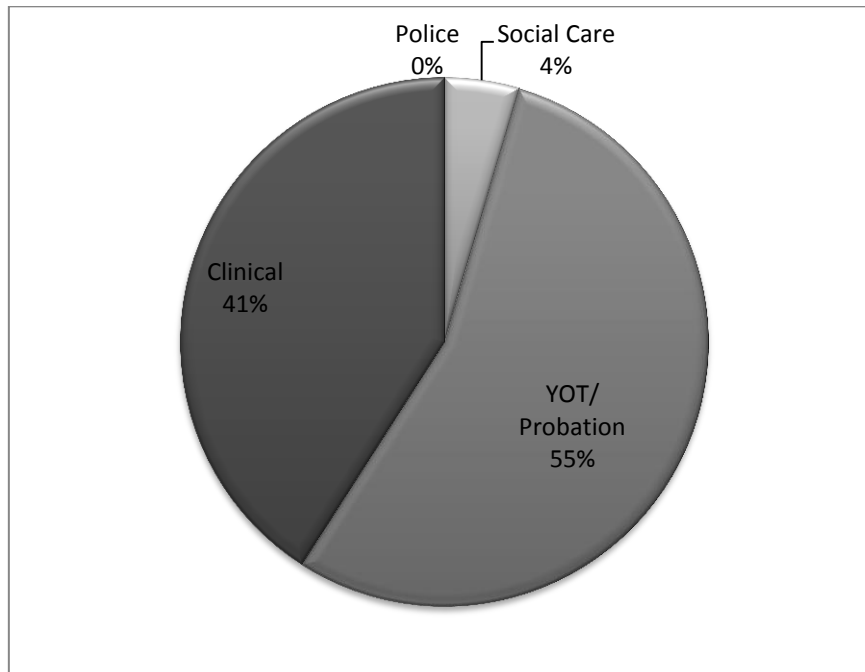
The clinical assessment tools J-SOAP and SVR-20 were the least familiar within this cohort of professionals, closely followed by those of the Police and Probation Service. The lack of familiarity with certain tools could have implications for practice, with tools being used inappropriately or professionals not fully appreciating what the assessments include and focus on. If professionals have a better understanding of the assessment tools, it is likely that professionals' experience of the assessment process will be improved. They will be able to direct their assessments more accurately and be more informative to service users about why they are undertaking the assessments. These issues are magnified when cases transfer between services, with different assessment tools being implemented and differences in assessment procedures and professional knowledge. The concern would be that information could be lost or understood differently when being passed between services.

#### **4. Professional views on risk assessments**

In order to consider the professionals' familiarity with the assessment tools, they were asked to consider which professions risk assessment tools they believed were most reliable. The professions were categorised as follows: Police, Social Care, YOT and Probation and Clinical. The results of this are shown in Fig. 27. This indicated that the Youth Offending Service and Probation Service risk assessments were viewed as most reliable with 55%, followed by Clinical risk assessments with 41%, Social Care only received 4% and the Police

risk assessment tool was not considered the most reliable by any of the professionals asked. This result indicates contradiction, that clinical assessment tools are reliable however few professionals were familiar with the clinical assessment tools. This therefore questions whether this is about the perception held of the clinical professions' expertise rather than the tools themselves.

**Figure 27- Which Professions' tools are viewed as most reliable?**



Professionals were asked to give reasoning for their answers about reliability. There were various responses given. Professional P9 stated the following showing their knowledge of the composition of the risk assessments and their validation process:

*‘if you are looking at the large number crunching stuff then police risk assessment tools are the most reliable in terms of RM2000 having the biggest cohort and identifying therefore contributory factors that do lead to statistically the greatest number, well the most accurate risk assessments. I think the problem is that, it’s how you apply that to the individual you are faced with, risk factors are much more dynamic than risk matrix presents so I guess clinical I would say out of that list is most reliable.’*

Several of the professionals highlighted how reliability and quality were important, with statements being made including *‘I think there are holes in all of them [risk assessments], there are positives in all of them. I think it also depends on what you are assessing risk for’*

(Professional Interview, P11), another professional (Professional interview, P18) spoke about how assessments needed to be more holistic, more systemic in their approach. Both of these responses indicate that these professionals have a degree of doubt about the risk assessments, that they believe they have deficits and that they need to be more comprehensive; however it is unclear where their doubt originates, whether it is to do with a lack of training, professional bias or because there is such an array of assessments tools available.

The familiarity the professionals had with the different assessment tools was significant in the responses, with an expected bias towards the tools they use. Professional P10 stated *'I think there is always that sense that you don't know everything that is going on and I think we all use different tools and all have a different idea of what risks are and we have our own language and everything so, I don't know'*. Professional P6 stated that they were not that aware of some of the risk assessments, while Professional P8 stated *'I'm bias but I would say clinical but that's what I know, that's my area of safety, I think the police sometimes make judgements without full information'*.

Many of the professionals talked about the importance of working together and combining knowledge to produce better assessments, however how can this be possible when there is such a lack of clarity about what is being assessed; whether the assessments complement each other or whether they should be used independently of one another? Professional P24 made reference that when they undertake an assessment they joint work the assessment in order to ensure the most accurate information is collected. Similarly Professional P17 stated, when asked about how reliable the different risk assessments are:

*'I wouldn't think any of them [risk assessments] in isolation, because each discipline will have its own approach to working with people and no single approach can give as good an account as many different perspectives and disciplines. So, police may have a particular slant and that will be a valid view but it will become more reliable if it was combined with an equally valid perspective'*.

The issue of combining knowledge and skills through joint working raised issues in relation to the amount of time professionals spent with the person they were assessing. The professionals believed that the clinical risk assessments had a greater amount of contact with the person being assessed therefore provided a greater depth of knowledge, Professional P16 commented:

*‘Clinical, so just on my experience, we are the profession that has the most hands-on experience with the young people, spend the most time with them and therefore have richer information, information that perhaps they haven’t shared with other people in their past’*

Clinician P5 stated:

*‘Clinical, because of the depth of the investigations required through every piece of literature that has come with that individual and previous, so anything through to CPS documents through to care records, to school records to CAMHS records to the time spend searching for those documents gives a better sense of that assessment’.*

It appears from the interviews that professions believe that reliability, familiarity, together with the quality of the assessment and time spent attending to the assessment are important in the risk assessment process and that this is maximised if professionals can share knowledge and skills through joint working. But how accurate are the views of professionals about the composition and reliability of the different assessment tools? It is important to look at the assessment tools and consider their structure, focus and remit as well as how the assessment is conducted. It is also important to understand how the different risk assessments relate to each other and whether they assess risk in the same way.

## **5. Risk assessment profiles**

In exploring the assessment process, it was important to understand the profiles of the different risk assessment tools being considered. This was to explore whether the tools are considering the same information. Each of the tools is outlined below.

**ASSET Plus-** This risk assessment tool is designed by the Youth Justice Board (YJB), it is designed to be used with young people aged 10-18 years of age and is a general offending assessment tool. The assessment consists of 12 domains; the structure of this risk assessment tool is that each section is equally weighted. The domains are listed below together with the weighting for each section:

**Figure 28- Asset Framework**

<b>Domain</b>	<b>No of questions</b>	<b>Score range</b>
Living arrangements	7	0-4
Family and personal relationships	10	0-4
Education, training and employment	14	0-4
Neighbourhood	6	0-4
Lifestyle	7	0-4
Substance use	5	0-4
Physical health	6	0-4
Emotional and mental health	8	0-4
Perception of self and others	6	0-4
Thinking and behaviour	10	0-4
Attitudes to offending	8	0-4
Motivation to change	7	0-4

**AIM 2-** This risk assessment tool is designed by the Youth Justice Board (YJB), it is designed to be used with young people aged 12-18 years of age and is a sexual offending assessment tool. The assessment consists of 4 broad domains and 15 topics. The topics are listed below together with the weighting for each section:

It is important to note that at the time of undertaking the data collection and analysis for this research the AIM 2 model was a leading assessment tool for assessing harmful sexual behaviour in adolescence; however at the point of submission the AIM 3 had been introduced. The AIM 3 model is discussed later in this chapter.



**Figure 29- AIM 2 Framework**

Domain	No. of Questions	Score range
Sexually and Non-Sexually Harmful Behaviours- Static Concerns	13	Mixed Scoring Methods
Sexually and Non-Sexually Harmful Behaviours- Dynamic Concerns	5	Mixed Scoring Methods
Developmental Issues- Static Concerns	8	Mixed Scoring Methods
Developmental Issues- Dynamic Concerns	12	Mixed Scoring Methods
Family Issues- Static Concerns	2	0-2 and unknown
Family Issues- Dynamic Concerns	4	0-2 and unknown
Environmental Issues- Static Concern	3	Mixed Scoring Methods
Environmental Issues- Dynamic Concerns	4	0-2 and unknown
Sexually and Non-Sexually Harmful Behaviours- Static Strengths	3	0-2 and unknown
Sexually and Non-Sexually Harmful Behaviours- Dynamic Strengths	3	0-2 and unknown
Developmental Issues- Static Strengths	2	0-2 and unknown
Developmental Issues- Dynamic Strengths	5	Mixed Scoring Methods
Family Issues- Static Strengths	1	0-2 and unknown
Family Issues- Dynamic Strengths	4	0-2 and unknown
Environmental Issues	6	Mixed Scoring Methods

**J-SOAP II-** This risk assessment tool is designed by Prentky & Righthand (2003) and was designed to be used with male adolescents aged 12-18 years old who have harmful sexual behaviour. The assessment consists of 4 domains; these four domains are considered in respect of strengths and concerns. The structure of the assessment tool is that it weights the sections fairly similarly with sexual drive and impulsivity sections receiving only a slightly higher weighting option, the sections are weighted as follows:

**Figure 30- J-SOAP II Framework**

Domain	No. of Questions	Score range
Sexual drive/ preoccupation scale	8	0-16
Impulsive/ antisocial behaviour scale	8	0-16
Intervention scale	7	0-14
Community stability/ adjustment scale	5	0-10

**RM2000-** This risk assessment tool is designed by Hanson & Thornton (2000) and is designed to be used with adults, 18 years plus who have a conviction for a sexual offence. The risk assessment has a different approach to the previous two, with two distinct steps. It is important to note that this assessment tool should not be used on an adult whose offending occurred under the age of 18. The weighing for each step is similar and are weighted as follows:

**Figure 31- RM2000 Framework**

Domains	No of questions	Score range
Step one	3	0-6
Step two	4	0-4

**OASys-** This risk assessment tool was developed by the Home Office (NOMS) and is designed to be used with adults, 18 years plus, who have a conviction. The assessment is a layered computer-based assessment the information below relates to the specific questions listed on the OASys full assessment template.

**Figure 32- OASys Framework**

<b>Domains</b>	<b>No of questions</b>	<b>Score range</b>
Offending history	7	Mixed scoring methods
Offence analysis	14	Mixed scoring methods
Accommodation	4	No/ Some/significant
Education	9	No/ Some/significant
Financial Management and Income	5	No/ Some/significant
Relationships	8	No/ Some/significant
Lifestyle and Associates	4	No/ Some/significant
Drugs, ever misused	6	Mixed scoring methods
Alcohol misuse	5	No/ Some/significant
Emotional Wellbeing	8	No/ Some/significant
Thinking and Behaviours	10	No/ Some/significant
Attitudes	6	No/ Some/significant
Health and other considerations	4	Y/N

**SVR-20-** This risk assessment tool is designed by Boer, Hart, Kropp & Webster (1998) and was designed to be used with adults who have displayed harmful sexual behaviour. The structure of this risk assessment is that there is equal weighting across the four domains; however, the assessment does not opt for a numerical weighting system, the sections are weighted as follows:

**Figure 33- SVR-20 Framework**

Domain	No of Questions	Score range
Psychological Adjustment	11	Presence- Yes/no/unknown
Sexual Offences	7	Presence- Yes/no/unknown
Future Plans	2	Presence- Yes/no/unknown
Other considerations	N/A	Presence- Yes/no/unknown

From the information presented above it is clear that the assessments are structured very differently and that the risk ratings that are derived are focusing on different factors. It is also clear that the target group for these assessment tools appears to be either adolescent or adult and that cross over from adolescent to adult services is not accounted for. Knowledge about the structure and profile of the different assessment tools is important in order for professionals to make informed decisions about which tool to use. The information initially presented indicates that professionals are not that clear about what assessments are considering and how different the various assessments are.

## **6. Static versus Dynamic factors**

In addition to the composition of the tools it is important to consider the static and/ or dynamic nature of the risk assessment tools. Firstly RM2000, out of the seven questions asked five of them are static, for example the number of convictions, whether the victim is male or a stranger. The two remaining questions were dynamic, these being the age of the person being assessed and whether they are single. The second assessment tool, the AIM assessment, was structured clearly identifying the static and dynamic risk factors, with 32 static questions and 43 dynamic questions. The third assessment, the ASSET assessment was entirely dynamic with 12 key areas, all of which focused on changeable factors, such as motivation, living situation and health. The fourth risk assessment, the J-SOAP assessment had 12 out of the 28 questions that were static in nature. The final assessment tool to be considered was the SVR-20, this assessment had a total of 18 questions, 9 of these were static in nature and 9 were dynamic. The OASys assessment was not included within this analysis

because of the way the assessment is structured with some questions providing an additional subset of questions. This created difficulty when trying to undertake a direct comparison.

It is important for professionals to understand the composition of the risk assessment tools in terms of static and dynamic factors; if a risk assessment purely focuses on static factors then it should only be run once as there will be no difference unless factors change such as further offending taking place. Similarly, it is important to understand that risk assessments that are dynamic in nature can be inconsistent as they are subjective and can rely on structured or unstructured professional judgement.

**7. Comparison of risk assessments- risk rating**

In considering the different risk assessment tools it is important to assess how they rate risk when considering the same data. With this in mind, five of the risk assessment tools (RM2000, JSOAP, AIM, ASSET and SVR-20) were administered on the case file information from 23 participants (one refusing to participate from the original 24 cohort). The OASys assessment tool was precluded from this phase of analysis due to being unable to access the computer programme that formulates risk.

24 young people were contacted for the interview process, 23 of them agreed to be interviewed, however 5 of those young people then became difficult to get in contact with to arrange an interview, so only their case file information was used and 1 young person stated that they did not wish to be part of the research. The risk assessments were undertaken on the case file information, the 5 different risk assessment results are shown in Fig 34.

The risk assessments findings were then translated into a numerical score so that there could be an easy comparison of the rating. The following code was applied:

**Figure 34- Risk Coding**

<b>Risk rating</b>	<b>Low risk</b>	<b>Medium to low risk</b>	<b>Medium risk</b>	<b>Medium to high risk</b>	<b>High risk</b>	<b>Very high risk</b>
<b>Numerical score</b>	1	2	3	4	5	6

**Figure 35- Risk Ratings for Young People**

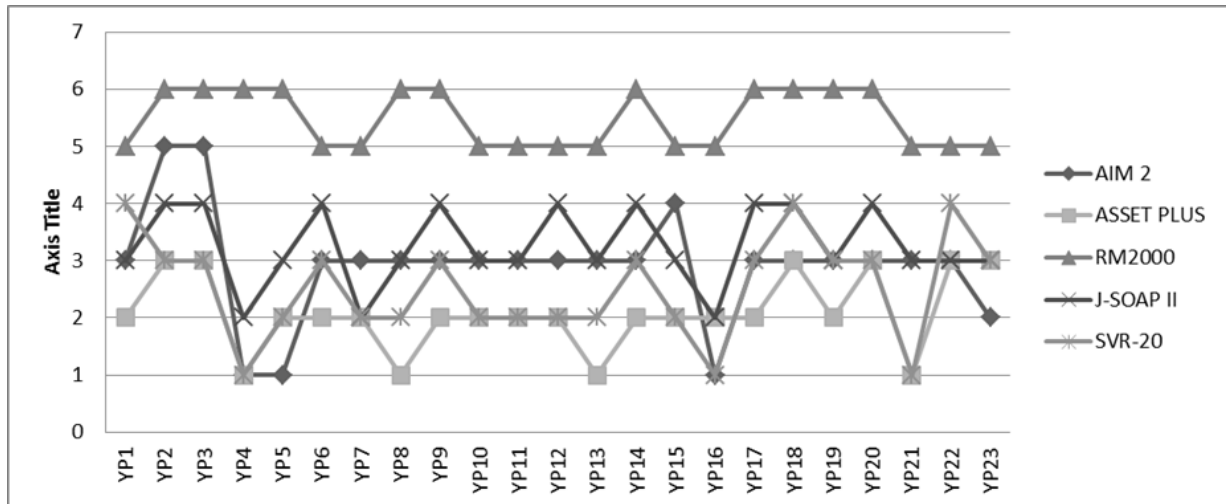
<b>Code</b>	<b>AIM 2</b>	<b>ASSET PLUS</b>	<b>RM2000</b>	<b>J-SOAP II</b>	<b>SVR-20</b>
<b>YP1</b>	Medium	Medium/ Low	High	Medium	Medium/ High
<b>YP2</b>	High	Medium	Very High	Medium/ High	Medium
<b>YP3</b>	High	Medium	Very High	Medium/ High	Medium
<b>YP4</b>	Low	Low	Very High	Medium/ Low/	Low
<b>YP5</b>	Low	Medium/ Low	Very High	Medium	Medium/ Low
<b>YP6</b>	Medium	Medium/ Low	High	Medium/ High	Medium
<b>YP7</b>	Medium	Medium/ Low	High	Medium/ Low	Medium/ Low
<b>YP8</b>	Medium	Low	Very High	Medium	Medium/Low
<b>YP9</b>	Medium	Medium/ Low	Very High	Medium/ High	Medium
<b>YP10</b>	Medium	Medium/ Low	High	Medium	Medium/ Low
<b>YP11</b>	Medium	Medium/ Low	High	Medium	Medium/ Low
<b>YP12</b>	Medium	Medium/ Low	High	Medium/ High	Medium/ Low
<b>YP13</b>	Medium	Low	High	Medium	Medium/ Low
<b>YP14</b>	Medium	Medium/ Low	Very High	Medium/ High	Medium
<b>YP15</b>	Medium/ High	Medium/ Low	High	Medium	Medium/ Low
<b>YP16</b>	Low	Medium/ Low	High	Medium/ Low	Low
<b>YP17</b>	Medium	Medium/ Low	Very High	Medium/ High	Medium
<b>YP18</b>	Medium	Medium	Very High	Medium/ High	Medium/ High
<b>YP19</b>	Medium	Medium/ Low	Very High	Medium	Medium
<b>YP20</b>	Medium	Medium	Very High	Medium/ High	Medium
<b>YP21</b>	Medium	Low	High	Medium	Low
<b>YP22</b>	Medium	Medium	High	Medium	Medium/ High
<b>YP23</b>	Medium/ low	Medium	High	Medium	Medium

The data collected from administering the risk assessments on the case file information was then presented in a line graph, Fig 36:

Each risk assessment is displayed in a different coloured line on the graph, with the 23 participants being show across the horizontal axis; the vertical axis shows the risk rating each

participant received. The graph shows how each risk assessment rates each participant and how the risk assessment tools ratings compare to each other. The graph indicates that RM2000 rated the 23 participants higher than the other risk assessments, with only one participant rating matching with another assessments rating (Participant 2).

**Figure 36- Risk Ratings**



When considering J-SOAP, AIM 2, ASSET and SVR-20 the graph would suggest that overall they rate risk quite similarly, with there being twenty-one participants where three risk assessment tools rated within one mark of each other (Participants 2 and 21 being exceptions). This preliminary analysis would suggest that RM2000 is somewhat of an outlier in the rating of risk and that whilst there is not complete agreement from the other assessments in how they would rate risk; they would appear to be a degree of similarity. If participants 4, 7 and 16 are considered then it can be seen that SVR-20, ASSET and AIM rate the participants low or medium to low, whereas RM2000 rates them either high or very high, showing a significant inconsistency between these tools.

In further exploring the different risk ratings, Cronbach’s Alpha test was used to find the means and the standard deviation. This test was chosen as it would allow the tools to be compared on their average rating of risk and also in respect of the range of risk ratings given across the 23 participants. The data from this test can be seen in Fig. 37, the results indicated that the RM2000 risk assessment rated risk higher than the other tests, with AIM 2, ASSET and SVR-20 having similar means scores.

The standard deviation analysis showed that of all the different assessment tools AIM 2 showed the widest range in risk ratings, closely followed by ASSET and SVR-20. The

RM2000 displayed the narrowest standard deviation. What this indicates is that RM2000 is more likely to score high or very high compared with AIM 2. The next analysis to be performed on this data was a correlation co-efficiency test; this was undertaken to see whether the risk assessments correlated with each other in relation to how they rated risk. A Spearman’s rho was used; Fig. 38 shows the results of this test.

**Figure 37- Mean risk rating and standard deviation of assessment tools**

Item			
Statistics			
	Mean	Std. Deviation	N
RM2000	5.4348	.58977	23
JSOAP	3.3043	.76484	23
AIM 2	2.8696	1.01374	23
ASSET	2.2174	.90235	23
SVR20	2.3913	.89133	23

Item Statistics			
	Mean	Std. Deviation	N
RM2000	5.4348	.58977	23
JSOAP	3.3043	.76484	23
AIM 2	2.8696	1.01374	23
ASSET	2.2174	.90235	23
SVR20	2.3913	.89133	23

The results of this test indicated that there was a moderate correlation with statistical significance of  $P \leq 0.05$  for three risk assessment pairings; these were RM2000 to JSOAP, JSOAP to ASSET, and SVR-20 to ASSET. Two of the risk assessments produced a moderate to high correlation these being JSOAP to AIM and JSOAP to SVR-20. This would suggest that JSOAP has the most correlation with other tests, whereas RM2000 and AIM have the least correlation.



In summarising these results it would appear that RM2000 scores risk higher than the other risk assessment tools and that it has a low correlation with most of the other risk assessments. The risk assessments were undertaken by one professional, however they were benchmarked against historical risk assessment reports found with the case files, drawing a correlation in respect of the overall risk ratings over the 23 participants, there were however differences in the exact numerical scores between the assessors.

**Figure 38- Correlation between assessment tools**

			Correlations				
			RM2000	JSOAP	AIM	ASSET	SVR20
Spearman's rho	RM2000	Correlation Coefficient	1.000	.436	.119	.285	.334
		Sig. (2-tailed)	.	.038	.589	.188	.120
		N	23	23	23	23	23
	JSOAP	Correlation Coefficient	Moderate correlation	1.000	.624	.432	.705
		Sig. (2-tailed)		.	.001	.039	.000
		N	$P \leq 0.05$	23	23	23	23
	AIM	Correlation Coefficient	Small correlation	Moderate to high correlation	1.000	.342	.403
		Sig. (2-tailed)			.	.110	.056
		N	Borderline	$P \leq 0.05$	23	23	23
	ASSET	Correlation Coefficient	Small to moderate correlation	Moderate correlation	Small to moderate correlation	1.000	.587
		Sig. (2-tailed)				.	.003
		N	$P \geq 0.05$	$P \leq 0.05$	$P \geq 0.05$	23	23
SVR20	Correlation Coefficient	Small to moderate correlation	Moderate to high correlation	Moderate correlation	Moderate correlation	1.000	
	Sig. (2-tailed)					.	
	N	$P \geq 0.05$	$P \leq 0.05$	Borderline	$P \leq 0.05$	23	

It is clear that the different risk assessments rate risk in different ways, however that the majority of them, RM2000 excluded have some correlation. The implications are that professionals in the field of harmful sexual behaviour could be using assessments that rate risk very differently and when this is part of a multi-agency response then it is important that there is an understanding of what the tools are assessing, whether they focus on re-offending risks and whether these risk assessment tools are assessing the same factors or differ in their content and focus.

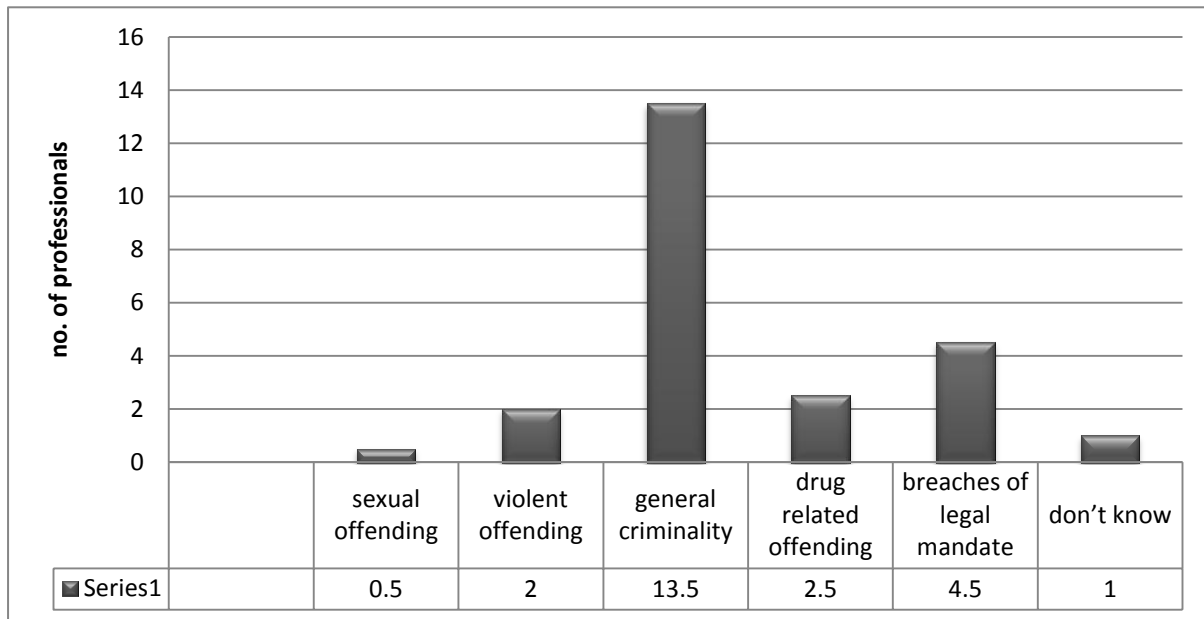
#### **8. What Professionals believe is the greatest re-offending risk**

The professionals during interview were asked what they considered to be the greatest reoffending risk for adolescents who display harmful sexual behaviour. Again, the professionals were given a choice of five suggestions: sexual offending, violent offending, general criminality, drug related offending and breaches of legal mandates.

Whilst the majority of professionals considered general criminality to be the greatest risk, breaches of legal mandate were also ranked quite highly, with violent and drug related offending also being suggested as a significant re-offending risk, see Fig 39. The Ministry of Justice re-offending data for adolescents who display harmful sexual behaviour for the period of April 2010 to March 2011 indicated that theft was the highest reoffending risk followed by non-serious violent offences and then public disorder.

Comparing the professionals' responses with the definitions of the different risk assessment tools, if professionals are of the opinion that their assessments are looking at violence, sexual offending, general criminality and reintegration difficulties but the assessment tools they are using focus predominantly on sexual risk, it raises questions as to how these additional factors are assessed and whether this is part of a formal assessment process or assessed through the use of professional judgement. The other significant finding was the doubt some professionals had about what they were assessing and what the greatest risks are. This may indicate that professionals are not provided with adequate foundation information and training about assessing risk in order for them to feel confident about undertaking risk assessments.

**Figure 39- What is the greatest re-offending risk**



**9. Comparison of risk assessments- content and focus**

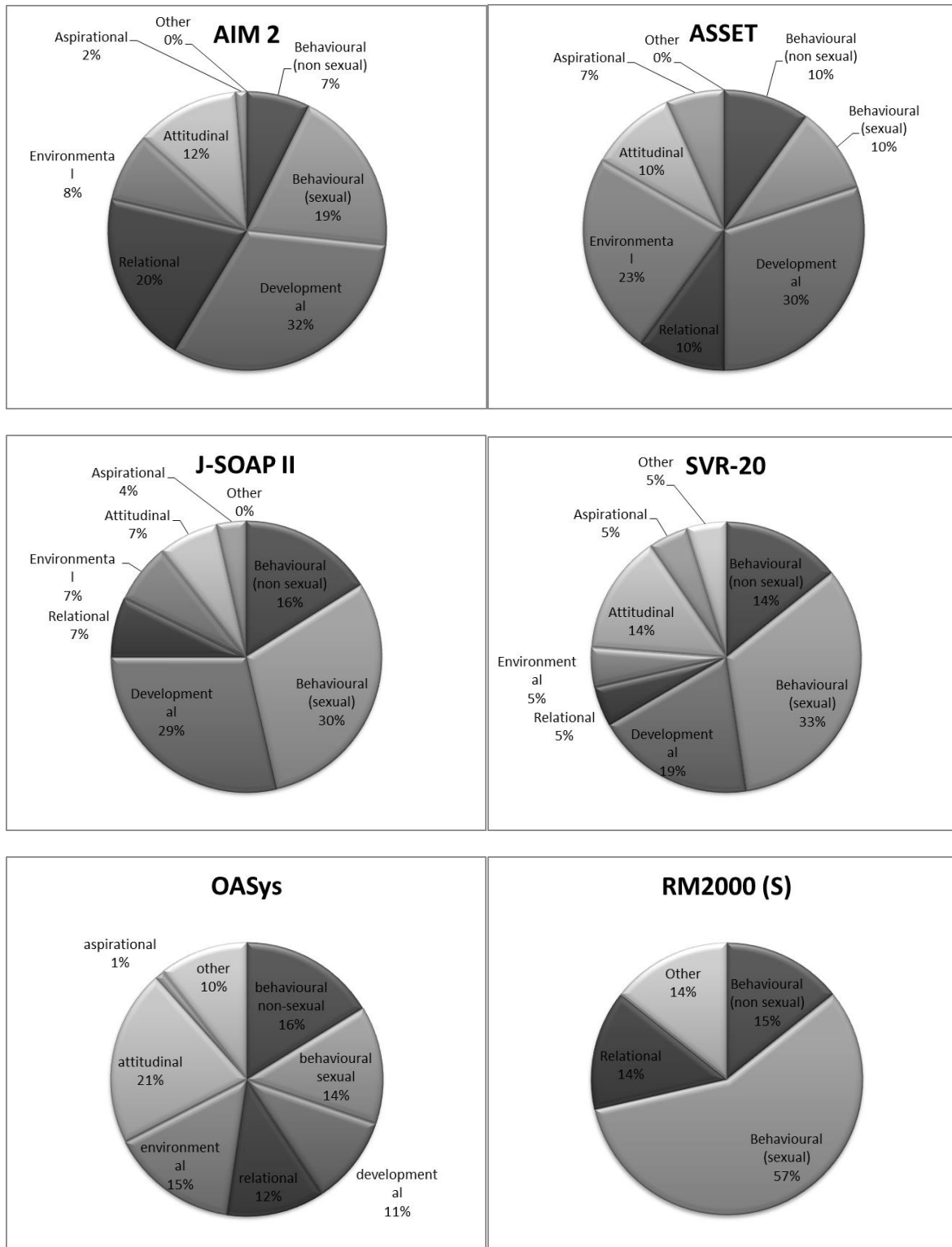
It is important to compare the content of the different risk assessment tools, when considering the different factors relating to sexual offending Maslow’s (1943) Hierarchy of Need and Wards (2004) Good Lives Models seem to offer some useful guidance as to some of the core factors that might be useful for assessments to cover. The key areas that emerge from literature as important when considering sexual risk were as follows: behaviour; development; relationships; engagement; environment and attitude factors. In taking these in turn, firstly behavioural which can be split into two distinct areas, non-sexual behaviour such as substance misuse, non-sexual offences, aggression and anti-social behaviour (Righthand et al., 2005) and secondly sexual behaviour such as sexual deviation, victim information, pre-occupation, threat and harm (Worling & Langstrom 2003, Robinson, Rouleau & Madrigano, 1997; Seto, Lalumiere & Blanchard, 2000). The area of developmental factors includes factors such as victims of abuse, domestic violence, mental illness, psychopathy and cognitive distortions (Cantor, Blanchard, Robichaud & Christensen 2005, Johnson & Knight, 2000; Knight & Sims-Knight, 2003; Kobayashi, Sales, Becker, Figueredo & Kaplan, 1995; Marshall & Barbaree, 1990). The fourth area identified was relational; this included the relationships held by the person including family, partners and peers (Marshall & Barbaree 1990; Righthand & Welch 2001; Ryan 1999; Smallbone, 2006; Marshall, Hudson & Hodgkinson, 1993; Altschuler & Brash, 2004). The fifth area was environmental factors; this

includes housing, employment and educational issues (Manocha and Mezey, 1998; Hickey et al, 2006; Timms & Goreczny, 2002; Cicchetti, Toth & Maughan, 2000). The sixth area identified was attitudinal factors, the individual's attitudes towards supervision, offending and intervention (de Vogel et al., 2012). The final area identified was aspirational factors, that the person has a degree of positivity for their future, that they want to change and have plans for their future (de Vogel et al., 2012). An individual's behaviour is a fundamental part of any assessment of risk but considering this together with other factors may give professionals a more detailed picture. It is clear that understanding someone's developmental history may be important as it can aid the focus of intervention in terms of relationships and environmental factors. The individual's engagement with services and their attitudes to both their offending and their future appears to be crucial in understanding someone's ability to change.

To ascertain whether the assessment tools were looking at the same information each risk assessment question was analysed, assigning them to the key areas highlighted above. This allowed the risk assessments to be compared in respect of content as well as risk rating. The information was coded by the researcher and was then inputted into pie charts, see Fig. 40. This provided information about how the different tools look at key assessment areas; this is most evident when looking at the RM2000 which compared with the other risk assessment tools has a narrower focus, only focusing on four key areas, it also has a significantly higher focus on sexual behaviour compared with the others tools. The RM2000 assessment did not appear to be rooted in a strengths-based approach, like that suggested in Ward's Good Lives model.

In considering the other risk assessment tools, there appears to be similarities in the information that they are covering. The three adolescent tools (ASSET, AIM 2 and J-SOAP) all have a similar focus on developmental factors. This is different to the SVR-20 and OASys adult assessment tools which have a lesser degree of focus on developmental factors or the RM2000 which does not include developmental factors as part of its analysis of risk. Another finding from the tool comparison is the difference in focus on environmental factors with ASSET and OASys giving this factor greater emphasis than the other risk assessments. Whilst JSOAP, ASSET, AIM 2 and SVR-20 all give attention to attitudinal factors SVR-20 places greater emphasis on this area.

**Figure 40- The percentage of question type for each tool**



In summarising it would appear that considering the risk assessments in terms of content is beneficial. It has shown that there are some consistencies between what the different assessments cover however the RM2000 is an outlier with a narrower focus. When the professionals were asked about what they focused on when they undertook a risk assessment, the majority of the professionals (76%) stated that they focused on sexual, violent and criminal behaviours together with reintegration difficulties. When considering the composition of the different risk assessment tools this appears to be contradictory. In combining the behavioural elements of the risk assessments then it would appear that those sexual, violent and criminal behaviours being assessed carry very different weighting across the different tools, see Fig. 41.

**Figure 41- The behaviour factors with the tools**

<b>Juvenile Tools</b>	<b>Percentage of behaviour factors considered</b>	<b>Adult Tools</b>	<b>Percentage of behaviour factors considered</b>
<b>ASSET</b>	20%	SVR-20	47%
<b>AIM</b>	26%	OASys	30%
<b>J-SOAP</b>	46%	RM2000	72%

Most noticeably is that there is a higher weighting located within the adult assessment tools, with the two adolescent assessments (AIM 2 and ASSET) placing significantly less weighting on these behavioural factors. When looking further at the similarities and differences between the tools then there appears to be many areas where they differ, see Fig.42.

Whilst the adolescent assessments seem to place similar weight on developmental factors, adult assessment tools either place less significance or no significance on these areas. Attitudinal and environmental factors seem to be significant for the adult and adolescent assessment tools, with RM2000 being an exception.

There are implications for practice if professionals do not fully understand the way the assessments differ in relation to what and how they assess risk; this may cause difficulties when multiple agencies are involved in assessing individual's using different tools. The differences between these tools are likely to have an impact on the transition process from adolescent to adult services, whilst they may assess risk at the same level, it may be for very different reasons.

**Figure 42- The developmental, environmental and attitudinal factors within the tools**

<b>Tools</b>	<b>Developmental factors</b>	<b>Environmental factors</b>	<b>Attitudinal factors</b>
<b>AIM 2</b>	32%	8%	12%
<b>ASSET</b>	30%	23%	10%
<b>J-SOAP</b>	29%	7%	7%
<b>SVR-20</b>	19%	5%	14%
<b>OASys</b>	11%	15%	21%
<b>RM2000</b>	0%	0%	0%

There were differences in the language used in the assessment tools, the RM2000 focuses on offending behaviour and therefore the questions are specific to offending, for example ‘stranger victim of sex offence’. The J-SOAP, SVR-20 and OASys tended to focus on problems rather than strengths, whereas the AIM 2 assessment and ASSET assessment tools have specific sections within their assessment where they are considering strengths. This suggests that the approach the Youth Offending Service adopts may differ from the other professions. What is apparent with all of the assessment tools is that many questions were constructed in a way that was looking for evidence of a concern rather than the presence of strength. Therefore, this raises questions as to how strengths and needs are identified and addressed within the assessment process and how responsive the assessment tools are to change.

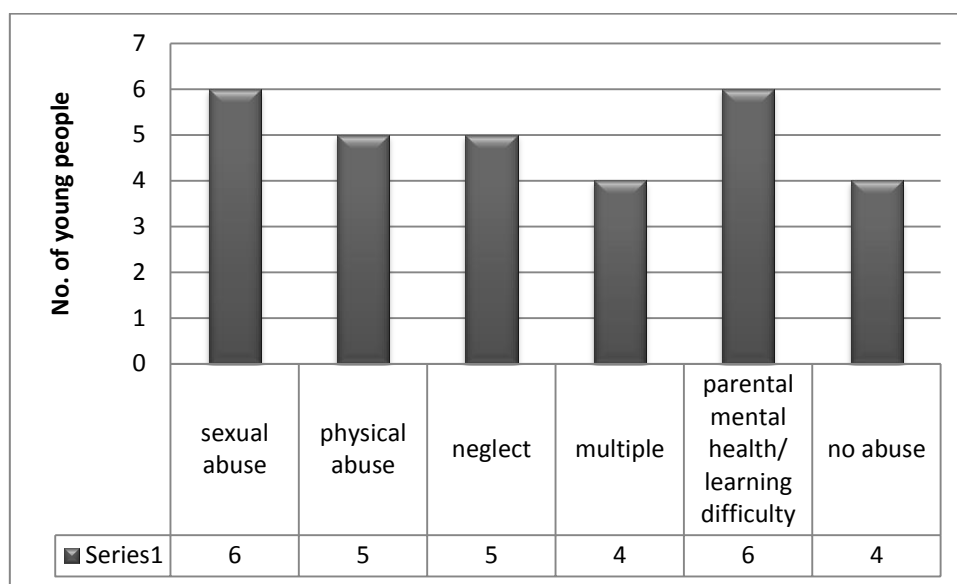
### **10. Risk and Need within Risk Assessments**

The development of risk assessments from first generation clinical assessments, second generation actuarial risk assessments and third generation structured risk and needs assessments are outlined within the literature review. However, fourth-generation risk assessment structure are growing in popularity, these are risk assessment tools that consider responsivity. In the case of adolescents, the focus on risk, needs and responsivity is even more important. In Chapter 5 on developmental transition it was highlighted how during adolescence young people experience rapid changes. This includes changes in maturity, emotional regulation, identity development, independence and development of morals and ethics. These factors make predicting future behaviour more challenging. Any risk assessment would need to be able to consider both negative and positive changes as well as

considering protective factors like degree of resilience, influential relationships and motivation to change.

In considering adolescents with harmful sexual behaviour then their early year's experiences must also be thought of as significant in shaping their behaviour, attitudes and relationships. In undertaking the case file analysis of the young people within the study, information was collected in relation to the abuse experience the young people had suffered, 22% had suffered no abuse whilst the remaining 78% had experienced some form of childhood abuse. The majority of the young people involved in the study had some abuse experience, see Fig. 43.

**Figure 43- Abuse History**



The findings from this study echo those of Hackett (2013b) who found that two thirds of the young people in his study had experienced trauma or abuse in their childhood. Glasser et al (2001) wrote about the Cycle of Child Sexual Abuse and the links between being a victim and becoming a perpetrator. The results of Glasser *et al's* research was that out of the 747 males they studied 35% of the perpetrators had been a victim of sexual abuse. Another vulnerability that was identified in this study was the number of young people that had some form of parental difficulty, whether that was parents with a learning difficulty or mental health difficulties, as discussed in Chapter 5. Within this study 33 % of the young people interviewed had experienced such parental difficulties.

This raised the question of how the experience of abuse is captured within the risk assessment tools identified. Of the six risk assessments all bar the RM2000 ask about victim experience, however only the adolescent assessment tools asked about parental difficulties. The impact



of the abuse however does not appear to be explored within the assessment tools; the young person’s potential victim experience gets lost with the focus being predominantly on risk.

Young people may also have needs beyond their victim experiences, for example they may have learning difficulties or be socially isolated. It is important to know how these different risk assessment tools look at areas of vulnerability. Fig. 44 explores the areas of vulnerability that the tools cover, the ASSET assessment has the widest focus on need, whereas the RM2000 the narrowest. The degree of focus on vulnerability may not impact on the attributed risk rating however is likely to have a significant impact when considering the management of risk. This will be explored further in Chapter 7 on risk assessment and the risk management process.

**Figure 44- The focus on vulnerability factors within the tools**

TOOLS	VICTIM EXPERIENCE	LIVING SITUATION	EDUCATION	SUPPORT	FAMILY	HEALTH	SUBSTANCE MISSUSE	SOCIAL
AIM	✓	✓	✓	✓	✓	✓		
ASSET	✓	✓	✓	✓	✓	✓	✓	✓
J-SOAP	✓	✓	✓	✓				
SVR-20	✓				✓		✓	✓
OASys	✓	✓	✓	✓	✓	✓	✓	✓
RM2000								

In considering the six risk assessment tools within this study few of them consider these key vulnerability factors fully. RM2000 does not consider any of the factors within its assessment structure, SVR-20 only considers the individuals motivation for intervention and whether there has been an escalation in the frequency or severity of the offending. J-SOAP does not consider the onset of the behaviour or how behaviours are changing, whereas ASSET and OASys have a broader assessment focus. The AIM 2 assessment out of all of the assessments considers these factors the most thoroughly, considering motivation and views on intervention. It also considers whether there has been an escalation in behaviours. Whilst there is some focus on whether the behaviour started before puberty, the assessment structure does not explore the potential reason for the onset.

It is important that assessments cover a broad range of factors focusing on the individual, their family, social group and wider support networks. Hutton and Whyte (2006) describe how a comprehensive assessment should not only focus on the offending itself but should also include exploration of the onset of the offending, what motivates the offending, how behaviours are changing and how responsive the individual is to intervention.

## **11. Practice Developments**

The number of registered sexual offenders has been significantly increasing; this has been a direct result of a societal drive for the disclosure of high profile and historic abuse (Kemshall & McCartan, 2014). The rise in disclosures has led to a number of prosecutions. There has also been the introduction of new legislation pertaining to new offences relating to new technologies and stalking. This has led to a drive for the Police to develop more responsive and effective risk assessment and risk management strategies, strategies that will allow Police Officers to target their responses more efficiently (McCartan, Kemshall & Tabachnick, 2015).

In recent years there have been significant developments in relation to the risk assessment and management of sexual offenders, including the development of ARMs and J-ARMS risk management tools (Kewley & Blandford, 2017, Blandford & Parish, 2017) and a review and redesign of the AIM assessment Model (Leonard & Hackett, 2019), whilst these tools were not available at the time of data collection, it is important that these assessment tools are explored as part of this research. As identified through this study the RM2000 static risk assessment used by the Police is quite a blunt tool, not able to respond to changing needs and risk. The Police recognised the need to have a dynamic means of assessment, an approach that could respond to changes in risk and allow them to prioritise responses. This led to the National Police College and NOMS to develop new risk management systems; ARMS (Active Risk Management System) and the J-ARMS (juvenile version).

### **ARMS**

The Ministry of Justice Multi Agency Risk Assessment Advisory Group (MARAAG) undertook an evaluation of the effectiveness of the different risk assessments used by the Police and National Offender Management Service (NOMS). There were a number of limitations found in the assessment process; this was predominantly a reliance on actuarial risk assessment tools. In response to this the National Police College decided to develop a

dynamic based risk management framework, to help the Police to direct their resources more effectively and aid them to more accurately predict risk. Another aim of the framework was that it would hopefully move away from just predicting risk and would also provide a framework within which a response to those risk factors could be considered and ameliorated.

Kewley & Blandford (2017) were tasked with designing the assessment framework; this was achieved by reviewing the literature to identify dynamic factors that were evidence based in respect of recidivism and with aiding an offender to desist from further offending. The final design was a framework that not only assessed risk but also aided risk management, intervention, supervision and most importantly priority of resources. The focus of the assessment was on present rather than historical factors and was designed to help the professional to develop a comprehensive case formulation.

The first pilot of the ARMS framework took place in 2012, evaluation studies have suggested that the ARMS framework gives a greater degree of professional confidence and has improved outcomes for the offenders with more targeted responses to risk (Kewley 2017 in print). The ARMS framework has now been extended and is used by both the Police and Probation service nationally. In 2020 Mann & Lundrigan undertook a national evaluation of ARMs this highlighted how the tool is now embedded for the Police however its implementation with the National Probation Service has not been straightforward. There have been concerns raised in relation to workloads of professionals and variations in training.

### **ARMS Risk Management Framework**

The framework focuses on 10 key factors; each factor is measured in respect of the priority of need. A rating of high, medium or low is given for each factor, these ratings then direct specific actions to address or ameliorate the risks within this area. These actions are then formulated into a structured risk management plan, which is reviewed regularly in respect of progress and effectiveness. The ten factors identified are listed below, these factors are supported by the research of Hanson and Bussiere (1998), Hanson and Morton-Bourgon (2005) and Mann, Thornton and Hanson (2010):

**Figure 45- ARMS Framework**

No	Factor	Description
1	Opportunity	The offender's access to opportunities to offend.
2	Sexual Preoccupation	The individual's thoughts and behaviours being predominantly focused on sex
3	Offence Related Sexual Interests-	Sexual interests that are met through offending rather than through consensual legal sexual activities.
4	Emotional Congruence with Children	The offender finding it easier to relate to children rather than adults.
5	Hostile Orientation	Negative attitudes displayed towards others.
6	Poor Self-Management	The offender having a chaotic or impulsive lifestyle, or an inability to regulate feelings and cope with life's difficulties
7	Social Influences	A protective and a risk factor depending on whether the social influences are pro or anti-social.
8	Commitment to Desist	The offender has a sense of purpose in their life and making positive change
9	Intimate Relationship	The social influences factor this relates to both a protective and a risk factor depending on whether the relationship is meaningful and supportive or unhelpful in nature
10	Employment or Positive Routine	The offender having productive and meaningful routine and activity that provides purpose and agency.

### **J-ARMS**

The success of the ARMS framework led to the focus shifting to assessment methods for adolescents who display harmful sexual behaviour. The Police were concerned that they had no framework in place to assess and manage the sexual risk of adolescents. The aim was to provide the Police with an evidence-based framework that would be able to assess the risk associated with adolescents who display harmful sexual behaviours.

## J-ARMS Risk Management Framework

Following on from the ARMS framework Blandford and Parish (2017) developed the Juvenile Risk Management System (J-ARMS). Mann & Lundrigan (2020) highlight how the J-ARMS needs to undergo a comprehensive pilot. The J-ARMS assessment drew upon an evaluation of the empirical research available in respect of risk and desistance associated with adolescents who display harmful sexual behaviours. There was an analysis of the factors highlighted within the literature in relation to ‘risk’ and ‘protective’ indicators of adolescent sexual offending. The resultant items were not an exhaustive list but were those with the most supportive evidence.

The J-ARMS assessment framework uses terminology that is more strength based rather than problem focused. The J-ARMS framework has ten key factors, divided into five risk and five protective factors. The following information was taken from the J-ARMS manual (Blandford and Parish, 2017).

**Figure 46- J-ARMS Framework**

No.	Factor	Description
	<b>Risk Factors</b>	
1	<b>Problematic Sexual Arousal</b>	Problematic sexual arousal that may be displayed or acknowledged.  This was supported by Worling (2002) and Seto and Lalumiere’s (2010).
2	<b>Cognitive Distortions-</b>	Thoughts that justify offending behaviour, includes cold or callous attitudes.  This supported by Worling (2002) and also Kahn & Chambers (1991).
3	<b>Emotional Regulation Difficulties</b>	The ability to respond to everyday demands. These responses are likely to be socially maladaptive, impulsive, disproportionate, impulsive and harmful in nature. This was supported by Ward and Siegert (2002).
4	<b>Intimacy and Social Skills Deficits</b>	Experiencing difficulties forming and maintaining relationships with others. This factor was supported by Beckett (1999), Langstrom & Grann (2000), and Kenny et al (2001).
5	<b>External Factors Supporting Offending-</b>	Factors external to the adolescent that increase the likelihood of offending. This factor may include access to victims or to technology if considering an online offender. This factor is supported by Worling (2002).

	<b>Protective factors</b>	
<b>6</b>	<b>Supportive Family Factors</b>	Having a secure and stable home environment, with the family having an awareness of the offending behaviour and having an understanding of the need for appropriate boundaries. This is supported by the work of Marshall and Barbaree (1990), Righthand & Welch (2001), Ryan 1999, Smallbone, (2006).
<b>7</b>	<b>Healthy Age Appropriate Intimate Relationships</b>	Having access to peer relationships that are supportive and positive, this including friendships and partners. This factor was supported by Altschuler & Brash, 2004 and Barlow et al (1977).
<b>8</b>	<b>Pro-Social Attitudes and Aspirations</b>	Demonstrating a positive attitude and having a clear understanding of what constitutes socially acceptable behaviour. Having a positive outlook is recognized as important in the DASH-13 and AIM 2 assessment tools as a factor associated with desistance from future offending.
<b>9</b>	<b>Pro-Social Engagement in Activities</b>	The engagement in pro-social activities. This can include the adolescent attending and engages in education or employment. AIM 2 framework as a desistance factor. Engagement in Pro-social activities is recognized by SAVRY, DASH-13 and AIM 2 as a strong factor in promoting future desistance from offending. This factor is also supported by Saraw (2009).
<b>10</b>	<b>Positive Support Networks, including Professional Involvement</b>	Having positive relationships with wider support networks and professionals. This may include intervention and professional support. Positive response to professional engagement is cited by a range of frameworks such as SAVRY, DASH-13 and AIM 2 as predictive of future desistance from offending.

### **AIM 3**

The AIM model was first introduced in 2002; the second version of the model was introduced in 2012. The model has been widely adopted by Social Care and Youth Offending Services for the assessment of young people who display harmful sexual behaviours. In 2019 the AIM 3 model was launched following developments in the work with harmful sexual behaviour.

#### **AIM 3 Risk Assessment Model**

The AIM 3 Model was developed by Leonard & Hackett (2019), the model has been designed to assess young people aged 12- 18 years. The AIM 3 Framework has 5 key

domains, each domain focusing on 5 key factors. The following information was taken from the AIM 3 Manual (Leonard & Hackett, 2019).

**Figure 47- AIM 3 Framework**

No.	Domain	Factors
1	<b>Sexual Behaviour</b>	Nature of the Harmful Sexual Behaviour /Extent of Harmful Sexual Behaviour/ Victim Characteristics / Sexual Aggression and Violence /Sexual Knowledge, Attitudes and Interests
2	<b>Non- Sexual Behaviour</b>	Non-Sexual Criminality/ Non-Sexual Aggression and Anti-Social Behaviour/ Alcohol and Drugs /General Behaviour /Mental Health and Well-being
3	<b>Developmental</b>	Trauma and Victimization/ Childhood and Adolescent Adversity/ Attachment/ Family Functioning /Health, Intellectual and Emotional Functioning
4	<b>Environmental/ Family</b>	Stability and Safety/ Parental/ Carer Supervision/ Relationships/ Peer Group/ Education, Employment and Leisure
5	<b>Self-Regulation</b>	Responsibility/ Motivation and Engagement/ Future Perspective/ Problem Solving/ Social Competence

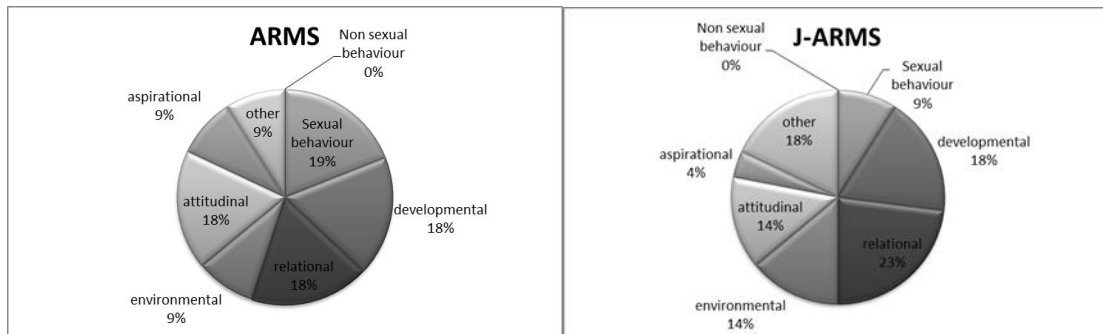
## **12. Comparing the ARMS, J-ARMS and AIM 3 assessment frameworks**

Earlier in this chapter six assessment tools were evaluated against eight key areas, the factors in the ARMS, J-ARMS and AIM 3 assessments were also evaluated against the same criteria. It can be seen from the information in Fig 48-50 that the three assessment frameworks covered seven of the eight areas highlighted, the design of the assessment tools means that the focus is on presenting behaviours rather than historic concerns.

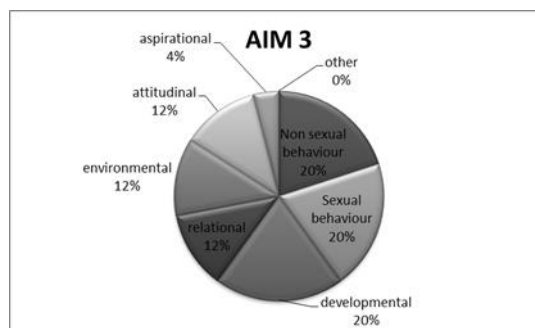
It can be seen from the pie charts in Fig. 48-50 that there is a fairly even spread across the eight areas, although there are differences in the areas that are given priority. For example, within the adult ARMS tool the focus is on sexual behaviours, whereas within the adolescent J-ARMS tool the focus is on relational aspects. This would support research (Altschuler & Brash, 2004) which suggested that for adolescents, relationships play a significant role in intervention and desistance from offending. The AIM 3 Model is fairly evenly spread across all highlighted areas.

**Figure 48- Percentage of question type- ARMS**

**Figure 49- Percentage of question type- J-ARMS**



**Figure 50- Percentage of question type- AIM 3**



In exploring the risk assessment structure of the assessments considered within the main body of this study (AIM 2, ASSET, OASys, J-SOAP and SVR), all conclude by providing an overarching risk rating. The majority of the assessment tools structures allow there to be some exploration of where the risk sits, for example with the J-SOAP there are four broader headings within the framework; sexual drive/ pre-occupation scale, impulsive/ anti- social behaviour scale, intervention scale and community stability/ adjustment scale. The ARMS and J-ARMS assessment provides priority ratings for each of the ten factors identified, allowing professionals to easily identify the priority areas for intervention and risk management. The AIM 3 model opts for identifying the level of concern either as no concern, some concern or significant concern.

There was an analysis of how the six different assessment tools assessed developmental, environmental and attitudinal factors. It was suggested that the adolescent assessments seem to place similar weight on developmental factors whereas the adult assessment tools either place less significance or no significance on these areas. The ARMS, J-ARMS and AIM 3 assessment tools were assessed to see whether they too continued to support this trend (see Fig 51). The J-ARMS and AIM 3 did not correlate with the other adolescent assessment



tools having less of a focus on developmental factors, with the AIM 3 having a greater focus on environmental factors than the previous AIM 2. The ARMS assessment was however in line with the other adult assessment tools. A further analysis was undertaken to explore how the different risk assessments considered and responded to issues of vulnerability. Fig. 52 looks at the areas of vulnerability that the tools cover, with the inclusion of the ARMS and J-ARMS assessments.

**Figure 51- The developmental, environmental and attitudinal factors within the tools**

<b>Tools</b>	<b>Developmental factors</b>	<b>Environmental factors</b>	<b>Attitudinal factors</b>
<b>AIM 2</b>	32%	8%	12%
<b>ASSET</b>	30%	23%	10%
<b>J-SOAP</b>	29%	7%	7%
<b>SVR-20</b>	19%	5%	14%
<b>OASys</b>	11%	15%	21%
<b>RM2000</b>	0%	0%	0%
<b>ARMS</b>	18%	9%	18%
<b>J-ARMS</b>	18%	14%	14%
<b>AIM 3</b>	20%	12%	12%

The ASSET, OASys and AIM 3 assessments have the widest focus on need and the RM2000 the narrowest. The J-ARMS assessment focuses more on vulnerabilities than its adult counterpart, however less than the other adolescent tools. The dynamic structure of the ARMS and J-ARMS frameworks mean that vulnerability factors should be able to be incorporated into the other domain areas. The degree of focus on vulnerability may not impact on the risk rating attributed however is likely to have a significant impact when considering the management of risk and therefore would be crucial for inclusion within the ARMS and J-ARMS frameworks.

It would appear that whilst the ARMS and J-ARMS assessment frameworks may be beneficial, there has not been enough consideration in relation to the implications of shifting from a static risk assessment tool to a dynamic risk assessment tool. For the police the static risk assessment relies on clear information that lacks ambiguity, therefore making the decisions easier to reach. However, with a dynamic risk assessment there is more of a reliance on professional judgement and training to provide professionals with the confidence

to analyse more ambiguous information. Mann and Lundrigan’s (2020) evaluation of ARMS and J-ARMS highlighted how there needed to be improvements in the training of ARMS and that there was inconsistency in how the tool was being used, the evaluation also highlighted role and goal confusion between Police and Probation. The evaluation of J-ARMS highlighted how it was a useful tool for identifying harmful sexual behaviour and cognitive distortions, however the highlighted how practitioners needed more specialist training. It appears that undertaking a dynamic risk assessment was a new experience for the Police and they questioned whether they had the theoretical knowledge necessary to assess and analyse some of the key factors.

**Figure 52- The focus on vulnerability factors within the tools**

Tools	VICTIM EXPERIENCE	LIVING SITUATION	EDUCATION	SUPPORT	FAMILY	HEALTH	SUBSTANCE MISSUSE	SOCIAL
AIM	✓	✓	✓	✓	✓	✓		
ASSET	✓	✓	✓	✓	✓	✓	✓	✓
J-SOAP	✓	✓	✓	✓				
SVR-20	✓				✓		✓	✓
OASys	✓	✓	✓	✓	✓	✓	✓	✓
RM2000								
ARMS			✓					✓
J-ARMS		✓	✓	✓	✓			✓
AIM 3	✓	✓	✓	✓	✓	✓	✓	✓

One of the significant differences with ARMS, J-ARMS and AIM 3 models compared with their counterparts is these frameworks aim to derive actions through identifying areas of risk and need. This is a significant difference with the other assessment tools offering no or little link between the assessment of risk and the interventions needed. The only other assessment tool to attempt to offer any guidance is the AIM 2, which offers direction about the level of intervention rather than the content of that intervention.

### **13. Summary of Findings**

There were several findings presented within this chapter, which explored the challenge of assessment, focusing on the different risk assessment tools and professionals understanding of them. The following findings were highlighted:

- The professionals have limited understanding of the assessment tools they use, what the tools are assessing and how the tools relate to each other.
- The risk assessments used by the professionals differ in their content, focus and in how they assess risk
- The assessment tools varied in respect of the vulnerability factors they assessed
- There is a significant change in the focus of assessments used to assess adolescents and adults.
- The Police's RM2000 assesses risk significantly differently from the other risk assessment tools
- All of the assessment tools focused on abuse and trauma, except the RM2000

## Chapter 7

### **Findings: Relationship between assessment and management**

#### **1. Introduction**

This chapter explores the relationship between risk assessment and risk management. The chapter focuses on the following research questions:

- What is the relationship between the risk assessment and risk management when assessing harmful sexual behaviour?
- How useful are restrictions for effective risk management?
- What are the potential elements of effective risk management for adults who offend in adolescence?

These questions are addressed through an analysis of interviews with professionals who work with harmful sexual behaviour and young people who have displayed harmful sexual behaviour.

The aims of the data collection and analysis were:

- a) To explore the link between risk assessment and risk management.
- b) To explore the restrictions placed on adolescents who display harmful behaviour, in terms of appropriateness and consistency.
- c) To understand the experience of having restrictions.
- d) To consider what factors influence risk management.
- e) To explore the experience of multi-agency working.
- f) To understand the organisational difficulties of risk management.

The review of literature explored the management of risk and how the relationship between the risk assessment process and the risk management process differs depending on the field of work. The literature review indicates that the link between the assessment process and the subsequent implemented risk management strategies is not as robust as within other fields. This chapter presents the findings from interviews with professionals and young people, considering the different aspects of risk management and how they link to the risk assessment process.

Within the interviews, the issue of restrictions is explored, including whether professionals believe that placing restrictions on those individuals who display harmful sexual behaviour is important and whether the restrictions are appropriate. The chapter also includes findings from young people about the restrictions they have experienced and their views on their appropriateness and usefulness. The chapter considers findings in relation to the broader risk management issues. It explores what experiences professionals have of multi-agency meetings and the factors professionals believe impact on their ability to risk manage effectively.

These findings are considered in relation to wider research and literature, exploring the importance of the findings, analysing their limitations and considering alternative explanations. There are also recommendations for further areas of study. The chapter concludes by considering how to improve the relationship between risk assessment and risk management for adolescents who display harmful sexual behaviours.

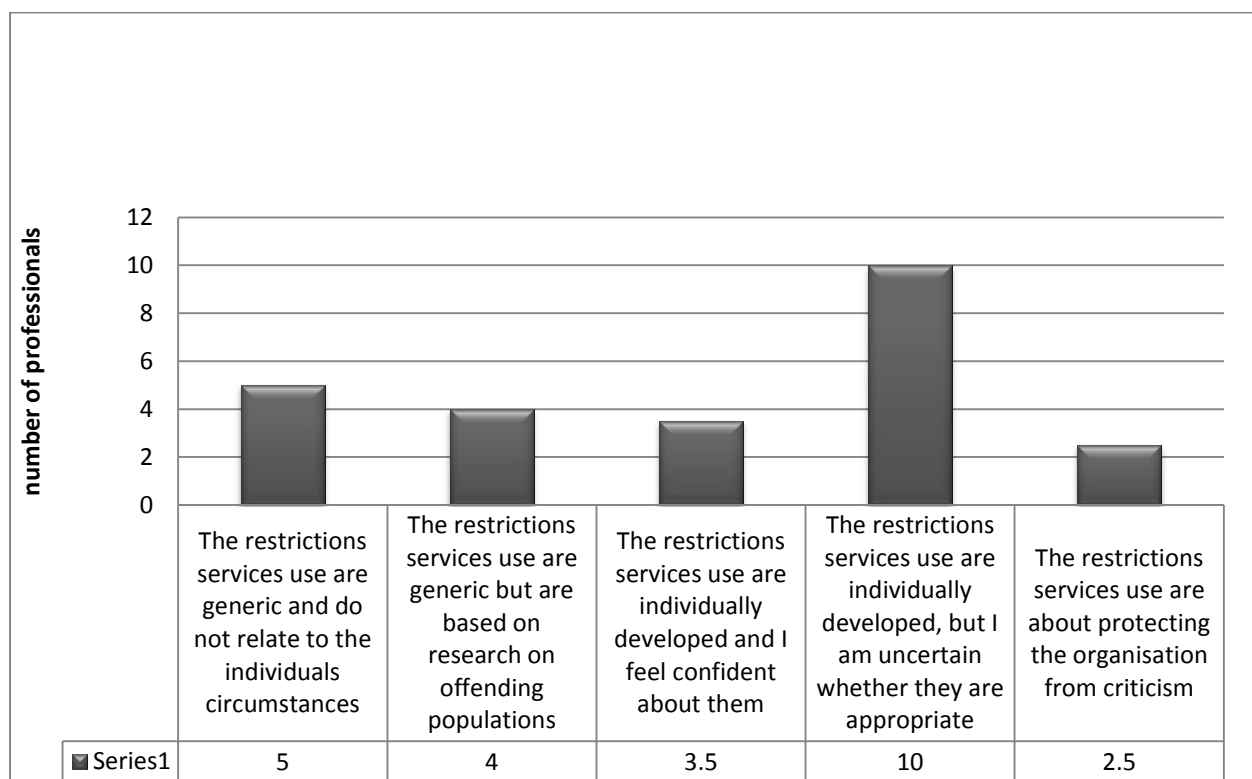
## **2. The link between risk assessment and risk management**

In the last ten years, the Home Office report an 82% increase in the number of registered sex offenders in the UK. In 2016/2017 the number of registered sex offenders reached 55,236. This includes adolescents who display harmful sexual behaviour as well as adult sexual offenders. When individuals are convicted of sexual offences, a key risk management strategy is to impose conditions or restrictions, preventing access to places or people, either specific people or groups of people, such as children of a certain age. Restrictions are not just linked to registration but are often part of Probation or Youth Offending court orders. Meloy et al (2008) explored restrictions being placed on sexual offenders and concluded that there is little research to suggest a correlation between sexual recidivism (risk) and imposing residency restrictions (risk management). The link between risk assessment and risk management is crucial; there is a necessary move from the abstract social construction of risk to the engagement of it as a reality, providing context and evaluation.

In considering the significance of developmental transition, it is important to explore the link between the risk assessment and risk management process. Professionals were asked to identify a statement they believed best encapsulated their view of the risk management restrictions that get imposed. There were five options available; they believed the restrictions services use are generic and do not relate to the individuals circumstances; they believed that the restrictions services use are generic and are based on research of offending populations;

the restrictions service use are individually developed and they feel confident about them; that the restrictions that services use are individually developed but that the professionals were uncertain whether they are appropriate, and finally that the restrictions services use are about protection the organisation from criticism. These five options were chosen as they provided a spectrum, individually tailored restrictions through to generic restrictions that are about protecting the organisation. This would indicate whether professionals believed that they were confined in their responses to risk or whether there was a degree of freedom to choose the most appropriate restriction for the individual they are working with. The results can be seen in Fig. 53.

**Figure 53- Professionals' view on restrictions**



The results indicate the majority of the professionals believed the restrictions that services used are individually developed but they were uncertain whether they were appropriate (40%). 20% of professionals believed that the restrictions services use are generic and do not relate to the individual's circumstances and that the restrictions services use are generic and are based on research of offending populations (16%). Interestingly, very few professionals felt confident in the restrictions that their services were using (14%). A couple of professionals believed the restrictions used were about protecting the organisation (10%). This supports the research by Meloy et al (2008) who highlight the lack of correlation

between the crime committed and the restrictions imposed.

These findings indicate that professionals believe there is a link between the risk assessment and risk management process. Whilst restrictions are based on the individual, there is uncertainty about the appropriateness of the restrictions being put in place. This suggests there may not be a robust link between assessment and risk management, leaving professionals questioning the appropriateness of the risk management strategies they are imposing. It is concerning that 3 professionals raised a degree of question about whether restrictions were about protecting organisations from criticism. This suggests the relationship between offence and restrictions may have a variety of factors influencing it, factors that are broader than reducing the risk of further offending. One professional identified two potential answers, these responses highlighted conflicting positions, that restrictions are both individually developed and they felt confident in them, but that they were also about protecting the organisation from criticism. It could be this professional believed that by individually tailoring restrictions then professionals and their organisations are less likely to face criticism should there be further offending.

### **3. The Importance of Restrictions**

Fisher & Nagin (1978) explored the relationship between crime and sanctions. They conclude there were no clear links on the deterrent effects of punishment on committing crime. More recently McCartan et al (2017) explored the effectiveness of current risk management plans, highlighting how risk management has become about bureaucracy, risk aversion and audit, rather than using current risk management systems efficiently or effectively. In exploring the issue of imposing restrictions on adolescents who have displayed harmful sexual behaviour, the professionals were asked whether they believe having restrictions was important. Of the 25 professionals, just over half (13 professionals) stated that they believed restrictions were important. One commented that they thought some people need restrictions (P18).

Six of the professionals spoke about the importance of restrictions being in place for public protection. Professional P23 stated '*yes, to the public and risk to themselves, that's what we are about within the YOT, reducing risks, and reducing harmful behaviour*'. This issue of helping the offender to not behave in risky ways was a theme for several professionals.

Professional P17 stated *‘Yes, to keep potential victims safe, to give those people opportunity to understand and learn how to value others, which I am guessing they haven’t got if they have offended against someone. I think sometimes people are asking for containment from some of their behaviours’*. This was echoed by Professional P12, who added *‘yes, I mean I am primarily thinking of licence restrictions, where it is believed that the individual has the capacity to behave harmfully and if restrictions reduce the likelihood of them behaving harmfully then it is very important’*.

There were a number of professionals that offered suggestion as to why restrictions were important. Professional P6 spoke about restrictions being important to reduce the risk of further offending, they commented:

*‘I think it just gives a good indication of that person and of what those risks are. I was always told past behaviour is the best predictor of future behaviour, so if you know there are particularly risk factors that a person presents then you are about to monitor them and keep a log of how a person is getting on, where the potential risks are and that’s far more helpful’*.

Professional P9 responded in a similar manner, adding:

*‘There are some people who have a long history of past harmful sexual behaviour, you would have to think are very likely to offend, then you can think about restrictions around preventing access to potentially vulnerable groups or prevent behaviour that is going to encourage further offences’*.

These responses imply there is a link between predicted risk and the implementation of restrictions. Professionals spoke about how restrictions were important to help the offender manage, particularly when they do not have the necessary skills to manage their behaviour for themselves, taking a more developmental approach to risk management. Professional P22 stated *‘if they are not in a position to be able to manage their inhibition then they [restrictions] need to be imposed upon them’*. Professional P10 expanded on this point further by commenting:

*‘I suppose because, I’m seeing it from my point of view, as a professional, it makes me feel more safer that I have actually put these restrictions in place so that if that*



*person is not quite ready there are those restrictions just to keep their risks contained while they find their feet. Often those restrictions are put in place when they are first released on licence and then slowly taken away, so I suppose it is whether they have those internal controls to manage risky situations and those restrictions help with that'.*

Another professional P20 spoke about how restrictions can be helpful to the individual:

*'I think it is not just from the perspective of public protection but also for their protection, depending on their abilities to respond to their environment, they may miss cues, finding themselves in risky behaviour through their deficits'.*

Within this study professionals suggest that restrictions may provide the adolescent with harmful sexual behaviour with a degree of containment and therefore aid the young person from not reoffending. English (1998) highlights the importance of containment through multi-agency working, suggesting that agencies need to collaborate, use specific management tools and have clear procedures and protocols in place to ensure that there is shared accountability and that this will provide containment and support for the offender.

In the discussions about behaviour management, many professionals identify how restrictions are useful to address and respond to deficits the individual with harmful sexual behaviour has with internal control. The process of monitoring restrictions allows the young person the opportunity to develop self-management skills. The responses raise issues about young people potentially not having the skills to manage their behaviour without support, echoing the findings in Chapter 5 on developmental deficits and difficulties. It also raises the question that if the assessments do not cover developmental factors sufficiently enough, as suggested within Chapter 5 and 6, then how can restrictions be implemented that could provide support for these deficits or difficulties?

Professional P11 spoke about restriction being imposed as an acknowledgement of the severity of offending, stating *'It depends on the nature of the harmful behaviour, you can't possible say no this person has sexually assaulted a 2 year old but we are not going to put any restrictions on them'*. This was supported by Professional P23 who stated:

*'It depends on what those restrictions are, I think it varies. Something like a curfew is made by a court because there is a specific risk about night-time activity, but in some cases it has nothing to do with the offences but is a way of making the order more punitive. Then it is not appropriate in terms of the offending but is for the punitive element'.*

This raises questions about the purpose of restrictions, whether they are a response to risk or a statement about risk. While just over half of the professionals interviewed believe that restrictions are important there was variation about why, suggesting that they provide a way to denote the severity of the risk of reoffending, or that they are a way to restrict further offending by using past behaviours to predict potential future areas of risks and help to manage and contain the individual.

#### **4. The appropriateness of restrictions**

In exploring the issue of restrictions further, professionals were asked how appropriate they found the restrictions that they had encountered. One professional believed it was too early in her career to pass comment. Of the remaining 24 professionals, there were key themes that emerged in their discussions; relationship to offending, consistency, proportionality and the need for caution.

##### **Relation to offending**

The first theme to emerge was the need for restrictions to be related to offending. Professional P1 stated *'It should be related to the offence and relevant'*; this was supported by Professional P3 who commented *'It depends on the restrictions. I think it's important to safeguard everyone'*. One of the professionals (P5) spoke about the types of restrictions that are imposed, stating *'access to children, in relation to their being further victims that may need protecting, restriction around a certain area, visiting certain people, by social media or whatever means'*. Professional P10 expanded on these issues stating:

*'I suppose if it is about protecting the public then yes I think they are very appropriate, if that person is deemed high risk or there is an element of imminence there, but if it were me having those restrictions put in place I would find it very unfair and I can see where people come from when they say actually I've been in*

*prison and I've been given the go ahead by the parole board to be released and that my risk can be managed. We seem to, particularly in probation, we will put on a lot, like approved premises on people upon release and put a lot of restrictions in place, and sometimes it might feel like we are trying to set that person up to fail a little bit. But you have got to protect yourself as well'.*

These responses echo the findings presented previously about the professionals' views on restrictions, that there are a variety of factors that influence the implementation of restrictions. The issue of professional and organisational protection in decision making will be explored in greater depth later in this chapter.

### **Consistency and defensibility**

The second theme to emerge was the issue of consistency and defensibility. Professional P5 spoke about how they believed if a young person presented a risk then they would expect there to be some restrictions on liberty such as tags or curfews. Professional P12 when asked whether they thought the restrictions imposed were appropriate stated:

*'They have got to be defensible and commensurate with the previous behaviours and they need to be reviewed and removed or amended if necessary. Yes I do think they are appropriate; there is a risk to be over prescriptive. Professional experience as an officer, I think some can be risk averse, so there does need to be monitoring of the situation'.*

The issues raised by Professional P12 are interesting, the notion that the professionals' individual experiences may influence the assessment process implies the relationship between risk and risk management is complex and it questions if this is how restrictions on liberties should be managed.

Professionals P6 and P8 raise concerns about the amount of variation present when considering restrictions. Professional P6 commented *'They seem to be a little bit variable. Some people seem to have very targeted restrictions where others have more blanket restrictions and it seems to be luck of the draw what people end up with. You might have two clients with very similar offence profiles who have very different restrictions on them'*. This was echoed by Professional P8 who added:

*'I think very often they are highly appropriate, and in some instances they have been*

*totally inappropriate. It does seem to vary from area to area, I can completely see in some instances why severe restrictions are made and in other instances restrictions are made that I think infringe freedoms, I'm thinking of young people that have not actually appeared in court for harmful sexual behaviours however if they had lived in different areas they may have gone to court so there seems to be a postcode lottery'.*

It seems that professionals have concerns around the inconsistency in the responses imposed. They raise concerns about how commensurate the restrictions are with the level of risk presented and whether the restrictions infringe on the freedom of the young people excessively.

### **Proportionality**

The next theme to emerge is in relation to proportionality. Two of the professionals spoke about the need for restrictions to be proportionate, Professional P13 who stated '*They need to be proportionate and fair, and appropriate, there is nothing that should interfere with people to a drastic level, yes they might have to go a different route to do things*', this was echoed by Professional P14.

Both professionals indicate that there needs to be careful consideration when implementing restrictions, focusing on the context for the behaviour. This reinforces the need for appropriate training and assessment, particularly when working with young people. There were some professionals interviewed that raised significant concerns about the restrictions placed on people, Professional P9 stated:

*'I think that probably about a third of the restrictions that I come across make a lot of sense to me and two thirds don't. Some of them are just all encompassing, so you get on court orders things like not to have unsupervised contact with under 16-year-olds and the interpretation of that as a boundary is massively different for different professionals so it doesn't make a lot of sense.'*

Professional P11 supported this view adding '*It depends on what the restrictions are, in my professional world I have seen restrictions and looked at it and thought I absolutely disagree with that and there have been others that I have thought have been really appropriate, so again it is a really hard question*'. Professional P18 spoke specifically about adolescents

who display harmful sexual behaviour and who gets restrictions imposed and whether they believe they are appropriate, they stated:

*'I don't think that some of them are appropriate at all, I think where people have been in a consensual sexual relationship, where there has been no control, they have been equal, peer and appropriate relationship, where because one is slightly younger I think we end up with one being classed as sex offenders when the other person in the relationship is saying very clearly it is a consensual relationship. I think there is a worrying trend to class a young person as a sexual perpetrator when they have sexually touched somebody, but you see this type of sexual touching all the time on TV, it's in music videos and I think in two or three years' time we won't be prosecuting people for this. In my experience I would say 10% of the young people I see who are categorised as a sex offender it is unjust'.*

It would appear that professionals are questioning the fairness and appropriateness of restrictions, whether they are proportionate and recognise the context within which the offending took place. This is particularly important when considering young people, as the developmental context plays a crucial factor in understanding the inappropriateness of the behaviour. Another interesting factor raised was about how the restrictions are interpreted with professionals suggesting that not only is there inconsistency in the type of restrictions a young person receives but also in the way those restrictions are interpreted.

In the previous chapter on the challenge of assessment, it was raised how the six risk assessment tools considered within this research offer little guidance about the application of restrictions. In considering the appropriateness of restrictions, the dynamic nature of the risk management framework adopted in the ARMS, J-ARMS and AIM 3 would provide a clearer link between the risk assessment process and the response to that risk. This would be a key strength of the dynamic risk management framework. In considering the structure of the ARMS, J-ARMS and AIM 3 assessments it could be argued that if the assessment was undertaken prior to sentencing then the assessment structure could aid professionals to target restrictions to the areas where the individual appears to have the most priority of need and provide a clear rationale for any restrictions. It could be argued that the maximum benefits of these frameworks are not being utilised.

### **Caution about restrictions**

In exploring the issues of restrictions, 13 professionals confidently stated that they believe restrictions were important. 12 professionals were less certain or more cautious about the need for restrictions. Professional P3 believed it depended on the types of restrictions and the offender's current risk. This was echoed by Professional P4 who believed it was dependent on behaviour. There were several professionals who raised the need for restrictions only when it is absolutely necessary, such as Professional P25 who stated '*I think it is important that risks are managed and in certain circumstances that means that restrictions are needed but only if they are absolutely necessary to keep somebody or other people safe*'.

Professional P24 spoke about having concerns about imposing restrictions stating:

*'I think restrictions should only be placed if we are concerned about behaviours, but restrictions need to be specific, I am not a great believer of blanket style restrictions, because I think they impede on someone's development specifically young people, I think they need to be balanced. It depends someone who committed their offence at 11 or 12 and may have had restrictions at that time, I don't think those restrictions should apply when they are 19 or 20'.*

Within the discussion the appropriateness and necessity of restrictions were highlighted and the issue of restrictions becoming counterproductive was raised. The notion that if restrictions are not appropriate or are too restrictive they could be having a negative affect and impeding a young person's desistance from offending by limiting their access to normal developmental experiences. This echoes the research by Uggen & Staff (2001), Tewksbury (2005) and Levenson (2011).

### **5. Restrictions experienced by Young People**

To explore the issue of restrictions further, the young people interviewed were also asked about the restrictions they had experienced. There were three broad responses; young people either experienced no restrictions, some degree of restriction but these are more informal or coming from social care, or they experience enforced legal mandates through criminal court proceedings. Only two of the young people interviewed stated that they had no restrictions placed upon them.

## **Informal or Social Care Restrictions**

In relation to informal restrictions, five of the young people discussed these types of restrictions. Two young people spoke about restrictions around their victims stating *'my sisters yeah, well it was their choice'* (YP13) and *'not currently, well it is recommended that I don't spend time with my sister, who is obviously one of my victims, but there is nothing set to say that I cannot speak to her, but obviously it has to be supervised, it has to be organised and she would have to want to do it'* (YP15). The responses the young people provided almost suggest a degree of negotiation in the restriction, that there was choice and flexibility.

Young Person (YP5) spoke about access to children raising a different concern. Whilst they had no criminal convictions, as an adult they had entered a relationship with a woman with a child and Social Care had become involved. When asked about restrictions upon them they stated:

*'Yes, not to be around children unsupervised at any time, that was tough in my relationship because it meant that I could not be there if my ex went to the toilet because I needed someone to be supervising. I understood why, but it was very challenging'*.

Two young people spoke about restrictions that had been imposed within residential settings. The first young person (YP2) spoke about restrictions within a treatment programme *'I suppose when I was here [treatment] I was stopped going out on trust and stuff like that, to help me learn'*. The other referring to the implementation of DoL's legislation, the legislation contained within the Mental Capacity Act 2005 that responds to the Deprivation of Liberty (DoL); this young person stated *'I am on 1:1 supervision, to make sure I am safe and the public are safe'*. Both young people imply that they believed the restrictions imposed offered them a degree of support and safety despite the clear effects on their freedom.

The final young person to speak about these informal restrictions spoke about how despite having no convictions, there were concerns raised when they tried to access further education and social activities. Young Person YP6 raised the following concerns:

*'I think the only thing that ever came up as a slight issue was when I started at the college and there was a bit of a question as to whether they were going to let me attend the college or not, but luckily they did. Until my DBS came through I think they were quite restrictive with the Children's Care Council with what I could do and*

*what I could help out with because they knew about my past and what had happened, so now the DBS has come through things have relaxed quite a lot now'.*

The issue of imposing restrictions when an individual has not received a conviction for an offence poses interesting dynamics about the individual's rights versus public protection concerns and the level of evidence needed for restrictions to be imposed. This is particularly important if the basis for imposing restrictions is not clear and professionals lack confidence in how appropriate they are.

### **Legal Restrictions**

The issue of legally imposed restrictions was also explored. Nine young people spoke about the enforced legal mandates they had experienced. One young person (YP10) referred to the legal orders they had been on stating *'I did but I don't any more. I had a 3 year supervision order, including a year's probation and the SOPO'*. The remaining young people referred to three distinct types of restrictions, restrictions relating to access to children, restrictions relating to being in certain places and restrictions around employment.

Two young people referred to the access to children. The first of these young people (YP17) stated *'the SOPO, I am not allowed in company of anyone under 11 without a guardian around'*. The second young person (YP18) added *'the only thing I know of is not talking to anyone under the age of 16 without an adult present, and my home area I think but I am not sure'*. Finally, young person YP1 who spoke about how their restrictions were initially quite restrictive however these had been reduced:

*'There is always going to be one which is that I cannot go anywhere near my brother, anything else is fine. Well there was at first, there was that I cannot go anywhere near kids, but that has gone now because they say I am my own man now and if I do anything bad then it is down to me'.*

It would appear the restrictions around access to children vary and this may be as a response to the specific details of their offending. YP1 indicates there is the possibility for orders and restrictions to be amended, responding to changes in circumstances.

Young Person (YP14) made reference to there being restrictions placed upon him about where he could go, he stated:



*‘I’ve got a SOPO, I can’t go anywhere near schools, playgrounds, which it doesn’t really bother me, to be fair, I cannot go to swimming pools, play rugby or sport, which is annoying because I like my sport’.*

The issue of enforcing restrictions about places has been raised by several young people. The restrictions placed on YP14 appear to be imposed across different locations, this raises questions about what is hoped to be achieved. In considering restrictions on places, the places do not in themselves pose risk, but it is access to vulnerable individuals within those settings that is the concern. This raises why some individuals get restrictions on people and others on places. If a developmental deficit was identified during a risk assessment, which highlighted for example that the adolescent with harmful behaviour would struggle to manage to be in certain situations, then the presence of the restriction could be justified on the grounds of protecting the victim and supporting the offender. However, research indicates that residency restrictions may create further difficulties. Tewksbury (2005) explored the consequences of sex offender registration, his report suggests that some sex offenders experience significant negative impacts for sex offender registration, including an impact on relationships, employment and experiencing social stigma. This was echoed by Levenson & Cotter (2005) who surveyed 135 sex offenders who had imposed residency requirements. The findings suggested that the offenders experienced increased issues with social isolation and experienced both emotional and financial stress and general instability.

The final area of restriction to be discussed by the young people was around employment. Three young people spoke about the restrictions they had placed around their employment choices, all three young people spoke about not being able to work with children. Young Person YP4 commented *‘Yeah, I still have restrictions, so I can’t work with children or vulnerable adults; those are the only restriction left in place’*. Another young person YP16 added *‘when I was younger, like the vision of what I wanted to do, like in the workplace, so like working with children, I have always loved the idea of that, but I can’t do it now’*. The issue of employment was also spoken about by Young Person YP8, who stated:

*‘yes, obviously working wise I am not allowed to work certain places, like I couldn’t work in a school, no way, any jobs involving children I can’t do, obviously I could not stay in a place or a bedroom with children under a certain age, I couldn’t take a job as a babysitter or anything like that, I couldn’t do that, unless there was someone else there’*

Uggen & Staff (2001) consider the importance of employment for offenders in helping them desist from offending. They concluded that work programmes appear to be most useful for adults rather than adolescents, and that the quality of this employment places a significant role. This was echoed by Saraw (2009).

There appears to be a degree of difference in the restrictions that have been imposed on the young people interviewed within this research. Some young people have received no restrictions; others have significant restrictions to their liberty, whether through the degree of supervision or the prohibitions enforced.

The issue of restrictions raises concern. The meaning of an adult offending against a child would seem to carry different meaning than an adolescent, one where there is a deviant sexual interest with someone where there is a significant age gap and level of vulnerability; this is not necessarily the case with adolescents who sexually harm. The recidivism rates and Ministry of Justice information collected in relation to reoffending patterns of adolescents who display harmful sexual behaviour highlights that adolescents who display harmful sexual behaviour are at low risk of further sexual offending therefore this raises questions as to how appropriate and necessary restrictions are.

## **6. Young People's views of restrictions**

To explore the issue of restrictions further the young people were asked to comment on whether they believed the restrictions imposed on them were appropriate. Interestingly 9 of the young people interviewed believed strongly that the restrictions placed on them were appropriate. Six of the young people were able to expand on why they believed the restrictions were appropriate. Young Person YP11 stated '*because I needed to work out what was going on*', another added '*very appropriate, because it will stop me doing something stupid*' (YP14). Young Person YP15 commented '*yeah, well it protects her, it protects me and obviously there are going to be difficulties there, but it reduces them*'. These comments clearly suggest the restrictions were useful in order to prevent further offending; this was echoed in the account given by Young Person YP8:

*'I would say it was quite appropriate really, because it helps me out and helps other people out as well, now obviously as I have matured and grown up and that it is getting to the point where I am realising I am ready for the next step around*

*managing my risk, obviously now I am getting more mature and I have better understanding, I still get weak in some areas obviously, it's not going to go straight away it is still going to be there'.*

This young person's account echoes those shared by professionals, stating that the restrictions are useful but that they need to be reviewed. The young person indicated that they have a growing sense of being able to manage their behaviour, raising the issue of maturity and greater understanding. This supports the views that the developmental transition has a significant impact not only on the offending patterns of adolescents who display harmful behaviour but also on relapse prevention too.

Another theme emerged from the interviews with young people, was the notion of professionals protecting themselves, something three professionals questioned when asking about the purpose of restrictions. The young person (YP6) stated:

*'I can certainly understand it and the point of view of not putting me in any situation where there is any chance of anything happening, to cover their own back, however I don't think there has ever been anything that has been too mad in terms of saying you can't do this, it's always been maybe we could do it this way rather than that way, so I think they have been trying to cover their own back in some situations though'*

Three young people were questioning of the appropriateness of restrictions, Young Person YP5 commented *'I think they have been very appropriate, but at times they were a bit too restrictive, I understand it was to protect both the child and me, so it was understandable but it was difficult'*. The second young person (YP16) stated *'looking back, during the time you kind of think bastards, but afterwards you look back and see that it was the right thing and helped me develop and understand'* and finally the third Young Person YP2 stated:

*'I guess it was alright, like now I can understand it but then I was like why, your trying to get me ready to leave and your stopping me from doing stuff, but I guess it was time, they were trying to make you realise that actually what you are doing is not right in the circumstances'.*

It would appear that the young people, whilst at times finding the restrictions difficult, believed they were appropriate and beneficial for them, helping them and their victims stay safe. This issue of restrictions making more sense to the young person later in life is interesting, that with maturity the young people are able to apply useful meaning to the

restrictions however this does contradict the professional's lack of clarity with the restrictions imposed.

Young Person YP4 gave a detailed account of the experience of having restrictions placed upon him, he stated:

*'At the time, quite advisable and quite sensible, the one [restriction] that I look back at and think was it practical in them doing that, was the under 18 one, because it caused problems just after court, it meant I could not stay at school because they could not guarantee that it could be enforced in that situation. At the time I think it was appropriate now in terms of the one that is still in place, from a personal aspect it's not something that I want to do as a job at all, but if it got to the case that when I got older and I wanted to get married and couldn't have kids, the whole situation would be restrictive. It's not something I want to do working with kids, I do a lot of work at the cricket club and the way I get around doing that is that I make sure I am not involved in the junior aspect so I do a lot of coaching work with adults and I've constantly been asked to take coaching badges, to do my level 1, 2 and 3 because the level 4 coaches think I would be quite good at it with my personality, but I have to make up some story which pretty much goes along the line that I don't want to get paid to do it so do it with adults on a volunteer basis and it avoids that whole situation of working with children.'*

Young Person YP4 went on to talk about the process of interviewing for jobs, he stated:

*'I wouldn't say it's difficult, every time it's been asked in a job interview it's been easy to word it in a way that I've never had a bad repercussion because of it. I've never had someone say I'm not employing you because of your criminal record, it's always been a case of the experience isn't there for us to take you forward, whether that's a cloud that they are hiding behind, I guess I will never know. It's never been something that has been difficult to think of, it's just been let's think of the first aspect, let's look at the job applications that don't include it in the application form, that's the best way to avoid it to start with, then you avoid the conversation, if it comes up in interview then I find it is easier to talk about rather than having to write in an application form, so when I'm sitting there and its come up in the conversation it's a case of yeah I got into trouble when I was younger X, Y and Z happened but since then I did a two year intensive therapy course, I did my A-levels distance learning, I*

*did my degree, I've still been working, so your able to, not put a spin on it, but highlight the benefit aspects of what has happened with it. From a career aspect actually yes it has happened and it's not great but actually then I have been determined to do my A-levels and degree and get back into the work and build the positives out of it, which enhance the application, it's not something I worry about in terms of having to disclose'.*

Wood et al (2007) highlights how external controls such as restrictions are routinely used, but these controls varied significantly. They went on to state that when these controls had a clear rationale there was an improvement in compliance. It seems that the majority of the young people interviewed believed the restrictions placed upon them were not just appropriate but had been beneficial and had helped them to make positive choices. It is however important to hold in mind the longer-term experiences of having these restrictions and the impact this can have on the young person. It is important that professionals consider when it is the appropriate time to remove or review restrictions to avoid them becoming counterproductive and potentially impact on pro-social engagement.

## **7. Wider Risk Management Factors**

The previous sections explore how important risk management is for helping the relapse prevention of adolescents who display harmful sexual behaviour. It is also clear that a key part of risk management is to protect the public, but there are also wider contextual factors that need to be considered.

### **Considering risk reduction**

The issue of risk reduction and risk management not only includes restrictions but also includes risk management structures, such as the reviewing and monitoring processes and multi-agency meetings. The issue of reviewing restrictions was raised by Professional P13 who made reference to being able to remove restrictions if risk reduces and the restrictions are no longer felt needed, they stated:

*'The focus needs to be on protecting the public and if we need that initial restriction to protect until we have witnessed and observed their behaviour then absolutely we should have that in place, with the caveat that we can remove it if the person does not need it, but in the initial thing then the protection of the public is the main focus'.*

Professional P18 spoke about how they believe that risk assessments can negatively affect the outcome for young people, they stated:

*'You have to provide them with appropriate levels of support and monitoring if necessary. I think one of the big things we don't do regularly is reviewing risk, I don't think we do it regularly enough and I don't think we do it consistently enough. It's one of the things I think we really don't do is pragmatic risk assessments, we don't do risk assessments that we stick by and say actually I stand by my risk assessment, I'm not being risk averse, I am saying that at this point in time this is what is happening and I do think that we should be able to take risks ourselves with risk assessments, as long as we can quantify it and can evidence that we are doing it safely and we are monitoring and supporting people, I think we have to have practitioners who are confident to be able to risk assess, but confident in being able to down grade a risk assessment, I think that is what people suffer with they become risk averse because they are worried about getting into trouble or ending up on the front page of a paper, I think that paralyses people and makes people suffer. I think you can do very good work with very small resources as long as your people are trained enough, I think support networks are dissipating'.*

There appears to be limited ability for professionals to review and amend restrictions and risk assessments. The process of amending restrictions links to the professional anxieties, if amendments are made and an individual goes on to offend then there is a sense of professional blaming. The change in structure provided by the ARMS, J-ARMS and AIM 3 frameworks allows for there to be a clear plan of review and reflection. This provides evidence to adjust and amend the risk management plan should situations change. This may reduce some of the professional anxiety and provide clear reasoning and evidence for changes in restrictions.

Professional P8 spoke about the forum for considering risk they stated *'I think it needs to be considered, I think it needs to be monitored and I know this happens. I know through MAPPA meetings that actually levels can be decreased or increased'*. The MAPPA process was also mentioned by Professional P19:

*'I think monitoring is massively important. I have a slightly odd view about the monitoring that does take place, we talk about people being MAPPED [MAPPA*

*Process] and registered [sex offender registration], that by applying those two factors or a SOPO [Sexual Offences Prevention Order] that that will keep them safe and I think it goes far beyond that, it goes to whether they are actually monitored and I can't believe that if someone chooses to avoid those restrictions that they can't because there isn't going to be a police officer or a monitoring officer on their doorstep the whole time'*

There was a degree of disagreement by professionals about the ability to reduce risk. Professional P15 commented '*It depends what it is. I like people to move from their past, but you can't move on from something serious*'. Professional P14 countered this stating '*for some people were there is evidence of a continued presenting risk but certainly not when it's is a young person going into adulthood*'. This was the area that had the most polarised responses from professionals, with significant disagreement about the potential a young person has to change. Ward and Maruna (2007) explored the issue of rehabilitation and change stressing the importance of looking at strengths. Burrowes and Needs (2008) explore the readiness for change; they suggest that the individual's internal context, the catalyst for change and the environment for change are all crucial in understanding how to promote change. This coupled with the recidivism rates for young offenders and the knowledge about child development would suggest that professionals should view the idea of change more positively.

There was consensus that restrictions needed to be monitored and reviewed through multi-agency meetings. There appears to be a lack of clarity about the process. It is likely the lack of awareness of child development and harmful sexual behaviour reinforces this ambiguity about the ability to change. If professionals are holding views that offenders cannot be changed, this is likely to have an impact on the way they relate to that offender, their risk assessment and subsequent risk management plans.

### **Terminology and Inflation of risk**

Two professionals took a different approach to answering the question, thinking about broader factors. Professional P21 questioned the terminology used stating: '*I guess my problem is with the word restrictions, I guess there needs to be more structures around an individual, whereas restrictions sounds as if you are caging someone in and I don't necessarily think that is the way it should be looked at, I think there needs to be boundaries*'. The response provided by this professional appears to promote the idea of change and support

rather than control. The second professional P7 spoke about the over inflation of risk and how professional anxiety may be a factor:

*'I guess there are definitely cases that need restrictions to protect them and others. I think sometimes peoples risk can get over exaggerated and then there is panic from the professionals, that's increased and then to decrease their anxiety if there are things [restrictions] in place it makes them feel better, so sometimes I think it is misplaced, but I definitely think they have got a place in some cases'.*

The issue of inflating risk was mentioned again, Professional P20 commenting *'I think sadly the police often, particularly with sex offenders there is this upping the ante and people are more likely to inflate the risk and not be entirely proportionate about it, they disregard other services because they can't get away from thinking about the risk'.*

The definition of restrictions has negative connotations of controls, restraints and limits rather than the more therapeutic sense of boundaries. Whilst the sense of enforcement feels appropriate within the context of the legal mandates, it may negatively impact on a therapeutic approach with the young person. There are a variety of issues raised when considering whether it is appropriate to place restrictions on an individual because they have offended sexually. Some of the emerging themes were around the offender's behaviour and severity of offending, the need to protect the public and the offender from further offending and the process of monitoring and reviewing risk and the potential over-inflation of risk.

### **Protecting the Professionals**

It would seem logical that restrictions are placed on an individual in order to keep themselves and others safe. The process of risk management is complex and there are wider issues that need to be considered. It is clear that restrictions play a useful part in the risk management of adolescents who display harmful sexual behaviour, but do restrictions also have benefits for the professionals who manage them. A theme that emerged when exploring the reason for restrictions was the issue of professional fear, P21 stated:

*'the court has these types of restriction and you see sometimes that the court doesn't know what to do so they just put all of them on there, is that helpful I question? It is out of fear rather than what would keep someone safe'.*



The focus so far has been on protecting the public from the risk posed by the offender, however within the professional interviews it was questioned whether there was an element of protecting the professionals or the organisation. Professional P10 questioned whether the fear around restrictions is held by professionals in relation to organisational and professional risk:

*‘So they are quite generic and do not relate to the individuals circumstances and there is a bit about protecting the organisation. We have become so worried about blame, it’s a blame culture, which now we have these restrictions that if you don’t blanket these restrictions on to somebody then you aren’t doing your job properly and you’re not protecting the public well enough and I don’t think that they always do fit, because there is certain licence conditions you can’t mould them to fit that individual you just blanket them, all of them on there, so yeah I would say that, it is to do with that blame culture’.*

This issue was echoed by P19 who stated *“I think sometimes they come from a position of social fear, I think they come from a position of watching your own back, so that people become risk averse, rather than working with risk to enable, so you could use those tools to enable people to do things, instead I think it closes people right down’.* Within the literature review the issue of professional anxiety (Menzies, 1960), risk aversion (Rabin & Thaler, 2001, March & Shapira 1987), together with the professional blame culture (Giddens, 1999, Munro, 1999) was raised. The link between risk assessment and risk management is complex and the process of managing high risk sexual offenders carries a degree of organisational responsibility. This responsibility creates anxiety about the potential for further offending and that enforcing restrictions on an offender may act to mitigate this anxiety for organisations.

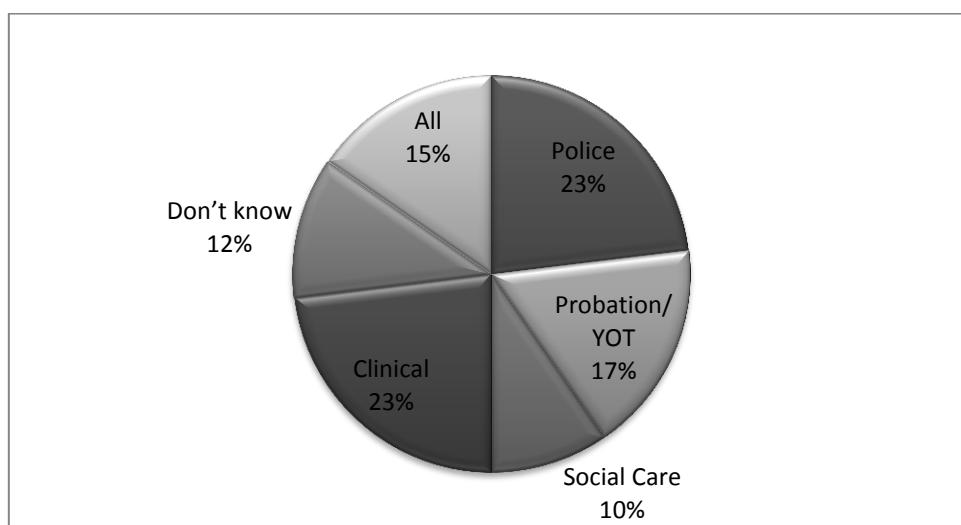
## **8. Professionals’ experience of multi-agency working and risk management**

The Criminal Justice Joint Inspection report (2013) examined the response multi-agency professionals had to children and young people, where there are issues in relation to harmful sexual behaviour. This report identifies there are significant operational gaps and there are lessons to be learnt from the systems in place to manage risk. The report recommends a range

of improvements; there needs to be closer partnership working between the Police and the Youth Offending Service, with joint risk management plans for working with adolescents who display harmful sexual behaviours. There were also issues raised in relation to the role MAPPA has with adolescents who display harmful sexual behaviour. Several studies suggest there was confusion within the MAPPA process about how the risk and needs of adolescents who display harmful sexual behaviour can be best managed (Kemshall et al 2007, Baker, 2007).

The report indicates that despite an abundance of legislation, inspections and procedural reviews there remains a significant disconnect between agencies and this disconnect impacts on multi-agency working. The report suggests that most of this can be attributed to there being no shared assessment framework that directs and informs risk management. The aim of developing the ARMS and J-ARMS assessment frameworks was to ensure that the Police would be able to make active evidence-based contributions to the multi-agency discussions. The introduction of J-ARMS, like the development of ARMS, was intended to increase the confidence of officers by strengthening the professionalism of current Police practice. In considering the factors that influence risk management, the relationship between each of the different professional disciplines was explored. The professionals interviewed were asked to consider what profession they believed were given the most weight within multi-agency meetings. The results of this can be seen in Fig 54.

**Figure 54- What profession is given the most weight within Multi-Agency meetings**



Professionals were given a choice of six options; Social Care, YOT/Probation, Police, Clinical, All and I don't know. Clinical and Police were given most weight with 23%,

followed by Social Care and YOT/ Probation with 17%. All professionals were 15% and 12% stating that they did not know.

In exploring the reasoning behind the answers, professionals were asked to expand further. Professionals commented on why they believed the Police had been given the most weight within multi-agency meetings. Professional P13 stated:

*‘I think it is because they have a lot of resources we don’t, they seem to come up with a lot of information and have lots more resources, they have a bigger organisation they have information from call outs and visits as well as other Intel. So they seem to be the ones with the more information, with more factual information’.*

P13 clearly believes the information the Police have access to means that their voice should be given greater weight, however the issue of weighting in meetings is a more complex issue, as stated by Professional P10:

*‘I think that depends on who is in the meeting and the different personalities, but I would say probably the police because I think people are so scared, with Police it is often current information, it might be that someone’s behaviour is becoming more concerning and you sort of have to act on that concerning behaviour, whereas if there is something that has been said within a supervision appointment with probation, your left to your own devices to deal with that and to work out what do they mean by that, whereas the police have to act on it straight away because it might be that someone is about to commit another offence’.*

This suggests the role professions hold differs and these differences play a significant factor in how information is understood and responded to, whether a professional is there to provide public protection, monitor orders or provide intervention and support. One professional commented on why they believed that YOT and Probation are given the most weight within multi-agency meetings. Professional P9 made reference to the management of legal mandates, they stated:

*‘Well so multi-agency meetings Probation often hold the weight of court orders and hold the management of court orders so hold the most immediate power, Police have*

*a number of wide-ranging powers they can choose to act on if they are particularly anxious. Social Care comes in as a younger partner to Probation, I would link youth offending with Social Care as I do not think their orders carry as much sway and clinical practitioner I think the variety of clinical practitioners that might go to multi-agency meetings is pretty broad, and some make a lot of sense and others don't'.*

Professional (P14) believed Social Care were given the most weight within multi-agency meetings, they believed this was because of the lead Social Care take within Child Protection proceedings. Professional P7 commented on how they believed that the clinical professionals were given most weight within multi-agency meetings, they commented:

*'I guess the clinical is to do with the level of experience and training that person would have to write the report, I'm not saying that social care, probation or police wouldn't, I am tempted to say police would have the least, they don't have as many assessment tools or training as we do and maybe come at this at quite a different angle than we do, or the other three do. I guess youth offending and probation because they work on a regular basis over a period of time where the police don't, whereas a normal clinical outside a treatment facility might only meet someone once or twice before they write their report, so maybe less relationship in some instances with clinical'.*

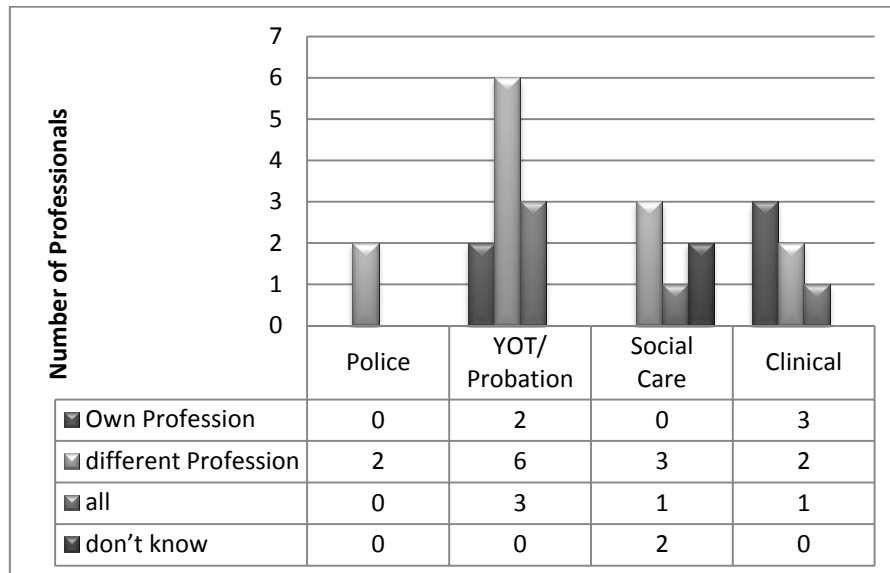
Two professionals believed there was no outright lead within the meetings, but that a combination of different professions took the lead. Professional P8 they believed that the police, YOT and Probation were listened to most because they hold the legal mandates and hold the focus on public safety. Whereas Professional P12 suggested that a combination of Social Care, YOT and Probation were listened to most. Professional P12 however suggested the different professions had very different focuses stating:

*'I think the police could be viewed as more having a drive towards arrest and charge, so you would think that's kind of their end goal, you know at times, where as social care and probation you would think that they would be looking more holistically at the person'.*

In considering the weighting different professions are given within multi-agency meetings, it appears there is little commonality in the views of professionals. This led to wanting to explore whether professionals believed their own profession was given the most weight. Fig

55 shows the different professions and whether the professionals believed their profession or another profession was given the most weight.

**Figure 55- Most weight within multi-agency meetings**

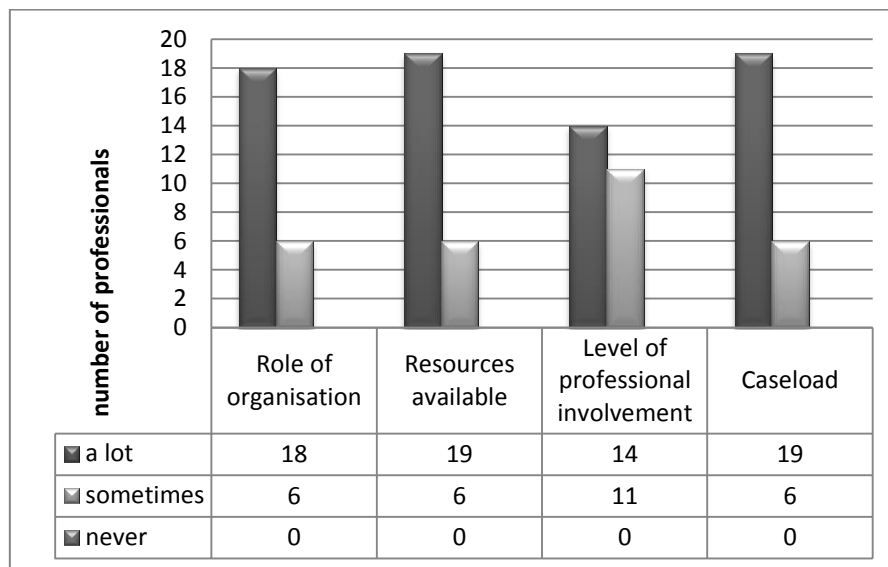


The Clinical Practitioners were the only profession that believed that their profession was given more weight. The Probation/ YOT teams believed to some degree that their profession was given the most weight. The majority of the YOT/ Probation Officers interviewed believed other professions were given more weight. It would appear that professionals on the whole believe their profession is not given the most weight within multi-agency meetings. This sense of other professionals carrying a greater influence could potentially impact on the risk management process, particularly if different professionals are using different assessment tools and holding different views on risk. It could be argued that if professionals were given more training in relation to the clients (child development and harmful sexual behaviour) and the assessment process (risk assessment tools) then they would be feeling more confident within multi agency settings and feel more able to exert their views.

### **9. Organisational factors affecting risk management**

The final risk management issue to be explored with professionals was what organisational factors the professionals believed influenced their ability to effectively manage risk. Four key areas were chosen to explore; the role of the organisation, the resources available, the level of professional involvement and caseloads. The results can be seen in Fig 56.

**Figure 56- Factors influencing risk management**



Each professional during interviewed was asked to rate whether they believed certain factors affected their ability to risk management a lot, sometimes or never. All of the professionals interviewed stated these areas affected their ability to manage risk to some degree. The caseload and resources available both scored highest, closely followed by the role of the organisation. The majority of the professionals interviewed believed that these factors significantly affected the ability to manage risk. Professional P14 expanded on their answer stating:

*‘I think the resource question is difficult, we are given less and asked to do more. I think it means you have to be creative about solutions, just because you can’t do one thing doesn’t mean you can’t do anything. Life is always easier if you have more money and can get what you want but for me because the harmful sexual behaviour a lot comes down to the child’s stability and attachment and good old Maslow’s hierarchy of needs, that actually quite a lot can be done about their home setting. The level of professional involvement, it depends on the people involved that they have real knowledge they bring and the responsiveness they bring to that child. Caseloads is really interesting because when I left probation I had a caseload of 225, and I currently have officers that are complaining about a caseload of nine, it depends on what you want to achieve in the time and what other services can pick up’*

Professional P14 raises interesting points about the pressures on professionals, the limited resources and increasing caseloads. There was a clear sense of professionals wanting to

provide a good service, to make a difference and prevent further offending. Professional P14 also spoke about Maslow's Hierarchy of Need, suggesting that having a strong theoretical base to draw on can aid professionals in responding creatively to the organisational challenges they face.

## **10. Summary of Findings**

There were several findings presented within this chapter. The chapter explored the relationship between risk assessment and risk management. The following findings were highlighted:

- The findings indicated that over half of the professionals interviewed believed imposing restrictions is important in order to protect the public.
- Professionals believed restrictions need to relate to the offending behaviours and be appropriate, proportionate and individually developed.
- Half of the professionals interviewed were cautious about the use of restrictions, questioning the consistency, appropriateness and necessity of them.
- The findings question the purpose of the restrictions; whether they were a means of control or therapeutic intervention, or whether they are there to help the offender to manage their behaviour whilst they develop the internal controls to manage the behaviour for themselves.
- The findings suggest the link between risk assessment and risk management is at best tenuous and there was a lack of clarity about the process for reviewing restrictions.
- Professionals believed the role of the organisation, the resources available to them, the level of professional involvement and the caseload professionals experience all have an impact on risk management.
- Professionals indicate that sometimes restrictions are placed on an individual in order to manage professional anxiety and social fear.
- The findings indicate that professionals believe that their profession is not given the most weight within multi-agency meeting.

## Chapter 8

### **Findings: The Experience of the Risk Assessment and Risk Management Process**

#### **1. Introduction**

The following chapter explores the experiences adolescents who display harmful sexual behaviour and the professionals who work with them have of the risk assessment process. The chapter focuses on the following overarching research question:

- What experience do professionals and young people have of the risk assessment and risk management process?

This question is addressed through a qualitative analysis of interviews with professionals who work with harmful sexual behaviour and young people who have displayed harmful sexual behaviour, gathering information about the experiences of risk assessing through the developmental transition.

The aims of the data collection and analysis were:

- a) To explore how young people experience differences in the way services work with them
- b) To explore whether professionals believe there are differences in the way services work with adolescents who display harmful sexual behaviour
- c) To explore adolescents' experiences of the risk assessment process
- d) To explore professionals' experiences of the risk assessment process
- e) To examine the level of involvement young people have in the assessment process
- f) To examine the usefulness of the assessment process for aiding professionals in developing risk management strategies for adolescents who display harmful sexual behaviour
- g) To explore what factors impact on the assessment process
- h) To consider the key factors for assessing risk

There are a number of people involved in the assessment of sexual risk, such as Police, Youth Offending workers, Probation Officers, Social Care professionals or Psychologists. Each of these professionals will have had different levels of training and will use varying tools in the



course of an assessment. It was important to explore the experiences of both the young people and professionals as they undertake the assessment process in order to understand the impact of assessment on those involved.

The findings presented are in respect of the experiences that professionals have of working with and assessing adolescents who display harmful sexual behaviour. It considers how professionals feel about the different risk assessments. There is also an exploration of what professionals believe the assessment process should be like and what influences this process. There follows exploration of the level of involvement the young people would like to have in the assessment process and importantly what they believe are the key factors in reducing their risk.

These findings are reviewed considering the wider themes found in previous research and existing literature, exploring the importance of the findings, analysing the limitations of the findings and considering alternative explanations. There are also recommendations for further areas of study. The chapter concludes by considering how to reduce the challenges experienced by those involved in assessing adolescents who display harmful sexual behaviours.

## **2. The differences between services**

The number of services the young people interviewed had contact with following leaving residential therapy was explored through the interviews and the case file analysis. Half of the young people interviewed had contact with more than one service. Hopkins et al (2010) undertook a Youth Justice Board review of Youth Offending and Children's Services' interactions with young offenders and young people at risk of offending. 43% of young people who had undergone an ASSET assessment had previous Social Care involvement. This is echoed by Day *et al* (2007) who highlighted that young people who have been looked after are more likely to have contact with Youth Offending Services or have been incarcerated than peers who have not been through the care system. Fielder et al (2007) suggest that looked after children or care leavers make up around 20% of all young people in custody. Of those young people interviewed for this research, only three young people had experienced custody prior to entering the therapeutic residential programme, however 47% had Youth Offending Services involvement.

In understanding the differences between the ways services work with adolescents who display harmful sexual behaviour professionals during interview were asked about the statutory requirements for their profession. All of the services have requirements for visits dictated by the risk level of the individual. For the Police, a very high risk offender would be seen monthly, a high risk offender would be seen every three months, a medium risk offender every six months and a low risk offender would be visited annually. For the Youth Offending Service, any young person on a Youth Rehabilitation Order (YRO) or a referral order is seen fortnightly for the first three months then a minimum of monthly. However, enhanced cases are seen weekly and intensive cases are seen a minimum of three times a week. The Probation Service is similar to the Youth Offending Service, the type of order will dictate the standard visits required, however high-risk offenders tend to be seen weekly.

The various professions different requirements for how often they see individuals, is likely to impact on the experience held by both professionals and young people. The familiarity and relationships formed will differ significantly and this could impact on the information held during the assessment process. This links to the information within the literature review where competing practice models were highlighted as a disadvantage of multi-agency working (Littlechild & Smith, 2013).

### **3. Young People's views of the differences between services**

The young people interviewed were asked about their experiences of the assessment process. They were asked about the differences between the ways in which services work with them, the factors raised were the approach, the freedom and the young people's background.

#### **Approach**

In considering the issue of approach, the majority of the young people spoke about differences between professionals from different disciplines. There was however two young people who believed there had been no differences in the way services responded to them. YP18 stated '*no, they are all the same really, all professional*'. The second young person (YP6) stated:

*'not really you know it's that they have different ways to work with individuals and situations, however that is dependent on what their circumstances are, but generally there is a fluidity to the way they are'*.

The responses these two young people provided indicate that they view professionals as doing a role, and whilst there may be differences in approach the role was the same. Many young people highlighted how there were differences in the way professionals managed them, particularly around the issue of freedom.

## **Freedom**

Some themes emerged from the remaining interviews, with many young people highlighting how some services have a more relaxed approach. Predominantly this was concerning having a greater degree of freedom and professionals being more relaxed in their approach as they moved into adult services. Several young people spoke about the experience of freedom; they stated *'Yes, well now they sort of leave me to make my own decisions'* (YP3), *'they just treat me like an adult'* (YP11), *'yeah some staff are quite relaxed and lenient whereas others are quite strict. I like relaxed and lenient'* (YP24), and finally, YP12 who stated *'Well I get to do my own things now, when I was a kid there was more on my back, it was harder like I didn't have a choice in the matter, really'*.

Young person (YP4) spoke about his leaving care worker stated:

*'She was more relaxed, I would say in her attitude and demeanour towards me compared to when I was in care. She was a lot more up front and talking to me after I left than while I was in here (residential care). I'm not 100% sure, it is probably due to several different things, after the six months when we kept in contact, it was more of a friendship that kind of formed than in the time I knew her as my caseworker aspect, but she was definitely a lot more open and communicative with me during those six months, when it was just me and her'*.

YP4 believed the relationship was more than a professional role and there was a sense of friendship. This questions how difficult it is for professionals to support young people in a way that feels genuine and meaningful yet still keep a sense of a professional role. It questions whether these difficulties are present in some professional relationships more than others, due to the professions' role, that of public protection or intervention. Young person (YP2) when speaking about his leaving care worker as opposed to his Youth Offending Officer said *'she can advise on things but she can't enforce things she can work a lot more intensively with a young person'*. This response indicates that roles where there are

responsibilities in relation to enforcement and control are likely to be viewed with a greater sense of professional distance.

Another young person spoke about how there was a difference in the level of professional involvement when they moved to adult services, YP5 stated *'Yes, I have been more involved, they have talked to me a lot more whereas when I was younger I don't think I really had a say'*. The importance of having a voice and feeling a degree of control appear to be important factors for the young people. The different roles professionals have appear to be an influential factor in directing the focus and approach of the work.

The quality of the relationship appears to be important, as is the degree of mutuality within the relationship. It also seems crucial for the young people that they are given the opportunity and space to make their own choices and to some degree make mistakes as they move towards adulthood. This is echoed by Pithers et al (1983) who highlight that often it is the experience of lapse that is beneficial for the offender, as they learn to manage struggles and grow in confidence and control. However, achieving this opportunity for freedom creates complex dynamics for professionals to manage.

One young person spoke negatively about the way some services had responded to them, YP14 stated:

*'Well the police are now once every 6 months, so I have gone down from seeing them every month, so I really enjoy that. Hopefully it will be a bit longer next time. I hardly hear from my Social Worker, which is sort of useless, she's useless, she says she is going to ring me and never does, I just can't be arsed to hold my breathe on it anymore'.*

This young person experienced a sense that their needs were unmet by their Social Worker. It may be that the transition from looked after to leaving care services and the reduced contact this brings created a sense of loss or absence for this young person or that the individual worker did not meet the needs of the young person adequately. The responses indicate that young people recognise and appreciate the additional freedom that comes with moving to adult services; however, for some young people this reduction in support may be unsettling.

## Background

Young person (YP4) raised the issue of his background and the impact this may have had on the experience he received from professionals. He spoke about how he believed professionals had responded differently to him than to some of his offending peers, he believed this was because he was middle classed, academically able and from a supportive family. He viewed this as influential in why he was sentenced to a community treatment programme opposed to custody. He stated:

*'I was very fortunate I ended up getting one in few people that were intent in showing a form of understanding or interest and I do think partly that comes from the background I came from. I think there was a big bias in the fact that, oh he's living at home, his parents are still married, he has two older brothers, and he's middle class background so he's bound to be a good boy in the long term'.*

He went on to state:

*'Professionals hadn't had a case like this before and the severity of it going down this route [non-custodial], so maybe I set a precedent where it becomes a more natural pathway then just to chuck someone in a cell and throw the key away. I think my background helped with that and I think if I had come from a more working class background and my parents were divorced and there was a history of violence in the family, I raise the question as to whether the support I would get then would have been the same'.*

The issue of background raises questions as to whether there are additional factors or biases that impact on the experience an adolescent has when they display harmful sexual behaviour and how these biases occur. None of the assessment frameworks identified in Chapter 5 ask about social class or socioeconomic status. This therefore raises questions about whether the class issue (as identified by YP4) is more a recognition that there may be more positive environmental and support networks available to this young person, which may be rooted within social affluence. This echoes the work of Gergen (1999) and Searle et al (1995) who explore the social construction of risk and whether the risk posed by working class families are seen as more problematic.

#### **4. Young People's views on risk assessments**

In Chapter 6 professionals were asked how familiar they were with the different risk assessment tools. This highlighted that professionals lacked familiarity with the tools. It is also important to consider the understanding adolescents who display harmful sexual behaviour have of the risk assessment tools being used to assess them and about their experience of the risk assessment process. As part of the young people's interviews, they were asked whether they knew which risk assessments were undertaken on them. Out of the 18 young people interviewed, only four young people could provide any answer. One young person (YP10) stated that they had been assessed using HCR-20, but they did not know what it stood for. Another (YP11) stated *'Yes, I do, I can't remember the names, but I know what a risk assessment is'*.

There were two young people who did not know the names of the assessments used to assess them however they gave some indication about what they believed the assessments were covering. Young person YP17 stated *'yep, used static factors of certain aspects of my life'*, the other (YP5) commented *'I don't know the names of them, but they looked at my relationships and how to notice my mood changes'*. Young people were not familiar with the risk assessments being undertaken with only four stating that they had any knowledge of the tools. This raises whether the assessment process would benefit from a clear explanation being given of what is happening, what assessment is being undertaken and why. This lack of knowledge about what assessments are being used is likely to have an impact on the experience the young people have of the risk assessment process. Research in relation to desistance indicates that acquiring knowledge and new meaning and purpose aid individuals in their readiness for change (Glynn, 2014).

#### **5. Young People's views of their involvement in the assessment process**

In considering the young people's experiences of the risk assessment process, the young people interviewed were asked whether they had experienced being asked about their risk. Of the 18 young people interviewed, one young person did not know whether they had been asked, five young people said they had been asked about their risk and overwhelmingly 12 young people stated that they did not believe they were asked about the risk.

## **Involvement in the assessment process**

The young people were asked about how involved they felt in the assessment process. Many of the young people's responses lacked clarity about their level of involvement, YP16 stated:

*'I don't know if i was directly part of the risk assessment thing, they would ask me how I think I am getting on and how I think things are improving or not improving but I don't know if that was part of the risk assessment itself'*

This was echoed in two further responses '*not sure really, I had conversations about my risk with staff I live with mostly*' (YP18) and '*I am honestly not sure, I couldn't say yes or no, I probably have but without realising it*' (YP8).

Two young people spoke about the degree of involvement '*I have had conversations with people, but not really involved in the writing up or anything no*' (YP6) and '*Not from all the way from the beginning, but I have when there have been questions he wanted to ask, I will come in and give him my opinion on things, so even though I could go downstairs and get my risk assessment and read it, I don't*' (YP14). These responses indicate there is a lack of clarity for young people about the assessment process. However, YP14 states he was not that interested in the assessment process. This may be because he was not involved from the beginning and therefore was not given the opportunity to develop a sense of ownership over the assessment process.

Four young people commented on how they had felt involved in the assessment process. One made reference to when they had undergone intervention stating '*when I was in therapy I had to do risk assessments if I wanted to do things, I had to write them down*' (YP12), another stated '*Yes, many times now with my ex and her child*' (YP5).

The two remaining young people provided more detailed responses. YP1 spoke about his experience moving to services with more reduced involvement:

*'I think I was involved, when I had my final meeting with social services, they asked me all these stupid questions, well they are not silly questions, how do you feel now that you are going to live on your own and that kind of stuff and they asked me about my money, asking me about my criminal behaviours and all this stuff and asking me how I feel now, and not having them around me. I expressed that I didn't feel ready to let go, that it is always nice to have people to help you, but there always has to be a*

*time in life when those people have to back away and let you get on with what you have got, because at the end of the day if I chose to get into trouble that's down to me'.*

Young Person YP15 was able to identify key elements of his involvement with the risk assessment process:

*'In thinking about the first time I came up to my home area, I outlined the risks to my therapist, such as people I might bump in to, people I don't want to bump into if I can avoid it, places I don't want to go, which are all a big part of my risk assessment, if I go back to where the rumours originated and someone recognises me and then we get into conflict, it would be a very difficult situation for me to get out of'.*

He described how the risk assessment process became one that he started to own and manage; the risk assessment became useful in helping them to implementing risk management strategies rather than being purely a professionally held tool.

### **The level of involvement wanted by the young people**

The young people were asked if they wanted to have greater involvement in their risk assessment. Only one young person stated that they did not want to be involved in the process. Four young people were undecided about whether they would have wanted more involvement in the assessment process. One of those young people YP4 stated:

*'I'm not sure would be my genuine answer, I have always been quite intrigued about how people get to these decisions, so there would have been a bit of curiosity. At the time would have said yes, I would have wanted to, but at the same time I'm not sure I want to know the ins and outs of how you got to that decision, so yes and no'.*

Young person (YP14) spoke about the importance of having their say, they commented:

*'oh god, I would of liked to have read what people were saying and have had the opportunity to put my view across as well, because that would of helped people understand, because it was coming from that young person, doesn't it, how they feel about their risk'.*



This was echoed by another young person who stated that he wanted to have his side heard. The fourth young person (YP6) spoke about the importance of checking the accuracy of information:

*'I'm not too sure really, I think having the conversation is enough, and being able to check what has been said because sometimes if you think about the information in my file, when I was referred to the residential provision the psychiatric report was something that when we looked at it, I thought that isn't the kind of person I am, obviously there was some discrepancy with people's views I suppose'.*

For those young people who stated they wanted to have greater involvement in the assessment process, they spoke about needing to be the one talking about and understanding their risk. Young person YP5 commented:

*'If I'm honest I hope I never have to do one again. But I think that it is important to have more involvement, it is more adult for me to be talking about my risk rather than others telling me about it'.*

YP16 stated:

*'well I suppose that its being helped to understand the process they are going through and what it is they actually do during the risk assessment, what they take into account. I suppose it is so I can get an understanding of what my risk means to people, because they say you are high risk, medium risk, low risk and if you are low risk then you are like ok great, but if they say you are medium or high risk, then you think right I have got to work harder, but you don't really know what that means'*

Young Person YP17 believed he had considerable involvement in the assessment process and offered his opinion on the process stating:

*'I was involved as much as I could be, I think the risk assessment stuff is shit, they rely on static factors and generalise things too much they don't actually find out about the person, it is like add this and this to the list'.*

One young person (YP8) spoke about being autistic and how he found the assessment process a bit of a struggle and he wanted to have known 'what's what'. The comments made by YP5 and YP16 reinforce the importance of young people having ownership of their risk and understanding the concerns held by professionals. They indicate that having greater

involvement would lead them to change their behaviours in order to reduce risk. However, as stressed by young people YP17 and YP8, the assessment process needs to feel individualised and tailored to the individual's needs and understanding in order for the young person to relate to the process. This process of individualising and tailoring the assessment process to the young person's needs would require professionals to have an understanding of child development, in order to appropriately direct the assessment.

There was a consistent voice through the interviews, the young people needed and wanted to understand the process and how decisions were reached about their level of risk so that they understood what to change to reduce their risk. There was also a strong sense of young people needing to feel like they had a voice and that information is being checked with them. The sense from the young people was that sometimes information within risk assessments was inaccurate. Most importantly was the view that there are significant benefits if the young person has a clear understanding that the risk assessment process is owned by them, that the risk is theirs to manage.

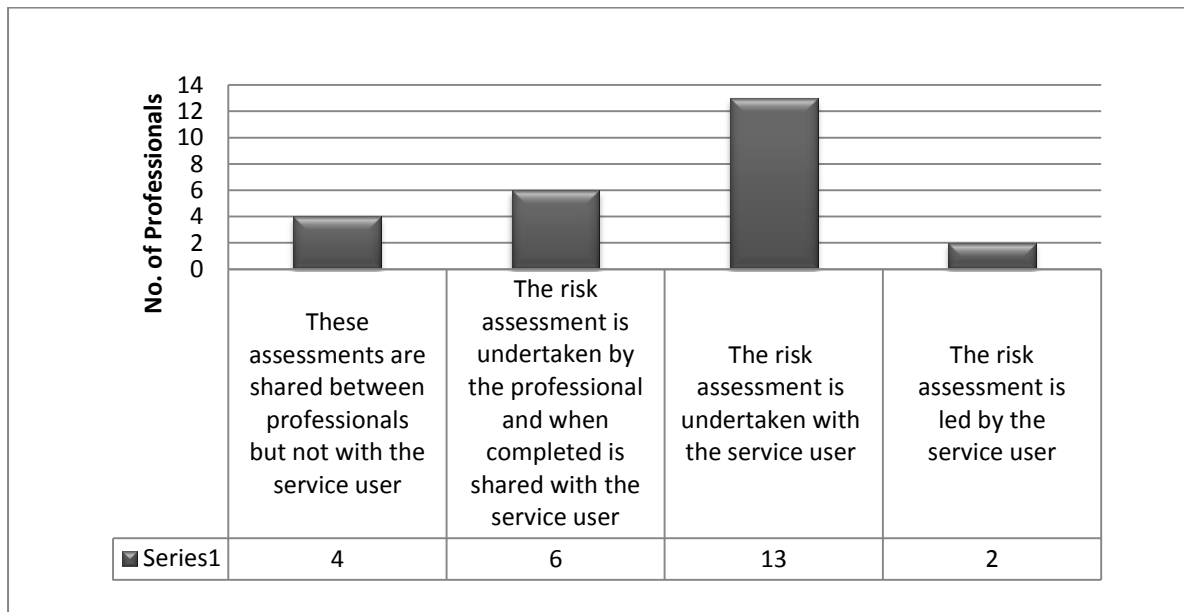
## **6. Professionals' experiences of the risk assessment process**

In the interviews with professionals there were several questions asked about how the risk assessment process is experienced. Chapter 6 highlighted how professionals are using different risk assessment tools and have mixed views around the reliability of their professions assessments. This section will consider professionals' views on how assessments are undertaken.

### **How assessments are undertaken**

The professionals were asked questions about the experience of the risk assessment process. The first of these questions asked professionals to consider the process of undertaking assessments, they were asked to consider four statements and identify which they believed represented the way assessments were undertaken. The first of the four statements was that risk assessments are shared by professionals but not with the service user, the second statement was that the assessment was undertaken by professionals and when completed it was shared with the service user, the third statement was that the risk assessment was undertaken with the service user and the final statement was that the risk assessment was led by the service user. Fig. 58 shows how professionals responded.

**Figure 57- Undertaking assessments**

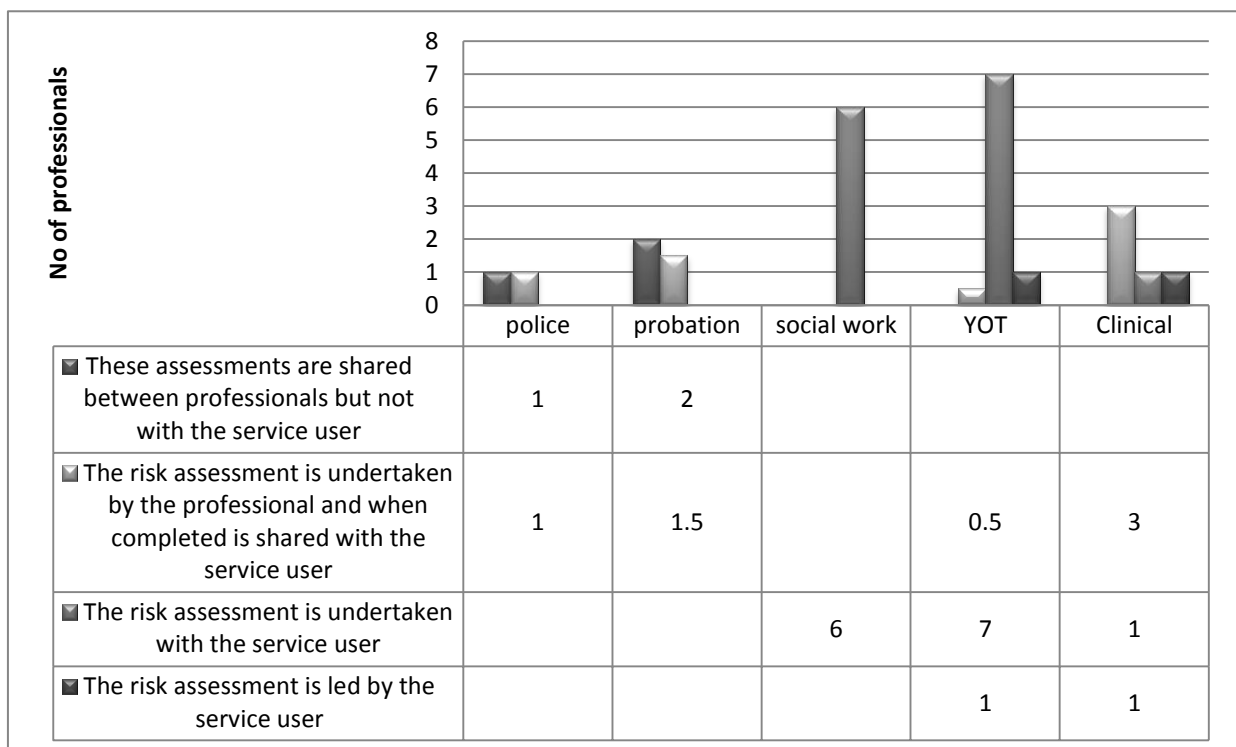


The information above suggests the majority of professionals believed risk assessments were undertaken with the service user (13 professionals). 4 professionals stated they did not share the risk assessments with the service user. The findings highlight a significant difference in the way professionals and young people view the assessment process. Professionals considered the assessment process as being far more collaborative than the young people involved. In analysing this further the responses to the statements were considered in relation to the different professional disciplines to see whether different professions have different responses. Fig 59 depicts the findings.

It can be seen from the information in Fig 59 there are divides in how professions responded. In considering the answers provided by the Police and Probation, they responded similarly and believed the assessments are undertaken by the professionals and are either shared or not shared with the service user. Social Workers had a more collaborative approach to risk assessment with all of the Social Workers interviewed believing that risk assessments should be undertaken with the service user. When considering the responses of YOT and Clinical practitioners they had a broader range of responses ranging from assessments being undertaken by professionals and shared with service users, through to the assessments being led by the service user. In trying to understand this difference in professional response then it may be worth considering the information from Chapter 5, where the training professionals received was explored. Having a different understanding of child development and the

importance of engagement of service users is likely to make differences to how professionals approach undertaking an assessment. It is also important to recognise the role of the professional is likely to play a significant factor in how professionals undertake the assessment. The Police are likely to hold information that may be restricted and therefore not able to be shared with the service user. These factors impact significantly when agencies try to work together. Whittington (2003) highlights how there needs to be clear remits for professionals when there is inter-professional collaboration. This needs to include recognition of the commonalities between professions and the distinct contributions that different professions provide.

**Figure 58- Undertaking Assessments by Profession**



**Professionals’ interactions with Service users**

Many of the professionals spoke positively about the approach they used stressing the importance of service user involvement. For example, Professional P5 stated ‘*I think it’s important the user has a sense of what is being assessed and what their potential risks are, so if they aren’t aware of the potential risks, they can’t address those risks or change that behaviour*’. However, Professional P14 spoke about how contact needed to be viewed as

wider than a dyadic relationship between the service user and the professional and that it needed to include family:

*'With the AIM assessment, so much of it is based on talking with the family and the young person and we share the reports with the family. I go to meetings where if our service is involved then we know that the family will know what our concerns are, no surprises, you can't have an assessment that doesn't reflect what you have got and the same applies really when you are engaging with the family'*

These professionals support the idea that it is important for service users and their family to have a sense of investment and understanding in the assessment process and what the issues are. In exploring the issue of service users' involvement, Professional P9 spoke about the location of risk:

*'I think it is about where you are going to locate risk in the end, I think some of the statutory services felt that it is the services responsibility to set boundaries around risk, whereas the method of working where I work is far more about getting individuals to set appropriate boundaries for themselves. I think underneath that there is a sense of trust and certainly going back to 1980s when work with adults who sexually offend started in this country, there was a sense that you couldn't trust the service users and so treatment was something that was applied to a group rather than working in collaboration. I think that issue of lack of trust still exists in some of the models, so it's this idea that the treatment service may be tricked by ingrained sex offenders, this doesn't fit very well with juveniles'.*

In considering the developmental factors presented in Chapter 5, the involvement of the family would be crucial to helping the young person to desist from further offending. Similarly, the developmental phase of adolescence is one where the young person strives for personal agency and therefore providing this within the assessment structure is likely to prove beneficial.

### **How assessments should be undertaken**

The professionals interviewed were asked to consider whether they believe the way assessments were undertaken was the way they should be undertaken. This question produced a range of responses. Several professionals thought the process of assessment was

not how it should be, stressing the importance of the service user feeling a sense of ownership of the assessment process. Professional P10 stated:

*'In theory it should be all professionals involved and the service user because the service user should own that document, it's about them being able to manage their own risk and manage to identify their own risks because you are not going to be there for the rest of their life, so it's about them being able to own and take responsibility'.*

Professional P11 raised the need for service users to understand the assessment process, stating:

*'I just feel if there is a risk assessment for an individual then they need to understand that and they need to be aware of what is in place, if I abscond then that is part of our risk assessment, if a young person absconds then I call the police and they get brought in, if a young person understand that this is the process and the risk assessment is in place they are probably more likely to think about it'.*

This was echoed by professional P13:

*'I think it is important that all professionals share, but I think it should be done with the service user, technically I think they should be leading it, because it is their risk assessment, their risk. I think if they own it they are more likely to stick to it and it should be shared with them and with professionals, so it's a whole document'.*

There was a secondary strand of thinking which suggested the assessment process was more a joint process. Professional P12 responded by stating:

*'I think it needs to be a joint process, I don't think it necessarily should be where they would take the lead with it but they do need to be quite an integral part of any risk assessment and then obviously any risk management plan'.*

The issue of joint assessment was also raised by Professional P21 who said *'it should be more of a joint assessment, because none of these show the service user and professionals on the same page. I think that is never how it should be'.* Furthermore, P7 believed there were advantages and disadvantages to the different approaches to assessment:

*'I think there are pros and cons, I would definitely like to have the service users input in as much as a discussion but maybe not getting them to give the answers so to*

*... speak, I wouldn't sit with the assessment in front of me and say well this is the question how would you answer it, but I would maybe have time spent with them asking my own questions to help me inform my decisions. But I think it is important that it is shared with them at some point'.*

The advantages and disadvantages were also explored by professional P23 who spoke about how service user engagement can differ. They stated:

*'It would be really helpful to have the young person having much more of a lead within it and having that level of buy in to what it means and their level of engagement in the future, but for the majority of the people we work with currently, that's an aspirational goal. I think working in partnership and them having a say is key to effecting change particularly in sexual offending because there is so much that in the long term is about internal controls'.*

Smale et al (1993) described an 'Exchange model' of assessment. This approach relies on the professional and the young person both sharing information and through a process of discussion and negotiation there being an agreed shared understanding of the young person's needs and risks. Within Therapeutic Community theory there is a notion of the ownership of risk being located with the service user. Rapoport (1960) was fundamental in shifting thinking around the importance of the therapeutic environment and his central philosophy was that the individual is an active participant in their own and other people's treatment. This was echoed by Kennard (1998), who highlights that treatment is more effective in organisations where genuine and appropriate responsibility and ownership for personal recovery is given to service users. Kennard argues that organisations that can foster therapeutic relationships where safety, collaboration and open communication are engrained in their structures can enhance the recovery of their service users. If young people are involved and have ownership of risk, they are more likely to feel a sense of control and responsibility. This therapeutic approach focuses heavily on the service user developing internal controls to manage behaviour.

In considering the information provided about the level of involvement in assessments, the professionals and young people both have a desire for the young people to have input into the assessment process. Whilst there is a sense that all professionals want the young people to input into the assessment, there seems a sense of threat to professionalism if young people are given more control and input in assessment process. The risk assessment process provides a

degree of professional power that can be undermined by including young people. For those professionals who have training around therapeutic person centred approaches, such as Clinical, Social Work and Youth Offending Service, there is recognition of the importance of the young people understanding their risk and having a sense of ownership of the risk assessment process. Crucially there is a sense that there should be a degree of trust between the professional and the service user.

## **7. Usefulness of the assessment process**

The young people were asked in interview how useful they found the assessment process. The issue of accuracy of information was raised by one of the young people in response to how useful the assessment process was. YP17 stated:

*‘It’s not brilliant, they needed have more understanding of the way things work, there was always a problem and people didn’t really understand. I think it was difficult for some people to understand that my SOPO was never ending; so many people were like...how long is it? I would have to say to them it doesn’t end’.*

This young person spoke about how it often felt like he knew the legal mandates better than the professionals enforcing them. This lack of clarity held by the professionals working with this young person undermined the sense of confidence and professionalism.

The majority of the responses provided by the young people appeared to fall into two distinct categories, those that spoke about the usefulness of having practical support and those that spoke about more emotional support.

### **Practical support**

First considering practical support, Hopkins *et al* (2010) highlighted there was a strong relationship between the work of the Youth Offending Services and Children’s Social Care. They identified that services can, at times, be reactive and lacking in practical support. Young person YP 3 stated *‘they help me with filling in forms and writing things out, really that about it’*. This was echoed by YP1 who added *‘really useful actually, I had debts and I have now managed to get out of them without paying them, so which is all good’*. This issue of bills was also raised by YP2 who stated *‘if I get stuck with like paying bills and don’t know where to go and pay something or need advice about something then they are good’*. Young person YP18 also spoke about the practical support but made reference to understanding the



legal mandates they were on *'the assistance from the staff I live with, the police protection officers, helping go through the order with me and what will happen when I come off it'*. In understanding the developmental factors described in Chapter 5, it is understandable that the transition to adulthood is going to provide young people with new experiences, experiences they may not have the practical skills or knowledge to be able to cope with.

### **Emotional support**

Secondly, were those young people who made reference to the usefulness of emotional support. YP5 stated *'At first I found it not very useful because I didn't feel they were listening to me but subsequently they have been amazing'*. YP8 stated *'I found them ok and they looked after me, because I still have my struggles here and there, like you do, but I seem to be coping'*. This was echoed by YP10 who stated *'they have stopped me getting into trouble, helping me to get on the right path'*. YP15 spoke about how they believed they needed emotional support and help socialising and this was provided during the assessment process *'coming to terms with my emotions, finding out what the real emotion was, help to prevent that real emotion from escalating into anything else, they helped me to socialise with people too'*.

Many young people have committed offences within their family or they have come from family backgrounds with significant dysfunction and abuse. This means that adolescents who display harmful sexual behaviour may experience a lack of practical and emotional support from family as they transition into adulthood. This lack of support is reinforced further when considering information from the Office for National Statistics, which suggest the percentage of young adults living with their parents has risen from 21% in 1996 to 26% in 2017. Adolescents who display harmful sexual behaviour are therefore experiencing greater hardship at the time of transition than some of their non-offending peers.

The need for assistance with practical skills appears to highlight the difficulties young people experience moving into the 'adult world' and the greater responsibilities that are placed upon them, responsibilities they may not be ready to take, because of their level of maturity or limitations in their knowledge. It is important professionals working with them understand these developmental changes. Similarly to the practical support, this highlights the importance of professionals understanding the emotional needs of adolescents. This is a period of emotional flux and young people may experience emotions that are difficult to manage and may feel any reduction in professional support difficult. An awareness of child

development would aid professionals working with adolescents that are transitioning to adult services. When considering the need for practical and emotional support, together with the information presented in Chapter 6 on the structure of the assessment tools and Chapter 7 on the risk management strategies and protocols, it would seem that the tools and protocols in place to assess risk and need, may fail to address these support issues adequately.

## **8. The difficulties professionals experience through the assessment process**

The professionals were also asked about the difficulties they experience through the assessment process; the service approach, subject matter, time constraints and workload and training.

### **The Service Approach**

Three professionals made reference to the service approach being a factor that has an impact on the assessment process. Professional P9 spoke about the link to partnership working that has been raised previously, stating:

*‘my experience is that adult services undertake risk assessments not in partnership with service users, I think more and more juvenile services are working in partnership, but it does depend on the practitioners approach’ (P9).*

This is explored further by Professional P10, who comments on the nature of the risk assessment. They stated:

*‘I think possibly professionals are frightened of being seen as collusive with the service user as well and trying to meet their needs. We are so focused on risk that we sometimes fail to realise that there is a person behind that risk that we have to work with. So, I think people are too frightened to be seen as collusive or colluding with the service user’.*

The idea that the risk assessment could be viewed as collusive if relationships are formed questions a sense of security in professional role and potentially highlights deficits in training within organisations, about the importance of the therapeutic relationship within the assessment process.

Professional P17 spoke about how there can be different expectations placed on risk assessments depending on why they are being undertaken and what the purpose of the assessment is. They stated:

*'I guess depending on who is asking for the assessment to be done, there may be legal expectations on how the risk assessment could be done, that they do things in a certain way, but I don't have experience of that, I only have experience of doing it with the service user'.*

The issue of who the assessment is for was also raised by professional P18 who stated:

*'The court arena, sometimes the age of the kids, their cognitive ability, you do your best to enable them to understand what is going on, but I think sometimes the young people we are working with because it is going through the court process that actually you are doing the risk assessment for them, but also you are actively trying to avoid them being too frightened about what is going on, so sometimes I think we do tailor what we do with the young people'*

They went on to state:

*'I think you sometimes are trying to avoid things being too impactful on families, you are trying to be honest with them, but also that you shouldn't be presenting things too quickly, such as custody, you cannot have children fearful for long periods because actually that increases risk'.*

A supportive partnership working approach appears more associated with juvenile services than with adults. Within the interviews it was the professionals that worked with young people that highlighted the assessment process can be a fearful process and part of the role of the professional is to provide containment through what might be a stressful experience. This suggests the training and approaches the professionals need should include broader factors such as the impact of the work on the service user. It is important to acknowledge that the process of assessing risk can create anxiety and stress which could in itself increase risk. It therefore feels crucial that time is dedicated to considering how best to support an individual through the assessment process.

## **The subject matter**

Professional P14 spoke about how the process of talking about sexual offending and risk can be difficult for both the young person and the professional. They stated:

*‘I think they should even if it is uncomfortable for the professionals, because you are not that person and you need to know what they are thinking, I kind of think it goes in stratosphere’s really and sometimes we sit in child protection meetings and the families might not necessarily know the behaviours that professionals are worried about’.*

Six professionals highlighted how the young person is likely to find the assessment process emotionally challenging. For example, Professional P5 stated:

*‘The client needs to feel at ease, the assessment process needs to be explained calmly and not be rushed, any questions that the client may have can be addressed at any stage through the assessment. The questions don’t have to follow a given order the client can go back if they find them difficult or need more time to consider a particular question’.*

The emotional challenge of the assessment process is not just experienced by the young person. Professional P25 made reference to professionals finding it challenging to ask difficult questions:

*‘sometimes it is a difficult thing for people to talk about and some people don’t involve the service user as much as they should do, some professionals find it difficult to talk about things, I think the young people we work with can get quite upset and quite angry and that doesn’t mean I think it’s right, but I think that means that some people don’t involve them as much as they should’.*

If it is understood that the assessment process can be emotionally challenging for all those involved, it questions how much thought should be given to supporting those involved through this process and whether there should be greater consideration about the emotional impact of the assessment process. The recognition that talking about sex, sexual offending, sexual fantasies and traumatic early years’ experiences is not an easy process is important. Professionals not only need training in how to approach and engage with their clients around such sensitive material but also need to recognise the impact this work can have on them, understanding that professionals can experience vicarious trauma from hearing the traumatic

stories, pain and fear of their clients. This echoes the literature review where the pressure of the work on professionals was raised (Lea et al, 1999), highlighting emotional impact and distress (Kadambi & Truscott, 2003; Thorpe et al, 2001) and the high risk of emotional burnout (Kraus, 2005).

### **Time constraints and assessment demands**

In considering the third theme of time constraints and assessment demands, these were raised by 5 different professionals within the interview process. Professional P13 states:

*'Time factors, deadlines and targets unfortunately, we have so many days to get things done and we don't have enough time to sit down, there is no active formulation with the client, we take it away and formulise. Factors like that unfortunately'.*

These constraints were echoed by Professional P20:

*'time factor, maybe people who see it purely as a professional tool and keep the service user out of it, but mainly I think it is because it is a rush job. I think it's essential for service users to be involved because if not a good half of the story is going to be absent because what they say either negative or positive is going to give you massive indication of where they are, and what can be done with them' (P20).*

Professional P12 spoke about the demands of the assessment, stating:

*'I think really the demands of the nature of the risk assessment, with OASys and the ISPs (intensive supervised probation) that you do, the PSRs (Pre-Sentence Reports) they are very much driven by a need for the courts or the service, which is time bound, so just when you are working to your maximum, you are having to hit certain targets, time constraints, that's one of the real drives to meet targets within your capacity really, where I think that the service user can become, this is my practice really, can become a bit more excluded from the risk assessment more than they should be, they are still shared and discussed and some sort of context to it, or try and place some understanding with them in more general discussion'.*

These professionals indicate that time constraints play a part in the relationship between professional and young person and the experience of the assessment process. The nature of the assessments and the timeframes given for completion, have an impact on the time available for professionals to form positive working relationships that would benefit the

assessment process. It is important to note these issues with time constraints are likely to be magnified when there is multi-agency working with different requirements about statutory visiting, practice models and accountabilities (Littlechild & Smith, 2013).

Professional P16 made reference to the format of the assessment stating:

*'The format of the risk assessment and the questions they ask mean that you have to be somewhere with their previous paperwork around, and lots of the questions asked aren't about current factors they are about historical factors and I guess there is the idea that the best resource for those is in reports rather than sitting in a room with someone'.*

The notion of relying on historical case file information was questioned by the young people within their interviews. They stressed the importance of professionals checking information with them or hearing their view. It is concerning if risk assessments rely too heavily on past information as they will not be able to identify and acknowledge dynamic factors and change.

One of the professionals gave a detailed response as to what they believed were the demands influencing the assessment process. Professional P11 stated:

*'I think partly it is policy, as much as we are encouraged to have a holistic approach and involve our service users, we as in Youth Offending work in a statutory service, we work in government, our time is restricted, our resources are restricted, so we do kind of look at things, sometimes about what is important and risk assessments in terms of sharing that, we think sharing it with other professionals is important but sharing with service users is second thought sometimes, even if we want to. I think it is a second thought, that we automatically assume that professionals need to be aware. Time, Resources and Priorities I hate to say'.*

Time constraints are suggested to be a consideration to why professionals may not be able to engage the young person with the assessment process. The structure of the assessment tools, the timescales for completion and the professional culture are all geared towards assessments being a professionally held.

## **Training**

The final theme that emerged was around the training professionals receive. Three professionals raised this issue. Professional P21 stating:

*‘It could be the way the professional was trained, it could be amount of trust the professionals have in the service user, I think particularly when working with adolescents you are more tempted to lead particularly if you think you know where they are at, and that is the difficulty if you are not on the same page’*

Another professional P22 thought the risk assessments they are involved with, had the young people taking a lead role and this was because of the training they had received. They commented *‘I think the training and professional body, I think the answer I gave was probably the more therapeutic’*. The third professional P24 included the issue of training, they stated:

*‘I think being trained in working with adolescents we know there is a lot of information to gather, there is a lot we need, and we need to incorporate the young person and the family in to make an intervention really successful. Whereas I think in the adult world there is a cut off with the family, it is more about the individual, I think it is, my personal view is, that it depends on the practitioner, whether it is in the adult world or juvenile world, the ones whose reports are really good are the ones that spend time with the person and the family’.*

It would appear that training, an understanding of child development and how to engage people is important. The training and background a professional comes from not only affects the approach taken with the service user but may also influence who is included in the assessment process.

## **9. Young People’s advice to Professionals**

The final question young people were asked was what advice they would give professionals about working with adolescents who display harmful sexual behaviour. This produced a range of responses; many were in respect of helping the individual to explore their past and their behaviour. When asked to give advice for professionals YP15 stated:

*‘explore the childhood, which is an obvious one, explore where the behaviours happened, started to happen, explore the things that distract you from getting into good situations, being able to understand why it is wrong... this the biggest factor’.*

Young Person YP5 stated how professionals need to have patience:

*'You need to offer them help but you need to be patient until they are ready for it. I felt pushed at times and even when I was with the right person to get the help, I needed to be ready myself'.*

These young people refer to the experience of trauma and abuse and the need for this to be explored with caution and care. Where there is the presence of harmful sexual behaviour there may need to be more direct intervention, intervention that may be taken more slowly or gently if these young people were seen as victims rather than perpetrators.

The importance of not labelling individuals was raised by young person YP6. They stated:

*'I think there are a lot of people that don't want to understand and just want to put labels on people and not try to work with people. I think that is something they need to work on massively, people need to be helped out with their issues, certainly for me, my psychiatric report said that I needed to come to a residential treatment provision in order to move on in life, at the time when he said that I just thought that he was being arrogant, that he didn't know me, but actually when I think about it, if I hadn't of gone through the programme and had the chances and been able to make the choices I have done. My risk has been reduced dramatically and if I had not of come there then there would not have been that'.*

The importance of therapy was raised by YP8 who commented:

*'therapy and things like that are important, that helped big time because it gives you a chance to speak to someone, it could be a load of rubbish, but it is releasing some pressure on you, it is like a massive weight being taken out of you. That was it for me personally, obviously everyone is different, but me personally that actually helped big time because the weight I was carrying around was a massive strain really'.*

This was echoed by YP11 who stated *'to give them support and therapy so that people can understand why and what'*. The acknowledgement that for those young people interviewed, they believed there were significant issues that were unresolved for them that they needed help to address through therapeutic intervention. When considering the intervention that is offered to adolescents who display harmful behaviour, purely focusing on the harmful behaviour is likely to leave these core issues unresolved.



Two young people made reference to factors for professionals to be mindful of, these being that professionals need to perspective take and that the information in the paperwork might not be the whole story. YP10 stated:

*'it's a lot harder to be in someone else's shoes, they need as much detail as possible, so it helps the person they are talking to, so they know what work and what level of support they need'*

Whereas YP17 stated *'don't always believe the paperwork it only gives you a brief judgement of someone, you are only reading one person's opinion of a person and that person might not always be right'*. Both of these responses suggest that professionals need to spend time getting to know the individual rather than relying on paper-based information. This reinforces the need for the assessment process to be a collaborative process as it would provide a way for information to be gathered.

Young person YP2 used the question to highlight some of the difficulties they had faced with social isolation. They stated:

*'To help to support them, to try and get out and make friends, to get out and find places of work, because some people really struggle to interact with anyone. The past four jobs I have had I have walked up to an employer and said look this is my situation, this is my position have you got any jobs, but lots of people haven't got that, or the support behind them then they wouldn't be able to do it, or know where to go so I guess that is quite a big one because then it will keep them preoccupied from other stuff. And being lonely is a problem'*.

This indicates that within the risk assessment and risk management process it is important to consider how social isolation and access to employment can be addressed and barriers reduced. The issue of barriers to employment and social isolation was highlighted in Chapter 7 in relation to the potential negative impact of restrictions, impacting on an individual's ability to develop a pro-social lifestyle. In the research by Boswell et al (2016) they explored the experiences young people with harmful sexual behaviour have as they transitioned from intensive residential treatment. These difficulties they suggest could be mitigated by considering support packages such as Circles of Support and Accountability. This model initially designed to work with adult sexual offenders has in the last couple of years been

piloted with young people. Dominey & Boswell (2018) highlight how this model provides a useful structure for supporting young people through transition.

In summary, the young people interviewed had three key areas of advice for professionals; approach, therapeutic input and practical support. In relation to approach, the young people believed it was important for professionals to check the accuracy of information, avoid labelling and try to understand the situation from their perspective. They stressed how patience was crucial, the professionals needed to recognise that it is not easy to share difficult information and professionals need to recognise the process takes time. The second theme was about the therapeutic approach. The young people believed it was important for them to explore their past and understand where things went wrong. The young people believed therapy can help this process as it can give the individual a safe space. It is important to recognise that all of the young people within the research had undergone an intensive two-year treatment programme and therefore their view on treatment was heavily influenced by this. The final theme to emerge was the need for practical support and guidance around addressing social isolation and finding employment.

#### **10. Professionals' views on what achieves pro-social outcomes**

The professionals were asked to comment on what factors they believed were important for achieving pro-social outcomes for adolescents who display harmful sexual behaviour. Five themes emerged; the importance of intervention; having a sense of security; having opportunities; the importance of relationships; and finally, the importance of social support.

##### **Intervention**

In considering the importance of intervention, four professionals made reference to this being crucial for achieving better outcomes. P1 recommended '*Intervention at an early stage if possible from a number of different angles; schools, social care, police. But mostly parenting*'. This was echoed by P4 stated '*Treatment provision, self-awareness and maturation, practical needs met, such as accommodation etc. opportunities to re-integrate and on-going support*'. Another professional P16 spoke about the importance of individuals working through their past experiences and commented '*having a space where they are able to work through trauma or difficulties and where they are able to develop or further develop kind of like a sense of a core, I'm think about a young person with a distorted core, who was*

able to form good attachments and put them into practice'. The fourth professional P8 spoke about the importance of intervention:

*'I think doing a substantial treatment programme, a two to three year residential treatment programme, but I'm also thinking appropriate support when that programme comes to an end, that there is a tailing off period and whether that is circles of support or some involvement set up locally for a young person for which they set up some sort of contact and that has some meaning for that young person, it's no good if it has no meaning. The programme is fundamental because it is about showing how you can make relationships, relationships with older, with younger, with peers and that you don't make relationships with everybody but how you handle yourselves in situations where you don't get along with people as well as how you get on with people because actually that's what's going to happen for the rest of their life's, it's the ones who don't know how to make relationships that worry me the most, their outcomes worry me. There's also something about building confidence and continuing to build that confidence after the programme, because when you are out there in the big wide world it isn't always a pretty place, and you need confidence to take the knocks.'*

It would appear that the professionals and young people interviewed have similar views on the importance of intervention. It needs to involve practical support, emotional support and more intensive therapeutic support.

### **Sense of Security**

The second theme was about security. Here, professionals spoke about the importance of continuity and a sense of belonging. Professional P2 commented on three key areas of security, these being '*Security- relationships, accommodation and employment*'. P15 stated '*I think that continuity is the most important factor, the continuity of knowing there is someone going to be there through transition, the same person throughout, it is so important. So, I would say support and continuity*' and P22 added '*developing a sense of belonging and enough reparation through so that they can commit to treatment, they have to kind of live it rather than just speak about it*'.

The idea that continuity is important through transition poses questions in relation to how services should work with young people. Whether there should be designated workers that

support the young person through the transition rather than being passed across from juvenile to adult services or whether there could be better co-ordination of this transition period.

### **Opportunities**

The opportunities an individual has also featured heavily in the interviews with professionals. P24 spoke about how it was important to have aspirations, such as a trade or hobby so that the young person can develop their self-esteem. Professional P7 stated:

*‘Being respected and trusted, being provided with opportunities to have a full life, making sure there is people around to talk to whether that is professionals or their own social network, someone safe that they can turn to. So in amongst that is your housing, education, employment that I think so many people with sexual offences can be restricted from. And the relationships they have with people because that will have an impact on how they think about themselves and their own motivation’.*

The importance of trust was raised earlier in the chapter, when one professional suggested that there has been a culture of professional mistrust towards adult sexual offenders, in relation to their honesty about disclosures and that this culture needs to shift. Similarly, Professional P7 highlights the importance of trust in terms of encouraging a positive sense of self.

### **Relationships**

One of the major areas focused on by professionals was the importance of relationships. Six professionals chose to comment on this area. Two professionals (P12 and P17) commented on the importance of support from family, having healthy relationships and valuing themselves and others. P6 spoke about the importance of young people developing skills to build relationships with peers and family relationships. They stated:

*‘I think relationship skills, in my experience working with adolescents, that their interpersonal skills can be interesting at times and helping them to manage them better. Particularly their relationships with their own age peers’*

They went on to state:

*'If you can help with their family dynamics whether that's helping them to separate out from their family in order to create a better future for themselves or to reconnect with family members whatever is more helpful'.*

The sense of adolescence being a time of change and flux is clear in the response provided by professional P6, who highlights the different aspects of self that a young person may be trying to figure out during this adolescent period. Two of the professionals interviewed spoke about the importance of the therapeutic relationship, Professional P14 stated:

*'I think it's about the relationships they have with professionals, that they actually do feel listened to and that the professionals actually have time for them and for them to be able to bring their agenda as opposed to something that you stick on as a plaster on that problem'*

This was supported by Professional P20 who stated *'I think it's about good corporate parenting, good role models, and significant relationships not necessarily professional'*. The idea of professionals providing a corporate parenting role is interesting, particularly when considered against the statistics about young people staying at home longer. If the general experience of parenting has extended into adulthood, then what does that mean for the relationships that professionals are forming with young people. It questions whether juvenile services need to be extended.

The importance of the relationship between professionals and young people has been repeatedly raised in considering the assessment experience. Professionals P7 and P6 both made reference to the quality of relationship the professionals have with the young person and the assessment environment. Professional P7 stating *'guess the relationship you have with the person whose risk you are assessing, the setting it is far more informal and relaxed here than it would be in probation'* (P7) Professional P6 stated:

*'How well you know the service user, so within my current service I know the service users extremely well, working as part of the care team as well as part of the clinical team and liaise with the external professionals as well which places me in a good position to undertake the risk assessments. We don't do them immediately a person comes in but after we get to know them a little which I think is also helpful, whereas in the past I have had to write risk assessments with a lot less information available to me, particularly their early experiences so you are more blindfolded in the way you*

*are going about them*’.

It would appear that the quality of the relationships between professionals and young people can vary considerably. This is impacted on by how well the professional knows the young person.

### **Social Support**

The importance of the broader support system was the final theme to emerge. Professional P25 stated:

*‘I think having positive support networks and positive social support around them and having daytime activities and something to occupy them and having people to give them information so they can make informed choices and know the impact of those choices’.*

Whereas, P19 spoke about social isolation and the stigma attached to sexual offending, adding:

*‘Social isolation, think that somebody who can develop a healthy relationship, whatever the nature of that relationship, it’s hugely positive, having people to talk to who can be supportive. I think stigma plays a huge factor in adult offending ‘once a sex offender, always a sex offender’, what you need is to be able to cut off from the juvenile offending so that you can go on and live an adult non abusive lifestyle’.*

In considering the link between professionals’ views on what improves outcomes and service user’s advice to professionals, there appears to be similarity, specifically in the importance of intervention, relationships and social support. The areas that differed between the professionals and young people were the comments made by the young people who were asking for caution in respect of the information within reports and the need for professionals to have patience about exploring the difficult subject matter. There was also difference in the professionals’ focus being on young people needing aspirations for their future.

## **11. Summary of Findings**

There were several findings presented within this chapter. The chapter explored the experience professionals and young people have of the assessment process. The following findings were highlighted:

- There are differences between the views that professionals hold in relation to the level of involvement the individual should have in the assessment process.
- Young people highlight the importance of having a voice and a degree of control over decisions.
- Young People were not familiar with the risk assessment tools being used to assess them
- Young people wanted to have greater understanding of and involvement in the assessment process.
- The different requirements for statutory visits between different professional disciplines impacts on multi-agency working.
- Therapeutic support is helpful; there is also a need for practical support to help with social isolation and finding employment.
- The organisational approach, time constraints and professional training are factors that impact on professionals' ability to undertake the assessment process.
- Young people believed they were given more freedom and choice when they moved to adult services, but that adult's services are about enforcement and adolescent services are more supportive.

## Chapter 9:

### Analysis

#### 1. Introduction

The analysis chapter begins by considering why an effective risk management system is important, the chapter summarises the findings of the research, considers the links to the harmful sexual behaviour literature and links to Guled's (2012) risk framework. The findings are discussed in relation to establishing the context and identifying risk, assessing and evaluating risk, managing, monitoring and reviewing risk and consultation, communication and intervention. There is also consideration of literature from other fields of study.

#### 2. Why is an effective risk management system important?

There needs to be an effective risk management system for professionals working with sexual abuse because there is a duty to protect the public from harm. In the case of young people, the Children Act 1989 outlines how Police, Social Care and Criminal Justice Agencies have a duty to safeguard children and promote their welfare. The NSPCC describes how abuse is not inevitable but instead should be seen as preventable (Brown, undated). However, sexual abuse is often difficult to identify, Priebe & Svedin (2008) highlight how disclosing sexual abuse is complex because it is hidden from professionals, the legal system and from society, making the task of protection harder.

When considering adolescents who display harmful sexual behaviour, the issue of public protection and the safeguarding of children is complicated further, with some young people having both victim and perpetrator experiences. For young people who have both experiences it is important these differing needs are understood and attended to. The research in the literature review highlights how experiences of trauma and abuse can, if untreated, be a contributory factor in adolescents entering into harmful sexual behaviours (Ryan & Lane, 1990; Hunter, 2004; Blandford & Parish, 2017). Adolescents who display harmful sexual behaviour often experience difficulties with deficits in the areas of intimacy and social skills. These deficits can originate from early traumatic experiences (ACEs) and difficult attachment relationships (Felitti et al, 1998; Hughes et al, 2017; Asmussen et al, 2020). If left unresolved, these deficits can lead the individual to experience difficulties learning to emotionally regulate, resulting in maladaptive and harmful behaviours (Longo, 2008;



Blandford & Parish, 2017). It therefore suggests that in order to effectively safeguard from harmful sexual behaviour, professionals need to look beyond the offending behaviour to consider origins and need.

### 3. Summary of Research Findings

Whilst there are many positive aspects to the assessment and risk management of harmful sexual behaviour, this research highlights areas where practice could be improved. The literature review references Guled et al’s (2012) risk framework, which proposes seven areas that are key when exploring risk management processes. Whilst the Guled model is a useful starting point, this research highlights how the risk assessment process also needs to be understood in terms of policies and procedures, both within single agencies such as Police and Social Care and across the wider multi-agency arena. This research highlights how the risk assessment and risk management processes need to use a multi-layered approach. It highlights the need for a strategic multi-agency response to risk assessment and risk management, an organisational management response and finally a response at a practice level. The following diagram highlights this multi-layered approach and how the findings chapters link to the elements of the Guled model.

**Figure 59- Multi-layered approach**



#### **4. Context and Identifying Risk: Harmful Sexual Behaviour and Developmental Transition**

The following section draws on the findings in Chapter 5, addressing the research questions relating to the significance of developmental transition in the assessment of harmful sexual behaviour and professionals understanding of harmful sexual behaviour. The findings from Chapter 5 raise questions in relation to identifying the risk factors for assessing adolescents who display harmful sexual behaviours. The key issues raised are that adult sexual offenders and adolescents who display harmful sexual behaviour are different and that when assessing adolescents who display harmful sexual behaviour it is important to understand the developmental context within which the behaviour occurred, considering need as well as risk.

The importance of having an understanding of developmental factors and how they link to harmful sexual behaviour is crucial. Child developmental deficits and the presence of ACEs, trauma and abuse can all contribute to the early onset of sexual offending (Marshall & Barbaree 1990, Righthand & Welsh 2001, Ryan 1999 Worling (1995) and Smallbone 2006). This was echoed by Rimel (2014) who highlighted how abuse and trauma can negatively affect an individual within adolescence and adulthood.

The developmental deficits highlighted are explored in more detail when considering the literature in relation to adolescents who display harmful sexual behaviour. The role of attachment and early child development plays a crucial part in sexual offending theories relating to adolescents (Craissati, 2009 and Rich, 2003), with theories exploring how primary attachments help children to develop a schema for managing their emotions, forming a working model of social relationships, intimacy and developing cognitive skills and moral awareness. Longo (2008) highlighted how harmful sexual behaviours can be the result of trauma and abuse and that the experience of this trauma can lead to neurological and developmental deficits. This was echoed by Hunter et al (2009) who highlighted how children that grow up in environments where there is trauma and abuse can develop as sense of the world as being highly sexualised and/ or aggressive, this is supported by the research in relation to adverse childhood experiences. If professionals have an understanding of these difficulties and deficits, then assessments are more likely to identify potential deficits and therefore influence the resulting interventions.

In considering the young people who took part in this research, it is highlighted in Chapter 5, section 3 that 78% had experienced abuse in childhood, echoing the findings of Hunter et al

2009). In exploring professionals and young people's understanding of adolescent harmful sexual behaviour, the findings in Chapter 5, section 1, support the research that the offending profile of adolescents who display harmful sexual behaviour differ from adult sexual offenders (Worling 2002, Prentky et al 2000 and Groth, 1979). The findings indicate that the majority of the young people had multiple offences against individuals with whom they had a relationship with, often peers (50%) or peers and siblings (17 %). This supports the research by Boyd and Bromfield (2006). In Chapter 5, sections 2 and 3 professionals, regardless of their profession, highlight how young people differ from their adult counterparts because they believed that young people are heavily influenced by external factors, such as parental care, trauma and abuse. This was supported by case file information identified in Chapter 5, section 3, where 78% of the young people experienced abuse and 33% of the young people experienced childhoods with parents with difficulties with mental health or learning difficulties. This supports the research in the literature review (Hackett 2013b, Cantor et al, 2005, Johnson & Knight 2000, Knight & Simms-Knight 2003, Koba-yashi et al 1995, Marshall & Barbaree 1990).

The developmental transition from adolescence to adulthood is a crucial time in the understanding of sexual offending. The literature indicates that whilst the origins of harmful sexual behaviour is rooted within early development there are clear differences between the offending patterns of adult sexual offenders and adolescents who display harmful sexual behaviour, with there being different offending profiles and recidivism rates (Graves, Openshaw, Ascoine & Erikson, 1996 and Prentky, Harris, Frizzell & Righthand, 2000). The literature indicates that the process of transitioning from being a child to early adolescences and then from early adolescence to late adolescence are crucial phases in terms of recidivism (Loeber, slot & Stouthamer-Loeber, 2008). The literature indicates that the way transition is managed can have a significant impact on whether the young person transitions successfully into adult life (Altschuler and Armstrong, 1994a). It is crucial that professionals working with harmful sexual behaviour have an understanding of these offending patterns, recidivism rates and transitional difficulties in order to provide accurate assessment and implement appropriate, effective and responsive risk management plans.

Models of offending distinguish between those who are adult offenders (Cohen et al 1969, Groth et al 1977, Prentky et al 1985, Robertillo & Terry, 2007) and those who offend within adolescence (Rich 2003, Fisher & Beech 2004, Letourneau & Miner 2005, Smallbone 2006, Crissanti 2009). These models rely on there being a clear distinction between the two age

groups. In the field of adult sexual offending then typologies in relation to adult rapists identify how offending can be compensatory in nature (Cohen et al, 1969, Groth et al, 1977 and Prentky et al 1985), motivated by anger and sadism (Cohen et al, 1971, Hazelwood, 1995 and Knight, 1999), power and control issues (Prentky et al, 1985 and Robertillo and Terry, 2007) or impulsive or antisocial motivations (Groth et al, 1977, Hazelwood, 1995 and Knight, 1999). These motivations have origins in developmental deficits. These are expanded upon by Ward and Seigert's (2002b) Pathways Model which identifies that adult sexual offenders present with difficulties in certain areas; emotional regulation difficulties, intimacy and social skills deficits, distorted sexual scripts and anti-social cognition.

The distinction that is made between adolescents who display harmful sexual behaviour and adult sexual offenders is beneficial in recognising the impact of developmental factors on the development of harmful sexual behaviour in adolescence. This dichotomy proves less helpful however during the transition to adulthood. The clear division between adult and adolescent profiles provides a framework where someone is either considered using one model or another and does not provide a structure to consider transition. This can result in there being a lack of clarity in respect of how to consider adults who have exhibited harmful sexual behaviour within adolescence but have transitioned into adulthood and adult services without further offending. The age of the offending has a significant impact on the assessment process; within the developmental transition to adulthood young people experience flux and change and vary in respect of their maturity and development. This relates to attachments, emotional regulation, cognitive development and the development of social morality (Freud 1949, Erikson 1959, Bowlby 1969, Ainsworth & Crittenden 1989). In Chapter 5, section 3, these developmental factors are raised, and it is highlighted how professionals working with adolescents need to recognise and respond to these developmental changes within the assessment process. This supports the research presented within the literature review (Rich 2003, Hackett 2013b, Cantor et al, 2005, Johnson & Knight 2000, Knight & Simms-Knight 2003, Koba-yashi et al 1995, Marshall & Barbaree 1990). Professionals also recognised there is a need to understand the young person's drive for independence and the potential lack of skills they may have to achieve this. It highlights they may require support both emotionally and practically. Professionals highlight how the developmental period is a time of flux and this flux creates a greater ability for change where there can be growth and development in the areas of social, emotional and moral development. In considering desistance Glynn

(2014) highlights the importance of developing social capital. Farmer et al (2015) highlight how maturation, intervention and positive aspirations also play a significant role.

The findings in Chapter 5, Section 8 highlight the significance of the transition from adolescence to adulthood. The NICE 2016 guidance report (NG43) suggests the transition from adolescence to adulthood is a crucial time where there are several transitions occurring simultaneously, transition needs to be a considered and planned process in order to avoid disengagement (Singh 2009, Watson 2005).

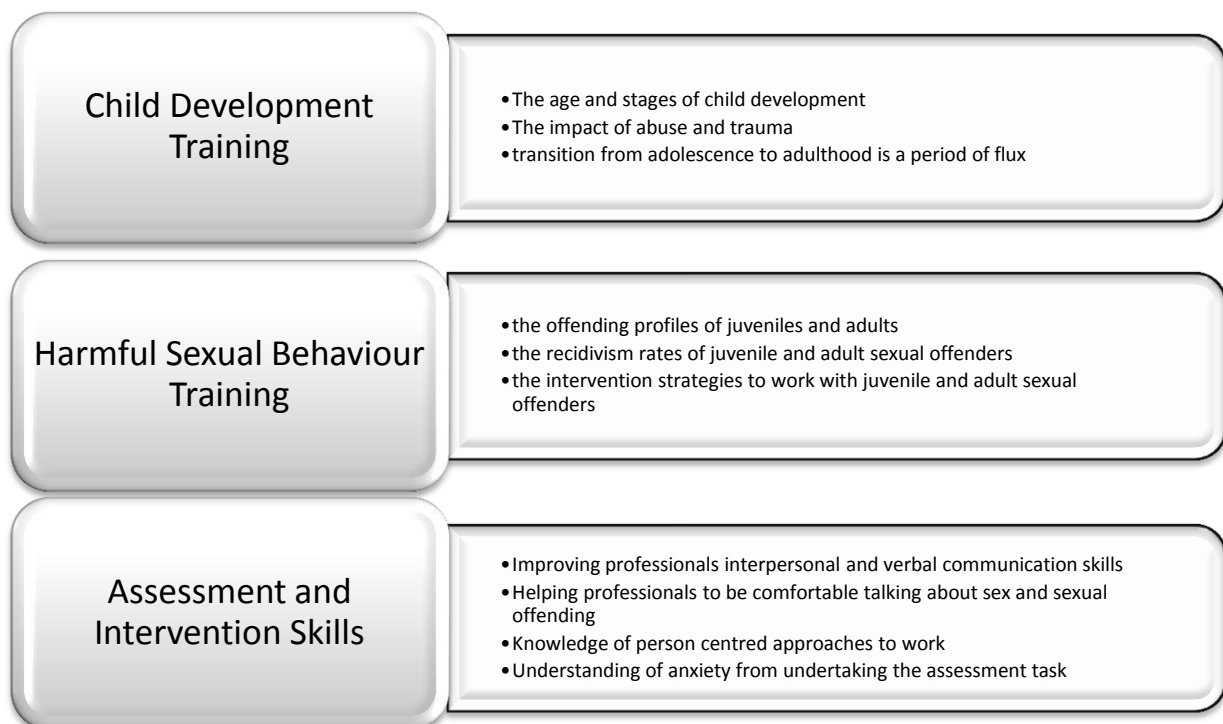
The findings in Chapter 5, section 7, suggest that professionals believe having an understanding of child development, harmful sexual behaviour and broader assessment and intervention skills would be beneficial in aiding them to identify risks in those they work with. The findings in Chapter 5, sections 5 and 6 were clear that the training professionals were provided with in relation to child development and harmful sexual behaviour varied considerably. The findings highlight 76% of the professionals interviewed received training in child development, whereas 52% of the professionals interviewed stated that they had received training in harmful sexual behaviour. Those professionals that worked primarily with adolescents, Youth Offending and Social Work had greater knowledge in these areas. The majority of professionals believed that having greater knowledge of child development and harmful sexual behaviour would aid them in working and undertaking assessments with adolescents who exhibit harmful sexual behaviours. This was echoed in Mann and Lundrigan's (2020) ARMS evaluation, where the importance of specialist training was highlighted.

The findings also highlight how this variation in knowledge means there is a lack of consistency between juvenile and adult services and their understanding of and responses to harmful sexual behaviour. In order to safeguard individuals from abuse it is important that professionals working within this field are trained to identify and respond to sexual risk. This needs to include professionals having an understanding not only of the presenting behaviours but also the origins of these behaviours.

The findings in Chapter 5, section 3, highlight how young people may have experienced ACEs and professionals need to recognise that harmful sexual behaviour may be a reactive behaviour. The different training professionals receive prepares their understanding and ability to assess potentially reactive behaviours. Chapter 5 raises questions about whether these young people should be considered and responded to as victims rather than perpetrators.

The findings in Chapter 5, section 5 and 6 highlight how training appears to focus on the professions key task; whether to protect the public, to enforce legal mandates, to assess need or direct intervention. This suggests that professionals are receiving limited training and that training between professions differs significantly, making multi-agency working more problematic. Whittington (2003) highlights the importance of multi-agency collaboration and the need for a negotiated understanding of shared knowledge and distinct contributions. This highlights the issue of professionals holding different understanding of the context and risk factors associated with harmful sexual behaviour and how this is influenced and impacted on by the key task of their professional role. This supports the arguments made by Stuhl et al (2003) about the social construction of risk. This lack of coherence about the core task and the shared objectives is problematic and creates structural confusion within the assessment process (Littlechild & Smith, 2013). Professionals highlight how broader training would be beneficial to their work. These areas of training can be seen in Fig. 60.

**Figure 60-Training model**



The findings in Chapter 5, section 9, highlight how important it is to understand the developmental context and associated environmental and relationship factors for adolescents in order to identify and respond to risk appropriately. It is important for professionals to have an understanding of the age and stages of child development because it provides professionals with an understanding of typical development and how a child's emotional, physical, cognitive and social development has a direct impact on the person they become as

adults. Having an understanding of child development allows professionals to understand which areas to focus intervention on in order to maximise individual potential for positive change and well-being (Altschuler & Brash, 2004). It also provides professionals with an understanding of the experiences young people have emotionally and socially when they transition to adulthood.

The second area of training highlighted in the findings was that professionals would benefit from training on harmful sexual behaviour. The findings in Chapter 5, section 6 suggest it would be beneficial for professionals if the training included an understanding of adolescents who display harmful sexual behaviour, adult sexual offenders and an understanding of where adults whose sexual harm has occurred within adolescence fit. It would be beneficial for professionals to also have up to date information about the recidivism rates for both adolescents who display harmful sexual behaviours and adult offenders, considering different offending profiles. The more information professionals are given, the more comprehensive the assessments undertaken will be. Professionals will also have greater confidence in their assessments if they understand the research and theory that underpins the work. It could be argued the current training approach reflects and perpetuates the difficulties in assessing adolescents as they transition to adult services.

These findings echo the information from the literature review. Sanghara & Wilson (2010) highlight how inexperienced professionals have less knowledge of child abuse and are more likely to stereotype, whereas professionals with greater knowledge have greater ability to detect offending in those they work with. Miner et al (2006) highlight how professionals working with adolescents who display harmful sexual behaviours need to have knowledge of child and adolescent sexual development, through specialist training or continued education. Hackett et al (2013) explored inter-professional and interagency training for professionals working with adolescents who display harmful sexual behaviour. This study highlights how short interagency training courses increased professionals' attitudes, knowledge and self-confidence in the work. The authors highlighted there were more child welfare professionals who agreed to participate than criminal justice professionals. This echoes the composition of professionals accessing training within this research.

The final area raised as an important training need is that professionals should receive training in relation to assessment and intervention skills. Professionals need to be familiar and comfortable with the subject matter, being able to talk about sensitive sexual matters will

facilitate open dialogue and improve any assessment and intervention undertaken. The findings in Chapter 5, section 9 suggest the quality of the relationship between the professional and the young person is crucial. Professionals need to be skilled in relation to adopting a person-centred approach to working, one where there is a genuine interest and acceptance and the professional is empathetic towards the service user. It is also important that professionals are taught how to constructively challenge negative behaviour or thinking in order to aid the facilitation of change (Glynn, 2014; McNeil 2010). This again echoes findings from the literature review. Within psychotherapy there has been significant research into the importance of the therapeutic relationship in promoting positive outcomes (Baldwin et al, 2007; Horvarth et al, 2011). The approach professionals adopt in relation to building relationships with young people is heavily influenced by their professional role. Andrews et al (1996) highlight how professionals need to balance the ‘helper-role’ with the supervision component of the criminal justice role and that this is the key to developing positive therapeutic relationships within mandatory criminal justice settings.

The findings from Chapter 5 in respect of the assessment context and how risks are identified indicates there is a lack of clarity and a degree of confusion in respect of the strategic level response, managerial level response and the responses at a practice level. In considering the research questions about the significance the developmental transition has on assessing harmful sexual behaviour and professionals understanding of harmful sexual behaviour in adolescence. There are deficits within the current system that need to be addressed. There is a lack of alignment both at an organisational and at a strategic multi-agency level, considering both role and goal alignment in respect of recognising the risk factors associated with harmful sexual behaviour. The roles of professionals within the assessment process appear unclear and there needs to be strategic clarity about professional roles and responsibilities so that coherent and aligned policies and procedures can be implemented. This supports the research of Littlechild & Smith (2013) who highlight language barriers, competing practice models and complex accountabilities as difficulties with multi-agency working. At a practice level, there needs to be further training in relation to child development, harmful sexual behaviour and intervention skills to ensure that there are clear values, goals and objectives in respect of the assessment task. This establishes the context for assessment and identifies the factors that affect risk. The findings indicate that whilst professionals take a similar approach to assessment, the training they receive on understanding harmful sexual behaviour differs. The training is being focused on the



professions key task; to protect the public, to enforce legal mandates, to assess need or direct intervention, making the assessment task different. These differences result in assessment guidance concerning assessment focus and structure being unclear, inconsistent and in some cases absent. Professionals are unclear about their remit and focus and the remit of others within the assessment process leading to problematic communication between agencies.

These findings suggest there needs to be consideration at an organisational level and at a multi-agency strategic level about roles and responsibilities, in order for strategic clarity and direction about the assessment process. The implications for practice are that if professions are to have separate focuses and therefore different training, there needs to be policies outlining the roles of each profession and procedure guidance that addresses the impact on the assessment process, both in terms of sole agency and multi-agency assessments. For sole agency assessments, the assessments are likely to take a narrower focus and therefore there needs to be greater recognition within the policies and procedures of what assessments are focusing on. For multi-agency assessments there needs to be clarity on how the different focuses can be integrated into a holistic assessment structure and provide alignment across the different professions involved in the undertaking of the assessment process.

### **Relation to other areas Research and Literature**

In exploring the research into working with harmful sexual behaviour and the transition between adolescence and adulthood there is limited research into how professionals should work with adolescents who display harmful sexual behaviour when they reach adulthood. Widening the research further in relation to transitioning between adolescence and adulthood, there appears to be an issue when considering all types of offending and the transition to adult criminal justice services. It appears that the current systems only allows for people who display harmful sexual behaviour to be classified as either an adolescent or adult. There seems to be no acknowledgement that this specific group of offenders bridge the research between adolescent and adult sexual offending, having the profile of an adolescent with harmful sexual behaviour, but being chronologically an adult. It could be argued that this group needs to be considered as a specific offending population and there should be identification and training of the professionals who will work with this group in order to meet their needs more effectively.

In exploring this issue further then research and literature from other fields was considered, fields where young people transition to adult services in similar ways, such as Health and

Social Care Services and Mental Health Services. In 2016 the National Institute for Health and Care Excellence (NICE) produced a guidance report (NG43) into the transition from juvenile to adult services for young people using Health and Social Care Services. This report states *'Transition takes place at a pivotal time in the life of a young person, part of wider cultural and developmental changes that lead them into adulthood; individuals may be experiencing several transitions simultaneously'*. The report highlights how transition needs to be a considered and planned process, however there were deficits in services responses identified (Singh 2009, Watson 2005). Beresford and Cavet (2009) identified how young people whose transition process includes leaving residential care are one of the groups particularly vulnerable to these deficits in services. It is suggested that if transitions are not managed correctly then they can result in disengagement (Singh 2009, Watson 2005). The NICE guidance highlights how there needs to be transition planning, that provides support before and after transition and that there needs to be a supporting infrastructure, that includes senior executives responsible for developing and publishing strategies and policies in relation to transition and senior managers responsible for the implementation. This would appear to echo the findings within the harmful sexual behaviour field, that there are deficits in relation to planning transition and that those young people who have experienced discontinuity of care are particularly vulnerable.

The NICE report reflected on some of the factors that need to be considered for best practice. It highlighted how services need to be strengths based and account for individual need and that the transition process should be developmentally appropriate, taking into account young people's abilities and circumstances. In considering the involvement of professionals the report highlighted how there was a deficit in relation to effectiveness studies on transition training. The report did however consider wider organisational factors, suggesting that best practice would be to have joint working between juvenile and adult services, which ideally should include input from family members. The report also highlighted how there needs to be a supporting infrastructure at a strategic level, with individuals who have a clear responsibility for overseeing and promoting supported transition. This research echoes the findings from the literature review and research within this research, with the Good Lives Model promoting strengths-based approaches to working with young people through the transition to adult services.

## **5. Analyse Risks: The Challenge of Assessment**

The following section draws on the findings in Chapter 6, addressing the research questions in relation to how the risk of adolescent harmful sexual behaviour is assessed and how the adolescent assessment tools differ from adult assessment tools. The findings from Chapter 6 raise questions concerning how the risk factors for assessing adolescents who display harmful sexual behaviours are analysed. In exploring the assessment tools available to professionals, the findings indicate there is significant variation in the tools used by adult and juvenile services. The key issues are the assessment tools compositions and content are dissimilar and assess risk differently, and professionals lack familiarity with the different risk assessment tools that are being used.

Hanson (1998) highlights how much responsibility and power is given to professionals through the risk assessment process and how there is concern about the validity of the assessment process and of expert opinion. Hanson states *'Denying individuals liberty on the basis of community protection requires a defensible mechanism for identifying those sex offenders likely to reoffend. Reliance on expert opinion has become routine, even when such opinions have limited accuracy'* (p50). Singh and Fazel (2010) undertook a meta-review into forensic risk assessments; they raised concern about the quality and the consistency of a number of assessment tools.

When considering the risk assessment process much of the research has focused on the different risk assessment tools and validation processes, with all of the risk assessments having some degree of validation or literature exploration. The AIM 2 assessment has had initial testing and exploration of how the Good Lives' model has been implemented with adolescents (Griffin et al, 2008, Wylie & Griffin, 2013, Print, 2013). The ASSET Plus has had its predictive validity investigated (Wilson & Hinks, 2011). J-SOAP II assessment tool has had its factors analysed and a follow up study completed in relation to its predictive validity (Righthand et al, 2005, Prentky 2006). The Police risk assessment tool, the RM2000 has also undergone a variety of different studies including cross validation of the violent and sexual scales, comparison of the assessment measures and an exploration of the risk predictions (Craig et al, 2004, Craig et al, 2006, Crissanti & Beech, 2005). Finally, the Probation's OASys assessment tool has undergone studies that explore Probation Officers views of the assessment framework and several pilot studies (Howard et al, 2006, Mair et al, 2006). Whilst it is important that the validity of the tools is tested, this study indicates that

there are other factors that need to be considered. Within the professional interviews, the issue of risk assessment tool validity was not raised, therefore potentially implying that the knowledge professionals hold is in relation to the practical application of the tools rather than the underpinning literature.

There appears to be limited research comparing the different risk assessment tools. Often the risk assessments compared are those used by adults and are predominantly focusing on clinically used risk assessment tools rather than those used within the criminal justice system. Hanson & Thornton (2000) undertook a comparison of three actuarial risk assessments, this included RRASOR (Rapid Risk Assessment for Sexual Offense Recidivism), SACJ-Min (Structured Anchored clinical Judgement Scale- Minimum) and the Static-99. All three of these assessment frameworks are predominantly used by clinicians rather than professionals working within criminal justice such as the Police or Probation Service. Another similar study was undertaken by Yang, Wong, & Coid (2010) in this study they considered the efficacy of nine different risk assessments; these included the PCL-R (Psychopathy Check List- Revised), PCL-R:SV (Psychopathy Check List- Screening Version), HCR-20 (Historical, Clinical, and Risk Assessment Scheme), VRAG (Violence Risk Assessment Guide), OGRS (Offender Group Reconviction Scale), RM2000V (Risk Matrix 2000 for Violence), LSI/LSI-R (Level of Service Inventory- Revised), GSIR (General Statistical Information for Recidivism), VRS (Violent Risk Scale). Whilst this study encompassed assessment tools used by a variety of different disciplines, the focus of the study was solely on the assessment tools used to assess adult sexual offenders.

A finding of this research was that the assessment tools assessed risk differently because they were focusing on different factors. The majority of literature that compares risk assessment tools are studies that focus on the validity of the different tools rather than exploring their composition. There appeared to be a lack of research that looked at the broader focus of the different assessment tools. In considering the factors raised within the literature surrounding developmental pathways to offending, it seems surprising that there has not been more exploration of how these factors are covered across the different risk assessments. In exploring the tools using factors raised as significant within the developmental pathways literature it became clear that the tools placed different emphasis on the different factors. This highlighted yet again deficits with the Police's RM2000, with it assessing risk significantly differently from the other risk assessment tools and having a narrower focus.

There is supporting literature in relation to the restrictive nature of the RM2000 (Tully & Browne, 2013).

The literature review highlights how there have been a variety of different models that define and understand the risk of harmful sexual behaviours (Prentky et al 2000; Ward & Siegert 2002b; Rich 2003). This research considered the assessment tools of the Youth Justice Board, Prentky & Righthand 2003, Hanson & Thornton 2000, the Home Office (NOMS) and Boer, Hart, Kropp & Webster (1998). The findings in Chapter 6, Section 1 indicate the professionals have limited understanding of the assessment tools they are using, what the tools are assessing and how the different tools relate to each other. Overwhelmingly, 76% of professionals believed the assessment tools considered wide ranging risk factors, rather than just sexual risk. In Chapter 6, section 2 and 3 professionals were asked about their familiarity with the different assessment tools and how they viewed their reliability. The findings indicate that professionals were more familiar with the ASSET and AIM 2 assessment frameworks and less familiar with the clinical assessment tools. When considering professionals views on the reliability of the different assessment tools, the findings indicate the tools used by Probation and Youth Offending Services were considered the most reliable.

The findings in Chapter 6, Section 4, 5 and 6 indicate there is significant variation between the assessment tools used to assess adult sexual offenders and adolescents who display harmful sexual behaviour. This echoes the research presented in the literature review, where it was identified there are key differences between adult sexual offenders and adolescents who display harmful sexual behaviour, with distinct patterns of offending (Worling 2002, Prentky et al 2000 and Groth, 1979). The tools differ in respect of their content, focus, what vulnerability factors they assessed and how they rate risk (Chapter 6, Fig. 40). The adult risk assessment tools focused more heavily on behavioural factors compared to the juvenile assessment tools. The juvenile risk assessment tools focussed more heavily on developmental factors than the adult assessment tools. Both the juvenile and adult assessment tools seem to weight environmental and attitudinal factors similarly, except for the RM2000 assessment tool which had a much narrower focus and did not emphasise any of the factors highlighted above, focusing only on behavioural factors.

One of the areas of debate within the literature is the link between being a victim of abuse and becoming a perpetrator (Kempe et al., 1962, Allan, 2006, Rezmovic et al, 1996), Ryan and Lane's Victim to Victimiser Model (1989) suggests a strong correlation between victim

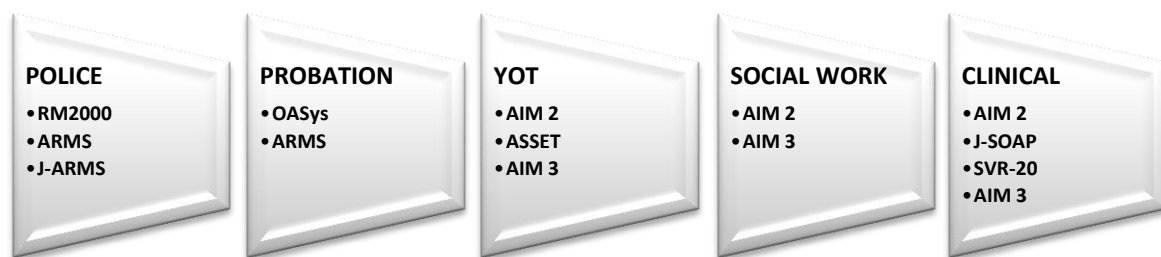
experience and the inappropriate regulation and management of emotions and behaviours. This model is more in line with the Ward and Siegert (2002) Pathways Model that looks at deficits. The inclusion of victim experience within an assessment would seem crucial, focusing on the importance of vulnerability as well as risk. However Rogers (2000) suggests that risk assessment tools do not provide enough balance between risk and protective factors. The issue of protective factors was explored by Grossman et al (1992). They suggest that it is difficult for risk assessments to focus on protective factors as their research suggests that considering broad protective factors are not effective and that specific individually identified protective factors are more effective. This responsive approach lends itself more to the dynamic nature of the ARMS, J-ARMS and AIM 3 assessment tools and the Good Live's Model of Intervention.

In considering vulnerability within the assessment tools, the findings in Chapter 6, section 7 highlight that both juvenile and adult assessments focus on victim experience, except for the RM2000. The literature review highlights the importance of considering vulnerabilities such as social skills deficits (Beckett 1999, Langstrom & Grann 2000 and Kenny et al 2001), or family factors, individual factors, peer factors and schooling (Woodham, 2008). The juvenile tools however have a greater focus on living situations, education and support. Factor highlighted as important in the research by Altschuler & Brash (2004). In the last few years there has been a shift in the thinking around how assessments are undertaken with the focus moving to dynamic risk management assessments, such as the ARMS frameworks (Kewley and Blandford, 2017 & Blandford and Parish, 2017). Assessments that not only focus on risk assessment but on considering how those risks are going to be effectively managed. These consider how to increase positives such as support and access to employment and education. Desistance research highlights the importance of these protective factors (De Vries Robbé et al 2015) and the role employment can play (Uggen & Staff, 2001, Saraw 2009).

In considering the findings from the quantitative tool analysis in Chapter 6, section 4, it is clear there are no shared baselines for assessments. Assessments work in isolation rather than being complimentary to each other. These differences in assessment composition, focus and assessment of risk play a significant factor when a young person transitions from juvenile to adult services. If a young person is still under a legal mandate such as a criminal order and they transition to adult services such as Probation, they are likely to be subject to continued risk assessment, despite there being no current offending. It could be argued that if there is no further offending in adulthood it would be more appropriate to use a tool designed for

adolescent offending rather than an adult assessment tool, so that the developmental context in which the offending took place can be assessed. An adolescent assessment tool would also consider the recidivism rates for someone who offends within adolescence rather than using recidivism rates of offenders who offend in adulthood. The literature review highlights that adolescents who display harmful sexual behaviour are at a lower risk of offending than their adult counterparts (Waite et al 2005, Loeber et al 2009, Moffit 2003, Caspi et al 1995). This highlights the issue of professional role and whether the distinction between adult and juvenile services is clearly defined. In order to provide an effective risk management framework, the professionals working with harmful sexual behaviour need to have appropriate training and knowledge in relation to the different assessment tools used to assess harmful sexual behaviour. The findings in Chapter 6, section 2 suggest the different professions use different assessment tools. Fig 62 shows the tools used within this research.

**Figure 61- Tools and Profession**



The findings indicate that professionals working with adolescents who display harmful sexual behaviour lack clarity in the purpose and structures of the different assessment tools. The professionals would benefit from receiving training on the different risk assessment tools available. The training should include clear information in relation to the composition of the tools. The findings in Chapter 6, section 7, highlight the importance of assessments focusing on need as well as risk and that need should include practical support as well as emotional support. Assessments should also include developmental and abuse histories and ensure that the assessment is responsive to these needs (Ryan & Lane 1990, Rich 2003). It is also important that professionals understand the research behind the assessment tools they are using, so that professionals are able to defend the tools and the assessments within legal proceedings.

It would be beneficial if there was a standardisation of the assessment tools. There needs to be clear guidance for professionals in relation to understanding the demographic the tool is designed to assess and whether there are any groups the tools are not validated for. In

considering the standardisation, it is important to include guidance on how to assess specific groups of offenders who may not fit neatly into a standard framework, such as young people who transition to adulthood and because of legal mandates are still undergoing risk assessment but whose offending is located solely within adolescence. There are significantly different recidivism rates for adolescents who display harmful sexual behaviour and adult offenders. Within the assessment frameworks that assess adolescents there is a focus towards developmental factors, however the issue of young people once they turn 18 is not referenced in any of the assessment tools. If inappropriate assessment tools are used then the recidivism rates may be inaccurate and therefore provide inaccurate assessments of an individual's level risk (Miner 2002, Letourneau & Miner 2005). It would be beneficial for there to be clear guidance for professionals on how the different assessment tools correlate with each other, so they can be used in conjunction with each other rather than potentially being in opposition (Littlechild & Smith, 2013; Whittington, 2003). This highlights how there needs to be links between juvenile and adult risk assessment processes.

The findings within Chapter 6 echo those findings from Chapter 5 in relation to the role and focus of each profession in the assessment process and the differing definitions of risk highlighted within the social construction approach. When considering the definitions of the professions it is clear their remit differs, with the Police being responsible for protecting the public and upholding the law, Social Workers being responsible for providing protection, social support and assistance for vulnerable members of society. Probation Officers and Youth Offending Officers have responsibility for working with and monitoring offenders and Clinical Practitioners have a remit to help people to overcome difficulties with emotions, behaviours and relationships. These different focuses change the way risk is understood and responded to.

It could be argued that some of the difficulties faced assessing adolescents who display harmful sexual behaviour are that professionals are approaching risk assessment with different focuses but being asked to undertake the same task, to assess risk. The different focuses impact on the direction of the assessment, for example, professionals assessing risk to protect the public may lead to considering restrictions or the assessment about directing intervention may take a more relational approach. It could be argued the notion that different professions have different approaches is unhelpful and that a more inclusive social-ecological model is a more effective approach to take. This model would incorporate the individual



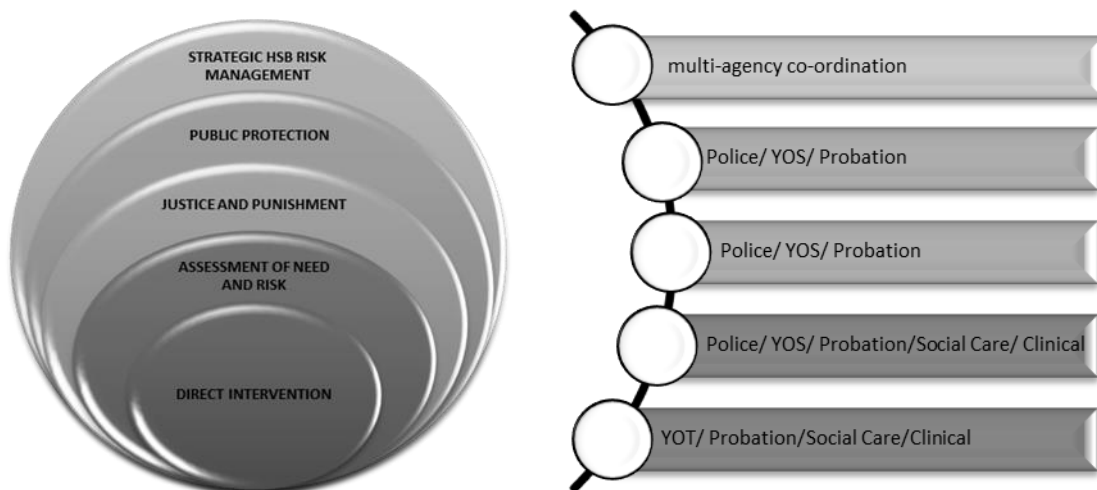
(intervention), the professional (assessment and punishment), the public (Public Protection), with all elements being co-ordinated at a strategic risk management level, seen in Fig.63.

**Figure 62- Socio-Ecological Framework for Assessment**



This model suggests that rather than professions approaching risk assessment and risk management differently, they are instead all part of a layered and co-ordinated approach to the same task (see Fig.64).

**Figure 63- Socio-Ecological framework for Assessment and multi-agency working**



If this model is adopted then multi-agency working would provide the most comprehensive risk assessment framework, providing there is clarity structurally in relation to roles and responsibilities and lines of communication between services. Ideally Police, YOT/ Probation and Social Care/ Clinical would all have a degree of involvement in the risk assessment of adolescents who display harmful sexual behaviour. However it is not always the case that all these professionals are involved. If there is a conviction the Police, YOT and

Probation become involved. If these services are not involved then what happens to the public protection and criminal justice elements of the system? It raises the question as to whether these elements can be covered by other professions. Social Care, whilst not having the same restrictive powers as the Police, can implement restrictions to ensure that the public are safe through the use of civil care proceedings and child protection procedures. There is a need for a comprehensive and integrated inter-agency model for assessment that has a clear sense of organisational identity, recognising that each profession brings its own focus and skills.

An area where there are difficulties to this multi-agency approach is when individuals have no Social Care or Clinical input. With no Social Care involvement, the issues of assessment of need and intervention become problematic, with Probation and Police having limited access to training in relation to assessing these factors. It could be argued that one of the main deficits in the assessment process, is that adolescents who display harmful sexual behaviour should be identified as needing access to Social Care involvement, on the grounds that a young person is a child in need due to displaying harmful sexual behaviour. The findings and literature review clearly identify that developmental trauma, abuse issues and environmental factors such as parental difficulties (ACEs) are influential factors in the development of harmful sexual behaviour. It therefore should be argued there are safeguarding and welfare needs that are presented by these individuals and the safeguarding aspect falls within the remit of Social Care and on these grounds there should be access to services.

Whilst a multi-agency approach appears beneficial, the services need co-ordination and consideration at a strategic level if they are going to be effective. The NICE Guidance 2016 (NG43), the Children and Families Act (2014) and the HM Prison and Probation Joint Protocol for Transition (2018) all highlight that co-ordination of transition is important and there needs to be accountability for developing strategies and policies held at a strategic level. It appears that currently there is a drive towards multi-agency working, however this is being considered by the individual professions and there is no centralised system to consider the most effective way to co-ordinate assessments. An example of this can be seen in the development of risk management frameworks such as ARMS and J-ARMS, assessments that are designed to be a tool for multi-agency working appear to be being passed from one profession to another, with services having different timescales for statutory visits and different training. A centralised co-ordination of services would allow there to be clear

guidance in relation to assessment protocols, providing clear remits to professionals about their roles in the assessment process.

With a centralised strategic approach to working with adolescents who display harmful sexual behaviour it would make it easier for assessments to be structured to ensure each profession inputs into the assessment in the area where they have expertise; directing legal restrictions, level of monitoring, level of need and areas for intervention. It is also likely that the transfer from YOT to Probation would be smoother, with greater continuity and alignment, if the focus of their roles and the process of assessments are made clearer. To fully support transition professionals working with adolescents who display harmful sexual behaviour and adults who have displayed harmful sexual behaviour within adolescence need to be able to understand the pathways to offending and how to appropriately assess the associated risk.

The findings from Chapter 6 in respect of the approach to analysing risk indicate there needs to be consideration at a strategic multi-agency level in relation to the assessment process and the roles of different professions within that process. In considering the research questions about how the risk of harmful sexual behaviour in adolescence is assessed and how the adolescent assessment tools differ from adult assessment tools, the key issue is concerning the protection of professional role identity and how that relates to the assessment task. With the issue of professional role confusion clearer, the organisational level response can be clarified ensuring organisational alignment and providing clear protocols and guidance. These protocols would include what assessment frameworks professionals need to be trained in and how the assessment process and any multi-agency involvement will be co-ordinated. This provides task and goal alignment within the assessment process. At a practice level, the practitioner is likely to have more confidence in assessing harmful sexual behaviour if the underlying role confusion is addressed and their responsibilities within the assessment process are clarified.

### **Relation to other areas of Research and Literature**

In exploring the differences and difficulties with harmful sexual behaviour risk assessment, it was important to establish whether these differences and difficulties are specific to this forensic risk assessment processes or more general within any risk assessment process. In considering environmental assessments, Steinemann (2001) explored environmental impact assessments and highlighted how the different means of assessment can vary in terms of

subjectivity, agency agendas and that some can reflect narrower objectives to others. She concludes that inadequate assessment models can undermine the aims of the assessment. This would echo the findings, where the different assessment tools are assessing different factors in different ways.

Within healthcare Wright, Williams & Wilkinson (1998) wrote about the development and importance of health needs assessments. They highlighted how it is important with assessments to distinguish between individual and broader community needs. They describe how, if these factors are not attended to, then assessments can be unhelpfully biased either towards the individual at the expense of the wider community or vice versa. This too can be translated to harmful sexual behaviour. It is important that any assessments balance the individuals need as well as the need for public protection. Narrow assessments such as RM2000 are based on large data samples so are better able to predict broad offending patterns in large cohorts. However, this assessment does not have the capacity to tailor itself to the individual they are assessing.

In Health and Social Care there has been much research on strengths-based practice. Studies which highlight how individuals can be encouraged to identify talents and make positive change (Clifton & Harter, 2003; Buckingham & Clifton, 2001). Within Social Work there have been a number of studies considering the advantages of strength-based approaches to assessment. Graybeal (2001) highlighted how the traditional assessments are not focused on the individual and are taking a medical model or deficit-based approach. Graybeal suggests that a person-centred, strengths-based approach is more holistic in nature and more in line with social work principles.

## **6. Manage and Review Risks: Relationship between Assessment and Management**

The following section draws on the findings in Chapter 7. This addresses the research questions concerning the relationship between risk assessment and risk management when assessing harmful sexual behaviour and the usefulness of restrictions for effective risk management. The findings from Chapter 7 raise questions about the process of managing, responding to and reviewing the risk presented by adolescents who display harmful sexual behaviours. The issue being that there needs to be a clear link between the risk assessment and the risk management processes. There also needs to be clear purpose and focus for the restrictions implemented and the resources available to respond to any identified risks and needs.

In exploring the notion of risk, it is clear that risk is an abstract concept. Understanding risk as being socially constructed helps to contextualise and understand the difficulties with competing notions of risk. The link between risk assessment and risk management is crucial in this as the abstract nature of risk assessment becomes engaged with in real terms through the process of risk management. The literature review highlights how there are a variety of different responses to managing the risk of sexual offending, responses such as sex offender registration and restrictive legal mandates. The current policies for managing sexual offenders in the UK includes the sex offenders register (VISOR), the Child Sexual Offender Disclosure Scheme, the multi-agency risk assessment processes and risk management of sexual offenders (Kemshall & McCartan, 2014, O'Sullivan et al, 2016). The findings from Chapter 7, section 1, suggest the link between risk assessment and risk management is at best tenuous. Guled et al's (2012) model highlights the importance of the risk assessment process directing any potential risk management plans. Within the field of sexual offending, there appears to be little focus on the process of transferring the risk assessment information into a useable and related risk management plan, in fact there appears to be a deficit in respect of structured approaches to the risk management of offenders that link robustly to the risk assessment process. Whilst there is some research on risk management, the research on risk management practice is limited and the links to literature do not appear to correlate (Stulz, 1996). In recent years there has been an increase in sexual convictions and this places significant pressure on Criminal Justice Service. It is important to ensure there is a clear link between the risk assessment and risk management processes to ensure that resources are utilised effectively (McCartan et al, 2015).

An effective risk management framework needs to ensure there is a clear link between assessed risk and the level of restrictions imposed (Fisher & Nagin, 1978; Meloy et al, 2008; McCartan et al, 2017, Cardona 2004). In considering this research, the findings fall into three broad areas, the purpose of restrictions, the appropriateness of restrictions and the management of risk. Chapter 7, section 2 highlights how 53% of professionals interviewed believe restrictions are important, 24% of professionals believe restrictions protect the public. One professional suggests there is a punitive element to the implementation of restrictions. Within Chapter 7, section 3 professionals discuss how they are concerned about the appropriateness and necessity of some restrictions. It was also raised how restrictions can, at times, become counter-productive.

The findings and literature concerning the purpose of restrictions indicate that over half of the professionals interviewed believed that imposing restrictions were important to protect the public and that restrictions are there to help the offender to manage their behaviour whilst they develop the internal controls to manage the behaviour for themselves. However, the findings questioned whether the purpose of the restrictions is about a means of control or therapeutic intervention. These findings echo research which suggests that there is a drive to reduce risk which has led to a greater emphasis being placed on implementing controls (Hammond, 2002). There has also been considerable research suggesting that taking a more therapeutic approach is more effective as long as the approach takes into consideration the individual's readiness for change and considers strengths as well as offending (Bandura 1977, Borduin et al, 1990, Ward & Maruna, 2007, Burrowes & Needs, 2008).

In Chapter 7, sections 4 and 5, the majority of young people identify restrictions as being useful, providing with restrictions on access to younger children. The young people interviewed highlight how restrictions can make it difficult to move away from their offending past, particularly when seeking employment or entering further education, something identified as important within the literature (Altschuler & Brash, 2004; Manocha and Mezey, 1998; Hickey et al, 2006; Timms & Goreczny, 2002; Cicchetti, Toth & Maughan, 2000). In exploring risk management strategies, consideration must be given to the longer-term implications of any restrictions, particularly on young people. It is important there is consideration to whether restrictions are reducing risk in both the immediate and longer-term. For example, restrictions about not associating with people under 18, maybe an appropriate restriction for an adult, but if imposed on a young person then it could be argued that the longer-term risk is that the young person becomes further isolated from their age-appropriate peers. Similarly, if these restrictions make it difficult for adolescents who display harmful sexual behaviour to gain access to education it may hinder their pro-social development, issues highlighted within Chapter 5 on the developmental transition and within the desistance literature (Uggen & Staff, 2001, Saraw 2009). It is therefore important restrictions consider both risk and need to ensure any responses to risk are proportionate and appropriate to the individual. This highlights the issue raised in the previous discussions concerning the role of the organisation and the training they receive. The issue of supporting pro-social development has a strengths-based approach that is heavily influenced by child development, rather than purely public protection. In considering the use of restrictions the organisations need to have a clear vision in respect to what their remit is and an

understanding of how reducing offending needs to include building on strengths. To produce an effective risk management framework there needs to be a consistent interpretation of restrictions, ensuring that professionals respond in similar ways. Professionals need guidance in respect of ensuring these restrictions are appropriately enforced particularly as there may be Human Rights implications.

There needs to be a move away from using restrictions as a blanket response or as a punishment for behaviour and a move towards meaningful restrictions being imposed, restrictions that are tailored to the individual's specific risks. It could be argued that the current system does not adequately link risk assessments to the restrictions imposed and that there is an unhelpful standardisation of the implementation of restrictions. It is important that any assessment undertaken should include a focus on risk management. In order to achieve this, assessments need to be undertaken prior to sentencing rather than post sentence. The assessment can then direct the restrictions imposed, ensuring that they relate directly to the assessed needs and risks. This would allow for there to be clear reasoning for restrictions, which in turn, is likely to make the restrictions more meaningful for the person they are imposed upon.

The next finding relates to the appropriateness of restrictions. Within the research, professionals indicated that restrictions need to relate to the offending behaviours, that the restrictions should be appropriate, proportionate and individually developed. Half of the professionals interviewed were cautious about the use of restrictions, questioning the appropriateness and necessity of them. The findings suggested that there was inconsistency concerning the restrictions that are imposed on offenders. The young people interviewed believed the restrictions they had in place were appropriate and beneficial for them, helping them and their victims stay safe. The appropriateness of restrictions was raised by Goh (accessed 2017) who explored the proportionality of sentencing. This appears to be an area where research is lacking with little exploration of the types of restrictions placed on sexual offenders, both adults and adolescents and whether the restrictions are proportionate.

The final area to be raised within the literature and findings was the management of risk. The first of these findings indicated that professionals believed that their profession was not given the most weight within multi-agency meetings. This would need further exploration to see whether this was connected to a sense of professional power, as suggested by Smith (2009). Research indicates that within the Multi-Agency Public Protection Arrangements (MAPPA)

there was uncertainty about responsibility, allocation of work, how risk should be assessed and managed (Maguire et al, 2001, Maguire & Kemshall, 2004). These factors may also play a part in why professionals believe their profession is not given the same weight as their professional counterparts. In Chapter 7, approximately 75% of the professionals raise that limited access to resources, restrictions on time and high caseloads all had an impact on the risk management process. Within the literature there is support that the task of managing sexual offenders has become more complex, with increases in the number of registered sexual offenders placing additional pressure on the criminal justice system, particularly policing (McCartan, Kemshall & Tabachnick, 2015, College of Policing, 2016).

The findings suggested the link between risk assessment and risk management of sexual offenders is at best tenuous. This is supported by the research by Hackett (2014) that suggests there is a lack of co-ordination in relation to interagency working and management structure for working with harmful sexual behaviour. The professionals indicate that they believe there was a lack of clarity about the process for reviewing restrictions. This was raised by Maguire et al (2001) and Maguire & Kemshall (2004) where they highlight a lack of clarity about how cases of harmful sexual behaviour should be monitored and followed up.

The findings in Chapter 7, section 6 also raise questions in relation to monitoring and reviewing the risk management plans of adolescents who display harmful sexual behaviours. The issues are that whilst there is a structure for review, this process needs to give greater consideration to reviewing risk management plans and how restrictions are reviewed and where appropriate amended. In order to effectively manage harmful sexual behaviour, there should be regular reviews that ensure appropriate risk management plans are in place that recognise and respond to changing risk and needs. Guled et al (2012) highlight how the process of monitoring and reviewing should be an integrated element throughout the assessment process. The findings from the interviews indicated there is not a clear review system in place and, without a clear structure, professionals were not confident about amending restrictions. Restrictions need to be reviewed regularly to ensure they are appropriate and proportionate. If it is deemed there have been changes in risk and the restrictions are no longer appropriate, there needs to be a clear process for review and amending or removing restrictions. The process of assessment, implementation and review is clearly defined in Fig. 65.



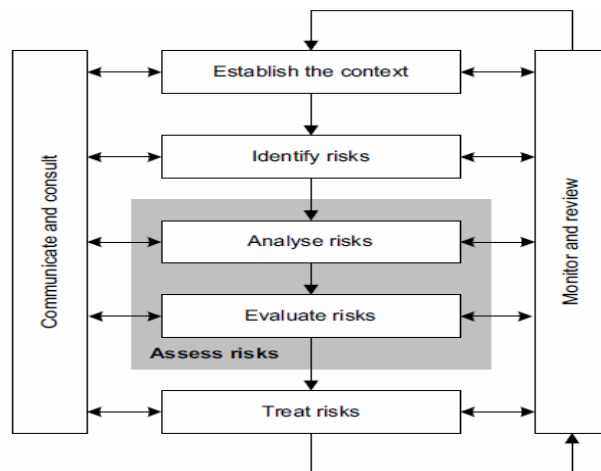
**Figure 64- Process of Assessment, Implementation and Review**



The process of monitoring and reviewing risk is affected by factors that go beyond the professional and offender dyad. The findings in Chapter 7 indicate that professionals lack confidence in their risk management plans and often believe that other professions are given greater weight within multi-agency forums. The findings highlight that only 20% of professionals believed their profession was given most weight within multi-agency meetings. 44% of professionals believed that Criminal Justice Agencies such as YOT and Probation are given the most weight within these forums.

Guled et al (2012) describes the process of assessing risk. This model looks at establishing what the context is, identifying the risks, analysing the risks, evaluating the risks and treating or managing the risk. The model also highlights the importance of communication and consultation as well as the importance of monitoring and reviewing.

**Figure 65- Guled et al (2012)**



(Guled et al, 2012, p488)

Whilst Guled et al's model would appear to be a useful model for structuring the risk assessment and risk management process, research on risk management practice is limited and the links to literature do not appear to correlate with practice (Stulz, 1996). Stahl et al (2003) highlight how the objectivity of risk is a questionable assumption, they suggest that this provides a false sense of security and that it does not provide the flexibility to consider the different notions of risk held by different professions. Instead they propose that viewing risk as a social construction is far more helpful. A Social Constructionism approach helps to contextualise risk and provides a basis for integrating different perspectives, tools and professional judgements.

Within this research professionals were asked to consider the link between risk assessment and risk management. When exploring the risk management strategies implemented, the professionals commented on the reason for implementing restrictions. They were given a range of options from restrictions being tailored to the individual through to restrictions being more generic or about protecting organisations from criticism. 40% of professionals interviewed believe restrictions are individually developed however they highlighted uncertainty about the appropriateness of these restrictions. 36% of professionals stated they believe restrictions are generic and not linked to the individual's risk and 10% of professionals believe restrictions were about protecting the organisation from criticism.

The issue of protecting the organisation from criticism was an issue highlighted within the literature review. The literature and the findings explored how sometimes restrictions are placed on an individual to manage professional anxiety and social fear. The professional anxiety appears to be driven by concerns about making the wrong decisions or being blamed for shortfalls in organisational practice. Reason et al (2001) identified a 'vulnerable system syndrome', this focused on the blaming of frontline individuals, denying systemic errors and the blinkered pursue of productive indicators. The elements of this they believed were the blaming of front-line staff, a lack of acknowledgement of systemic errors and the financial and productivity demands. This was also echoed by Rabin & Thaler (2001) who highlighted how there is a process of risk aversion. The literature also suggested that professional anxiety may be influenced by the risk attitudes held by managers and the support professionals experience around their decision making (March & Shapira, 1987, Munro, 1999).

There needs to be attention to the sense of blame and responsibility some professionals feel in relation to amending restrictions and changing the risk management plans. The concerns held

were in relation to how they could be criticised if there were to be further offending. There is, at times, a culture of blaming professionals that exists which means that frontline practitioners can often experience a sense of criticism and blame when risk increases, resources are not available or there is a serious incident. This can lead to an avoidance of considering the systemic errors that may be perpetuating the issue (Reason et al, 2001). In the case of harmful sexual behaviours this often means that professionals are held accountable for the behaviour of offenders, particularly if they reoffend, with the implemented risk management strategies being under criticism. This issue was highlighted within the literature review where the issue of professional anxiety (Menzies, 1960), risk aversion (Rabin & Thaler, 2001, March & Shapira 1987) and the professional blame culture (Giddens, 1999, Munro, 1999) were all highlighted as factors that impact on the risk management process.

Whilst it is clearly important that there is a process of review when an offender reoffends, to ensure that appropriate procedures are followed, it is also important the responsibility for further offending is located with the offender. When the burden of responsibility is placed on the professional it makes it difficult for professionals to make risk management decisions that result in reductions to restrictions, this could lead to a risk averse culture (Kemshall 2009). In order to tackle and change this culture there needs to be clear strategic direction as to the level of evidence needed in order to demonstrate a reduction in risk. This should be followed by collective responsibility for decision making, reductions in risk should be reviewed to ensure there is a check and balance and the decision is appropriate. With a clear framework in place for reviewing risk and changing risk management plans that is linked to a clear assessment process then professionals are more likely to feel confident in managing risk. If these decisions are co-ordinated through multi-agency meetings this process is further strengthened.

The findings from Chapter 7 in respect of the approach to managing and reviewing risk indicate there needs to be structural consideration at a strategic level in relation to how the risk assessment process links directly to risk management. In considering the research questions about the relationship between risk assessment and risk management and the usefulness of restrictions for effective risk management, there needs to be development of a comprehensive and integrated multi-agency model. There needs to be consideration to how the risk assessment process directs the risk management plan. This would need the risk assessment tools to guide practitioners to be more dynamic and provide direction for any

restrictions imposed. However, in order for this there would need to be direction at a strategic level about the process and timing of assessments and whether assessments should be undertaken prior to sentencing. It is crucial that the risk assessment tools provide a clear link to risk management. The recent focus on risk management assessment tool development provides greater direction for risk management plans. It could be argued the next generation of assessment framework is an assessment structure that allows for a focus on strength as well as risk and need, providing a foundation for strengths to be enhanced, for needs be met and risks to be managed. These risk management frameworks could help to provide an aligned centralised multi-agency assessment model, one where there is a structure for agencies to work together to input into a single risk management plan.

With direction at a multi-agency strategic level focused on how to align risk assessment to risk management, organisations will have the necessary clarity to implement procedures in relation to training on assessment tools, procedures which align multi-agency working and aid communication and provide organisational direction to reviewing and monitoring risk. The findings from this chapter indicate the absence of multi-agency direction and clear organisational procedures means professionals lack confidence in their decision making and their role within the wider risk management forums.

### **Relation to other areas of Research and Literature**

There appears to be little research into the process of deciding the appropriate restrictions to be placed on an individual who has offended sexually. In turning to other areas of literature that consider risk, there appears to be a wealth of studies that look at the identification of risk, the source of the risk and how to manage exposure to that risk (Tchankova, 2002, De Zoysa et al, 2003, Voortman, 2003). The European Food Safety Committee highlights the differences between risk assessment and risk management, where the process of assessment and management of risk were clearly separated approximately a decade ago. They identify the role of assessment being to independently assess the potential risks and the role of management being to use the assessment as a basis for developing responses to address these risks.

Gilbert et al (2011) examined the relationship between risk assessment and risk management in mental health. They highlight how the Department of Health Policy reinforces the need for risk assessments and risk management plans to be linked. This study highlights how there is significant variability in the assessment information that professionals collect and there are

significant deficits within the assessment and management processes. The study recommended that there needed to be an integrated approach to assessment and management to reduce risks. This echoes the information presented in the Criminal Justice Joint Inspection Report (2013) where there were noticeable operational gaps and not strong enough links between the risk assessment and risk management processes.

## **7. Consultation, Communication and Intervention: The Experience of Assessment**

The following section draws on the findings in Chapter 8. This addresses the research questions concerning how the risk assessment process is experienced by professionals and young people and what the potential elements of an effective risk management for adolescents who display harmful sexual behaviour and adults who offend within adolescence. The findings fall into broad areas that specifically relate to young people or professionals. For the young people, they experience inconsistency in the way professionals work with them and they believe they are not well informed about the assessment process, what to expect and that information was not checked with them for accuracy. The factors that related to professionals were issues relating to the impact on their ability to undertake the work, such as time and training and the implementation of intervention.

The findings from Chapter 8 raise questions about the experience of assessment and intervention, considering consultation and communication between professionals and between professionals and young people. The issues are with the improvements that could be made relating to how professionals communicate with young people, that young people would like to have a better understanding of the assessment process and the roles and responsibilities of professionals. The findings also identify how the professionals interviewed believe there are limited resources available to them; with constraints on time due to high caseloads and limited resources impacting on the relationship with the young person.

In considering the inconsistency of the experiences young people receive from different professionals and between different professional disciplines, there is limited research. The research that is available appears to focus on processes rather than experiences. Whilst the findings of this research raise issues in relation to differences between agencies and professionals in terms of the young people's experience, much of the available research looks at partnership working between professionals rather than with service users. The research looks at the benefits of multi-agency approaches for developing better communication, co-

operation and co-ordination (Cross 1997; Davidson 1976; Littlechild & Smith, 2013). The area where there may be cross over between the findings and the literature is in relation to the statutory requirements of the different agencies. Blagg (2000) wrote about the differences between professionals and how there was a move towards more multi-agency approaches to the work rather than an isolated professional discipline approach. Blagg highlighted that there were certain professions namely the Police that had different roles within this process. He described them as the 'gate keepers' and described how there was not a level playing field for all professionals involved. This raises the question as to whether the different professions should be viewed as having specialist skills and knowledge that to relate to specific tasks or whether all professions need to hold specialist knowledge and undertake the same assessment task. Whittington (2003) highlights the need for professions to understand their distinct contributions and clarify how best to collaborate, Whittington states this process needs negotiation and a shared understanding of the task.

In order to effectively risk manage there needs to be consideration about the lines of communication and consultation between young people and professionals and also between the different professions. Blagg (2000) highlights how Criminal Justice is an interlocking system that is not a level playing field for all professionals involved. There are clear power differentials that exist, these power differentials also impact on the young people involved. The findings in Chapter 8, section 3 and 5 suggest that young people do not have a comprehensive understanding of the process they go through and they would like to know more. It is highlighted within the desistance literature how important it is for young people to be active participants to change (Maruna & Mann, 2019, Rapoport 1960, Glynn, 2014). Chapter 8 explores professionals view of the level of involvement young people should have in the assessment process. The findings from the professionals' interviews in Chapter 8, section 4 highlight how 52% of the professionals interviewed held the opinion that the risk assessment should be undertaken with the young person. 24% said they would complete the assessment and then share it with the young person. 16% stated the risk assessment was a professional document and not shared with the young person. It is important to note the professionals interviewed from the Police and Probation Service held the latter positions, whereas those working with young people, Social Care, YOT and Clinical held a far more collaborative approach to assessment. This may be a result of the additional child development and harmful sexual behaviour training they receive, as highlighted in Chapter 5. It is also likely to be heavily influenced by the role of the organisation and their position on

the purpose of the assessment process. If the purpose is purely public protection, then collaboration with young people may not be a driving factor. If the purpose of the assessment is wider and includes changing behaviours and addressing issues that support offending then a more collaborative approach may be more beneficial, supporting the notion of moral redeemability (Maruna & King, 2009).

In exploring the issue of communication and consultation, young people and professionals were asked about their knowledge of what professionals' roles were and their knowledge of the assessment process. The findings in Chapter 6 highlight how those professionals interviewed are unclear about the purpose and structure of assessments. Sanghara and Wilson (2010) highlight how the inexperience of professionals can impact on the quality of the work; this echoes the research by Munro (1999). In Chapter 6, section 2 professionals were asked their familiarity with the assessment tools. The ASSET assessment was the most familiar, with clinical tools SVR-20 and J-SOAP being the least familiar. Chapter 8 highlights how the young people also lack clarity about the purpose and structure of the assessment process. Chapter 8, section 4, explores whether young people were asked their opinion on their risk, 48% stated that they did not believe they had been asked. They were also asked how involved they wanted to be in the assessment process, 52% of the young people wanted to be more involved in the assessment process than they were. In considering how to develop effective risk management processes for adolescents who display harmful sexual behaviour, it is important that professionals take time to explain the assessment process to the young person. It may even be beneficial for there to be a leaflet that explains what is going to happen, how risk is assessed and decisions are reached. This helps in building the therapeutic alliance, which is a crucial factor in assessing and providing intervention for young people (Baldwin et al 2007, Horvarth et al 2011).

Another finding raised was the lack of knowledge the young people had of the assessments undertaken and the view that sometimes information held on file is inaccurate. Whilst these are not specific areas of research, there has been much research into the importance of agency improving young people's level of engagement (Duggins, 2011). The importance of young people having a sense of agency would support the findings that young people believe greater involvement in the risk assessment process would help them to understand how decisions about their risk is reached and what they can do to reduce their risk.

As the risk assessment and management process progresses it is important the young people understand how their risk has been assessed and what they can do to reduce their risk. There is also a need for professionals to provide greater clarity to the young people in respect of the roles and responsibilities of each service (Littlechild & Smith, 2013). It is important for effective risk management that young people have an understanding of how the different professions relate to each other. This is particularly important when the roles provide both a supportive ‘helper’ element coupled with a more monitoring supervisory role (Andrews et al 1996). Young people need to have an understanding of what they can expect from professionals and that they can voice any concerns. The findings in Chapter 8, sections.1 and 2 highlight how young people recognise they experience more freedom as they move into adult services; however they struggle with the change in relationships. There is a reduction in the level of contact that comes with a move to adult services and there is confusion about the professional relationship, particularly in relation to enforcement and a sense of friendship.

The issue of effective communication with adolescents who display harmful sexual behaviour also includes the use of terminology. This was raised in Chapter 7, section 6. It is important that the terminology used is accessible to all. There should be an avoidance of labelling as this is likely to negatively affect the relationship between the young person and professional. It is also important the terminology used relates to young people who harm sexually rather than terminology that relates to adult sexual offenders, as highlighted within the Literature Review. The findings in Chapter 7, section 6 indicate that adolescents who display harmful sexual behaviour have low recidivism rates (Waite et al, 2005) therefore using terminology that implies an enduring behavioural pattern is misleading and inaccurate. For example, choosing to describe the harmful sexual behaviour as sexually deviant rather than problematic may imply that the behaviour is more engrained or fixed. Some professionals lacked confidence around talking about sexual matters and sexual offending and this can impact on the quality of the interactions with the young person and in turn the quality of the assessments undertaken. It is therefore important the professionals undertaking work with adolescents who display harmful behaviour are provided with training on interpersonal skills and verbal communication skills. These skills can help the individuals they are working with to share personal and difficult information and minimise the distress and anxiety the assessment process may evoke.

The findings in Chapter 8, section 5, identify that to improve the effectiveness of the risk assessment process professionals need to ensure their assessments include accurate



information. As the assessment process often relies on information from a variety of different professional reports, including both current and historical information, information must be checked with the young person. The process of checking information has several advantages for risk management. Firstly, it provides an opportunity for errors to be highlighted and, second, it allows for disagreements concerning information to be aired and acknowledged therefore creating a greater degree of partnership working between the young person and the professional. The findings also suggest another factor that has an impact on the relationship between the professional and the young person is the issue of reliability. The working relationship with young people can often have moments of conflict and resistance, with young people feeling anxious and lacking in trust. Professionals need to recognise when actions are agreed there can be a significant impact on the working relationship if the actions are not completed. It is therefore important any actions set are achievable and organisations provide professionals with the necessary resources and time to meet any recommended actions.

A further factor highlighted in Chapter 8, section 5, was that to improve the effectiveness of the risk assessment process, young people would benefit from being given a greater degree of ownership over the assessment process and in turn their risk. The findings indicate the more understanding and involvement the young person has in the process the more likely they are to engage with the process and the greater ownership they take over managing their own risk (Smale et al, 1993, Rapoport 1960, Kennard, 1998). It is important that whilst professionals are responsible for undertaking the assessments, the responsibility and ownership of risk is located with the young person with the harmful sexual behaviour and they are given clear messages that they can influence their level of risk by taking responsibility for managing their behaviour more effectively.

The findings in Chapter 7 and 8 also consider the issue of treating risk. The findings in Chapter 5, section 9 and Chapter 8, section 7 and 8 indicate there is a range of intervention which can be provided at different levels. This should include a standard requirement for intervention focusing on understanding harmful sexual behaviour. The findings suggest that intervention should include aiding the young person to understand their childhood experiences, responding to the needs of the young person will aid them in managing their emotions appropriately, develop resilience and in turn build healthier pro-social lifestyles. Harmful sexual behaviour and adverse childhood experiences were identified by professionals and young people during the interviews as being crucial factors. It was

highlighted how for some individuals there was the need for specialist services. For those young people with the most complex needs and risks, more intensive therapeutic support is required in order to help them come to terms with early childhood experiences and trauma. This supports the desistance literature of Farmer et al (2015). The findings in Chapter 7, section 6, highlight that professionals believe a strengths-based approach has significant benefits in terms of managing risk and reducing offending. This echoes the research concerning desistance which highlights the importance of protective factors rather than adopting a deficit approach to assessment (De Vries Robbé et al 2015). The findings raise questions concerning how the risk factors associated with harmful sexual behaviours are treated. The key issues were that professionals need to have an understanding of child development and harmful sexual behaviour so that intervention can be tailored to the needs of the individual, reinforcing the findings from Chapters 5 and 6. Haigh (2013) published his ‘quintessence of a therapeutic environment’, five universal qualities he believed were fundamental in providing a solid therapeutic environment, these being; attachment, containment, communication, involvement and agency. The view that therapeutic support is beneficial is an area that has received a great deal of interest, with research indicating that treatment is effective for adolescents who display harmful sexual behaviour (Worling et al, 2010; Worling & Curwen, 2000, 2001).

The findings in Chapter 8 sections 6 and 8 also highlight the need for more practical support in relation to social isolation, helping young people to build a pro-social support network and gain employment. This was reinforced by both professionals and young people. Support is needed to help the young person to access education and employment in order to reintegrate into society. The findings highlight how young people need both therapeutic and practical support to help them transition to a pro-social adult life. This too has a significant amount of supporting literature (Altschuler & Armstrong, 1994a; Uggen & Staff, 2001; Saraw, 2009; Hackett et al, 2011) and echoes the wider issues explored within Haigh’s universal qualities. In order to treat risk successfully professionals need to build positive relationships and have access to appropriate resources. This raises the issue of professional roles and the purpose and focus of the work undertaken with adolescents who display harmful sexual behaviour.

To effectively risk manage there needs to be consideration about the communication and consultation between professionals. The first issue is multi-agency working, as highlighted in the previous section. A key finding in Chapter 7, section 7, is how professionals communicate with each other within multi-agency meetings, the findings highlight that

professionals' lack of confidence within these settings. To effectively manage risk with young people who harm sexually, professionals need greater confidence and role clarity (Littlechild & Smith, 2013). This lack of confidence and clarity needs to be recognised and responded to at an organisational level in order to support the professionals and reduce the pressure they are under, so that there negative impact of the work is reduced (Lea et al, 1999; Kadambi and Truscott, 2003; Thorpe et al, 2001, Clarke and Roger, 2010). There needs to be discussion at a strategic multi-agency level about how services are going to work with a young person and what the tasks are for the different professions (Whittington, 2003; Littlechild & Smith, 2013). This discussion needs to address some of the anomalies within the current system around joint working and ensure professionals receive adequate support for the task they are being asked to complete.

The findings in Chapter 7 identify how professionals believe there are limited resources available to them, with constraints on time due to high caseloads. To be able to treat the risks identified, professionals need to be given the appropriate time, training and resources to complete the tasks. Time constraints and resource implications raise questions about the effectiveness of current strategies. It could be that with time and resources identified earlier then fewer resources may be needed in the longer term. For example, if professionals can build effective social support from family and non-statutory services then less input may be needed from the statutory services in the long term. The discussions about time constraints and resources need to be held at a strategic organisational level and at a multi-agency level to ensure there is the most effective use of professional's time and valuable resources. If there is an expectation that assessments will be joint worked with professionals from different disciplines, there needs to be consideration at a strategic level about how the different professions' expectations around timescales and statutory visits impact on the practicality of completing the assessment process. There also needs to be clear designation of the different focuses the professions have, whether it is one of criminal justice or social care and how these will feed into a multi-agency risk assessment and risk management strategy.

Within the research findings, professionals spoke about the factors they believed impacted on their ability to risk assess and risk manage; the issues of the organisational approach, time constraints and training were raised. Lea et al (1999) highlighted how professionals are under increasing amounts of pressure, the issue of limited resources has been raised (James & Bottomley, 1994), along with the need for professional training to improve confidence and awareness (Craig, 2005). With limited resources and additional pressures, the emotional

impact of the work has been raised. There is a significant amount of research exploring the impact of working with harmful sexual behaviour. This research highlights how issues with anxiety, stress and emotional burnout were not uncommon (Menzies, 1960; Clarke & Roger, 2010; Kadambi & Truscott 2003; Kraus 2005; Thorpe et al, 2001).

The second factor that would improve communication is if there was clear guidance in relation to risk assessment, the implementation of restrictions and the risk management process. This needs to be both at an organisational and a strategic multi-agency level to avoid young people experiencing significant contradiction and inconsistency between agencies and individuals. Chapter 6 indicates contradiction in the assessment tools used, the way the assessments are conducted, the restrictions imposed and the risk management and review process. Chapter 7 indicates there was inconsistency in the restrictions that are imposed and the reasoning for the restrictions.

The findings in Chapter 8 explore the experience of assessment, considering consultation, communication and intervention. In considering the research questions about how the assessment process is experienced and what the potential elements of an effective risk management for adolescents who display harmful sexual behaviour, it is important the communication between strategic multi-agency management, operational management and frontline staff is clearer and more aligned, with a shared overarching vision about the assessment and risk management process. This reinforces the previously raised concerns about the assessment process having issues with structural confusion. There is a need for a clear vision to be in place, with organisational goals and objectives, with the expectations about accountabilities and responsibilities clarified then resources can be appropriately allocated. In considering the wider multi-agency approach to assessment, there needs to be alignment across the system to allow for resources to be allocated across the different professions. Within the strategic multi-agency thinking there needs to be guidance about how to work with adult offenders where the only offending is within adolescence. The guidance needs to direct all professionals on the appropriate risk assessment tool to use. Preferably this will be a tool that accounts for the developmental context of their offending, and how they are best managed, whether through juvenile or adult services, or more preferable with a joint agency approach to this specific population. The guidance also needs to focus on communication between professionals and young people. Young people highlight how they want greater knowledge and involvement in the assessment process, and this is likely to be

beneficial for them, creating a greater sense of ownership. It could be argued this should be a prerequisite for any integrated model of assessment and risk management

### **Relation to other areas of Research and Literature**

In exploring the experiences of professionals and young people through the assessment process, it was important to look beyond harmful sexual behaviour into literature and research from other disciplines, where the experience of those involved have been considered.

The underpinning ideology for this research was in humanistic and experiential psychology. The Therapeutic Community approach can help inform thinking about how to work with harmful sexual behaviour, valuing the experiences of those involved. Therapeutic Community research began to question how mentally ill offenders were treated (Bion, 1943). The idea of well staff and ill patients was challenged, leading to rethinking of how patients/clients are viewed and their level of involvement they should have in their own and others care. Psychiatrist Robert Rapoport (1960) was fundamental in shifting thinking around the importance of the therapeutic environment and therapeutic relationship. The central philosophy being that the individual is an active participant in their own and other people's treatment. These key principles could be beneficial when considering how to work with adolescents who display harmful sexual behaviour, particularly when considering the desire for involvement the young people have voiced. This links strongly to the desistance research which highlights the importance of agencies working with an individual rather than on them (McNeil, 2006) and how acquiring new meaning, purpose and social capital are important for change (Glynn, 2014).

The literature from therapeutic communities proposed the idea of a culture of enquiry encouraging the questioning of fundamental beliefs and practices. From these approaches developed the notion of service users being experts by experience, an approach that is now fundamental in Health and Social Care. It may be beneficial for there to be more service user feedback with young people who display harmful sexual behaviour, feedback that could inform practice development.

Within the field of harmful sexual behaviour there has been little research into the experience the assessment process has on service users involved. Within other disciplines the experience of service users is considered. Gilbert et al (2008) explored the importance of relationships in mental health care as experienced by the service user. They identified that relationships were

key and that effective communication and sensitivity encouraged a sense of trust. This echoes the feedback from young people within this research.

The experience of the professional appears to have been the subject of much research and literature. In the 1980's psychoanalysis and therapeutic communities focused on the role of the professional and the organisation. They began to understand the connections between the task of the work and the anxieties which that task may generate. This 'collective defence' they believed could, if unattended to, disrupt the work itself. Over the last 20 years there has been a growing focus in harmful sexual behaviour research on the experience the work has on the professionals involved (Clarke and Roger, 2010; Lea et al, 1999; Kadambi & Truscott, 2003). In exploring this further there appears to be similar findings into the experience professionals have in a variety of different settings. Arslan (2013) explored the experience of professionals working with homeless people. The research found that professionals had a sense of helplessness and there was frustration at the responses provided by the Mental Health Service. These findings appear to echo some of the frustrations described by the professionals within this research.

In exploring the research comparing the experiences of professionals and service users, the research appeared to be limited, however Hovish et al (2012) explored the transition experiences of mental health service users, parents and professionals, the study highlighted the need for joint working in order to improve the transition process, this research echoed the themes running throughout this research, in relation to the need for a systematic approach to assessment and risk management. This echoes the research in relation to multi-agency working highlighted by Littlechild & Smith (2013) who highlight the advantages to multi-agency working as being improved efficiency, greater skills mix, improved levels of responsiveness and more holistic services.

## Chapter 10:

# Conclusions and Recommendations: An Effective Risk Management System

### 1. Introduction

The Conclusion and Recommendations Chapter reviews the research questions and explores how they have been answered. The chapter highlights the new knowledge this research brings and what the elements of an effective risk management are. There is exploration of the strengths and weaknesses of the research and consideration of what further research could be undertaken to explore the issue of assessing adolescents who display harmful sexual behaviour, through the developmental transition to adulthood. The chapter concludes with a personal reflection of the experience of undertaking the research.

### 2. The Research

This research aimed to explore the assessment of adolescents who display harmful sexual behaviour as they transition to adulthood. The following research questions were developed:

- What significance does developmental transition have on assessing harmful sexual behaviour?
- What understanding and training do professionals have of harmful sexual behaviour in adolescence?
- How is the risk of harmful sexual behaviour in adolescents who display harmful sexual behaviour assessed?
- What are the differences between the assessment tools used to assess adult sex offenders and adolescents who display harmful sexual behaviour?
- What is the relationship between the risk assessment and risk management when assessing harmful sexual behaviour?
- How useful are restrictions for effective risk management of harmful sexual behaviour?
- What experience do professionals and young people have of the risk assessment and risk management process?
- What are the potential elements of effective risk management for adolescents who display harmful sexual behaviour and adults who offend in adolescence?

### **3. Responding to the Research Questions**

The following section will focus on the research questions, highlighting the conclusions this research has drawn, questions three and four in relation to the assessment tools have been combined as there is significant overlap in the findings.

#### **What significance does developmental transition have on assessing harmful sexual behaviour?**

The development from birth to adulthood has a variety of distinct developmental phases and transitions; during these stages individuals experience changes in a range of different areas, physical, intellectual, emotional and social. The findings within this research and the reviewed literature indicate that adolescents who display harmful sexual behaviour and adult sexual offenders are different because of these developmental stages. The research highlights how child developmental factors and particularly adverse childhood experiences can lead to harmful sexual behaviours. Professionals and young people within this research echoed the research in the literature review believing that the developmental stage, degree of trauma and possibility for change were significant. Addressing some of the developmental deficits, such as intimacy issues, emotional regulation difficulties and providing support in relation to ACEs may reduce reoffending.

Often assessments and interventions focus on the distorted sexual scripts and overlook the other developmental factors that may play a crucial part in triggering and maintaining the harmful sexual behaviour. It would appear that those professionals working in the field of sexual offending are taught about sexual offending typologies but without the developmental framework to understand the origins and pathways for these behaviours. If professionals were given a greater knowledge in this area it is likely to lead to more comprehensive assessments and more tailored interventions.

When combining all of the available research and the information from this research it would appear that there is a clear distinction between adult sexual offenders and adolescents who display harmful sexual behaviours. However, professionals demonstrated a lack of knowledge about the different harmful sexual behaviour profiles and the different recidivism rates. If professionals do not fully understand the difference between the offending patterns of adolescents who display harmful sexual behaviour and adult sexual offending patterns, then it is likely to lead to inaccurate assessments being undertaken.



The existing literature suggests that recidivism rates for adolescents who display harmful sexual behaviour is much lower than their adult counterparts, and that if they do go on to reoffend that the majority of offending is non-sexual in nature. This was supported by this research where there were a significant number of young people who had both offending and concerning behaviours in a range of areas not just sexual offending. When assessing risk professionals need to understand the differences between the profile of adult sexual offenders and adolescent who display harmful sexual behaviour or mistakes are likely to be made, misuse of incorrect recidivism rates may result in the adolescent with harmful behaviour being considered higher risk of reoffending than research would support.

In considering the importance of developmental transition it is important to explore where adolescents who display harmful sexual behaviour who turn 18 fit, whether they are still adolescent offenders or are they considered an adult sexual offender. They do not neatly fit into either category; if the only sexual offending has occurred under the age of 18 then it is the juvenile typologies and models that need to be applied. Current research suggests that the age of adolescence should be extended beyond the age of 18 (Gallo & Gallo, 2011, Arnett, 2004, Littwin, 1986), it could be argued that there should be professionals specifically trained to assess, provide intervention and manage adolescents who display harmful sexual behaviour as they transition to adulthood.

Understanding developmental transition is important as it provides the narrative for harmful sexual behaviour and gives structure and guidance to how to address that behaviour and potentially reduce risk. There are implications for practice once an adolescent with harmful sexual behaviour transitions into the adult criminal justice system as it would appear that their developmental stage is not considered or understood, or at least not to the same extent that professionals within juvenile services would do.

### **What understanding and training do professionals have of harmful sexual behaviour in adolescence?**

The information above highlights the importance of child development knowledge and knowledge of harmful sexual behaviour. The notion that harmful sexual behaviour is purely driven by deviant sexual fantasies has long been challenged; most theories of sexual offending make links to a person's understanding of the world, their ability to form relationships and their emotional literacy (Ward and Siegert 2002b). This research has highlighted that Professionals working with young people who display harmful sexual

behaviour appear to lack the necessary training around child development and harmful sexual behaviour; this could impact on their ability to make informed decisions about risk and treatment. If professionals are not adequately trained in relation to the origins and pathways of harmful sexual behaviour this may mean that victim experiences are overlooked and left unresolved. Professionals working with either adolescents or adults need to have an understanding that ACEs and abuse may be an associated factor forming the pathway to offending, otherwise it could be argued that assessments will be inadequate, and intervention may have the wrong focus or may even be traumatising for the individual.

Within this research, the professionals appeared to have differing understanding of how child development knowledge could be applied to aid their working practice. Within the research none of the professionals that worked with adults had child development training, however many of them reported that they would find the training useful. In considering the implications for practice, the lack of knowledge held by professionals in relation to how child development knowledge aids a professional in understanding the adult they are working with was overwhelming. This knowledge would aid professionals to understand how their client forms relationships and manages their emotions. The understanding of how the offender sees the world would help the offender manager to understand the harmful sexual behaviour and target intervention more appropriately. It is important to understand the developmental phases and in particular the factors that are important for an individual during those stages, for example Altschuler and Brash (2004) highlight how adolescents view peer relationships as a priority and therefore these relationships hold more weight and influence than family relationships during adolescence, understanding this would aid the offender manager in working with the young person to develop these social networks in more pro-social ways.

This research indicates there were similar patterns that emerged to that of the child development training when considering the training professionals received in respect of working with adolescents who display harmful sexual behaviour. Those professionals working with adults had less training provided in relation to child development and harmful sexual behaviour. The majority of the professionals interviewed stated that they believed further training would have been useful in aiding them to successfully work with individuals with harmful sexual behaviours, both adults and adolescents. In the research study 42% of the young people interviewed had legal mandates that would mean that they would transfer to Probation when they reached 18, yet the knowledge of working with this client group was absent within the training these professionals were receiving. The implications for practice

are that many of these young people will move into the adult Probation Service and access programmes, risk assessment tools and interventions that are designed for adult offenders. There is a need for clear guidance about how to work with adult offenders, who offending occurs within adolescence, recognising that this is a specific client group and ensuring that inappropriate methods and models are not adopted when working with them.

There are differing degrees of training that professionals receive in relation to child development and adolescents with harmful sexual behaviour. The findings suggest that those professionals working with adults receive significantly less training and in some cases no training in these areas. When considering these findings with the literature, they raise a degree of question in relation to whether professionals are adequately trained around harmful sexual behaviour, its developmental origins and managing transition. In considering the transition to adulthood, the differences in the training and professional knowledge and focus of intervention was thought to have an impact on how services work with their client group. Within the cohort of young people interviewed there were indications of childhood developmental factors that would need to be considered in any assessment such as a significant number of them having difficult attachment relationships and having a degree of learning difficulties. These issues are best worked with by professionals having a sound knowledge of developmental theory, understanding the limitations of individuals and how to meet their developmental needs. It is likely that the transition between the adolescent Youth Offending Service and the adult Probation Service will not be straightforward and that difficulties will be exacerbated because of the lack of continuity between the training and approaches used by these two professions.

Whilst all professionals working within this field should have safeguarding training, this is often focused on identifying and responding to the risks their client poses as opposed to working with someone who presents with ACEs including abuse and trauma. There needs to be careful consideration as to when a victim stops being viewed as a victim and starts to be viewed as a perpetrator, and whether it is possible to hold both labels, or in fact whether either label is helpful.

The need for appropriate training is highlighted further when considering the reconviction data on adolescents who display harmful sexual behaviour which suggests that young people are more likely to commit non-sexual offences rather than further sexual offending. The implications of this are that adolescents who display harmful sexual behaviour who are being

transferred to adult services may be being assessed inaccurately or that professionals are using adult frameworks inappropriately, because of inadequate training and that this may result in the intervention they are receiving not be designed for their demographic.

**How is the risk of harmful sexual behaviour in adolescents who display harmful sexual behaviour assessed? And what are the differences between the assessment tools used to assess adult sex offenders and adolescents who display harmful sexual behaviour?**

The risk assessment tools used to undertake assessments of sexual risk are structured very differently. The risk assessment tools vary in their focus on static factors and dynamic factors, this has an impact on practice as the assessment tools respond to change differently. Static assessment tools provide limited opportunity to reflect change and therefore are less helpful in balancing risk and needs. Professionals need to understand whether they are using static or dynamic assessment tools, as this should direct them in relation to how often the tools should be administered and under what circumstances. Repeating a static risk assessment tool, unless there has been a significant change in core factors, such as a new offence is likely to be unhelpful and be a waste of professionals' time as it will just produce the same results. It is therefore crucial that professionals understand the limitations and suitability of the assessment tools they are using.

One of the findings of this study is that the different assessment tools have different compositions, placing a varying degree of weighting on the following areas: behavioural factors (sexual and non-sexual), developmental factors, environmental factors, relational factors, attitudinal factors and aspirational factors. This is significant because it would suggest that there is not a shared understanding or baseline from which assessments are undertaken. The assessment tools appear to work in isolation rather than being complimentary to each other. The different assessment compositions are often related to different professional disciplines; it could be argued that clearer guidance on how the risk assessments could work in conjunction with each other would aid multi-agency working. The risk assessments could be more appropriately tailored to the function of each profession's assessment process. For example, the motivations for Social Workers or Clinicians may be different from those of the Police, with the first being interested in intervention and support needs whereas the latter has more of a focus on imminent risk management. Clearer guidance may also help the risk management process, for example providing professionals within the MAPPA process with an understanding of why there may be different risk ratings being presented by different professionals and aiding them in forming

a global risk rating and providing them with a clearer understanding of the level of the risk management that needs to be implemented.

If there were greater understanding of the risk assessment tools' different compositions, then there would be increased clarity on how these assessments could work together to provide a more comprehensive assessment rather than be seen as contradictory. The implications for practice are that risk assessments are likely to produce different results and that this can have significant impact on how people who have committed acts of harmful sexual behaviour are managed. If risk is inflated because the incorrect risk assessment tool is being used then the individual is likely to experience unnecessary responses to that risk, such as an increase in restrictions or supervision. In exploring the research into risk assessing harmful sexual behaviour there is a deficit in relation to exploring how risk assessments correlate with each other in terms of composition and focus and linking this with professional understand of the tools used. This study has highlighted the need for greater clarity in relation to the assessment tools and how this would create more effective multi-agency working.

Hutton and Whyte (2006) describe how a comprehensive assessment should not only focus on the offending itself but should also include exploration of the onset of the offending, what motivates the offending, how behaviours are changing and how responsive the individual is to intervention. It is clear from the analysis of the risk assessment tools that the degree to which assessments focus on broader factors varies significantly and from profession to profession. This creates implications for practice particularly as the most significant differences in assessment are between adult and adolescent assessment tools and their focus on developmental factors.

The developmental period of adolescence does not stop when an individual turns 18, so when considering need alongside risk, the need of someone who is just entering adulthood is very different from someone who is established in adulthood. The implications for practice are that without the appropriate training and assessment tools professionals are going to struggle to understand and assess the individuals they are working with and this will have a significant impact on the experience the professional and client have of the assessment process and any intervention and risk management strategies that are developed. As adolescents transition from juvenile to adult services it would appear that their needs are not being adequately assessed. The findings indicate that there are differences in the risk assessment tools used to assess adolescents as they transition to adulthood. These findings are important as they

highlight that the different risk assessment tools work in very different ways, focusing on different factors to arrive at a risk rating. The findings also suggest that those professionals working with adolescents who display harmful sexual behaviour, in both adolescent and adult services, may not fully understand the risk assessment tools they are using, what they are assessing and how the tools relate to each other. When considering these findings with the literature, they raise a degree of question in relation to whether enough information is understood about the risk assessment tools being used and whether there is a shared understanding about how these tools relate to each other.

If the services working with the young person change during the transitional period and different tools are used, there are likely to be changes in the expectations and requirements placed on an individual. If the tools used by juvenile and adult services are so different then there is likely to be a loss of information as information is shared between professionals and different focus is taken. It could be difficult to find correlation between the different assessment tools and this may create difficulty if an individual was assessed by different agencies using different tools and potentially drawing very different risk ratings. It therefore raises questions as to the most appropriate assessment tool for these young people, whether it is better to assess them using an adolescent risk assessment tool or an adult tool. This is significant because the assessments are not stand-alone documents but are usually part of a more comprehensive assessment report. If professionals do not fully understand the assessment tools they are using, there is the potential that the analysis being drawn from the assessment tools are lacking in context. Context is necessary for a broader conclusion to be made. The fact that the Probation or Police risk assessment tools are designed for assessing adults, poses issues when considering an adult who's offending is located purely in adolescence. This lack of appropriate assessment tools and training around this specific group of offenders could have a significant impact on risk assessment process and any subsequent risk management strategies, particularly if inappropriate assessments are being undertaken as they will provide a false sense of risk.

In exploring the professionals understanding about the risk assessment tools used, it became apparent that familiarity with the different risk assessment tools varied significantly. The clinical assessment tools J-SOAP and SVR-20 were the least familiar for this cohort of professionals, closely followed by those of the Police and Probation Service. The implications for practice are that for any joint working or transfer from one service to another there are likely to be issues, with professionals having a different understanding of risk and

what they are assessing. Another finding from this research is in relation to how differently the RM2000 assesses risk compared with the other assessment tools, not only having in a different composition but also rating risk significantly higher than the other tools. As stated in the literature the RM2000 has limitations because of its restrictive nature, not only does it have a limited focus but also its static nature means that once an offender hits the markers for certain criteria, for example having a male victim, then their risk is automatically raised and cannot be reduced in that area, regardless of how much time has passed. With the RM2000 being the major risk assessment tool used by the Police to assess adult sexual offenders, the risk rating dictates the level of monitoring the offender will receive. The limited focus of the RM2000 and the higher risk rating means that more offenders are likely to be considered high or very high under this assessment tool, resulting in a greater workload for officers and potentially resulting in resources being inappropriately allocated.

In exploring the different risk assessment tools, there appears to be significant implications for risk. With different assessment tools being used to assess the same individual and those tools producing differing results, are professionals able to make an accurate assessment of risk and does the inconsistency affect multi-agency working. If agencies are assessing a young person differently and these assessment results are being shared with young people, then there are significant implications. If an individual feels that their risk has been elevated, yet know that nothing new has changed then this is likely to create conflict and potential disengagement. Alternatively, if an individual's risk has decreased yet nothing has changed then how does the individual make sense of their lowered risk. These factors are even more significant if they are occurring at a time when a young person is being transferred from one service to another and having to build new working relationships with professionals.

### **What is the relationship between the risk assessment and risk management when assessing harmful sexual behaviour?**

The research reviewed for this study and the information collected from interviews indicates there needs to be a more robust link between risk assessment and risk management. There are benefits if the risk assessment and risk management processes were considered as part of the same system. If the assessment was to feed into the risk management plan at the point of conviction by targeting restrictions and responses towards areas of deficit and risk, this would lead to a systematic process of risk management and review. A systematic approach is likely to provide greater confidence in the professional's decision making, with clear reasoning for risk management strategies and therefore potentially mitigating the blame culture and degree

of responsibility professionals believe they hold for the behaviour of the young person they are managing. In thinking about implications for practice, if restrictions are imposed in a generalised way merely to reduce professional anxiety then the meaning for the young person becomes less significant and therefore is likely to be less helpful. The introduction of ARMS and J-ARMS risk management systems provide a framework that could be shared between professions and provide a shared language for professionals in relation to risk and risk management. This could potentially mitigate some of the concerns raised within the Criminal Justice Joint Inspection Report (2013) in relation to their needing to be closer partnership working between the Police and Youth Offending Service, with joint risk management plans for working with adolescents who display harmful sexual behaviours.

In Chapter 5 it was discussed how the NICE (2016) report into transition from child to adult Health and Social Care services highlighted how there needs to be a supporting infrastructure at a strategic level, with individuals who have a clear responsibility. The need for a strategic supporting infrastructure to aid the risk assessment and risk management process is also important. Within this research, professionals were able to identify that the pressures placed upon them have a significant impact on their practice, with limited resources and increasing caseloads, together with restrictions on the role of organisation and the level of professional involvement that is available. Professionals also were able to identify how the dynamics within multi-agency meetings can affect the ability to appropriately risk manage. Professionals generally believe that the views of other professions are given more weight than their own. This lack of professional confidence is likely to be linked to the fact that there is little commonality between professionals' approaches or the assessment tools they use and that there is insufficient training and support mechanisms in place to allow professionals to develop more professional confidence.

### **How useful are restrictions for effective risk management of harmful sexual behaviour?**

In considering the importance of the findings in relation to restrictions, the young people within this research suggest the restrictions imposed upon them were beneficial. In thinking about the need for restrictions, they appear to be important and necessary however if restrictions are universal and not tailored to the individual, there is a risk that they become too restrictive or inappropriate. If restrictions can relate to the individual, then the young person is more likely to understand why they are in place and work with professionals around adhering to them and demonstrating change.



When considering restrictions, the research highlights there is an important balance that needs to be achieved between the risks presented and the rights of the individual, recognising whether restrictions are being used as a response to harmful sexual behaviour or when they are being used as a means of punishment is crucial. Thought through restrictions are based on reducing the risk the individual presents and are aimed at aiding them towards a more pro-social pathway. These are less likely to lead to inappropriate restrictions of liberty being implemented. The risk management process needs to be responsive to individual circumstances and changing needs. It is important the restrictions in place are appropriate and proportionate and if a young person is demonstrating an ability to manage their behaviour for themselves, then professionals need to be able to recognise the change and respond appropriately reducing restrictions. If restrictions are not amended to reflect change then the young person could feel disheartened or more significantly the restrictions could become counterproductive and limit access to normal developmental experiences, therefore potentially increasing risk. To achieve this, there have to be clear structures in place concerning assessing and reviewing risk.

### **What experience do professionals and young people have of the risk assessment and risk management process?**

The findings indicate there are differences in the experience young people and professionals have of the assessment process. There are a range of different professionals and different professional disciplines that work with adolescents who display harmful sexual behaviour, and this means the young person experiences differences in the assessment process and professional relationships. The various professions involved in assessing adolescents who display harmful sexual behaviour have different requirements in relation to how often they see individuals. This has the potential to impact on the young people that are assessed, the familiarity and relationships formed is likely to significantly change depending on how frequent the professional involvement is. The young people and professionals report the sense of partnership working diminishes with the move towards adult services, where responses available to professionals appear to be more restricted, there is less collaboration and contact is reduced.

Another finding was that young people did not appear to be familiar with the risk assessments being used to assess them. It was suggested the assessment process could benefit from a clear explanation being given. The lack of knowledge young people have about what

assessments are being undertaken is likely to have an impact on the experience the young people have of the risk assessment process and their level of engagement in the process. There are differences between the ways different professions feel about involving the young people in the assessment process. Professionals who have training in person-centred approaches such as Clinical, Social Work and Youth Offending Services, appear to see the importance of young people understanding their risk and having a sense of ownership over the risk assessment process. However, as young people move from professional to professional as they transfer from adolescent to adult services, they may have a sense that assessments are being 'done to them' as opposed to them developing ownership. This could challenge the therapeutic relationships. It is likely the ownership promoted within the juvenile assessment process will be undermined and reduced during transition due to the changes in professionals and approach. This occurs at a time when independence, ownership and adulthood is being strived for by the young person. Within this research the young people described a desire to be more involved in the assessment process and take a greater control in managing their risk. The ownership of the assessment process by professionals combined with the lack of involvement and participation of the young person is likely to exacerbate the disconnection between assessment and risk management.

A further issue raised was that the assessment process can be a fearful process and part of the role of the professional is to provide containment through what might be considered a stressful experience. Interestingly, this voice was predominantly coming from professionals that worked with adolescents who display harmful sexual behaviour. The implications are that if the anxiety or fear that is manifested is not addressed or at least recognised then it could negatively affect the assessment process and potentially affect the level of risk. Another area that impacts on practice is how comfortable the professionals are in talking about the subject matter. If professionals are not trained adequately for working with harmful sexual behaviour or using talking based approaches to engage people, then it can be difficult for them to be comfortable with such a sensitive subject matter. If the professional is not comfortable this is likely to affect the level of engagement with the service user and impact on the relationship formed.

The purpose of the assessment has a significant implication for practice. If the report is being used for court or another legal process, then there is a sense that there needs to be a level of professional expertise presented within the assessment. This may lead professionals to take more ownership of the process than if the assessment process was seen as a therapeutic or

active risk management process. This may in turn lead to professionals experiencing internal conflict about how they balance apposing needs and demands.

The professionals identified how they are experiencing increased pressure, with limitations to time and resources and these factors make it difficult for professionals to achieve best practice in relation to assessments and risk management. This task is made even harder if what is being strived for is multi-agency partnership working, where there are differing time restrictions, resource limitations and statutory requirements. There does not appear to be adequate time resources given to professionals to enable meaningful relationships to be formed. It would appear that whilst the literature outlines what would be best practice, there has been little consideration at a strategic organisational level about how this can be achieved. This is even more apparent when looking at the practicalities of multi-agency working. This reinforces the need for there to be strategic level co-ordination of services and resources.

**What are the potential elements of effective risk management for adolescents who display harmful sexual behaviour and adults who offend in adolescence?**

Within the research the young people interviewed were able to provide clear guidance on how they believed practice could be improved. There was an overwhelming sense that therapeutic support and practical support is important. The individuals within the research believe therapeutic support was helpful. It is important to recognise that all young people interviewed had undergone an intensive therapeutic programme and this is likely to have been influential in the responses given. It is important to be aware of the need for therapeutic support as professionals make recommendations about what sentencing options or support options should be implemented.

Within the research the young people identified the importance of therapeutic support to help them understand their past and where things went wrong. There are implications for practice if this support is not available to the young person. The unresolved issues may manifest themselves in displaced behavioural problems which may increase risk. The final piece of advice the young people gave was that they needed assistance with practical support in relation to social isolation and finding employment. If this is not available to them then it may be that the young person may struggle to reduce their risk and develop pro-social support networks.

It is important to understand what additional support this population needs in order to aid transition. However, it is not that straightforward. The importance of information being checked with the young person was clearly significant. The implications for practice are that if young people believe the information professionals have is inaccurate or they are just being labelled, the young people are likely to be more hostile or defensive with professionals and less willing to engage. The issues of resources and organisational focus are present, with some services having limited access to funding routes and additional support services, for example these services are not available to the Police or not as available for those over 18 years of age.

### **Recommendations for Reducing the Challenges**

In summarising the recommendations highlighted in the research it is clear that there are improvements that need to be made at every stage of the assessment process, from establishing the context and identifying the risks, assessing and evaluating the risks, managing, monitoring and reviewing risks and with communication, consultation and intervention. These recommendations are highlighted in Fig.66.

**Figure 66- Recommendations for Reducing Challenges**

<b>Establishing Context and Identifying Risks: Harmful Sexual behaviour and Developmental Transition</b>
<ul style="list-style-type: none"><li>• Continuity between Youth Offending and Probation Service to aid the transfer of young people between services, co-ordinated at a strategic level</li><li>• Training on working with Adolescent Sexual Offending. The training should include:<ul style="list-style-type: none"><li>➤ Harmful Sexual Behaviour Profiles for Adolescents and Adults</li><li>➤ Recidivism rates for adults and Adolescents who display Harmful Sexual Behaviour</li><li>➤ Intervention Strategies to work with Adult Sexual Offenders and Adolescents who display Harmful Sexual Behaviour</li></ul></li><li>• Probation Service and police to receive Child Development training, The training should include:<ul style="list-style-type: none"><li>➤ The ages and stages of Child Development and the impact of ACEs</li><li>➤ The importance of considering need and risk</li><li>➤ Understanding of transition being a stage of flux and changes that young people experience differently</li></ul></li><li>• Clear guidance about how to work with adolescents who display harmful sexual behaviour when they transition to adult services.</li></ul>
<b>Assessing and Evaluating Risks: The Challenge of Assessment</b>
<ul style="list-style-type: none"><li>• Clarity and a common purpose for assessment recognised by all professions</li><li>• A standardised approach to which assessment tools should be used with which individuals.</li><li>• Professions need to understand the assessment tools they are using, their focus and composition</li><li>• Guidance for multi-agency meetings about how to integrate the different assessment tools.</li><li>• Clear Guidance on the training professionals need to undertake dynamic risk assessments</li><li>• Professionals need to understand who tools relate to each other.</li><li>• Specific risk assessments available for assessing adolescents who display harmful sexual behaviour when they transition to adulthood. These assessments should include<ul style="list-style-type: none"><li>➤ Assessments of Harmful Sexual Behaviour, focusing on Adolescent Sexual Offending risk factors rather than Adults</li><li>➤ Assessments should be responsive to need as well as risk</li><li>➤ Assessments should include developmental factors and ACEs</li><li>➤ Assessments should include a focus on strength as well as concern</li></ul></li></ul>

## **Managing, Monitoring and Reviewing Risks: Relationship between Assessment and Management**

- Clearer guidelines about imposing restrictions. This should include:
  - Linking level of restriction to level of risk
  - Tailoring restrictions to the individuals specific risks
  - Clear interpretation of the restrictions
  - A clear process of monitoring, reviewing and reducing restrictions
- The assessment tools should direct restrictions and provide a framework for reviewing the appropriateness of those restrictions
- Consideration of the long term implications of restrictions
- A move away from a Professional Blame Culture
- A Common Framework that provides clarity and confidence for professionals within a Multi-Agency Meetings
- Strategic direction about time allocation, caseloads and assessments that require partnership working
- Strategic direction about the resources available so that actions identified are achievable

## **Consultation, Communication and Interventions: Experience of Assessment**

- Consistency in response young people receive from Professionals, including Professionals checking the accuracy of information with the young person, avoiding the use of inappropriate terminology and labelling
- Professionals need to assist the young person to understand the remits of services and how they relate to each other, explaining how decisions are made
- Professionals need to explain the assessment process to the young person and information needs to be provided about how to reduce their risk
- Young People should be given a degree of ownership over the assessment process
- Therapeutic Support should be available for young people, in addition to practical support in relation to social isolation and finding employment
- Organisations need to resource professionals so that meaningful relationships can be formed
- Professionals training should include:
  - Improving professionals' interpersonal and verbal communication skills
  - Helping professionals to be comfortable with the subject matter
  - Knowledge of person-centred approaches and Trauma Informed Care

#### **4. New Knowledge and Recommendations**

This research highlights how there are various challenges to assessing adolescents who display harmful sexual behaviour as they transition to adult services. The key knowledge this research has generated is that there are significant issues within the current risk assessment and risk management processes. There appears to be issues in relation to strategic alignment, organisational alignment, and role and goal alignment within the assessment process. This lack of alignment creates difficulties across the key areas identified by Guled et al (2012) as important for an effective risk management system. There are issues with establishing the context for risk assessment and identifying risks associated with harmful sexual behaviour. There are difficulties with assessing and evaluating sexual risk, issues with how risk is managed, monitored and reviewed. There are also issues with consultation, communication and intervention. These issues not only have an impact on the effectiveness of the assessment process but also have an impact on the experiences of those involved within the process.

This research has taken a holistic approach to analyse the process of risk assessing adolescents who display harmful sexual behaviour. The research has provided a voice to frontline practitioners and young people in relation to their experiences of risk assessment and risk management, as well as undertaking an analysis of the risk assessment and risk management processes. Risk assessment is often an area of practice and policy where the professionals are seen as experts and research focuses on quantitative analysis. The focus on the experiences of professionals and young people within the assessment process as exemplified in this research is crucial in terms of approaching risk assessment from a different perspective, valuing the role young people play within the assessment process. It highlights the importance of young people and professionals having a voice in exploring and developing the risk assessment process, the aspects of the assessment process where professionals and young people's experiences correlate and contradict is invaluable.

This research highlights a number of operational suggestions that could improve the effectiveness of the risk assessment and risk management processes. The research though also suggests how there is strategic and structural confusion around risk assessing adolescents who display harmful sexual behaviour. There is a lack of clarity about how assessments should be undertaken, the use of assessment tools lacks direction and purpose and there is little integration between tools. There is a lack of clarity about the responsibilities of the different professionals involved and therefore the guidance for professionals is unclear and

inconsistent. These factors lead to difficulties in communication at all levels, between agencies, individual practitioners and between the practitioners and the young people they are working with. It is important that assessing risk is understood in terms of a social construction as this aides the contextualisation of risk from different perspectives; it also provides a basis for integrating the different assessment tools and professional judgements together. By adopting a social constructionist approach risk can be engaged with in a well-informed dynamic and reflective way, leading to enhanced training, further development of tools and a clear process of evaluation and learning.

Firstly, there needs to be greater clarity and structure about professionals' roles and responsibilities and how the different professions create an overarching comprehensive and integrated multi-agency framework. Secondly, there needs to be a review of the assessment process, ensuring professionals have a more standardised approach to assessment and risk management. This needs to include an understanding of the different tools and their purpose and how different professions feed into an integrated assessment model. Thirdly, there needs to be greater training for professionals and access to resources, including having guidelines about the assessment tools available, how to joint work assessments and the associated timeframes for the workload. The fourth factor highlights the need for better monitoring and reviewing processes, including clear guidance on the evidence needed to implement or remove restrictions. Finally, there needs to be improved communication between professionals and between the professional and the young person, ensuring that all parties understand the assessment process and their role within it, particularly encouraging and supporting young people to be involved in the assessment process.

In addition to improvements to the risk assessment and risk management process outlined above, there are specific challenges that need to be addressed that are associated with assessing young people as they enter the developmental transition to adulthood. The NICE 2016 guidance report (NG43) into the transition from child to adult Health Care Services highlights how best practice is for services to be strengths based and account for the individual's needs. The transition process should be developmentally appropriate and take into account the young person's abilities and circumstances. It is clear from the information presented above that there are significant improvements that need to be made in relation to young people transitioning into adult services, in order to improve the effectiveness of the risk assessment and risk management process and achieve best practice.



The NICE guidance report (2016) highlights how ‘Transition takes place at a pivotal time in the life of a young person, part of a wider cultural and developmental change’. This period of change coincides with changes in professional case management, moving from juvenile to adult services. The NICE guidance report highlights the need for transition planning, support before and after transition and a supporting infrastructure to manage transition. The difficulty with transition firstly comes from defining when the process starts and ends. As stated in Chapter 4 the World Health Organisation defines adolescence as encompassing young people between the ages of 10-19 years. Within Social Care, Section 3 of the Children and Social Work Act 2017 requires the local authority to provide leaving care support, in the form of a personal advisor until young people reach the age of 25. The Children and Families Act 2014 requires Health and Social Care transition services to work together to commission services through transition. However, within Criminal Justice (Youth Offending and Probation) the period of transition is identified as when a young person reaches 18. The Youth Justice Board for England and Wales 2018 highlight how there should be a joint protocol for transition across the criminal justice services. These differing definitions of transition add to confusion and impact on the efficiency and effectiveness of the transition process.

There needs to be a considered and co-ordinated approach to transition, one where all professionals involved with a young person can ensure that information is transferred appropriately and the risk assessment process during this transition period recognises and responds to the developmental needs of the young person. This co-ordination needs to include professionals having training in both adult sexual offending and adolescent harmful sexual behaviour. There also needs to be a considered approach to risk assessment, identifying tools which are able to assess, not only the risk presented by the young person, but also highlight the needs and strengths. There needs to be appropriate resources available to meet the needs and risk of these young people, recognising both the offending risk and potential developmental needs. Ideally this transition period would be overseen by a multi-agency team who are able to allocate resources and direct professionals in the most effective methods for risk assessment and risk management for this client group.

It would be easy to locate the challenges within the assessment process with the frontline practitioners and their work with the young people, including poor communication, lack of professional confidence, time management issues and unfamiliarity with the assessment tools.

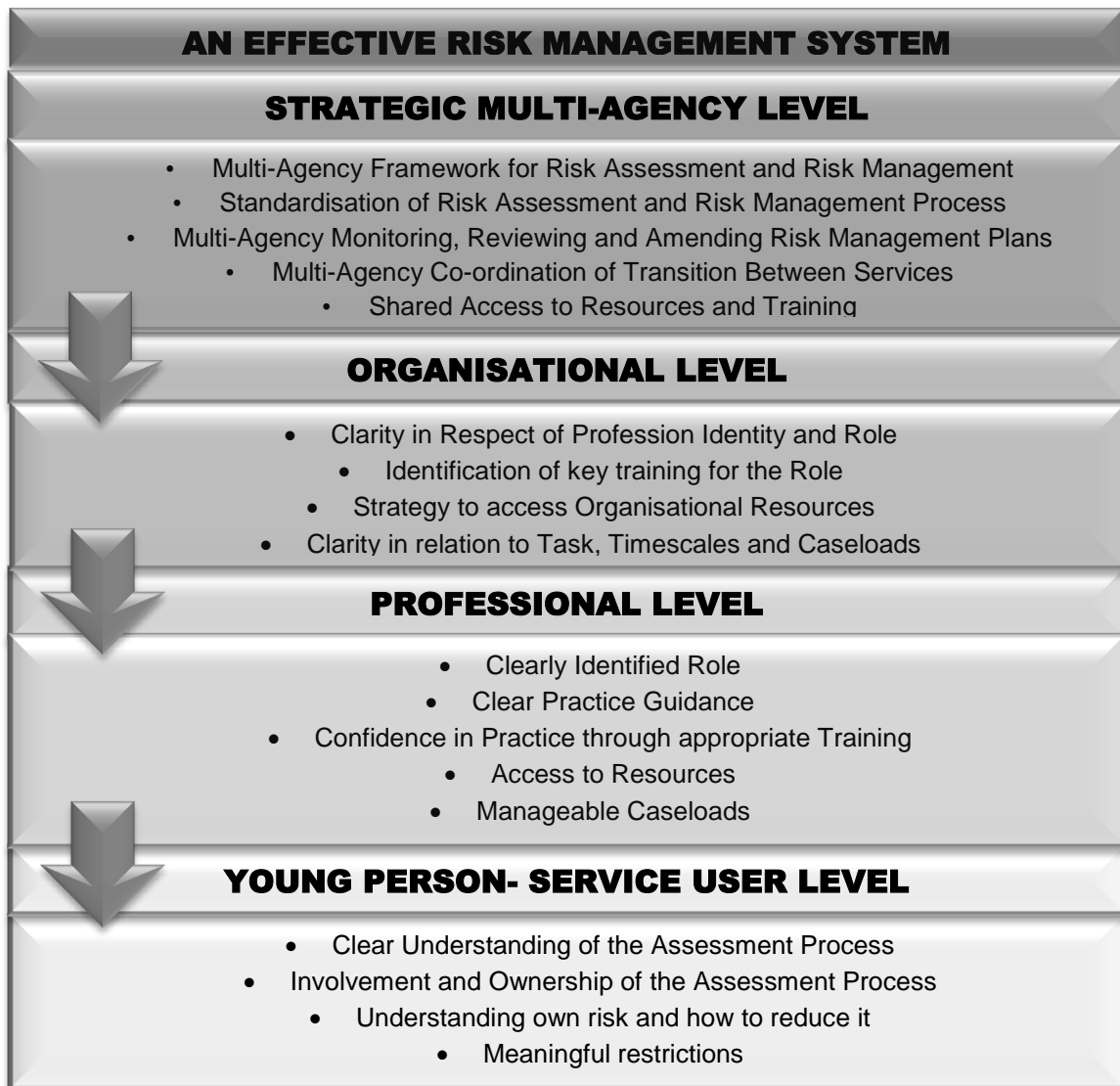
However, these appear to be symptoms of deeper rooted confusion within the risk assessment and risk management process, confusion that sits at a strategic level. The key consideration at the strategic management level is whether the different professions are undertaking the same risk assessment task or whether there is clear distinction between professions in terms of focus and direction. It could be argued by directing the different professions to undertake the same assessment process, with the same focus, there is a devaluing of the experience and expertise that each profession brings. The risk assessment and risk management process is likely to be strengthened if professions bring their expertise to a shared assessment framework. In order for this to be achieved there needs to be further consideration at a strategic level about how the different professions can be co-ordinated in terms of timescales for assessments and visits so that assessments are integrated and jointly managed. With this structure in place there would be greater emphasis on joint case management and responsibility for reviewing risk management plans. With clarity at this strategic level, then organisational responses can be more focused, which in turn will help the frontline practitioners in their liaison with the young people about the assessment process and what they can expect. Fig. 67 highlights the focus at each level of the assessment process.

There is a need for a clear risk management framework which outlines the distinct stages of the risk management process and the responsibilities of those involved. In order to address the challenges within frontline practice there needs to be crucial developments at a strategic level. This strategic level would need to be a national response from Police, Criminal Justice and Social Care, co-ordinating the assessment processes between agencies rather than agencies working in isolation. There needs to be a multi-agency approach to establish the context for risk assessment, provide resources to identify risk and produce guidance on how to effectively assess. This approach also needs to include guidance on how to manage and treat risk and provide a clear structure for communication and review. It is only with this multi-agency approach in place that professionals will be able to undertake effective risk assessment and risk management of adolescents who display harmful sexual behaviour, assessments that are able to respond to the challenges that the developmental transition creates.

It is important these assessment challenges are addressed in order to provide clarity and structure to the assessment process, but also these challenges need to be addressed because of a social and moral obligation to getting the assessment process right. There is a social obligation to ensure the risk to the public is appropriately assessed and managed and public

resources are used responsibly and effectively. There is also a moral obligation not only to the young people who are being assessed but also to the people who have been affected by their harmful behaviour to get the assessment process right and to effectively manage risk.

**Figure 67- An Effective Risk Management System**



## **5. Strengths and Limitations of the Research**

This research has adopted a mixed method approach. Brannen (2005), highlights how there are advantages and disadvantages of using this research approach. She highlights how this method can encourage broader and more creative thinking. However she questions whether there are risks to not getting enough depth in either approach used. In considering the findings from this research there have been strengths in adopting this research method as it has allowed for there to be a more holistic exploration of the assessment process and provided the ability to explore the risk assessment process in relation to harmful sexual

behaviour from many facets. The quantitative data collection provides a means to explore the tools themselves and a structure to undertake comparisons between the different tools. The structured questionnaires provide an approach to collect information in relation to the knowledge held by professionals and young people about the risk assessment process. The qualitative data collection also allows for there to be an experiential focus, hearing from young people and professionals about their experiences of the assessment process and their beliefs about how the assessment process should be.

There are limitations and disadvantages to using this mixed methods approach, echoing the research by Brannen (2005). There are limitations in relation to depth and the conclusions that can be drawn from having a limited research cohort and broad research design. There are also weaknesses to undertaking the assessment over a 6 year period as there is inevitable change in practice over such a period of time, in the case of this research there were developments in relation to assessment tools.

There were two specific challenges identified within the methodology chapter, these were questioning whether there was an impact of having service user from one organisation and whether this created a bias within the information collected. The second question was in relation to whether the research was able to provide enough information on the potential elements of an effective risk management system. In considering the first question it is important to acknowledge there is likely to be a bias in the information collected from the young people. These are young people that have completed an intensive treatment programme and their willingness to engage with the research is likely to indicate they had positive experiences of the treatment process and are still engaged. However, this could be said for a significant proportion of research that engages with service users, those people who are willing to enter into a research project are likely to have something they want to say and are likely to be more engaged with the system. It is also important to acknowledge that the young person cohort for this research was male and predominantly white British, this is a limitation of this research, however as stated within the methodology is reflective of the population of young people who receive specialist intervention for harmful sexual behaviour. In considering the information collected from the young people there is significant variation in the responses they gave and therefore the information collected was able to provide useful insight into what was important or unhelpful for them in relation to risk assessment and risk management.

In relation to the second question the findings from this research were able to explore a range of issues relating to the current challenges within the assessment process, including issues with establishing the context for assessments, how harmful sexual behaviour is understood and assessed, and how risk is managed, treated and reviewed. The research was also able to explore the issues with communication within the current risk assessment structure. The research was able to suggest changes that could be made in all of these areas in order to improve the effectiveness of the risk management system, however further research is needed.

In considering the strengths of the research methodology, it is clear that Brannen's (2005) critique of this method holds true for this research. The broadness of the mixed methods approach allows for more creative thinking in respect of assessing adolescents who display harmful sexual behaviour through the developmental transition to adulthood. The research was able to use an Interpretive Phenomenological Analysis approach to understand and explore the experiences of both young people and professionals through the different phases of the risk assessment and risk management processes. This experiential and exploratory approach to understanding the risk assessment process of adolescents who display harmful sexual behaviour is not present in the current literature and provides valuable insight into some of the challenges presented within the assessment process. The information collected led the development of the research in relation to understanding and identifying the challenges within the assessment process and to consider how a more effective system could be implemented. However, the mixed methods approach is not able to consider specific areas of the research in significant depth; this is highlighted within each of the findings chapters, where suggestions for further research are explored.

## **6. Further areas of Research**

In considering the first area for further study, the developmental transition, it would be beneficial if there was further research exploring what training the different professions receive. This would allow for a greater understanding of the consistency of training within professions and the potential differences in knowledge professions hold. In connection with the issue of training it would be useful to explore what knowledge professionals hold in relation to child development and harmful sexual behaviour considering the differences within and between professions. It would also be beneficial for there to be further

exploration of how the transition between juvenile and adult criminal justice systems is managed and whether there is an understanding of this developmental phase.

In considering the second area of further study, the assessment process, it would be beneficial if there was further research exploring the risk assessment tools in depth, tracking cases and what assessment tools are undertaken, what information is included within the assessments and how risk was assessed. The issue of the composition of the risk assessment tools needs further exploration, understanding how the tools relate to each other. It would also be beneficial to explore further the knowledge and training different professions have of the risk assessment tools. This would provide greater knowledge on how much variance there is within the assessment process. With the introduction of new assessment tools such as ARMS, J-ARMS and AIM3 it is important that these frameworks undergo evaluation so that their strengths and weaknesses can be considered.

In considering the third area for further study, the link between risk assessment and risk management, it would be beneficial if there was further research exploring the range of restrictions that are imposed and why they were imposed so that the appropriateness and effectiveness of the restrictions could be considered. It would be important to explore the short, medium and long term effectiveness of these restrictions. The review process is also highlighted as an area where further research would be beneficial, exploring what different professionals believe the review process is and how frequently they review the restrictions that are imposed. It would be beneficial to understand how often restrictions are amended and reviewed and what the appropriate forum is for altering restrictions. It would also be of benefit to explore what affects professionals' ability to amend or remove restrictions.

In considering the fourth area for further study, the experience of the assessment process, it would be beneficial if there was further research exploring what information is provided to young people about the assessment process, giving young people an opportunity to help develop an effective information sharing tool that would aid them through the assessment process. It would also be beneficial to undertake further research in relation to the multi-agency working through the assessment process, exploring what the statutory role differences are and how this could be improved. There would be benefits to exploring the factors that impact on professional's ability to undertake the assessment task, exploring how much time professionals believe they need to undertake an effective risk assessment and the number of

cases they can manage to hold before there is an impact on the effectiveness of assessment process.

In drawing the findings together within this chapter there are broader areas of research that are raised. It would be beneficial for there to be further research in respect of how the risk assessment vision differs at the different levels; service user, practitioner, organisational and strategic level. This would allow there to be an understanding of whether the different levels are approaching the risk assessment of adolescents who display harmful sexual behaviour in the same way. There also needs to be exploration of the impact of the different professions either taking a generic approach to assessment or a profession specialism approach. It would be useful to consider the strengths and limitations of both of these approaches, in order to provide the most effective risk management system for assessing harmful sexual behaviour in adolescents as they transition to adulthood.

## **7. Personal Reflections of undertaking the Research**

In undertaking this study there has been a personal as well as an academic and professional journey. The professional journey started from my experiences working with adolescents who display harmful sexual behaviours and a concern in relation to assessing these young people through the developmental transition. I had become aware working within multi-agency forums nationally that there was a considerable amount of inconsistency in the approach taken to assess and manage risk, particularly with young people as they transition to adult services. I believed the developmental phase was not adequately being considered once the young person transitioned to adult services. The approaches of juvenile and adult services were significantly different and I questioned whether this was an appropriate way to work with young people.

This led me to want to explore the issue of risk assessment and risk management. My original thoughts were to produce a risk assessment tool that would be more effective at assessing young people. However, as I began the academic journey, reading literature and considering my research design, I began to question my original plan and wanted to understand more about the experience of the assessment process. My working career has been within a psychodynamic therapeutic provision where the importance of experience is at the forefront. Exploring literature within this field, the Therapeutic Community research highlights the notion of ‘experts by experience’, and this approach heavily influences my practice and my personal beliefs about the importance of the service user’s voice.

I became interested in who the experts within the harmful sexual behaviour arena were and what knowledge they held. I wondered whether the experiences of the young people would be valuable within risk assessment research, an area often surrounded by a sense of professional expertise. In exploring this within the literature review it became apparent that there was a lack of experience-based research that considered risk assessment and risk management of harmful sexual behaviour.

In reviewing the information from the literature review, I decided that I wanted to take a holistic approach to exploring the assessment of harmful sexual behaviour. This led to considering a mixed method research design. The process of data collection using mixed methods provided contrast between the interactive and subjective questionnaires and the quantitative objective tool analysis. I wanted to explore what the current risk assessments focused on, what information they relied on and how this correlated with the views of young people and professionals.

Whilst the mixed method approach was a beneficial approach to acquire a range of knowledge, the process of analysing the findings became problematic, grappling with how to integrate the quantitative and qualitative data coherently, triangulating the findings from these different approaches. As the data was analysed it was evident there was considerable variation and contradiction and the process of risk assessment was not clear and consistent. I believe the research presented highlights important areas for consideration in relation to how the assessment process can be improved. The research highlights that one of the major challenges for assessing adolescents who display harmful sexual behaviour through the transition to adulthood, is that the developmental transition phase is not adequately recognised within the assessment process, particularly within adult services.

During the course of undertaking this research there have been developments in the risk management of sexual offenders, with the development of a range of new assessment and risk management frameworks for assessing adolescents who display harmful sexual behaviour. My research has enabled me to work with the National College of Policing to design the Juvenile Active Risk Management System (J-ARMS) referenced within this research. The risk assessment and risk management of adolescents who display harmful sexual behaviour is an evolving field and the development of new assessment structures is crucial to improve the assessment experience for young people and professionals. For any risk management framework to be truly effective, I believe the issues of strategic alignment, organisational



alignment, and role and goal alignment need to be addressed as they significantly impact on the professionals' ability to assess, respond to and monitor sexual risk.

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**R v Mortimer [2010] EWCA Crim 1303,**

**R v Hemsley [2010] EWCA Crim 225**

## **Appendix A**

**Code:**

**Date:**

### **INTERVIEW TOPIC GUIDE** **(Young Person)**

#### **Service Involvement**

- 1. Have you been involved with services following leaving Glebe House**
- 2. What services have you had contact with?**
- 3. Why have you had contact with them?**
- 4. How useful have you found services?**
- 5. Has there been difference in the way these services have worked with you?**

#### **Risk**

- 6. What is being referred to when professionals talk about your risk?**
- 7. How do you think services view your risk?**
  - a. No risk
  - b. Low risk



- c. Medium risk
- d. High risk
- e. Very high risk

**8. Have you been asked about how you view your risk?**

**9. How do you view your risk**

- a. No risk
- b. Low risk
- c. Medium risk
- d. High risk
- e. Very high risk

**10. What do you think are the most important factors in reducing your risk? Put these statements in order.**

- a. Understanding your harmful behaviour
- b. Understanding your childhood
- c. Your home area when you leave
- d. Your behaviour when you leave
- e. The relationships you have when you leave
- f. Your engagement with services when you leave
- g. Having future goals

**Why?**

**11. What do you think are the two factors that professionals have focused on the most when considering your risk?**

- a. Understanding your harmful behaviour
- b. Understanding your childhood
- c. Your home area when you leave
- d. Your behaviour when you leave
- e. The relationships you have when you leave
- f. Your engagement with services when you leave
- g. Having future goals

**Why?**

**12. What do you believe helps you manage your risk?**

### Assessments

**13. Do you know what risk assessment tools have been used to assess you?**

**14. Have you been involved in the risk assessment process with professionals?**

**In what way?**

**15. Would you want to be more involved in the risk assessment process?**

**How?**

### Restrictions

16. Have you had restrictions placed on you because of your past harmful behaviour?

What restrictions?

Why?

17. How appropriate do you think these restrictions have been?

### Final Questions

18. What are the key things in your life that help you to not harm sexually?

19. Do you think it makes a difference that you were under 18 when you displayed harmful sexual behaviour?

Why?

20. If you could give professionals advice about working with adults who harmed as juveniles, what would it be?

### **Appendix B**

Code:

Date:

### PROFESSIONAL QUESTIONNAIRE

1. What client group do you work with?

2. How familiar are you with working with adults who offended as juveniles?

3. Do you think offenders that offended as juveniles are different to offenders that offend as adults?

In what ways?

4. What do you think are the most important factors in reducing your risk? Put these statements in order.

- a. Understanding their harmful behaviour
- b. Understanding their childhood
- c. Their home area when they leave
- d. Their behaviour when they leave
- e. The relationships they have when they leave
- f. Their engagement with services when they leave

- g. Having future goals

**Do you think there are other factors that are important?**

**5. How familiar are you with these assessment tools**

- |              | Very | Quite | Not at all |
|--------------|------|-------|------------|
| a. AIM 2     |      |       |            |
| b. ASSET     |      |       |            |
| c. J-SOAP II |      |       |            |
| d. RM2000    |      |       |            |
| e. OASys     |      |       |            |
| f. SVR-20    |      |       |            |

**6. Have you been trained in any sexual risk assessment tools?**

**Which ones?**

**7. Have you received any training on working with adolescents with harmful behaviour?**

**What did this training include?**

**8. As part of your professional training have you undertaken any training about developmental ages and stages**

**9. When conducting a risk assessment which of these statements best applies?**

- a. These assessments are shared between professionals but not with the service user
- b. The risk assessment is undertaken by the professional and when completed is shared with the service user
- c. The risk assessment is undertaken with the service user
- d. The risk assessment is led by the service user

**Do you think this is how it should be?**

**What factors influence this?**

**10. Which professions risk assessment tools do you think are most reliable?**

- a. Police
- b. Social Care
- c. Youth Offending/ Probation

d. Clinical

**Why?**

**11. Which professions assessments and perspectives, do you believe get given the most weight within multi-agency meetings?**

- a. Police
- b. Social Care
- c. Youth Offending/Probation
- d. Clinical

**Why?**

**12. Do you think it is important for restrictions to be placed on an individual because of their past harmful behaviour?**

**Why?**

**13. How appropriate do you think these restrictions are?**

**14. Which one of these statements do you believe is most accurate**

- a. The restrictions services use are generic and do not relate to the individuals circumstances
- b. The restrictions services use are generic but are based on research on offending populations
- c. The restrictions services use are individually developed and I feel confident about them
- d. The restrictions services use are individually developed, but I am uncertain whether they are appropriate
- e. The restrictions services use are about protecting the organisation from criticism

**15. When you undertake a risk assessment on a sexual offender which of these factors do you assess?**

- a. Sexual behaviour
- b. Violent behaviour
- c. General criminality
- d. Reintegration difficulties

**16. What do you believe is the greatest reoffending risk for adults whose offending occurred solely as a juveniles**

- a. Sexual offending
- b. Violent offending

- c. General criminality
- d. Drug related offending
- e. Breaches of legal mandates

17. **How significant do you think it is that the offending occurred before adulthood?**

**Why?**

18. **Are there any differences between offenders who offend as adults and those whose offending is located within adolescence?**

**What?**

19. **What factors affect the ability to manage risk?**

A lot      Sometimes      Never

- a. Role of the organisation
- b. Resources available
- c. Level of professional involvement
- d. Caseload

20. **What do you believe are the key factors that aid pro-social outcomes for adults who offend as juveniles?**

## Appendix C

### Links to Assessment Tools

- ASSET

<https://www.gov.uk/government/publications/assetplus-assessment-and-planning-in-the-youth-justice-system>

- AIM 2/ AIM 3

<http://aimproject.org.uk/>

- OASys

<http://aimproject.org.uk/>

- RM2000

<https://www.birmingham.ac.uk/Documents/college-les/psych/RM2000scoringinstructions.pdf>

- J-SOAP 2

<https://www.ncjrs.gov/pdffiles1/ojdp/202316.pdf>

- **SVR20**

[http://www.sexual-offender-treatment.org/2-2009\\_01.html](http://www.sexual-offender-treatment.org/2-2009_01.html)

- **ARMs**

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/pi-15-2015-ai-16-2015-arms.pdf>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/308159/sex-offender-management-and-dynamic-risk.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/308159/sex-offender-management-and-dynamic-risk.pdf)