



DOCTORAL THESIS

Sexual Offending & Predictors of General & Sexual Recidivism

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**Sexual Offending & Predictors of
General & Sexual Recidivism**

by

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**A thesis submitted in partial fulfilment of the
requirements for the degree of Psychology (PsychD) in Forensic
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Abstract

Abstract

Supervision of sexual offenders can only work to reduce risk when it monitors and addresses factors related to both general and sexual recidivism. It is well known that many sexual offenders commit other types of offences, such as violent and general offending, but other types of offenders rarely commit sexual offences (Hanson & Bussiere, 1998). It is therefore necessary to distinguish sexual offenders from other offenders when we study the different recidivism types, and the key risk factors for the prediction of any reoffending.

This study assessed the predictive utility of several commonly used psychometrics in Northern Ireland, namely the Stable and Acute 2007, Risk Matrix 2000, and the STEP battery. Risk assessments were collected from a sample of 325 participants each of whom had been convicted of a sexual offence in Northern Ireland. The data is archival, sourced from risk assessments and psychometrics conducted on offenders subject to supervision under the Public Protection Arrangements for Northern Ireland (PPANI) between 2008 and 2010. Overall levels of risk and individual risk factors as measured by these instruments were compared to rates of reoffending.

A number of salient individual factors were identified from the sample, such as capacity for relationship stability, sexual deviancy, rejection of supervision and victim access, which links to distinguishing typologies of offending in sexual offenders supervised within the Public Protection Arrangements for N. Ireland (PPANI). While it was not possible to statistically link individual factors

to re-offending rates, results indicated that overall risk levels obtained by all three assessment tools have predictive utility in relation to non-sexual offending and breaches of probation conditions or licensing. Statistical analysis of sexual re-offending was not possible due to the small number of such offences within this sample.

Findings from this study have both strategic and practical implications for the management of sexual offenders in N. Ireland. The main findings were that all three instruments predicted offending behaviour, breaches of probation, or breaches of licence.

Recommendations and directions to inform future policy and practice are outlined in the Discussion Section

Introduction

Introduction

In examining the background literature to risk assessment this research employs the hourglass model. It begins with broad principles in this area, moving to specific concerns, before concluding with a broader examination of rationale and objectives.

Chapter 1 outlines and provides an overview of the evolution of risk assessment and its general principles. Key concepts in this section are the progression, from purely clinical and subjective measures, to a combination of clinical and actuarial judgement and the increased use of a combination of static and dynamic risk factors in assessment.

This chapter also examines the four key principles of risk assessment set out by Andrews and Bonta (1999) (the risk principle, needs principle, responsivity and professional discretion). “What Works” research is touched upon in relation to the link between offender assessment and offender management. The practical appliance of risk assessment is further discussed within the context of the Criminal Justice System.

Chapter 2 provides a summary of theories of sexual offending, the explanatory background for identifying risk factors, and how they operate over time to result in offending behaviour. This provides an introduction to how psychology has conceptualised the motivation behind sexual offending. Every risk instrument is grounded in theory and direct links are made in this section between the assessments used within this research and the models examined. After a review of early single factor theories relating to sexual

offending, six modern multifactorial models are reviewed; Finkelhor's Precondition Model (1984); Marshall & Barbaree's Integrated Theory (1990); Hall and Hirschman's Quadripartite Model (1992); Ward & Siegert's Pathways Model (2002); Malamuth's Confluence Model of Sexual Aggression (1995) and Allam's Integrated CSOGP Model (2001). This preponderance of models suggests that offenders are not a homogenous group and that a variety of multifactorial risk assessments are required to provide offender managers with a holistic view of potential dangers in the management of sexual offenders.

Chapter 3 describes more specific categories of risk factors and the theories behind them. This examines the research that has yielded three main categories of factors (static, stable and acute). It concludes with a section on the limitations of risk factor research.

Chapter 4 examines the specific risk instruments and the specific risk factors explored in this research. A review of Knight and Thornton's (2007) paper sets risk assessment in context with reference to other commonly used instruments, the use of clinical and actuarial judgment in their administration, and their levels of predictive accuracy. Sections on the different typologies of offenders and difficulties with the concept of recidivism and under-reporting are highlighted as part of the rationale for further research. This chapter concludes with a detailed examination of the factors used within the Stable 2007, Acute 2007, Risk Matrix 2000 and the STEP battery.

Chapter 5 concludes with a summary of the preceding chapters and how they form a rationale for the current research.

Chapter 6 describes the methodology, the participants who engaged in the study, and the data collection and sampling.

Chapter 7 provides an analysis of the results, the assessment measures and a summary of how these results predict reoffending.

Chapter 8, the final chapter, describes both the limitations of the research and implications for future practice. This chapter draws conclusions from the literature review and results and makes suggestions for follow-up research into this important area of practice in the assessment and management of sexual offenders in protecting the public.

Chapter 1

The Evolution Of Risk Assessment

Chapter 1: The Evolution Of Risk Assessment

1.1: Andrews & Bonta (1998) noted three generations of risk assessment:

1. First generation is referred to as involving “clinical judgement”, which is defined as unstructured and based on the practitioner’s level of knowledge and experience. It has been deemed to have poor predictive quality.
2. Second generation of risk assessment is defined as “actuarial assessment”. Actuarial risk assessment is viewed as structured, less open to individual interpretation and standardised. However, it is a static assessment (based on fixed dimensions), and has limitations in relation to predicting which individuals present the greater risk, and it does not measure change over time.
3. Third generation of risk assessment, defined as “dynamic assessment”, represented an attempt at structured clinical judgement, based on risk factors empirically related to recidivism.

Dynamic risk assessment tools have become more standardised, and represent a significant improvement in relation to risk assessment. They identify risk factors that can change over time and are amenable to treatment, interventions and supervision.

Third generation tools are designed to assist intervention efforts. According to Bonta (1996), third-generation scales are empirically validated actuarial measures that contain a substantial amount of dynamic items (criminogenic needs). Whilst several third-generation risk tools have been developed for general offenders (eg Level of Service/Case Management Inventory, Andrews, Bonta & Wormith, 2008; OAsys, Howard, 2009), only recently, however, has research focused on third-generation instruments for sexual offenders. Examples of structured risk tools for sexual offenders that meaningfully sample criminogenic needs include STABLE-2007/ACUTE-2007 (Hanson, Harris, Scott & Helmus, 2007): Structured Risk Assessment (Thornton, 2002a) and its variant, the Structured Assessment of Risk and Need (Webster et al 2006): the Violence Risk Scale-Sex Offender Version (Oliver, Wong, Nicholaichuk, & Gordon, 2007): the Sexual Violence-Risk Management 20 (Boer, Hart, Knopp & Webster, 1997): and the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003). On average these frameworks show similar levels of predictive accuracy to static risk factor scales and in most cases add incremental predictive validity beyond Static-99 (Beech, Friendship, Ericson & Hanson, 2002: Knight & Thornton, 2007; Oliver et al, 2007; Thornton, 2002a). Research relating to these measures is still sufficiently underdeveloped that important questions remain concerning the conceptual foundations of these scales, whether they target the most relevant factors and the extent to which it is possible to associate recidivism rates with specific scores.

The psychometric tools and risk assessments used for the purpose of this research represents third generation risk assessment in relation to sexual offending.

These assessments are:

1. Stable and Acute Risk Assessment
2. STEPS
3. Risk Matrix 2000

The study fits with current and recent research in this area that emanates from a programme of research during the last 12 years (Hanson, 1998; Hanson & Bussiere, 1998; Hanson & Harris, 2000; Hanson & Thornton, 2000; Hanson & Harris, 2007; Hanson, Harris, Scott & Helmus, 2007). The Stable and Acute Assessment 2007 (SA07) (Hanson & Harris, 2007) has been viewed as a considerable advance on previous risk assessments for sexual offenders. This tool demonstrates predictive power about recidivism, and identifies the most significant treatment targets for individual offenders. It promotes a structure for the assessment and prioritisation of immediate danger, and ultimately presents a model for ongoing dynamic supervision and management of sexual offenders.

1.2: General Principles in Risk Assessment

Four principles of classification developed by Andrews and Bonta (1998) have provided a guide to effective correctional treatment and intervention

over the years which many practitioners within the Criminal Justice System have used as a working guide to practice. The first of these principles is concerned with matching the right amount of treatment to the risk presented. According to this principle it is suggested that the higher the risk the individual presents, the more treatment should be directed. Secondly, according to the need principle, interventions should target criminogenic needs. This refers to dynamic risk offender characteristics that, when changed or when targeted by appropriate treatment, are associated with a lower level of risk and a reduced risk of recidivism. These include factors such as pro-offending attitudes and values, some aspects of anti-social personality, e.g., impulsive risk taking behaviour, poor problem solving, alcohol and drug abuse, hostility and anger and having criminal peers and associates (Andrews and Bonta, 1998). Third, the responsivity factor is concerned with the ability of the intervention to be understood by the participants for whom it was designed. Finally, the principle of professional discretion refers to the fact that clinical judgement should override the above principles if circumstances warrant it. This principle therefore lends itself for treatment and innovation of interventions under certain circumstances.

Andrews and Bonta (2010) suggest that the best correctional outcomes are associated with applying the major share of available resources to the highest risk offenders, assigning moderate levels of resources to offenders representing moderate risk and relatively few resources to low risk offenders. This is known as applying the Risk Principle. They state that the Risk Principle makes intuitive sense – putting more effort into people that

practitioners are more concerned about and less effort into those who are not as concerning. Historically, offenders have been provided with the same level of service and supervision regardless of the risk they posed. For many years and in many jurisdictions, low risk and high risk sex offenders were treated and supervised in the same way. The problem with this approach is that too much time and money is committed to over-supervising low risk offenders, and this over-spending on the low risk offenders deflects from the high risk offenders and the supervision and treatment resources they require.

Given that almost all sexual offenders will be released back to the community at some point, it is critical to have a strategy to assess risk, to manage and supervise released sexual offenders in the community. Also, once in the community, it is reasonable to want to know if the offender's risk to the community has diminished as a result of efforts and the resources expended. This of course leads to the question of what works, and what risk assessments are effective with different types of offenders, which is further discussed.

1.3: 'What Works' Research

The "What Works" Movement influenced and helped shape many probation services and community criminal justice projects throughout the 1990s (McGuire, 1995). The Model offered an opportunity to offenders engaging in supervision programmes and interventions that demonstrated a positive ability and prospect of impacting of reducing their level of risk in the future.

However, McGuire (2002) identified a number of major problems and challenges to overcome if these developing systems were to be effective in reducing the risk of further offending behaviour.

Andrews & Bonta (1998) defined risk assessment as “the corner- stone of effective offender management.” They argue that it is critical and a fundamental principle to follow to identify the risks posed by offenders, the facts associated with these risks, and the range of appropriate interventions that could be considered in managing or reducing offender risk. This applies to all types of offenders, including sexual offenders. However, due to the significant developments in research there is significant debate concerning best practice with respect to sex offender risk assessment (Janus & Meehl, 1997).

One of these opinions is that risk assessment procedures can identify who is likely to re-offend (eg, ATSA, 2001; Doren, 2000; Epperson, Kaul & Huot, 1995; Hanson & Thornton, 2000; Quincey, Harris, Rice & Cormier, 1998). However, a conflicting view is that there is somewhat of an over reliance on methods of unknown value, which suggests a degree of scientific support and precision that has not been attained (Boer, Hart, Kropp & Webster, 1997; Campbell, 2000; Hart, 2001). An unfortunate and potential consequence is that critical decisions made about offender risk will be based on professional opinions of questionable value.

1.4: Risk Assessment within the Criminal Justice System

There are various stages of processing within the Criminal Justice System which an individual will pass through. This includes pre-trial, pre-sentence stage prior to sentencing, and post sentencing during a supervision order or custody. At every stage, the individual's risk of re-offending is assessed by professionals to determine security levels in custody, and management plans and treatment pathways both in custody and in the community. These assessments can either be formal or informal in nature (Milner & Campbell, 1995). Risk assessments are fundamental to the criminal justice process, and are part of ongoing practice to assist the process of distinguishing between offenders who are likely to re-offend and those who are at a lower risk of recidivism (Hanson & Bussiere 1998).

Risk assessments offer the criminal justice system and practitioners working within this system predictions of future behaviour. The outcome of a risk assessment has serious implications for both the individual and society in terms of liberty and public protection. The assessment may determine the individual's fate and future, and for society, it may determine whether a potentially dangerous person may be managed safely in the community upon release. Clearly, risk prediction has a unique place in the criminal justice system and in the working practices of professionals tasked with managing risk, but it cannot be taken as fact due to the error inherent in the process. Such errors may result in longer periods of incarceration for offenders, who

are assessed as high risk but whom, when released, do not go on to re-offend.

1.5: Clinical –vs- Actuarial Assessment

Over the years, there has been ongoing debate regarding the accuracy of clinical judgement versus the actuarial approach (Grubin, 1998, 1999). In an attempt to increase accuracy and minimise clinical error by standardising measures there has been an emergence within the literature of a large number of actuarial risk measures for sexual offenders. However, while actuarial measures have been proven to be superior in predicting recidivism compared with clinical judgement (Hanson & Bussiere, 1998; Hood, Shute, Feilzer & Wilcox, 2002), it is clear from the literature that most measures are heavily reliant on static factors alone, and few consider dynamic changes in risk. Low frequency events are difficult to predict and therefore low base rates of re-offending can in some circumstances lead to errors in predictions (Craig, Browne, Stringer & Beech, 2004; Hood et al, 2002).

In predicting high frequency events such as non-recidivism, the “true-positive” rate (which refers to a low risk offender case not re-offending) will be higher. However, low base rates lead to false-positive prediction, risk is overestimated and high risk offenders do not re-offend. Such assessments of risk are therefore usually based on static risk factors primarily, and do not always consider dynamic changes in risk.

The analysis of sex offender outcome studies suggest that contemporary treatment has a significant effect in reducing sexual recidivism (Craig, Brown, Stringer, 2003; Hanson et al, 2002). The meta-analyses indicates that those that drop out of treatment are more likely to reoffend, thus treatment dropout is a significant predictor of sexual recidivism (Hanson & Bussiere, 1998). It is recommended therefore, that actuarial estimates of risk should be adjusted based on treatment related information, such as refusal to participate in treatment, engagement and progress with treatment and programme completion.

In recognising the importance of changes in risk, researchers and practitioners are focusing their attention more on dynamic risk and the factors that lead to sexual recidivism (Hanson & Bussiere 1998). Beech, Erikson, Friendship and Ditchfield (2001) and Serin, Mailloux and Malcolm (2001) have shown that considering and combining dynamic risk predictors, such as sexual deviancy, pro-offending attitudes (Hudson, Wales, Bakker and Ward, 2002) and other dynamic measures, (Dempster and Hart, 2002) can increase the predictive accuracy of more static based risk instruments when working and delivering treatment with sex offenders.

Chapter 2

Theories Of Sexual Offending

Chapter 2: Theories Of Sexual Offending

Introduction

Psychology is an ever-changing discipline that has experienced many paradigm shifts in its short history. Theories of sexual offending have mirrored this evolution, moving from Freudian psychodynamic explanations to behavioural, social learning and cognitive-behavioural approaches. A similar transformation can be seen in the movement from single-theory explanations of offending, to multi-factorial theories. The latter acknowledges that all human behaviour is a complex interaction of social, individual, physical, psychological, distal and proximal factors. After a brief historical overview of the changing theoretical landscape this chapter will examine the development of current models of sexual offending. These models provide the theoretical background to the risk assessment approach and are essential to understanding why certain types of risk factors are grouped together.

Contrary to the public view there is no typical sexual offender. So, in order to understand how theoretical models can best explain different types of offending the different typologies of adult male offenders will be explored. Whilst it is acknowledged that there is growing concern over juvenile and female sexual offenders these groups are outside the remit of this literature review.

Subsequently, six multi-factorial theories will be discussed: Finkelhor's Precondition Model (1984); Marshall & Barbaree's Integrated Theory (1990); Hall and Hirschman's Quadripartite Model (1992); Ward & Siegert's Pathways Model (2002); Malamuth's Confluence Model of Sexual Aggression (1995); and Allam's Integrated CSOGP Model (2001).

An appreciation of the above models is crucial for understanding what drives offending behaviour over time, and how different factors combine and interplay with each other. The vagaries of human nature and the existence of different typologies of offenders indicate that no two offences are likely to be the same. Practitioners therefore need to apply the above theories appropriately and tailor them to the facts and background associated with individual offenders. However, for the practitioner with limited time to make decisions as to how offenders are to be managed and treated, this plethora of multifactorial models is unhelpful. One of the purposes of a risk assessment instrument is to distil the most powerful predictive elements from theory into a practical guide for estimating future behaviour.

Just as these models inform practice by providing the bedrock for the development of risk assessment, the current research can inform theory in a circular fashion. Support for the predictive utility of multifactorial risk assessments would enhance the argument that single factor theories are insufficient in explaining the gamut of offending behaviour. It would also suggest that the plethora of models mentioned is really a reflection of the complexity of offending behaviour and offenders. Alternatively, should this

research suggest that a small number of individual factors are prominent or have direct predictive utility a more parsimonious model of sexual offending could be defended.

Throughout this chapter, models are linked to the risk assessments most closely associated with them. Evidence supporting the relevant risk assessment will therefore provide support for the associated theory, or a combination of theories.

2.1: Theoretical History

Freud is typically credited with initiating the debate over child sexual abuse in psychology (Freud, 1896a; 1896b; 1896c). Having posited that such abuse could result in future neuroses, he refuted this position, and claimed that his patients' accounts of sexual abuse were fantasies. Freud believed that a form of character disorder was behind every variety of sexually deviant behaviour (Grotperter & Elliott, 2002). He coined the term "perversion", to refer to a diverted kind of sexual desire, (Lanyon, 1991) or the regression to earlier levels of psychosexual development (Kaplan & Krueger, 1997). Freud can therefore be seen as the first of many to employ single-theory explanations. Hollin & Palmer (2006), report that early treatments for sexual offending, which continued to be based on the idea of fixations at various stages of psychosexual development, had inadequate results (Crawford, 1981). Freud's theories on this subject are open to the usual criticisms of psychoanalysis (such as lack of empirical evidence), but their influence can

be seen in the importance placed on early development by Bowlby (1969) and more recent explanations incorporating attachment theory.

In the mid-20th century, advocates of the behaviourist school theorised that inappropriate sexual behaviour was a result of early sexualisation, the reinforcement of pleasurable associations with deviant stimuli, and the maintenance of this association through masturbation and fantasy (McGuire, Carlisle & Young, 1965). While this overly mechanistic view of human nature is outdated, aspects have been co-opted by cognitive-behavioural practitioners. Elements of the behaviourist perspective can be seen in the more sophisticated multi-factorial theories discussed later.

Various other single factor theories have been proposed to explain sexual offending. Thornhill & Palmer (2000) posited a biological explanation describing rape as a “sexual act with sexual motivation that evolved as a reproductive strategy”. Elsewhere, males are described as biologically motivated to pass on their genes (McCammon, Knox & Schacht, 1993) so rape becomes a strategy for those unsuccessful in finding a mate. This does not explain the different typologies of sexual offending where victims may not be of a reproductive age or of the opposite sex. Hormonal imbalances in offenders suggest that an overabundance of some steroids may lead some individuals to rape, (Moyer, 1976) but this finding does not apply to all typologies.

Single-factor theories are valuable stepping stones on the way to integrated theories of sexual offending. Biological factors could be seen to influence the first precondition of desire in Finkelhor's (1984) model and elements of the Marshall & Barbaree Model (1990); the need to assert power and control could fuel the cognitive distortions which are a component of Siegert's Pathways Model (2002). These latter models suggest that only by combining levels of explanation can we reach a comprehensive theory of sexual offending.

2.2: Finkelhor's Pre-Condition Model

This model (Finkelhor, 1984) asserts that sexual abuse can only occur when four preconditions have been met. The first precondition is individual motivation, the internal desire to offend; this is a similar concept to deviant sexual arousal. Next an individual must overcome their own psychological inhibitors, such as moral codes or the fear of being caught. External inhibitors, such as parental vigilance and convenience of victim access, must then be accounted for (otherwise known as "grooming the environment"). Finally, victim resistance must be overcome, whether through threats, physical force or some other form of coercion. The four preconditions represent a convergence of biological, psychological, developmental and proximal opportunistic factors that lie behind offending.

Allam (2001), states that this model is well supported by evidence. Motivation to abuse has been discussed in connection with arousal by

children or by rape (Looman, 1995; Ward, Hudson & France, 1993); difficulties in forming adult relationships, (Marshall et al, 1999) and the motivations of anger, revenge, power and control attributed by Hazelwood's typology of rapists. There is ample evidence of offenders using cognitive distortions to overcome internal disinhibitors (Ward, Hudson, Johnston & Marshall, 1997). Manipulating the environment to overcome external inhibitors is an established characteristic of sexual offending (Elliott, Browne & Kilkoyn, 1995). The requirement to overcome victim resistance is implicit in the behaviour itself.

Finkelhor's model is an improvement on the aforementioned single-factor theories in its ability to explain a wide variety of offending behaviour. However, its emphasis on overcoming internal inhibitors and purposefully manipulating the environment is at odds with Eldridge's (1998) "continuous cycle" offenders and Beech's high deviancy offenders, both typologies that describe offenders as impulsive and with little compunction about offending. Allam (2001) advises sex offender treatment facilitators to be on the alert for this type of offender who does not neatly fit into the Finkelhor Model, and treatment requires that Finkelhor's methods are used in tandem with Eldridge's three cycles.

Finkelhor's model is most clearly represented by factors included in the Acute 2007 instrument. The emphasis on cognitive distortions also included within this model is relatable to the same measure within the STEP psychometric

battery. Support for the predictive utility of these factors would therefore bolster this theory.

2.3: Marshall & Barbaree's Integrated Theory

Marshall & Barbaree's (1990) theory is specific to child sexual abuse and integrates biological, psychological and sociological factors. It is asserted that males are biologically driven to seek sexual fulfilment and must learn to control these drives during development and socialisation. Poor parenting or negative peer groups increases aggression and a lack of empathy to others. Those lacking self-esteem may seek to prove masculinity through abusive behaviour (reminiscent of Hazelwood's power assurance rapist). Sociological influences include pornography, and society's negative attitudes to women and children. This theory generates a host of risk factors, such as anti-social attitudes, poor self-regulation skills, low self-esteem, poor sense of identity, poor intimacy skills, difficulty in separating aggression from sex, poor perspective taking and poor coping skills.

The strengths of this Model are that it can explain several typologies of offender, with some deliberately creating opportunities to offend and other more impulsive offenders reacting to stimuli, such as anger or stress. However, it has been criticised by Ward (2002) and others for over-emphasising sexual aggression, a property that is not always evident in offenders. It is also difficult to derive an offending pathway from its theory.

Many of the influences mentioned in the above model, are captured in the risk assessments studied in this research; in particular, Marshall and Barbaree's (1990) focus on psychological factors such as negative attitudes to women, perspective taking and intimacy skills are well represented within the Stable 2007 and the STEP battery.

2.4: Hall & Hirschman's Quadripartite Model

This Model (1992) consists of four components; sexual arousal factors, faulty cognitions that justify sexual assault, interpersonal deficits and self-regulation deficits. Hall & Hirschman claimed that while each of these areas could contribute to offending, one was typically predominant in the individual offender. The factors feed into each other and the activation of the key factor may enhance the importance of others, triggering the abusive behaviour. Differing levels of each factor create the different typologies of offender; for example, those high in sexual arousal factors and preference for children would tend to offend frequently against children, whereas those with interpersonal problems have difficulty relating to adults and, therefore, turn to children as their only hope of a relationship.

This Model has clear similarities to the categories used within the Stable 2007; it does not however take into account the shorter-term characteristics listed in the Acute 2007. Faulty cognition, interpersonal deficits and self-regulation deficits are also well represented in the constructs measured within the STEP psychometric battery.

2.5: Ward & Siegert's Pathways Model

Ward & Siegert's (2002) Model acknowledges the proximal and distal factors behind sexual offending which are influenced by social learning (Bandura 1977), situational, biological and cultural factors. They describe five flexible, independent pathways to offending, each leading to a different typology. The five pathways bear resemblance to Hall & Hirschman's Model (1992) and are intimacy deficits (such as social isolation and emotional loneliness), distorted sexual scripts (where schemata of sexual conduct are distorted and interpersonal closeness is confused with sex), emotional dysregulation (the inability to regulate negative emotions), anti-social cognitions (such as hostility towards women or other pro-offending beliefs) and multiple dysfunctional mechanisms, which represent active combinations of the previous four. Like the Quadripartite Model, Ward & Siegert (2002) postulate that while several or all pathways may be present, one mechanism plays a primary causal role leading to offending.

This Model is closely aligned to the literature on dynamic risk factors, and is the basis of risk assessment tools such as the Stable and Acute (Beech & Ward, 2004; Hanson & Harris, 2000; Hanson et al, 2007; Thornton, 2002).

2.6: Malamuth's Confluence Model of Sexual Aggression

The major factors involved in this Model are hostile masculinity and impersonal attitudes to sex. Malamuth et al (1995), states that these represent a combination of the biological theories of inherent sex drives with the sociological feminist theories that see sex as a means of exerting dominance over women. Malamuth acknowledges similarities to the work of Mosher and Sirkin (1984) on this subject which similarly found that "macho" attitudes and a callous attitude to sex were prominent amongst rapists.

Malamuth operationalised six independent variables in order to investigate the importance of the factors of hostile masculinity and impersonal attitudes to sex. These were sexual responsiveness or arousal to rape; a motivation to dominate women that may have its roots in sociological factors; hostility to women; attitudes facilitating aggression against women; antisocial personality characteristics or psychoticism and level of sexual experience. These traits were examined amongst a group of participants and all, except psychoticism, were found to be significantly linked to the dependant variable of sexual aggression. Malamuth further demonstrated that a model which used combinations of factors was much more accurate in predicting sexual aggression than one that relied on single factors.

Hostility towards women is a factor in both Stable 2007 and the Community Sex Offender Programme (CSOGP) STEP measures. Antisocial personality

and psychoticism however, are not included as direct factors within the risk assessments used in this study.

2.7: Allam's Integrated CSOGP Model

While not explicitly declaring itself as an integrated theory, this Model attempts to incorporate the most effective theories that can inform treatment of sexual offenders in the community.

Allam's Model (2001) is the background for the CSOGP, a nationally accredited offending behaviour programme in the UK for adult, male sex offenders. In order to provide a comprehensive model, Allam (2001) incorporates several of the multi-factorial explanations with single-factor theories, filling in the gaps in each, so that all types of adult male sex offenders can potentially be treated on the CSOGP. This Model can be viewed at three levels:-

1. The first involves distal, developmental influences, and are explored with reference to Bowlby's attachment theory (1969) and Bandura's Social Learning Theory (1977). These explain how detrimental or abusive childhood experiences can predispose adults to the risk of sexual offending.
2. The second level, relates to the vulnerabilities that arise from the negative developmental influences in the previous level. As alluded to in the previous paragraph, offenders may develop character traits which have been shown to

be dynamic risk factors, such as victim empathy deficits, poor problem solving skills, hostility to women and intimacy deficits (Beech et al, 1998).

3. Finally, Allam (2001) discussed the proximal processes of sexual offending in relation to Finkelhor (1984) & Eldridge's (1998) Models (although Finkelhor's first precondition, motivation to offend, could be said to be a combination of all of the above distal factors).

Ward & Beech, (2005) described this as the first attempt to create an integrated framework for theories of sexual offending. With reference to proximal and distal factors, Ward attempts to explain the onset and maintenance of sexual offending through the Integrated Theory of Sexual Offending (ITSO). The ITSO brings together three sets of interactive factors: biological; ecological niche factors, such as social and cultural influences, and neuropsychological factors. Sexual offending is seen as the outcome of the interaction between a confluence of distal and proximal factors. Brain development, influenced by biological factors and sociocultural influences, combine to create individuals' proximal levels of psychological functioning.

This model with its emphasis on social relationships, beliefs, cognitive distortion and relapse prevention, is therefore closely aligned to the STEP battery measures used within the CSOGP programme.

Summary

This chapter has examined models of sexual offending and how they may inform the factors selected within risk assessment instruments. The following table summarises the links between the various models and instruments used in this study.

Table 1:

Models of Sexual Offending & Their Link To Study Instruments

Finkelhor's Precondition Model	STEP Acute 2007
Marshall & Barbaree's Integrated Theory;	Stable 2007 STEP
Hall and Hirschman's Quadripartite Model	Stable 2007 STEP
Ward & Siegert's Pathways Model	Stable & Acute 2007
Malamuth's Confluence Model of Sexual Aggression	Stable 2007 STEP
Allam's Integrated CSOGP Model	STEP

Support for the predictive utility of risk assessment instruments should therefore bolster the credibility of the associated theories.

It is interesting to note that none of the models above link to the static factors listed in the RM2000. Chapter 3 lists several studies (Craig, Browne & Stringer, 2003; Hanson, Scott & Steffy, 1995; Hanson & Harris, 1998) that explain how static factors are derived from correlations with recidivism. However this research tends not to set out a developmental theory which is bound to these factors. Static factors, such as instances of previous criminality and sexual offending, are predictive of future offences, but not

especially illuminating in terms of informing us of the psychological background for these actions.

Chapter 3

Types of Risk Factors

Chapter 3: Types Of Risk Factors

Introduction

Risk factors can be divided into three categories; static factors that remain constant throughout the lifespan; stable factors that can change, but tend to remain constant for a period of years; and acute factors, which are fluid and reactive to immediate circumstances.

The following review of risk factors can be seen as a continuation from the preceding chapter. The factors represent the operationalization of models discussed, a practical guide with which practitioners can assess the likelihood of future offending.

3.1: Overview of Risk Factors

During the last decade, there has been a significant increase in awareness and understanding of practitioners working with sexual recidivism and the risk factors involved. Prior to this there had been limited evidence or guidance about the risk factors that were, or were not, associated with sexual recidivism risk. These developments and knowledge have therefore led to an agreement that sexual recidivism is related to at least two broad factors: (1) deviant sexual interest and (2) anti-social lifestyle and instability (Hanson & Bussiere, 1998; Quinsey, Lalumiere, Rice and Harris, 1995; Roberts et al, 2002).

Hanson, Harris, Scott, and Helmus (2007) investigated risk factors linked with five different types of recidivism relating to sexual offences, sexually related misdemeanours (including breach of probation conditions or licensing, that did not lead to conviction, but indicated behaviour and presentation that was dangerous to the public), any violent crime, any crime and any criminally related act (including breach). They found that the sexual recidivism rate was 13.7% after approximately 5 years, and that sexual offenders were more likely to recidivate than those who had committed non-sexual offences.

The study also indicated that individuals with identifiable interests in deviant sexual activities were most likely to commit further sexual offences. Sexual interest in rape was not significantly related to sexual recidivism.

Another risk predictor was sexual preoccupation (referring to high rates of sexual interests and activities), which was found to significantly predict sexual, violent and general recidivism. Kafta (1997) found that both high rates of pornography use and masturbation were potential connections between sexual preoccupations and sexual offending.

Bonta et al, (1998), Gendreau, Little & Goggin (1996) and Quincey et al, (1995) have all reported that all forms of recidivism were predicted by instability in lifestyle, anti-social lifestyle, characterised by rule breaking, poor employment record and reckless and impulsive behaviour. Anti-social tendencies, for example, poor engagement and compliance with supervision

and breaching of rules, were also one of the best predictors of sexual recidivism.

3.2: Static Risk Factors

Hanson and Harris (2010), describe static factors as non-changeable life events that relate to risk for sexual recidivism. Generally historical in nature, once these characteristics are present they remain an indicator of risk. These include factors such as having a history of sexual offences or having offended against a male child. These static risk factors are identified by an actuarial process and although they will correlate reliably with the offender's offence, they may or may not have an obvious relationship to sexual offence.

There have been several static factors that have repeatedly evidenced a prediction of sexual recidivism. In a review of the literature, Craig, Browne & Stringer (2003) examined 26 studies relating to sexual offence recidivism (n = 33,001) and identified a number of static factors that were associated with sexual offences, including:

- prior criminality
- prior sexual offences
- psychopathy
- age and time spent in custody
- paraphilias and deviant sexual interests.

Hanson, Scott & Steffy (1995) found that static factors which predicted sexual recidivism among child sexual offenders were prior-offence type and victim type; these differed from the predictors of non-sexual recidivism (low education, youth, violence). Extra familial male victim factors were closely related to recidivism in several studies (Frisbie & Dondis, 1965; Proulx et al 1997; Hanson et al, 1993), though Prentky et al., (1997) found that gender of the victim was not predictive of recidivism.

Criminal lifestyle variables were found to be strong predictive factors (Hanson & Harris, 1998; Hanson & Harris, 2000). Those offenders already known to the authorities are more likely to be detected in the future. Broadhurst & Maller (1992) concluded that sex offenders are not specialist (unique) offenders, but the factors significantly related to recidivism were true of the general prison population. However, Broadhurst & Maller's (1992) study was based on static risk factors relating to previous offending history as predictors of violent recidivism. Thus juvenile delinquency, age, prior offences and personality disorder, were the same as those that predict reoffending in the general population of non-sexual criminals.

Broadhurst & Maller's (1992) study was an attempt to understand why some actuarial risk measures were better predictors of general offending behaviour than specific offending patterns, such as sexual or violent offences. Previous sexual offences, poor social skills, male victims, and two or more victims in the index offence, were all risk factors associated with sexual recidivism. Early conduct disorder, prior convictions, psychopathy, and the use of death

threats or weapons at the index sex offence, were predictors for general criminality.

3.3: Stable Risk Factors

Hanson and Harris (2010) refer to two types of dynamic risk factors, stable risk factors and acute risk factors. Both stable risk factors and acute risk factors are informed by an empirical process which involves monitoring these factors over time with sexual offenders.

Stable risk factors are personality characteristics, skill deficits, personal predilections, and learned behaviours that relate to risk for sexual recidivism. Examples include having problems with impulsive behaviour, poor problem solving, choosing to have children as close friends, and having sexual preferences for children. Stable risk factors can be changed or altered through effortful processing. Generally, effortful processing means change occurs by making concerted efforts to learn new patterns of behaviour or thinking about things and adopting these new ways or habits over the long-term. Research has shown that one of the best ways of doing this is to complete an organised, evidence-based, treatment programme (Cortoni & Nunes, 2007; Hanson et al, 2009; Hanson et al, 2002; Losel & Schmucker, (2005).

A meta-analysis conducted by Hanson et al (2009), indicated that the treatments targeting criminogenic needs reduced sexual and general

recidivism; in contrast, treatments targeting other needs did not. In the Hanson et al (2009) study, criminogenic needs were defined as those with a significant relationship to recidivism in prior meta-analysis of recidivism predictors (Andrew & Bonta, 2006; Gendreau et al, 1996; Hanson & Morton-Bourgon, 2004-2005).

Unlike the literature on static factors, there seems to be less of a consensus as to which dynamic risk factors account for the most variance in predicting sexual offence recidivism. Criminal lifestyle or negative associates, unemployment, substance abuse, and impulsivity (poor self-control/management) have all been associated with sexual re-offending (Hanson & Harris, 1998; Hanson & Harris, 2001; McGuire, 2002; Serin et al, 2001). Hanson et al. (1993) found that dynamic factors relating to personality functioning improved during treatment. The individual felt more in control of their lives, less distressed and hostile and more confident. These reported changes relate to stable dynamic factors and a change in coping ability rather than any significant or real change in personality functioning. However, techniques such as dialectical behaviour therapy (Linehan, 1993) and cognitive therapy, (Beck, Freeman & Associates, 1990) have been shown to effect change in personality. Hanson et al. (1993) concluded that the factors associated with a life-long pattern of offending (static factors) should be targeted, rather than expecting short-term treatment programmes to assist in the prevention of sexual recidivism. This supports the findings of Fisher, Beech & Browne, (2000), where offenders who attended longer treatment programmes were able to maintain treatment effects in comparison to those

who attended shorter treatment programmes. Poor motivation to engage in treatment has also been associated with recidivism (Hanson & Bussiere, 1996) and deterioration in dynamic factors, such as emotional loneliness, empathy deficits and relapse prevention skills, have been positively associated with treatment drop-out (Browne, Foreman & Middleton, 1998; Seto & Barbaree, 1997).

In Hanson & Bussiere's (1998) meta-analytical review of 61 studies (n = 28,972) they found that the strongest predictors of sexual recidivism were characteristics related to sexual deviance and, to a somewhat lesser extent, general criminogenic factors. In an attempt to assess the psychosexual characteristics and deviant sexual interests of sex offenders, physiological measures of sexual arousal were used. However, physiological assessment of deviant sexual interests have long been criticised for being personally intrusive, and lacking standardisation (Laws, 2003). Male victim and stranger victim were found to be less important predictors, but were significantly related to sexual recidivism. Sexual recidivism was unrelated to having a history of sexual abuse as a child, substance abuse and general psychological problems, such as anxiety, depression and low self-esteem. The findings from this study appear inconsistent with some more recent findings. However, what this research does indicate is that general psychological problems such as low self-esteem, emotional identification with children and justification for sexual offending, and deviance, together with static risk classifications, certainly contribute to the offenders' risk for sexual recidivism (Beech, Friendship, Erikson and Hanson, 2002; Hanson & Harris,

2000; 2001). The literature appears to suggest that although an individual's personal distress is not a direct predictor of sexual offence recidivism, it is likely to have an indirect effect if offenders are dependent on more deviant interests when feeling low in mood or distressed (Hanson & Harris, 2000). Poor social support and poor social skills once released into the community can also lead to increased feelings of anxiety, distress and ultimately recidivism.

It is suggested that individuals who present with deviant sexual interest commit sexual crimes when they are prepared to inflict harm on others to achieve their own gratification and satisfy their own needs while at the same time convincing themselves that they are not inflicting any harm upon their victims. Like many other criminal acts, sexual offences are often associated with an anti-social and reckless unstable lifestyle. These individuals often engage in a range of impulsive behaviours, such as alcohol or drug misuse and engage in violent interactions (Caspi et al, 1995; Gottfredson & Hirschi, 1990). Another aspect of their personality functioning is their angry and hostile attitudes that they hold (Andrews & Bonta, 2003; Caspi et al, 1995). Rapists are likely to have an anti-social tendency compared to offenders who commit sexual offences against children, (Firestone, Bradford, Greenberg & Serran, 2000). However, indicators of hostility and lifestyle instability are associated with sexual recidivism in both groups (Prentky, Knight, Lee & Cerce, 1995; Rice, Quinsey & Harris, 1991).

It is now well recognised and supported that sexual offenders have many lifestyle problems, not all of which are related to offending. In order to reduce recidivism risk, supervision and management must address the enduring characteristics associated with sexual recidivism, which are also referred to as “criminogenic needs” (Andres & Bonta, 2003), “stable, dynamic risk factors” (Hanson, 2006b) or “casual psychological risk factors” (Beech & Ward, 2004). In order to improve sexual offender risk assessment and its accuracy it is critically important that practitioners understand the processes which motivate sexual offenders behaviour.

Previous research has indicated that the lack of an intimate relationship is associated with an increased risk in sexual recidivism (Hanson & Bussiere, 1998). Another intimacy variable associated with sexual recidivism is the emotional identification with children. This is most commonly featured in offenders who commit sexual offences against children, who report feeling more emotionally attached and secure with children rather than adults, and who have children, as opposed to adults as friends (Wilson, 1999).

Acute Factors

Shorter-term factors, such as the recidivist’s presentation and engagement with supervision and volatile psychological symptoms (negative mood, anger and psychotic symptoms), have proved to increase in prevalence one month prior to re-offence. These factors are not highly associated with recidivism six months prior to the offence (Hanson and Bussiere, 1998). The presence

of these “acute” dynamic factors indicate an escalation in the risk level and their presence may act as warning signals or triggers to indicate the need for enhanced monitoring and supervision. Similarly, deterioration in awareness and relapse prevention techniques and strategies following a return to the community have also been described as dynamic risk factors for sexual offence recidivism (Fisher et al, 2000).

A notable deterioration in the mood among sex offenders is known to lead to an increase in deviant sexual fantasies, (McKibben, Provlx & Lusignan, 1994) and may indicate a risk of recidivism (Hanson, 2006a). It is how the sexual offender deals with the distress and their techniques for managing this distress, not the actual distress itself, which is the critical issue.

Mann, Hanson and Thornton (2010) reviewed the research on risk factors for sexual recidivism and, based upon the data contained in meta-analytic studies divided these risk factors into five separate groups. The first group contained those risk factors considered “empirically supported” appearing in at least three studies that when meta-analytically combined showed a significant predictive value (with a minimum effect size) for that construct. The second group of factors were those considered “promising” as at least one study had shown that factor to have significant predictive value for sexual recidivism and where there were other kinds of relevant supportive evidence that this factor predicted sexual recidivism. The third group of factors were those considered “interesting exceptions” where the factor was not supported overall in the literature but where there were interesting

exceptions in the literature that made this factor worth considering. The fourth group was populated by factors that were deemed “worth exploring” and finally, the fifth group contained those that had little or no relationship to sexual recidivism. This review of the research, highlights the development of risk factors over the years, and begins to separate the most significant predictive factors to target.

3.4: Criticism of the Risk Factor Approach

Grubin and Wingate (1996), call into question the circular nature of risk factors. For example, they query whether Harris, Rice and Quinsey’s (1993) identification of alcohol use and antisocial conduct disorder in childhood as risks of adult violence tell us anything other than the truism that impulsive young men will often get into fights when drunk. Variables such as relationship stability (or as they frame the issue, ‘never having married’) come under similar scrutiny for identifying possible paedophiles. They also warn against using factors like age to be plugged into simplistic recidivistic equations recommending that these items are unpacked and viewed in the context of other behaviours and attributes such as psychopathology and peer influence. One could argue that this more complex view of risk factors is already acknowledged through the combination of multi-factorial actuarial instruments with clinical judgment, as employed by those completing Stable and Acute assessments.

Furthermore, Grubin and Wingate (1996) dispute the value of meta-analysis, a technique upon which much of the previous research is based (for example, heavily used by Hanson). They state that it is poor ‘at demonstrating multivariate effects, which require methodologies of a more complex type than one usually finds in follow-up studies.’ Research by Malamuth (1986), is cited as an example of how path analytic and other statistical techniques, can yield richer explanations of recidivism than those that rely upon single, static variables. Furby, Weinrott & Blackshaw (1989) and Hanson and Bussiere (1996) are cited as evidence of a scarcity of dynamic risk studies.

Conclusions will be drawn from these arguments and approaches within this current study to demonstrate how certain risk factors are correlated with higher rates of sexual recidivism.

The following table shows a summary of risk factors contained in each of the assessment instruments used in this study, and the theories which inform the factors. As each risk instrument represents a combination of studies into reoffending, these can be treated as the main factors identified by research as contributing to sexual offending.

Table 2: Summary of Static, Stable & Acute Risk Factors

STATIC	STABLE	ACUTE	CSOGP (STEP)
RELEVANT THEORIES			
	Marshall & Barbaree’s Integrated Theory; Hall and	Finkelhor’s Precondition Model; Ward & Siegert’s	Finkelhor’s Precondition Model; Ward & Siegert’s Pathways Model;

	Hirschman's Quadripartite Model; Ward & Siegert's Pathways Model; Malamuth's Confluence Model of Sexual Aggression	Pathways Model	Malamuth's Confluence Model of Sexual Aggression; Allam's Integrated CSOGP Model
STATIC	STABLE	ACUTE	CSOGP (STEP)
RISK FACTORS			
Prior criminality	Lack of prosocial influences	Victim Access	Self Esteem
Prior sexual offences	Capacity for Relationship Stability	Hostility	Emotional Loneliness
Psychopathy	Emotional identification with children	Sexual pre-occupations	Locus of Control
Age and time spent in custody	Hostility towards women	Rejection of supervision	Perspective Taking
Paraphilias and deviant sexual interests	General social rejection	Emotional Collapse	Empathic concern
	Lack of concern for others		Fantasy
	Impulsivity		Personal distress
	Poor problem solving skills		Under assertiveness
	Negative emotionality		Over assertiveness
	Sex Drive		Victim Empathy
	Sex Preoccupation		Cognitive Distortion
	Sex as Coping		
	Deviant Sexual Preference		
	Co-operation with supervision		

Chapter 4

Evaluation in Risk Assessment

Chapter 4: Evaluation in Risk Assessment

Introduction

The preceding sections demonstrate that understanding the factors behind sexual reoffending requires a flexible approach. Creating standard instruments that can measure risk for different types of offenders requires an acknowledgement that risk can be static and dynamic, and that motivation differs for the various typologies of offenders.

For the purpose of this current study this challenge is met by using a combination of measures of both static factors (RM 2000) and dynamic risk (Stable and Acute 2007). Appropriate intervention targets are identified through the STEPS psychometrics, which act as another measure of dynamic risk.

4.1: Effective Risk Assessment Approaches

Knight and Thornton's 2007 evaluation of static risk assessment investigated the predictive effectiveness of a range of instruments, including the RRASOR (Hanson, 1997), the Static-99 (Hanson & Thornton, 2000), the Static-2002 (Hanson & Thornton, 2003), the SORAG (Quinsey, Harris, Rice, & Cormier, 1998), the MnSOST-R (Epperson, Kaul, Huot, Hesselton, Alexander, & Goldman, 1998), the Risk Matrix 2000 (Thornton et al., 2003), the SVR-20 (Boer, Hart, Kropp, & Webster, 1997) and the A-SOAP-II (Prentky &

Righthand, 2003), and a new experimental measure, the SRA Needs Assessment (Thornton, 2002), as well as measures of personality disorder such as the PCL-R. They found that actuarial instruments had relatively similar levels of predictive accuracy. No measure appeared consistently superior to any others in the extant studies. Five key factors contributed to most of the variance in all the measures - criminal persistence, sexual persistence, being young and single, violent sexual assault, and male victim choice.

Wakefield and Underwager (1988) assert that the factors 'most strongly related to violent and sexual recidivism' are psychopathy (as measured by the PCL-R (Hare, 1991), history of criminal behaviour, and a young age. Rice and Harris (1997) report that the combination of psychopathy, measured by the PCL-R, and sexual deviancy, based on phallometric test results, was the best predictor of recidivism in their sample of sex offenders. They also cite evidence from Hanson & Bussière (1996, 1998) that conflicts with some of the factors mentioned previously, refuting the importance of items such as denial of the sex offence, empathy for victims, a history of being sexually abused as a child, and general psychological problems (psychopathy, for example).

4.2: Sex Offender Risk Assessment

Historically, most sex offender risk assessments were based on unfounded clinical judgement. In these assessments, practitioners used their expertise

and their understanding of a case and formulation to make predictions about further risk and behaviour. What we know though is that the accuracy of unguided clinical assessments are typically only slightly above chance levels (Hanson & Brussiere, 1998) and the focus has certainly shifted to empirically based methods of risk assessment. In the empirically- guided approach, practitioners have a number of research-based risk factors to consider, although the methods of combining the factors into an overall evaluation is not specified (eg, the SVR-20 [Sexual Violence Risk Assessment] Boer et al, 1997).

In contrast, actuarial approaches not only specify the factors and items to consider, but also provide very clear directions as to how to combine the items into an overall risk score (eg, Violence Risk Appraisal Guide [VRAG], Quincy, Rice, Harris & Cormier, 1998).

Similarly, the adjusted actuarial approach starts with the predictions generated by an actuarial scheme, but then enquires whether the actuarial predictions appropriately represent the risk of the specified individual after considering characteristics external to the actuarial scheme (eg, stated intentions to re-offend, debilitating health problems) (Webster, Harris, Rice, Cormier & Quinsey, 1994).

Given that actuarial measures have a known degree of predictive accuracy (in the moderate range) and can be reliably scored from commonly available information (eg, demographic and criminal history), they have been widely

adopted by practitioners and decision-makers over recent years. Actuarial measures have been recommended as a component of best practice (Beech et al., 2003) and many day to day decisions within the criminal justice system (e.g. intensity of treatment, community notification) are now based on actuarial measures. Categories of risk assessment tools will be referred to later in this review.

4.3: Predictive Accuracy

There has been a considerable body of research conducted over recent years examining the predictive accuracy of actuarial measures. It is important that replication research is carried out if such instruments are to be used in applied decision making (Campbell, 2000). The presence of multiple instruments has also motivated research comparing the predictive accuracy of the different measures in various samples (eg, Barbaree, Seto, Langton & Peacock, 2001; Harris et al, 2003; Nunes, Firestone, Bradford, Greenberg & Broom, 2002; Sjostedt & Langstrom, 2002). The predictive accuracies of the measures are typically in the moderate range and no single measure has been consistently superior across samples. Further analyses are therefore required to determine whether the variability in the predictive accuracy of the measures is more than would be expected by chance.

Hanson and Bussiere's (1996, 1998) meta-analysis made a very important contribution to sexual offender risk assessment by summarising the available evidence concerning recidivism risk factors. The results of a single study can

be interesting but criminal justice policy makers and practitioners can have confidence in research results when the same relationship is found in many studies and the meta-analyses, and like any other research, needs to be scrutinised and revised in light of new evidence.

Some of Hanson and Bussiere's (1998) findings were based on large numbers of offenders from diverse settings so that further research is unlikely to challenge the results. For example, the positive correlation of ($r = .19$) between prior sex offences and future sex offences was based on 11,294 offenders from 29 different samples (95% confidence interval of .17 – .21). This explains a relatively small amount of the variance indicating the multifactorial nature of risk of sexual offending. Other factors that were presented with strong empirical support included deviant sexual preferences, anti-social personality, diverse sex crimes, individuals never being married, victim characteristics (male, unrelated, strangers) and a failure to complete treatment (Hanson et al, 2002). Some of Hanson and Bussiere's (1998) findings, however, were still provisional being based on small samples sizes (e.g., negative relationship with mother, $n = 378$, 3 studies) or studies that found conflicting results (eg, employment instability, $Q = 106$, $p < .001$, 6 studies).

4.4: Types of Offenders

It has been well established by international research that adults convicted of sexual offences against adults or children are not a homogeneous group,

either in terms of their recidivism rates or their potential to seriously harm others.

Some types of offence, for example, those who target male child victims and those who commit exhibitionist type offences, have a higher recidivism rate (Harris et al, 2003). Thus within the overall population of convicted offenders there are those who present significant risk of re-offence and a serious harm to others. This underwrites the importance of accurate risk assessment to identify which offenders pose the most serious risk of re-offence and harm to others so that they can be effectively targeted.

Given the heterogeneity of offending and offenders, it is not possible to predict or eliminate risk completely. It is, however, critically important that all reasonable steps are taken to complete the initial and subsequent assessments, including risk assessments, as fully and accurately as possible so as to manage and minimise the likelihood of re-offending and, where required, the risk of serious harm to others.

It is essential for the assessment/risk assessment to be accurate and defensible. Defensible assessments should always be based on principles of legality, necessity, accountability, proportionality and ethical practice, requiring a solid evidence base (as far as is possible and practical) to support necessary restrictions to liberty, in order to protect the public.

4.5: Problems with Recidivism Data

Grubin and Wingate (1996) point out that sex offences are under-reported by possibly up to 80% (Mayhew, Elliot & Dowds, 1989). This creates a problem with the evidence that risk instruments are based upon. According to this view, the empirical basis for measures of recidivism relies on the smaller subset of those who have been apprehended, rather than demonstrating what lies behind the full range of reoffending. This study also points out that follow-up rates can show varying levels of recidivism. Soothill and Gibbens (1978), for example, report recidivism rates varying from 11% to 18% depending on the length of follow up.

Hanson, Steffy & Gauthier, (1993) stated that in their sample a substantial number of reconvictions occurred between 10 to 31 years after the initial offence. Shorter follow up periods may therefore omit important reoffending data. Grubin and Wingate (1996) suggest that recidivism data gives a 'reasonable though conservative estimate of reoffending' and reiterates the need to use this information to identify the minority of offenders who are at risk of recidivism.

4.6: The Value of Risk Assessment

The literature relating to risk assessment has suggested contrary arguments about the value of risk assessments. Litwack (2001) has argued that (a) research to date has failed to demonstrate that actuarial methods of risk

assessment are more superior to clinical methods; (b) because most clinical assessments and conclusions of dangerousness are not “predictions” of violence, as well as for other reasons, it is very difficult to compare clinical and actuarial assessments of dangerousness; and (c) even the best research and validated actuarial tool for assessing dangerousness to date, the VRAG (Violence Risk Assessment Guide) has not yet been validated in a way that would make it appropriate for use in deciding when individuals should be incarcerated on the grounds of their level of risk and dangerousness. Therefore, Litwack (2001) argues that it is too early to replace clinical risk assessments with actuarial assessments. However, Hanson (1998) and others argue that clinical judgements are unstructured and unaided and that such a process could be characterised as “intuitive” or “experimental”. Other researchers (Quinsey et al, 1998) argue that the predictive accuracy of actuarial assessments of violence risk is somewhat superior to that of the clinical assessment. Such arguments have led to recommendations that sex offender risk assessment should be based, either in part or entirely, on the use of actuarial procedures (e.g., ATSA 2001; Hanson, 1998; Quinsey et al, 1998). Regardless of these arguments and recommendations, it is difficult to conceptualise when actuarial assessments can absolutely replace clinical assessment due to the fact that actuarial predictors cannot be validated in relation to subsets of dangerous individuals. However, it is feasible to imagine that a range of actuarial assessments will be developed and validated in a manner that significantly assists many dangerousness assessment tasks.

In summary, the three generations of risk assessment referred to by Bonta (1996), are now being realised through a combined approach using clinical judgement and actuarial assessments, such as the static measures. It is supported that dynamic assessments have the ability to structure clinical judgement and measure change. Few actuarial measures consider dynamic factors. However, such dynamic risk assessment tools, although they are empirically informed, should be validated before their true potential can ever be realised. They have the ability to inform and revolutionise practice within the criminal justice system when used with a static measure and sound professional clinical judgement.

4.7: Assessments & Factors Specific to this Study

Details about the Stable and Acute 2007, STEP and RM2000 measures can be found under the Materials Section in the Methodology. However, this section explains the dimensions assessed by each measure, and the links to the relevant theories. Details of specific scoring for each factor are appropriately referenced in the Methodology Section.

4.7.1: Stable 2007

Factors

Significant Social Influences

Hanson & Harris (1998) found that recidivists in their study frequently had poor social support. This finding is supported by the fact that interpersonal deficits are a common theme in many theories of sexual offending (Marshall and Barbaree, 1990; Hall and Hirschman, 1992; Ward and Siegert, 2002). Several of these theories also emphasise the contribution of sociological factors in forming negative attitudes (Marshall and Barbaree 1990; Ward & Beech, 2005). Allam's (2001) inclusion of Bandura's (1997) Social Learning theory into the theory of sexual offending is a reminder that our peers and family make a significant contribution to how we form pro-social or antisocial attitudes and beliefs.

Viewed through Finkelhor's (1984) model of the four preconditions, a pro-social influence could reinforce internal disinhibitors and also act as an external disinhibitor, whereas a pro-offending influence could help to undermine internal barriers to reoffending or encourage substance abuse.

Many theories of human and criminal behaviour emphasise the importance of social influences (eg Andrews & Bonta, 2010; Bandura, 1974). Among general offenders, a negative peer associate is one of the strongest predictors of recidivism (Gendreau, Little & Goggin, 1996). The same pattern is found with sexual offenders. Sex offenders know other sex offenders (Hanson & Scott, 1996) and negative social involvement is a well-established predictor of sexual recidivism (Mann et al, 2010).

This factor requires assessors to identify significant members of an offender's social network and assign them as positive, negative or neutral status. The numbers of positive and negative influences are tallied to give an overall score – offenders receive two points if negative influences heavily outweigh positives. Aspects of the relationship to consider when making this decision are the provision of material support, whether the person undermines or bolsters offender controls and relapse prevention, and the likelihood of receiving pro-social or antisocial advice from this person.

Capacity for Relationship Stability

Results from the STATIC-99 suggested that the length of time offenders had spent in intimate relationships could be linked to recidivism. It is assessed by determining whether the offender has ever had a relationship (sexual and cohabiting of around 2 years) with an age-appropriate partner, and whether they are currently in such a relationship.

Capacity for Relationship Stability could be seen as the behavioural outcome of insecure childhood attachments, an acknowledgement of Allam's (2002) inclusion of Bowlby's Attachment Theory (1969), as a crucial distal consideration for understanding sexual offending. Ward (1996) reported that a majority of sexual offenders sampled had insecure attachment styles that would make long-term relationships difficult. Furthermore, interpersonal deficits have been identified as a common factor amongst many sexual offenders (Marshall et al, 1999).

This item has strong empirical support. Research has demonstrated that the relative risk for sexual re-offence is lower in men who have been able to develop and maintain an intimate adult relationship, suggesting that having this prolonged intimate connection to someone is a protective factor against sexually reoffending (Hanson & Bussiere, 1998). Conversely, a lack of emotionally intimate relationships with adults has been shown to have a significant relationship with recidivism in the two major meta-analytic studies (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004). In the Dynamic Supervision Project, this item predicted recidivism in a linear fashion (Hanson et al, 2007). It has been suggested that a lack of any interest or motivation in developing a stable relationship could be an indication of atypical sexual interests (Blanchard & Bogaerts, 1997), and a history of problematic relationships may be an indication of poor emotions management or an attachment disorder (Mann, Hanson & Thornton, 2010).

Emotional Identification with Children

As a result of insecure attachment patterns and interpersonal deficits, some offenders find intimate relationships with adults difficult, turning instead to children. Beech et al. (1998) report psychometric evidence of this factor's prevalence amongst some sexual offenders. It is also a component of Beech's (1998) deviancy equation and therefore deemed to be one of the hallmarks of the more impulsive, riskier typologies of offender.

Comparisons of offenders with gender preferences have found that sexual offenders against boys tend to score higher on this measure than those who offend against girls (Wilson, 1999). A recent meta-analysis suggests that this factor is more prevalent amongst those who commit contact offences against children than those who view child abuse images (Babchishin, Hanson, & Hermann, 2010).

This item is assessed by exploring whether the offender sees children as peers, finds them easier to relate to than adults, has childish leisure activities or lifestyle, or whether they ascribe adult qualities to children.

Hostility Towards Women

This aspect is reminiscent of hostile masculinity, a component of Malamuth's (1995) Confluence Theory which presupposes hostility and aggression towards women. Ward and Siegert's (2002) pathways model, include this as an element within antisocial cognitive beliefs. Murmen et al (2002), using a meta-analysis of American studies, supports this connection between hostility towards women and sexual aggression, incorporating it amongst concepts of hypermasculinity and hostile masculinity.

In the Dynamic Supervision Project, Hanson et al, (2007) found a significant linear relationship between hostile attitudes towards women and all recidivism outcomes, with an AUC of 0.58 for sexual recidivism.

General Social Rejection

General Social Rejection is aligned with the Beech model (1998) of psychometrics where it is described as 'Emotional Loneliness'. This factor has been discussed under the category of interpersonal problems (Thornton, 2002; Ward & Beech, 2005) and is an element of the first pathway of intimacy deficits in Ward and Siegert's (2002) model.

General Social Rejection/Loneliness is very common among sexual offenders, particularly child molesters (average $d = 1.02$; Whitaker et al, 2008). Although loneliness did not predict recidivism in some previous studies (Hanson & Morton-Bourgon, 2004), this specific STABLE item did show the expected relationship with recidivism in the Dynamic Supervision Project ($d = 0.35$). The Dynamic Supervision Project results were significantly different from the previous studies and when the results were added to the previous studies, the overall effect remains non-significant (average $d = 0.09$; Mann et al, 2010). This item was, nevertheless, included because of the theory linking it to sexually offending and the finding that this particular approach to assessing rejection/loneliness was empirically related to recidivism.

This item is assessed by investigating whether the offender is capable of making friends easily and has a secure adult attachment pattern. Emotional closeness to other adults, and self-reports of loneliness and social rejection are all taken into account.

Lack of Concern for Others

This item needs to be distinguished from Victim Empathy which is more specifically covered in the STEPS battery. Although 'Lack of Concern for Others' can include empathy for victims this is merely a component of this factor as it deals with general levels of empathy. Ward describes empathy as subsumed within the cognitive distortion and emotional dysregulation pathways referred to in the Ward and Siegert model (2002).

A 2009 study on emotional recognition among sexual offenders (Gery et al, 2009) found that offenders performed more poorly than non-offenders when attempting to recognize facial expressions of anger, disgust, surprise and fear. Gery (2009) surmised that this may be evidence (or symptomatic) of empathy deficits.

Gery (2009) points out that there is mixed support for the finding that sexual offenders tend to have lower general empathy with some studies showing significant levels of differences between sexual offenders and non-offenders (Lisak and Ivan, 1995; Lindsey et al., 2001; Hudson et al., 1993; Chaplin et al., 1995) with others showing no difference (Hoppe and Singer, 1976; Langevin et al., 1988; Hanson and Scott, 1995). Others have suggested that empathy may exist in certain situations or for certain people but is deficient for victims (Pithers, 1999; Fernandez and Marshall, 2003).

This item is assessed by exploring the extent of the offender's consideration towards others, the degree to which they are motivated by self-interest, lack of remorse and ruthlessness, and the existence of stable, caring and reciprocated relationships.

Impulsivity

Several studies have identified impulsivity as a common factor amongst certain types of sexual offender (Prentky and Knight 1986; Stinson, 2011). Stinson (2011) points out that cognitive and emotional dysregulation can lead to different typologies of offender. Prentky et al, (1995) later compared groups of high impulsivity and low impulsivity rapists and found that the high level group were at twice the level of risk for re-offending.

Impulsivity is frequently mentioned in the multi-factorial theories of sexual reoffending under the guise of self-management dysregulation (Hall and Hirschman 1992; Ward and Siegert 2002). Impulsivity characterises some of the different typologies amongst sexual offenders, such as Eldridge's continuous cycle offender. This is also a factor in the STEPS psychometrics battery (Beech).

Scoring this factor requires assessors to be observant of whether offenders are opportunistic offenders, easily bored thrill-seekers, with a history of impulsivity across a variety of situations.

Poor Problem Solving Skills

In a neuropsychological study, Veneziano et al (2004) adds to the growing body of research suggesting that offenders display frontal-executive dysfunctions involving planning and problem-solving. Grier's (1988) study of 30 male sexual offenders indicated no differences between the two groups on problem-solving skills with only one measure, a task requiring conceptualizing a means of reconciling a heterosexual relationship, showing sexual offenders creating fewer means for solving problems than the non-offender controls. Other studies have shown that child abusers were equal to non-offenders in their ability to recognize a problem and generate solutions. However, they chose inappropriate solutions and failed to perceive the possibility of negative outcomes (Barbaree, Marshall, & Connor (1988) as described by Stermac & Segal, 1989).

A study by D'Zurilla and Nezu, (1990) assessing sexual offenders with the SSPI-R, a Social Skills Problem Solving psychometric, found that several problem-solving variables were significantly related to sexual-offending dimensions among child molesters. These were negative problem orientation, impulsivity/ carelessness style, and avoidance style. However, there was no significant association between offending and rational solving problem scores. The mixed evidence for this factor, suggests that it may be one of the less established of the Stable and Acute factors.

When checking for the presence of poor cognitive problem solving skills assessors are advised to look for difficulties with identifying and solving problems, a failure to propose realistic solutions, the lack of long-term planning, and failure to recognise the consequences of their actions.

Poor cognitive problem solving showed a significant linear relationship to all recidivism outcomes in the Dynamic Supervision Project (Hanson et. al, 2007). When the results are combined with three previous studies, poor cognitive problem solving showed a significant relationship with sexual recidivism (averaged = 0.22; Mann et al, 2010).

Negative Emotionality

Various studies support Hanson's findings that negative emotionality is linked to reoffending (Howells, Day, & Wright, 2004; Serran & Marshall, 2006). Research into causal risk factors has suggested that negative mood states are a consistent precursor to sexual offending (Nelson et al, 1989; Ward & Hudson, 1998). Negative emotionality is also implicated as a precursor to relapse prevention in Pithers' model (1983).

Hostility and grievance are common features of offenders and these personality traits have been shown to precede the onset of crime in longitudinal studies (Krueger et al, 1994). When averaged over 11 follow-up studies (3,139 sex offenders), there is a significant relationship between grievance/hostility and sexual recidivism ($d = 0.20$; Mann et al, 2010). In

general, measures of personal distress (eg depression, anxiety, worry) are only weakly related to the onset of crime (Krueger et al, 1994) and are unrelated to long-term recidivism potential (Hanson, 2009). The contribution of negative emotions to criminal behaviour seems to be mediated by externalising coping strategies.

Assessors are advised to look for feelings of grievance, and that the world is 'out to get' the offender. Offenders may be vulnerable to emotional collapse when stressed, react excessively to negative life events, ruminate and express emotions explosively, thus leading to a sexual offence.

Sex Drive/Preoccupation

The following three factors, which relate to sexual dysregulation, are found in several of the multi-factorial theories. Finkelhor's (1984) first precondition to offending, motivation, is clearly aligned to these items. Other theories such as Ward's Integrated Model, Malamuth's (1995) Confluence Model, and Ward and Siegert's (2002) Pathway's model, hypothesise a crucial role for sex drive and sexual dysregulation. Several studies support the finding that many sexual offenders are sexually preoccupied, needing sexual relations frequently, and placing a high premium on the importance of regular sexual activity (Beech, 1997; Firestone et al, 1998; Hanson and Harris, 2000; Hanson and Morton-Bourgon, 2004).

Kafka (2003) points out that most modern multi-factorial theories of adult rape incorporate 'sexual appetitive factors' naming several such studies (Ellis, 1991; Hall & Hirschman, 1992; Knight & Prentky, 1987, Malamuth, Knight, & Prentky, 1995; Malamuth, Sockloskie, Koss, & Tanaka, 1991; Marshall & Barbaree, 1990; Prentky & Knight, 1991; Seto & Barbaree, 1997).

The concept of sexual preoccupation would substantially overlap with the constructs of sexual compulsions, sexual addictions (Marshall, Marshall, Moulden & Serran, 2008) and hypersexual disorder (Kafka, 2010).

Knight and Cerce (1999) found that the strength of sexual drive was significantly associated with various domains of sexual offending such as hostility towards women, sadism, paraphilia, offence planning, and pornography use.

Sex drive is assessed as a measure of recurrent sexual thoughts and behaviour (not including that directed towards a current partner), casual or impersonal sexual activity (similar to Malamuth's (1995) impersonal sex factor), the level of interference with other pro-social goals, and the degree of excessiveness experienced by the offender. Offenders are interviewed to ascertain aspects of sexually preoccupied behaviour, such as frequency of masturbation, use of pornography, prostitutes and number of sexual partners throughout their lifespan.

Sex as Coping

Using the Coping Using Sex Inventory (CUSI), Cortoni & Marshall (2001) found that rapists and child sexual abuse perpetrators were more likely to show signs of sexual preoccupation during adolescence leading to the use of sex as a coping mechanism in later life. They also asserted that intimacy deficits and loneliness contributed to greater use of sexual activity as a coping mechanism, a reminder that the risk factors of the Stable 2007, do not exist in isolation but can interact with each other to create a stronger level of risk.

Marshall et al (1999) identified 'sexual coping' as a common trait amongst sexual offenders. Assessors try to ascertain whether life stress and negative emotions have been precursors to sexual thoughts or behaviour, whether this type of coping behaviour can be observed in multiple domains such as work, family or interpersonal stress, and whether sex is used as an attempt to release negative emotions such as anger, humiliation or frustration.

Among sexual offenders, the most common forms of deviant sexual interest are exhibitionism, and an interest in sexualised violence (coercive rape). Each of these paraphilias is a reliable predictor of recidivism in meta-analytic studies (Hanson & Bussiere, 1998; Mann et al, 2010). In addition, the presence of multiple paraphilias is associated with increased risk of sexual recidivism (Hanson & Morton-Bourgon, 2004).

Deviant Sexual Preference

Deviant sexual preference is well established with regards to child sexual abusers (Hanson & Bussiere, 1998; Hanson and Morton-Bourgon, 2004), with an especially strong association where young males are victimised (Seto & Lalumiere, 2001).

Behaviourism can explain how deviant sexual fantasy and masturbation can lead to deviant sexual preferences via classical conditioning (Abel, Barlow, Blanchard and Guild, 1977). Several studies have investigated sexual preferences of offenders using a penile plethysmograph to record sexual arousal during deviant and non-deviant sexual stimuli (Proulx, 1989). These studies have demonstrated that some sexual offenders are more aroused by rape stimuli than non-sexual offenders. However, Lussier (2005) argues that Looman's (2000) study, which showed 25% of sexual offenders were more aroused by rape stimuli than a control group, demonstrates that only a minority of offenders may exhibit this risk factor.

The Stable 2007 guidance requires assessors to inquire after sexual interests in people, objects, or activities that are illegal, inappropriate or highly unusual. This includes paraphilias, preference for children, rape, voyeurism and exhibitionism. It is also assessed through the number of sex offence victims, number of deviant preference victims, phallometrics and self-reports of deviant history.

Co-operation with Supervision

Motivations for treatment and cooperation with supervision have been suggested as significant predictors of recidivism (Dempster and Hart, 2002; Hanson and Bussiere, 1998; Hanson and Harris, 2000).

Ward and Hudson's (1998) model of relapse suggests that a lack of motivation to change can contribute to relapse prevention. Failure to engage with supervision may reflect a slump in motivation or an attempt to avoid surveillance to overcome Finkelhor's (1984) third precondition (external barriers to offending).

Non-compliance with rules and authority is a core feature of criminal conduct. The coding of this specific item was developed by comparing the behaviour of sexual offenders who reoffended while on community supervision with those who did not (Hanson & Harris, 2000b, 2001). Follow-up studies consistently find that non-cooperation with supervision is associated with sexual recidivism (Hanson & Morton-Bourgon, 2004; Mann et al, 2010). This item showed a significant linear relationship with all types of recidivism outcome in the Dynamic Supervision Project (Hanson et al, 2007).

Assessors of the Stable 2007 score this item with reference to whether they feel the offender is working with them or against them, the offender's appreciation of risk levels and propensity to put himself in the way of risky situations, and the degree of seriousness with which they approach the

conditions of supervision. Behaviours such as disengagement, 'going through the motions', manipulation, poor time-keeping and failing to attend appointments will inform this assessment.

4.7.2: Acute 2007

Victim Access

Offenders will score highly on this measure if they reveal repeated opportunities to approach victims or hints of planning, or if there is evidence of grooming, stalking or concealing deliberate contact. As noted earlier, this type of environmental manipulation is a characteristic of sexual offending (Elliot, Browne & Kilkoyn, 1995) and the means by which offenders overcome external inhibitors (eg, parental vigilance) as outlined by Finkelhor.

Hostility

Offenders will score highly on this measure if there is evidence they have been involved in heated confrontations, physical aggression, threats, angry rumination or open plans of retribution. This factor is apparent in Hazelwood's (2008) typology of offenders, where motivation tends to emanate from anger or a desire for revenge,

Sexual Pre-Occupation

Offenders are deemed risky if there is evidence they have been ruminating on sexual issues, experiencing deviant urges, visiting strip clubs or using pornography, having lots of impersonal sex, or feel the urge to use sex as a coping mechanism when angry or upset.

This acute factor can be explained as an intensification of the traits discussed in Stable factors relating to Sex Drive and Preoccupation, Sex as Coping and Deviant Sexual Preference.

Rejection of Supervision

Offenders score highly on this measure if they breach conditions, miss appointments, drop out of treatment, behave deceitfully or manipulatively, bring weapons to supervision, attend when intoxicated, reoffend, or disappear. This represents an intensification of the Stable factor relating to Co-operation with Supervision.

Emotional Collapse

Scores are given on this measure for evidence that an offender is stressed, hopeless, helpless, in a negative emotional state, ruminating, paranoid, having suicidal ideation, and not caring about the future. Combined with self-regulation deficits (as set out in Hall and Hirschman's model), this makes for a dangerous scenario where offenders can easily overcome psychological

inhibitors such as fear of punishment or consideration of consequences. This factor is linked to the Stable factor of Negative Emotionality.

Collapse of Social Supports

Offenders will score highly on this measure where there is a loss of an important social relationship or social group, or if they are returning to a negative peer-group or dysfunctional relationship. Loss of essential supports, complete community rejection and joining pro-paedophilic clubs are viewed as urgent risks. Loss of positive supports can also contribute to a removal of external inhibitors. It can precipitate emotional collapse further increasing the risk of relapse.

Substance Abuse

Problematic or prohibited use of drinking and the use of any illegal drugs are deemed as evidence of a risk factor. Some offenders will find drinking helps them to overcome psychological inhibitors to offending by, for example, reducing the fear of getting caught. Alcohol also promotes impulsive behaviour and enhances the self-regulation deficits set out by Hall and Hirschman (DATE).

4.7.3: STEP Battery Psychometrics

The Self-Esteem Scale

Low self-esteem is thought to be a common feature of child sexual abusers (Marshall, Anderson and Fernandez, 1999). Poor self-worth may be a feature of insecure early attachment, possibly due to harsh, judgmental or inconsistent parenting (Marshall and Barbaree, 1990; Marshall et al, 1997).

Self-esteem may also contribute to the development of other interpersonal deficits linked with sexual offending. Marshall et al (1997) suggest that a variety of other risk factors may be linked to low self-esteem, such as lack of empathy, distortion of information, problems forming relationships and emotional distress. Marshall, Cripps, Anderson and Cortoni (1999) linked low self-esteem to inappropriate coping strategies connecting this factor to theories of relapse prevention (George & Marlatt, 1989). Marshall et al (1999) suggest that an abuser's tendency to mistrust adult partners may possibly stem from their feelings of sexual inadequacy. Therefore there is evidence of a potential link between low self-esteem and an inability to form stable relationships.

The University of California (UCLA) Loneliness Scale

Emotional loneliness has been identified as a characteristic of some sex offenders (Marshall et al 1999; Smallbone & Dadds, 1998; Bumby & Hansen, 1997). Once again, this interpersonal deficit has been linked with problematic attachment styles developed in childhood (Smallbone & Dadds, 1998; Ward,

McCormack & Hudson, 1997) which persist into an adult life of intimacy deficits and a difficulty in forming relationships.

The Nowicki–Strickland Locus of Control Scale

Allam (2001) points out that a perception of external controls leads to an abdication of responsibility and a 'poor me' perspective that is not conducive to changing offending behaviour. Several studies have shown that a proportion of sexual offenders have external loci of control (Graham, 1993; Beckett et al, 1994). This belief has been linked to a punitive and harsh upbringing with parenting styles that incorporate hostility, rejection, lack of warmth, inconsistency and unpredictability of reinforcements (Davis and Phares, 1969). Lefcourt (1976) explains the link as a developing sense of fatalism that springs out of a deprived and powerless social position and punishing environments in childhood. Having an external locus of control has been linked to poor treatment prognoses and higher rates of sexual reconvictions for sexual offenders (Beckett et al, 1994; Fisher, Beech and Browne, 1999).

The Interpersonal Reactivity Index (IRI)

General empathy deficits, as discussed above under the stable factor of 'lack of concern for others', has been established as a potential risk factor for sexual offending, although Marshall et al (1999) argue the evidence is mixed. There is evidence that sexual offenders have greater difficulty in

distinguishing between different moods and emotions (Hudson, Marshall, Wales and McDonald, 1993). Hanson and Scott (1995) found that perspective-taking deficits were most evident in those who did not use overt force in their offences and those who were not intoxicated during the offence. Beckett, Beech, Fisher and Fordham (1994) found no significant statistical differences between perspective-taking in child sexual abusers and non-offenders; perspective-taking is not included as a component of the deviancy equation.

Ward, Keenan and Hudson (2000) argue that perspective-taking deficits are a manifestation of cognitive distortions. They suggest that offenders' information processing styles may lead them to interpret information in a self-serving way that is consistent with their own erroneous beliefs about sexuality.

Beckett et al (1994) found that child sex abusers tend to have greater empathy deficits for their own victims than they would for other victims of sexual abuse. Allam (2001) suggests that a perspective-taking deficit may help to reinforce distorted beliefs that allow offenders to overcome their internal inhibitions.

Allam (2001) explains the relevance of personal distress with reference to the concept of 'self' and 'other' emotional responses. Sexual offenders with high levels of personal distress (as measured by the IRI) are 'self' oriented so that witnessing another's distress leads to them focussing these negative

emotions upon themselves. Beckett et al (1994) provide evidence that sexual offenders and child sexual abusers in particular tend to have greater levels of personal distress than non-offenders. The use of emotion-focused, rather than problem-focused strategies to deal with problems and negative emotionality compounds this deficit, contributing to the aforementioned risk factors of using sex as a coping strategy and poor problem-solving.

Darke (1990) asserts that some sexual offenders (especially rapists) lack general empathy and emotional responses to other's problems. They have an overall inability to appreciate the needs of others.

The Under Assertiveness/Over Assertiveness Scale

Evidence of a link between assertiveness and sexual offending comes from Marshall, Barbaree and Fernandez's (1995) study. They found that rapists were more likely to score higher in the overassertive subscale with a tendency to report aggressive responses as appropriate in social situations. Child sexual abusers were more likely to report under-assertive, submissive responses. Allam (2001) speculates that the connection between child sexual abusers and under-assertiveness is linked to the preference for children as sexual partners; they are seen as non-threatening in comparison with adults (Finkelhor, 1984; Howells, 1981).

Victim Empathy Scale

Lack of empathy for sexual abuse victims in general and for the specific victims of the individual's own offence, is a common finding in studies of sexual offenders (Beech, Fisher and Beckett, 1999; Marshall, Fernandez, Lightbody and O'Sullivan 1994; Hudson, Marshall, Wales, McDonald 1993).

A failure in perspective-taking needs to be distinguished from those with cognitive distortions about sexuality. Allam (2001) notes that some offenders have rape-supportive beliefs or believe that children are more sexually sophisticated than society and the law allow for.

A subgroup of sexual offenders may be aware of the harm they cause but simply lack any feelings or compassion about this (Allam, 2001). Ward, Hudson and Marshall (1995) suggest that others are able to suspend empathy under certain conditions in a similar fashion to overcoming the second precondition of internal barriers in Finkelhor's model.

Yet another typology of offender – the sadistic rapist, (Hazelwood, 2008; Groth, 1979) takes active pleasure in their victim's distress and are therefore immune to feelings of empathy and compassion towards their victim.

The Children & Sex Questionnaire

Cognitive distortion is a staple of several theories of sexual offending (Hall and Hirschman, 1992; Ward and Siegert, 2002; Pithers et al, 1983 relapse prevention model). As mentioned earlier, distortions about sexuality can contribute to deficits in victim empathy. Allam (2001) lists examples of several types of cognitive distortion – the sexual sophistication of children; the belief that women are provocative and an over-sexualisation of their behaviour; hostility towards women and a belief that they deserve to be raped; a belief that sexual contact between children and adults is acceptable; and beliefs about entitlement to sexual gratification. Allam (2001) points out that many of these views are widely held in society but to a lesser extent (Sattem, Savells and Murray, 1984; Stermac and Segal, 1989).

Several studies show that child sexual abusers show more cognitive distortions about children and sex than non-offenders (Allam, 2000; Marshall and Serran, 2000; Beech 1997). The division between rapists of adult women and non-offenders is less clear; both groups have been shown to hold hyper-masculine beliefs and inappropriate attitudes to women (Allam and Middleton, 1997; Koss, Leonard, Beezley & Oros, 1985; Darke, 1990). Allam (2001) proposes that it is the combination of deviant sexual arousal or the other risk factors with cognitive distortions that sets rapists apart from the typical non-offender sharing these views.

Emotional congruence or identification with children was proposed as a common factor in child sexual abusers by Beckett, Beech, Fisher and Fordham (1994), but particularly for those men who had extra-familial victims. The range of possible scores is 0-60. Incestuous offenders had abnormally low levels of emotional congruence with children. Therefore unusually low or high results on this scale may be a cause for concern depending on the type of victim.

The Barratt Impulsivity Scale–II (BIS-II)

Impulsivity and poor self-management, are components of several theories of sexual offending (Hall and Hirschman, 1992; Ward and Siegert, 2002). The impulsive offender who acts without thinking can be likened to those experiencing Eldridge's short-circuited or discontinuous cycles, no longer held back by internal inhibitors to offending. Fisher and Howells (1993) trace this characteristic back to irresponsible lifestyles in adolescence. Exhibitionists and extra-familial child sexual abusers have been found to have fewer long-term goals than other types of offenders and focus on short-term gratification (Miner and Dwyer, 1997). Mann and Fernandez (2006) describe impulsivity as a risk factor for criminality in general, and sexual offending in particular, citing supportive evidence from various studies (Polaschek, Hudson, Ward & Siegert, 2001; Prentky and Knight, 1986; Prentky et al., 1991).

Empathy for Women

The Empathy for Women questionnaire taps into Malamuth's Confluence theory and its emphasis on hostile misogyny; it also reflects the previous section's discussion on faulty cognitions and beliefs about women's sexuality.

Relapse Prevention

A Relapse Prevention Questionnaire (Beckett, Fisher, Mann & Thornton, 1997) is given to all programme completers of the CSOGP as part of their post programme psychometrics pack. It stands apart from the other measures in that it requires respondents to give freeform, qualitative answers. These are then quantified by giving each answer a score between 0 and 2, with higher scores being given for the demonstration of relapse prevention awareness and strategies to avoid re-offending.

4.7.4: Risk Matrix 2000 (RM2000)

Risk Matrix 2000 consists of 3 scales. RM2000/S is a prediction scale for sexual offending. RM2000/V is a prediction scale for non-sexual violence engaged in by sex offenders. RM2000/C is a combination of the first two scales and predicts sexual or other violence.

The RM2000 uses the following static factors to categorise offenders as Low, Medium, High, or Very High risk.

- Age at Commencement of Risk
- Sexual Appearances
- Criminal Appearances
- Sexual Offences against a Male
- Sexual Offences against a Stranger
- Single
- Non-contact Sex Offence
- Violent Appearances
- Burglary

The following table shows Sexual Reconviction rates for each category:

Table 3: Sexual Reconvictions Rates

RM2000/S Category Range: 0 - 6	5 Year	10 Year	15 Year
Low (0)	3%	6%	7%
Medium (1-2)	13%	16%	19%
High (3-4)	26%	31%	36%
Very High (5-6)	50%	55%	59%

Thornton points out several caveats to this finding:

“These rates reflect the jurisdiction, the era in which these offenders were at risk, and the duration of the follow-up. Varying any of these parameters, would most likely lead to different reconviction rates. The clear-up rate for sexual offences has declined dramatically in the UK in recent years, and so current reconviction rates might be expected to be lower, even though there

is no reason to suppose that the underlying rate of re-offending has changed.”

Bearing these limitations in mind, Hanson, Thornton and Price (2003) considered how the underlying true re-offence rates might be estimated for the four risk categories defined by the S-scale. They predicted the following projected true rates of recidivism:

Table 4: Projected True Rates of Recidivism

RM2000/S Category Range: 0 – 6	5 Year	15 Year
Low (0)	8%	11%
Medium (1-2)	25%	29%
High (3-4)	49%	55%
Very High (5-6)	85%	91%

Summary

The assessment and factors specific to this study are highlighted in this chapter, to illustrate how the factors relate to sexual recidivism and the relevant theories referred to. An understanding of the combined theories and relevant factors assist in the overarching appreciation of why some sexual offenders go on to reoffend and what practitioners must look for to effectively assess and manage this client group within a criminal justice environment.

Chapter 5

Summary

Chapter 5: Summary

The literature reviewed provides both an overview of factors which research has suggested is predictive of recidivism, as well as outlining developments in risk assessment of sex offenders. Researching risk factors for sexual recidivism and the consequences they have for offender management remains high on the agenda for criminal justice policy makers and the wider criminal justice system. This leads directly to the current study which both evaluates factors relevant to sexual recidivism and also models of risk assessment that have been used with this population of offender over the years in various contexts. The literature reviewed refers to the developments in risk assessment over the years and the various measures which have been applied as potential predictors of recidivism.

5.1: Developments in Risk Assessment

In keeping with the developments in risk assessment this study refers to third generation risk assessment which represents structured clinical judgement based on risk factors empirically related to recidivism. Dynamic risk assessment tools have become more standardised and represent a significant improvement on risk assessment in that they identify risk factors that can change over time and are amenable to treatment interventions and supervision. The literature has also reviewed and outlined the various factors to consider as potential predictors of sexual recidivism.

5.2: Rationale

Chapter 1 sets risk assessment in the context of the Criminal Justice System, emphasising the importance of identifying risks and the interventions that can be employed to mitigate risk. The faults implicit in purely clinical judgments of risk underline the need for evidence-based actuarial measures that have a proven record of predicting recidivism. Establishing the predictive value of risk instruments that are used to plan management and intervention for sexual offenders is therefore of crucial value to the Criminal Justice System in Northern Ireland

Chapter 2, describes the evolution of theories of sexual offending from single-factor theories that posited strong biological or psychological drives as the core motivation to a variety of multifactorial theories. The latter development recognises offending as a complex, heterogeneous behaviour that requires an understanding of what drives the different typologies of offenders. Those involved in risk management require a working knowledge of such theories but could be forgiven for being confused given the selection of competing models. Risk assessment instruments are a heuristic that extract practical utility out of the morass of models. Driven by theory they may also inform theory, validating the multifactorial approach or lending weight to the predictive significance of individual factors. With this in mind, by establishing which factors and which risk assessments can predict recidivism this research should enhance (or detract from) the evidential background for the relevant models.

Chapter 3, by setting out the difference between static, stable and acute factors, explains something of the temporal considerations that must be held in mind by those involved in managing risk. It is hoped that this research will validate the current approach whereby a combination of these proximal and distal factors are examined when assessing overall risk. Just as importantly, Chapter 3 describes criticisms of the risk factor approach, including arguments over using simplistic formulae for calculating complex behaviour, and controversy over the value of meta-analyses in identifying factors. Establishing whether or not the RM2000, Stable and Acute 2007 and STEP measures have predictive utility would allay some of these concerns.

Chapter 4 examines which factors the risk assessment instruments address before moving on to the precise nature of the risk instruments to be studied. Despite criticisms of recidivism data covered in section 4.5, this study stands by Grubin and Wingate's (1996) observation, that such data gives 'a reasonable though conservative estimate of reoffending'. Section 4.6 reviews the principle that risk assessments be accurate, defensible and possess a solid evidence base; something that this research hopes to consolidate.

In summary, the literature reviewed, draws on specific risk assessment approaches with sexual offenders, and includes a combination of static (RM2000) and dynamic risk measurement (SA07), and also draws on the assessment of interventions through the STEP measures, which is another example of a dynamic risk measurement. Although the outcomes of all the studies conducted by Hanson and colleagues supply evidence of a link

between risk factors and re-offending there are several reasons why further critical evaluation is needed. Compared to other fields of scientific research offender risk assessment is in its infancy and research must be ongoing if we are to identify stable constructs. Violent risk assessment is more advanced than risk assessment of sexual offenders, as previously highlighted, so therefore an over-reliance on a small set of studies means over-reliance on a limited population, one that is peculiar to its own time and place (the Hanson studies were all conducted in North America).

In the light of the previous review, and the evidence to date, the aims and objectives of the current study are as follows:

- To examine factors relevant to general and sexual recidivism and to evaluate models of risk assessment
- To assess the utility of the Stable and Acute 2007, RM2000 and STEP measures in predicting recidivism
- To identify key individual risk factors among sexual offenders supervised under the Public Protection Arrangements for Northern Ireland (PPANI) that lead to reoffending/breaches of probation supervision

- To focus on the prevalence of individual risk factors, as well as the utility of various methods of combining the risk factors into an overall evaluation of general reoffending
- To examine the relationship between extant risk factors, risk management and supervision and general/sexual recidivism
- To examine predictors of recidivism from the factorial model using the combined Stable, Acute and additional measures' scores

The present research will enhance the range of research, by testing the same constructs in a different, culturally-specific context. This will be achieved by using information held on sexual offenders in Northern Ireland to match risk assessments collected against rates of further general offending. If there are any anomalies or differences between this and previous research it may then be due to cultural specificity. If similar findings are obtained, it will illustrate both the robustness of the measures, and their predictive utility.

It is important to note that general offending patterns are more likely to emerge from this study with sexual offenders, as the reconviction rates of sexual offenders are well known to be low (Barnett et al, 2010). However, this study is interested in general offending of sexual offenders within PPANI, as those who commit other non-sexual offences, breach their probation conditions and licence requirements, are more likely to, and be vulnerable to, further sexual offending. This information will assist and guide practitioners

and policy makers in developing new practice guidelines and procedures for the management of sexual offenders in Northern Ireland.

The study of sexual offenders and the problem behaviours that they present, provide significant information and knowledge to practitioners working with them, to assist in addressing other aspects of their lives, such as relationships, social issues and problem solving that, when addressed, can help reduce the risk of reoffending generally and from sexual reoffending.

The desistance research is interesting in exploring the reasons why offenders desist from offending. Whilst there has been little published research in how and why people desist from sexual crime, Hanson (2014) conducted a qualitative investigation into desistance among 21 sex-offenders and found a small number (n=3) had aged out of crime, but the largest group (n=18) attributed their desistance to cognitive transformations or changes in their thinking. These ranged from a single recognition that the offender had caused harm, to a new re-offending identity and a desire to avoid crime. Therefore it is important in the study of risk factors and reoffending, to recognise the protective factors too that lead offenders to desist from criminal behaviour.

Chapter 6

Methodology

Chapter 6: Methodology

Introduction

This study seeks to identify predictors of recidivism, and to determine which measures are the best predictors of risk.

Risk assessment and management of sex offenders comes under the aegis of a multi-agency approach within Northern Ireland, including probation services, police, prisons, social services and liaising authorities, which make up the Public Protection Arrangements (Northern Ireland) (PPANI) similar to MAPPA in England and Wales.

Data from both static and dynamic risk factor measures collected from sex offender assessment and supervision is used in this study. It is proposed that the identification of sex offender typologies will be identified from this data and that these will enhance the prediction of type of sexual offending, which in turn will assist offender management and thus reduce risk of sexual recidivism.

6.1: Study Design

The source of the data, and the target sample, are all those Stable and Acute assessments of sex offenders in Northern Ireland from 2008 – 2010. This data is archival, sourced from risk assessments and psychometrics

conducted on offenders subject to supervision and the Public Protection Arrangements for Northern Ireland (PPANI), between 2008-2010. This includes additional data from psychometric measures, demographic data, and offending history, including risk category. The variables will be derived from the following measures:

- Stable Assessments – annual assessments that record the presence or absence of dynamic, stable risk factors. These include personality characteristics, skills deficits and learned behaviours.
- Acute Assessments – assessments that record the presence or absence of dynamic, stable risk factors. These are completed at every contact with the offender.
- STEPS Psychometrics – measure a range of characteristics (e.g. self-esteem, emotional loneliness) that have been shown to be predictive of reoffending.
- Risk Matrix 2000 (RM2000) - is a statistically-derived risk classification process intended for males aged at least 18 who have been convicted of a sexual offence. This records static risk factors that do not change over time.

The format and scoring of these questionnaires is explained below in more detail.

Structural Equation Models (SEM) will be used to analyse the data and develop valid models that can account for the patterns revealed by the Stable and Acute and the additional measures referred to above. SEM allows both confirmatory and exploratory modelling, meaning that it can be used for both theory testing and theory development. Confirmatory modelling begins with a hypothesis that gets represented in a causal model. The concepts used in the model must then be operationalized to allow testing of the relationships between the concepts in the model. The model is tested against the data to determine how well the model fits the data.

Putting this into the context of the current research, the predictive model is a combination of results from the various risk assessments available with reconviction rates (derived from criminal record information) as the outcome to be predicted.

Descriptive statistics will also be compiled showing the breakdown of risk levels (low, moderate or high) for total Stable scores. A sample of Acute scores taken over time will be analysed in order to monitor dynamic trends in risk factors. Individual scales and risk factors will also be examined to see which are the most prevalent within this population. While these will not make any contribution to the overall analyses of correlation or causation, they will be illustrative of the spread of problematic factors amongst this sample and give some guidance towards policy-makers and programme developers as to where priorities should be directed and to direct further research and practice. It is important to note that sexual offending is not attributed to any

one single factor and that sexual offenders are not a homogeneous group. The multi-factorial theories and models already described in Chapter 2, help explain the complexities and needs of offenders, in order to reduce their risk of further offending. However, it is well established that rates of sexual recidivism are low, lower than for other types of offenders. Given the conditions and controls in place for sexual offenders once released to the community it is perhaps not surprising that the re-offending rate and prediction of re-offending is low. The factors therefore identified from this study that predict further offending, will be illustrative of the various types of offending behaviour that sexual offenders engage in. The fact that sexual offenders engage in a range of other, non-sexual offending, and their vulnerabilities to engage in a range of offending behaviour, may be offered as an explanation or a precursor to further sexual recidivism.

6.2: Participants

This research will draw upon all the sex offender risk assessments completed in Northern Ireland since 2008 - 2010. This data represents a wide range of information on sexual offenders. The raw data is currently held by the Probation Board for Northern Ireland (PBNI) in both paper and electronic formats.

The nature of modelling procedures used for analysis is dependent on the sample size. A typical, hypothesised model is represented in Figure 1. In this model, there are 12 possible predictor variables that will be regressed

initially upon the structural aspects of model. Therefore, a power analysis in this context is as follows:

Figure 1: Power Analysis of Sample Size

Medium effect size	= 0.15
Probability	= 0.05
Power	= 0.80
Predictors	= 12
Estimated minimum sample size	= 127

The viable sample in the current study in terms of numbers of Stable assessments completed is n=325. Reconviction data is available for 140 participants. So, given the power analysis, this should be sufficient for even more complex models.

This table shows the sample size for each risk assessment. Note that multiple copies are ignored, that is, only the first instance of each assessment per individual is recorded.

The total number of individuals in the sample was 325. This exceeds the numbers for individual acute assessments because several individuals had a stable but no acute.

Table 5: Breakdown of the sample

Stable Assessment	Acute Assessment	Risk Matrix 2000	STEP
325	416	256	52

6.3: Data Collection & Sampling

This sample was gathered under the aegis of the Public Protection Arrangements Northern Ireland (PPANI)

PPANI was introduced in Northern Ireland in October 2008, to make more effective the work that the police, probation and others do in order to manage the risks posed by certain sexual and violent offenders when they are released from prison into the community. PPANI is not a statutory body in itself but a structure that enables agencies to undertake their statutory duties and coordinate their functions to enhance public protection.

Since 2001 there have been similar multi agency arrangements in place in Northern Ireland, known as multi agency sex offender risk assessment and management (MASRAM). These were voluntary arrangements which brought together police, probation, prisons, housing and social services. In October 2008 the arrangements were provided for in law, which means that specified agencies now have a legal duty to cooperate and share information to help assess and manage risk posed by sexual and violent offenders.

Risk Assessment & Risk Management under PPANI

Only certain sexual and violent offenders are assessed for risk under the arrangements. They are:

1. Persons who are subject to the notification requirements of Part 2 of the Sexual Offences Act 2003
2. Persons who have been convicted of a sexual offence or sexually motivated offence and are not subject to the notification requirements of Part 2 of the Sexual Offences Act 2003, but about whom there are current significant concerns.
3. Persons who have been convicted on or after 6th October 2008 of a violent offence (including homicide) against a child or vulnerable adult; or who have a previous conviction for a violent offence against a child or vulnerable adult and about whom there are current significant concerns.
4. Persons who have been convicted on or after 1 April 2010 of a violent offence (including homicide) in domestic or family circumstances; or who have a previous conviction for a violent offence in domestic or family circumstances, and about whom there are current significant concerns.
5. Persons subject to a Risk of Sexual Harm Order

When a person is convicted of a relevant sexual offence an initial risk assessment is undertaken. This will normally require the initial completion of the Risk Matrix 2000 and periodic updates of the Stable and Acute 2007. These may be completed by Police Officers or Probation Officers and it is

these assessments that form the sample for the current study. STEP assessments are completed with offenders before and after completing the CSOGP group. These latter assessments are completed by the Psychology Department within PBNI.

Stable and Acute 2007 data and Risk Matrix 2000 data is stored in paper format by the PSNI and PBNI. STEP psychometric data is stored in paper format by PBNI.

All records of risk assessments made between 2008 – 2010 were recorded for this sample. This data was collected and entered into an excel spreadsheet by a member of the Psychology Department within PBNI.

6.4: Materials

The material for research consists of the named risk assessment measures. (See appendices for examples of all measures).

Appendix 1: Ethical Approval

Appendix 2: PBNI Research Panel Decision

Appendix 3: Privacy Notice for Service Users

Appendix 4: Stable & Acute 2007 Assessments

Appendix 5: Risk Matrix 2000: Static Risk Assessment

Appendix 6: Pre-Stage Psychometric Assessments (STEP)

6.4.1: RM2000

These are completed by Police Officers at the initial stage of an offender's entry into the Public Protection Arrangements process.

Thornton describes how the RM2000 was developed from an earlier assessment tool, the Structured Anchored Clinical Judgement (SACJ) which was widely employed by prison, police, and probation services in the United Kingdom during the 1990s. This was further refined following cross validation by Hanson and Thornton (2003) and a meta-analysis by Hanson & Bussiere (1998).

Thornton and colleagues (2003) reported positive results using the RM2000 to predict recidivism amongst sexual offenders (AUC = .77 and .75 for two samples). Craig and colleagues (2006) found that the RM2000-V had moderate to high predictive validity for recidivism over 2, 5 and 10 year follow-up periods (AUC = .74 to .87). However, the RM2000-S was found to have lower predictive validity (AUC = .59 to .68). The RM2000 is comprised of three stages, the scores for which correspond to scales for a risk for sexual recidivism (minimum 0, maximum 6), violent recidivism (minimum 0, maximum 8) and a combined risk of sexual or violent recidivism (minimum 0, maximum 6).

Rules for scoring individual scales are as follows:

Sexual Recidivism

Age 18-24 = 2 points; 25-34 = 1 point; Older = 0 points

Sexual Appearances 1 = 0 points; 2 = 1 point; 3, 4 = 2 points; 5+ = 3 points

Criminal Appearances 4 or less = 0 points; 5 or more = 1 point

Aggravating Factors (used to modify the scores above): Male Victim of Sex Offense No = 0 points; Yes = 1 point

Stranger Victim of Sex Offense No = 0 points; Yes = 1 point

Single (Never in Marital Type Relationship) No = 0 points; Yes = 1 point

Non- Contact Sex Offence No = 0 points; Yes = 1 point

Violent Recidivism Age 18 to 24 = 3 points; 25 to 34 = 2 points; 35 to 44 = 1 point; Older = 0 points

Violent Appearances 0 = 0 points; 1 = 1 point; 2-3 = 2 points; 4+ = 3 points

Burglary None = 0 points; Any = 2 points

Combined Recidivism

This is derived from combining the sexual and violence categories, using the following rules:

Table 6: RM2000

S or V Categories	I	II	III	IV
C Points Assigned for S scale	0	1	2	3
C Points Assigned for V scale	0	1	2	3

The total C-Scale score is then combined and categorised using the following table:

Table 7: C-Scale Categories

Score on C-Scale	Label
0	Low
1	Medium
2	Medium
3	High
4	High
5	Very High
6	Very High

Demographic information and scores for each risk factor were entered onto an Excel spreadsheet with separate coded entries for each offender. This raw data was then transferred onto Excel and SPSS for initial exploratory analysis. Data modelling used MPlus (Muthen & Muthen, 2010), and/or AMOS v16 (SPSS). Results for STEPS psychometrics are currently held electronically by PBNI on a variety of local databases. This was collated and offender data on all measures was compiled onto a single database.

6.4.2: Stable 2007

These are completed annually by police officers, probation officers and other trained Public Protection Agency staff following an interview with the individual. There are 13 items relating to the various risk factors examined, each of which can receive a score of 0 (not present), 1 (partially present) and 2 (definitely present). Total scores can range from 0 to 26.

Hanson et al. (2007) explains how the factors encompassed by the SA07 were arrived at by gauging their association with each of five types of

recidivism. This paper states that the risk factors were drawn from a combination of previous research (Hanson, Gizarelli & Scott, 1994; Quinsey, Coleman, Jones and Altrows, 1997; Wilson, 1999) and empirically validated structured risk tools. This latter category, included the Sex Offender Need Assessment Rating (SONAR; Hanson and Harris, 2001), STEP Deviance (Beech, Friendship, Erikson & Hanson, 2002), and Structured Risk Assessment (SRA; Thornton, 2002).

The full list of factors is as follows:

- Significant Social Influences
- Capacity for Relationship Stability
- Emotional Identification with Children
- Hostility Towards Women
- General Social Rejection
- Lack of Concern for Others
- Impulsivity
- Poor Problem Solving Skills
- Negative Emotionality
- Sex Drive/Preoccupation
- Sex as Coping
- Deviant Sexual Preference
- Co-operation with Supervision.

Each factor is given a score of 0, 1 or 2. The total score is used to categorise offenders as low, moderate or high risk. This risk rating is then used to help

determine the necessary level of supervision. Therefore, a total score of 26 is possible if each factor is scored at a '2'.

Breakdown of Stable Factors

The following table illustrates the five categories found within the Stable 2007 instrument.

Table 8: Breakdown Of Stable Factors

CATEGORY	FACTOR
Significant Social Influences	Significant Social Influences
Intimacy Deficits	Capacity for Relationship Stability Emotional Identification with Children Hostility Towards Women General Social Rejection/ Loneliness Lack of Concern for Others
General Self- Regulation	Impulsive Acts Poor Cognitive Problem Solving Skills Negative Emotionality/ Hostility
Sexual Self-Regulation	Sexual Pre-occupation Sex as Coping Deviant Sexual Interests
Co-operation with supervision	Co-operation with Supervision

6.4.3: Acute Assessment

These are completed after each supervisory contact with offenders by police officers, probation officers and other trained Public Protection Agency staff.

The frequency of this contact varies for each individual.

Seven items relating to acute risk factors are rated with a score of 0 (not present), 1 (partially present) and 2 (definitely present). These produce a

sex/violence score (minimum 0 and maximum 8) and a general recidivism score (minimum 0 maximum 14).

Acute factors are transient, short-term, immediate precursors of sexual reoffending. These items were developed based on previous studies of high risk behaviours (Hanson & Harris, 2000; Proulx, McKibben & Lusignan, 1996).

The 7 acute factors in SA 2007 are as follows:

- Victim Access
- Hostility
- Sexual Pre-Occupation
- Rejection of Supervision
- Emotional Collapse
- Collapse of Social Supports
- Substance abuse

Scores of 0, 1 or 2 are given for each factor, where 0 presents as non-problematic, 1 represents some evidence of a problem and 2 represents definite evidence of a problem. The abbreviation 'IN' is used if immediate intervention is required. Total scores are used to assess risk of sexual recidivism and general offence recidivism. Therefore, a total score for sexual recidivism could be 8 if each of the sexual evidence factors was scored as a

'2' and with a total score of 14 for general recidivism if all the general recidivism factors were scored as a '2'.

6.4.4: STEP Measures

These are a battery of self-report questionnaires, completed by participants under the supervision of Probation psychologists with one pre-programme and one post-programme pack for each participant. For the purpose of this study, the STEP measures were only pre-programme, as the duration of the study did not permit completers of treatment to be retested by the post-programme psychometrics. The pre-programme sample therefore used in this survey was completed in the weeks before participants began the programme. The section below provides an overview of each questionnaire.

The STEP battery of psychometric tests (Beech, 1998) has been used to separate offenders into one of two typologies – high and low deviancy (Beckett, Beech, Fisher and Fordham, 1994). The Community Sex Offenders Groupwork Programme (CSOGP) uses the STEP battery and the concept of deviancy to determine appropriate treatment duration for offenders, to highlight individual treatment needs, and to assess whether completers have been successfully treated.

The following list includes details of the psychometrics used and the rationale for including the concepts they attempt to measure.

The Self-Esteem Scale

This is an eight-item 'yes/no' measure of self-esteem (Thornton, Beech, & Marshall, 2004; Webster, Mann, Thornton, & Wakeling, 2007) giving a possible range of scores from 0 to 8 with higher scores indicative of higher levels of self-esteem.

Webster et al. (2007) report internal consistency of $\alpha = .84$ and test-retest reliability of .90.

The University of California (UCLA) Loneliness Scale

This scale (Russell, Peplan, & Cutrona, 1980) measures emotional loneliness. It is a 20-item questionnaire with responses on a 4-point Likert scale which measures the extent to which individuals enjoy meaningful relationships. Total scores can range from 0 to 80 with high scores indicating higher levels of emotional loneliness. Rallings and Webster (2001) found that the internal consistency of the scale was $\alpha = .95$, with a test-retest reliability of .79.

The Nowicki-Strickland Locus of Control Scale

This scale (Nowicki, 1976) measures the degree of control an individual believes they have over their own circumstances and behaviour. High scores indicate an external locus of control where individuals believe that they are powerless in the face of overwhelmingly deterministic social or biological forces. Low scores suggest an internal locus of control where individuals

believe that the power to change their lives and achieve general success comes from within. This is a 40-item, yes/no questionnaire with a possible range of scores from 0 to 40. Beech et al. (1998) showed test–retest reliability for this scale of .83.

The Interpersonal Reactivity Index (IRI)

The IRI is a 28-item questionnaire that measures the cognitive and emotional components of empathy (Davis, 1980). Responses are recorded on a 5-point Likert scale. The IRI combines four subscales of seven questions each with a range of scores for each subscale. The four factors are Fantasy (the extent to which the respondent identifies with fictional characters), Empathic Concern (general empathy, not to be confused with Victim Empathy), Perspective Taking (the ability to step into another person’s situation cognitively) and Personal Distress (a measure of the tendency to experience negative emotions such as anxiety or fear when observing another’s distress). Internal consistency is satisfactory for each subscale (Fantasy: $\alpha = .77$, Empathic Concern: $\alpha = .72$, Perspective Taking: $\alpha = .72$, and Personal Distress: $\alpha = .74$), as is test–retest reliability (.77, .79, .81, and .74, respectively (Rallings & Webster, 2001).

The Under Assertiveness/Over Assertiveness Scale

The Social Response Inventory (SRI; Keltner, Marshall and Marshall, 1981) is made up of 22 items measuring self-reports of how individuals imagine

they would respond to difficult social situations. Respondents are given a series of imaginary scenarios and asked to pick from five potential responses each of which progress from under assertive responses to overassertive responses. This questionnaire generates two subscales of under assertiveness and over assertiveness each with a possible range of scores from 0 to 44. Beech et al. (1998) report a test–retest reliability of .80 for this measure.

Victim Empathy Scale

This is a 30 item questionnaire (Beckett & Fisher, 1994) designed for child sex abusers. Respondents are asked what they think about their victim’s experience of abuse. This includes questions about the lead-up to the offence and whether the victim shares some of the blame for the offence. Answers are given on a 4-point scale with a fifth option for “don’t know”. Beech et al. (1998) reported test–retest reliability of .95. Scores can range from 0 to 100 with scores over 28 pointing towards victim empathy deficits.

The Children & Sex Questionnaire

This 87-item questionnaire (Beckett, 1987) requires respondents to rate attitudes and beliefs towards children and sex on a 5-point Likert scale. Most items are mock questions and only 30 contribute to the overall scores. Two subscales are derived from this measure - Cognitive Distortion and Emotional Congruence with Children. The range of possible scores is 0-60 with a score

of 22 and over on the subscales suggesting greater levels of cognitive distortions and more emotional identification with children. Beech, Fisher, and Beckett (1998) report test–retest reliability of .77.

The Barratt Impulsivity Scale–II (BIS-II)

This 30-item questionnaire (Barratt, 1994) requires responses to be given on a 4-point Likert scale. Respondents are presented with a variety of statements relating to impulsivity and planning ability. Three subscales are derived from this measure – the Cognitive Impulsivity subscale, an assessment of quick cognitive decisions; the Motor Impulsivity subscale, an assessment of quick motor decisions apparently acted upon without cognition; and the Non-planning scale, which pertains to an individual's propensity to think about the future. Patton, Stanford, and Barratt (1995) report internal consistencies for the scales ranging between .79 and .83. Total scores for the subscales can range from 0 to 40, with higher scores indicating greater levels of impulsivity.

Empathy for Women

This questionnaire is specifically designed for those whose victims are adult females (Hanson & Scott, 1995). It contains 15 vignettes that describe various interactions and dating situations, some relatively benign and some clearly abusive. Respondents are asked to rate the likelihood that the women in each vignette experience a particular emotion such as disgust or anger.

Three scores are derived from this measure – Fake Errors, which measure the respondent's propensity for faking good and impression management; hostile errors, which demonstrate the respondent's level of hostility towards women; and over-sexualised errors, which demonstrate faulty cognitions about the degree of sexuality in female behaviour.

Paulhus Deception Scale (PDS)

While this instrument (Paulhus, 1988) does not directly measure risk factors connected with sexual offending, it is an important adjunct to the STEP psychometrics battery in that it assesses the validity of self-reports. It contains 40 items which require respondents to answer on a 5-item scale. The PDS generates two subscales, impression management (IM) with a high score being 14 or over and self-deceptive enhancement (SDE) with a high score of 7 or over. The SDE is a measure of unconscious favourability bias while IM measures the conscious desire to fake good and present oneself in a favourable light. High scores on either measure may support the conclusion that respondents have been lying about all of their psychometric answers. Paulhus (1988) found the SDE subscale's internal consistency ranged from .70 to .75 and IM and PDS coefficients ranged from .81 to .86.

Relapse Prevention

A Relapse Prevention Questionnaire (Beckett, Fisher, Mann & Thornton, 1997) is given to all programme completers of the CSOGP as part of their

post programme psychometrics pack. It stands apart from the other measures in that it requires respondents to give freeform, qualitative answers. These are then quantified by giving each answer a score between 0 and 2 with higher scores being given for the demonstration of relapse prevention awareness and strategies to avoid re-offending.

This is an 18-item questionnaire which covers areas such as awareness of relapse triggers, coping skills and strategies, support networks, and the acceptance of future risk and the possibility of relapse. Two subscales are derived from the overall score – relapse awareness and relapse prevention strategies.

Table 9 sets out a summary list of the STEP Psychometric Measures and their scoring ranges.

Table 9: STEP Psychometric Measures

STEP Psychometric Measures	Ranges
SELF-ESTEEM	Range: 0 – 8; 6-8 is the norm
EMOTIONAL LONELINESS	Range: 0 – 80; Low 0-26, Norm 27-40, High 41-80;
UNDER-ASSERTIVENESS	Range 0 – 44; Low 0-3, Norm 4-14, High 15-44
OVER-ASSERTIVENESS	Range 0 –44; Norm 0-4; High 5-44
Interpersonal Reactivity Inventory 1 : Perspective Taking	Range 0 – 28. Low 0-13, Norm 14-21, High 22-28
Interpersonal Reactivity Inventory 2 : Empathic Concern	Range: 0 – 28. Low 0-13, Norm 14-21, High 22-28
Interpersonal Reactivity Inventory 3 : Fantasy	Range: 0 – 28. Low 0-4, Norm 5-16, High 17-28
Interpersonal Reactivity Inventory 4 : Personal Distress	Range: 0 – 28. Low 0-3, Norm 4-11, High 12-28
LOCUS OF CONTROL	Range: 0 – 40. Low 0-4, Norm 5-16, High 16-40

PDS 1: IMPRESSION MANAGEMENT	Range: High = 14 or over.
PDS 2: SELF DECEPTIVE ENHANCEMENT	Range: High = 7 or over.
VICTIM EMPATHY	Range: Low 0-8, Medium 9-27, High 28-100. More than 4 'Don't Knows' suggest Victim Empathy Deficits
STEP Psychometric Measures	Ranges
BACS 1 - COGNITIVE DISTORTION	Range: 0-60; Low = 0-4, Medium = 5-21, High =22-60
BACS 2 - EMOTIONAL CONGRUENCE	Range: 0-60; Low = 0-11, Medium = 12-34, High =35-60
BISS 1: MOTOR IMPULSIVITY	Range: 0 – 40. Low 0-10, Norm 11-19, High 20-40
BISS 2: COGNITIVE IMPULSIVITY	Range: 0 – 40. Low 0-10, Norm 11-21, High 22-40
BISS 3: NON-PLANNING	Range: 0 – 40. Low 0-12, Norm 13-22, High 23-40
DEVIANCY	Range: High score is 8 or over
RELAPSE PREVENTION	Range: 0-30 Treated = 25 or over

Summary

This Chapter describes the study design sample, materials and a breakdown of each of the assessments and factors described in detail, including scoring. The management arrangements for sexual offenders in Northern Ireland and the structures that enable the agencies tasked with the oversight of sex offender risk assessment and management is also highlighted. The range of factors assessed and illustrated in this chapter, demonstrates the complexity, but yet the value of and the need for robust risk assessment, to inform treatment and management of sexual offenders and ultimately to protect the public.

Chapter 7

Results

Chapter 7: Results

In this chapter, the format follows the analysis strategy. The objectives of the study are to assess the utility of a range of measures in managing sexual offenders subject to the Public Protection Arrangements for Northern Ireland (PPANI), and to examine relationships of individual risk factors and further general and/or sexual recidivism. Firstly, descriptive statistics relating to the key measures and variables included in this study are presented. The production of a predictive model using Structural Equation Modelling (SEM) will then be described. This includes the best fitting regression model for the available data in terms of using the Stable, Acute, RM2K, and Steps measures in order to examine their predictive strengths of association with reoffending. In this analysis, the reoffending data is divided into three categories: Breaches of Probation Order or Licence, non-sexual offending, and sexual offending.

Structural Equation Modelling (SEM) was used in this study as the theory development for the risk measures had already been tested. Therefore it was used to confirm and test that the factors in this study linked to offending and in particular, to this Northern Ireland sample.

Structural Equation Modelling (SEM) is a general linear cross-sectional statistical modelling technique. It is a family of statistical methods designed to test or confirm a hypothesis. Structured Equation Modelling (SEM) includes factor analysis, components and path analysis, all which have been

used in this study. Structural Equation Modelling is largely confirmatory, rather than exploratory, and was used in this study to test the predictive strengths of the factors in the risk assessments with reoffending. SEM will allow the identification and confirmation of factors which are indicators of offending behaviour, and to test the relationships with the hypothesis. As there is a substantial sample available, SEM was chosen to identify the strengths association with offending.

The objectives of the study follow and map an analysis strategy which will be described in detail in this chapter. The descriptive statistics presented, identify the prevalence of individual factors, and the factor analysis for each of the risk assessment instruments identify the most problematic and relevant factors in terms of the risk factors, and the regressions will assist in predicting the data – ie examine the relationships set out in the objectives to identify key individual risk factors among this sample, which would predict further general or sexual reoffending.

Age data was available for n=166 (51%) of the total sample of n=325. The reason for this is due to a number of incomplete data sets available on file from the sample participants.

The ages of the participants ranged from 22 to 84 years at the time of first assessment. The mean age was 47, with a standard deviation of 15 years.

Many risk assessment measures, including those in this study, have age of offender as an actuarial, static risk factor, so it is important that the distribution of age in this sample is representative of that which is typically reported. A comparison with unpublished data from the Probation Service in the Republic of Ireland (Mean=41, SD=14), used a much younger age group as well as older offenders. The age profile of the current study nevertheless, demonstrates a reasonable and similar comparison.

Table 10: Age distribution of sample

Frequency		Percent
21 to 30 yrs	26	15.7
31 to 40 yrs	37	22.3
41 to 50 yrs	31	18.7
51 to 60 yrs	41	24.7
61 years & above	31	18.7
Total	166	100.0

At the core of this research is evaluating the predictive nature of the range of psychological and accordant variables captured in the risk assessment measures in terms of highlighting those factors which point to potential difficulties in offender management and re-offending.

With reference to Table 11, specific reoffending information was only available for n=140, and these data were included in the analysis. Data were categorised according to whether there was a breach of probation conditions/licence, non-sexual offending, and sexual offending; many of the reoffenders were multiple reoffenders. These variables also were repeated with regard to the frequency of occurrence of the categories of further convictions. The convictions were those recorded in the time period between

the administration of the first stable measurement and April 2012. The data was sourced from management databases within PBNI.

Table 11: Reconviction Information

	Number
Breach of probation conditions/ licence	71
non-sexual offence	64
sexual offence	5
Number of breaches of probation conditions/ licence	156
Number of non-sexual offences	168
Number of sexual offences	5

Because many of the offenders were multiple reoffenders, the relationship between the types of re-offending was examined (i.e. the relationship between the number of participants in the sample who have breached probation conditions, who have been convicted of non-sexual offences, and those who have received a conviction for sexual offences) (see Table 13). The correlations are for each of these variables, with their accordant variables that reveal the frequency of occurrence in each of these variables. As can be seen from Table 12, almost half of this sub-sample, had at least one incidence of non-sexual offending or a breach of probation conditions/licence. Just over one fifth were found to have re-offended or breached conditions on at least 2 occasions; and around 10% of the sample had done so three times.

Table 12: Number of Incidences of Non-Sexual Offending & Breaches of Probation Conditions/Licence

Number of incidences	Non-sexual offences	%	Breaches of Probation conditions	%
1	30	46.9	35	49.3
2	14	21.9	17	23.9
3	7	10.9	8	11.3
4	2	3.1	4	5.6
5	3	4.7	2	2.8
7	4	6.3	2	2.8
8	1	1.6	1	1.4
9	1	1.6	1	1.4
10	1	1.6	1	1.4
11	1	1.6		
Total	64		71	

Relating the significant correlations in Table 13 to the data in Table 12 it can be seen that those who were found in breach of probation conditions were much more likely than others to have been convicted of both non-sexual and sexual offences. Caution should be exercised when drawing conclusions from this analysis and with regard to the predictive models described later in the report. In particular this is with notable reference to the very small number of sexual offences recorded amongst the sample. It can be seen though that there are significant relationships between all offending and breaches of probation conditions.

Table 13: Relationships Between Types of Re-Offending

	Breach of Probation Conditions/ Licence	Non-Sexual Offence	Sexual Offence	Number of Breaches of Probation Conditions/ Licence
Non-sexual offence	.493**			
Sexual offence	.131**	.141**		
Number of breaches of probation conditions/licence	.747**	.483**	.125**	
Number of non-sexual offences	.482**	.710**	0.07	.518**
Number of sexual offences	.131**	.141**	1.000**	.125**
** . Correlation is significant at the 0.01 level (2-tailed).				

7.1: Stable Assessments

As can be seen in Tables 15, between 2008 and 2010 a total of 325 stable assessments were available for analysis. The Stable assessments for the Public Protection Arrangements Northern Ireland (PPANI) for 2011 and 2012 were not available for analysis within the timeframe of this study. These assessments were for the individuals' first stable administration.

The overall scores from these initial assessments ranged from 0 to 22, with an average score of 5.5 and a standard deviation of 4.6. For each individual item, scores range from "0" – No problem; "1" Some problem; to "2" Definite problem. The means for the individual items on the stable assessments can be seen in Table 14; the scale reliability was $\alpha = 0.84$. Factor loadings for the 13 Stable items following exploratory principle components analyses with Varimax rotation identified three factors: a general offending category

including poor problem solving skills, impulsivity, lack of concern for others, negative emotionality and hostility toward women; this first factor denotes a headline of Anger/Frustration. The second factor centred on deviant sexual preferences, emotional identification with children, and capacity for relationship stability; this factor denotes Inappropriate Attachments. The third factor was Sexual Prevalence. Total variance accounted for by these three components was 54.8%.

Table 14: Stable Domains Item Means

Stable Factor	Mean	Std. Deviation
Signif Social Influences	0.67	0.71
Capacity for Relationship Stability	1.18	0.75
Emotional ID with Children	0.21	0.47
Hostility toward women	0.27	0.57
General Social Rejection	0.56	0.68
Lack of concern for others	0.46	0.65
Impulsive	0.53	0.72
Poor Problem Solving Skills	0.56	0.71
Negative Emotionality	0.47	0.71
Sex Drive/Preoccupation	0.28	0.53
Sex as Coping	0.13	0.41
Deviant Sexual Preference	0.87	0.78
Co-operation with Supervision	0.46	0.69

Table 15: The Number of Stable Assessments Completed to date & by Year – including the interpretive range

	Stable Category		Moderate		High	
	Low		Number	%	Number	%
	Number	%	Number	%	Number	%
2008	9	20%	27	61%	8	18%
2009	34	23%	88	61%	23	16%
2010	37	27%	82	60%	17	13%
Total	80		197		48	325

With reference to the data in Table 14 in terms of significant social influences, almost two thirds of clients appear to have had limited problems (the mean score is less than 1). However, 36% had either some or a definite issue in this area (scoring 1 or 2). Over half (54%) of the individuals assessed reported experiencing problems in demonstrating a capacity for relationship stability, with over a quarter of these clients reporting a definite problem (a score of 2). Eighty-eight percent of the clients are assessed as having no issue with identifying with children (a score of 0). At present, there is insufficient data to indicate the age of victim the offender has committed the offence against. Further analysis and interpretation of this will be possible once such data becomes comprehensively available in the future. A similar proportion (86%) were found to have not expressed hostility to women (a score of 0); again, there is insufficient data available relating to the victims gender and age to aid further interpretation of this.

Almost one third of these clients had a problem with being rejected socially (a score of 1 or 2). Three-quarters reported that they had capacity to show concern for others (a score of 0) which is an important indicator of victim empathy; however, this still means that one quarter had some or a definite issue in this respect. Twenty-seven percent also had an issue with impulsivity, a significant target area to address in reducing re-offending in any group of offenders. Twenty-nine percent of this sample were thought to have poor problem-solving skills. Forty-two percent of the clients demonstrated that they had problems with deviant sexual preferences. Almost one quarter

were found to have some or a definite problem with supervision (scores of 1 or 2 in each case).

Stable measures were available for all (n=325) the sample. The general pattern of means from the stable assessments denotes that the most problematic factor amongst the offender sample is their lack of capacity for relationship stability (reported by over 54%). Apparent also, are factors such as having a deviant sexual preference (42%), and having significant social influences upon their behaviour (36%).

This suggests that key issues for such offenders may be poor social support combined with apparent interpersonal difficulties. Both interpersonal and personal problems are also highlighted by the fact that a third reported difficulties in establishing and maintaining good attachment patterns with others.

Having a lack of empathy or concern for others (25%), along with poor problem solving skills (29%) and negative emotionality, denotes a profile of a subset of individuals across the sample who lack a realistic capacity to understand how to change their offending behaviour and perhaps remain in quite a distorted psychological state, where they fail to understand or accept the impact their offending behaviour has upon victims and others.

In 2009 and 2010, there was a full complement of Stable assessments. Overall, in Table 15 the pattern of categories shows that around one quarter of individuals were assessed as low, with two thirds included as moderate, and between 13% and 16% described as high, with regard to their risk of re-offending. The following information quotes the categories of risk under the Public Protection Arrangements Northern Ireland (PPANI) and the procedures around the management of sex offenders in Northern Ireland.

Within PPANI, there are 3 risk categories. The risk posed by a sexual offender is assigned a category when all the relevant historical and current information is known. The risk assessment is reviewed regularly and the category of risk may change as a result of changes in the circumstances in the offender's life. The category relates to the level of risk an offender poses and how this risk is to be managed. The categories of risk are:

Category 1: *"Where previous offending and /or current behaviour and /or current circumstances present little evidence that the offender will cause serious harm."*

"Cases assessed at this level will be normally referred to a single agency within PPANI to manage, such as the Probation Board, Police Service or Social Services. If, through single agency management any new concerns arise regarding risk, the case can be referred back to the Local Area Public Protection Panel (LAPPP) for review." (PPANI, n.d. para.3)

Category 2: *"Someone where previous offending and /or current behaviour and /or current circumstances present clear and identifiable evidence that the*

offender could cause serious harm through carrying out a contact sexual or violent offence”.

“Cases assessed as posing a risk at this level will be subject to a multi-agency risk management plan overseen by an appointed Designated Risk Manager (DRM) from one of the PPANI agencies. This DRM role can be fulfilled by Police, Probation, Social Services, Prison, or Health professionals. The relevant LAPPP will review each case every three months or earlier if there is a concern about increased risk.” (PPANI, n.d. para.3)

Category 3:*“Where previous offending and /or current behaviour and /or circumstances present compelling evidence that the offender is highly likely to cause serious harm through carrying out a contact sexual or violent offence”.*

“Cases assessed as posing a risk at this level will be subject to a multi-agency risk management plan overseen by the Designated Risk Manager (DRM) who is appointed by the LAPPP as the most appropriate agency representative to lead in the risk management of the case. However, these cases are closely managed by a team of experienced police, probation and social services staff, working together to support the DRM, within a dedicated Public Protection Team.” (PPANI, n.d. para.3)

Each individual sexual offender who is within PPANI has a Designated Risk Manager (DRM) who is responsible for the management of the risk posed by that offender. The DRM works with the offender to identify what risks they pose and how these risks can be best managed. The DRM undertakes the

assessment of the risks posed by the offender and formulates with the advice and guidance of the LAPPP meeting a Risk Management Plan.

The Risk Management Plan identifies each perceived risk factor that the offender poses and what is the appropriate means of managing that risk factor. Effective risk management is dependent upon the co-operation of the offender in working alongside the DRM in managing the risk they pose.

The Risk Management Plan (*PPANI, n.d. para.3*) can include the following:

1. *“Directing where an offender resides”* - ie hostel accommodation, home residence, or supported living
2. *“Directing who the offender cannot have contact with”*, ie other sexual offenders
3. *“Directing what treatment programmes the offender attends to address their offending behaviour”*
4. *“Informing relevant persons about the risk posed by the offender”*, ie employer, landlord

“The Risk Management Plan is continually reviewed, amended and extended in accordance with any significant changes in the offender’s life.”

“The Case Manager can also have, as part of the Risk Management Plan, court orders which assist in managing the risk posed by the offender.”
(*PPANI, n.d. para.4*)

Table 16 shows a comparison between the Stable constituent risk areas across two administrations for the same individuals. There were a total of sixty-eight individuals for whom a first and one subsequent administration of a Stable assessment was available. However, small numbers preclude any robust conclusions being drawn about any differences in problem area designation over time. Although the patterns of problem area designation remain largely stable over time three risk areas can be highlighted.

There was some reduction in general social rejection problems, in impulsivity, and in using sex as a coping style. However, additional data would be required in order to determine whether meaningful reductions can be achieved over time. Follow up data was not available for the total sample because a substantive number were still under supervision one year from the first administration.

Table 16: First & Second Stable Administrations: constituent risk areas by extent of problem magnitude

		Administration 1		Administration 2	
Stable Factor		Number	%	Number	%
Signif Social Influences	No Problem	312	65%	9	50%
	Some Problem	125	26%	6	33%
	Definite Problem	46	10%	3	17%
Capacity for Relationship Stability	No Problem	223	46%	5	28%
	Some Problem	133	28%	8	44%
	Definite Problem	127	26%	5	28%
Emotional ID with Children	No Problem	424	88%	13	72%
	Some Problem	50	10%	3	17%
	Definite Problem	9	2%	2	11%
Hostility toward women	No Problem	416	86%	15	83%
	Some Problem	47	10%	3	17%
	Definite Problem	20	4%	0	0%
General Social Rejection	No Problem	333	69%	7	39%
	Some Problem	116	24%	10	56%
	Definite Problem	34	7%	1	6%
Lack of concern for others	No Problem	360	75%	7	39%
	Some Problem	95	20%	9	50%
	Definite Problem	28	6%	2	11%
Impulsive	No Problem	355	73%	8	44%
	Some Problem	85	18%	7	39%
	Definite Problem	43	9%	3	17%
Poor Problem Solving Skills	No Problem	340	70%	10	56%
	Some Problem	102	21%	5	28%
	Definite Problem	41	8%	3	17%

Stable Factor		Administration 1		Administration 2	
		Number	%	Number	%
Negative Emotionality	No Problem	370	77%	10	56%
	Some Problem	72	15%	4	22%
	Definite Problem	41	8%	4	22%
Sex Drive/ Preoccupation	No Problem	404	84%	12	67%
	Some Problem	66	14%	6	33%
	Definite Problem	13	3%	0	0%
Sex as Coping	No Problem	450	93%	16	89%
	Some Problem	24	5%	1	6%
	Definite Problem	9	2%	1	6%
Deviant Sexual Preference	No Problem	278	58%	6	33%
	Some Problem	126	26%	5	28%
	Definite Problem	79	16%	7	39%
Co-operation with Supervision	No Problem	369	76%	9	53%
	Some Problem	77	16%	5	29%
	Definite Problem	37	8%	3	18%

7.2: Acute Assessments

As can be seen from Table 17 overleaf, there were n=1130 acute administrations available for analysis.

Table 17: Number of Acute Assessments by Year Over 10 Administrations

	Year	Number		Year	Number
Acute 1	2008	34	Acute 6	2008	0
	2009	150		2009	30
	2010	191		2010	36
	2011	1		2011	0
	2012	0		2012	0
Acute 2	2008	10	Acute 7	2008	0
	2009	98		2009	24
	2010	94		2010	33
	2011	0		2011	0
	2012	0		2012	0
Acute 3	2008	4	Acute 8	2008	0
	2009	64		2009	16
	2010	63		2010	30
	2011	0		2011	0
	2012	0		2012	0
Acute 4	2008	2	Acute 9	2008	0
	2009	48		2009	14
	2010	48		2010	24
	2011	0		2011	0
	2012	0		2012	0
Acute 5	2008	1	Acute 10	2008	0
	2009	37		2009	12
	2010	42		2010	24
	2011	0		2011	0
	2012	0		2012	0
				Totals	1130

Table 18 shows the acute risk priority levels for sex/violence risk, and Table 19 for the general recidivism risk. On examining both these tables, which show client progress in these risk areas over time, it can be seen that there was very little variation in terms of change in risk priority levels. It is notable though that around half the clients continue to be at high risk of general recidivism over time.

Table 20 show the magnitude of scores on the acute risk factors over the time of 10 administrations of the acute instrument. In terms of consistent trends victim access remains the most prominent risk factor for offenders. There is a consistent, relational pattern shown between rejection of supervision and hostility over the course of the administrations. Substance abuse shows a consistently diminishing trend over the 10 assessments. However, this may be because those individuals for whom this is a distinct risk factor fall out of the acute assessments available and have fewer than 10 acute assessments.

Factor loadings for the 7 Acute items following exploratory principle components analyses with Varimax rotation identified two factors; Hostility, and Social and Emotional Collapse. The total variance accounted for by these factors was 44.2%. The overall scale reliability was $\alpha = 0.41$.

There were 37 individual clients for whom 10 acute assessments were available. Table 21 show the trends in the acute risk factors over the ten administrations. Victim access is consistently the most prominent risk area in these assessments and remains so over time. Hostility and rejection of supervision appear to diminish as risk areas for the first 3 administrations, then rise again to become important risk factors over the remaining acute assessments.

The Acute assessments are completed after each contact with the offender by the Designated Risk Manager (DRM). The frequency and time frame of this contact varies for each individual depending on their level of risk. If the offender is assessed as Category 3 then the Acute assessment will be administered on a weekly basis, as per weekly contact visits and supervision sessions to the offender.

Therefore the Acute assessments are administered at every contact with the offender and this time frame of contact is determined by the level of risk the offender is assessed and categorised at. Table 18 and 19 shows the Acute assessments over 10 administrations.

Table 18: Acute Sex/Violence Risk Priority Over 10 Administrations

	Priority	Number	%
Acute Sex/Violence risk 1	Low	151	37%
	Moderate	127	31%
	High	127	31%
Acute Sex/Violence risk 2	Low	65	32%
	Moderate	70	34%
	High	70	34%
Acute Sex/Violence risk 3	Low	39	30%
	Moderate	49	37%
	High	44	33%
Acute Sex/Violence risk 4	Low	28	28%
	Moderate	34	34%
	High	38	38%
Acute Sex/Violence risk 5	Low	25	31%
	Moderate	24	30%
	High	32	40%
Acute Sex/Violence risk 6	Low	18	27%
	Moderate	20	30%
	High	29	43%

	Priority	Number	%
Acute Sex/Violence risk 7	Low	18	32%
	Moderate	20	35%
	High	19	33%
Acute Sex/Violence risk 8	Low	17	37%
	Moderate	14	30%
	High	15	33%
Acute Sex/Violence risk 9	Low	13	34%
	Moderate	12	32%
	High	13	34%
Acute Sex/Violence risk 10	Low	13	35%
	Moderate	10	27%
	High	14	38%
		1168	

Table 19: Acute General Recidivism Risk Priority Over 10 Administrations

	Priority	Number	%
Acute General Recidivism risk 1	Low	73	18%
	Moderate	113	28%
	High	219	54%
Acute General Recidivism risk 2	Low	30	15%
	Moderate	61	30%
	High	114	56%
Acute General Recidivism risk 3	Low	23	17%
	Moderate	40	30%
	High	70	53%
Acute General Recidivism risk 4	Low	20	20%
	Moderate	34	34%
	High	46	46%
Acute General Recidivism risk 5	Low	19	23%
	Moderate	18	22%
	High	44	54%
Acute General Recidivism risk 6	Low	15	22%
	Moderate	17	25%
	High	35	52%
Acute General Recidivism risk 7	Low	13	23%
	Moderate	19	33%
	High	25	44%

	Priority	Number	%
Acute General Recidivism risk 8	Low	12	26%
	Moderate	16	35%
	High	18	39%
Acute General Recidivism risk 9	Low	11	29%
	Moderate	7	18%
	High	20	53%
Acute General Recidivism risk 10	Low	11	30%
	Moderate	6	16%
	High	20	54%
		1169	

Table 20: Acute Risk Factors Over 10 Administrations (N=1165)

Acute Factor	Acute 1	Acute 2	Acute 3	Acute 4	Acute 5	Acute 6	Acute 7	Acute 8	Acute 9	Acute 10	
Victim Access	0.42	0.43	0.50	0.46	0.47	0.48	0.52	0.47	0.61	0.49	
Hostility	0.25	0.24	0.25	0.32	0.33	0.31	0.33	0.26	0.21	0.32	
Sexual Preoccupation	0.18	0.19	0.19	0.17	0.20	0.19	0.19	0.20	0.18	0.11	
Rejection of Supervision	0.34	0.37	0.40	0.46	0.46	0.45	0.46	0.37	0.29	0.38	
Emotional Collapse	0.28	0.26	0.23	0.15	0.22	0.25	0.21	0.15	0.18	0.22	
Collapse of Soc Supports	0.13	0.14	0.12	0.09	0.11	0.09	0.18	0.07	0.11	0.19	
Substance abuse	0.42	0.38	0.32	0.26	0.27	0.28	0.21	0.22	0.16	0.22	
SexViolence Total	1.16	1.22	1.31	1.41	1.43	1.40	1.47	1.28	1.24	1.24	
General Recidivism Risk	1.99	2.00	2.06	1.84	2.02	1.96	2.05	1.67	1.74	1.78	Total N
N	405	204	132	100	81	67	56	45	38	37	1165

Figure 2: Acute Risk Factors Over 10 Administrations

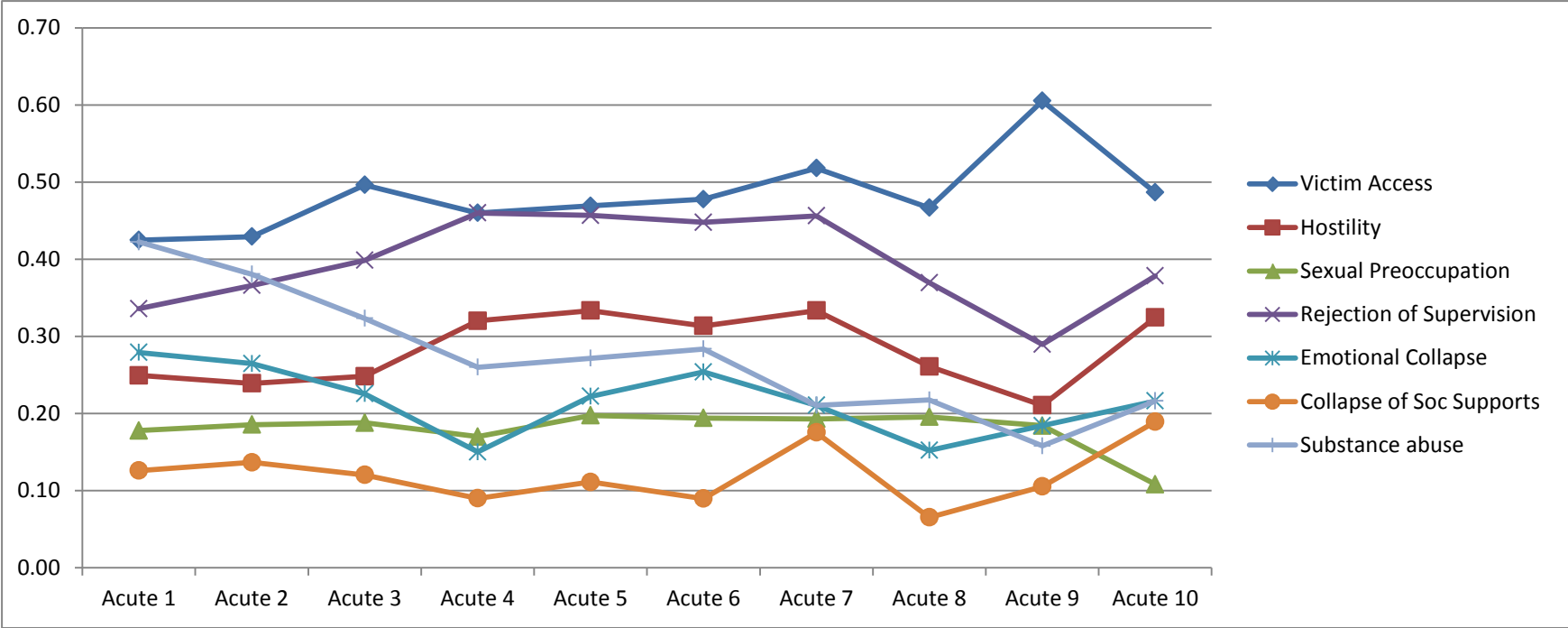
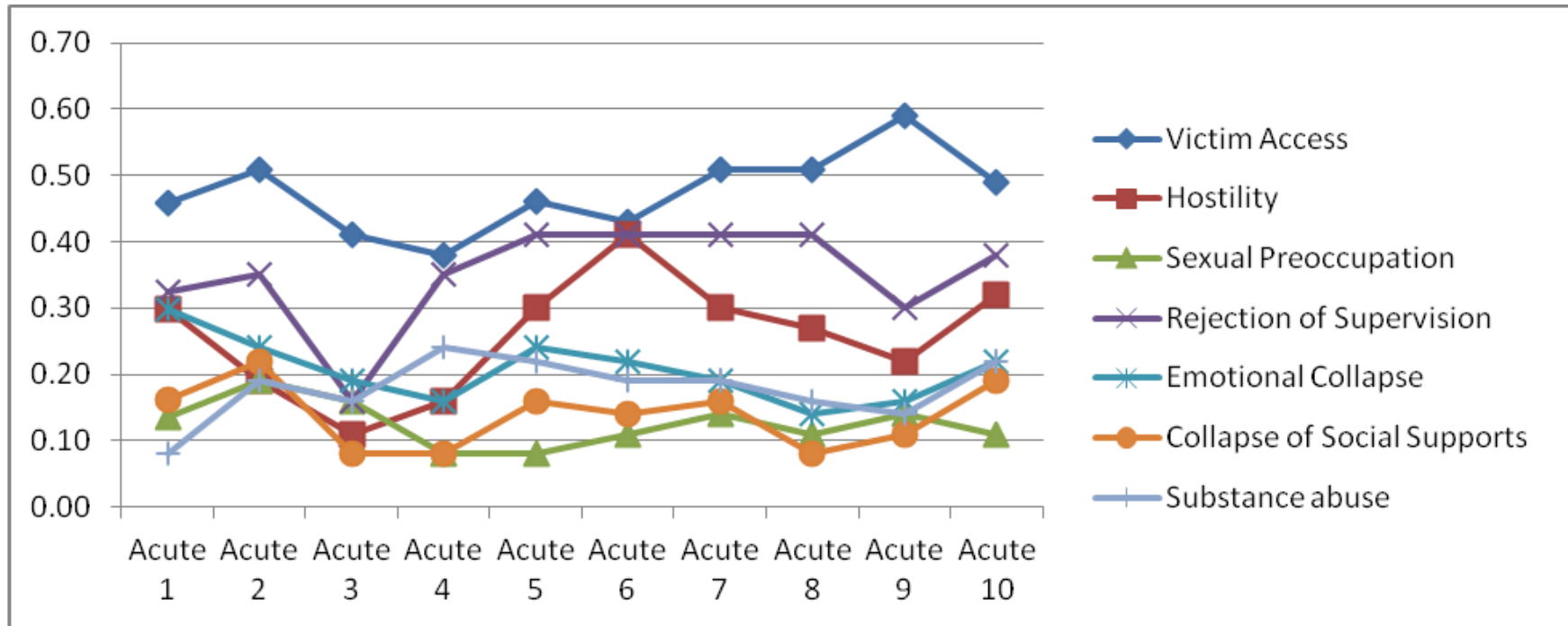


Table 21: Acute Risk Factors Over 10 Administrations for the Same Individuals (N=37)

Acute Factor	Acute 1	Acute 2	Acute 3	Acute 4	Acute 5	Acute 6	Acute 7	Acute 8	Acute 9	Acute 10
Victim Access	0.46	0.51	0.41	0.38	0.46	0.43	0.51	0.51	0.59	0.49
Hostility	0.30	0.19	0.11	0.16	0.3	0.41	0.3	0.27	0.22	0.32
Sexual Preoccupation	0.14	0.19	0.16	0.08	0.08	0.11	0.14	0.11	0.14	0.11
Rejection of Supervision	0.32	0.35	0.16	0.35	0.41	0.41	0.41	0.41	0.3	0.38
Emotional Collapse	0.30	0.24	0.19	0.16	0.24	0.22	0.19	0.14	0.16	0.22
Collapse of Social Supports	0.16	0.22	0.08	0.08	0.16	0.14	0.16	0.08	0.11	0.19
Substance abuse	0.08	0.19	0.16	0.24	0.22	0.19	0.19	0.16	0.14	0.22
Sex Violence Total	1.16	1.24	0.81	0.97	1.19	1.3	1.35	1.3	1.19	1.24
General Recidivism Risk Total	1.73	1.84	1.22	1.38	1.78	1.78	1.86	1.62	1.65	1.78

Figure 3: Acute Risk Factors Over 10 Administrations for the Same Individuals



7.3: Risk Matrix 2000

The Risk Matrix 2000 (RM2k), developed by Thornton et al, in 2003, is a statistically derived risk assessment tool for males over 18years with at least one sexual offence.

The RM2k uses factual information about an offender's past history to divide them into categories that differ substantially in their rates of reconviction for sexual and other offences and is administered and completed by the Police Service within the Public Protection Arrangements in Northern Ireland (PPANI). The RM2k was developed from the Structured Anchored Clinical Judgement (SACJ; Hanson and Thornton, 2000), used by police, prison and probation services in the United Kingdom.

The RM2k consists of 3 scales:

1. RM2k/S is a prediction scale for sexual offending.
2. RM2k/V is a prediction scale for non-sexual violence engaged in by sexual offenders
3. RM2k/C is a combination of the first two scales and predicts sexual or other violence.

The RM2k is used in contexts where the concern is to distinguish those who present relatively higher risk to the community from among the broad range of offenders using four risk categories:

1. Low
2. Medium
3. High
4. Very High

This represents a value judgement that can be used for practical purposes; for example, in the development of a Risk Management Plan. The strengths of this assessment are the valid risk factors, robustness of the tool across settings and samples, and its ease of scoring. According to the validation studies carried out in England and Wales the accuracy of the Risk Matrix 2000 is in the “moderate” range, similar to that reported for other types of risk assessment instruments used with sexual offenders. The combination of this measure, along with the SA07 and STEP measures used in this study, contribute to the investigation of the predictive power of risk factors associated with recidivism in sexual offending.

Table 22 shows the Risk Matrix 2000 (RM2K) sexual recidivism risk level data for each of the years 2008 to 2010. Overall, there were 232 assessments for analysis. There were no RM2K data available for 2011 and 2012.

During 2010, there was the largest number of assessments available. The data here shows fairly consistent allocations of risk levels.

Table 22: RM2000 Risk for Sexual Recidivism

RM2000 Risk for Sexual Recidivism			
RM2K Year		Number	%
2008	Low	11	27%
	Medium	16	39%
	High	11	27%
	Very High	3	7%
2009	Low	22	28%
	Medium	31	40%
	High	18	23%
	Very High	7	9%
2010	Low	30	27%
	Medium	52	46%
	High	27	24%
	Very High	4	4%
	Totals	232	

In Table 23, the RM2K data for risk for violent recidivism risk is displayed.

The data relates to the period 2009 and 2010.

Table 23: RM2000 Risk for Violent Recidivism

RM2000 Risk for Violent Recidivism			
RM2K Year		Number	%
2008	Low	8	33%
	Medium	5	21%
	High	5	21%
	Very High	6	25%
2009	Low	16	25%
	Medium	23	36%
	High	14	22%
	Very High	11	17%
2010	Low	34	37%
	Medium	28	31%
	High	16	18%
	Very High	13	14%
	Totals	179	

Table 24 illustrates the combined risk levels over the categories, which reflect some consistent patterns over time.

TABLE 24: RM2000 Combined Risks

RM2K Risk Combined			
RM2K Year		Number	%
2008	Low	4	17%
	Medium	8	33%
	High	7	29%
	Very High	5	21%
2009	Low	11	17%
	Medium	21	33%
	High	24	38%
	Very High	8	13%
2010	Low	23	25%
	Medium	30	33%
	High	29	32%
	Very High	9	10%
Total		179	

Relationship Between Risk Measures

This section examines the relationships between some of the key risk assessment data from the Stable and RM2K data. Table 25 displays the correlations between the RM2K risk areas of risk for sexual recidivism, violence, and the combined risk, and the overall Stable risk score. There are significant relationships between overall Stable risk designations and RM2K risk for sexual recidivism, and with the combined score, but not with the risk of violent recidivism.

Table 25: Correlation of Stable with RM2000 Risk Categories

	RM2K Rev Risk for Sexual Recidivism	RM2K Risk for Violent Recidivism	RM2K Risk Combined	Stable Risk
RM2K Risk for Violent Recidivism	.493**			
RM2K Risk for Sexual & Violent Recidivism Combined	.808**	.808**		
Stable Risk	.134**	0.038	.127**	

** - Significant at 0.01 level

In order to unpack the relationship between the Stable risk factors and the RM2K risk levels in both sexual and violent recidivism, two regression models were conducted; one on each of the RM2K risk areas. Table 26 displays the standardised Betas for each of the stable constituent risk areas, regressing on: RM2K risk for sexual recidivism (Sex Rec), and Violent recidivism (Viol Rec). The model regressing on sexual recidivism accounted for around 10% of the variance in the data ($R^2 = 0.107$). The data met the assumption of independent errors (Durbin-Watson = 1.9). Tests of variance inflation factor and tolerance demonstrated that there were no concerns regarding multi-collinearity. The model regressing on violent recidivism accounted for around 15% of the variance in the data ($R^2 = 0.154$). The data met the assumption of independent errors (Durbin-Watson = 1.8). Tests of variance inflation factor and tolerance demonstrated that there were no concerns regarding multi-collinearity.

Table 26: Regression Coefficients for Stable Risk Factors on RM2k Risk for Sexual Recidivism & Violent Recidivism

Stable Factor	Sex Rec	Viol Rec
Signif Social Influences	0.035	0.287
Capacity for Relationship Stability	0.155**	1.49
Emotional ID with Children	-0.232**	-2.7**
Hostility toward women	0.041	1.49
General Social Rejection	-0.017	-1.533
Lack of concern for others	-0.042	-0.413
Impulsive	0.072	4.129**
Poor Problem Solving Skills	-0.030	0.519
Negative Emotionality	-0.002	0.917
Sex Drive/Preoccupation	0.052**	-2.791**
Sex as Coping	0.108**	0.731
Deviant Sexual Preference	0.038	-2.724**
Co-operation with Supervision	0.032	-0.084

** - significant at 0.01 level

The strongest relationship between the Stable risk areas and the RM2K risk levels for sexual recidivism can be seen in Emotional Identification with children. This is a negative association, which is similarly a strong negative indicator for violent recidivism. However, victim type data will be necessary in order to further explore specific patterns and profiles in this respect. In terms of sexual recidivism, having problems with stability in relationships appears as a key predictor. Two further and related stable risk areas fairly strongly predict risk for sexual recidivism as measured by the RM2K

instrument. These are sex drive/preoccupation and sex as coping. These represent typical coping mechanisms and style with regard to coping with social isolation for example, which is represented here by problems sustaining meaningful relationships. Therefore, these significant factors seem to denote a valid profile in terms of problematic areas and vulnerability to risk for sexual recidivism.

With regard to risk of violent recidivism identifying impulsivity as a problem area in the Stable instrument is highlighted as an extremely strong factor. In contrast to risk for sexual acting out, reporting having no problems with sexual pre-occupation appears as significantly related to violent recidivism, as does having no problems with deviant sexual preferences. From the profiles shown here in the regression analysis there appears to be a set of distinct Stable factors, particularly in sexual self-regulation, which denote contrasting profiles between risk for sexual and violent recidivism.

7.4: STEP Measures

The Sex Offender Treatment and Evaluation Project Measures (STEP measures) were developed by Beech et al (1999), and are a battery of psychometric measures for sexual offenders who participate in a Community Sex Offender Treatment Programme (CSOGP) to determine treatment need and to inform risk management. These measures consist of assessment of impulsivity, victim empathy and deception scales and are divided into pro-offending measures and socio-affective measures for the purpose of the deviancy equation and “treated” profiling. A deviancy profile is derived at the

pre group stage to determine how far an individual deviates from non-offenders' scores and provides an indication of treatment need. For the post group assessment a relapse prevention questionnaire is administered and if this profile meets the "treated" profile it means that the offender is psychometrically indistinguishable from a non-offending sample. This deviancy and treated profile can only be used with offenders who have convictions against children.

As can be seen from Table 27, there were n=52 of the sample where STEPS data were available; these were those from the full sample who were involved in a community group treatment programme. One quarter of these were designated as high risk.

Table 27: STEP Measures Total Deviancy Risk Levels

STEP Deviancy (risk)		
	Frequency	Percent
Low	39	75.0
High	13	25.0
Total	52	100.0

Deviance classification was scored and assigned according to the method described by Beech, Friendship, Erikson, and Hanson (2002) (Table 27). In this method, the scores from the measures are standardised to provide comparison and delineate cut-off points in order to classify the individuals into high or low deviancy, thereby the classification data is dichotomous. The most prominent scales in the STEPS battery as shown by the highest proportions displayed in the high risk category can be divided into three

theoretical concepts. The first is in the domain of interpersonal deficits; this is represented by Self Esteem (54%), and Emotional Loneliness (56%). The second category contains only the Victim Empathy Scale (54%). The third category represents the concept of impulsivity, shown by Motor Impulsivity (52%) and Cognitive Impulsivity (56%).

Table 28: STEP Measures Risk Levels

STEP Measure		Number	%
Self Esteem (risk)	Low	24	46%
	High	28	54%
Emotional Loneliness (risk)	Low	23	44%
	High	29	56%
Locus of Control (risk)	Low	32	62%
	High	20	38%
Perspective Taking (risk)	Low	41	79%
	High	11	21%
Empathic Concern (risk)	Low	45	87%
	High	7	13%
Fantasy (risk)	Low	45	87%
	High	7	13%
Personal Distress (risk)	Low	29	56%
	High	23	44%
Under assertiveness (risk)	Low	32	62%
	High	20	38%
Over Assertiveness (risk)	Low	50	96%
	High	2	4%
Victim Empathy (risk)	Low	24	46%
	High	28	54%
Cognitive Distortion (risk)	Low	44	85%
	High	8	15%
Emotional Congruence (risk)	Low	52	100%
	High	0	0%
Impression Management (risk)	Low	40	87%
	High	6	13%
Motor Impulsivity (risk)	Low	25	48%
	High	27	52%
Cognitive Impulsivity (risk)	Low	23	44%
	High	29	56%
Non Planning (risk)	Low	31	60%
	High	21	40%

Table 29: STEP Measures

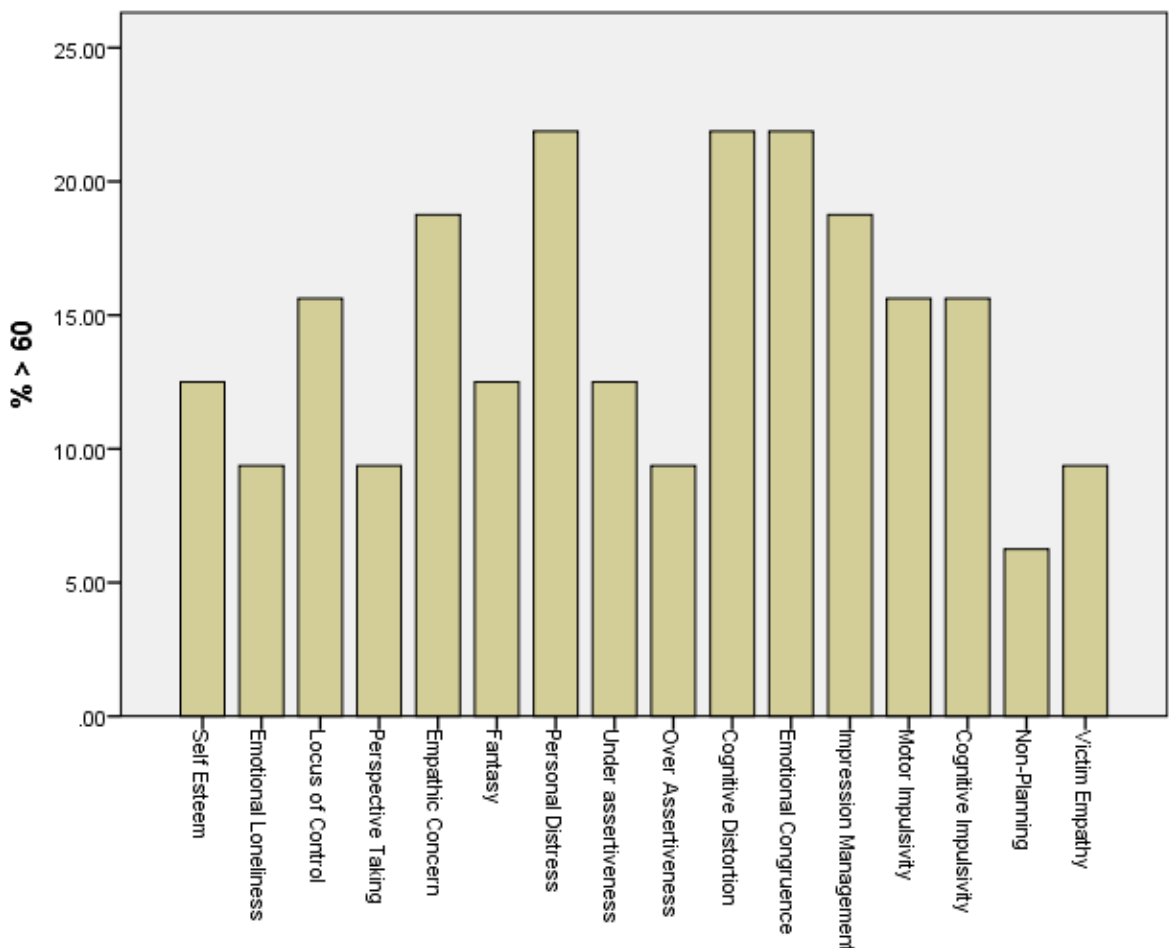
	N	Min	Max	Mean	SD	Normative Range
Self esteem	52	0	8	4.87	2.318	6-8 is the norm
Emotional Loneliness	52	21	70	42.17	12.013	Low 0-26, Norm 27-40, High 41-80;
Locus of Control	52	4	32	15.38	5.997	Low 0-4, Norm 5-16, High 16-40
Perspective Taking	52	5	27	17.38	4.79	Low 0-13, Norm 14-21, High 22-28
Empathic Concern	52	11	28	20.04	5.107	Low 0-13, Norm 14-21, High 22-28
Fantasy	52	3	25	11.98	5.293	Low 0-4, Norm 5-16, High 17-28
Personal Distress	52	0	25	11.29	6.014	Low 0-3, Norm 4-11, High 12-28
Under assertiveness	52	3	36	13.67	7.045	Low 0-3, Norm 4-14, High 15-44
Over Assertiveness	52	0	8	1.08	1.659	Norm 0-4; High 5-44
Victim Empathy Score	52	0	75	25.76	19.74	Low 0-8, Medium 9-27, High 28-100
Cognitive Distortion	52	0	36	10.83	11.288	Low 0-4, Medium 5-21, High 22-60
Emotional Congruence	52	0	34	11.38	9.604	Low 0-11, Medium 12-34, High 35-60
Impression Management	52	0	18	9.13	4.231	High = 14 or over
Motor Impulsivity	52	10	37	19.81	4.903	Normal range: 18-26
Cognitive Impulsivity	52	13	36	22.73	4.927	Normal range: 13-21
Non Planning	52	12	35	22.19	5.495	Normal range: 20-30

Table 29 displays the means and standard deviations from the respondents for whom STEPS measures were available. It can be seen that for most of the STEPS measures the current sample were scoring within the normative range. With regard to Emotional Loneliness, the mean score places the group in the high range. The mean for the group on personal distress was just within the high range. The mean for the sample for Emotional

Congruence was within the low category. Cognitive impulsivity was within the high range.

The STEPS measures scores from the sample were standardised into T-scores. A T-score has a mean of 50 and a standard deviation of 10. The graph below displays the percentage of respondents who scored above 1 SD (T=60) above the mean on each of the measures. Figure 4: Percentage of respondents who scored above 1 SD (T=60) above the mean on each of the measures.

Figure 4



From this graph, it can be seen on which measures the higher proportions of respondents score. This gives an overview of the STEPS measures which

may reveal more problematic areas for the participants. A series of logistic and multiple regression models were undertaken in order to explore the relationship between these individual measures and the re-offending and management data. These explorations of the data revealed that none of these variables are significant predictors of non-sexual offending or breach of probation conditions. Given the small sample size there (N=52), we must be wary of the possibility of type II errors in asserting solid findings.

Visual inspection of the standardised scores does though denote a range of potentially salient issues. Amongst the most apparent are emotional congruence, cognitive distortion, personal distress, and empathic concern. It is possible that patterns of commonality can emerge across the STEPS variables that can be theoretically justified.

Therefore, there may be a more parsimonious way of reducing the number of variables into more manageable and in this sense, more theoretically fruitful factors for analyses. That is, having examined the data on the individual measures and given the large number of STEPS measures along with the likelihood of overlap between variables it was appropriate to statistically reduce the number to be used. In order to do so a simple exploratory factor analysis was performed using principle components analysis with an oblique rotation as it is considered appropriate that the factors would be correlated. The purpose of this was to investigate whether a short form of the measures could be used with a smaller number of items as a screening tool to assess risk.

Table 30: Exploratory Factor Analysis

	Factors					
	1	2	3	4	5	6
Motor Impulsivity	.800		-.319			
Non-Planning	.769					
Under assertiveness	.753					
Cognitive Impulsivity	.607			-.409		
Empathic Concern		-.917				
Perspective Taking	-.364	-.734				
Personal Distress		-.398	-.341	-.314	.328	
Emotional Congruence			-.844			
Impression Management			.771		-.303	
Fantasy	.398		-.576		-.369	
Self Esteem				.879		
Emotional Loneliness				-.834		
Victim Empathy					.955	
Locus of Control	.519				.549	
Over Assertiveness						.886
Cognitive Distortion						.773

The factor analysis extracted 6 factors whose eigenvalues were greater than 1, and where loadings on each factor were greater than 0.3; these six factors accounted for 78% of the variance in the data. On examining the prominent items for each factor their meanings were interpreted as follows;

- Impulsivity - Motor Impulsivity, Non-Planning, Under-Assertiveness, and Cognitive Impulsivity.
- Interpersonal Reactivity - Empathic Concern, Perspective Taking, and Personal Distress.

- Beliefs Acceptable - Emotional Congruence, Impression Management, and Fantasy.
- Attachment Style - Self Esteem and Emotional Loneliness.
- Victims Deserve - Victim Empathy and Locus of Control.
- Lack of Empathy - Over Assertiveness and Cognitive Distortion.

The six scales were used for subsequent analyses.

Amongst this group of $n=52$ for whom STEPS measures were available, those who were liable to offend were most likely to be those who were difficult to manage in terms of breaches of probation conditions. There is thus a significant correlation between non-sexual offending and breaches of probation conditions ($\rho=0.379$, $P<0.01$). Therefore breach of probation conditions was used in a logistic regression model as the dependent variable. Though, given the small sample size here, we must be wary of the possibility of type II errors in drawing firm conclusions. Nevertheless, an obvious trend can be observed in the exposition of the model.

Table 31: Logistic Regression of STEPS Measures on Breaches of Probation Conditions

	B	S.E.	Wald	Sig.	Odds Ratio	95% C.I.	
						Lower	Upper
Impulsivity	.011	.024	.226	.634	1.012	.965	1.060
Interpersonal Reactivity	-.048	.035	1.853	.173	.953	.890	1.021
Beliefs acceptable	.178	.091	3.871	.049	1.195	1.001	1.427
Attachment style	-.012	.097	.015	.904	.988	.818	1.194
Victims Deserve	.097	.066	2.210	.137	1.102	.969	1.254
Lack of Empathy	-.029	.043	.441	.506	.972	.893	1.057

This logistic regression model was an acceptable fit of the data as evaluated by the Hosmer-Lemshow test which was non-significant. The model was able to correctly classify 88% of the cases in terms of predicting reoffending.

From the above table, it can be seen that the independent variable, Beliefs, is a significant predictor of offending as indexed by breaches of probation conditions. This suggests that offenders who attempt to justify their offending in terms of their beliefs about their actions being acceptable the more likely they are to re-offend generally.

7.5: Predicting Re-Offending

In order to explore the data further the predictive utility of the complete suite of risk assessment measures was examined. Therefore, as well as STEPS, a model was tested which included the Stable, Acute, and Risk Matrix 2000

measures as predictors of sexual and non-sexual re-offending and breaches of probation conditions/licence.

Using Amos version 19, a simple regression model was estimated (see Figure 5). The risk measures included were: Stable Total; Acute general recidivism risk; STEPS total risk; and Risk Matrix 2000 combined risk. Following the guidelines suggested by Hoyle and Panter (1995) the goodness of fit for each model was assessed using the chi-square, the Incremental Fit Index (IFI: Bollen, 1989), and the Comparative Fit Index (CFI: Bentler, 1990). A non-significant chi-square, and values around 0.90 for the IFI and CFI are considered to reflect acceptable model fit. In this case IFI=0.6, and the CFI was 0.5. This indicates that the model provides only a very moderate fit of the data. In addition, the Root Mean Square Error of Approximation (RMSEA: Steiger,1990) with 90% confidence intervals (90%CI) were reported, where a value less than 0.05 indicates close fit and values up to 0.10 indicate reasonable errors of approximation in the population (Jöreskog & Sörbom, 1993). The RMSEA for the model was 0.082, showing a very good fit in this case.

On the basis of all the fit indices, the measurement models provided a very good description of the data as the IFI and the CFI were both greater than 0.90 for the scale (IFI=0.929; CFI=0.923). Although the chi-square was significant (Chi-square = 25.54, df=4, $P < 0.001$) the chi-square/degrees of freedom ratio were moderate at 6.3. In any case, the Chi-square's significance can be largely ignored where sample sizes are above 200.

Table 32: Standardised Regression Weights (total effects) for Stable, RM2K, Acute, & STEPS Measures Regressed on Reoffending

Measure	Breach Probation Conditions/ Licence	Non-sexual offending	Sexual offending
STABLE	0.251*	0.167	0.084
RM2K	0.223*	0.245*	0.042
ACUTE	0.206*	0.254*	-0.05
STEPS	-0.563*	-0.631*	

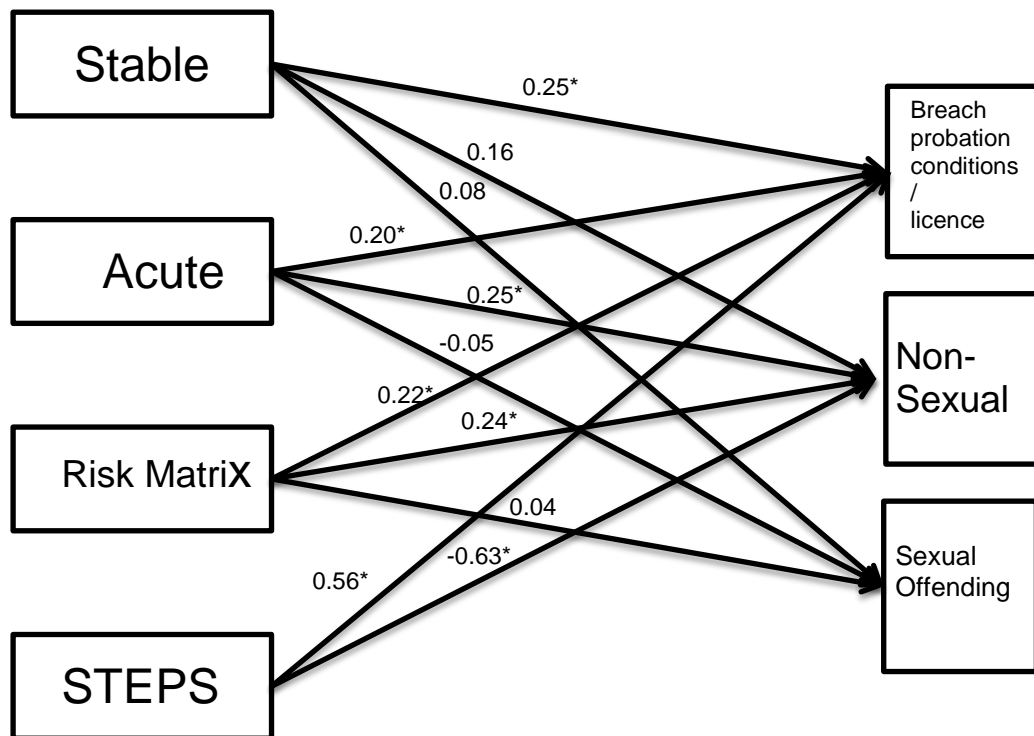
*=significant at $P < 0.001$

Table 32 displays the standardised regression weights (total effects) for Stable, RM2K, Acute, and STEPS measures regressed on re-offending for the model. As can be seen, the Stable, Acute, STEPS, and RM2k recidivism risk measures, significantly predict the instances of breaches of probation conditions/licence. The RM2K, Acute, and the STEPS risk levels are strongly associated with non-sexual offending. Additional analyses were carried out using logistic regression with each of the risk measures' abilities to predict both non-sexual offending and breaches of probation conditions/licence. In terms of these models, including non-sexual offending and breaches of probation conditions/licence as the dependent variables, the goodness of fit statistic was the area under the Receiver Operating Curve (ROC). This is the model's ability to correctly classify individuals into offenders or non-offenders in the cases of the dependent variables here. In the case of non-sexual offending the ROC area of 0.83; 95% CI and of 0.61-1.00. For breaches of probation conditions/licence the ROC area was 0.93; 95% CO of 0.82-1.00.

None of the measures predicted sexual re-offending. The caveat here is that there were too few instances of sexual re-offending in the data; and especially for the STEPS measures, where there were no instances of sexual re-offending associated with the predictive data. Even though in technical terms, each of the sets of measures is correlated each to the other, they are related in themselves to different facets of risk in the individual. The RM2K is an actuarial instrument; the STEPS battery is psychometric, and the SA07 is a combination of actuarial and clinical judgement. So, in terms of risk assessment, the use of this range of measures provides a rounded picture of both the stable and the acute extent of risk. Therefore none should be thought of as redundant, as they allow assessment of different aspects of the individuals.

A series of more complex models were attempted which included the individual scales of each of these instruments. However, none of the models was an acceptable fit for the data. This may have been because of the small number of instances available for inclusion in the SEM models with regard to re-offending.

Figure 5: Regression Model: Stable, Acute, RM2K, and STEPS measures predicting re-offending. *=significant at P<0.001



7.6: Summary

With regard to Stable assessments the results indicate that the main problematic areas for the sample are that they experience difficulties in maintaining stable relationships and social rejection. This suggests this should be a significant target for intervention, along with issues relating to impulsivity, poor problem solving skills, deviant sexual preference, and significant social influences upon behaviour.

In terms of Acute assessments over time a consistent pattern reflects a hostile rejection of supervision combined with the high risk of victim access. This may denote a particularly problematic area for those tasked with supervision in acknowledging there are those who are difficult to engage in

the management plan. The combination of the RM2K measure along with the SA07 measures used in this study contribute to the investigation of predictive power of risk factors associated with recidivism in sexual offending.

The broad range of STEP measures analysed in this study have been demonstrated to add considerably to defining pertinent risk areas for investigation and offender management. It has been shown that it is possible to develop and utilise the STEP measures, in perhaps a short form tool, to delineate additional issues for management and intervention. In this case, it was seen that the offenders' maladaptive beliefs around their offending behaviour present as a particular risk. This is of course in the context of all the other variations amongst the STEP factors, as well as the SA07 and RM2K risk analyses; as the results suggest that in combination these are robust predictors of reoffending behaviour.

Chapter 8

Discussion

Chapter 8: Discussion

The principle aims of this study were to examine factors relevant to sexual recidivism, to evaluate models of risk assessment and the utility of predictive instruments. To achieve this, Stable and Acute 2007, STEP measures and RM2000 ratings were compared against patterns of offending in a two-year follow-up from the original assessment. This discussion will evaluate the results in relation to these stated aims. However, due to the small number of participants who exhibited sexual recidivism it was not possible to address some of the secondary aims and objectives (developing a factor model that denotes specific patterns of Stable and Acute scores and producing a theoretically valid typology for sex offenders from these factor models)

The five key points from the results are listed below together with a brief explanation of how they relate to the aims of this study;

1. *The results indicated that all three instruments were clear and robust predictors of offending behaviour, breaches of probation, or breaches of licence.*

This finding was pertinent to the stated aim of studying the predictive utility of risk assessment instruments, and the multifactorial model of risk they represent. It also illuminates the relationship between risk factors, risk management and supervision, as high ratings predict breaches of licence, as referenced in the theories in Table 1.

2. *The dimensions on which participants obtained the highest scores were lack of empathy, capacity for relationship stability, and sexual deviancy (Stable 2007), rejection of supervision and victim access (Acute 2007).*

This links to the aim of assessing patterns of risk and distinguishing typologies of offending

3. *Within the STEP measures, 'beliefs' (that is, offenders who attempt to justify their offending in terms of their beliefs) was shown to be a significant predictor of offending and noncompliance with probation conditions.*

This finding partially satisfies the aim of developing theory in relation to risk management of sexual offending. In particular, the role that 'beliefs' play gives credence to CBT theories of offending and the provision of treatment programmes, that rely on examining and challenging such beliefs.

4. *Given the finding that STEP measures can identify pertinent risk areas it may be considered as a screening tool for identifying factors important to management and intervention.*

This satisfies the aim of examining the utility of risk instruments, and will have practical importance for those supervising and managing offenders.

5. *Most participants of this sample were rated as moderate risk overall.*

While categorisation and assessing overall levels of risk was not stated as an original research aim, this finding has practical importance for those agencies supervising sexual offenders in Northern Ireland.

Each point will now be evaluated in relation to the research literature:-

1. It is clear from the results, that there is a significant association between the assessed level of risk and recidivism (with regards to breaches of probation and non-sexual offending). The results indicated that all four measures significantly predict future breaches of probation conditions or licensing, and three out of the four measures (all except the Stable 2007) predict further non-sexual offending.

The relationship between levels of risk and sexual reoffending could not be examined due to the small number of recidivists in the sample. However the statistically significant relationship between the main measures specific with breaches of probation and non-sexual offending, suggests that these instruments are sensitive to factors that may indirectly lead to future sexual offending. As discussed previously in the introduction, Bonta et al, (1998), Gendreau, Little & Goggin (1996) and Quincey et al (1995) reported that general recidivism is predicted by an unstable, anti-social lifestyle, characterised by rule violations and reckless and impulsive behaviour. It thus seems reasonable to conclude that the links found in the current study between anti-social tendencies such as non-compliance with supervision and breaches of probation may well be a potential precursor to subsequent sexual recidivism.

This study therefore supports, in part at least, the predictive utility of the measures used. In a general sense then this is in line with the programme of

research that has sought to put dynamic risk assessment on a more secure footing (Hanson, 1998; Hanson & Bussiere, 1998; Hanson & Harris, 2000; Hanson & Thornton, 2000; Hanson & Harris, 2007; Hanson, Harris, Scott & Helmus, 2007). The current study thus adds weight to findings which have tended to be generated by one research team. It also seems that the previous results which were derived from a Canadian population are generalizable to another jurisdiction, i.e. Northern Ireland.

The predictive utility of SA07 and STEP also provides broad support for the overall movement in the research literature towards emphasizing the importance of dynamic risk factors. Examples cited previously, were Andrews' (1998) exploration of third generation dynamic assessments; Craig, Brown and Stringer's (2003) identification of dynamic factors linked to reoffending; and the link between treatment drop-out and dynamic factors (Browne, Foreman and Middleton, 1998; Seto and Barbaree, 1999).

Similarly, the finding in the present study of the link between measure of dynamic risk factors and ongoing criminality provides indirect support for most of the theories.

Establishing a link between a dynamic risk instrument and future non-compliance or offending, also supports Andrews and Bonta's (1998) theory of effective correctional treatment, whereby interventions should target dynamic, criminogenic factors. It also lends weight to Logan's (2007)

argument that it is unethical to focus solely on static risks without offering an avenue for change.

The current findings should also go some way towards allaying the warnings and criticisms made by Grubin and Wingate (1996). They suggest that evidence of risk factors in one population do not inevitably translate to another and the overuse of meta-analysis as a means of identifying risk factors.

As with the dynamic factors referred to above this represents further confirmation of well-established research into the predictive power of static risk factors (Knight and Thornton, 2007; Wakefield & Underwager, 1988; Craig, Brown and Stringer, 2003).

As noted previously, several studies have attempted to compare predictive accuracy across a variety of risk assessment instruments (Barbaree, Seto, Langton & Peacock, 2001; Harris et al, 2003; Nunes, Firestone, Bradford, Greenberg & Broom, 2002). While the current study cannot directly add to this comparison, the moderate predictive accuracy found for STEPS, SA07 and RM2000 (see Table 32), regarding breaches and non-sexual-offending, is in a similar range to the family of instruments examined in these comparative studies.

2. Maintaining stable relationships, deviant sexual preference, hostility, rejection of supervision and victim access were identified as the dimensions on which participants obtained the highest scores. Given the small proportion of recidivism through sexual offences recorded within this sample, it was not possible to examine individual risk factors to likelihood of future sexual offending. It could be argued though that on the basis of these results, practitioners should be alert to their prevalence within the Northern Ireland population of sexual offenders, and that resources should be invested proportionately in their management and further research.

The prominent Stable factors relating to relationships and deviant sexual preference are closely linked to the two broad recidivistic factors of antisocial orientation/lifestyle instability and deviant sexual interest (Hanson and Bussiere, 1998; Quincey, Lattimer, Rice and Harris, 1995; Roberts, Doren and Thornton, 2002). Of the five domains cited by Hanson (2000) attitudes tolerant of sexual assault and self-regulation deficits are relatively underrepresented in this sample. While the Stable does measure self-regulation (in terms of impulsivity) it does not specifically ask about attitudes tolerant of sexual assault. The mismatch between this finding, Hanson's (2000) domains and the STEP results (where pro-offending beliefs were prevalent) suggests that the SA07 may need supplementing by other measures that assess this risk factor of attitudes or beliefs.

The high scores on these dimensions in the present study fit closely with parts of Finkelhor's (1984) Precondition model. Finkelhor's (1984) first condition, deviant sexual arousal, is clearly linked to the high score on deviant sexual preference on the Stable measure. The third precondition, that external inhibitors such as victim access (or the presence of a long-term partner) is of importance, links with the high score on the prevalence of victim access, rejection of supervision and relationship instability dimensions. Other theories of sexual offending, such as Ward and Siegert's Pathways model (2002), Marshall and Barbaree's Integrated Theory (1990) and Malamuth's Confluence Model (1995) draw on a wider range of cognitive, cultural, social and biological factors and are not as pertinent in relation to the findings of the present study.

Individual Acute factors are by definition the most dynamic of measures and unsurprisingly these scores showed high levels of variation over time. However, monitoring those individuals with over ten administrations showed that Victim Access was a consistently prominent risk. There are obvious challenges for supervisors wishing to ameliorate this risk while promoting social cohesion for offenders. Nevertheless, a recommendation from this research has to be that policy-makers are aware that victim access is recorded as the major difficulty for sexual offender supervision and that training and policies for supervision are cognisant of this finding. Hostility and Rejection of Supervision appeared to fluctuate in importance over time, starting off as relatively non-problematic, before rising after three assessments to become more prevalent. This may reflect anecdotal evidence

that offenders emerging from prison in the early days of supervision, or programme attendance, will remain compliant before testing boundaries and challenging authority as they grow in confidence. As there is no methodologically robust evidence of this pattern it is suggested as an important area for further research with implications for motivational work and extension of licensing conditions of sexual offenders.

With regard to theories of relapse prevention, Pithers' model(1983) (Ward and Hudson, 1998) suggested four alternative pathways to reoffending - impulsivity, lack of problem solving skills, lack of coping strategies and lack of motivation to change. While lack of coping strategies could be linked tentatively to relationship instability, lack of motivation has a clearer association with rejection of supervision. In general, the factors identified as prevalent by this study results in new questions about what leads sexual offenders into relapse.

3. Regarding the STEP measures, the category of 'beliefs' (that is, offenders who attempt to justify their offending in terms of their beliefs) was identified as a significant predictor of further offending and breach of probation or licence conditions. The types of cognitive distortion listed by Allam (2001) and referred to previously are pertinent here. These include beliefs in the sexual sophistication of children, the over-sexualisation of women's behaviour, a belief that women deserve to be raped and beliefs about entitlement to sexual gratification.

The results of the present study are consistent with previous studies that show sexual offenders as being more likely to justify their behaviours with cognitive distortions (Allam, 2000; Marshall and Serran, 2000; Beech, 1997). The results of the current study go further, however by showing that justificatory beliefs appear to be of importance in relation to those offenders who are also persistent in antisocial and noncompliant behaviour. This tends to substantiate the theoretical underpinning use of CBT, in that addressing cognitions should be a target for treatment and intervention with this group of offenders.

'Beliefs' are an implicit factor in Finkelhor's (1984) precondition model. In this case, psychological inhibitors, such as moral codes, must be overcome to allow offenders to permit themselves to carry out abuse. As discussed by Ward, Hudson, Johnston and Marshall (1997) justifications and cognitive distortions are some of the mental tools used by offenders to overcome conventional morality. Faulty cognitions were also one of the four domains in Hall and Hirschman's (1992) quadripartite model. With regards to Malamuth et al.'s (1995) theory, with regard to those who target adult female victims, 'beliefs' could be categorised within 'attitudes facilitating aggression against women'.

Cognitive distortions are named as a stepping stone in the pathway to relapse in Pither's (1988) model. Pro-offending beliefs are here seen as a

bridge in the sequence of relapse preceded by negative affect and deviant fantasies and followed by planning, masturbation and the contact offence.

4. Factor analysis, indicates that the STEP measures can be broken down into six over-arching, theoretically justifiable factors. That is, Impulsivity, Interpersonal Reactivity Index, Acceptability of Beliefs, Problematic Attachment style, 'Deserving Victims', and Lack of empathy. Refinement of this battery of psychometrics would therefore be a promising area for further research and a potential outcome may be a streamlined, 6-item battery of psychometrics.

5. Turning from individual factors to the distribution of risk level as an overall total of Stable scores it is evident there is a fairly consistent pattern from year to year, with around 60% of offenders clustered within the moderate risk bracket. Offenders categorised as low risk has increased slightly in numbers over the three years from 20% in 2008 to 27% in 2010 of all offenders categorised. Conversely, the number categorised as high risk categories declined from 18% to 13% over the three years. Such findings have clear consequences for the allocation of resources in public bodies such as PPANI, especially given that the current research findings indicate that higher Stable risk levels relate to a higher likelihood of breach of probation (there is no such link with general re-offending however). Moderate risk, has consistently been shown to be the norm, with a small yet substantial number of high risk individuals. It is also important to note that this sample is drawn

from only Category 2 and Category 3 offenders and therefore more likely to produce higher Stable scores.

8.1: Limitations Of The Study

A major limitation in the present study is the fact that the sample did not allow for a direct evaluation to be made between risk factors and further sexual offending. This was due to the small number of sexual recidivists found within the overall sample (n=5). This is possibly an unsurprising finding given that it is well-established that rates of sexual reconviction for sexual offenders are relatively low, and that offending behaviour programmes, supervision and monitoring will reduce this rate further (Falshaw, Bates, Patel, Corbett & Friendship, 2003). In terms of Finkelhor's (1984) model, preconditions for reoffending are set very high after conviction. Barriers such as fear of being caught, awareness of the repercussions, difficulty in accessing or grooming victims, will decrease the likelihood of reoffending. Studies by Lloyd, Mair and Hough (1994), Wilson et al (2000), and Hanson and Bussiere (1996) reported that rates of sexual recidivism tended to be lower than other types of offending. However these studies do describe a somewhat higher rate than was found in this sample (ranging from rates of 3.7% to 15%).

Another limitation of the study is the lack of detailed analysis of the types of sexual offending within the sample. The various sub-groups of sexual offending within the sample were not identified at the outset, and therefore it was not possible to identify certain sexual offenders who were more likely to

commit further types of sexual or general offending. This has been identified as an area for further research; to be able to link certain sexual offenders and risk factors – ie. those who commit offences against children and those who commit sexual offences against adult females in order to develop a typology of sexual offending.

Falshaw et al. (2003) point out that reconviction is a narrow outcome measure relying only on those offenders who are detected and successfully prosecuted. In order to broaden measures of sexual reoffending they suggested lengthening the follow-up period from two years to ten years. This would extend the outcome parameters to include those who voluntarily admit to sexual reoffending using information from treatment programme participants that identifies behaviour specific to the cycle of sexual offending, while falling short of an actionable offence. Falshaw et al (2003). compared these broader criteria to the narrower criteria, similar to the method used in the current research, and found that the wider definition of problematic behaviour created 5.3 times as many 'reoffenders'. These are all sensible suggestions for further research that might establish clearer links between the risk factors mentioned and sexual reoffending. However, the caveat would remain, that conviction in a court of law remains the purest objective measure of re-offending behaviour.

The relatively short follow-up period between application of risk assessment instruments and reconviction check is another limitation of the present study.

There was no standard follow-up for reconviction analysis and access to reconviction figures proved very difficult to obtain, thus presenting problems with follow-up for further analysis. This has been identified as another critical area for future exploration and research, both for the immediate and longer-term, to assist in the management of this client group of offenders.

This also reflects the relatively short lifespan of the use of Stable and Acute measures in the jurisdiction from which participants were drawn. As offending behaviour programmes and supervision plans strive to effect long-lasting changes with offenders future research would benefit from revisiting these findings over a five and ten-year follow-up period, and access to reconviction data critical, which will form part of this follow-up.

No significant correlations were found between individual elements of the risk instruments (e.g. self-esteem) and reconviction outcome (with the aforementioned exception of 'Beliefs' in the STEP measures). These findings would have been useful in planning specific priorities for treatment programmes and supervision. Again, the inclusion of more examples of sexual re-offending via a broader definition may make future research likelier to find such links. This shortcoming, should however be viewed within the multifactorial framework that suggests offending behaviour is the result of a combination of factors. As such, it refutes earlier, single-factor theories, and bolsters the case for the multifactorial models described in Chapter 2. No single factor will of itself elevate an individual's overall risk level, and it would

be unwise to lose sight of the fact that professionals must be mindful of patterns of attitudes and behaviour that may shift over time.

8.2: Implications For Practice and Conclusion

These findings have strategic and practical implications for the management of sexual offenders in general and in Northern Ireland in particular. They are particularly relevant for members of the Public Protection Arrangements of Northern Ireland (PPANI), a multi-agency group of police, probation officers and others who are responsible for the assessment, monitoring and supervision of sexual offenders in the community. PPANI's work is achieved through meetings of Local Area Public Protection Panels (LAPPPs) where representatives from various agencies assess risk and draw up risk management plans for offenders. The work of Designated Risk Managers (DRMs), police officers, probation officers or social workers, whose role it is to work directly with offenders, update individual risk assessments and implement risk management plans; and through specialist teams such as the Public Protection Units (PPU) and the Public Protection Team (PPT) who work with clients with mental health problems and with high risk individuals. For those working directly with offenders it is especially important that they are mindful of the risk factors highlighted by this research. Recommended changes for practice and policy are now discussed below.

At a strategic level, stakeholders in PPANI must therefore be confident that resources are allocated proportionately. Staffing at specialist units such as the PPT, and numbers of individual DRMs, should be adequate to protect the

public from the highest risk individuals. This sample, taken between 2008 and 2010, relied exclusively on those deemed to be higher risk, i.e. Category 2 and 3 clients. Within this subset of Category 2 and 3 clients, 25% were deemed low risk, 60% moderate risk and 15% high risk. To reiterate, all the clients in this sample were deemed to present either a 'clear and identifiable' risk that they could cause future sexual offending (Category 2), or a high risk of this occurrence (Category 3).

PPANI stakeholders should be mindful as to whether LAPPP decisions have placed offenders too readily into Category 2 or 3. Furthermore, the LAPPP categorisation is cognisant of more than just dynamic factors, drawing on Risk Matrix 2000 scores with the expertise and clinical judgment of the representatives present. Notwithstanding such objections these findings should prompt a review of decision-making and a greater consideration of Stable 2007 scores during the LAPPP categorisation process. From 2008 to 2010 there was a small decrease in the proportion of high risk stable category individuals. While Stable categories do not map over directly onto the three LAPPP categories it is important for future meetings to consider whether the pattern of decreasing numbers in progressively higher risk categories is a reflection of the true division of risky attributes, or an artefact of resource allocation. With consistently high levels of moderate risk assessments it could be argued that more investment into moderate level risk management (e.g. numbers of DRMs) should be considered. However such a recommendation should await further research that would analyse percentages over a number of years.

In real terms numbers of high risk individuals, as assessed by the Stable (8, 23 and 17 respectively for 2008, 2009, 2010), are of a similar order of magnitude to LAPPP Category 3 offenders in 2012 (13 individuals) and this similarity across assessments should lend some confidence to the categorisation of the most dangerous offenders.

Training needs and selection of risk assessment instruments are other important strategic considerations given the reliance that is placed on Stable and Acute and Risk Matrix assessments to plan supervision and management. The previously mentioned discrepancy between Stable 2007 scores and LAPPP categorisation has implications for both processes. If LAPPP categorisation is superior to the judgements made by Stable 2007 scores then training time should be invested in ensuring that Stable assessors are not underscoring clients and under-estimating risk. The successful linking of Stable scores to behavioural outcomes weakens such an argument. Nevertheless, trainers in Stable 2007 should be aware of this disparity and dialogue between themselves and LAPPP members would be a fruitful way of understanding where such discrepancies originate. Further research that compared LAPPP categorisation directly with Stable categorisation would be useful, employing both quantitative statistics and in depth case analysis employed to develop the strengths and weaknesses of each process.

At LAPPPs, offenders are categorised as one of three risk levels, each of which have implications for levels of supervision and the risk management plan. This decision is informed by the sharing of available information on criminal history, behaviour, environmental and personality factors. It is therefore recommended that LAPPP attendees should be appraised of the current findings on the importance of social factors such as relationship stability. These are already scrutinised at LAPPP meetings but the current research re-emphasises their near ubiquity and the importance of considering individuals as social entities whose actions and behaviour are indivisible from the community around them. As a consequence of this, social re-integration and relationship building skills must be considered in all risk management plans.

For those working directly with clients the preponderance of social factors is a reminder that supervision should incorporate social skills training and an awareness of the individual's place within the community. Another important point of learning from this research is the pattern of Acute scores over a long-term period. Evidence that cooperation decreases sharply over the first few assessments before returning to a more manageable level should alert supervisors, such as DRMs and members of the PPT, to guard for resistance at this stage of supervision. This may also be an indicator of a high risk of breaching conditions. This would have implications for the sequencing of motivational interviewing techniques and increased monitoring at the relevant stages of supervision.

Treatment programme facilitators in offending behaviour programmes such as the CSOGP should similarly note the prevalence of social factors within this study. While CSOGP already includes specific modules on social skills and relationships it is important for facilitators to be aware of the prevalence of these issues in the Northern Irish population. Careful reading of pre-group psychometrics as well as Stable and Acute scores will allow facilitators to identify which clients may require preference or emphasis for role plays and homework during this module. Given the empirical support that this study has demonstrated for the predictive value of Stable, Acute and STEP factors, it is equally important that programme facilitators familiarise themselves of each participant's scores on the relevant measures. This will allow them to make links to other modules that would be relevant. For example, high and problematic scores in victim empathy would suggest emphasis should be placed on the relevant CSOGP module.

Another important implication for programme facilitators is the existence of an overarching 'Beliefs' category that logistic regression shows is closely linked to re-offending and disengagement with probation supervision. This suggests that group work treatment programmes should retain or enhance cognitive elements, where thoughts and beliefs are challenged. Psychometric scores falling under this category (Emotional Congruence, Impression management, and Fantasy) should be scrutinised further and explored in depth with participants.

The high number of Acute assessments that cite Victim Access as a problematic factor creates a dilemma for PPANI stakeholders and trainers. On the one hand this research and the psychological literature has emphasised that social reintegration is desirable and a protective factor against reoffending. Yet it is clear from these results that a significant number of Acute assessors have concerns about their clients' proximity to vulnerable members of the public. There is no simple solution to these competing concerns. However it would be sensible to invest in methods that support DRMs and other supervisors in this difficult balancing act. This could be through providing secure accommodation for offenders, research into innovative ways of safeguarding the public, or further training that enhances practitioners' awareness of minimising Victim Access risks.

The suggestion that the STEP measure could (and perhaps should) be included as a screening tool for those involved in risk assessment and treatment of sexual offenders is part of an overall theme indicated by these results. That theme is the multiplicity of relevant factors and the variety of typologies that are found whenever recidivism is studied. The evolution of theories of sexual offending, as outlined in the Introduction, has moved from single-factor accounts (e.g. Thornhill and Palmer's (2000), biological explanation (Moyer's (1976) hormonal imbalance account) to integrated theories (e.g. Marshall and Barbaree, 1990) that account for a variety of psychological, cultural, biological, proximal and distal factors. In order to keep up with this evolution those involved in treatment and risk assessment will almost inevitably need to make use of a variety of measures that tap into

not only the static and dynamic factors (such as measured by SA07) but also cognitive factors and justifications (which for example are more closely examined by the STEP measure). As Wakeling, (2014) suggests, psychometric tests should aim to assess risk domains to assist practitioners in identifying critical areas for intervention. The suggestion is that further studies into the effectiveness in the use of different measures to calculate change improves the predictive validity of the psychometric tests (Wakeling, 2004). Adding yet another screening tool to busy practitioners' workloads may put extra strain on resources. However, the results of the present study suggest that this is likely to be a worthwhile investment, leading to shorter batteries of test materials. Wakeling's (2014) proposal to develop and rigorously test a smaller battery of psychometric tests, which specifically measures the main dynamic risk domains identified for sexual offending, is a welcome one for further consideration.

Finally, these results suggest that all practitioners should be trained in the combination of static and dynamic instruments, in particular the combination method suggested by Helmus et al. (2013). The STEP measures should be used as a supplementary screening tool so that the crucial area of 'beliefs' can be included. Further research could usefully measure the interaction of STEP, RM2000 and SA07, and ultimately further research over the years, would allow for direct evaluation between risk factors and further sexual recidivism.

Appendices

Appendix 1

Ethical Approval

My research application was submitted for consideration to the Probation Board for N. Ireland's (PBNI) Research Board.

The Research Board is chaired by Mr Paul Doran, Deputy Director, two Assistant Directors and the Head of PBNI's Research & Information Department.

The Board consider research proposals, including all ethical issues, before granting permission for any researcher to embark on their study.

The Research Board met to consider my research application on 4 November 2010. This was approved (please see attached letter). The Board granted permission for the research to begin with effect from the date of Board approved.

Appendix 2

PBNI Research Panel Decision



Probation Board for N. Ireland

80/90 North Street
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Geraldine O'Hare
Head of Psychology
Probation Board for Northern Ireland
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4 November 2010

Dear Geraldine

RE: Research Proposal - **Predictors of Recidivism in Sexual Offending**

The PBNI Research Panel met at the end of October 2010 to consider your request. We are delighted to say that the Panel agreed to support your research proposal. Can you contact Laura Duncan (Statistic & Research, Tel: 028 90262489, e-mail – laura.duncan@pbni.gsi.gov.uk) to discuss your research and support structures going forward. Laura will act as your link with the organisation.

If you have any queries about this decision please feel free to contact me.

Regards

Paul Doran
Deputy Director of PBNI
Chair of Research Panel

CC – Research Panel

[REDACTED] (Head of Business, Planning & Development)
[REDACTED] (Statistics & Research)
[REDACTED] (Assistant Director Risk)
[REDACTED] (Assistant Director Belfast)

Appendix 3

Privacy Notice For Service Users

The attached form is a notice for all offenders to agree to, which describes the sharing and storing of information. It also informs the offenders that the information may also be used for evaluation and research purposes.



Appendix 3 - Privacy
Notice for Service Use

Appendix 4

Stable & Acute 2007 – Assessments



Appendix 4 - Acute
07 Assessment.pdf



Appendix 4 - Stable
07 Assessment.pdf

Appendix 5

Risk Matrix 2000



Appendix 5 - Risk
Matrix 2000.pdf

Appendix 6

Pre-Stage Psychometric Assessments (STEP)



Appendix 6 - Pre
Stage Psychometrics.

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