SEXUAL RECIDIVISM RISK ASSESSMENT IN ADULT SEX OFFENDERS: A CRITICAL REVIEW.

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Abstract

This paper is a critical review focussing on the development of sexual recidivism risk assessment measures in adult sex offenders. Both static and dynamic risk factors of sexual recidivism are discussed in relation to their role in the development of risk assessment tools. Research suggests that risk assessments based on static factors alone (e.g., history of offending, victim characteristics, age), are more predictive of general recidivism rather than more specific sexual recidivism and therefore, dynamic risk factors should be assessed as they can be targeted in treatment to reduce the risk of recidivism. Given the limitations of using actuarial risk assessments, evidence from meta-analyses consistently supports the use of structured dynamic risk assessment tools to assess the risk of sexual recidivism. However, more recent research has shown that using a combination of static and dynamic risk assessments provide the best predictions of sexual recidivism. The practical implications of these findings are demonstrated in the Risk Need Responsivity Model of offender assessment and rehabilitation.

Key words: risk assessment, recidivism, sex offender, treatment

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Introduction

Risk factors, in terms of sexual recidivism, are the characteristics of an offender and their offence that affect the probability of that offender relapsing back into criminal activity and sexually offending again (Mann, Hanson, & Thornton, 2010). Overall, there are two types of risk factors; static and dynamic. Static risk factors are usually fixed, historical factors, such as the offenders age and history of offending (Harkins, Howard, Barnett, Wakeling, & Miles, 2015), whereas dynamic risk factors are characteristics about the offender which can change, resulting in an increase or decrease in the offender's risk of reoffending, such as attitudes towards offending and deviant sexual interests (Rich, 2011). Whilst the prevalence of sexual offending is considerably lower than other offences committed in the UK, such as theft or burglary (Ministry of Justice, 2015), concerns still remain over the low conviction rate and underreporting of sexual offences. It is therefore unsurprising that sex offences, particularly ones that have been committed by a previously convicted sexual offender, and could have been predicted and prevented, are amongst those crimes that are a great concern to the public (Mann et al., 2010). In addition, the psychological effects on the victim of a sexual assault can be extremely severe and long-lasting (Morrison, 2007), justifying the public concern regarding sexual offences and demonstrating the importance of reducing the risk of such offences occurring. Research suggests that some of the most common psychological impacts of sexual assault include; emotional regulation difficulties, Post-Traumatic Stress Disorder (PTSD), anxiety disorders, social functioning difficulties, sexual dysfunction, substance abuse, depression and suicidal ideation (Petrak, 2003). The impacts of sexual assault further highlight the importance of reducing the risk of sexual recidivism due to the severe effects it has on the victims.

Risk Assessment over the Years

The ways in which risk is assessed has developed over several decades. Historically, the risk of recidivism was assessed by un-structured clinical judgements (Sjöstedt & Långström, 2002). However, this allowed for subjective opinions of different clinicians making such assessments, meaning there were no clear guidelines or boundaries for different levels of risk (Hanson, 2000). This further developed into empirically-guided clinical judgements in which clinicians would rate an offender on a given set of risk factors and make their own judgements of risk based on these factors (Hanson, 2000; Monahan et al., 2000). More recently, the risk assessment of sexual offenders has become more sophisticated and developed towards the use of structured risk assessment tools, such as the Static–2002R (Helmus, Thornton, Hanson, & Babchishin, 2012) for assessing static risk factors, and the Structured Assessment of Risk and Need (SARN) (Webster et al., 2006) for assessing dynamic risk factors. Typically, these more modern risk assessment tools are quantitative scales which have a set of guidelines for scoring different risk factors present in an offender. This produces an overall score which is indicative of the level of risk for that offender, whilst also reducing the level of subjective judgement which decreased the accuracy of previous methods of risk assessment (Babchishin, Hanson, & Helmus, 2011; Helmus, Hanson, Thornton, Babchishin, & Harris, 2012). Using these type of assessment tools enables professionals to identify the level of risk of an offender and specific risk factors which allows appropriate and specific treatment plans to be developed for that offender.

Static Risk Factors Associated with Recidivism

Current studies suggests that static risk factors are directly related to the risk of recidivism, and their historical nature makes them useful for predicting long-term risk of sexual recidivism (Stadtland et al., 2005; Langton et al., 2007). Some examples of static risk factors

associated with sexual recidivism are; poor family background, age at first offence, victim characteristics such as having a male victim/extra-familial victim, non-contact/contact sexual offences, past criminal history, time spent in custody, lower IQ, diagnosis of personality disorder and marital/relationship history (Craig, Browne, Stringer, & Beech, 2005). Static risk factors are most commonly measured using risk assessment scales such as the Sex Offender Risk Appraisal Guide – 2nd edition (SORAG) (Quinsey, Harris, Rice, & Cormier, 2006), the Static-99 (Hanson & Thornton, 1999), the Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR) (Hanson, 1997) and the Minnesota Sex Offender Screening Tool – Revised (MnSOST–R) (Epperson, Kaul, & Hesselton, 2000). The SORAG (Quinsey et al., 2006) measured sexual offence history, living circumstances up to age 16, problems adjusting to school, alcohol abuse, marital status, non-sexual criminal history, age at index offence and psychiatric diagnoses. The Static-99 (Hanson & Thornton, 1999) measures current age, living circumstances, sexual offence history and victim characteristics, such as extra-familial victims, stranger victims and male victims. The RRASOR (Hanson, 1997) is only a small scale consisting of four items; prior sex offences, current age, victim gender and relationship to victim. The MnSOST–R (Epperson et al., 2000) measures sexual offence history, victim characteristics, offence characteristics, drug/alcohol abuse, employment history and antisocial behaviours. These three scales all measure relatively similar factors, as do many other sexual offence recidivism risk assessments. However, research suggests that not all of these factors are actually related to sexual recidivism. A meta-analysis of sexual recidivism studies conducted by Hanson and Morton–Bourgon (2004) suggested that the most predictive static risk factors were; sexual offence history, with the risk increasing with more previous convictions of sexual offences; age at index offence, with age being inversely correlated with risk; victim characteristics, with extra-familial and stranger victims increasing the risk of sexual recidivism; and anti-social orientation, including unstable lifestyle/upbringing. The majority of

the risk factors measured on static risk scales are found to be better at predicting violent and general recidivism, as opposed to sexual recidivism (Hanson & Morton–Bourgon, 2004; 2005). Craig, Beech, and Browne (2006) found that only one in six static sexual recidivism risk assessments is more accurate for predicting sexual recidivism than violent or general recidivism. Similarly, Barbaree, Seto, Langton, and Peacock (2001) assessed the predictive accuracy of six static risk assessments for sex offenders, and found that almost all of the measures were better for predicting general recidivism than sexual recidivism, despite not being designed to do so. This therefore, limits the use of static risk and static risk assessments in reducing the risk of sexual recidivism, as the assessments are better indicators of general recidivism than sexual recidivism.

Using Dynamic Factors to Predict Risk and Reduce Recidivism

Although several static risk factors are associated with sexual recidivism and can be used to predict long-term risk of recidivism (Nicholaichuk, Olver, Gu, & Wong, 2014), the historical nature of static risk factors means that they are unable to be changed through treatment (Harris & Rice, 2003). Craissati, Bierer, and South (2011) suggest that static risk assessments show no indication of psychological factors that determine the static risk factors, and therefore do not demonstrate any ways in which recidivism risk can be reduced. This therefore, further limits the efficacy of static risk factors and static risk assessments in reducing the risk of sexual recidivism as there are no measurements of factors that can be treated to reduce risk. This also suggests that static risk assessments do not allow for any reduction of risk of an offender to be shown, for example through successful treatment, meaning that the offender's level of risk would not appear any lower, when it has in fact been reduced, see Craig, Browne, and Beech (2008). Doren (2002) suggests that assessing risk factors which can change and therefore indicate treatment targets, would improve the chance of reducing the risk of

sexual recidivism in comparison to simply assessing the probability of recidivism using static risk assessments which have no indication of treatment needs.

Dynamic risk factors are those which can be changed such as deviant attitudes and interests which, when they are changed or reduced, are associated with a reduction in the risk of recidivism (Ward, 2016). Dynamic risk factors are separated into two types; stable dynamic risk factors and acute dynamic risk factors. Stable dynamic risk factors are those which are relatively consistent characteristics of an offender but can be changed over periods of months or years through treatment, and thus, are often used as treatment targets for sex offender rehabilitation. Acute dynamic risk factors are rapidly changing factors that can change daily or even hourly and can indicate an immediate increase in the risk of recidivism (Yesberg & Polaschek, 2015). Hanson and Bussière (1998) conducted an analysis of 26 sexual recidivism studies and identified several stable dynamic risk factors which were associated with increased risk of sexual recidivism. These included deviant sexual urges, deviant sexual interests, paraphilias, a preoccupation with sex, low self–esteem, lack of empathy, impulsivity, pro–sexual assault attitudes, anger, socio–affective functioning and poor self–management skills. The most prominent factors associated with sexual recidivism were sexual deviancy, including deviant interests and urges, distorted sexual attitudes, and anti–social traits, such as poor self–management skills or aggression, which is consistent with other meta–analyses of risk factors of sexual recidivism (Craig, Browne, & Stringer, 2003; Hanson & Morton–Bourgon, 2004; 2005). The consistency in research provides evidence of the importance of dynamic risk factors in assessing the risk of sexual recidivism. Furthermore, the evidence of stable dynamic risk factors relating to sexual recidivism, and their ability to be changed over longer periods of time, supports the use of stable dynamic risk factors in identifying treatment targets to reduce the risk of sexual recidivism in sexual offenders. The changeable nature of stable dynamic risk factors also allows for any reductions or increases in stable factors to be identified when

required, for example when an offender applies for parole (Hanson, 2006). This further supports the use of stable dynamic risk factors in reducing the risk of recidivism in sexual offenders.

Thornton (2002) proposed that stable dynamic risk factors can be separated into four domains; sexual interests domain, distorted attitudes domain, socio–affective functioning domain, and self–management. There is extensive and consistent support for this framework of the risk of sexual recidivism. For example, Hanson and Harris (2001a) assessed sexual recidivism in offenders over three years and found that deviant sexual interests, deviant sexual attitudes, poor self–management strategies and difficulties co–operating with supervision were all strong predictors of sexual recidivism in sexual offenders. Furthermore, Lussier, Proulx, and LeBlanc (2005) and Banse, Schmidt, and Clarbour (2010) suggested that deviant sexual interests were the best predictor of sexual recidivism. Corresponding to Hanson and Harris (2001a), Willis and Grace (2008) also found that deviant sexual interests, distorted attitudes, poor social functioning and poor emotional functioning were all strongly related to an increased risk of sexual recidivism. This research provides support for Thornton (2002) framework of stable dynamic risk factors associated with sexual recidivism, and thus support for the use stable dynamic risk factors in assessing and reducing the risk of sexual recidivism in adult sexual offenders.

There are few risk assessments which focus specifically on stable dynamic risk factors. One of which is the Stable 2000 (Hanson & Harris, 2001b). The Stable 2000 assesses six stable dynamic domains; social influence, intimacy deficits, pro–sexual assault attitudes, co–operation with supervision, sexual self-regulation such as deviant interests and pre-occupations, and general self–regulation such as self–esteem or emotional management. This assessment mostly follows Thornton (2002) framework of stable dynamic risk factors with the

addition of social influence and intimacy deficits. Similarly, the Deviancy Classification (Beech, 1998) risk assessment assesses three domains; deviant sexual interests, distorted attitudes and affective factors such as self–esteem and emotional management, which also mostly follows Thornton (2002) stable dynamic risk framework. Finally, the Structured Assessment of Risk and Need (SARN) (Webster et al., 2006) assesses 16 stable dynamic risk factors split into the exact four domains suggested by Thornton (2002). These dynamic risk assessments all typically follow the framework proposed by Thornton (2002), which has substantial evidence supporting its use in predicting recidivism. This therefore, supports the use of these dynamic risk assessments in assessing and reducing the risk of sexual recidivism.

The second type of dynamic risk factors are acute risk factors, which are rapidly changing factors, as defined by Yesberg and Polaschek (2015). Craig et al. (2003) analysis of 26 recidivism studies identified thirteen acute dynamic risk factors associated with sexual recidivism. These factors included; frequency of fantasies, substance use, poor social support, social isolation, decrease in awareness of high risk situations and deviant social influences. The time frame in which acute dynamic factors can change is very short compared to stable dynamic factors, making them less suitable to be treatment targets as there is little consistency in their prevalence. However, acute dynamic risk factors are useful in identifying what needs to be restricted from an offender and monitored whilst they are under community supervision, for example when they are on parole (Hanson, 2006). Support for the use of acute dynamic risk factors in reducing sexual recidivism comes from Hanson and Harris (2000).

Hanson and Harris (2000) assessed the dynamic risk factors present in two samples of sexual offenders in the community; those who sexually reoffended and those who did not. In terms of acute risk factors, their results showed that recidivists abused drugs and/or alcohol and took less precautions to avoid high risk situations than non–recidivists. This is consistent with

the acute risk factors associated with sexual recidivism identified by Craig et al. (2003). Hanson and Harris (2000) also found that in the sample of sexual recidivists, their general mood decreased and they displayed an increase in anger, there was an increase in the amount of drugs and/or alcohol being used and their co–operation in community treatment and supervision deteriorated just before they reoffended. They concluded that the most predictive acute factors of sexual recidivism were access to victims, reduction in co–operation with community treatment and supervision and an increase in anger. This therefore, provides support for the use of acute dynamic risk factors in reducing the risk of sexual recidivism. Acute risk factors can be monitored when an offender is in the community, and appropriate action can be taken when the acute risk factors indicate an increase in risk of recidivism in order to then reduce the risk of sexual recidivism. Furthermore, Hanson and Harris (2000) conducted interviews with the community supervision officers of offenders in their samples to identify the changes in acute risk factors which preceded sexual reoffending. This could be due to a lack of structured assessment of acute dynamic risk factors. However, one of the structured assessments that has been designed to measure specifically acute dynamic risk factors is the Acute 2000 (Hanson & Harris, 2001b) which is the corresponding part of the Stable 2000 (Hanson & Harris, 2001b). The Acute 2000 assesses eight acute risk factors; victim access, hostility, severe emotional disturbance/crisis, poor social support, substance abuse, sexual preoccupations, refusal of community supervision and individual triggers, such as a specific date or place which may trigger a negative emotional response and result in an increase in the risk of sexual recidivism of the offender being assessed.

The Dynamic Supervision Project (Harris & Hanson, 2003) is one of a few studies which have looked at the effects of acute dynamic risk factors on the risk of sexual recidivism. The study spanned over several years with community supervision officers completing the Static–99 (Hanson & Thornton, 1999) when first meeting the offender, the Stable 2000

(Hanson & Harris, 2001b) during the first meeting and then again every six months, and the Acute 2000 (Hanson & Harris, 2001b) after every supervision meeting. Upon completion of the study, results showed that the acute dynamic risk factors most strongly associated with sexual recidivism were victim access, hostility, sexual preoccupations and rejection of community supervision (Harris & Hanson, 2010). The results also showed that sexual recidivism was more accurately predicted when all of the risk assessments were completed. These findings are consistent with those from Hanson and Harris (2000), therefore providing further support for the assessment of acute dynamic risk factors and the use of acute dynamic risk factors in reducing the risk of sexual recidivism in adult sexual offenders. In a more recent updated version of the Dynamic Supervision Project, Hanson, Helmus, and Harris (2015) asked community support officers to complete the same assessments as in the original project, and more recently updated versions of the same measures. The results showed that assessing dynamic risk factors showed significant associations with sexual recidivism compared to just assessing static risk factors. Therefore, supporting the use of dynamic risk factors for assessing the risk of sexual recidivism in comparison to assessing just static risk factors. Furthermore, results from Hanson et al. (2015) showed that the predictive accuracy of the risk of sexual recidivism was highest when all types of risk assessments were completed. This suggests that the assessment of sexual recidivism risk among sex offenders could be improved by considering static risk factors, stable risk factors and acute risk factors, as proposed by Dempster and Hart (2002).

Beech, Friendship, Erikson, and Hanson (2002) found that using static risk assessments alone significantly predicted sexual recidivism in a sample of offenders. However, adding dynamic risk assessments significantly improved the prediction accuracy beyond the accuracy of the static risk assessment alone. This provides evidence to further support the proposal of a combination of static and dynamic risk assessments for improving sexual recidivism risk

prediction accuracy. Olver and Wong (2011) further support this proposal as they suggest that static risk assessments alone are not enough and should be assisted by a dynamic risk assessment which can indicate changes in levels of dynamic risk factors, and therefore demonstrate if treatment has been effective.

Risk-Need-Responsivity Model

Andrews and Bonta (2007) developed the Risk–Need–Responsivity (RNR) model of offender assessment and rehabilitation which considers static and dynamic risk factors. The RNR model is made up of three principles which were initially proposed in 1989 (Andrews, 1989); risk, need and responsivity. The risk principle states that the level of treatment given to the offender needs to be proportional to their level of static risk. Following the risk principle and treating high–risk offenders with more intensive treatment programmes, and vice versa, increases the effectiveness of the treatment and reduces the risk of recidivism (Andrews & Bonta, 2010; Taxman & Caudy, 2015). However, following the risk principle alone does not indicate which risk factors need to be targeted in treatment due to static risk factors not being able to be changed through treatment (Harris & Rice, 2003). The need principle of the RNR model states that for offender treatment to be effective, it has to target the criminogenic needs, otherwise known as stable dynamic risk factors, of the offender. By following the need principle and targeting dynamic risk factors with appropriate treatments, the risk of recidivism should be reduced (Hanson, 2006), regarding that the treatment is proportional to the level of risk (Andrews & Bonta, 2007).

The final principle of the RNR model is the responsivity principle, which states that the style of treatment that will work best for the offender (Andrews, 1989). Adhering to the responsivity principle and maximising the offender's ability to learn and change from an intervention by delivering cognitive–behavioural treatments will reduce the risk of recidivism

(Lipsey & Landenberger, 2007). Cognitive–behavioural interventions mainly target deviant sexual interests and distorted attitudes in sexual offenders, enabling an offender to understand how their deviant cognitions have affected their behaviour and thus change these cognitions (Yates, 2003). Targeting stable dynamic risk factors with cognitive–behavioural interventions has been found to reduce sexual recidivism rates from 17.4% to 9.9% in adult sexual offenders (Hanson et al., 2002). This supports the use of dynamic risk factors in reducing the risk of sexual recidivism in sexual offenders. Furthermore, tailoring the delivery of the intervention to match the learning style, motivation and abilities of the offender will increase the effectiveness of the treatment and therefore reduce the risk of recidivism further (Andrews, Bonta, & Wormith, 2011). Andrews and Bonta (2006) found that adhering offender treatment to just one principle had the lowest decrease in recidivism, two principles had a higher decrease in recidivism, and adhering to all three principles had the most substantial effect on reducing levels of recidivism. This supports the use of a combination of static and dynamic risk assessment, in order for treatment to be appropriate and effective and thus, reduce the risk of sexual recidivism in sexual offenders.

Conclusions

The evidence presented shows the importance of both static and dynamic risk factors in the assessment and rehabilitation of sexual offenders to reduce the risk of sexual recidivism. There is conflicting evidence for the use of static risk factors in the assessment and reduction of sexual recidivism. For example, Langton et al. (2007) and Stadtland et al. (2005) propose that static risk factors are crucial for determining potential long–term risk. This suggests that despite the fact that they cannot be targeted in treatment (Harris & Rice, 2003), static risk factors still indicate a level of risk of the offender which must be taken into consideration. However, Hanson, and Morton–Bourgon (2004; 2005) found that the majority of static risk

factors of sexual recidivism measured by several static risk scales were indicators of general or violent recidivism as opposed to sexual recidivism which they are designed to assess. Similarly, Craig et al. (2006) found that only one in six static risk assessments of sexual recidivism are more effective for predicting sexual recidivism than violent recidivism, or any other non–sexual recidivism. This therefore limits the static assessments of sexual recidivism risk. On the other hand, Hanson and Morton–Bourgon (2004) did find that some static risk factors were significant predictors of sexual recidivism, including sexual offence history, victim characteristics and anti-social orientation. Therefore, it can be concluded that some static risk factors are valuable in assessing the risk of sexual recidivism, however static risk factors are inapt in the reduction of the risk of sexual recidivism, as they are unable to be targeted in treatment.

In contrast, there is substantial evidence to support the use of dynamic risk factors in assessing and reducing the risk of sexual recidivism. Hanson and Bussière (1998) and Hanson and Morton–Bourgon (2004, 2005) all found that sexual deviancy and anti–social traits were the most reliable predictors of sexual recidivism. Furthermore, the majority of stable dynamic risk assessments adhered to the stable dynamic framework proposed by Thornton (2002) which has extensive evidence to support its efficacy in predicting recidivism (Banse et al., 2010; Hanson & Harris, 2001a; Lussier et al., 2005; Willis & Grace, 2008). Similarly, research suggesting that the most predictive acute dynamic risk factors were victim access, hostility/negative mood, and rejection of community treatment and supervision, was consistent across different studies (Hanson & Harris, 2000; Harris & Hanson, 2010). This therefore, supports the use of dynamic risk factors in assessing the risk of sexual recidivism. Additionally, the changeable nature of stable dynamic risk factors over months or years enables them to be treatment targets that, when changed, should reduce the risk of sexual recidivism (Hanson,

2006). This also supports the use of dynamic risk factors in reducing the risk of sexual recidivism.

Although both static and dynamic risk factors have their benefits in assessing or reducing the risk of sexual recidivism. Research suggests that a combination of both types of risk factors is the most predictive of sexual recidivism risk (Hanson et al., 2015; Olver & Wong, 2011; Beech et al., 2002). Furthermore, when adhering to the RNR model of offender assessment and rehabilitation, and assessing static and dynamic risk, targeting dynamic risk, and tailoring treatment to the level of the individual offender, there is the most significant decrease in the risk of sexual recidivism (Andrews & Bonta, 2006). It can therefore be concluded that the most effective method for assessing and reducing the risk of sexual recidivism in adult sexual offenders is a combination of static, stable and acute risk factors.

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Open Peer Review Comments

The paper provides a useful summary of recent and historical developments in the field of Sexual Recidivism Risk Assessment, synthesising wide ranging literature and practice predominately within the UK.

The level of depth covered results in a comprehensive guide to policy, and current practice alongside sparking critical debate in this highly politicised field. The authors do a good job of adequately grasping the complexities of this subject area and whilst perhaps slightly overly lengthy, for an online journal such as *IJC* the paper should be considered a useful contribution to the journal.

Future reviews would benefit from a more systematised methodology, see for example Perestelo-Pérez (2013) recommended approach, thought this is a minor recommendation beyond the present review. I therefore support publication of the current manuscript in its present form.

Dr Dominic Willmott, Research Fellow
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This article addresses an important topic in the disciplines of Criminology and Forensic Psychology. The authors have written the article to a good standard using an appropriate tone throughout. I do have one issue with this article that can be rectified with minor revisions. In order for me to recommend this article for publication, I would suggest that the authors specifically outline to the reader the contribution that this article makes to the literature. It is my opinion that the authors should explicitly address in their manuscript the contribution that this article makes in both practitioner and academic arenas. The authors may wish to consider framing the aim of the article in that it seeks to offer guidance to professionals working with sexual offenders and as such make explicit recommendations based on the critical review's findings.

Although the assessment of risk is not my specific area of expertise, the article falls under psychological assessment, which falls under my area of research. Therefore, I recommend publication on the basis that there is a paucity of research bridging the gap between academic research reviews and professional practice in the United Kingdom. Therefore, if the authors can demonstrate that their article does this more explicitly then I believe this article is suitable for publication.

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