



SCOTTISH EXECUTIVE

# Risk Assessment and Management of Serious Violent and Sexual Offenders: A review of current issues

Crime and Criminal Justice



**Risk Assessment and Management of Serious Violent  
and Sexual Offenders: A review of current issues**

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**Scottish Executive Social Research  
2002**

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## **Acknowledgements**

Professor Grubin's literature review (1998) provided an important starting point for this work, and the subsequent review of risk assessment tools and management strategies commissioned from the author by the Home Office Policing and Reducing Crime Unit, Paper 140<sup>1</sup>. Thanks are extended to Andy Feist for permission to re-use sections of that report here, and to Sarah Campbell of the Scottish Executive Criminal Justice Department for commissioning this research. Professor Gill McIvor of Stirling University provided comment on the initial draft.

Much of the thinking and knowledge used in the preparation of this report was acquired during research sponsored by the Economic and Social Research Council, entitled 'Risk in Probation Practice' (1994-1997; L211252018)

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<sup>1</sup> H. Kemshall (2001) *Risk Assessment and Management of Known Sexual and Violent Offenders: A review of current issues*. Police Research Series 140. London: Home Office.

## **EXECUTIVE SUMMARY**

This report reviews the literature relating to the assessment and management of sex offenders and serious violent offenders, and therefore requiring special measures. It is aimed at those in the criminal justice, social work and other agencies who play an active part in risk assessment and risk management. The report covers four broad areas:

- the background policy, legislative proposals and provisions covering sexual and violent offenders;
- risk assessment methods;
- the current tools available in this area for these offender groups; and
- risk management.

The review is complimented by other studies, in particular an audit of risk assessment tools (McIvor, Kemshall and Levy forthcoming), a review of the literature and statistics on recidivism rates amongst serious sexual and violent offenders in Scotland (Loucks forthcoming).

## **LEGISLATIVE PROVISIONS**

Recent policy and legislative provisions have emphasised public protection and outlined special measures for those identified as high-risk. In the Scottish context the MacLean Committee report (2000) and the recent proposals for an Order for Lifelong Restriction (OLR) in the Criminal Justice (Scotland) Bill (introduced March 26<sup>th</sup> 2002) have been the most significant, supported by particular work on sex offenders (Cosgrove 2001) and mentally disordered offenders (Millan Committee, 2001) and the Mental Health (Public Safety and Appeals) Act 1999. These developments place particular duties and obligations on criminal justice, social work and health staff in respect of risk assessment and risk management of high-risk offenders.

## **RISK ASSESSMENT METHODS**

In order to assess and manage risk effectively, reliable methods for risk assessment are necessary. There are two basic approaches: the clinical and the actuarial. Actuarial methods utilise statistical techniques to generate reliable risk predictors and have a greater track record of accuracy. However, they can be flawed by the 'statistical fallacy' and the low incidence of risky behaviours in the population as a whole. Although the clinical method is considered less reliable than the actuarial method, it can provide important information on individual risky behaviours, environmental stressors, and in establishing treatability and management plans. Recent literature has begun to confirm the significant role structured clinical judgement, particularly in the form of structured behavioural rating scales, can have as part of actuarially based tools.



The combined use of clinical and actuarial methods in an holistic approach to risk assessment is now advocated as a technique most likely to enhance both the predictive accuracy and usefulness of risk assessments of sexual and dangerous offenders.

## **RISK ASSESSMENT TOOLS**

The report presents criteria for a 'defensible decision', and reviews current assessment tools for both sex offenders and violent offenders. The review concludes that the two current methods for sex offence recidivism prediction, the 'Rapid Risk Assessment for Sex Offence Recidivism' (RRASOR) and the 'Structured Anchored Clinical Judgement' (SACJ) both have predictive accuracy, and their combination into the STATIC 99 has led to a modest improvement in their predictive accuracy. More recently MATRIX 2000 has been introduced and retrospectively validated and adopted for use particularly by police and probation services in England and Wales. None of these tools predict seriousness or likely harm, and they are not advocated as stand-alone tools. It is recommended that further attention be given to assessing impact, imminence, and progression from one risk category to another.

The various tools for assessing violent offenders are also reviewed. Because violent offenders are not a homogenous group, tools have been developed for different offenders, in a range of settings and for differing offences. This makes comparability difficult, and inhibits transferability of assessment tools across offender populations. Those tools which are likely to be of most use to personnel engaged in high-risk work in the Scottish context have been considered. Of these, the Violence Risk Assessment Guide (VRAG) is the most accurate and the most widely used. The structured clinical assessment tool HCR-20 provides additional value in terms of identifying those dynamic factors requiring case intervention and treatment. Recent developments in assessment which combine multi-factorial analyses and classification trees are also reviewed, although presently they have not been fully evaluated.

## **RISK MANAGEMENT**

Risk management is an area in which the activities of criminal justice agencies and other relevant agencies such health will be harshly measured in the light of serious incidents and harm to public and victims. The report reviews current literature on effective interventions for sexual and violent offenders. Whilst early evaluations of treatment effectiveness with sex offenders was pessimistic, evaluations of treatment programmes throughout the 1990s have been more positive. These evaluations suggest that cognitive-behavioural methods are the most promising, although some offenders such as those engaged in violent penetrative sex offending are less amenable to treatment. Programme integrity and the accurate targeting of high-risk offenders are also seen as key features of effective treatment. Motivation to change on the part of the offender and timing of treatment are also crucial to success.

There have been very few systematic evaluations of violent offender treatment programmes. Assessing the impact and effectiveness of such programmes is further hindered by the varied nature of violent offences and violent offenders entering

specific programmes. The Vermont programme recognises that the promotion of an offender's internal controls needs to be balanced with the implementation of external controls. Key features of the system are mechanisms for early response to signs of relapse (such as failure to attend appointments) and systematic monitoring of progress. Community risk management may be enhanced by intensive support mechanisms such as 'Circles of Support' although this initiative is still subject to evaluation in the UK. Treatment interventions should be integrated into broader risk management strategies to ensure monitoring, surveillance, and appropriate action to enforce conditions and to sanction inappropriate behaviours.

In a climate of increased accountability and public scrutiny it is essential that criminal justice, social work and health personnel can fulfil their duties in this sensitive area. This report reviews the most pertinent literature and its relevance to the roles and responsibilities of staff engaged in the risk assessment and management of serious sexual and violent offenders.

# CHAPTER ONE: INTRODUCTION

## BACKGROUND

1.1 Public concern with the harm resulting from sexual and violent offending is now undisputed (MacLean 2000). Paedophilia in particular has aroused concern, not least about its frequency and the levels of harm associated with it. Finkelhor in a survey of 21 countries, including Canada and the United States, has established the existence of widespread child sexual abuse (1994). In England and Wales, Home Office statistics have established that males and females aged 10 to 15 are most at risk of indecent assault 'with 66 male victimisations and 327 female victimisations per 100,000 population' (Home Office, 1998a: 19). The physical and psychological harm caused by sexual offending is also well documented (Grubin 1998; Social Work Services Inspectorate for Scotland (SWSI) 1997; Cosgrove, 2001), with impacts ranging from minimal physical harm, to extensive abuse and psychological trauma.

1.2 Violent offending, particularly offences committed by those released from custody who commit an offence similar to that for which they were sentenced, has also attracted concern (MacLean 2000: 5). However, the MacLean Committee places this concern within recidivism rates for sexual and violent crime by stating that:

*In 1998, 50 people were imprisoned for four years or more for a sexual or violent crime, having previously (since 1989) received a similarly serious sentence for a sexual or violent crime. (p. 5)*

## THE CONTEXT OF THIS REPORT

1.3 Recent years have seen various research, policy and legislative initiatives on sexual and violent offenders. In the Scottish context the most significant for this review are:

- *A Commitment to Protect* (SWSI 1997).
- *Reducing the Risk* (Cosgrove 2001).
- *Managing the Risk* (SWSIS 2000).
- *The Sex Offenders Act 1997: Guidance for Agencies* (Scottish Executive 2000).
- *The MacLean report* (MacLean 2000).
- *Review of the Research Literature on Serious Violent and Sexual Offenders* (Connelly and Williamson 2000).
- *Current Risk Assessment Instruments: Annex 6 in the MacLean Report* (Cooke 2000).
- *The Millan report on mental health* (2001).
- *The Violent and Sexual Offenders White Paper* (Scottish Executive 2001).
- *The Criminal Justice (Scotland) Bill*. Introduced in the Scottish Parliament on March 26<sup>th</sup> 2002.

1.4 In the United Kingdom the 1990s saw a growing preoccupation with public protection from the serious harm posed by sexual and violent offenders, and also a

desire to respond more effectively to the growing risk presented by paedophiles (Grubin 1998). Similar trends can be identified in other Anglophone countries such as the USA, Canada, Australia and New Zealand (Kemshall, forthcoming). The cumulative effect has been the pursuit of both legislation and policy for the preventative sentencing and selective incapacitation of ‘serious’ sexual and violent offenders, and more robust systems for the monitoring and surveillance of such offenders in the community (Kemshall 2001).

## **DEFINITION OF KEY TERMS**

1.5 The MacLean Committee tackled the key issue of defining the ‘target group of offenders’ and in particular the vexed issue of being either ‘over-inclusive’ or ‘under-inclusive’ (p. 3). The Committee eschewed the simplistic approach of categorising either seriousness or risk by offence type, and chose instead to focus on the *offender*, and in particular those whose:

*antecedents or personal characteristics indicate that they are likely to present particularly high-risks to the safety of the public.* (p. 4).

1.6 Such offenders were deemed ‘high-risk’. Both violent and sex offenders can be high-risk and may share some of the characteristics that define how and why they are high-risk (for example, in terms of their behaviour traits and attitudes to victims). However, the diversity of offender types and offences committed makes the presentation of them as a homogenous group difficult. Indeed, recent legislation has increasingly defined sex offenders as a distinct group requiring different responses (i.e. sex offender registration). Therefore, for the purposes of this report violent and sex offenders are treated as two different groups.

1.7 The MacLean Committee recommended:

- a new sentence, namely the Order for Life-Long Restriction (OLR), for life-long control of any offender considered to be high-risk;
- Risk Management Plans for offenders sentenced to OLRs to ensure appropriate management of risk;
- a new body, namely the Risk Management Authority (RMA), to assist agencies in their management of risk;
- improved arrangements for the management of mentally disordered offenders who present a high-risk<sup>1</sup>.

1.8 Following a consultation process, the MacLean proposals were introduced in the *Violent and Sexual Offenders White Paper* and subsequently the *Criminal Justice (Scotland) Bill* (introduced March 26<sup>th</sup> 2002). The latter sets the risk criteria in section 210E as:

*the nature of, or the circumstances of the commission of, the offence of which the convicted person has been found guilty either in themselves or as part of a pattern of behaviour are such as to demonstrate that (either or both)-*

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<sup>1</sup> See also the Millan Committee

- (a) *there is a likelihood that he, if at liberty, will seriously endanger the lives, or physical or psychological well-being, of members of the public at large;*
- (b) *he is indifferent to the consequences, for members of the public at large; of the commission of such offences by him and is unlikely, if at liberty, to accord with such standards of behavioural restraint as ordinarily prevail within society.*

1.9 This reflects the desire of the MacLean Committee to establish risk criteria rooted in antecedents, behavioural patterns, and personal characteristics as well as offence type.

## **SCOPE AND PURPOSE OF THE REPORT**

1.10 This study is intended as a practical document focusing on those risk assessment tools most likely to assist personnel engaged in risk assessment and management. It draws upon both UK and USA literature, but is necessarily selective rather than exhaustive, and does not aim to replicate the exhaustive study provided for the MacLean Committee by Connelly and Williamson (2000). The review has paralleled an audit of risk assessment in Scotland by McIvor et al (2002) and a review of recidivism amongst serious violent and sexual offenders (Loucks 2002).

1.11 The primary focus is upon those assessment tools and management techniques most likely to assist police, prison staff and criminal justice social workers in their work with high-risk offenders. This remit has necessarily informed the scope of this review; some offence types, such as domestic violence and familial violence against children, have generally been excluded from this study as they are usually addressed by other assessment processes and management mechanisms in specialist settings such as domestic violence units and child protection case conferences. Risk factors for stalking, domestic violence and arson are reviewed in *Offenders' risk of serious harm: a literature review* (Powis, 2002). This review is also restricted to general risk tools for sexual and violent offending and those designed for the assessment of spousal assault for example are excluded.

1.12 It is hoped that this report will assist police, prison and social work personnel in their risk assessment and management tasks, with particular reference to the proposed arrangements in the Criminal Justice (Scotland) Bill.

1.13 The field is also developing rapidly, particularly in respect of assessment tools, and the audit by McIvor et al will establish the current position in Scotland. Nor should it be assumed that assessment tools developed elsewhere (for example Canada and the USA) will have transferability to the Scottish context without further evaluation and validation. In addition, the inherent difficulties in relying solely upon studies of largely white, male and convicted populations is acknowledged as this does not necessarily reflect the volume or frequency of the activities in the population as a whole, and the distinction between *reconviction* and *re-offending* is well documented (Lloyd, Mair and Hough 1994).

1.14 Specifically, the report aims to present an overview of:

- the key issues in risk assessment;
- the current risk assessment tools for sexual and violent offenders;
- principles of risk management; and,
- risk management interventions for these categories of offenders.

## **STRUCTURE OF THE REPORT**

1.15 Chapter 2 outlines legislative provisions for high-risk offenders, as well as roles and responsibilities in risk assessment. Chapter 3 discusses definitions of risk, and the principal ways in which risk might be assessed (clinical versus actuarial methods). It also highlights those ‘dynamic’ risk factors most likely to assist personnel in their public protection work and the key problems with risk assessment. Chapter 4 gives an overview of available risk assessment tools for sex offenders and violent offenders. Chapter 5 deals with the issue of risk management, while Chapter 6 concludes the report, summarising the main issues involved in the area of risk assessment and risk management.

## **CHAPTER TWO: LEGISLATIVE PROVISIONS, ROLES AND RESPONSIBILITIES**

2.1 This chapter briefly reviews the legislative provisions in respect of high-risk offenders in Scotland, the background and key aims of the legislation, and the practical implications of the legislation, particularly for the personnel involved.

### **BACKGROUND**

2.2 The 1990s saw a growing policy preoccupation with public protection and community safety, with policy and subsequent legislation shaped by:

- a desire to protect the public from high-risk offenders, usually defined as serious violent and sexual offenders;
- and a growing acceptance that special measures were justified for such offenders.

2.3 Both concerns have given rise to legislative change and policy initiatives that have directly impacted upon the work of police, prison and social workers working with offenders. The key aims of legislation have been:

- selective incapacitation for high-risk offenders (Feeley and Simon 1994; MacLean 2000); and,
- special measures for sex offenders, in particular paedophiles, including treatment programmes in custody and in the community, special attention to release arrangements, and intensive risk management measures for those in the community (Cosgrove, 2001; SWSIS 1997, 2000; Heberton and Thomas 1996a, 1996b, 1997).

2.4 Specific legislative change has been paralleled by the development of internal policies and tools to identify and assess risky offenders, most notably in the Scottish Prison Service, police and social work departments, and to a lesser extent voluntary organisations providing services to offenders and health personnel working with high-risk mentally disordered offenders.

### **PROVISIONS FOR SEX OFFENDERS**

2.5 Sex offenders, and most particularly paedophiles, have been identified as requiring special provision. The Cosgrove report *Reducing the Risk* (2001) built upon the initial work of *A Commitment to Protect* (SWSIS 1997) by providing a framework and series of recommendations to improve the management of sex offenders. The report's recommendations are extensive (see Appendix 3 of Cosgrove) and are made in 6 key areas:

- Community and personal safety and prevention.
- Risk assessment.
- Access to personal change programmes (for children and adults).
- Monitoring of sex offenders.

- Housing provision for sex offenders.
- Information management.  
(p. 6).

2.6 The recommendations of the Cosgrove Committee were largely accepted by the Scottish Executive in its analysis of the external consultation on the report (Scottish Executive at [www.scotland.gov.uk/library5/accr.pdf](http://www.scotland.gov.uk/library5/accr.pdf)).

2.7 The MacLean Committee noted in Annex 7 the range of sentencing options for high-risk offenders. These included:

- Mandatory and discretionary life sentences.
- Determinate sentences and the use of parole conditions upon release.
- The use of extended sentences under sections 86-88 of the Crime and Disorder Act 1998.
- Registration of sex offenders under the 1997 Sex Offenders Act. (The offences triggering a duty to register and the relevant registration periods are summarised in Appendix 1).
- Sex Offender Orders under section 20 of the Crime and Disorder Act 1998. (These Orders came into force on 1 December 1998, and the conditions are summarised in Appendix 2).
- Provisions for mentally disordered offenders under the Mental Health (Scotland) Act 1984.

## **PROVISIONS FOR VIOLENT OFFENDERS**

2.8 Violent offenders have also attracted the concerns of policy makers. Mandatory life sentences must be imposed for murder, and discretionary life sentences can be imposed for all ‘common law crimes and certain statutory offences’ (MacLean 2000: 159) with a ‘designated part’ for punishment and release based upon risk and public protection. Subsequent parole recall is based upon public protection. In addition, section 1 of the Crime and Punishment (Scotland) Act 1997 provides for mandatory life sentences where a person is convicted of two or more serious offences, however the MacLean Committee noted that this section had not been implemented. Extended sentences under the Crime and Disorder Act 1998 enable extended periods of post-release supervision on the grounds of protecting the public from serious harm and can be used for sex offenders who have received a determinate custodial sentence of any length; and for violent offenders who have received a custodial sentence of four years or more. The maximum extension period is 10 years for sex offenders, and five years for violent offenders. In addition, where the sentence is imposed by a sheriff sitting with a jury the maximum extension is three years; and the maximum length may not exceed the statutory maximum for that offence (MacLean 2000: 161). Such offenders can be recalled to prison on the grounds of presenting a serious risk of harm to the public.



## CURRENT LEGISLATIVE PROPOSALS

2.9 The MacLean Committee was however concerned with the ‘unstructured way’ decisions about risk were taken by sentencers and that ‘more needs to be done to make the assessment of risk an overt and transparent part of the system.’ (p. 28). The Committee also concluded that the use of mandatory life sentences in non-murder cases was a ‘blunt instrument’ (p. 29). The Committee was particularly concerned to balance public protection with fairness to offenders, and to reduce costly over-intrusion in those cases where the level of risk does not warrant it. In addition, the Committee addressed the issue of appropriate risk management both in custody and in the community, expressing this as attention to *how* sentences are served rather than a focus on mere length.

2.10 The MacLean Committee proposed a new sentence encompassing all high-risk offenders, subsequently introduced as the Criminal Justice (Scotland) Bill on March 26<sup>th</sup> 2002. For the purposes of this review the key points are:

- The establishment of clear risk criteria for sentencing (section 210B) (as presented above).
- A Risk Management Authority with responsibility for ‘ensuring the effective assessment and minimisation of risk’ is proposed (Section 3 (1)). Importantly the Risk Management Authority is also tasked with the provision of guidance on risk assessment and risk management, and to set standards against which risk assessment and risk management can be judged.
- The legal establishment of procedures for transparent risk assessment through the use of a Risk Assessment Order (section 210B). This order allows for a remand period of up to 90 days during which time a risk assessment report must be prepared by a person ‘accredited’ for this purpose by the Risk Management Authority. Such orders are not subject to appeal.
- Section 210C defines the scope and remit of the risk assessment report, allowing allegations as well as convictions to be considered and enabling the assessor to express an opinion on the level of risk: low, medium or high.<sup>2</sup> Reports are subject to challenge by counsel and an alternative report may be commissioned by the defendant.
- An Order for Lifelong Restriction (OLR) may be made if ‘on a balance of probabilities, the risk criteria are met’ (section 210F (1) (d)). An OLR is in effect, an indeterminate sentence of imprisonment or detention.
- Risk Management plans are required for all offenders subject to an OLR. Risk management plans must ‘set out an assessment of risk’, and ‘set out the measures to be taken for the minimisation of risk, and how such measures are to be co-ordinated’ (section 6 (3) (a) (b)). In addition, such plans are subject to the approval of the RMA and the RMA can give direction as to the risk management plan to the lead authority and personnel involved in the case. Plans are subject to annual review and amendments can be proposed by the RMA if necessary.

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<sup>2</sup> These thresholds will be further defined and subject to guidance from the Risk Management Authority.

- The RMA also has a broader remit for accreditation, education, training and the commissioning of research.

## **MENTALLY DISORDERED OFFENDERS**

2.11 The MacLean Committee and the subsequent Bill also made recommendations for ‘high-risk offenders who have a mental disorder, including those with a personality disorder’ (CJ(S) Bill Policy Memorandum, 2002: 5). As stated in the policy memorandum:

*The intention is to try and identify more accurately and at an early stage, the risk posed by such offenders, whether and the extent to which it is related to the offender’s mental disorder and consequently how the offender should be dealt with-either by a mental health disposal or other criminal justice disposal. (p. 5).*

2.12 The provisions in the Bill are intended to supplement rather than replace those within the Mental Health (Scotland) Act 1984, and take into consideration the work of the Millan Committee, the general framework for mental health provision in Scotland, and the emergency legislation of the Mental Health (Public Safety and Appeals) (Scotland) Act 1999. The Bill enables a dual approach to mentally disordered offenders, with a choice of either criminal justice or mental health routes depending on whether the offender meets the risk criteria and the criteria for detention in a hospital. Where an offender has committed either a sexual or violent offence and meets the OLR risk criteria and the criteria for an Interim Hospital Order (IHO) the court will use the IHO to commission a risk assessment report. The report will both assess risk and assist the court in determining the most appropriate disposal for the offender.

*However, the court is not required to take this interim step if it is satisfied that the offender satisfies the criteria for compulsory detention in hospital and there is treatment available for the mental disorder which is likely to minimise the offender’s risk. In such circumstances the court will make a hospital order with a restriction order under its powers in the 1984 Act. (Policy Memorandum, 2002: 6).*

2.13 Defining severe personality disorder has proved contentious (Home Office 1999; MacLean 2000) although ICD-10 and DSM IV have been developed to identify and assess anti-social personality disorder. In England and Wales the focus has been on dangerous severe personality disorder (DSPD), that is the small group who pose a high-risk to the public (Home Office 1999). The Home Office document categorises the ‘overwhelming majority’ of such persons as ‘people who have committed serious offences such as murder, manslaughter, arson, serious sex offences, or grievous bodily harm’ (p. 9). The impetus behind such proposals has been the recognition that people with DSPD have been released from prison or hospital whilst still posing a high-risk to public safety. The proposals aim to introduce preventative detention for those suffering DSPD and who pose a high-risk of harm but who are deemed untreatable under Mental Health legislation. The subsequent Draft Mental Health Bill in England and Wales (DOH 2002a) proposes retention of those sentences used for

dangerous mentally disordered offenders, and adds a restriction order where the court concludes that ‘the offender poses a risk of serious harm to others and needs detention in hospital’ (DOH 2002b: 22). Whilst there is no separate provision for DSPD it is proposed to deal with this group under the same compulsory powers as used for other mentally disordered persons, and the treatability test will be removed. The legislation will allow for indeterminate detention ‘for as long as they pose a significant risk of serious harm to others’ (DOH 2002b: 23).

2.14 In Scotland the emphasis has also been on the small group likely to present a high-risk of serious harm to the public, although the perjorative term ‘dangerous’ has been avoided. In addition, the MacLean Committee concluded:

*It is not known how many serious violent or sexual offenders have personality disorder. Personality disorder alone is very rarely the diagnostic criterion for compulsory admission either under civil or criminal health legislation. Approximately 50 per cent of male sentenced prisoners in Scotland have an antisocial personality disorder, and this is severe in up to 8 per cent as measured by current research instruments. In 1997 there were 13 patients at the State Hospital with a principal clinical diagnosis of personality disorder. (p. 66).*

2.15 The Committee also sought to avoid the simplistic linkage of personality disorder with sexual offending, stating that:

*The presence or absence of a personality disorder in itself is not a reliable indicator of any propensity for committing sexual offences. (p. 67).*

2.16 This enabled the MacLean Committee and the subsequent legislative proposals to take risk (in this case the OLR risk criteria) as the starting point rather than personality disorder per se. Those offenders with severe personality disorder who do not meet the mental health criteria for an IHO can be dealt with by a RAO, thus closing a loophole for those who are high-risk but are untreatable. The Bill also strengthens the disposals for those high-risk offenders who are acquitted on the grounds of insanity, but where ‘the risk of his being at liberty presents to the safety of the public at large are high’ (section 2) by allowing the court to make an Interim Hospital Order. Where the risk assessment report following the IHO indicates that the ‘offender poses a high risk to the public and meets the criteria for compulsory detention then the court must make a hospital order with a restriction order’ (paras 33 and 34 of the Criminal Justice (Scotland) Bill Policy Memorandum).

2.17 The case of Ruddle<sup>3</sup> also raised the issue of preventive detention for those patients deemed to present a serious risk to public safety but who are deemed untreatable (or for whom treatment has finished). The situation of such patients is covered by the provisions of the Mental Health (Public Safety and Appeals) (Scotland) Act 1999.

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<sup>3</sup> Ruddle v Secretary of State for Scotland, Lanark Sheriff Court, August 1999.

## **IMPLICATIONS OF LEGISLATIVE PROVISIONS AND POLICY DEVELOPMENTS**

2.18 The 1990s have seen the establishment of public protection as a key objective of penal policy and legislation. The cumulative impact of the legislation reviewed here has been to identify those responsible for a wide range of serious violent offending, sexual offending, or those whose antecedents, behavioural patterns and personal characteristics indicate potential for such offending as offenders for whom special measures of selective incarceration or community surveillance are both required and justified. This has been reflected by increased restriction, surveillance and monitoring of such offenders in the community, with additional provisions for sex offenders. Connelly and Williamson (2000) characterise this approach to sexual and violent offenders as a ‘community protection model’ in which legislation prioritises public protection, partly through provisions for mandatory, indeterminate and preventative sentencing.

2.19 These provisions have important implications for the work of the police, the prison service and social work personnel, not only in terms of the requirement to identify and assess those offenders who present a significant risk of harm to the public, but also in terms of increased co-operation to both assess and manage these offenders.

## **ROLES AND RESPONSIBILITIES IN RISK ASSESSMENT**

2.20 The proposals in the Criminal Justice (Scotland) Bill are likely to place the following obligations on criminal justice and social work staff:

- The completion of risk assessments based upon the most accurate and reliable tools available.
- The thorough collection and evaluation of relevant material within the 90 day remand period, including appropriate liaison with other agencies, and the presentation of reports that can withstand robust challenge in court.
- The preparation and implementation of appropriate risk management plans.
- The appropriate custodial management of high-risk offenders, including appropriate treatment programmes.
- The appropriate community supervision of high-risk offenders, including appropriate use of monitoring and surveillance systems, behaviour change programmes, and resettlement.
- Appropriate levels of education and training for staff engaged in high-risk work, including appropriate systems for staff supervision and case review.
- Co-operation with and proposed system of accreditation.

2.21 Staff most likely to be affected by such responsibilities are:

- Accredited staff (for example prison staff accredited by the RMA) contributing to risk assessment during remands.
- Non-accredited staff who have significant information and observations to contribute to the assessment process.
- Police personnel engaged in registration and monitoring of sex offenders in the community (registration requirements are presented in Appendix One).
- Social work staff working with offenders tasked with report preparation, contribution to reports and community management of high-risk offenders.
- Mental health staff involved in the risk assessment and risk management of mentally disordered offenders and those with severe personality who meet the risk criteria.

**Summary**

Recent legislation has increasingly defined both sex offenders and violent offenders as distinct offender groups requiring special measures, including sentences. This has resulted in distinct roles and responsibilities for those working with them, and increased pressure for accurate and reliable risk assessment tools.

## CHAPTER THREE: RISK ASSESSMENT

### KEY DEFINITIONS

3.1 'Risk' has traditionally been a neutral term meaning the chance of gain or the chance of loss (Parton, 1996). Increasingly, however, risk has become associated with notions of hazard, danger or harm (Douglas, 1992). The terms of reference for the MacLean Committee for example were to 'consider serious violent and sexual offenders who may present a continuing danger to the public' (2000: 7). However, the term 'dangerousness' was replaced by the term 'risk' on the grounds that the latter incorporates a wider consideration of contextual and circumstantial factors as well as dispositional personality traits. A risk assessment can be therefore be characterised as a:

*...probability calculation that a harmful behaviour or event will occur, and involves an assessment about the frequency of the behaviour/event, its likely impact and who it will affect. (Kemshall 1996a: v).*

3.2 This definition captures the two key ingredient of any risk assessment:

- A calculation of frequency or likelihood, usually expressed as a probability calculation.
- A calculation of likely impact and where possible identification of likely or potential victims.

3.3 Scott (1977) has expressed this as an assessment of:

- the *behaviour* of concern;
- the *potential damage or harm* likely from that behaviour; and,
- the *probability* that it will occur and under what circumstances.

3.4 The level and impact of harm has been central to recent preventative measures (see section 2), and harm reduction is a key principle of such legislative measures. Harm is understood as psychological as well as physical, sexual and violent harm.

3.5 It is also worth noting that:

- Risk assessment is a constant process involving risk management, review of its effectiveness and re-assessment.
- Re-appraisal in cases of escalation or reduction of risks, risks change over time and in differing contexts.
- Risk is uncertain –only relative probabilities can be estimated.
- Risk operates along a continuum-thresholds of risk can be difficult to establish and are liable to change over time. The difference between an offender at the top of the medium range and an offender at the bottom of the top range is

- minimal. Gradual and flexible responses, particularly to escalating risk are desirable (MacLean 2000: 9).

3.6 Whilst definitions of high-risk are becoming more rigorous, the range of offence types encompassed by this target group is wide. Sex offending is difficult to define and sex offenders are not a homogeneous category (Grubin, 1998; SWSIS 1997). Similar problems apply to violent offenders (Powis 2002). *A Commitment to Protect* for example concerned itself with those sexual offences that involve exploitation and/or assault. The following categories are presented as a useful starting point:

- familial child sex abusers;
- non-familial abusers;
- paedophiles;
- rapists; and,
- indecent exposer.

3.7 This is supported by Grubin (1998: 14) who presents a categorisation based upon the offender's:

- choice of victim;
- criminal background;
- sexual arousal patterns;
- social functioning; and,
- risk of re-offending.

3.8 Violent offenders are an equally diverse group, encompassing those who:

- are involved in domestic violence;
- harm others in the commission of other offences (e.g. by using firearms);
- harm vulnerable persons (such as children or the elderly);
- use threat or force which is likely to result in injury to people (e.g. offences of robbery) (Megargee, 1976:12); and,
- commit violence as a result of mental disorder (Swanson and Holzer, 1990).

3.9 This diversity indicates that risk assessment tools need to be chosen on the basis of their applicability to the offender group and offence type under consideration.

### PROBLEMS IN RISK ASSESSMENT

3.10 The key issue in risk assessment is accuracy, and the avoidance of either over-prediction or under-prediction. In any risk assessment there are four possible outcomes. These are displayed in Figure 1.

Figure 1: Prediction outcomes			
		PREDICTION	
		YES	NO
O U T C O M E	YES	A TRUE POSITIVE PREDICTION	B FALSE NEGATIVE PREDICTION
	NO	C FALSE POSITIVE PREDICTION	D TRUE NEGATIVE PREDICTION

Adapted from Moore, 1996

3.11 Risk predictions can be right by predicting correctly that a harmful behaviour will occur (Box A), or by predicting that a harmful behaviour will not occur and it does not (Box D). However, errors are also likely and they carry significant costs for both workers and their agencies. Box B highlights those cases in which a risk of harm is not identified but does occur, and Box C identifies those cases in which harm is predicted but does not occur.

3.12 In Box B cases, the consequences can be very high. Victims may be harmed or killed, and workers and their agencies can be brought into disrepute. In Box C cases, the criminal justice system can over-intervene with significant impact upon civil liberties and waste of precious resources. Box B cases tend to result in defensive practice, caution and over-prediction amongst practitioners and their agencies as a response to costly failures. Box C cases tend to raise significant ethical dilemmas for practitioners, and resistance from those concerned with the erosion of civil liberties.

3.13 Whilst Box B and Box C errors can be reduced, it is usually at the expense of increasing the other type of error (Moore, 1996), and not by increasing true positive or true negative predictions. Tolerance of false positives and false negatives can be a matter of moral and political acceptability. Within child abuse prediction for example, tolerance of false negative predictions (that is, no harm will come to a child)



can be low (e.g. the Beckford Enquiry, London Borough of Brent, 1985). However, this does not prevent public outcry in cases of false positive prediction and over-intervention, for example Cleveland (Butler-Schloss 1988), and in the Scottish context, Orkney (Clyde 1992).

## **ISSUES IN RISK ASSESSMENT: ACTUARIAL VERSUS CLINICAL METHODS**

3.14 There are two basic approaches to risk assessment and prediction for offenders:

- the *actuarial*; and,
- the *clinical*.

The following section provides a summary of each approach.

### *Actuarial assessment*

3.15 Actuarial risk assessment is based upon statistical calculations of probability. Well used in the insurance industry (Green, 1997), actuarial methods for offender risk prediction utilise the basic methodology pioneered by Burgess (1936) for parole violation. From the study of a large number of cases, certain factors that statistically relate to risk, are selected. These are then retrospectively validated by application to cases with a low expectancy of risk and to those with a high expectancy of risk. Risk factors are then retrospectively validated in terms of statistical probabilities. Such factors are often referred to as *static* risk factors as they are deemed largely unchangeable and rooted in historical and demographic factors.

3.16 Whilst the method has greater accuracy than clinical assessment (Milner and Campbell, 1985, Quinsey et al 1998), the approach does have its difficulties. These fall under three main headings:

- Statistical fallacy:
- Low base rates; and,
- Limitations within meta-analysis

### Statistical fallacy

3.17 Heyman (1997: 8) has argued that probability reasoning reduces the uncertainty of risk by: '...attributing aggregate properties of a category to individuals within that category...'. This systemic flaw is more commonly known as the 'statistical fallacy' (Dingwall, 1989). Therefore, whilst it has greater predictive utility, the actuarial method compares similarities of an individual's profile to the aggregated knowledge of past events.

3.18 Grubin and Wingate (1996: 353) have noted that a number of particular limitations apply to actuarial tools for sex offence recidivism prediction. In reviewing a number of prediction studies they identified that empirical evidence from one population does not necessarily translate to another, and that most prediction

scores cluster at around the 40 per cent mark. Grubin and Wingate remarked that even if this represented 'a significant improvement over chance, is not particularly helpful to those who must make decisions about release'. Such predictions merely state that 40 cases in 100 are a potential risk; the method cannot identify with absolute reliability the likely risk in any individual case. They state that in Quinsey et al's study (1995a) only 3 per cent of the sample (that is, just six men) had 'clinically meaningful' scores of around 85 per cent, that is, a risk score indicating an 85 per cent probability of future risky behaviour. This highlights the problem of transferring actuarial data about groups to prediction about individuals. In other words, the extent to which information from a group population can be generalised to the individual under assessment is problematic. In addition, classification profiles can change as what is known changes over time, and thus risk classifications can change as aggregates do. Hence, insurance companies revise their premiums over time.

### Low base rates

3.19 Low base rates can also present significant difficulties for accuracy. The base rate is the known frequency of a behaviour occurring within the population as a whole, and provides the basis for an actuarial prediction of behaviour in similar cases. For behaviours with low base rates such as child abuse or sexual offending, prediction in ignorance of the relevant base rate can lead to error. This is because such predictions can be based upon data about infrequently occurring past behaviours limited to small groups of the population (for example, violent behaviour amongst women). Predicting infrequently occurring behaviours amongst the population as a whole can therefore lead to error. In effect, the correlation coefficient is adversely limited by low base rates.

3.20 More recent statistical developments in actuarial research have been able to compensate for this effect through the application of a technique known as 'Relative Operating Characteristic' or ROC (Mossman 1994, Rice and Harris 1995). In short, this technique enables actuarial evaluations of violence prediction free from base rate limitations and clinical 'biases for or against Type I or Type II prediction errors'<sup>4</sup> (Mossman, 1994:783). In a re-evaluation of 58 data sets from 44 published studies using the ROC technique Mossman demonstrated that mental health practitioners' predictions of violence were substantially more accurate than chance, that short term predictions were no more accurate than long-term ones, and that past behaviour was the best predictor of future behaviour (p.783).

### Limitations of meta-analysis

3.21 This difficulty is exacerbated when meta-analysis is the preferred methodology for establishing actuarial predictors. Meta-analysis is a statistically based technique that analyses the outcomes of a large volume of primary research studies. These outcomes are then aggregated in order to establish which factors and outcomes have the most statistical significance for risk prediction (McGuire, 1997). In risk meta-analysis has been used to establish those factors which have the most predictive utility.

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<sup>4</sup> Where a Type I prediction error is a false positive prediction, i.e. a prediction of risk that does not happen, and a Type II prediction error is a false negative prediction (a risk is not predicted but does happen).

3.22 However, a number of difficulties exist with this approach. As Grubin and Wingate (1996: 356) state, 'meta-analysis is not particularly good at demonstrating multi-variant effects, which require methodologies of a more complex type...'. In other words, they are not good at identifying a range of possible effects and their interaction. In offender risk prediction more generally, meta-analysis also has its limits. Copas (1995: 12) has suggested that whilst useful as a 'descriptive mode', its use in drawing inferences from the data as a whole is limited. Complex outcome measures are often simplistically categorised for ease of comparative analysis (Copas, 1995; Mair, 1997), and the selection of the original studies and the statistical methods employed are open to subjective bias (Losel, 1995; McIvor, 1997).

3.23 Actuarial risk variables can also have limited clinical use in the field as they rarely *explain* behaviour (Grubin and Wingate, 1996). In essence, this is the distinction between merely predicting that a risk is likely, and explaining and understanding risky behaviours (Pollock et al 1989). The latter is essential for practitioners responsible for establishing treatment plans and implementing risk management interventions. This is supported by Weist (1981) who has suggested that a detailed analysis of the interaction between personality and situational factors is essential to establishing treatability and in aiding the worker to select the most suitable treatment programme. Such analysis focuses worker attention on those situational and clinical factors that can be changed or prevented by targeted interventions.

3.24 In spite of these criticisms, however, actuarial assessment can be used to:

- establish those risk predictors which have a proven track record;
- establish the relevant base rates for clinical assessment;
- increase the accuracy of risk assessments; and,
- increase levels of consistency and reliability.

#### *Clinical assessment*

3.25 The clinical method is essentially a diagnostic assessment derived in part from the medical and mental health fields (Monahan, 1981). It is based upon detailed interviewing and observation by the clinician in order to collect information on the social, environmental, behavioural and personality factors that have resulted in harmful behaviour(s) in the past. Hollin and Howells (1989) describe the process as an individualised assessment, usually concerned with providing a diagnosis, establishing treatability, and where release to the community or legal reports are required, with predictions of dangerousness (Pollock et al, 1989). However such predictions have been particularly plagued by unreliability (Monahan 1981, Quinsey et al 1998).

3.26 Imprecise definitions of dangerousness (Brooks 1984), coupled with lack of knowledge on relevant base rate behaviours (Gottfredson and Gottfredson, 1993) and flaws in ‘subjective inference’ have contributed to the limitations in clinical assessment (Kahneman and Tversky 1973). In particular, clinicians have a limited ability to judge accurately probability, with judgement biased towards the frequency (rather than the probability) of individual events (Kahneman and Tversky 1973). It is argued that the processing of information on both probability and likely impact is affected by a number of cognitive heuristics or ‘rules of thumb’, such as the ‘availability’ heuristic in which the risks being assessed are matched to the information most easily available and recalled (Combs and Slovic 1979). Clinicians have traditionally preferred to give weight to case based rather than statistical information (Carroll 1977, Nisbett et al 1976, Shah 1978). False risk predictions can also arise from ‘creeping determinism’ (Fischhoff, 1975) which suggests a causal connection between factors in a case where none in fact exists. In the production of a coherent narrative, it has been argued that causal connections can be literally imputed (Einhorn 1986, Pollock et al 1989).

3.27 Pollock et al (1989) contend that three decades of ‘vigorous research’ have yet to produce the ‘scientific knowledge needed to predict violent behaviour’ (p.96). However, more recent commentators (Limandri and Sheridan, 1995) have argued that if combined with the appropriate actuarial data, clinically-based interviewing can have an important role in establishing the significant personality and situational factors which can trigger or exacerbate risky behaviour (Megargee, 1976; Prins, 1988). This assists with *explanations of behaviour* and the planning of treatment interventions, presented by some commentators as a more preferable role for clinical assessment (Pollock et al 1989, Weist 1981), and as such is likely to be more helpful than prediction *per se*.

3.28 Structured clinical interviewing around empirically grounded risk factors or ‘criminogenic needs’ are already in use in the general assessment of recidivism in probation work (for example the Level of Service Inventory-Revised (Andrews and Bonta, 1995), and have been incorporated into the piloted national prison-probation risk tool OASys<sup>5</sup> in England and Wales. The current figures for reconviction prediction are 69.2 per cent representing a 37.4 per cent improvement over chance (Clark 2002). Whilst the tool does have a separate risk of harm section, this has been less extensively evaluated, and is the least actuarial in construction (in part reflecting traditional base rate problems in this area). The tool’s major contribution is in the area of criminogenic needs assessment and the targeting of offenders for accredited programmes of intervention in both prison and probation settings.

3.29 Structured clinical assessment has also been used in cognitive self-change programmes for violent offenders (Bush, 1995) and in offending behaviour programmes rooted in the ‘What Works’ research of Andrews (1995), McGuire and Priestley (1985; 1995) and Ross and Fabiano (1985). In violence assessment the 1990s saw the development of detailed lists and ‘aides memoire’ to guide the

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<sup>5</sup> OASys stands for the Offender Assessment System and is a prison-probation assessment tool for the risk of recidivism which uses both reconviction predictors and criminogenic needs, combined with a risk of harm assessment. OASys is currently the subject of a pilot evaluation.

assessment of clinicians. For example Webster et al's (1994) ASSESS-LIST which was offered as a 'guide' to 'comprehensive inquiry' rather than as a thoroughly evaluated predictive tool (p.46). This was subsequently superseded by the HCR-20 version 2, although this again is described as an 'aide memoire' (Webster et al 1997:5).

3.30 Clinical assessment of sex offenders against children, particularly in terms of their suitability for cognitive-behavioural group treatment programmes, has been assisted in the 1980s and 1990s by theoretical and empirical work in a number of areas. These include work on:

- predisposing preconditions (Finkelhor 1984);
- the 'cycle of assault' which emphasises the physiological, psychological, behavioural and situational factors which contribute to sexual offending (Ryan et al 1987, Wolf 1984); and,
- the role of 'cognitive distortions' and denial in sex offending (Salter 1988).

#### *Use of dynamic risk factors*

3.31 Dynamic risk factors have been described broadly as those factors which change over time, or which can be made to change through treatment and intervention (Quinsey et al, 1998). In the assessment of general offender recidivism, such factors have been labelled as 'criminogenic needs' (e.g. within the LSI-R and OASys) . Whilst it is generally agreed that they do not out-perform static actuarial predictors<sup>6</sup>, the role of dynamic factors in establishing treatment and intervention plans is now well established (HMIP, 1998a; Raynor, 1997). As Quinsey et al (1998) point out, their assessment is often more complex due to their variable nature, for example some may relate to an offender's environment, others to social networks. Some may change naturally with the passage of time, for example levels of maturity, others may need specific interventions such as housing and employment. Still others, such as treatment impact may be difficult to assess as discrete from other variables in the offender's life such as gaining a stable life-style.

3.32 Whilst dynamic variables are important, how they should be weighted within risk assessments can present significant problems (Raynor, 1997). Notwithstanding the problems of measuring re-offending rather than re-conviction, dynamic variables are more difficult to measure than criminal history as they are often compiled from differing sources (including the self-report of the offender), and are open to interpretation by the assessor. May's study of over 7,000 offenders concluded, however, that whilst criminal history is the best predictor of re-offending, those offenders with multiple problems are more 'at risk' (1999). Dynamic factors such as drug misuse, accommodation and employment were found to have a 'clear link' to reconviction (p.26), and knowledge of social factors was particularly helpful in predicting reconviction for those cases with little criminal history (p.38). May's study does acknowledge the varying interpretations of social factors by assessors and variations in their recording, and that some so-called 'social factors', such as ethnicity

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<sup>6</sup> Note however the Genderau et al (1996) claimed they could predict general recidivism using dynamic variables as well static indicators.

and having been the victim of abuse, are not dynamic. May concludes, however, that the identification of relevant social factors 'could help to confirm the notions of the factors that need to be tackled to reduce re-offending' (p.49).

3.33 The contribution of dynamic factors to the assessment of violent offending has also been explored. Hagell (1998) notes that whilst there is 'an emerging consensus that multiple indicators are likely to be more successful than individual factors' (p.56), which dynamic factors apply in each individual case and how factors overlap is still problematic. For some factors, such as substance abuse and the use and availability of weapons, research evidence is either 'unclear or insufficient' (p.57). Personal factors, such as the offender's general disposition or temperament, and cognitive factors, have also been shown as features of dangerousness assessments (Blackburn, 1994; Howls, 1987). Bush (1995) for example identified cognitive distortions as significant features of decisions to offend violently, with 'anti-social logic' used to justify violent behaviour towards others. His Cognitive Self-Change Programme is based upon challenging such anti-social thinking patterns (Bush 1995). In a West Midlands study of Section 18 and Section 20 offences, Genders and Morrison (1996) found that offenders tended to blame others and justify their actions as 'out of control'. Other personal and temperamental factors such as lack of self-control, lack of victim empathy and high levels of hostility and aggressiveness have been raised as dynamic indicators of violent behaviour (Hare, 1993; Blackburn, 1994; Menzies et al, 1994). However, whilst important in indicating areas for potential intervention, none of these factors can out-predict past history and convictions.

3.34 In their study of partner abuse and familial, violence Limandri and Sheridan (1995) noted that violence assessment is enhanced by the addition of key dynamic factors such as 'disinhibiting agents', use and availability of weapons, and access and proximity to victims. Whilst their work is limited to partner abuse, they importantly suggest that violence prediction is likely to benefit from research into multiple paths to offending.

3.35 In sex offending assessment, cognitive distortions, the cycle of offending (Wolf, 1984) and grooming patterns have gained significance, particularly in probation and prison officer assessments for group work programmes (Abel et al, 1987; McEwan and Sullivan, 1996). Integrated or multi-factoral theories have also been proposed by research in this field (Finkelhor, 1984; Marshall and Barbaree, 1990; Prentky, 1995; Wolf, 1984). These theories stress personality factors such as: egocentricity, poor self image, defensiveness, distorted thinking, obsessive thoughts and behaviours, social alienation, sexual preoccupation (Scottish Office, 1997).

3.36 Prentky (1995) has outlined a number of factors significant to sex offending (although all will not necessarily be present in each individual case):

- impaired relationships with adults;
- lack of victim empathy;
- extent and nature of anger, particularly whether instrumental or expressive;
- cognitive distortions and rationalisations for offending;
- sexual fantasy and deviant sexual arousal;

- antisocial personality; and,
- impulsivity.

(Prentky, 1995:159-167).

3.37 However, as with dynamic factors for violent offending, dynamic factors in sexual offending can vary between offender types (for example sexual offending against children and offending against adults). Furthermore, the identification and relevance of each variable in individual cases is somewhat dependent upon the judgement of assessors (for example criminal justice and social workers). As with dynamic factors for general offending and violent offending, dynamic variables in sexual offending have tended to have most significance in the design and delivery of interventions (Proctor, 1996).

### **COMBINED RISK ASSESSMENTS**

3.38 It is now generally accepted that the accuracy and consistency of risk assessments is enhanced by assessment tools which combine actuarial calculations of probability with detailed clinical interviewing to establish the conditions and circumstances under which risky behaviour(s) might occur (Milner and Campbell, 1995; Quinsey et al, 1998). Such tools combine the use of well-established static risk factors such as previous history of behaviours and convictions, with growing clinical and research knowledge on a wide range of dynamic factors. Dynamic factors are increasingly assessed through the use of 'aides memoire' or structured interviewing tools which emphasise those factors most proven by research (Raynor, 1997; Webster et al, 1997). Whilst the accuracy of pure actuarial methods is not always outperformed by the addition of clinically assessed dynamic factors (Ditchfield, 1997; Raynor, 1997), combined methods have an important 'value-added' component by identifying behavioural traits, environmental stressors, personal characteristics and social variables which can trigger offending or exacerbate risk. Multi-variate analysis of the risk of reconviction in general offending, and in sexual and violent offending, is now widely accepted as the most useful approach to risk assessment, providing both predictive utility and significant information for the design of treatment programmes and case interventions.

### **DEFENSIBLE DECISIONS**

3.39 Carson (1996) notes that risk assessment is a highly fallible undertaking, and that it is unlikely that any method can be found which will provide certainty and 100 per cent levels of accuracy for worker, agency and public. He argues that in a situation where accuracy cannot be guaranteed, the key to decisions withstanding subsequent accountability and public scrutiny is their '*defensibility*'. In other words, how decisions are evaluated with hindsight after negative outcomes have occurred, and whether decisions can be considered to be 'reasonable'. As Carson (1996: 4) expresses it, whether a 'responsible body of co-professionals would have made the same decision'. This is particularly pertinent for those agencies who carry out risk assessments in the public eye, and where risk assessment failures can be very costly to organisational credibility.

3.40 Monahan (1993) has suggested several elements that need to be present for a decision to be defensible, and these can be translated into minimum standards for risk assessment. A defensible decision is therefore made when:

- all reasonable steps have been taken;
  - reliable assessment methods have been used;
  - information is collected and thoroughly evaluated;
  - decisions are recorded;
  - staff work within agency policies and procedures; and,
  - staff communicate with others and seek information they do not have.
- (Kemshall, 1996a; 1996b; 1998a; 1998b).

3.41 Defensibility is also likely to be tested by Human Rights legislation, and as such it is important that risk assessments are transparent, accountable, based on the most reliable tools, grounded in empirical evidence, and that risk management plans are proportionate to the level of risk identified. The Scottish Executive has recognised that some of the recommendations of the Cosgrove report will have legal considerations under the European Commission on Human Rights (ECHR) and the Data Protection Act, particularly in the areas of medical confidentiality, disclosure of information especially on those sex offenders against whom no charge has been proven, and transfer of information under the Data Protection Act.

## **INTER-AGENCY CO-OPERATION**

3.42 Information exchange has been seen as crucial to effective risk assessment and management (Prins 1999), and there is consensus that this is best supported by well functioning inter-agency arrangements (Maguire et al 2001). Three areas have been identified as barriers to effective inter-agency work:

- Incompatible systems of data storage, difficulties in information access and retrieval, and inefficient computerised storage systems.
  - Professional mistrust and rivalries.
  - Misplaced confidentiality.
- (Cosgrove, 2001; Maguire et al 2001).

3.43 Effective inter-agency work is enhanced by formal protocols addressing these issues and formalised arrangements for information sharing and exchange (Maguire et al 2001). Such protocols should be drawn up at senior management level of the relevant agencies, and checked for both Data Protection and Human Rights legislation compliance.



**Summary**

Clinical and actuarial assessment methods each have advantages and disadvantages. Clinical methods have lower levels of accuracy and are open to the subjective bias of the assessor but have much to contribute in understanding behaviours, environmental stressors, and in establishing treatability and management plans. Actuarial methods have greater predictive accuracy, but can be flawed by the 'statistical fallacy' and low incidence of risky behaviours in the population as a whole. Combined methods are increasingly advocated as the means to increasing the defensibility of risk decisions (Limandri and Sheridan, 1995; Monahan, 1993), and formalised inter-agency working is increasingly seen as beneficial to information sharing on risk.

## CHAPTER FOUR: CHOICE OF RISK ASSESSMENT TOOLS

4.1 Reliable methods of assessing risk are crucial in an area in which practitioners and their agencies may be exposed to public accountability, legal liability and media scrutiny (Carson, 1996; Monahan, 1993). Effective risk assessment and risk management are crucial to public protection and to the reduction of harm to potential victims.

This chapter will consider assessment tools in respect of two types of offenders: sex offenders; and those others who present a potential or actual risk to others through violent offending. It is important to note that risk assessment tools are subject to development and adaptation in what is a rapidly changing area, and new risk tools for violent and sexual offenders are likely to be introduced. Consequently, this review can only reflect the major assessment tools available at time of writing.

4.2 In addition, space precludes a detailed review of all the individual risk factors for sexual or violent offending. These can be found in *Offenders' risk of serious harm: a literature review* (Powis 2002) prepared for the Home Office Research, Development and Statistics Directorate.

### SEX OFFENDERS

4.3 Grubin's review of sex offending against children (1998: 30) confirmed that the most commonly accepted broad factors for the prediction of sex offence recidivism are: 'offending history, deviant sexual arousal patterns, and previous prison sentences'. Hanson and Bussiere's meta-analysis (1998) confirmed static and historical factors such as offending history and choice of stranger victims as predictive of sex offence recidivism.

4.4 Grubin (1998) also notes that various risk assessment tools have been developed to harness this range of risk factors into useful predictive tools, but that only two have been extensively studied in America and Britain:

- the 'Rapid Risk Assessment for Sex Offence Recidivism' (RRASOR) (Hanson 1997); and,
- the 'Structured Anchored Clinical Judgement' (SACJ)<sup>7</sup> (Thornton and Travers, 1991), more recently updated into MATRIX 2000.

4.5 Other tools such as the Sex Offender Risk Appraisal Guide (SORAG) (Quinsey et al, 1998) and the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) (Epperson et al, 1998) have been developed and pursued in America and Canada. The SORAG is an adaptation of the Violence Risk Appraisal Guide (VRAG) by Quinsey et al and is principally designed for use with men convicted (or committed to mental hospitals) for offences of rape or child molestation (p.119), and is informed by a desire to distinguish appropriately for prediction purposes between variations in sex offenders and their offence preferences (p.121). Briefly

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<sup>7</sup> David Thornton is currently developing the 'Risk Matrix 2000' to replace the SACJ.

summarised, their findings indicate that criminal history, gender (male), relationship to previous victims, and sexual deviance are ‘strongly related to sexual and violent re-offending amongst rapists and child molesters. Offenders who are both psychopathic and sexually deviant are the most likely to recidivate’. (p.137). The SORAG comprises a fourteen-item multi-variate assessment guide that includes:

- a psychopathy score;
- criminal history score for both non-violent and violent offending;
- criminal history for sex offending;
- history of sexual offending against children or adults;
- age at index offence;
- never married;
- previous response to conditional release;
- phallometrically measured sexual deviance score;
- alcohol abuse; and,
- DSM criteria III for personality disorder.

(Quinsey et al, 1998: 157).

4.6 Whilst initially the SORAG has not out-performed the VRAG, and has a prediction (ROC adjusted<sup>8</sup>) score of 0.62<sup>9</sup> (Rice and Harris 1997), Quinsey et al claim that when adjusted to include more low risk offenders, a ROC score of around 0.70 will be obtained. This they claim, coupled with the grounding of the SORAG in Hanson and Bussiere’s meta-analysis (1998), will increase the predictive accuracy of the SORAG . It is currently the subject of further evaluation.

4.7 The MnSOST-R was similarly developed to assess rapists and non-familial child molesters. As with the SORAG, a multi-variate approach is used. Sixteen items, based again in those predictors most validated by meta-analysis, are generated covering sexual and non-sexual offence history, victim’s age and relationship to the offender, age of offender, treatment history and previous responses, substance abuse, and unstable employment history (Epperson et al, 1998). As with the SORAG, predictive accuracy is claimed by the designers (a score of 0.45), however Hanson and Thornton (2000) interpret this cautiously (p.131), and draw attention to Epperson et al’s own acknowledgement that it has yet to be fully cross-validated. Hanlon et al (1999) conducted a retrospective rating of 26 sex offenders between 1993-1994 using the MnSOST and concluded that ‘Although group mean score for sexual offenders was almost fourteen points higher than that for the non-sexual offenders, groups were very small and differences not statistically significant’ (p.76). In addition, Epperson et al (1995) do not recommend its use with intra-familial child molesters as the baseline recidivist rates are low and consequently false-positive rates are high.

4.8 This section therefore concentrates upon the RRASOR and SACJ based upon their more extensive evaluation (Hanson and Thornton, 2000) and their likely relevance to personnel in Scotland working with high-risk offenders. The section will also review the recent comparison of these two methods, and their combination to

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<sup>8</sup> An actuarial prediction free from base rate limitations and clinical bias against Type I and Type II prediction errors. (Mossman, 1994: 783).

<sup>9</sup> In other words, the accuracy of probability for the sample as a whole was 62 per cent

form a new tool, STATIC 99 (Hanson and Thornton, 2000), and the transition to MATRIX 2000.

#### *Rapid Risk Assessment for Sex Offence Recidivism (RRASOR)*

4.9 This is essentially an actuarially based tool that weights a number of key variables in terms of their predictive utility. The initial seven items were based upon Hanson and Bussiere's meta-analysis (1998), and subsequently four were substantiated as having predictive accuracy for sex offence recidivism:

- the number of past sex offence convictions or charges (with additional weight given to sex offence history);
  - age of the offender less than 25;
  - unrelated to victim; and,
  - gender of victim
- (Hanson 1997).

4.10 These variables can be scored to produce an overall risk weighting. The ability of the tool to distinguish between high and low risk has been validated with a distinction between an 80 per cent 'low' and 'middle' risk group and a 20 per cent high-risk group (Hanson, 1997; Grubin, 1998). It has been extensively tested both on the 'developmental and validation samples' achieving a ROC adjusted score of 0.71 (Hanson and Thornton, 2000).

#### *The Structured Anchored Clinical Judgement (SACJ)*

4.11 Whilst this tool is clearly rooted in empirical research on sex offence recidivism, it seeks to avoid over-dependence upon static predictors (e.g. age, gender) and archival data (e.g. previous convictions). The tool has a somewhat more dynamic component to allow for changes in risk status over time, and operates as a three-stage 'step-wise' system rather than the 'simple summation of weighted items' (Hanson and Thornton 2000:121) with:

- Stage One: initial actuarially based screening;
- Stage Two: a more in-depth analysis of aggravating factors;
- Stage Three: careful monitoring of offender performance over time to note the impact of treatment on risky dispositions.

4.12 The first stage is designed as an initial screening of 'low', 'medium' and high-risk based upon five items:

- a current sex offence
- a past conviction(s) for a sexual offence
- past convictions for non-sexual violence
- current non-sexual violent offences
- four or more previous convictions of any sort.

(Hanson and Thornton, 2000:121).

Four or more factors mean high-risk, two to three mean medium risk, and below this means low risk. Stage Two adds key dynamic factors (Hanson and Thornton, 2000:121):

- any stranger victims;
- any male victims;
- never married;
- convictions for non-contact sex offences (e.g. obscene phone calls);
- substance abuse;
- placement in residential care as a child;
- deviant sexual arousal; and,
- psychopathy, a score of 25+ on the PCL-R.

If two or more of these factors are present then the risk category is increased by one category.

4.13 Stage Three considers in-depth clinical information on treatment response and progress, and improvement on dynamic risk factors. This stage was particularly developed to monitor progress on prison treatment programmes and has been less well evaluated than stages 1 and 2. In addition, stages 2 and 3 are heavily dependent upon the availability of clinical data and information on dynamic factors. To compensate for this difficulty, a shortened version of the SACJ using stage 1 and the first four variables of stage 2 and known as SACJ –MIN can be used (Hanson and Thornton, 2000). The SACJ-MIN has been validated on approximately 500 sex offenders released from HM Prisons in 1979 and subjected to a 16-year follow-up. In this sample, ‘the SACJ-MIN correlated 0.34 with sex offence recidivism and 0.30 with any sexual or violent recidivism’ although the tool has yet to be extensively tested outside the United Kingdom prison population (Hanson and Thornton, 2000:122).

4.14 SACJ-MIN is already in extensive use in police sex offender assessments in registration units, and to a more limited extent in multi-agency public protection assessments in England and Wales (Maguire et al, 2001). The Association of Chief Police Officers working party on sex offender risk assessment has recommended the adoption of the SACJ as an initial screening tool (ACPO, 1999).

*Combining RRASOR and SACJ-MIN: the development of STATIC 99*

4.15 RRASOR and the SACJ-Min were compared in four diverse samples from the United Kingdom and Canada, and ‘showed roughly equivalent predictive accuracy’ (Hanson and Thornton, 2000:119). Both scales have since been combined to produce STATIC 99 (Hanson and Thornton 1999). Data from the four same samples indicates that STATIC 99 outperformed both the RRASOR and SACJ-MIN, although Hanson and Thornton state that the ‘incremental improvement of the STATIC 99 ...was relatively small’ (p.129), with a ROC adjusted score of 0.71 for sexual recidivism, and a ROC adjusted score of 0.69 for violent (including sexual) recidivism (p.129). In comparison to other methods, STATIC 99 has a similar predictive accuracy as the SORAG based upon one data set only, but does not outperform the MnSOST-R. The latter has not however been subjected to cross-validation.

STATIC 99 is a developing tool, and Hanson and Thornton note that ‘actuarial risk scales can improve on STATIC 99 by including dynamic (changeable) risk factors as well as additional static variables’ (p. 131). Three additional indicators of sexual deviance, repetitive victim choice and early onset of sexual offending, are suggested. Hanson and Harris (1998; 2000) have completed further work on dynamic risk factors, distinguishing between acute and stable factors in a tool called the Sex Offender Need Assessment Rating (SONAR) to enable targeted risk management plans. This work and MATRIX 2000 (discussed below) has been drawn on in the development of the TAY PROJECT risk assessment tool in Scotland (TAYPREP30) (Tay Project 2001). This provides a structured assessment tool drawing on both dynamic and actuarial risk factors but has yet to be subjected to the level of evaluation of MATRIX 2000. This development also highlights that there is progress on sex offender risk assessment tools in Scotland but that developments are often localised and can result in inconsistent practice, a situation lamented by the Social Work Inspectorate’s report *Managing the Risk* (SWSI, 2000).

#### *MATRIX 2000*

4.16 Since the comparison of three actuarial scales by Hanson and Thornton (2000) and the development of STATIC 99 for use in Canada, Thornton has updated the SACJ into MATRIX 2000. The tool represents an important improvement on the SACJ as it provides for greater accuracy and refinement in the identification of high-risk offenders, and offers two versions, one for sex offenders and one for violent offenders. Whilst the tool has not yet been subject to extensive published evaluations, it has been validated retrospectively against a twenty-year follow up of reconvictions and identified a very high-risk group (comprising 13% of the sample), of whom 60 per cent were reconvicted. This type of categorisation enables more accurate targeting of high-risk offenders. Similar findings have been found for a sample of violent offenders (Grubin 2000). The tools have however, been developed and validated against male offenders and often male prisoners, and may have a limited transferability to other groups. As Cooke et al (2001) have argued risk tools must be able to predict well in the community as well in institutions. These tools are also designed to predict recidivism and not levels of harm per se, a key concern to staff tasked with decisions about release, community location, treatment interventions and victim safety.

### **USEFULNESS OF SEX OFFENDER TOOLS TO POLICE SERVICE RISK ASSESSMENTS**

4.17 Whilst all the tools have relevance to the risk assessment of sex offenders, early evaluations suggest that MATRIX 2000 can best identify high-risk offenders. However, all the tools are limited to male offenders, and are designed to predict recidivism and not levels of harm. They are therefore unlikely to operate as ‘stand alone’ instruments and will need to be supported by detailed analysis of antecedents, behavioural patterns, and the individual situational factors and circumstances that have led to offending in the past.

## VIOLENT OFFENDERS

4.18 Traditionally, unacceptable levels of unreliability have plagued violence prediction (Monahan 1981). The research literature on dangerousness and the development of assessment tools for violence prediction derive predominantly from the mental health field and reflect psychiatric concerns to predict dangerousness accurately. Assessment tools have therefore been developed largely for use with mental health in-patients, psychiatric assessments at point of sentence, or prisoners under consideration for parole. Research populations have been largely male and institutionalised, and transferability to other offenders is acknowledged as problematic (Hagell, 1998). As Hagell (1998: 69) states, the tools vary in their 'definitions, purposes and the quality of evaluation' and consequently the reliability of tools both in the field, and in terms of producing accurate predictions has been questioned (Menzies et al., 1994). Due to their empirical rooting in particular populations and particular violent behaviours and victim groups, assessment tools tend to be highly specific, and this remains a barrier to the development of a single all-embracing tool. In this situation comparative evaluations are limited as like cannot necessarily be compared with like. Pure actuarial scales in particular have low transferability across settings and groups (Cooke et al 2001). Tools have largely been generated from institutional groups, either prisons or mental hospitals, but 'the balance between individual determinants and situational determinants of violence may be different in prison settings than in community settings' (p. 116), and 'situational factors may be more influential in generating violence than individual factors' (Cooke 1991; Cooke 2000; Ditchfield 1991).

4.19 This section will examine those assessment tools most discussed in the research literature in America, Canada and the UK, and focus on those most likely to have relevance to those working with high-risk violent offenders in Scotland. The assessment tools will be discussed under three main headings: actuarial tools, structured clinical tools, and multi-factoral tools.

### *Actuarial violence assessment*

4.20 The **Violence Risk Assessment Guide** (VRAG) (Quinsey et al, 1998) is the most widely used actuarial tool for violence offence recidivism (Cooke, 2000). The VRAG was developed in Canada, based upon patients detained in secure hospitals between 1965 and 1980, and has been the subject of extensive evaluation (Quinsey et al, 1998). The VRAG contains twelve items:

- Revised Psychopathy Checklist score
- Elementary School Maladjustment score
- Meets DSM III criteria for any personality disorder
- Age at time of index offence
- Separation from either parent (except death) under age 16
- Failure on prior conditional release
- Non-violent offence history score (using the Cormier-Lang scale)
- Never married
- Meets DSM III criteria for schizophrenia

- Most serious victim injury (from the index offence)
  - Alcohol abuse score
  - Female victim in the index offence
- (Quinsey et al, 1998:147).

4.21 The factors are scored using a weighting system ‘that calculates the weight on the basis of how different the individual is from the base rate’ (p.147). Based upon a number of evaluations (Harris et al 1993; Rice and Harris 1995; Quinsey et al 1995) the VRAG has an adjusted ROC score between 0.73 and 0.77. The VRAG score is used to assign individuals to one of nine risk categories (or ‘bins’ as Quinsey et al designate them) and individual’s ‘actual risk scores’ do not differ ‘by more than one ‘bin’ from his obtained score’ (p.150).

4.22 The VRAG does, however, have recognised limits. First, the probability prediction of recidivism does not include any assessment or prediction of the nature, severity, imminence, and frequency of future violence (Cooke, 2000). Secondly, statements of probability recidivism over long time periods (for example five, seven or ten years) do not assist individual case managers in individual cases where issues of severity and imminence can be more important. Finally, the VRAG encourages assessors to ignore clinical and dynamic factors outside the 12 items even in the face of research that may show their relevance to violent behaviour (Cooke, 2000; Hart, 1999). It is difficult to see that such decisions would be defensible in the light of risk assessment failures.

4.23 The VRAG is subject to on-going evaluation (Quinsey, et al 1998) but has established a reputation for predictive accuracy (Cooke, 2000), but as with the RRASOR for sex offenders it cannot ‘provide any guidance on how that risk might be managed’ (Cooke et al 2001: 116). In order to bridge this gap to risk management structured tools have been preferred, with the HCR-20 for example recently adopted by the Scottish Prison Service (Cooke et al 2001).

#### *Structured assessment tools for violence*

4.24 In an important comparative study of three assessment tools: the VRAG, PCL-R and the HCR-20, Cooke et al have argued that ‘risk assessment should entail more than prediction, it should entail consideration of what can be done to avert further violence in the future’ (2001: 116-117). Structured assessment tools combining static actuarial factors and dynamic ones have the most efficacy in indicating treatment plans and guiding practitioner interventions, not least because they guide practitioner judgement to the ‘risk factors that have received empirical support in the literature’ and they engage the assessor more readily in the assessment process (p. 13). Assessments are therefore individualised but are more valid as they are rooted in ‘empirically validated, structured decisions’ and can take account of particular and ‘idiosyncratic risk markers’ (Douglas et al 1999: 156). Such tools are seen as crucial to consistency in risk practice, whilst remaining ‘flexible enough to handle the diversity of human beings and the contexts in which assessments are conducted’ as well as promoting ‘transparency and accountability’ along with the ‘appropriate use of professional discretion’ (Hart 1998: 125). From a number of tools on both sides of the Atlantic three tools have emerged as front runners:



- The Violence Prediction Scheme (VPS).
- The HCR-20.
- The PCL-R.

4.25 The **Violence Prediction Scheme** (VPS) of Webster et al, (1994) is designed for the assessment of dangerousness in high-risk men. The scheme utilises the twelve items of the VRAG (called RAG) to produce an actuarial score, combined with structured assessment of ten, largely dynamic items: antecedent history, self presentation, social and psychological adjustment, expectations and plans, symptoms, supervision, life factors, institutional management, sexual adjustment, and treatment progress (Webster et al 1994:47). The authors acknowledge that the addition of the dynamic ASSESS-LIST adds very little to the accuracy of the actuarial (V)RAG score, however they stress the importance of the structured clinical assessment for the establishment of treatability and formulation of appropriate risk management plans (Webster et al 1994:57).

4.26 The **HCR-20** is a systematic model for assessing the risk of violence. The assessment combines historical factors that have a track record in predicting risk, with clinical variables such as respondent insight, attitude, motivation to change and to treatment, stability, and general symptomology. In addition, the assessment tool has the 'value-added' component of structuring the assessor's attention towards case management plans, motivation to change and individual coping mechanisms. The HCR-20 is divided into 3 sub-scales:

*Historical Scale*

- Previous violence
- Young age at first violent incident
- Relationship instability
- Employment problems
- Substance use problems
- Major mental illness
- Psychopathy
- Early maladjustment
- Personality disorder
- Prior supervision failure

*Clinical Scale*

- Lack of insight
- Negative attitudes
- Active symptoms of major mental illness
- Impulsivity
- Unresponsive to treatment

*Risk Management Scale*

- Plans lack feasibility
- Exposure to destabilisers
- Lack of personal support

- Non-compliance with remediation attempts
- Stress

(Webster et al, 1997: 11)

4.27 Whilst initially formulated as an ‘aide memoire’ in order to make decisions transparent (pp.5, 73), the predictive validity of the HCR-20 has been evaluated (Douglas et al, 1999) with persons ‘scoring above the HCR-20 median were six to thirteen times more likely to be violent than those scoring below the median’ (p.917). The HCR-20 in this evaluative study was found to add incremental validity to the Psychopathy Checklist-Screening Version (PCL-SV), although the sample was restricted to civil psychiatric patients.

4.28 This research validated the importance of the History and Risk Management scales (with the Clinical scale having a limited significance to short-term risk prediction), and the dynamic factors were seen as particularly pertinent to the ongoing assessment of risk. Cooke’s short review of the HCR-20 (2000) indicates that these findings have been supported by Klassen’s evaluation of the Historical Scale of the HCR-20. This found a ‘moderate strength correlation’ to in-patient violence by civil psychiatric patients (Klassen, 1999). Further work by Strand et al (1999) revealed that the HCR-20 was related to violence, while Wintrup’s study (1996) which found a moderate strength correlation to patients who committed violence after release from secure forensic settings. However, limits to this study were acknowledged. The small scale of the sample (193 patients) over a relatively short time frame (626 days) does require longer follow-up, particularly post-discharge.

4.29 In a prospective study of 41 long-term sentenced offenders in two high-security prisons, Belfrage et al (2000) found that the historical scale was of little use for high-risk men, but that there was a high predictive value for the clinical and risk management scales. These two scales can provide more sensitive discrimination for high-risk groups (p.173). Although recently adopted by the Scottish Prison Service, the tool has however been almost exclusively applied in the mental health arena. As with other methods, severity and impact of offending are less well covered (Douglas et al, 1999), the tool does however indicate key areas for treatment and intervention (Cooke et al 2001). Cooke et al have also suggested ‘using variables optimised for the Scottish prison populations’ (p. 115) to increase accuracy, and that:

*Predictions based on variables shown to be important in previous Scottish studies were found to have substantially better predictive utility than the primary instruments where the prediction of offences against discipline were concerned. This highlights the importance of developing predictive tools that are specific to the population of concern. It suggests that actuarial scales may have low generalisability across settings and across outcomes.* (p. 116).

4.30 Their report also suggests that further research is required, particularly using other sources of information on violence in order to add to the accuracy of predictions ‘for the more serious individuals who were the focus of the work of the MacLean Committee’ (p. 119).

4.31 Whilst not the subject of a direct comparison, the above evaluation of the HCR-20 suggests that it will out-perform the **Dangerous Behaviour Rating Scheme** (DBRS) (Menzies et al, 1994), a tool which includes a variety of items such as personality attributes, situational variables, triggers for violence, and inhibitors of violence. The tool was developed for the assessment of dangerousness for pre-trial forensic patients.

4.32 The DBRS is a semi-structured tool and has been subject to a rigorous six-year follow-up. The conclusion was gloomy with Menzies et al concluding that ‘a standardized, reliable, generalizable set of criteria for dangerousness prediction...is still an elusive and distant objective’ (Menzies et al., 1994: 25).

4.33 The identification of psychopathy and links to violence prediction has also preoccupied researchers (for instance, Hare, 1991; Hare and Hart, 1993). Hart et al, (1994) define psychopathy as a distinct personality disorder comprising interpersonal, affective and behavioural symptoms. These are expressed in terms of egocentricity, emotional coldness and manipulation of others, lack of empathy and remorse, and a tendency towards anti-social behaviour and violation of social norms. In relation to these offenders, Hare's psychopathy checklist has gained increasing currency in forensic settings as a structured interviewing tool. It has also been found effective in predicting those offenders most likely to violate parole (Hart et al, 1994), and those young male offenders most likely to re-offend (Forth et al, 1990).

4.34 The **Psychopathy Check List-Revised** (PCL-R) and its derivatives (the PCL:YV for adolescents and the PCL:SV ‘screening version’<sup>10</sup>) is a clinical construct rating scale used in semi-structured interview rating 20 items on a 3 point scale divided into three broad categories:

*Interpersonal/affective:*

- Glibness/superficial charm
- Grandiose sense of self-worth
- Pathological lying
- Conning/manipulative
- Lack of remorse or guilt
- Shallow affect
- Failure to accept responsibility

*Social Deviance:*

- Need for stimulation/proneness to boredom
- Parasitic lifestyle
- Poor behavioural controls
- Early behavioural problems
- Lack of realistic long-term goals
- Impulsivity
- Irresponsibility
- Juvenile delinquency

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<sup>10</sup> The ‘Hare P Scan’ is being developed for work with Probation in Canada. Hare, R. D. and Herve, H. (1999) The Hare P-Scan. Toronto, ON: Multi-Health Systems.

*Additional items:*

- Promiscuous sexual behaviour
- Many short-term marital relationships
- Criminal versatility

(Hare 1991: 1, 73-77).

4.35 Whilst initially developed from research on male forensic patients and offenders, various studies have confirmed the applicability of the PCL-R to other offender and patient populations. These include women, ethnic minorities and offenders from different cultures (Brown and Forth, 1997; Cooke, 1998; Cooke et al, 1998; Hare, 1998). Various studies have established that the PCL-R can identify psychopathy accurately amongst forensic patients (Cooke and Mitchie, 1999; Hare, 1991; McDermott et al, 2000) with interpersonal and affective items proving to be more discriminating (Cooke et al 1998). It is highly reliable when used by well-trained assessors. Meta-analyses by Salekin et al (1996) and Hemphill et al (1998) have established PCL-R as a robust risk predictor for violence recidivism, with psychopathic prisoners four times more likely to offend violently within one year of release. Harris et al (1993) found that the PCL-R was the best predictor of future violence for those released from a maximum security unit and a pre-trial psychiatric assessment centre. Subsequently the PCL-R score was integrated into the VRAG assessment criteria. Hare (2000) has stated that whilst the PCL was not designed as a measurement of violence risk, it may measure the most important factor in the risk of predatory violence, that is, psychopathy.

4.36 The PCL-R is currently the subject of an evaluation on male offenders from the Prison Service in England. The PCL screening version designed for use as a stand alone screening tool for use with forensic patients including non-criminal civil patients is currently the subject of evaluation under the MacArthur Risk Assessment study (Steadman et al, 1999). The latter forms one example of a multi-factoral approach discussed next.

*Multi-factoral approaches and classification trees*

4.37 The **MacArthur** assessment tool has also received attention, and is part of a long term study into the release of patients from acute psychiatric hospitals into the community and is used for the assessment of mentally disordered offenders (Steadman et al, 1994). The tool is extensively reviewed in Steadman et al, (1994), and its importance is the emphasis placed upon a multi-factoral approach to violence prediction. The tool subsumes risk factors to four general categories:

- *dispositional factors* (demographic factors such as age, gender, social class, as well as particular personality variables);
- *historical factors* (factors that delineate the patient's life history and would include family and employment history, as well as a history of violent behaviour by the patient);

- *contextual factors* (social supports and relevant social networks, access to victims and weapons); and,
  - *clinical factors* (distinct mental or personality disorders, and factors which affect stability and personal functioning such as drug and alcohol abuse).
- (Steadman et al, 1994: 302-303).

4.38 The tool is open to criticism because the boundaries between categories may not always be clear. For example, some demographic factors could be re-framed as clinical ones. Furthermore, the relative weighting of the different factors in terms of their role as predisposing factors in risk is not made clear.

4.39 The tool does, however, usefully distinguish between those risk factors which are dynamic and hence most amenable to change and intervention (e.g. contextual and clinical factors), and those which are static and unlikely to diminish (those which are demographic and historical). This can helpfully guide practitioners' interventions towards those factors most likely to change.

4.40 Classification trees are another recent example of a multi-factoral approach (Monahan et al 2000, Steadman et al 1999). In essence, the **Iterative Classification Tree** (ICT) takes a binary approach to risk decision making with assessors following a pre-set guide through a series of options. The questions are empirically and theoretically grounded, and each question is dependent upon the answer to the preceding one. The model starts with initial screening (for example using the PCL-R) and the classification is refined through the questioning process. The ICT is designed to assist practitioners with the use of actuarial data in clinical settings in an efficient manner (Monahan et al, 2000:312). The ICT 'partitioned 72.6 per cent of a sample of discharged psychiatric patients into one of two categories with regard to their risk of violence to others during the first 20 weeks after discharge' (p. 317). However, as Monahan et al (2000) point out, this approach can only classify individuals as either high or low risk (p.312). A number of individuals remain unclassified. As Cooke (2000) states: 'It is these individuals, whose risk level is equivocal, with whom the assessor needs most assistance' (p.154).

## **RELEVANCE AND SELECTION OF ASSESSMENT INSTRUMENTS**

4.41 As already outlined, neither sex offenders nor violent offenders can be considered as homogeneous groups (Grubin, 1998; Walker, 1996). The range of offending, settings, and victims is diverse. This makes transferability of assessment instruments across offender groups difficult, and can also raise issues of specificity in the application of a single tool to whole categories of offenders. The area is also subject to further development and it is likely that in the course of time other tools will be introduced. Of those reviewed for violent and sexual offending:

- the VRAG is the most robust predictor of future violence *per se*;
- the HCR-20 provides both prediction and identification of areas pertinent to the formulation of treatment interventions and risk management strategies particularly for forensic and prison populations;

- the PCL-R has a proven track record for the identification of psychopathy and for the prediction of predatory violence across a number of offender types (including women and ethnic minorities);
- MATRIX 2000 has increased the accuracy of both the SACJ and STATIC 99 whilst retaining the dynamic character of the SACJ, and can target very high-risk offenders with acceptable levels of accuracy;
- multi-factoral approaches and classification trees are largely restricted to the forensic field and are the subject of on-going evaluation. However, their inability to deal adequately with medium risk is problematic (Cooke, 2000).

4.42 Recent research results on both sides of the Atlantic, and within Scotland (Cooke et al 2001) indicate that these assessment tools are likely to be useful to those workers undertaking tasks arising from the MacLean recommendations and recent legislative proposals in Scotland. Parallel research on recidivism of serious violent and sexual offenders (Loucks forthcoming) and the audit of risk tools (McIvor, Kemshall and Levy forthcoming) will also add to the general knowledge base about the relevance of current risk tools to this population and the actual use and performance of such tools in the field.

#### **Summary**

The risk assessment of sex offenders is now informed by various tools, developed primarily in Canada and the UK. In England, particularly in the prison service and in police service sex offender registration units the SACJ has been the most used. Recently this has been refined into MATRIX 2000, providing greater accuracy without compromising the dynamic aspect of the SACJ.

Numerous tools inform the risk assessment of violent offenders, with the VRAG in most common use and with the widest applicability. The PCL-R has a more restricted purpose, but has been usefully integrated into other assessment tools as appropriate such as the VRAG. The HCR-20 offers additional clinical and risk management information to case managers tasked with treatment or case planning, and is increasingly preferred by criminal justice personnel because of this 'value-added' component.

More recent approaches offer an interesting combination of tools and classification trees, but remain at a largely evaluative stage and do not capture the medium risk classification of concern to practitioners. It is likely that assessment tools will continue to develop and that further tools will be introduced in due course as both research and practice develop.

It is suggested that MATRIX 2000 and the HCR-20 are likely to have the most relevance to practice and duties arising from the MacLean recommendations and recent legislation in Scotland.

## **CHAPTER FIVE: RISK MANAGEMENT OF SEXUAL AND VIOLENT OFFENDERS**

5.1 The supervision of high-risk persons in the community is one of the most complex and difficult task facing criminal justice personnel at the present time. Certainly it is one where the credibility and effectiveness of criminal justice agencies is harshly measured, particularly in the light of serious incidents and risk management failures. However, the effective risk management of offenders is seen as central to public protection through the prevention or reduction of harmful behaviours (Home Office, 1997b; MacLean 2000).

5.2 Whilst risks cannot necessarily be prevented risks can be reduced (Laws, 1996; Ryan, 1996). Risk management should therefore be understood as risk *reduction* rather than *prevention*, that is, reducing:

- the factors which lead to risks occurring; or
- the impact of the risk once it has occurred.

5.3 This approach is more commonly known as 'harm reduction' (Laws 1996) and is widely used in the treatment of drugs and alcohol abuse. The key principle of harm reduction is that reduction in the frequency of harmful behaviours is a gain, as this reduces the number of victims, and, that any positive change in harmful behaviours will lessen the impact of such behaviours on others.

5.4 In addition, risk management plans should be proportionate to the risks assessed, involving transparent and accountable decisions, particularly about levels of restriction, control and intrusion on individual offenders. Such requirements are likely to be key features in ensuring that risk management plans are compliant with Human Rights legislation.

5.5 The chapter will cover the following areas:

- Intervention programmes.
- Intensive risk management strategies of community control using supervision, monitoring, surveillance, and enforcement.

### **INTERVENTION PROGRAMMES**

5.6 These are defined as programmes designed to assist offenders to change their criminal behaviour through control and/or management of thinking patterns, feelings, drives and attitudes (SWSIS 1997: 34). Programmes may use a range of methods, but in practice have been based upon intensive cognitive-behavioural methods delivered both residentially (for example in custody) and within the community (Vennard and Hedderman, 1998).

#### *Sex offenders*

5.7 Beckett's survey of cognitive-behavioural programmes for sex offenders found that most programmes focused on four main areas:

- Changing patterns of deviant sexual arousal;

- Correcting distorted thinking and educating offenders in the ‘cycle of abuse’;
- Educating offenders about the effects and impact of abuse; and,
- Increasing social competence.

(Beckett, 1994).

5.8 Proctor’s study for the Association of Chief Officers of Probation in England and Wales found that probation programmes also contained the following key elements:

- Victim empathy;
- Controlling sexual arousal;
- Reducing denial; and,
- Improving family relationships.

(Proctor 1996).

5.9 Grubin and Thornton (1994) found that the most effective treatments used cognitive behavioural techniques, utilising relapse prevention and the promotion of pro-social thoughts, feeling and attitudes. However, evaluation of programmes has been plagued by small numbers, variation in programme objectives and content, diverse offender and offence types in programmes, and differences in severity of offending (Quinsey et al 1993). Notwithstanding such difficulties, both evaluative studies (Barbaree, 1997; Barker and Morgan, 1993; Marshall and Barbaree, 1988; Marshall et al, 1991; Marshall et al, 1999) and meta-analysis (Hall, 1995; Nagayama Hall, 1995) have indicated that cognitive-behavioural programmes are the most promising, particularly for non-familial child molesters. Nagayama Hall’s meta-analysis of twelve studies found that cognitive-behavioural treatments and hormonal treatments were significantly more effective than behavioural treatment alone, although not significantly different from one another. However, cognitive-behavioural treatment enjoyed better compliance rates than hormonal treatments (p.807). The effectiveness of treatment programmes with sex offending against children is less clear (Grubin 1998), and Hanson and Bussiere (1998) found that those who dropped out of such problems were more likely to reoffend. This reinforces that the appropriate use of sanctions and treatment compliance are essential to the success of such programmes (Kemshall 2001) coupled with long-term support and reinforcement (Powis 2002).

5.10 Based on these studies, and more recent evaluations such as Hedderman and Sugg’s study for the Home Office (1996), Beckett et al (1994) on seven treatment programmes, and Beech et al’s evaluation of the prison sex offender treatment programme (1999), it is possible to conclude that cognitive-behavioural methods have a growing track-record of effectiveness with sex offenders. The following limited conclusions can be drawn:

- Overall, cognitive-behavioural programmes can have a positive effect on offenders' attitudes and recidivism rates. This is supported by the Home Office longitudinal study limited to child sex offenders (Hedderman and Sugg, 1996; Beckett et al., 1994, Beech et al., 1999);



- Amenability to treatment is important. Certain patterns of sex offending are more difficult to treat than others. For example, serious and well-established behaviours involving penetrative sex and violence (e.g. rape) are less amenable to treatment (Waterhouse et al, 1994). Waterhouse et al, (1994) therefore suggested the following factors are significant in establishing treatability:
  - the nature of the offence;
  - the acceptance of responsibility by the offender;
  - the motivation to change by the offender; and,
  - the type of offender.

(adapted from *A Commitment to Protect* 1997)<sup>11</sup>.

- Timing of interventions can be crucial. Beckett et al, (1994) have argued that intensive challenge during 'denial' can be counter-productive as this reduces the likelihood of establishing victim empathy. They noted that improvement required a significant therapeutic input, and that 25 per cent of the offenders actually got worse in terms of victim empathy. They attributed this to the early timing of the work before offenders had come to terms with the consequences of their actions. In this climate of challenge to their activities, offenders developed a strategy of blaming victims in order to cope with confrontation.
- Programme integrity is also important. In a small-scale assessment of a community-based treatment programme for sex offenders, Allam (1998) found that programmes must be delivered as specified and that skills for offender self-risk management and relapse prevention are often inadequate when an offender leaves the programme. However, the majority of sex offenders did improve with treatment.
- Treatment is less successful for those who have committed violent penetrative sexual offences (Kemshall 2001).

5.11 The more recent evaluation of the prison Sex Offender Treatment Programme (SOTP) (Beech et al, 1999) supports the view that cognitive-behavioural treatments are particularly effective with child abusers. Four main areas were subject to psychometric testing before and after treatment: denial/admittance of sexual deviance and offending; pro-offending attitudes; predisposing personality factors; relapse prevention skills (p.6). The impact of treatment upon denial and deviancy levels was analysed with greater effectiveness for low deviancy/low denial men (59% showing an overall treatment effect and 84% showing a significant reduction in pro-offending attitudes); low deviancy and high denial men were less successful (17% showing an overall treatment effect and 71% showing a significant reduction in pro-offending attitudes); high deviancy and high denial were the least successful (with 14% showing an overall treatment effect with 43 % showing a significant reduction in pro-offending attitudes) (p.7). The study also showed that the longer 160-hour programme was more effective. Whilst some prisoners have since been followed up

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<sup>11</sup> This text also provides more detailed information on the goals and elements of sex offender programmes (SWSIS, 1997).

in the community, it is too early for longer-term evaluation, based upon reconviction rates.

5.12 Social stigma, social exclusion and the challenges presented by the resettlement of sex offenders particularly post-release have resulted in the recent initiative 'Circles of Support' originally imported from the USA via the Wolvercote specialist clinic in England. In brief, the initiative recognises that many sex offenders are social isolates and provides a 'circle' of supportive people to whom the offender can turn once released from either prison or a treatment centre. Such circles are made up of volunteers with whom the offender will have significant contact (in effect they act as mentors), and such volunteers are trained to provide relapse prevention and to identify warning signals for risky behaviour. They will also inform the statutory authorities if the risky behaviour warrants it. At present there are two pilot schemes in the UK and long-term evaluation of the initiative is awaited.

#### *Violent offenders*

5.13 The evaluation of risk management strategies for violent offenders is also restricted by the low volume of outcome studies and by the severe ethical and methodological difficulties in constructing control groups. Studies have mostly occurred within psychiatric residential hospitals (Rice, 1997; Rice et al, 1992; Webster et al, 1995), or the case management of mentally ill persons in the community (Dvoskin and Steadman, 1994) or the evaluation of domestic violence programmes (Dobash et al, 1999). Rice's study of interventions in a mental health hospital has also suggested that some interventions can have unintended consequences, for example the exacerbation of violence amongst psychopaths. Rice contended that this negative outcome was due to treatment raising their self-esteem and thus fuelling their aggression. In addition, psychopaths tended to be 'false compliers', learning to fake empathy and deceive others (Harris et al, 1994). This strongly indicates that risk management interventions must be well matched to the risk of violence presented and the offender group in question.

5.14 Cognitive-behavioural methods have achieved growing success and have two objectives: to change the violent cognitions of the individual and to change violent behaviour (Browne and Howells, 1996; Hollin, 1993). Anger management programmes have been developed to address cognitions (Howells 1989), and social learning and problem solving programmes to address the latter. Whilst there has been some limited evaluation of success (Glick and Goldstein, 1987), Browne and Howells (1996) concluded that whilst 'Controlled outcome studies to date are encouraging...few studies have been conducted in which serious violence itself has been the outcome measure' (p.205-206).

5.15 More recently the 'cognitive restructuring' and the skills training pioneered by Glick and Goldstein has been incorporated into an intensive Cognitive Self-Change programme for violent men piloted and evaluated in Vermont, Canada (Bush, 1995). The programme targets the:

- Distorted cognitions of violent offenders;
- Deconstructs the 'anti-social logic' of offenders, particularly the logic of self-justification (the 'victim stance') for violence and victim blaming;

- Reinforcement and reward for violent behaviour;
- Promotion of alternative/pro-social thinking patterns; and,
- Teaching problem solving skills.

(Bush, 1995: 142-148).

5.16 The follow-up evaluation has tracked offenders from 1988 and has compared the recidivism rates of those who completed the programme and those who did not (recidivism is defined broadly as any accusation as opposed to conviction). The differences in recidivism rates are statistically significant, with 45.5 per cent of those experiencing the programme presenting with a new accusation after three years as compared to 76.6 per cent who had not experienced the programme (p.152-153). In the UK violent offender programmes based on cognitive-behavioural methods are being used in prisons and probation, and are subject to development and evaluation under the Home Office 'Pathfinder' programme in England and Wales.

5.17 An important feature of the programme is its integration into a broader risk management strategy, which emphasises intensive supervision comprising: surveillance, alcohol and drug testing, reincarceration for any violations, and high enforcement of rules and requirements. These features of risk management will be discussed in the next section.

### **COMMUNITY RISK MANAGEMENT: SUPERVISION, MONITORING, SURVEILLANCE AND ENFORCEMENT**

5.18 The Vermont programme importantly recognises that the promotion of offender internal controls needs to be balanced with the implementation of external controls. Key features of the system are early response to signs of relapse (such as failure to attend appointments) and systematic monitoring of progress including behaviour checks and the use of self-report on activities and thinking patterns. Treatment interventions and control are integrated into a broader risk management strategy, in which the supervisor is responsible for co-ordinating the strategy, ensuring appropriate monitoring and surveillance, and action to enforce conditions and controls as appropriate.

5.19 In addition, some offenders are not amenable to treatment, or their motivation to comply with treatments/programmes remains low. In these cases, high levels of community control may be the only risk management option coupled with strict enforcement of any conditions and the appropriate use of sanctions (such as parole recall or returns to court for violations of community penalties) (HMIP, 1998b)

5.20 Similar risk management strategies exist for high-risk sex offenders, such as the Sexually Violent Predator programme in Phoenix, Arizona (MacLean, 2000). In addition to a therapeutic component, such programmes emphasise:

- Strong incentives for individuals to manage their own behaviour;
- Strong incentives to attend and comply with therapy/programmes;
- A thorough system of supervision with regular re-assessment;

- Clear boundaries for acceptable behaviour and enforcement; and
  - Integrated management of custody, therapy and community services.
- (From MacLean, 2000:59).

5.21 In a review of intensive case management for the reduction of violence by mentally ill persons in the community, Dvoskin and Steadman (1994) make a number of useful points which could also be applied to community case management of high-risk offenders. These include:

- regular monitoring is needed to note changes in and to take action on individual and situational factors which result in violence or sexual harm;
- offenders should be assisted in gaining insight into high-risk situations and to develop techniques for self-risk management;
- case *management* responsibility should be clearly vested in one person;
- there should be continuity of case management, both in terms of personnel and intervention strategies;
- there should be speedy access to support services (e.g. appropriate mental health care); and,
- there should be appropriate power and authority to limit risky behaviours and to enforce requirements which diminish risk (e.g. parole recall, breach of community orders).

5.22 In their report, *Exercising constant vigilance: The role of the Probation Service in Protecting the Public from Sex Offenders* (1998), Her Majesty's Inspector of Probation (HMIP) also stressed the importance of multi-agency co-operation, constant vigilance, monitoring and enforcement. A position reinforced in Scotland by the findings and recommendations of the Cosgrove Committee *Reducing the Risk*. The MacLean Committee also recommended that 'community services for high-risk offenders should develop techniques for intensive supervision and surveillance' in particular:

- *use of electronic monitoring technology;*
- *regular unannounced and announced visiting;*
- *regular drug and alcohol testing;*
- *strict conditions, including as to the place of residence, and participation in treatment;*
- *a 'halfway house' offering semi-secure facilities and intensive treatment, (comparable to the 'less restrictive alternative' operated by the Arizona Community Protection and Treatment Centre); and*
- *rapid and predictable return to conditions of greater security in the event of non-compliance.*

(MacLean Committee, 2000: Recommendation 45, page 60).

5.23 In addition, the importance of stable accommodation has been recognised (SWSIS 1997; MacLean 2000), particularly for sex offenders but for all high-risk offenders. Such provision requires a mixed range of accommodation, comprising specialist hostels, halfway houses, supported tenancies and intensive support to individual offenders both by the statutory services and initiatives like 'Circles of Support'.

5.24 Circles of Support was started by religious communities in America. In brief the initiative recognises that many sex offenders are social isolates and literally provides a circle of support in the community for the offender once released from prison or treatment centre. Such circles are made up of volunteers with whom the offender will have significant contact (for example church leaders and mentors), and in addition to social support the volunteers are trained to identify ‘warning signals’ of relapse as well as informing the statutory authorities should the offender’s behaviour warrant it. At present there are two pilots in the UK and long-term evaluation is awaited.

**Summary: risk management of sexual and violent offenders**

Cognitive-behavioural programmes have been the most successfully evaluated for the effective treatment of both sexual and violent offenders. Appropriate targeting and matching is also emphasised, and the integration of such programmes into broader strategies of risk management is advocated. Strategies that emphasise the promotion of internal controls, with the imposition of clear external ones are increasingly stressed as the key to the successful risk management of high-risk offenders in the community.

Intensive supervision, comprising monitoring, surveillance, and enforcement of rules and sanctions coupled with cognitive behavioural intervention programmes are the features of such high-risk management strategies.

## CHAPTER SIX: CONCLUSIONS

6.1 The effective and reliable assessment and management of sexual and violent offenders is a pressing issue. Both offence types, but particularly violent sexual crime and paedophilia, are attracting increasing public disquiet and media attention. In this climate it is essential that criminal justice, social work and health personnel can fulfil their duties to identify, assess and manage sexual and violent offenders. Combined actuarial and clinical methods can contribute to effective risk assessment, and numerous methods exist for both sexual and violent offenders. In selecting any method it is essential that consideration be given to:

- transferability of the method to the field;
- the distinction between initial screening and individual assessment and case planning;
- specificity of the tool to the offender group and behaviour in question; and,
- reliability and validity of the tool.

(from Webster et al, 1995).

In addition, consideration should be given to the tool's use in guiding risk management plans, and in assisting any subsequent review process.

6.2 The RRASOR and the SACJ both have utility in initial screening for high-risk in sex offenders, and the SACJ has greater 'value-added' in terms of the dynamic factors. The newly introduced MATRIX 2000 has out-performed both tools and is subject to on-going evaluation.

6.3 Seven assessment tools in respect of violent offenders have been reviewed, covering actuarial, structured assessment tools, and multi-factoral and classification tree approaches. Of these the VRAG is the most accurate and most widely used, although other tools such as the HCR-20 provide added value in terms of identifying dynamic factors for case intervention and treatment.

6.4 In terms of risk management, there is increasing information on effective programmes and case management for both sexual and violent offenders. It is suggested that criminal justice, social work and health personnel are made familiar with such programmes and that due consideration is given to matching offenders to the most effective interventions, in addition to identifying more clearly those who require higher levels of community surveillance. Such staff have a key role in the effective implementation of integrated risk management strategies, combining both cognitive-behavioural programmes and intensive community supervision.

## APPENDIX ONE

Figure 2: Registration requirements under the Sex Offender Act 1997

### Offences

- unlawful intercourse with a girl under 13, and if the defendant is 20 or more, with a girl between 13 and 16;
- causing or encouraging sexual intercourse with, or indecent assault on, or the prostitution of a girl under 16;
- inciting a girl under 16 to incestuous sexual intercourse;
- indecency with a child under 14;
- incest by a man with a victim under 18;
- rape;
- indecent assault on a man or woman (except where sentence is less than 30 months and the victim is over 18);
- buggery and gross indecency where defendant is 20 or more and the victim is under 18;
- crimes relating to child pornography; and,
- assault with intent to commit buggery with a victim under 18.

### Registration requirements:

- to notify the police of name, address, and date of birth within 14 days of caution/conviction/release/sentence;
- to notify the police of any change in the above;
- to notify the police of any 14 day period away from this address (continuous or aggregated over 12 months);
- any unreasonable failure to comply with the registration requirements or the deliberate provision of false information is a summary crime;
- deliberate provision of false information is a summary crime;

**Registration periods:**

- if the offender receives a caution or is given a non-custodial sentence the registration period is five years;
- if the offender receives a sentence under six months custody the registration period is seven years;
- if the offender receives a sentence of six to 30 months custody the registration period is 10 years;
- if the offender receives a sentence of 30 plus months the registration period is indefinite; and,
- for offenders under 18 these periods are halved.

(from Cobley, 1997; Heberton and Thomas, 1997; Power, 1998; Sex Offender Act 1997, Schedule 1 and Section 51).



## APPENDIX TWO

Figure 3: Provisions for Sex Offender Orders

- a Sex Offender Order is available to a chief officer of police from a magistrates' court if there is reasonable cause to believe that the defendant 'has acted' in such a way that an order is necessary to protect the public from the offender;
- negative conditions or 'prohibitions' can be attached to the Orders as thought necessary to achieve protection of the public, (e.g. restricting access to potential victims, or access to particular places);
- an offender subject to an Order has to register under the Sex Offender Act 1997 within 14 days of the order being made (this allows for retrospective registration of offenders);
- Orders run for a minimum of five years;
- offenders can appeal to the Crown Court against the Order being made, and to magistrates' court for variation or discharge; and,
- breach of a Sex Offender Order can carry up to a five-year custodial penalty upon indictment.

(from Cobley, 1997; Power, 1998)

Sex Offender Orders are civil orders requiring civil standards of proof but carrying a criminal penalty if breached (Power, 1998)<sup>12</sup>. The Act encompasses psychological harm as well as physical harm, and importantly introduces negative or prohibitive conditions to control the behaviour of sex offenders<sup>13</sup>.

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<sup>12</sup> Breach of a Sex Offender Order can carry up to a five year custodial penalty upon indictment.

<sup>13</sup> Offenders can only be required *not* to do something – for example, offenders might be required not to visit a certain area, or not to speak to certain people.

## REFERENCES

Abel, G., Becker, K., Mittelman, M., Cunningham-Rather, J. and Murphy, W. (1987) Self-reported sex crimes of non-incarcerated paraphiliacs, *Journal of Interpersonal Violence*, 2: 3-25.

Allam, J. (1998) *Men who sexually abuse children - an evaluation of treatment effectiveness: 0-50 hours data*. Interim report prepared for West Midlands Probation Service.

Andrews, D. A. (1995) 'The psychology of criminal conduct and effective treatment', in: J. McGuire (ed) *What Works: Reducing Reoffending. Guidelines from research and practice*. Chichester: John Wiley and Sons: 35-62.

Andrews, D. A. and Bonta, J. (1995) *The Level of Supervision Inventory-Revised*. Multi-Health Systems Inc. Toronto.

Association of Chief Police Officers (ACPO) (1999) *Sex Offenders: A Risk Assessment Model*, ACPO Working Party.

Barbaree, M. (1997) Evaluating Treatment Efficacy with Sexual Offenders: The Insensitivity of Recidivism Studies to Treatment Effects, *Journal of Research and Treatment*, 9 (2) 111-128.

Barker, M. and Morgan, R. (1993) *Sex Offenders: A Framework for the Evaluation of Community-Based Treatment*. A report for the Home Office. London: Home Office.

Bean, P. (1997) 'Paedophiles and the Proposed Register', *Justice of the Peace and Local Government Law*, March 22: 283-284.

Beckett, R. (1994) Cognitive-Behavioural Treatment of Sex Offenders, in T. Morrison, M. Erooga and R. Beckett (eds.) *Sexual Offending Against Children: assessment and treatment of male abusers*. London: Routledge.

Beckett, R., Beech, A. Fisher, D. and Fordham, A. S. (1994) *Community-Based Treatment for Sex Offenders: An Evaluation of Seven Treatment Programmes*. A report for the Home Office by the STEP team. London: Home Office.

Beech, A., Fisher, D. and Beckett, R. (1999) *Step 3: An Evaluation of the Prison Sex Offender Treatment Programme*. A report for the Home Office by the STEP team. London: Home Office.

Belfrage, H., Fransson, G. and Strand, S. (2000) Prediction of violence using the HCR-20: a prospective study in two maximum-security correctional institutions, *Journal of Forensic Psychiatry*, 11 (1) 167-175.

Blackburn, R. (1994) *The Psychology of Criminal Conduct: Theory, Research and Practice*. Chichester: John Wiley.

Blom-Cooper, L., Hally, H. and Murphy, E. (1995) *The Falling Shadow: One Patient's Mental Health Care*. London: Duckworth.

Blumstein, A., Cohen, J., Roth, J. and Visher, C. (eds.) (1986) *Criminal Careers and 'Career Criminals'*, Washington D. C: National Academy of Sciences.

- Borum, R. (1996) 'Improving the clinical practice of violence assessment'. *American Psychologist* 51 (9) 945-956.
- Bottoms, A. (1977) Reflections on the Renaissance of Dangerousness, *Howard Journal*, 16 (2) 70-96
- Brearley, C. P. (1982) *Risk and Social Work: Hazards and Helping*. London: Routledge and Kegan Paul.
- Brooks, A. D. (1984) Defining the Dangerousness of the Mentally Ill: Involuntary Commitment, in M. Craft and A. Craft (eds.) *Mentally Abnormal Offenders*. London: Balliere Tindall.
- Brown, S. L. and Forth, A. E. (1997) Psychopathy and sexual assault: Static risk factors, emotional precursors, and rapist subtypes, *Journal of Consulting and Clinical Psychology*, 65: 848-857.
- Browne, K. and Howells, K. (1996) Violent Offenders, in C. R. Hollin (ed.) *Working with Offenders: Psychological Practice in Offender Rehabilitation*. Chichester: John Wiley and Sons.
- Burgess, E. W. (1936) 'Protecting the public by parole and parole prediction', *Journal of Criminal Law and Criminology*, 27, 491-502. As reprinted in L. S. Cottrell, Jr., A. Junter and J. F. Short, Jr. (eds) (1973) Ernest W. Burgess on Community, Family, and Delinquency. Chicago: University of Chicago Press.
- Bush, J. (1995) 'Teaching Self-risk Management to Violent Offenders', in: J. McGuire (ed), *What Works: Reducing Reoffending: Guidelines from Research and Practice*, Chichester: John Wiley and sons: 139-154.
- Butler Committee, Home Office and Department of Health and Social Security (1975), *Committee on Mentally Abnormal Offenders*. Cm 6244, London: HMSO.
- Butler-Schloss (Lord) (1988) *Report of the Committee of Inquiry into Child Sexual Abuse in Cleveland 1987*. Presented to the Secretary of State for Social Services by the Right Honourable Lord Butler-Schloss DBE, Cm 412, London: HMSO.
- Carroll, J. S. (1977) Judgements of recidivism: conflicts between clinical strategies and base-rate information, *Law and Human Behaviour*, 1 (2) 191-198.
- Carroll, J. S. and Payne, J. W. (1976) The psychology of the parole decision process: a joint application of attribution theory and information processing', in: J. Carroll and J. Payne (eds) *Cognition and Social Behaviour*. Hillsdale, NJ.: Erlbaum.
- Carson, D. (1996) 'Risking Legal Repercussions' in: H. Kemshall and J. Pritchard (eds) *Good Practice in Risk Assessment and Risk Management* (vol 1), London: Jessica Kingsley Publishers: 3-12.
- Clark, D. (2002) *OASys-an explanation*. Home Office Special Conference 'Criminal Justice Conference: Using Risk Assessment in Effective Sentence Management', Tring, 14-15<sup>th</sup> March, Pendley Manor Hotel.

- Clyde, Lord (1992) *The Report of the Inquiry into the Removal of Children from Orkney in February 1991*. House of Commons, 27<sup>th</sup> October 1992. Edinburgh: HMSO.
- Cobley, C. (1997) 'Keeping track of sex offenders: part one of the Sex Offenders Act', *The Modern Law Review*, 60 (5) 690-699.
- Combs, B. and Slovic, P. (1979) Causes of Death: Biased Newspaper Coverage and Biased Judgements, *Journalism Quarterly*, 56, 837-843.
- Connelly, C. and Williamson, S. (2000) *Review of the Research Literature on Serious Violent and Sexual Offenders*. Crime and Criminal Justice Research Findings No. 46. Edinburgh: Scottish Executive Central Research Unit.
- Cooke, D. J. (1991) Violence in prisons: the influence of regime factors. *The Howard Journal of Criminal Justice*, 30: 95-109.
- Cooke, D. J. (1998) Psychopathy across cultures, in D. J. Cooke, A. E. Forth and R. D. Hare (eds.) *Psychopathy: Theory, research, and implications for society*. Dordrecht: The Netherlands:Kluwer:: 13-45.
- Cooke, D. J. (2000) Current Risk Assessment Instruments. Annex 6 in Lord MacLean: *A Report of the Committee on Serious Violent and Sexual Offenders*. Edinburgh: Scottish Executive: 151-158.
- Cooke, D. J., Forth, A. E. and Hare, R. D. (eds.) (1998) *Psychopathy: Theory, research and implications for society*. Dordrecht, The Netherlands: Kluwer.
- Cooke, D. J. and Michie, C. (1999) Psychopathy across cultures: North America and Scotland compared, *Journal of Abnormal Psychology*, 108: 58-68.
- Cooke, D. J., Michie, C. and Ryan, J. (2001) *Evaluating Risk for Violence: A Preliminary Study of the HCR-20, PCL-R and VRAG in a Scottish Prison Sample*. Scottish Prison Service.
- Copas, J. (1995) *Some Comments on Meta-analysis*. Department of Statistics, University of Warwick.
- Copas, J., Ditchfield, J. and Marshall, P. (1994) 'Development of a new reconviction score', *Research Bulletin* 36. London: HMSO.
- Cosgrove, Lady. (2001) *Reducing the Risk: Improving the Response to Sex Offending. Report of the expert panel on Sex Offending*. Chaired by Lady Cosgrove.
- Department of Health (DoH) (2002a) *Draft Mental Health Bill. Cm 5538-I*. London: HMSO.
- Department of Health (DoH) (2002b) *Mental Health Bill*. Consultation Document. London: HMSO.
- Dingwall, R. (1989) 'Some problems about predicting child abuse and neglect', in O. Stevenson (ed.) *Child Abuse: Public Policy and Professional Practice*. Hemel Hempstead: Harvester Wheatsheaf: 28-53.

- Ditchfield, J. (1991) *Control in prison: a review of the literature*. London: HMSO.
- Ditchfield, J. (1997) 'Actuarial Prediction and Risk Assessment', *Prison Service Journal*, 113, 8-13.
- Dobash, R. P., Dobash, R. E., Cavanagh, K and Lewis, R. (1999) A Research Evaluation of British Programmes for Violent Men, *Journal of Social Policy*, 28 (2) 205-233.
- Douglas, K. S., Ogloff, J.R.P. , Nicholls, T.L. and Grant, I. (1999) Assessing Risk for Violence Among Psychiatric Patients: The HCR-20 Violence Risk Assessment Scheme and the Psychopathy Checklist: Screening Version, *Journal of Consulting and Clinical Psychology*, 67 (6) 917-930.
- Douglas, M. (1992) *Risk and Blame*. London: Routledge.
- Downey, R. (1996) 'Home Office tightens vice on child sex abusers', *Community Care*, 4-10 April, 8-9.
- Dvoskin, J. A. and Steadman, H. J. (1994) 'Using intensive case management to reduce violence by mentally ill persons in the community', *Hospital and Community Psychiatry* 45 (7) 679-684.
- Einhorn, H. J. (1986) Accepting error to make less error, *Journal of Personality Assessment*, 50 (3) 387-395.
- Epperson, D. L., Kaul, J. D. and Huot, S. J. (1995) *Predicting risk of recidivism for incarcerated sex offenders: Updated development on the sex offender screening tool (SOST)*. Paper presented at the 14<sup>th</sup> Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, New Orleans, Louisiana.
- Epperson, D.L., Kaul, J. D. and Hesselton, D. (1998 Oct.) *Final report of the development of the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)*. Presentation at the 17<sup>th</sup> Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Vancouver, British Columbia.
- Feeley, M. and Simon, J. (1994) 'Actuarial Justice: The Emerging New Criminal Law', in D. Nelken (ed.) *The Futures of Criminology*. London: Sage. 173-201.
- Finkelhor, D. (1984) *Child Sexual Abuse: New Theory and Research*. New York: Free Press.
- Finkelhor, D. (1994) 'The International Epidemiology of Child Sexual Abuse', *Child Abuse and Neglect* 18 (5) 409-417.
- Fischhoff, B. (1975) Hindsight =foresight: the effect of outcome knowledge on judgement under conditions of certainty, *Journal of Experimental Psychology: human Perception and Performance*, 1: 288-299.
- Fletcher, H. (1995) 'New Reconviction Scale', *NAPO News*, September, No. 72, p.1. London: National Association of Probation Officers.
- Floud, J. and Young, W. (1981) *Dangerousness and Criminal Justice*. London: Heinemann.

- Forth, A. E., Hart, S. D. and Hare, R. D. (1990) 'Assessment of psychopathy in male young offenders', *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2: 342-344.
- Furby, L., Weinrott, M. R. and Blackshaw, L. (1989) Sex offenders recidivism: A review, *Psychological Bulletin*, 105: 3-30.
- Gelles, R. J. (1997) *Intimate Violence in Families*. Third edition, London: Sage.
- Genders, E. and Morrison, S. (1996) When violence is the norm, in N. Walker (ed.) *Dangerous People*. London: Blackstone Press.
- Gendreau, P., Little, T. and Goggin, C. (1996) A meta-analysis of the predictors of adult offender recidivism, *Criminology*, 34, 575-607.
- Glaser, D. (1955) 'The efficacy of alternative approaches to parole prediction', *American Sociological Review*, 20, 283-287.
- Glaser, D. (1962) Prediction tables as accounting devices for judges and parole boards. *Crime and Delinquency*, 8 (3) 239-258.
- Glaser, D. (1973) *Routinizing Evaluation*. Rockville Maryland: National Institute of Mental Health.
- Glick, B. and Goldstein, H. P. (1987) Aggression replacement training, *Journal of Counselling and Development*, 65: 356-367.
- Gottfredson, S. D. and Gottfredson D. M. (1993) The long-term predictive utility of the base expectancy score, *Howard Journal*, 32 (4) 276-290.
- Green, J. (1997) *Risk and Misfortune: The Social Construction of Accidents*. London: UCL Press.
- Grubin, D. (1998) *Sex Offending against Children: Understanding the Risk*. Police Research Series Paper 99, London: Home Office.
- Grubin, D. (2000) *Risk Matrix 2000*. Paper presented at Risk Assessment and Management Police Conference, Cheltenham, October 19<sup>th</sup> and 20<sup>th</sup>, Moat House Hotel.
- Grubin, D. and Thornton, D. (1994) 'A national program for the assessment and treatment of sex offenders in the English prison system', *Criminal Justice and Behaviour*, 21 (1) 55-71.
- Grubin, D. and Wingate, S. (1996) 'Sexual Offence Recidivism: Prediction versus Understanding', *Criminal Behaviour and Mental Health*, 6, 349-359.
- Gunn, J. (1973) *Violence in Human Society*. Newton Abbot: David and Charles (Holdings) Limited.
- Hagell, A. (1998) *Dangerous Care: Reviewing the risk to children from their carers*. London: Policy Studies Institute and the Bridge Child Care Trust.
- Hall, G. C. N. (1995) Sexual offender recidivism revisited: A meta-analysis of recent treatment studies, *Journal of Consulting and Clinical Psychology*, 63: 802-809.

- Hanlon, M. J., Larson, S. and Zacher, S. (1999) The Minnesota SOST and Sexual Reoffending in North Dakota: A Retrospective Study, *International Journal of Offender Therapy and Comparative Criminology*, 43 (1) 71-77.
- Hanson, R. K. (1997) *The development of a brief actuarial risk scale for sexual offence recidivism*. User Report 1997-04. Ottawa: Department of Solicitor General of Canada.
- Hanson, R. K. and Harris, A. J. R. (1998) *Dynamic predictors of sexual recidivism*. User report 1998-2001 Ottawa: Department of the Solicitor General of Canada.
- Hanson, R. K. and Harris, A. J. R. (2000) *The Sex Offender Need Assessment Rating (SONAR): A method for measuring change in risk levels*. User report 2000-2001, Ottawa: Department of the Solicitor General of Canada.
- Hanson, R. K. and Bussiere, M. T. (1998) 'Predicting relapse: a meta-analysis of sexual offender recidivism studies', *Journal of Consulting Clinical Psychology*, 66 (2) 348-362.
- Hanson, R. K., Scott, H. and Steffy, R. A. (1995) 'A comparison of child molesters and nonsexual criminals: risk predictors and long-term recidivism', *Journal of Research in Crime and Delinquency*, 32 (3) 325-337.
- Hanson, R.K., Steffy, R. A. and Gauthier, R. (1993) 'Long-term recidivism of child molesters', *Journal of Consulting and Clinical Psychology*, 61 (4) 646-652.
- Hanson, R.K. and Thornton, D. M. (1999) *Static 99: Improving Actuarial Risk Assessments for Sex Offenders*. Ottawa: Public Works and Government Services Canada.
- Hanson, R.K. and Thornton, D. M. (2000) Improving Risk Assessments for Sex Offenders: A Comparison of Three Actuarial Scales, *Law and Human Behaviour*, 24 (1) 119-136.
- Hare, R. D. (1991) *The Hare Psychopathy Check-list Revised*. Toronto: Multi-Health Systems.
- Hare, R. D. (1993) *Without Conscience: The Disturbing World of the Psychopaths Among Us*. New York: Pocket Books.
- Hare, R. D. (1998) Psychopathy, affect, and behaviour, in D. J. Cooke, A. E. Forth and R. D. Hare (eds.) *Psychopathy: Theory, research and implications for society*. Dordrecht, The Netherlands: Kluwer.
- Hare, R. D. (2000) Presentation to 'Risk Assessment and Risk Management: Implications for the Prevention of Violence', conference 17-19 November, Vancouver, reproduced in Annex 4 of MacLean report, A Report of the Committee on Serious Violent and Sexual Offenders, Edinburgh: Scottish Executive: 134-135.
- Hare, R. S. and Hart, S. D. (1993) 'Psychopathy, mental disorder, and crime', in: S. Hodgins (ed.) *Mental Disorder and Crime*. Newbury Part, California: Sage.
- Hare, R. D. and Herve, H. (1999) *The Hare P-Scan*. Toronto, Ontario: Multi-Health Systems.

Harris, G. T., Rice, M. E. and Quinsey, V. L. (1993) Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument, *Criminal Justice and Behaviour*, 20: 387-397.

Harris, G. T., Rice, M. E. and Quinsey, V. L. (1994) Psychopathy as a taxon: evidence that psychopaths are a discrete class', *Journal of Consulting and Clinical Psychology*, 62: 387-397.

Hart, S. D. (1999) Assessing violence risk: thoughts and second thoughts. Violent offenders: Appraising and Managing Risk, *Contemporary Psychology*, 44: 6-8

Hart, S. D., Hare, R. D. and Forth, A. E. (1994) Psychopathy as a Risk Marker for Violence: Development and Validation of a Screening Version of the Revised Psychopathy Checklist', in: J. Monahan and H. Steadman (eds.) *Violence and Mental Disorder: Developments in Risk Assessment*. London: University of Chicago Press: 81-98.

Hebenton, B. and Thomas, T. (1996a) 'Tracking' Sex Offenders', *Howard Journal*, 35 (2) 97-112.

Hebenton, B. and Thomas, T. (1996b) 'Sex Offenders in the Community: Reflections of Problems of Law, Community and Risk Management in the U.S.A., England and Wales', *International Journal of Social Law*, 24 (4) 427.

Hebenton, B. and Thomas, T. (1997) *Keeping Track? Observations on Sex Offender Registers in the U.S.* Crime and Detection and Prevention Series Paper 83, London: Home Office, Police Research Group.

Hedderman, C. and Sugg, D. (1996) *Does treating sex offenders reduce re-offending?* Research Findings, Number 45. Home Office Research and Statistics Directorate. London.

Hemphill, J. F., Hare, R. D. and Wong, S. (1998) Psychopathy and Recidivism: A review. *Legal and Criminological Psychology*, 3 (1) 139-170.

Her Majesty's Inspectorate of Probation (1998a) *A Guide to Effective Practice: Evidence Based Practice*. London: Home Office.

Her Majesty's Inspectorate of Probation (1998b) *Exercising constant vigilance: The Role of the Probation Service in Protecting the Public from Sex Offenders. Report of a Thematic Inspection*. London: Home Office.

Heyman, B. (1997) *Risk, Health and Health Care: A Qualitative Approach*. Edward Arnold.

Home Office Circular (HOC 39/1997) *Sex Offenders Act 1997*. London: Home Office.

Home Office (1991) *Criminal Justice Act 1991*, London: HMSO.

Home Office (1988) *The Registration and Review of Serious Offenders*. Home Office Letter to Chief Probation Officers.

Home Office (1996) *Protecting the Public: The Government's Strategy on Crime in England and Wales*. London: HMSO.

Home Office (1997a) *Community Protection Order. A Consultation Paper*. London: HMSO.



- Home Office (1997b) *Management and Assessment of Risk in the Probation Service*. London: HMSO.
- Home Office (1998a) *Aspects of Crime: Children as Victims 1996*. Compiled by the Crime and Criminal Justice Unit, Research and Statistics Directorate, London: Home Office.
- Home Office (1998b) *The Crime and Disorder Act 1998. Introductory Guide*. London: Home Office.
- Home Office (1999) *Managing Dangerous People with Severe Personality Disorder: Proposals for policy development*, London: Home Office.
- Hollin, C. R. (1993) Contemporary psychological research into violence: an overview, in P. J. Taylor (ed.) *Violence in Society*, London: Royal College of Physicians, pp. 55-67.
- Hollin, C. R. (1995) The meaning and implications of 'Programme Integrity', in J. McGuire (ed.) *What Works: Reducing Reoffending: Guidelines from Research and Practice*. Chichester: John Wiley. 195-208.
- Howells, K. (1989) Anger management methods in relation to the prevention of violent behaviour, in J. Archer and K. D. Browne (eds.) *Human Aggression Naturalistic Approaches*, London: Routledge: 182-216.
- Howells, K. (1987) Forensic problems: investigation, in S. Lindsay and C. Powell (ed.) *A Handbook of Clinical Adult Psychology*. London: Gower.
- Howells, K. and Hollin, C. R. (1989) *Clinical Approaches to Violence*. Chichester: John Wiley and sons.
- Kahneman, D. and Tversky, A. (1973) 'On the psychology of prediction', *Psychological Review*, 80, 237-251.
- Kemshall, H. (1996a) *Reviewing Risk: A review of research on the assessment and management of risk and dangerousness: implications for policy and practice in the Probation Service*. A report for the Home Office Research and Statistics Directorate. London: Home Office.
- Kemshall, H. (1996b) 'Offender Risk and Probation Practice', in: H. Kemshall and J. Pritchard (eds.) *Good Practice in Risk Assessment and Risk Management, volume 1*. London: Jessica Kingsley Publications: 133-145.
- Kemshall, H. (1997) 'The dangerous are always with us: dangerousness and the role of the probation service', *VISTA*, 2, (3) 136-153.
- Kemshall, H. (1998a) *Risk in Probation Practice*. Aldershot: Ashgate.
- Kemshall, H. (1998b) 'Defensible Decisions for Risk: Or 'Its the Doers Wot Get the Blame'', *Probation Journal*, 45 (2) 67-72.

- Kemshall, H. (2001) *Risk Assessment and Management of Known Sexual and Violent Offenders: A review of current issues*. Home Office: Police Research Series paper 140.
- Kemshall, H. (forthcoming) *Understanding risk in criminal justice*. Buckingham: Open University Press.
- Klassen, C. (1999) *Predicting Aggression in Psychiatric In-Patients Using 10 Historical Factors: Validating the 'H' of the HCR-20*. Unpublished thesis, Vancouver: Simon Fraser University.
- Laws, D. R. (1996) 'Relapse prevention or harm reduction', *Journal of Research and Treatment*, 8 (3) 243-247.
- Limandri, B. J. and Sheridan, D. J. (1995) 'The prediction of intentional interpersonal violence: An introduction', in: J. Campbell (ed) *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*. Interpersonal Violence: The Practice Series: Sage: 1-19.
- Lloyd, C., Mair, G. and Hough, M. (1994) *Explaining reconviction rates: a critical analysis*. Home Office Research and Planning Report, 136, London:HMSO.
- London Borough of Brent (1985) *A Child in Trust: the Report of the Panel of Inquiry into the circumstances surrounding the death of Jasmine Beckford*. Presented to the Brent Borough Council and to the Brent Health Authority by members of the Panel of Inquiry, London Borough of Brent.
- Losel, F. (1995) 'The efficacy of correctional treatment: A review and synthesis of meta-evaluations', in: J. McGuire (ed) *What Works: Reducing Reoffending*. Chichester: John Wiley and sons: 79-111.
- Loucks, N. (2002) *Recidivism amongst Serious Violent and Sexual Offenders*, Edinburgh: Scottish Executive.
- MacLean Report (2000) *A report on the committee on Serious Violent and Sexual Offenders*, Edinburgh: Scottish Executive Social Research.
- Mair, G. (1997) (ed.) *Evaluating the Effectiveness of Community Penalties*. Aldershot: Avebury:
- Maguire, M., Kemshall, H., Noaks, L. Sharpe, K. and Wincup, E. (2001) *Risk Assessment of Dangerous and Sex Offenders*. London: Home Office Policing and Reducing Crime Unit, paper 139.
- Marques, J. K., Day, D. M., Nelson, C. and West, M. A. (1994) 'Effects of cognitive-behavioural treatment on sex offender recidivism: Preliminary results of a longitudinal study', *Criminal Justice and Behaviour*, 21 (1) 28-54.
- Marshall, P. (1997) *The prevalence of convictions for sexual offending*. Research Bulletin 36, London: Home Office Research and Statistics Directorate.

- Marshall, W. and Barbaree, H. E. (1990) An Integrated Theory of the Etiology of Sexual Offending, in W. L. Marshall, D. R. Laws and H. E. Barbaree (eds.) *A Handbook of Sexual Assault*. New York: Plenum.
- Marshall, W. L., Ward, T., Jones, R., Johnston, P. and Barbaree, H. E. (1991) 'An Optimistic Evaluation of the Treatment Outcome with Sex Offenders', *Violence Update*, 1 (7) 8-11.
- Marshall, W. L., Anderson, D. and Fernandez, Y. (1999) *Cognitive Behavioural Treatment of Sexual Offenders*. Chichester: John Wiley.
- Marshall, W. L. and Barbaree, H. E. (1988) The Long-Term Evaluation of a Behavioural Treatment Program for Child Molesters, *Behaviour, Research and Theory*, 26 (6) 499-511.
- Marshall, W. L., Jones, R., Ward, T., Johnston, P. and Barbaree, H. E. (1991) Treatment Outcome with Sex Offenders, *Clinical Psychology Review*, 11: 465-485.
- May, C. (1999) *Explaining reconviction following a community sentence: the role of social factors*. Home Office Research Study 192, London: Home Office.
- McDermott, P. A., Alterman, A. I., Cacciola, J. S., Rutherford, M. J., Newman, J. P. and Mulholland, E. M. (2000) Generality of Psychopathy Checklist-Revised factors over prisoners and substance-dependent patients, *Journal of Clinical and Consulting Psychology*, 68: 181-186.
- McEwan, S. and Sullivan, J. (1996) 'Sex Offender Risk Assessment', in H. Kemshall and J. Pritchard (eds) *Good Practice in Risk Assessment and Risk Management*. London: Jessica Kingsley Publishers: 146-158.
- McGuire, J. (1995) *What Works: Reducing Reoffending: Guidelines from Research and Practice*. Chichester: John Wiley and sons.
- McGuire, J. (1997) 'A short introduction to meta-analysis', *VISTA*, 3, (3) 163-176.
- McGuire, J. and Priestley, P. (1985) *Offending Behaviour: Skills and Strategems for Going Straight*. London: Batsford.
- McGuire, J. and Priestley, P. (1995) 'Reviewing 'What Works': Past, Present and Future', in: J. McGuire, (ed) *What Works: Reducing Reoffending: Guidelines from Research and Practice*. Chichester: John Wiley: 3-34.
- McIvor, G. (1997) 'Evaluative research in probation: progress and prospects', in: G. Mair (ed) *Evaluating the Effectiveness of Community Penalties*. Avebury: Aldershot: 1-18.
- McIvor, G. and Kemshall, H. (2002) *Serious Violent and Sexual Offenders: The use of risk assessment tools in Scotland*, Edinburgh: Scottish Executive Social Research.
- Megargee, E. (1976) 'The prediction of dangerous behaviour', *Criminal Justice and Behaviour*, 3: 3-21.
- Menzies, R., Webster, C. D., McMain, S., Staley, S. and Scaglione, R. (1994) 'The dimensions of dangerousness revisited', *Law and Human Behaviour*, 18 (1) 1-20.

- Millan Report (Chaired by Lord Bruce Millan) (2001) *New Directions: Report on the Review of the Mental Health (Scotland) Act 1984*. Edinburgh: Scottish Executive.
- Milner, J. S. and Campbell, J. C. (1995) 'Prediction issues for practitioners', in: J. Campbell (ed) *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*. Interpersonal Violence: The Practice Series: Sage: 41-67.
- Monahan, J. (1981) *The Clinical Prediction of Violence*. Beverley Hills, CA: Sage.
- Monahan, J. (1993) 'Limiting therapist exposure to Tarasoff liability: Guidelines for risk containment', *American Psychologist*, 48: 242-250.
- Monahan, J., Steadman, H., Appelbaum, P., Robbins, P. C., Mulvey, E.P., Silver, E., Roth, L. H., and Grisso, T. (2000) Developing a clinically useful actuarial tool for assessing violence risk, *British Journal of Psychiatry*, 176: 312-319.
- Moore, B. (1996) *Risk Assessment: A Practitioner's Guide to Predicting Harmful Behaviour*. London: Whiting and Birch.
- Mossman, D. (1994) Assessing Predictions of Violence: Being Accurate about Accuracy, *Journal of Consulting and Clinical Psychology*, 62 (4) 783-792.
- Mulvey, E. P. and Lidz, C. W. (1993) 'Measuring Patient Violence in Dangerousness Research', *Law and Human Behaviour*, 17 (3) 277-288.
- Nagayama-Hall, G. C. (1995) Sexual Offender Recidivism: A Meta-Analysis of Recent Treatment Studies, *Journal of Consulting and Clinical Psychology*, 63 (5) 802-809.
- Nash, M. (1999) *Police, Probation and Protecting the Public*. London: Blackwell Press.
- Nisbet, R., Borigda, E., Crandall, R. and Reed, H. (1976) Popular induction: Information is not necessarily informative, in J. Carroll and J. Payne (eds.) *Cognition and Social Behaviour*. Hillsdale, NJ: Erlbaum.
- Novoco, R. W. and Welsh, W. N. (1989) 'Anger Disturbances: Cognitive Mediation and Clinical Prescriptions', in: K. Howells and C. R. Hollin (eds) *Clinical Approaches to Violence*. Chichester: John Wiley and sons: 39-60.
- Nuttall, C. P. with Barnard, E. F., Fowles, A. J., Frost, A., Hammond, W. H., Mayhew, P., Pease, K., Tarling, R. and Weatheritt, M. J. (1977) *Parole in England and Wales*. Home Office Research Study No. 38. London.
- Parton, N. (1996) 'Social work, risk and the blaming system', in: N. Parton (ed.) *Social Theory, Social Change and Social Work*. London: Routledge: 98-114.
- Plotnikoff, J. and Woolfson, R. (forthcoming) *Evaluation of Sex Offender Registers*, Home Office Policing and Reducing Crime Unit, London: Home Office.
- Pollock, N., McBain, I. and Webster, C. D. (1989) 'Clinical decision making the assessment of dangerousness', in: K. Howells and C. R. Hollin (eds) *Clinical Approaches to Violence*. Chichester: John Wiley: 89-115.

- Power, H. (1998) *Sex Offenders and the Crime and Disorder Act 1998*. Workshop at the Crime and Disorder Act Conference, The Scarman Centre, Leicester University, Leicester, 19th November 1998.
- Power, H. (1999) 'The Crime and Disorder Act 1998: (1) Sex Offender, Privacy and the Police', *Criminal Law Review*: 3-16.
- Powis, B. (2002) *Offenders' risk of serious harm: a literature review*. Home Office: RDS Occasional Paper 81.
- Prentky, R. A. (1995) A Rationale for the Treatment of Sex Offenders: Pro Bono Publico, in J. McGuire (ed.) *What Works: Reducing Reoffending-Guidelines from Research and Practice*. Chichester: John Wiley.
- Prentky, R. A., Lee, A. F. S., Knight, R. A. and Cerce, D. (1997) 'Recidivism rates among child molesters and rapists: A methodological analysis', *Law and Human Behaviour*, 21: 635-659.
- Prins, H. (1988) 'Dangerous Clients: Further Observations on the Limits of Mayhem', *British Journal of Social Work*: 18: 593-609.
- Proctor, E. (1996) *Community Based Interventions with Sex Offenders Organised by the Probation Service: A Survey of Current Practice*. London: Association of Chief Probation Officers.
- Quinsey, V. L., Harris, G. T., Rice, M. E. and Lalumiere, M. L. (1993) Assessing Treatment Efficacy in Outcome Studies of Sex Offenders, *Journal of Interpersonal Violence*, 8 (4) 512-523.
- Quinsey, V. L., Rice, M. E. and Harris, G. T. (1995) 'Actuarial prediction of sexual recidivism', *Journal of Interpersonal Violence*, 10, 85-103.
- Quinsey, L., Lalumiere, M. L., Rice, M. E. and Harris, G. T. (1995b) 'Predicting Sexual Offences', in: J.C. Campbell (Ed): *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*. Interpersonal Violence: the Practice Series. London: Sage: 114-137.
- Quinsey, L., Harris, G. T., Rice, M.E. and Cormier, C. A. (1998) *Violent Offenders: Appraising and Managing the Risk*. Washington D.C: American Psychological Association.
- Raynor, P. (1997) *Implementing the 'Level of Service Inventory-Revised' (LSI-R) in Britain: Initial results from five probation areas*. The Cognitive Centre Foundation, Swansea.
- Rice, M. E. (1997) 'Violent Offender Research and Implications for the Criminal Justice System', *American Psychologist*, 52 (4) 414-423.
- Rice, M. E. and Harris, G. T. (1995) Violent recidivism: Assessing predictive validity, *Journal of Consulting and Clinical Psychology*, 63: 737-748.
- Rice, M. E. and Harris, G. T. (1997) Cross-validation and extension of the Violence Risk Appraisal Guide for child molesters and rapists, *Law and Human Behaviour*, 21, 231-241.

- Rice, M. E., Harris, G. T. and Cormier, C. A. (1992) 'An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders', *Law and Human Behaviour*, 16: 399-412.
- Ross, R. R. and Fabiano, E. A. (1985) *Time to Think: A Cognitive Model of Delinquency Prevention and Offender Rehabilitation*. Johnson City: Institute of Social Sciences and Arts.
- Ryan, G., Lane, S., Davies, J. and Isaac, C. (1987) Juvenile sex offenders: development and correction, *Child Abuse and Neglect*, 11, 385-395.
- Ryan, T. (1996) 'Risk management and people with mental health problems', in: H. Kemshall and J. Pritchard (eds.) *Good Practice in Risk Assessment and Risk Management*, London: Jessica Kingsley: 93-108.
- Salekin, R. T., Rogers, R. and Sewell, K. W. (1996) A review and meta-analysis of the Psychopathy Checklist and the Psychopathy Checklist Revised: Predictive validity of dangerousness. *Clinical Psychology: Science and Practice*, 3: 203-215.
- Salter, A. (1988) *Child Sex Offenders and Victims*. London: Sage.
- Scottish Executive (2000) *The Sex Offender Act 1997: Guidance for Agencies*. Edinburgh: Scottish Executive.
- Scottish Executive (2001) *Violent and Sexual Offenders White Paper*. Edinburgh: Scottish Executive.
- Scott, P. (1977) 'Assessing dangerousness in criminals', *British Journal of Psychiatry*, 131: 127-142.
- Sentencing News (1998) *New Legislation: The Crime and Disorder Act 1998*: 8-12.
- Shah, S. (1978) Dangerousness and mental illness. Some conceptual, prediction and policy dilemmas, in C. Frederick (ed.) *Dangerous Behaviour: A Problem in Law and Mental Health*. NIMH DHEW Publications No (ADM) 78-563, Washington DC. Supt. of Docs., Govt. Print Office 153-191.
- Social Work Services Inspectorate for Scotland (1997) *A Commitment to Protect. Supervising Sex Offenders: Proposals for More Effective Practice*. Edinburgh: Scottish Office.
- Social Work Services Inspectorate for Scotland (2000) *Managing the Risk: An Inspection of the Management of Sex Offender Cases in the Community*. Edinburgh: SWSIS.
- Steadman, H. J., Monahan, J., Appelbaum, S. Grisso, T., Mulvey, E. P., Roth, L. H., Robbins, P. C. and Klassen, D. (1994) 'Designing a new generation of risk assessment research', in: J. Monahan and H. J. Steadman (eds.) *Violence and Mental Disorder*. London: University of Chicago Press: 297-318.
- Steadman, H. J., Silver, E., Monahan, J. Appelbaum, P. S. Robbins, P. M. Mulvey, E. P., Grisso, T., Roth, L. H. and Banks, S. (1999) A classification tree approach to the development of actuarial violence risk assessment tools, *Law and Human Behaviour*, 24: 83-100.

Stoner, J. A. F. (1961) *A comparison of individual and group decisions involving risk*. Unpublished Master's thesis, Massachusetts Institute of Technology, School of Industrial Management, 1961.

Stoner, J. A. F. (1968) 'Risky and cautious shifts in group decisions: the influence of widely held values.', *Journal of Experimental Social Psychology*, 4: 442-459.

Strand, S., Belfrage, H., Fransson, G. and Levander, S. (1999) Clinical and risk management factors in risk prediction of mentally disordered offenders-more important than historical data, *Legal and Criminological Psychology*, 4 (1) 67-76.

Swanson, J. W. and Holzer, C. (1990) 'Violence and the ECA data', *Hospital and Community Psychiatry*, 42: 79-80.

Tay Project (2001) *The Tay Project Risk Evaluation Process 2001: A structured approach to the evaluation of risk in sexual abuse*. Tay project.

Teggin, V. (1998) Crime (Sentences) Act 1997. *Legal Action*, June: 18-20.

Thornton, D. and Travers, R. (1991) *A longitudinal study of the criminal behaviour of convicted sex offenders*. Proceedings of the Prison Psychologists' Conference. HM Prison Service.

Tversky, A. and Kahneman, D. (1973) Availability: a heuristic for judging frequency and probability, *Cognitive Psychology*, 4 207-232.

Underdown, A. (1998) *Strategies for Effective Offender Supervision: Report of the HMIP What Works Project*. London: Her Majesty's Inspectorate of Probation.

Vennard, J. and Hedderman, C. (1998) Effective interventions with offenders, in P. Goldblatt and C. Lewis (ed.) *Reducing offending: an assessment of research evidence on ways of dealing with offending behaviour*. Home Office Research Study 187, London: Home Office.

Walker, N. (1991) Dangerous Mistakes. *British Journal of Psychiatry*, 158: pp. 752-757.

Walker, N. (1996) *Dangerous People*. London: Blackstone Press.

Waterhouse, L., Dobash, R. and Carnie, J. (1994) *Child Sexual Abusers*. Edinburgh: The Scottish Office Central Research Unit.

Webster, C. D., Douglas, K. S. Eaves, D. and Hart, S. D. (1997) *HCR-20 Assessing Risk for Violence, version 2*. Mental Health, Law, and Policy Institute, British Columbia, Canada: Simon Fraser University.

Webster, C. D., Eaves, D., Douglas, K. and Wintrup, A. (1995) *The HRC-20 Scheme: The Assessment of Dangerousness and Risk*. British Columbia: Simon Fraser University.

Webster, C. D., Harris, G. T., Rice, M. E., Cormier, C. and Quinsey, V. L. (1994) *The Violence Prediction Scheme: Assessing Dangerousness in High-risk Men*. Toronto: Centre for Criminology: University of Toronto.

Weist, J. (1981) 'Treatment of violent offenders', *Clinical Social Work Journal*, 9 (4) 271-281.

Wintrup, A. (1996) *Assessing Risk of Violence in Mentally Disordered Offenders with the HCR-20*. Vancouver: Simon Fraser University.

Wolf, S. (1984) *A Multifactor Model of Deviant Sexuality*, paper presented at 3<sup>rd</sup> International conference on Victimology, Lisbon.

[www.Scotland.gov.uk/library5/justice/accr.pdf](http://www.Scotland.gov.uk/library5/justice/accr.pdf) *Analysis of External Consultation on, and the Scottish Executive's response to: 'Reducing the Risk: Improving the Response to Sex Offending' the report of the Expert Panel on Sex Offending*. Scottish Executive.



ISSN 0950 2254  
ISBN 0 7559 3450 4  
Price £5.00

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ASTRON B27918 10/02



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