

Assessing Risk in Sex Offenders

A Practitioner's Guide

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LAC: *For my parents, to whom I owe everything, and whose love and support have never waived.*

KDB: *For the protection of my family, children and vulnerable people everywhere.*

ARB: *For Dawn and Jake, with all my love, who have to endure many hours without me to enable projects like this to see the light of day.*

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Preface: The Extent of Sexual Violence and the Risk Approach

The more we can share our knowledge about the nature of sexual crimes and those who commit them, our experience with dealing with these offenders in custody and the community, our successes and our failures...the more we are likely to move towards our ultimate aim, which must be to protect the public from harm and to reduce the number of sexual crimes which can cause immense human suffering.

The Home Secretary (7 June, 1991)

Sexual assault is a worldwide phenomenon that has long lasting effects on the physical and mental health of individuals who are victimised in this way (Briere, 1992; Felitti et al., 1998). There are also complications for the sexual and reproductive health of victims following a sexual assault both in the short and long term, such as HIV infection (World Health Organisation, 2002). For the sex offender, forced or coerced sexual activities may result in sexual gratification, although it is considered more often to be an expression of power and dominance over the victim and therefore sexual assault is considered to be an act of violence (Groth, 1979). Sexual violence is directed at both men and women of all ages and may take many forms. It is not limited to acts of non-consensual sexual intercourse (rape or attempted rape of the vulva) but may involve penetration of other body parts, using the penis, fingers or any object. Other sexual assaults include fondling, kissing, sexual harassments, coercion, trafficking for sex, prostitution and sexual exploitation.

Sexual violence has been defined by the WHO (2002) as:

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality using coercion, threats of harm or physical force, by any person regardless of relationship to the victim in any setting, including but not limited to home and work (p. 149).

Sexual violence is also evident in institutional settings with vulnerable adults or children, including those in secure environments. Sexual assault may also occur when the victim is unable to give consent, while under the influence of alcohol or drugs.

THE EXTENT OF SEXUAL OFFENCES AGAINST ADULTS

Sexual activity and behaviours that qualify as sexual offences have changed over time (see Sex Offences Act, 1956 & 2003). Therefore, it is difficult to determine whether there has been an increase or decrease in the number of sexual offences over the past 50 years. Reported rapes have doubled in the past 20 years but this may be related to changes in how the police deal with rape. Victims are now treated with a more caring manner by police officers, who are usually specially trained in how to interview sensitively and gain information from victims of rape and child sexual abuse. The environment for victim disclosure has also improved with the establishment of sexual assault referral centres, SARC (Cybulska, 2007; Matravers, 2003). Nevertheless, the majority of sexual offences still go unreported, which can be determined by the prevalence of sexual offending (as reported in the British Crime Survey) in comparison to reports to the police within the same time period. The British Crime Survey of households (2005/06) shows that approximately 3% of women and 1% of men self report experiencing a sexual assault in the previous 12 months, but only 62,081 were reported to the police in 2005/6, which represents approximately 1 in 10 victimisations.

The latest statistics, available from Jansson, Povey and Kaiza (2007), show that the police recorded 43,755 serious sexual offences for 2006/07 (1% of all recorded crime). This included rape, sexual assault and sexual activity with children. The police also recorded 13,787 other sexual offences which involved unlawful sex activity (between consenting partners), exploitation of prostitution and soliciting (but not prostitution itself), indecent exposure and sexual grooming. For 2006/07, in total, there were 57,542 recorded sexual offences in England and Wales compared to 62,081 for 2005/06. There were 13,780 rapes reported compared to 14,449 the previous year. Ninety-two per cent of reports involved female victims and 8% male victims of rape.

However, the conviction rate for adult rape is only a fraction of the number reported to the police. One third of reported cases failed to proceed past the investigation stage due to lack of evidence or victim credibility. Another third are lost as a result of victims not wishing to proceed due to fear of the emotional consequences and not being believed in court. Furthermore, many cases of sexual assault are associated with alcohol use in the victim as well as the offender and the majority of perpetrators are known to their victims. These facts complicate successful conviction of sexual offenders, with 9% regarded as false allegations and only 14% of reported cases leading to trial (Kelly, Lovett & Regan, 2005).

Prevalence studies of sexual violence by intimate partners or ex-partners reported in different countries (WHO, 2002) indicate that between 6% and 46% of women experience attempted or actual forced sex at some time in their lives. In London, it was estimated that 23% of women had had such experiences associated with domestic violence (Morley & Mullender, 1994). Female spouses are especially reluctant to disclose violence in the family as they recognise that this is one of the reasons why social services would intervene in family life and prioritise interventions to prevent emotional and psychological harm to children in the family. This may result in the children being taken into public care with the mother accused of ‘failing to protect the child(ren)’. This social service response is not helpful to women who are victims of physical and sexual violence from their intimate partners. These women are not in a position to protect their children without help. Therefore, women in this position sometimes report the violence to the police and social services only to retract it later. An Australian study by Goddard and Hiller (1993) found that child sexual abuse was evident in 40% of families with intimate partner violence. Truesdell (1986) also claimed that domestic violence was more common than expected in North American incestuous families with nearly three quarters (73%) of mothers from incestuous families experiencing at least one incident of domestic violence, a third of who were threatened or injured with a knife or a gun.

THE EXTENT OF SEXUAL OFFENCES AGAINST CHILDREN

The World Health Organisation define child sexual abuse as ‘the involvement of a child in sexual activity, by either adults or other children who are in a position of responsibility, trust or power over that child, that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society’ (Butchart et al., 2006: 10). This has been further extended by the Department of Education and Skills for England (HM Government, 2006) in their latest guide for inter-agency working to safeguard children as follows:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. (p. 38)

This broader definition incorporates internet offences and the coercion of children into sexual activities through ‘grooming’ which were introduced in the latest Sex Offences Act (2003).

According to statistical returns from English Local Government Authorities over the past five years (Department for Children, Schools and Families, 2007), there have been at least 100 less sexually abused children each year subject to a 'child protection plan'. Indeed, the percentage of children recognised as victims of sexual abuse, and placed on the child protection register, has dropped from 10% to 7% of all registrations for child maltreatment between 1 April 2002 and 31 March 2007. A similar decline has been observed for cases of sexual abuse that are identified to co-occur with other forms of maltreatment (that is, physical abuse, emotional abuse and neglect). These 'mixed cases', some of which include sexual abuse have decreased from 15% to 10% of all registrations over the same time period. Likewise, cases of physical abuse have reduced from 19% to 15% of all registrations. However, there has been a marked increase from 2002 to 2007 in the number of children identified as neglected (39% to 44% of all registered cases) and emotionally abused (18% to 23% of all registered cases).

Therefore, the number of children in England under 18 years who were registered under the category of sexual abuse has decreased from 3,000 a year to 2,500 a year while the overall number of registrations have increased from 30,200 (2002/3) to 33,400 (2006/7). There were 27,900 children subject to a child protection plan on 31 March 2007, representing 25 children per 10,000, 1 in 8 of these children (13%) had previously been on the Child Protection Register. Approximately 2 children in every 10,000 were identified as victims of sexual abuse. Research has shown that about 60% of sexual abuse registrations are girls and 40% were boys.

Over the past 15 years, similar declines in the incidence of child physical and sexual abuse has been observed in Canada (Trocme et al., 2005) and the USA (Finkelhor & Jones, 2006), together with increases in the rate of neglect. A greater professional commitment to safeguarding children and protecting them from all forms of child maltreatment in addition to violent and sexual offender programmes have been identified as partly responsible for the decline in physical and sexual abuse (Jones et al., 2001).

However, the British prevalence rates retrospectively reported by adults and teenagers reflecting on their childhood show little change over time. In the early 1980s, child sexual abuse in a British community sample was reported to be 12% of females and 8% of males (Baker & Duncan, 1985). A more recent NSPCC study (Cawson et al., 2000) of English young adults (18–24 years) found that 16% had reported sexual abuse (11% contact sexual abuse). However, the most recent US national survey measuring the prevalence of sexual victimisation of children at 8% did confirm a decline in comparison to previous surveys (Finkelhor et al., 2005). Fifteen years earlier, the US prevalence rate child sexual abuse was reported to be 27% of women and 16% of men (Finkelhor et al., 1990). An international comparison of 21 countries, around the same time, showed that the prevalence of child sexual abuse ranged from 7% to 36% for women and 3% to 29% for men (Finkelhor et al., 1994). According to these studies, girls were between 1.5 and

3 times more likely to be sexually abused than boys. Up to 56% of the girls and 25% of the boys were sexually abused within the family environment perpetrated by blood relatives, step parents, foster carers and adoptive parents.

The differences in prevalence rates can partly be explained by the variations in methods and samples used but all show that incidence figures only represent those few cases which are known to the authorities. Recent evidence from victim surveys and prevalence studies consistently indicates that the number of people reporting abuse in childhood at approximately ten times the incidence rate (Creighton, 2002). This demonstrates that, like adult rape, there is a significant 'dark figure' of unreported crime involving the sexual abuse of children and that there is a great deal of work to be done on the prevention and detection of such crimes.

Indeed, the sexual abuse of children fares no better than adult victims in relation to the number of convicted offenders. Of those cases that come to the attention of the police, only 35% to 38% of the sex offenders are charged, 5% to 9% receive a caution and for 56% to 59%, there is no further action (Prior, Glaser & Lynch, 1997; Browne & Afzal, 1998). Nevertheless, 27% of children have previously been referred to child protection units in relation to child maltreatment in general and 30% of the alleged perpetrators are previously known to the police (Browne & Hamilton, 1999). Other research associated with child protection cases has reported that a third of all allegations involve a sexual abuse perpetrator aged 17 or younger (Glasgow, Horne, Calam & Cox, 1994). These figures indicate the need for greater resources for social work, probation and police services and more effective multi-agency strategies to detect perpetrators of sex crimes and prevent sexual assaults on adults and children. The figures also indicate the limitations of the UK Sex Offender Act (1997) which compelled by law all offenders who have been cautioned or convicted of a sexual offence to register their names and addresses with the police.

CHALLENGES FOR RISK ASSESSMENT AND INTERVENTION

The usual response to sexual abuse in the family and home environment is to take the children into public care and sometimes offer shelter to the mother (the non-abusive carer in the vast majority of cases). This is to prevent 'repeat victimisation' by the same offender. Nevertheless, without victim support and therapeutic help for these women and children, the victims remain at a higher risk of 'revictimisation' by a different offender (Coid et al., 2001; Hamilton & Browne, 1998, 1999).

The conviction and imprisonment of the sex offender only occurs in a minority of cases (6% to 10%), when there is sufficient evidence to prove a sex crime 'beyond all reasonable doubt'. More often the alleged perpetrator of sexual abuse is banned from contacting or approaching the victim by order of a family court (for example, exclusion and/or occupation orders) working with the principle 'on the balance of probability'. The alleged sex offender may only then be convicted and imprisoned

for breach of the order and contempt of court. However, he is at liberty to 'befriend' other women and children. Indeed, single parent families are at considerable risk (Browne & Herbert, 1997).

'Risk' has been defined as '... a compound estimate of the likelihood and severity of an undesirable outcome' (Yates & Stone, 1992). The '*risk approach*' can be seen as a management strategy for the flexible and rational distribution of limited resources to best effect (Browne & Herbert, 1997: 20) Therefore, '*risk assessments*' are useful in the planning and management of sex offenders both in the community and in prison and are most applicable when a sex offender returns to a community. Resources and services that are required to monitor, manage and supervise the activities of convicted sex offenders in the community can then be targeted to those most dangerous who are highly likely to commit a violent and/or sexual offence, if left to their own devices. Thus, the maximal utilisation of resources by risk management ensures the safety of children and vulnerable adults.

In North America, Western Europe and Australasia, professionals concerned with the safety and protection of women, children and other vulnerable adults were the first to develop other initiatives beyond that of separating the offender from the victim. It was realised that responding to the needs of individuals who commit sex offences is a more effective way of protecting vulnerable individuals in the community. Therefore, comprehensive risk assessment and interventions are necessary to assess who can remain in the community for treatment and supervision and who cannot because of the danger they pose to individuals and families in the community. Sexual offenders who are assessed as low risk of re-offending may be treated and managed in the community, enhancing the chances of their rehabilitation. Individuals who are at high risk of violent and/or sexual offences require interventions while they are incarcerated in secure environments, such as young offender institutions, prisons and special hospitals. This dual track approach is likely to meet with more success in safeguarding children and vulnerable adults on a long-term basis.

Without treatment, *all* offenders are more likely to re-offend. Imprisoning sex offenders in isolation with other sex offenders (for their safety), means their fantasies and cognitive distortions are rarely challenged and indeed, may be shared with others which may reinforce cognitive distortions and make the chances of re-offending higher on release. By working with offenders, the number of victims may potentially be reduced and incidence studies are beginning to indicate that this may indeed be the case. However, further work is required to determine those who respond to the interventions available and reduce their risk of recidivism, as opposed to those who do not respond to interventions and remain at high risk of re-offending.

The first section of the book begins with the background, developmental frameworks and predictive accuracy of risk assessment methodologies. The first chapter describes the range of sexual offences and the characteristics associated with

particular types of sex offender subgroups. In the second chapter we go on to describe the developmental pathways and offending behaviour trajectories from childhood and adolescence into adulthood and the approaches used to analyse significant factors, conditions and events in explaining offending behaviour. In the final chapter of this section we summarise the theoretical background on the development of actuarial risk instruments and consider the factors affecting the predictive accuracy of risk assessment systems. The second section of this book is concerned with the identification and assessment of static risk factors and the relationship to sexual recidivism. In the fourth chapter we review the different types of risk factors and pay particular attention to the effect of personality, psychopathy, sexual deviance and age on the assessment of risk. Following on from this, Chapter 5 provides a comprehensive review of the predictive accuracy of a number of actuarial and structured clinically-guided risk assessment scales currently available. The third section of the book considers the assessment of dynamic risk factors associated with sexual recidivism. In Chapter 6 we discuss the assessment of stable and acute dynamic risk factors as part of a stable dynamic framework and describe how assessments of sexual and psychological deviance can improve the predictive accuracy of actuarial frameworks. Chapter 7 draws on the current concepts in risk assessment and the general criminogenic principles of 'What Works' for offenders provides an overview of current treatment provisions in prisons and the community in the U.K. for sex offenders. The fourth section of the book is concerned with structuring risk assessment and Chapter 8 integrates some of the concepts outlined in previous chapters and discusses a conceptual aetiological framework to use in risk assessment and clinical formulation. The final section of this book is concerned with policy and practice and the implementation of risk assessment systems in managing sex offenders. In Chapter 9, discussion centres on the strategies used to manage sexual offenders in the community and the legal framework supporting community supervision and management. Chapter 10 considers the application of actuarial measures and whether the inclusion of dynamic factors integrated with existing actuarial scales can improve accuracy in predicting sexual recidivism. In an effort to improve risk assessment systems a Multiaxial Risk Appraisal (MARA) model is proposed. Finally, Chapter 11 considers the different approaches to risk assessment previously discussed and describes how ideas of strengths-based approaches and positive psychology more generally can impact on the assessment of risk.

Leam Craig
Kevin Browne
Anthony Beech
Autumn, 2007

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PART I

Background,
developmental frameworks
and predictive accuracy

1

Characteristics of Sexual Offenders

INTRODUCTION

In England and Wales, the average prison population in 2001 was 66,300 (Councell & Olagundoye, 2003) with 7.6% of those in custody convicted of sex offences (4,840 adults and 199 juveniles). Just over half (52%) of the 5,039 sex offenders imprisoned in 2001 had committed rape offences and 200 (4%) of them had also murdered their victim (Fisher & Beech, 2004). Of those individuals residing in special hospitals, 12% have been convicted or charged for a sexual offence (Home Office, 2005).

The Home Office reports 6,046 recorded sex offences for England and Wales between 2004/05. This represented 5% of recorded violent crime and 1% of all crimes recorded by the police. The vast majority of contact sex offenders (80%–95%) are male (Finkelhor et al., 1986; Jehu, 1988). However, evidence does exist for the presence of a small number of female sex offenders (see Sarajen, 1996). Prison statistics for England and Wales in 2001 show that only 25 females were imprisoned for sex crimes compared to 4,840 males (Councell & Olagundoye, 2003). However, a meta-analysis of eight victim surveys found that on average 2.5% of female victims and 21.3% of male victims report that they were abused by female perpetrators (Fergusson & Mullen, 1999), so the prison statistics may not reflect the true picture.

Sex offenders are usually separated into individuals who commit ‘*non-contact*’ sex offences involving little or no direct contact with the victim (for example, exhibitionists and internet offenders) and those offenders who indecently assault a child or adult victim (for example, Paedophiles and rapists) frequently referred to as ‘*contact sexual abuse*’. In this chapter we will describe the different types of sexual offender, offender characteristics and the various theories associated with sexual offending.

EXHIBITIONISTS

Exhibitionist is the term used to describe individuals who expose their genitals to others. Victims are usually female. Exposure to adult male victims is rare (Murphy, 1997). Furthermore, a significant minority of victims (28%) are children and adolescents aged between 5 and 13 years (MacDonald, 1973). The prevalence of females encountering an exhibitionist is high, as surveys of UK nurses (44%) and US college students (32%) have shown (Cox & MacMahon, 1978; Gittleson, Eacott & Mehta, 1978; respectively). The motivation underlying male genital exposure separates exhibitionists into two types:

1. Men who expose themselves to seek sexual interaction with others and to become sexually aroused by their victim seeing their genitals (*the narcissistic exhibitionist*).
2. Men who expose themselves to intimidate and cause fear in others and to become sexually aroused by the shocked and frightened reaction of their victim (*the sadistic exhibitionist*).

Both types of exhibitionism begin in the offender's mid-teens (Abel & Rouleau, 1990), although it is the sadistic exhibitionist who is more likely to escalate into serious contact offences. Indeed, one in five exhibitionists also commits contact sexual offences (Gebhard et al., 1965) and this rate increases to one in four when there is also a history of mental health problems (Sugarman et al., 1994), which demonstrates the importance of treatment programmes for this group. Most exhibitionists receive community sentences when there is no record of contact sexual offences and now convicted adult exhibitionists are expected to attend accredited sex offender treatment programmes in the community run by probation (see Chapter 7, also Beech & Fisher, 2004). Interventions for young offenders are organised by the youth offending teams, some of which have set up 'Inappropriate Sexual Behaviour Units' to treat the early onset of genital exposure to others and internet sex offences committed by juveniles.

INTERNET OFFENDERS AND THE USE OF PORNOGRAPHY

An estimated 100 million individuals had access to the internet in 2001 and one in five people visit sexually oriented sites at least once a month (Cooper, Delmonico & Burg, 2000). Indeed, 1 per cent of North Americans spend more than 40 hours per week engaged in online sexual activity, the vast majority visiting adult pornography sites which are considered legal by most countries law enforcement agencies (Cooper, 2002). However, a significant number of internet sites offer illegal child pornography and paedophilic contacts which can be downloaded at leisure onto

personal computers and provide reinforcement for sexual fantasies involving children. Between 1988 and 2001, 3,022 individuals were cautioned or charged with downloading illegal child pornography from the internet (Carr, 2003).

Recent research has suggested three different types of internet offenders (Carnes, Delmonico & Griffin, 2001; Cooper, 2002):

1. The '*Discoverers*' with no evidence of a prior interest in sexual activities with children and adolescents but who now find these images interesting and stimulating.
2. The '*Pre-disposed*' who have previously fantasised about sex with children and/or adolescents and now use the images available on the internet to trigger and fuel these sexual fantasies.
3. The '*Sexually Compulsive*' who use images on the internet as another way of acting out their sexual fantasies and behaviours and who may heighten their arousal and lower their inhibitions by looking at these images prior to committing a sexual assault.

For all three groups, sexually violent material and sexual images of children and adolescents on the internet serve to 'normalise' a deviant sexual interest and reinforce the distorted view that sexual fantasies about children and young people, and non-consensual sex, are commonplace and not problematic. Furthermore, internet offenders create a market for the production and distribution of child sexual abuse and therefore are indirectly responsible for sexual offences against children and young people.

Investigating the possession of internet child pornography now accounts for one in ten child sexual abuse cases known to the police, but only 7% of these 'non-contact' offenders are also known to directly sexually assault others (Gallagher et al., 2006). It appears that only a small minority of internet offenders use images of children and adolescents in a sexually compulsive way and that even those predisposed to sexual fantasies about children and young people may not act out such fantasies, unless they become compulsive. Indeed, Foss (2003) showed that internet offenders have significantly less cognitive distortions and more emphatic concern for children (but similar low self esteem) compared to child molesters, which may partly explain why they are less likely to act out their deviant thoughts and fantasies.

Research into the preparatory effect of child pornography on paedophiles seeking to physically abuse children is contradictory, and there is no established research that indicates that child pornography either causes offending or even that it maintains molestation patterns (Howitt, 1997). However, paedophilic fantasy has been positively linked to offending behaviour and is unlikely to be effectively controlled by the exclusion of pornography.

Not surprisingly, the majority (86%) of child molesters have admitted under polygraph examination that they use pornography, in a compulsive way, as a

precursor to offending. Earlier studies have found a smaller number of child molesters (21% and 33%) who use illicit pornography (Elliott, Browne & Kilcoyne, 1995; Marshall, 1998; respectively) but report how the men used thoughts and fantasies about their previous victims and sex assaults prior to committing another sex offence. Some men had their own 'scrap books' of cut out legal images of children taken from newspapers, magazines and shopping catalogues.

Seto, Cantor and Blanchard (2006) investigated whether being charged with a child pornography offence is a valid diagnostic indicator of paedophilia, as represented by an index of phallometrically assessed sexual arousal to children. In a sample of 685 male patients they found that child pornography offenders showed greater sexual arousal to children than to adults and differed from groups of sex offenders against children, sex offenders against adults and general sexology patients. Malamuth (2001) examined the effect of pornography on sexual aggression and found that pornography consumption is related to sexually coercive behaviour only among those who exhibit traits and attitudes (for example, hostile masculinity) that are well established correlates of sexual aggression. While the use of pornography itself has not been identified as a risk factor (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004), it is a potentially salient variable for those who are already at risk.

Indeed, Seto, Alexandra and Barbaree (2001) argue that the evidence for a causal link between pornography use and sexual offending remains equivocal. They suggest that individuals who are already predisposed to sexually offend are the most likely to show an effect of pornography exposure and are the most likely to show the strongest effects. Men who are not predisposed are unlikely to show an effect; if there actually is an effect, it is likely to be transient because these men would not normally seek violent pornography. More recently, Seto and Eke (2005) argue that the likelihood that child pornography offenders will later commit a contact sexual offence is unknown. In their study they examined 201 adult male child pornography offenders using police databases and examined their charges or convictions after the index child pornography offence(s). They found that 56% of the sample had a prior criminal record, 24% had prior contact sexual offences, and 15% had prior child pornography offences. One-third was concurrently charged with other crimes at the time they were charged for child pornography offences. The average time at risk was 2.5 years during which 17% committed other offences and 4% committed a new contact sexual offence. It was found that child pornography offenders with prior criminal records were significantly more likely to offend again in any way compared to those with no criminal histories.

RAPISTS

In line with the Sex Offences Act 2003 (see Chapter 9), rape is defined as an assault upon an individual with the intent to commit penetrative sexual acts without the