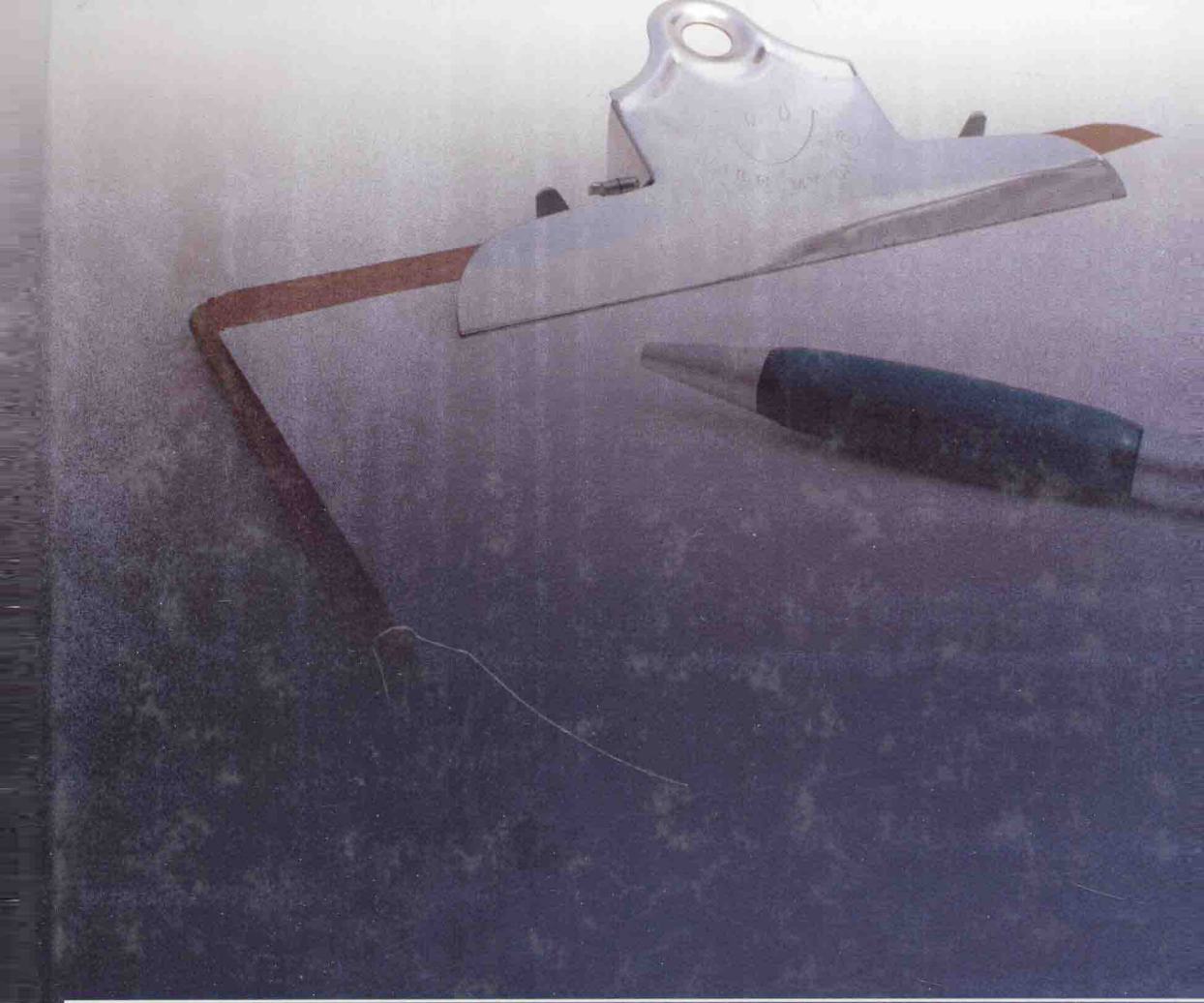

Assessing Risk in Sex Offenders

A PRACTITIONER'S GUIDE

Leam A. Craig, Kevin D. Browne and Anthony R. Beech

Assessing Risk in Sex Offenders

A Practitioner's Guide

Leam A. Craig
Forensic Psychology Practice Ltd, The Willows Clinic, Birmingham, and Centre for Forensic and Family Psychology, University of Birmingham, Edgbaston, Birmingham, UK

Kevin D. Browne
School of Psychology, University of Liverpool, Liverpool, UK, and World Health Organisation, Denmark

and

Anthony R. Beech
Centre for Forensic and Family Psychology, University of Birmingham, Edgbaston, Birmingham, UK

John Wiley & Sons, Ltd

 John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester,
West Sussex PO19 8SQ, England

Telephone (+44) 1243 779777

Email (for orders and customer service enquiries): cs-books@wiley.co.uk
Visit our Home Page on www.wiley.com

Other Wiley Editorial Offices

John Wiley & Sons Inc., 111 River Street, Hoboken, NJ 07030, USA

Jossey-Bass, 989 Market Street, San Francisco, CA 94103-1741, USA

Wiley-VCH Verlag GmbH, Boschstr. 12, D-69469 Weinheim, Germany

John Wiley & Sons Australia Ltd, 42 McDougall Street, Milton, Queensland 4064, Australia

John Wiley & Sons (Asia) Pte Ltd, 2 Clementi Loop #02-01, Jin Xing Distripark, Singapore 129809

John Wiley & Sons Canada Ltd, 6045 Freemont Blvd, Mississauga, ONT, L5R 4J3, Canada

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Library of Congress Cataloging-in-Publication Data

Craig, Leam.
Assessing risk in sex offenders : a practitioner's guide / Leam Craig, Kevin Browne, and Anthony Beech.
p. cm.
Includes bibliographical references and index.
ISBN 978-0-470-01897-2 (cloth) – ISBN 978-0-470-01898-9 (pbk.) 1. Sex offenders–United States. 2. Criminal behavior, Prediction of–United States. 3. Risk assessment–United States. 4. Recidivism–United States–Prevention. 5. Evidence, Expert–United States. I. Browne, Kevin. II. Beech, Anthony R. III. Title.
HV6592.C73 2008
364.4'1–dc22 2008001320

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN 978-0-470-01897-2 (H/B) 978-0-470-01898-9 (P/B)

Typeset in 11/13 Times by Thomson Digital, Noida, India
Printed and bound in Great Britain by Antony Rowe, Chippenham, Wiltshire

Assessing Risk in Sex Offenders

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

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.*

About the Authors

Leam A. Craig, PhD, MSc, BA (Hons), CSci, AFBPsS, EuroPsy, C.Psychol (Forensic) is a Consultant Forensic Psychologist and Partner of Forensic Psychology Practice Ltd. He is the holder of the European Certificate in Psychology. His current practice includes direct services to forensic NHS Adult Mental Health Trusts and consultancy to Prison and Probation Services. He acts as an expert witness to civil and criminal courts in the assessment of sexual and violent offenders. He coordinates community-based treatment programmes for sexual offenders with learning disabilities in NHS and probation settings and acts as a consultant to private forensic learning disability units. He has published numerous empirical articles and chapters in a range of research and professional journals. He has recently completed a book with Professors Anthony Beech and Kevin Browne entitled *Assessment and Treatment of Sex Offenders: A Handbook,* and is currently working on *Assessment and Treatment of Sexual Offenders with Intellectual Disabilities: A Handbook*, Wiley-Blackwell, with Professors Kevin Browne and William Lindsay. He is an honorary member of the teaching and research staff at the Centre for Forensic and Family Psychology, University of Birmingham, UK.

Kevin D. Browne, PhD, MSc, MEd, BSc, C.Biol, C.Psychol (Forensic) is both a Chartered Biologist and Chartered Psychologist employed by the University of Liverpool as Chair of Forensic and Child Psychology and Head of the World Health Organisation Collaboration Centre on Child Care and Protection in the UK. He has been researching family violence and child maltreatment for 30 years and has published extensively on the prevention of violence to children, acting as Co-Editor (with Prof. M. A. Lynch) of '*Child Abuse Review*' from 1992 to 1999. After 12 years as an Executive Councillor of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), he is now consultant to the European Commission, UNICEF, World Bank and the WHO. He has worked and presented in over 50 countries worldwide and is currently leading an EU/WHO investigation on the extent of early institutional care and its detrimental effects on child development. This involves training and capacity building to deinstitutionalise

and transform children's services across Europe. Recently, he was a consultant and contributing author to the *UN Secretary General's World Report on Violence to Children* (published in October 2006). His other co-authored Wiley books include, *Preventing Family Violence(1997),* ***Early Prediction and Prevention of Child Abuse: A Handbook*** *(2002),* and most recently *Community Health Approach to the Assessment of Infants and their Parents (2006).*

Anthony R. Beech, D.Phil, BSc, FBPsS, C.Psychol (Forensic) is Professor of Criminological Psychology and Director of Centre for Forensic and Family Psychology, University of Birmingham. He has published widely on the assessment and treatment of sexual offenders and is the principal researcher on the Sex Offender Treatment Evaluation Project (STEP) team that has examined the effectiveness of treatment for sex offenders provided in UK prisons and probation services. His work is regarded as having a major influence on assessment and treatment in the UK. He has recently completed a book with Professor Tony Ward and Dr Devon Polaschek entitled *Theories of Sexual Offending*, J. Wiley & Sons, and with Dr Leam Craig and Professor Kevin Browne, *Assessment and Treatment of Sex Offenders: A Handbook,* Wiley-Blackwell.

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 of 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 fairs 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 breech 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

Acknowledgements

Leam Craig – I am privileged to have the intellectual companionship of a number of world renowned practitioners and researchers in the field of violent and sex offender assessment, treatment and research both in the UK and overseas. In particular, I owe a debt of gratitude to Eugene Ostapiuk and Ian Stringer for their years of friendship, tutelage and guidance in refining my clinical practice. Apologies for those I have missed out, but special thanks goes to, Roger Hutchinson, Anthony Beech, Kevin Browne, David Thornton, Todd Hogue, and Doughlas Boer for their support and intellectual companionship.

Kevin Browne – I am grateful to the patience of my colleagues, wife and children. The boys may understand my study overtime when they reach adulthood and read this book, as the content of this book carries an 18 certificate. Children are best left to play and enjoy life without worry and concern. It is the parent's role (and the responsibility of all adults) to be worried and concerned for them, and on behalf of them.

Anthony Beech – I would like to thank all of those that helped shape my thinking over the years and have particularly shaped my thinking on risk assessment. Apologies for those I have missed out, but in no particular order: David Thornton, Tony Ward, Jackie Craissati, Karl Hanson, Andrew Harris, Richard Laws, Caroline Friendship, Bobbie Print, Dawn Fisher, Don Grubin, Richard Beckett, Ray Knight, Douglas Boer, Jenny Keeling, Leigh Harkins, and Rebecca Mandeville-Norden.

The authors are grateful to Leigh Harkins who contributed heavily to Chapter 7 on treatment and sexual recidivism, and to Ian Stringer and Todd Hogue for their contribution in constructing the Multiaxial Risk Appraisal (MARA) assessment framework discussed in Chapter 10. Thanks are also due to the support offered by Shihning Chou in the preparation of Chapters 1 and 9.

Contents

PART V POLICY AND PRACTICE