A RISK ASSESSMENT AND RISK MANAGEMENT APPROACH TO SEXUAL OFFENDING IN THE IRISH PROBATION SERVICE

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ABSTRACT

This study reviews the research evidence on effective practice in relation to risk assessment and risk management on sex offenders primarily in the UK. In reviewing the research on best practice it sought to appraise and draw conclusions in the absence of a risk assessment strategy in the Irish Probation Service to support evidence based practice.

The study reviews the literature on cognitive behavioural therapy and the assessment and management of risk with sexual offenders. It then explores the development and use of risk assessment tools. Finally it uses a small controlled exploratory study of sexual offenders in the Irish context, involving Probation Officers who acted as respondents and formed a focus discussion group. The Probation Officers first assessed a number of sex offenders using clinical skills. Following attendance at a training course on the Hanson and Harris Assessment Tool the re-assessed the clients using the new tool. They then compared, contrasted and evaluated the assessments.

The study finds that the use of a structured assessment tool provides guidelines as to what is effective in reducing recidivism with sexual offenders. It concludes that the research knowledge provides an evidence based framework for the assessment and management of risk practice. It also looks at the implications for practice within the Irish Probation Service, and highlights the need for research into risk assessment and risk management of recidivism in Ireland.

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CHAPTER 1: INTRODUCTION

Sexual offences are among the crimes that provoke the most concern within the general public. A question often asked is whether the incidence of sexual offences is on the increase. There is no definitive answer, but what is evident is that reporting such cases has increased. However these reported cases may be an undercount of actual offending. What is known is that a number of these cases are historic in nature, having come to light over the past two decades. This is born out by statistical data from the Probation Service (see Appendix A) where the number of 274 sexual offenders in custody subject to post release supervision has significantly decreased since 2006, from 40 in 2006 to 24 in 2007 for serious sexual offences. Since the introduction of the Sex Offenders Act in 2001, 274 sexual offenders have been subject to post release supervision orders by the Courts, of which 64 are expired / completed, 96 are in custody and 114 are on supervision in the community.

This statistical data reflects the reality that the majority of sex offenders serve part or all of their sentence in the community. Greenfeld (1997) found that of the approximately 250,000 adult sex offenders under the care, custody or control of correctional agencies in the United States, about 60% are typically under some form of community supervision. However the data highlighted in the Irish context does not provide a complete accurate picture as orders made prior to the Sex Offenders Act, 2001 may not be reflected in the total number of 274 statistics in relation to post release supervision orders or community supervision.

There is not sufficient information on recidivism and there are also problems in the accurate recording of data in relation to sub-groups of offenders. However when sexual offenders are convicted the majority will inevitably serve part, or all of their sentence in the community. For these sex offenders, Probation Officers provide the primary line of both defence for victims and prevention of future victimisation. One approach to working with sex offenders is to argue that supervision can only reduce risk when it monitors and addresses factors related to recidivism. However, Ward and Stewart (2003 p 42) context this argument and put forward the view that a good lives approach is more appropriate. They state that 'a major task of assessment will be to integrate information concerning offenders criminogenic and treatment needs with that describing the necessary conditions for living more personally fulfilling (and prosocial) lives'. In order to address the key factors in recidivism Probation Officers need to carry out pre and post-release assessment of risk / needs in order to implement supervision plans. To provide accurate detailed intervention Probation Officers need to be able to make sound judgement of an offender's level of risk to the community in order to reduce public concern and minimise harm together with the factors in their lives which would enhance the establishment of a 'good life' (Ward and Stewart 2003).

The move from traditional clinical judgement to international thinking has been a combined structured approach with the development of risk assessment tools over the past decade. The Irish Probation Service Strategy Statement, 2006 -2007 (Supporting and Delivering Change) states that its objectives are to provide risk evaluation, assessment reports to the Courts, and manage, through effective partnerships, dangerous offenders

and those at risk. However in Ireland Probation Officers have grown accustomed to administering a risk assessment tool called the Level of Service Inventory Revised (LSIR) with adults and the Youth Level of Service Case Management (YLS-CM). These target the criminogenic needs and are based on static and dynamic measures, but these tools were never designed to be used with sexual offenders. This vacuum has highlighted the need for a standardised approach to risk management of sexual offenders.

1. *AIMS*

This study will review the research in relation to the risk management of sex offenders internationally. In reviewing the literature it will appraise and draw conclusions to its potential application in the Irish context. Finally it will outline an approach for the introduction of risk assessment tools for sex offenders in the Irish Probation Service.

2. *RATIONAL*

The Irish Probation Service has grown accustomed to administering risk assessment tools with the general offender population. However these assessment tools were never designed to be used with sexual offenders. Consequently Probation Officers are operating in a vacuum, where they are solely dependent on clinical judgement in the absence of a standardised approach to assessing and managing risk.

3. RESEARCH OBJECTIVES

The research objectives which will be addressed in this dissertation are as follows;

- To study risk assessment of sex offenders in probation settings

- To study the possible introduction of a risk assessment tool in the Irish Probation Service

- Compare the use of clinical and risk assessment tools in a small sample of cases in the Irish Probation Service

4 METHODOLOGY

The methodology used has three elements:

a). Literature Review:

A literature review has been defined as 'the selection of available documents (both published and unpublished) on the topic, which contain information, ideas, data and evidence, written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated, and the effective evaluation of these documents in relation to the research being proposed'. (Silverman 2000 p 231).

The literature review in this study consists, in the main, of recent research findings on risk management with sex offenders. Major works on the topic, such as McGee, Walsh, Mair, Harris, Wright, Clear and Dickson, Maguire, McIvor, Kernshall, Cobley, Grubin and Hanson, have provided initial information on which the study is based.

Cognitive behavioural theory is the theoretical framework used to underpin this study. Most of the literature is from jurisdictions based on common law legal systems, namely the United Kingdom and Canada, and dates largely from the mid – 1990's / mid – 2006. Journals and web sites referred to for this study are contained within the Bibliography.

The study also refers to literature on risk assessment tools in the context of looking at the question of how probation agencies incorporate the research evidence on risk management.   The review of the literature on the research evidence provides a picture, albeit limited, of the state of knowledge regarding effectiveness in reducing recidivism. The literature will be a core aspect of the study. It will indicate how the body of research provides potential guidelines for practice in Ireland. It will also provide pointers as to the themes to be explored in the qualitative focus group discussions that follow.

b). Documentary Research Analysis:

The documentary evidence used in the study are risk assessment instruments, which were used to add measurement and compare pre and post test findings with the representative sample. These tools act as additional validity to the findings. The researcher uses existing data from the Irish Probation Service from the larger population, to provide an indication of the extent of the issue.

The literature review is followed by an examination of the development of risk assessment tools for sexual offenders. This is done by outlining the interventions and

methods which research has shown to be effective, and drawing out the implications for probation practice in Ireland.

c). Qualitative Research

Qualitative research is the main method used to examine the applicability of risk management practice to the Probation Service. Qualitative research is appropriate for this study because it generates meaning and allows the researcher to explore in detail and seek understanding of complex issues and processes by using narrative descriptions.

A comparison exploratory study was conducted using three Probation Officers who acted as respondents. They assessed a small sample of seven sex offenders from case files using clinical judgement and formal risk assessment tools. Following the pre-test process, using clinical judgement solely, the researcher collected the raw data to ensure non contamination. The individual data was coded numerically from 1 to 7 and divided into categories of low, medium and high risk. Following this initial process the respondents re-assessed the same sample group using formal risk assessment tools. The data was inputted onto formal risk assessment sheets and collated. On completion of the comparative studies, the researcher drew comparisons and contrasts between both sets of data, which is detailed in Chapter 5. A follow up focus group discussion was conducted using conversation analysis between the researcher and the respondents, where themes and issues arising from the process were explored, and the data was recorded usinga method of note taking. The focus group discussion was particularly useful for exploring the degree of consensus on issues (Morgan & Kreuger, 1993). The members can be encouraged to engage with each other and it can draw out the attitudes and beliefs which

previously may not have been articulated. Thus, the focus group can become a forum within which ideas can be clarified (Kitzinger, 1994). The focus group discussions are also detailed in Chapter 5.

5   *SOURCS OF DATA*

- Client files were used by respondents to source data as clients were not interviewed to elicit information due to ethical issues.

- Statistical information from the Irish Probation Service.

- Literature review.

- Focus group discussions.

6.   *ETHICAL ISSUES*

The researcher sought and was given permission from the Irish Probation Service to conduct a small exploratory study. Issues around using information was treated with anonymity and confidentiality in line with the social workers (NASW) Code of Ethics. No identifying information on the sample population was given. Data that was collected for assessment was only used to assess tools and not to assess the skills or practice of the Probation Officers, and no reference was made to them personally. Permission was not sought from the exploratory study population as information was collected from case files only.

7.   *LIMITATIONS OF THE STUDY*

A large scale study was nor possible die to word and time limitations, imposed by this dissertation. However the methodology used provides a valuable source of data due to the respondent's professional knowledge base. The findings are representative of adult male sexual offenders, as the research was undertaken in relation to that population. Therefore it is limited with respect to female and juvenile offenders.

8.   *DEFINITIONS*

'Dynamic' meaning moveable amenable to change, e.g. lifestyle, address.

'Irish' or 'Ireland' refers to the Republic of Ireland.

'Oireachtas' refers to the national parliament of the Republic of Ireland.

'Probation Officer' in the Irish context refers to Probation Officers who work with offenders in the community and custodial settings.

'Service' refers to the Irish Probation Service, which is a single organisation with decentralised sub-offices throughout the country and come under the umbrella of the Department of Justice, Equality and Law Reform.

'Static' meaning fixed, not amenable to change, e.g. age, gender

9.   *OUTLINE OF CHAPTERS*

Chapter 1: Outlines the research proposal and rational, terms, methods and contents.

Chapter 2: Contains a theoretical framework and its contribution to the topic of effective practice.

Chapter 3: Contains a review of the literature on assessment and management of risk as part of the process of intervention with sexual offenders.

Chapter 4: Examines the development of risk assessment tools for use with sex offenders.

Chapter 5: Presents the data from the exploratory study undertaken to compare the introduction of actuarial risk assessment tools against the current risk management process in the Irish Probation Service. It also goes on to summarise the findings in relation to the research questions.

Chapter 6: Concludes with the implications for practice from the findings of the research questions.

CHAPTER 2:   COGNITIVE BEHAVIOURAL THEORY

1.   INTRODUCTION

In recent years the treatment of sex offenders has become dominated by cognitive behaviour treatment programmes. This is particularly the case within the criminal justice system, where the need to offer interventions to offenders in prison, who previously may have received no input targeted at their offending behaviour, has been recognised.

2.   DEVELOPMENT INTO COGNITIVE BEHAVIOURAL THERAPY MODEL

Through early behavioural therapy, theories and experiments cognitive behavioural therapy began to emerge with an ethical awareness and therapeutic approach e.g. warmth, supportive and non judgemental. Beech and Fordham, (1997) embraced this approach. Indeed Marshall (1996a) and Kear-Colewell and Pollach (1997) argued that a confrontational approach reflects an underlying abhorrence of such offenders and is therefore not therapeutic. This is clearly a challenge for therapists but one that needs a balanced approach if the therapeutic alliance is to be maintained. The use of aversion therapy may be counter productive due to its punitive nature and what it may induce in client and therapists as is shown by Rachman and Teasdale (1969) who noted numerous possible undesirable consequences to its use and failures to generalise beyond the clinical sphere.

Early behavioural approaches to sexual offending held the assumption that such behaviours were deviant or distorted. Reviews of literature by Marshall and Fernandez (1998) and O'Donohue and Plaud (1994) found little support for these claims or for the results of conditioning processes. Bond and Evans (1967) declared that 'if they (sexual deviants) can abstain from their deviant behaviour for sufficient period of time, normal outlets for the control of sexual arousal will develop' (p.1162). However, today this view is considered over simplistic or naive but it remains a central aspect in behavioural treatment of sex offenders. (see for example Ward et al 2003)

Cognitive behavioural approaches have evolved into comprehensive programmes. However some adhere to sexual motivation accounts and highlight the merits of reducing deviant sexual arousal. Quinsey and Earls, (1990) note that although electric aversion therapy had gone out of fashion, this was not on empirical grounds (p.285). However, McConaghy found that aversion therapy did not modify sexual preferences (McConaghy, 1975), but that it didn't produce any signs of conditioned aversive response (McConaghy, 1969). Despite these findings Quinsey and his colleagues continued to employ electric aversion as a significant component in their treatment of sexual offenders. As long as it is claimed that sexual offences are primarily sexually motivated, Rice et al, (1991), treatment programs seems justified.

Marshall (1971) suggested that many sexual offenders lacked social skills to function effectively with adult partners. Consequently changing their sexual preferences alone would not guarantee they could act appropriately on these desires. Barlow (1974) drew

attention to the value of other behavioural interventions. Kazdin, (1978) conceived that all psychological problems as multi-faceted and required a component treatment approach rather than a single technique. Marshall (1973) reported using a combined approach of social skills training with electric aversion therapy and orgasmic reconditioning known as phallometric assessment of rapists, derived from Abel Levis, and Clancy (1970). This development provided the basis of behavioural treatment programs for rapists and child molesters, eliminating offensive acts. This approach was aimed at a broad range of problems (Marshall, Earls, Segal and Darke, 1983).

3.   *THE MOVE TO A PROGRAMMED APPROACH*

Gene Abel (1970) is identified as the early leader in the development of cognitive behavioural treatment for sex offenders and in the mid-1970's the cognitive issue was brought into mainstream behaviour therapy. Marques (1982, 1984) was the first to advocate that it was possible to identify factors that could lead to relapse and therefore raised the possibility of developing strategies for avoiding or dealing with future risks. These programmes are a combination of multi factorial theories of sexual offending compiled by Finkelhor, Marshall and others derived from a variety of theoretical origins, and often form the basis of cognitive behavioural programmes. Supporting the broad view that until more is known about which method is more effective then caution needs to be exercised and a combination of theories should be used.

The objectives of C.B.T. are to assist the offender take responsibility for their offending and behaviour generally, to increase their motivation to desist from offending and to

equip the individual with internal behaviour controls and thereby reduce their risk of re-offending (W.L. Marshall, 2000). Acknowledgement of guilt is a necessary component of these programmes and without this the effect of therapy is greatly reduced. The over arching aim of such a programme is devoted to overcoming denial of responsibility by the offender. To assist this process knowledge of the cycle of offending behaviour through crime files and victim statements together with initial interviews with the offender needs to be undertaken. This initial stage is a vital component of the treatment process. In order to effectively challenge cognitive distorted attitude that sexual offenders hold in relation to sexuality, women and children, they have to first increase their ability to empathise with the victims (Ward. T,1995). As an interim measure they may need to tap into their own emotional feelings of personal vulnerability and attempt to connect with it on an emotional level before they can empathise with another human being. An element of education is often necessary at this point to help the offender identify how they gave themselves permission to offend. This is a useful technique in helping the offender gain control over their impulses. Relapse prevention strategies help offenders to avoid places, people and situations they identify as problematic. This strategy helps improve their self management in situations when they are unavoidable. Cognitive behavioural treatment programmes are by and large group work orientated. The primary advantage is that group members can challenge each others cognitive distortions and provide a greater insight in the process, due to their personal experiences.

4.   *CRITICAL REVIEW*

The treatment of sex offenders has largely become dominated by cognitive behaviour treatment (C.B.T.) programmes within the criminal justice system, e.g. (Beech, Fisher & Beckett, 1998; Marshall, Anderson & Fernandez, 1999). This approach has developed within the UK and beyond out of a need to target numbers of prisoners who had previously received little input in relation to their offending. Given the fact that these programmes are mainly standardised, having undergone an evaluation process and are accredited in the UK before they get a seal of approval, it could be argued that 'it works' and that it is the 'only option'. However is this conclusion somewhat premature in the absence of other approaches and the modest results that is being highlighted by prison-based programmes? Also there is a question about the maintenance of such modest progress after treatment has been completed. The issue of treatment and treat-ability is not simply addressed by asking what therapeutic model should be applied to a particular offender group. The evidence based agenda guides us in a particular direction. However the meaning of 'treatment' in this context needs to be further explored as it has implications for the practitioner, the offender and theorists. It has further challenges for practice when criminal behaviours are defined as a 'clinical problem'.

Empirical research has identified a number of factors that are associated with the maintenance of sexual offending, including biological predispositions such as difficult temperament (Barbaree, Marshall & McCormick, 1998) and hyperactivity and inattention (Loeber, ,1990); insecure attachment (Marshall, 1989); low self-esteem (Finkelhor, 1984); cognitive distortions (Ward, 2000); and self-regulation (Ward, Hudson, & Keenan,

1998). Through far from complete this list represents many of the factors that have been identified as important in cutting edge research on sexual abuse. When the client is a sex offender, those identifying the problem are likely to be the victim, the criminal justice system or society. The current C.B.T. programmes identify the problems as cognitive distortions, maladaptive arousal, poor social skills, lack of victim empathy and lack of self-esteem manifesting itself through criminal behaviour. Consequently change is required in the belief system coupled with the areas outlined and practitioners will only know if change has fully occurred if the client does not re-offend. If these steps are followed treatment is deemed to have been successful. However little is known about how often this happens. Friendship et al', (2003), point out that reconviction rates for sexual offenders are very low anyway and difficult to improve on substantially. The counter argument to this may be that outlined in the Introduction that there are problems in the accurate recording of data for these offenders (Greenfeld 1997). Therefore the question of resources to this area is a valid one to pose. Sex offenders are not primarily identifiers of the problem and frequently do not believe there is one. Denial takes many forms, from minimising, denial of the offence or denial of responsibility. Consequently it is difficult to find parallels with other client groups that C.B.T. tends to target.

Marshall, Anderson and Fernandez (1999) stated that 'on almost all measures that have been used with these men, the variability of their responses is more evident than their conformity'. They recommend that attention be paid to offence related areas, along side offence focused group work. Marshall et al (1999) acknowledged that the focus of cognitive distortions is a central strand in C.B.T. programmes, but there is not full

agreement by researchers and clinicians as to what the term means. The term is enshrined in sexual offender literature (Beech & Mann, 2002), with Neidigh and Krop (1992) describing 38 separate categories of distortion, it is a term that has suffered from unclear or inconsistent usage and problems in definition. For example, even in the original Abel et al (1989), definition, it is not clear whether the term means that offenders consciously employ excuses and justifications in order to reduce the level to which they feel vilified by others, or whether cognitive distortions are unconscious processes adopted to protect the offender from shame or guilt, or both. Consequently C.B.T. programmes leave us with a number of questions including the following germane question: what does it mean to treat someone who does not particularly want to be treated for a problem they may not think they have, with others with whom they share very little, while focusing on changing something about which there is little professional agreement? The pervasive view in our culture is 'something's wrong' with sex offenders that cause them to behave in this way. Cognitive distortions are based on principles that sexual offending is connected to an individual's belief system that need to be corrected and change peoples thinking before behaviour can be altered.

5.   THEORY AND PRACTICE

Over the past two decades a number of clinicians and researchers have attempted to elaborate a general theory that attempts to account for the development and maintenance of sexual offending. In particular David Finkelhors (1984) provided a framework for treating sexual offenders. He suggested there are four preconditions that must be met for sexual abuse to occur;

1. The offender must be motivated to offend,

2. He must overcome his internal inhibitions,

3. He must overcome external obstacles,

4. He must overcome the victim's resistance.

This theory became known as the four preconditions model.

5.1 The Marshall and Barbaree Model

Marshall and Barbaree (1990) Barbaree, Marshall and McCormick, (1998), outlined a highly influential theoretical model concerning the development of sexual offending behaviour. In the more recent formulation of their model they point out that although families change in how they function overtime and across different settings, the majority of people who sexually abuse others have grown up in abusive rather than nurturing family environments. They hypothesise that children from abusive families have experiences that for some but not all may promote the development of sexually abusive behaviour. They argue that abusive family experiences provide children with fundamentally different lessons about how to establish relationships with other people, and in particular they may (a) prevent the growth of a range of skills and competencies for successfully negotiating interpersonal relationships, and (b) they promote the primary use of a coercive style of interpersonal interaction. They describe in detail how such a development pathway unfolds into sexual behaviour.

5.2   The Hall and Hirschman Quadripartite Model

Hall and Hirschman (1991; 1992; Hall, 1996), identified the need for a model that fulfilled the following three criteria;

1. that it unified theoretical ideas about sexual offenders in a manner reminiscent of Finkelhor,

2. that it accounted for multiple aetiological factors in the development of offenders behaviour, and

3. that it reflected the observed heterogeneity among those who engage in sexually abusive behaviour.

Initially Hall and Hirschman (1991; 1992) developed their model specifically for adults who perpetrated sexual crimes against women, but subsequently extended their ideas to those who sexually offended against children. Essentially Hall and Hirschman (1991; 1992) highlighted four features of psychological functioning that are intended to explain sexually abusive behaviour. These are sexual arousal, cognitive distortion, strong effective states and enduring personality traits.

5.3   Ward and Siegerts Pathways Model

Ward and Siegert (2002) outline a model describing the development of individuals who sexually abuse others that attempts to integrate what they regard as the best elements of the Finkelhor, Marshall and Barbaree, and Hall and Hirschman models. Their aim in doing so is to outline a comprehensive theory. Ward and Siegert refer to their work as a pathways model, as it outlines five potential pathways that can lead to sexually abusive behaviour. Four of the five pathways reflect a primary casual 'mechanism' that

significantly influences the development of sexually abusive behaviour. However Ward and Siegert stress that although in each pathway one mechanism is described as taking a leading casual role, each of the other mechanism's outlined in the model make an important contribution in all pathways. The fifth pathway is characterised by major difficulties in all other areas described in the model combined with a paedophile sexual orientation.

The limitations of these models are that they tend to rely retrospectively on the empirical literature and have not generated a body of validating research. They also tend to be descriptive in nature rather than explanatory. The relatively recent re-application of attachment theory (Bowlby, 1969, 1973, 1979, 1980) (Ward.T, Hudson.S.M., Marshall.W.L. & Siegert.R, 1995) (Smallbone.S.W, and Dodds. M.R., 2000, 2001) (Lyn T.S and Burton D.L. 2005) highly influential work is grounds for optimism as it examines development across the life span. It provides a greater depth to understanding the functioning of those who engage in a specific type of criminal behaviour, namely sexual offending, is not very far removed from the origins of attachment theory.

6.   CONCLUSION

Clearly the scientific agenda has been committed to first order modernist approaches in relation to the treatment of sex offenders. However the debate needs to be extended to embrace post modern theories perspectives, if the status quo is to be challenged and erase the myth that 'one size fits all'. Cognitive behavioural approaches to working with sexual offenders has been supported empirically (Craig et al, 2003; Hanson et al, 2002).

However it has to be based on sound clinical judgement and risk assessment, which provide a good framework.

Therefore the next chapter will look at the literature on risk assessment, as part of the process of interventions with sexual offenders.

CHAPTER 3: REVIEW OF LITERATURE ON ASSESSMENT AND MANAGEMENT OF RISK

1. INTRODUCTION

There is no coherent policy for the risk assessment and risk management of sex offenders in Ireland, despite it being identified in the late 1980's as a source of great public concern. This chapter will review what has been the practice up to now with this offender population and best international practice. The Savi Report: Sexual abuse and violence in Ireland, which was a large scale study into sexual assaults in Ireland (McGee et al, 2002) highlighted the extent and nature of sexual offending.

2. IRISH CONTEXT

Sex offenders "arguably the most feared and loathed category of offenders in society" (Petruinik, 2001), are treated unlike any other criminals (Eisenberg, 2001). Following extensive media reporting and the frequency of coverage about the prevalence of sexual offending and the concern for public safety the implementation by the Oireachtas of the Sex Offenders Act 2001, placed a statutory responsibility on the Probation Service for post release supervision of convicted sex offenders (Part 5) and the Garda Siochana in relation to notification of the offender's name and address within seven days of conviction or within seven days of release from prison if imprisoned. The notification system (Part 2) is referred to as 'the register'. The Irish Act is similar to the British and

Northern Ireland legislation apart from some features which are unique to the Irish jurisdiction. For example there is little or no mandatory community supervision of sex offenders in Ireland. The provisions of the 2001 Act allow for community supervision, but in practice only a small percentage of sex offenders receive Court mandated post-release supervision.

International best practice supports mandatory community follow-up (Eisenman, 1991; Marshall and Pithers, 1994), and its positive contributions to improving community safety. Walsh (1998) states that 'present efforts to deal with crime in Ireland are inadequate and unsatisfactory in that the main sentencing option for convicted sex offenders is imprisonment' (pp, 93 – 101). Very small numbers of those who commit sexual abuse are imprisoned (McGee et al, 2002). It is clear that Ireland is still in the early development of coming to terms with the enormity of the historical and present day sexual offending challenges, and many remain to be convinced of the role of clinical interventions in the prevention of sexual crimes (Walsh, 1998). It is clear that there is a lack of a coherent, co-ordinated and integrated strategy by the stakeholders and policy makers in the management of sex offenders in this jurisdiction, particularly when compared to international practice (Travers, 1998). Travers argues that if the state is serious about preventing child abuse a 'comprehensive approach to the problem must be initiated' (p.227). She further argues that the benefits of multi-agency working must be reflected in policy. There is currently some evidence of a multi-agency response to the management of this complex issue in the Irish context, e.g. the Courts, Probation, Gardi, Prison, health and voluntary organisations. Sex offender's subject to post-release

supervision and agreed protocols gives a mandated approach and automatically provides

a framework for inter-agency co-operation. Without this mandated element agencies

usually operate independently of each other (Sheerin, 1998). However such initiatives are

not popular and do not attract the funding or attention it deserves in order to keep our

community safer.

Geiran (1996) explores the development of policy and practice for treatment of sex

offenders in Ireland and concludes that while punitive responses will continue to be

required for some sex offenders 'such measures alone will neither reform offenders nor

prevent future re-offending' (p.153).

3. RISK / NEED MODEL

Andrews and Bonta formulated four general principles of classification to guide effective

correctional treatment. First, the risk principle, which is concerned with the match

between level of risk and the amount of treatment warranted. According to this principle

high – risk individuals should receive the most treatment. Second, according to the need

principle programmes should target criminogenic needs that is, dynamic offender

characteristics that, when changed, are associated with reduce risk of recidivism. These

include pro – offending attitudes and values, aspects of antisocial personality (e.g.

impulsiveness), poor problem solving, substance abuse, high hostility and anger, and

criminal associates (Andrews and Bonta, 1998). Third, the responsivity is concerned with

a program's ability to reach and make sense to the participants for whom it was designed.

Finally, the principle of professional discretion states that clinical judgement should

override the above principles if circumstances warrant it. This principle allows for treatment flexibility and innovation under certain circumstances.

4.   RISK ASSESSMENTS

A lot has happened since the late 1980's internationally and a growing awareness that risk needs to be assessed managed and evaluated on an ongoing basis. There is a huge growth in inter-agency partnerships internationally and Harris (1992) argues that inter-agency working should displace direct work with offender as the core concern of the Service. A UK Home Office report stated that Probation Services were at the forefront of development in the use of prediction scales in England and Wales (Mair and Lloyd, 1989, p.2) and focused almost exclusively on 'risk of custody' scales. By 1996, they were all but forgotten and Kemshall was able to suggest that: 'risk assessment and effective risk management are likely to become the main preoccupation of the Probation Service' (1996, p.134).

The 1991 criminal 'just deserts' sentencing (and targeted use of punishment in the community) was superseded by 'prison works' policy. This renamed thinking is largely driven by the political climate. Consequently these climates are ever changing depending on the rise and fall of crime and perceived risk to potential victims which largely is un-researched. Mair (1989, p.13) states that during the 1980's the use of prediction scales had become a prominent feature of the work of the Probation Department in the United States. The shift had been borne out of a need to prove they were offering value for money primarily in developing intensive probation schemes. Wright, Clear and Dickson,

(1984); Clear and Gallagher, (1985) claimed most US probation agencies had started to use some form of paper-driven offender classification over the previous ten years. Petersila and Turner (1987) concurred that the introduction of prediction devices was resource driven. Such practice led to staff resisting workload decisions based solely on reconviction predictions and demanded a more balanced approach. Consequently most probation classification instruments now use a combination of recidivism – prediction and needs – assessment scores to assign levels of community supervision. Sex offenders are not a homogenous group and have the same needs as other offenders. Therefore it is crucial that the need principle form part of the overall assessment process. American research has demonstrated the need to validate any classification system adopted from another area. Wright, Clear and Dickson, (1984, p.19) and Mair, (1989) also warned that the situation should always be under review and revalidation if necessary to keep up with trends and sentencing. This was a very important cautionary note at the time in view of the 'prison works' government policy and had a direct influence on shifting the interest in risk of custody scales to risk of reconviction. Humphrey, Carter and Pease, (1992) borrowed its methodology from RPS (Nuttat et al, 1977) using a sample of 750 offenders placed on probation in Greater Manchester during 1985. During a three year follow-up period its predictive power found it was 'of the same order as parole prediction' (p.63). Although enthusiastic about their scale as a crude but robust starting point, there was anxiety about its use in a service dominated by managerialism and warned being neither a denial of, nor substitute for, professional skill and judgement, the predictor is but a complementary tool, capable of enhancing and promoting such attributes. It is worth noting that collecting reconviction data during the lifetime of an order when such orders

expire are useful ways of further evaluating progress by offenders and professionals. A comparison of actual reconviction rates with those calculated from the application of risk of re-offending scales play an informative role in the evaluation of policy and practice.

The 'what works' movement influence in Probation Services throughout the 1990's (Maguire, 1995) produced its own variation on risk assessment combined with needs assessment. This model presented a realistic prospect of offering offenders supervision programmes that demonstrated an ability to have an impact on future offending. Maguire et al, (2001) identified a number of major problems and challenges to be overcome if the developing system were to be effective. McIvor, Kemshall and Levy, (2002) found various risk assessment tools in use across Scotland, only three of which have been validated, coupled with a wide variation in approaches to the risk assessment. Multi-agency works differed and were located in a mix of settings. Difficulties in information sharing were identified and also significant practical difficulties in its smooth operation were found, (McIvor et al, 2002).

In the 1980's concern about potentially dangerous offenders being released from prison, coupled with the growing awareness of 'risk management 'as part of the core responsibility of the Probation Service (Kemshalll, 1998: Kemshall and Maguire, 2001), persuaded probation managers in some areas to establish closer links with prison staff, with the aim of ensuring that such offenders were systematically identified prior to release and concrete plans were made, well in advance of release, for supervision and resettlement. This included the development of formal risk assessment tools and

procedures, as well as mechanisms for the sharing of relevant information. In 2002 a tripartite group with representatives from social work departments, the Scottish Prison Service and Scottish Executive concluded that 'the system too often operates as separate elements and through-care partnerships should be strengthened to enable the development of a strong multi-agency approach to effective through-care services in the future' (Scottish Executive, 2002).

By the 1990's probation managers in England and Wales began to liaise more closely with police about dangerous offenders under supervision and established joint protocols on information sharing. A parallel development process between social services and other stakeholders under the Children's Act 1989, led to the creation of multi-agency area child protection committees. This initiative was further expanded in the early 1990's with the setting up of 'Public Protection Panels', which brought key professionals from relevant agencies to consider the level of risk posed by offenders moving into areas and devise plans about how best to 'manage' the potential risk. The panels were organised by the Probation Service, which had primary responsibility for supervising offenders. In 1997 the English government enacted the Sex Offenders Act following media and public attention increasingly focusing on paedophiles (Grubin, 1998; Kitzinger, 1999; Worrall, 1997). For the first time sex offenders were required to register their address with the local police for a minimum of five years and the police in consultation with the Probation Service were given responsibility for assessing, and where necessary, 'managing' risk the offenders posed (Cobley, 1999, 2000; Plotnikoff and Woolfson, 2000; Power, 1999). The duties were generally undertaken by Public Protection Panels with representatives from

the police and probation. The Act also introduced the Sex Offenders Order, a civil order that the Courts could use to place offenders under specific restrictions, e.g. not entering certain areas, breach could lead to restrictions (Cobley, 2000). The legislation was strengthened and increased by the Criminal Justice and Courts Act 2000. As a result statutory duty was placed on the police and the Probation Service to assess and manage the risks. The Sex Offenders Bill 2003 further tightened controls in relation to a quicker notification of change of address, including those convicted abroad. Similar developments also took place in Scotland during this period. Most notably was the order for lifelong restriction which was introduced as a new sentence by the Criminal Justice (Scotland) Act 2003. The multi-agency approach to public protection highlighted problems around ownership of the work and in some areas one agency having too much control. This caused partner agencies to feel they were not involved in the decision making process. There was a general tendency to leave tasks to others, nobody taking full responsibility for following up panel decisions.

5. AN ORGANISED APPROACH TO RISK PREDICTION

Multi Agency Public Protection Arrangements (MAPPA) clearly defined the responsibilities of each agency and set out a blue print for the organisational systems and practices to be followed (Home Office, 2001). The Central Criminal Justice and Court Services Act 2000 greatly extended the range of offenders to be dealt with under new MAPPA protocols, which included all sexual or violent offenders sentenced to 12 months or more imprisonment, as well as anyone else 'likely to pose a risk of serious harm'. One of the most important elements of the new arrangements was guidance on effective 'gate-

keeping' to the panels. The basic notion is that MAPPA's themselves reserve their attention and energies only for the 'critical few', those offenders who present a very serious risk of harm. Making the filtering and allocation systems work effectively requires robust and consistent methods of risk assessment and information exchange. The development of a national violent and sex offender register (VISOR), facilitated the monitoring of known sexual and violent offenders in the community and could be up dated by prison and probation staff.

The research by Maguire et al (2001) found considerable variations in methods and quality of risk assessment undertaken. Police forces routinely structured anchored clinical judgement risk matrix 2000 in order to classify 'low', 'medium' or 'high' risk offenders (Hanson and Thornton, 2000, Kemshall, 2001). However very few of the people required to use Risk Matrix 2000 had received more than the most rudimentary training in how to use it. The tool was generally applied in a mechanical fashion and important pieces of information were often lacking. Consequently results were inconsistent both in risk classification leading to inappropriate referrals to panels. The initial risk assessments were quite often amended in light of new information relying as much on 'gut feelings'. Northern Ireland's community supervision of sex offenders is organised and administered under the multi-agency sex offenders risk assessment and management (MASRAM), and functions in a similar way to the MAPPA system in England and Wales. However unlike MAPPA it does not have a legal framework on which to operate from and there has been advice from CJINI 2005 to place it on a statutory footing.

6.   CONCLUSION

The review of the literature has shown that there is a movement away from traditional methods of assessing risk to actuarial risk assessments. It is clear from this review that within the Irish context professionals working in this area feel that practically nothing has changed apart from the post-release provision and the protocols attached to such supervision orders. The climate is now ripe for moving the debate from treatment to a policy initiative for the risk management of sex offenders in Ireland.

Presently, Probation Officers in the Irish context use a risk assessment tool, the Level of Service Inventory – Revised (LSI-R) with adults and Youth Level of Service – case management inventory (YLS-CMI) with juveniles, to assess risk / need factors. These assessment tools are being used for general offenders, but they were never designed for assessing sexual offenders. Therefore the Hanson and Harris risk assessment tools, STATIC – 99, Stable Dynamic and the Stable Acute Dynamic are to be introduced to the Irish Probation Service. The introduction of these tools will complement the informal risk prediction referred to as clinical judgement. Such tools could have a dual usage for the Service, measuring risk, deploying more resources to the critical few and finally as an evaluation tool to measure outcomes. It is clear that these tools will need to be introduced carefully to Probation Offices, and has the potential to reform the way Probation Officers manage risk in relation to sex offenders.

The next chapter addresses the development of risk assessment tools for sexual offenders.

CHAPTER 4: ASSESSING RISK OF REOFFENDING IN SEX OFFENDERS

1. INTRODUCTION

Risk assessment is a corner stone of effective offender management (Andrews and Bonta, 1998). They argue that it is crucial to identify the risks posed by offenders, the facts associated with these risks, and the interventions that could be taken to manage or reduce risk. This is relevant for all categories of offenders including sexual offenders. Due to recent advances in research there is considerable debate concerning best practice with respect to sex offender risk assessment (Janus & Meehl, 1997). One view is that risk assessment procedures can identify who is likely to re-offend (e.g., ATSA, 2001; Doren, 2000; Epperson, Kaul, & Huot, 1995; Hanson & Thornton, 2000; Quinsey, Harris, Rice & Cormier, 1998). However a conflicting view believe that there is an over reliance on methods of unknown or limited value pretending a degree of scientific support and precision that has not been attained (Boer, Hart, Kropp & Webster, 1997; Campbell, 2000; Hart, 2001b; Petrila & Otto, in press). In summary a potential consequence is that important decisions will be based on professional opinions of questionable value; another is that decision makers are encouraged to think management in very simplistic terms.

When an individual comes into contact with the criminal justice system they pass through several stages of processing. At each stage their risk of re-offending is assessed by professionals on a daily basis, pre-trial, prior to sentencing, to determine security levels in

custody, prior to release and after breaches or critical incidents occur (Hart, 1995). These assessments can either be formal or informal in nature (Milner & Campbell, 1995). Risk assessments are fundamental to the criminal justice process because it is a means for distinguishing between offenders who are likely to re-offend and those who are at a lower risk of recidivism (Solicitor General Canada, 1998a).

Risk assessments are predictions of future behaviour. The outcome of a risk assessment has serious implications for both the individual and society. The assessment may decide his or her fate; for society it may determine whether a potentially dangerous person may be released into the community. Clearly risk prediction has a place in the criminal justice system but cannot be taken as fact due to the error inherent in the process. Such errors often result in longer periods of incarceration for offenders who are assessed as high risk, but who when released do not re-offend.

The first section of this chapter will concentrate on the static and dynamic risk factors associated with sexual offence recidivism identified from the literature, and the second section will discuss some risk assessment tools used in practice.

2.   *SECTION A*

The assessment of sexual offenders is concerned with those characteristics that increase or decrease risk. Prediction in general and of sexual aggression in particular, is an extremely difficult task due to the complex and multifactorial nature of this type of crime (Borum, 1996; Monahan, 1981, 1984). In assessing risk, static and dynamic factors are

considered. Static risk factors, such as age, development history or offence history, are fixed characteristics and are not amenable to change. These are useful for evaluating long-term risk, but due to their historical nature cannot be used to assess changes in levels of risk over time.

Dynamic factors are continuing factors linked to the likelihood of offending that are amenable to change following intervention. Dynamic factors can be further sub-divided into stable and acute factors. Stable dynamic risk factors are relatively persistent characteristics of the offender, which are amenable to change over time. Examples would be responsibility, cognitive distortions and sexual arousal. Acute dynamic factors are rapidly changing factors such as substance abuse, isolation and negative emotional states, the presence of which increase risk (Hanson & Harris, 1998).

2.1   "Clinical Judgement" – First Generation versus "Actuarial Assessment" – Second Generation

While there are many different methods of risk assessment they tend to fall into two broad categories, clinical and actuarial (Milner & Campbell, 1995; Grubin, 1999). Clinical assessments are based on professional training, theoretical knowledge and experience with offenders that is clinical judgement. Actuarial (or statistical) prediction, "involves predicting an individual's similarity to members of violent groups" (Milner & Campbell, 1995. p.21).

The debate regarding the accuracy of clinical judgement versus the actuarial approach is not a new one (Grubin, 1998, 1999). In an attempt to increase accuracy and minimise clinical error by standardising measures, the literature has seen the emergence of a large number of actuarial risk measures for sexual offenders. However while actuarial measures have been shown to be superior in predicting recidivism compared with clinical judgement (Hanson & Bussiere, 1996; Hood, Shute, Feilzer & Wilcox, 2002), most measures are heavily reliant on static factors alone and few consider dynamic changes in risk. Low frequency events are difficult to predict and low base rates of re-offending inevitably leads to errors in predictions (Craig, Browne, Stringer & Beach, 2003a; Hood et al, 2002).

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

Analysis of sex offender outcomes studies suggest that contemporary treatment has a significant effect in reducing sexual recidivism (Craig, Brown, Stringer, 2003b; Hanson et al 2002) and previous meta-analysis found that treatment dropout was a significant predictor of sexual recidivism (Hanson & Bussiere, 1998). Actuarial estimates of risk should be adjusted based on treatment related information such as refusal to participate in treatment, treatment progress and programme completion.

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

2.2   Static Risk Assessment

Risk prediction has been by far one of the most popular themes of sex offender research in the last few years (Marshall and Laws, 2003). It is said that there are over 26 different static risk scales available for the prediction of sexual recidivism (Doren, 2002). Many of these are poorly validated; others have developed thorough and complex scoring procedures and have been tested on several separate samples (e.g. STATIC – 99; Hanson and Thornton, 2000). Static risk scales are popular and important; their predictive ability is far superior to unstructured clinical judgement (Rice, 2000). However there is a danger that practitioners become over-reliant on them and forget that they perform better at predicting the behaviour of groups rather than they do at predicting the behaviour of individuals (Beech, Fisher and Thornton, 2003).

Several static factors have repeatedly been demonstrated to predict sexual recidivism. In a review of the literature, Craig, Browne and Stringer (2003a) examined 26 studies on

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sexual offence recidivism (n = 33,001) and identified 17 static factors that were associated with sexual offences. These included;

- prior criminality

- prior sexual offences

- psychopathy

- age and time spent in custody, and

- paraphilas and deviant sexual interests

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

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

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

Logan (2003) has drawn attention to the important ethical issues surrounding static risk assessment and the potentially unethical practice of making a static assessment of a person but not offer them an avenue for changing the assessment. Hence the development of dynamic risk factor scales to reinforce prediction has begun to develop.

2.3 "Dynamic Risk Assessment" – Third Generation

Although the research is still in its infancy, it has the potential to revolutionise practice in the assessment of both treatment used and change following treatment. Pioneering research relates to dynamic risk assessment and is found in Beech (1998) using a cluster analysis, obtaining a two cluster solution representing "high deviance" and "low deviance" groups. High deviance men had high levels of social inadequacy, high personal distress, they minimised the experience of their victims, showed high sexual obsession and low levels of denial about offence behaviour. Coupled with these findings Beech (1998) was able to demonstrate that this group of men had far more victims, were at

greater risk of being reconvicted, were more likely to have abused outside the family and were more likely to have crossed over victim types. Allam (2000) using the Beech system identifying deviancy concluded that high deviance men were more likely to reconvict. This research defined potentially changeable or treatable characteristics associated with repeat sexual offending. Drawing together dynamic factors such as those outlined are known as algorithms or systematic procedures, which some of the more recent assessment tools have incorporated.

Unlike the literature on static factors there seems to be less agreement on which dynamic risk factors account for the most variance in predicting sexual offence recidivism. Despite this Craig, Browne and Stringer (2003a) identified 24 dynamic factors, 10 stable dynamic risk factors and 14 acute dynamic risk factors associated with sexual offence recidivism. Unemployment, substance abuse, criminal lifestyle or negative social influences and impulsivity (poor self-control / management) have been associated with sexual re-offending (Hanson & Harris, 1998; Hanson & Harris, 2000; McGuire, 2000; Serin et al, 2001). Hanson et al (1993) found that dynamic factors relating to personality improved during treatment. The individual felt more in control of their lives, more extraverted, less hostile, less distress, less depressed mood and improved self esteem. These reported changes relate to stable dynamic factors and a change in perspective and coping skills rather than any significant change in personality. However techniques such as dialectical behaviour therapy (Linehan, 1993) and cognitive therapy (Beck, Freeman & Associates, 1990) have been shown to effect change in personality. Hanson et al (1993) concluded that the factors associated with a life-long pattern of offending (static factors) need to be

targeted rather than expecting short-term treatment programmes to aid in preventing sexual recidivism. This supports the findings of Fisher, Beech and Browne (2000), where offenders who attended longer treatment programmes maintain treatment effects compared to those who attended the shorter programme. Poor treatment motivation has also been associated with recidivism (Hanson & Bussiere, 1996) and deterioration in dynamic factors, such as emotional loneliness, deficits in empathy and relapse prevention skills, has been positively associated with treatment drop-out (Browne, Foreman & Middleton , 1998; Seto & Barbaree, 1999).

In Hanson and Bussiere's (1998) meta-analytical review of 61 studies (n = 28,972) the strongest predictors of sexual recidivism were characteristics related to sexual deviance and to a lesser extent, general criminological variables. In trying to assess the psychosexual characteristics and deviant sexual interests of sex offenders, physiological measures of sexual arousal have been used. However physiological assessment of deviant sexual interests have been criticised for being intrusive, lacking construct validity and standardisation (Laws, 2003). Male victim and stranger victim were less important predictors, but were significant related to sexual recidivism. Sexual recidivism was unrelated to having a history of sexual abuse as a child, substance abuse and general psychological problems such as anxiety, depression and low self-esteem. These findings appear inconsistent with more recent findings. However what it does appear to suggest is that general psychological problems, such as low self-esteem, emotional identification with children and justification for sexual offending, and deviance coupled with static risk classifications, contribute to offenders risk for sexual recidivism (Beech, Friendship,

Erikson and Hanson, 2002; Hanson and Harris, 2000, 2001). The literature seems to state that although personal distress is not a direct predictor of sex offence recidivism, it may have an indirect effect if offenders rely on more deviant interests when distressed (Hanson and Harris, 2000). Poor social support networks and social skills when released into the community can lead to increased feelings of anxiety, distress and recidivism. This variation in Hanson and Bussiere's (1998) meta-analysis justifiably identified several sources of concern within their study relating to difficulties in matching background characteristics between groups and the extent to which the findings were influenced. Hanson and Harris (1998) explored "stable" and "acute" dynamic predictors of risk in 200 recidivists and 201 non-recidivists. Also, as in 1996, Hanson and Bussiere (1998) found no differences in general psychological symptoms between recidivists and non-recidivists. However it found that the period of one month prior to the offence showed an alteration in several of the stable dynamic factors.

The recidivist's appearance and compliance with supervision deteriorated, psychological symptoms (negative, mood, anger and psychotic symptoms) increased one month prior to the re-offence. These factors were not highly associated with recidivism six months prior to the offence, the presence of these "acute" dynamic factors signal an escalation in the offenders level of risk, their presence may act as warning signals and warrant increased monitoring / supervision until they are reduced. Similarly deterioration in awareness and relapse prevention strategies, following a return to the community have also been described as dynamic risk factors of sexual offence recidivism (Fisher et al, 2000).

3.   *SECTION B*

The next section of this chapter will describe a number of risk assessment tools from Static to Dynamic and detail their strengths and weaknesses.

3.1   Risk Matrix 2000, (RM 2000) (Hanson & Thornton, 2000)

The RM 2000 was developed as a revision of the SACJ – Minimum and has separate indicators of risk of sexual recidivism, non-sexual assault, and overall violence. This tool has been adopted by the Probation Service in England and Wales as part of the risk assessment of adult males who have been convicted or cautioned for sexual offences. It is also used in the prison service and by the police in an attempt to provide a standardised approach to risk.

3.2   A Sample of Risk Assessment Tool STATIC – 99

The STATIC – 99 refers to appropriate only static (unchangeable) factors that have been referred to in the literature and which are associated with sexual reconviction in adult males. The estimates of sexual and violent recidivism produced by the STATIC – 99 can be used as a baseline of risk for violent and sexual reconviction in adult males. From this baseline of long-term risk assessment, treatment and supervision strategies can be put in place to reduce the risk of sexual recidivism. The STATIC – 99 was developed by Hanson, and Thornton, (1999)**,** by amalgamating two risk assessment instruments, the Rapid Risk Assessment of Sex Offender Recidivism (RRASOR) and the Structured Anchored Clinical Judgement Scale (The SACJ). This was further revised in 2000.

The RRASOR developed by Hanson (1997) consists of four items;

1. having prior sexual offences

2. having a male victim

3. having an unrelated victim

4. being between the ages of 18 and 25 years old

The items of the RRASOR were then combined with the items of the SACJ – Minimum,

an independently created risk assessment instrument written by Thornton, (1997).

The SACJ – Minimal consists of nine items;

1. having a current sex offence,

2. prior sex offences,

3. a current conviction for non-sexual violence,

4. a prior conviction for non-sexual violence,

5. having four or more previous sentencing dates on the criminal record,

6. being single,

7. having non-contact sexual offences,

8. having stranger victims, and

9. having male victims.

These two instruments were merged to create the STATIC – 99, a ten item prediction

scale, (see STATIC – 99 coding form in the Appendix B). The table below outlines the

ten items assessed, principles under which they are assessed, verification sources and

information for scoring.

Item	Basic Principle	Information Required	Basic Rule
1. Young	Sexual recidivism is more likely in early adult years.	DOB / knowledge of offenders age.	18 to 25 = 1 Over 25 = 0.
2. Ever lived with an intimate partner – 2 years.	Intimate connection possible protective factor against sexual offending.	Offender's relationship history.	Never had an intimate relationship of 2 years = 1. If he has = 0.
3. Index non-sexual violence – any convictions	Demonstrates a small positive relationship with sexual recidivism.	Official criminal records.	Separate conviction at the time of the index offence = 1. If it does not = 0.
4. Prior non-sexual violence – any convictions	Demonstrates that having a history of violence has a relationship with sexual recidivism.	Official criminal records.	Separate conviction for non-sexual violent offence prior to the index offence = 1, if not = 0.
5. Prior sex offences	Predictive factor for sexual recidivism.	Official criminal records.	This is the only item that is not scored on a simple "0" or "1". Charges and conviction are scored separately.
6. Prior Sentencing Dates	Criminal history is predictors of future criminal behaviour.	Official criminal records.	Four or more separate sentencing dates = 1. Three or fewer =0.
7. Any convictions for non-contact sex offences	Paraphilic interests are at increased risk for sexual recidivism.	Official criminal records.	Separate conviction for a non-contact sexual offence = 1. No separate conviction = 0.
8. Any unrelated victims?	Offenders who offend against family members recidivate at a lower rate.	Credible information.	If victim is outside immediate family = 1. Within the family = 0.
9. Any stranger victims?	Stranger victim is related to sexual recidivism.	Credible information.	Stranger victims = 1. Known to the offender for at least 24 hr = 0.
10. Any male victims?	Offenders who have offended against male children or male adults recidivate at a higher rate.	Credible information.	Male victims of sexual offences, non-consenting adults or children = 1. Female victims = 0.

Table 1: STATIC – 99

3.3   Scoring

Translating STATIC – 99 scores into risk categories by adding up the scores from individual risk factors from 1 to 10. The scoring results in four categories, low, moderate – low, moderate – high and high.

3.4   Comparison Table

STATIC – 99 and RM2000 have varying strengths and weaknesses as detailed in the table below. The table shows that while they are both static measures the STATIC – 99 is a more comprehensive tool. The RM2000 being a more simplistic measure and thus should not be relied upon on its own.

Tool	Factors	Strengths	Weakness
STATIC – 99	• Male victims • Ever lived with • Non-contact sex offences • Unrelated victims • Stranger victims • Prior sex offences • Current non-sex violence • Prior non-sex violence • 4+ sentencing dates • Age 18 – 25	• Empirically shown to be associated with sexual recidivism. • Has explicit rules for combining these factors. • Explicit probability estimates. • Easily scored. • Robust across settings and samples. • 1/3 of sample was based on UK population. • Used in isolation to assess dangerousness.	• Demonstrates only moderate predictive accuracy. • Does not include all the factors that might be included in a wide ranging risk assessment.
RM 2000	• Age at commencement of risk. • Sexual appearances • Criminal appearances • Sexual offences against a male • Sexual offences against a stranger • Non-contact sex offence • Violent appearances • Burglary	• Valid risk factors • Explicit rules for combining factors • Explicit probability estimates • Robust across settings and samples	• Over simplistic, should not be used on its own. • Not as comprehensive as STATIC - 99. • May not be as culturally sensitive as other tools.

Table 2: Comparison of STATIC – 99 v RM2000 Risk Assessment Tools

4.   *STABLE DYNAMIC RISK PREDICTORS*

The STABLE -2007 is the middle section of a three part hierarchical risk assessment protocol for the initial evaluation and long-term supervision of sexual offenders. This assessment contains thirteen "basic concepts" broken into five sections. These basic concepts are used to assess offenders by direct interview using best clinical judgement or file review stable dynamic risk factors in sexual offenders.

4.1   Process of Using Stable Dynamic 2007

4.1.1   Introductory Interview

An introductory interview is a way of collecting information required for the initial evaluation of recidivism for sexual offenders. The focus of this assessment is on stable dynamic risk factors, which are amenable to change but without intervention, tend to remain relatively constant. It is important to be attentive to rationalizations and justifications and not to expect a full factual account of the offenders offending at this initial point. Such information may highlight their ability to sexual self-regulation, general self-regulation and a lack of concern for others.

4.1.2   Section 1 – Significant social influences

The offender's social network is assessed for positive, neutral and negative influences.

4.1.3   Section 2 – Intimacy Deficits

This section has five parts each of which representing a potential problem area for sexual offenders:

a).   capacity for relationship stability

b).   emotional identification with children

c).   hostile attitudes towards women

d).   general social isolation / rejection / loneliness, and

e).   lack of concern for others

4.1.4   Section 3 – General Self-regulation

a).   Impulsive Acts

b).   Poor Cognitive Problem Solving Skills

c).   Negative Emotionality / Hostility

4.1.5   Section 4 – Sexual Self-regulation

a).   Sexual Pre-occupation

b).   Sex as Coping

c).   Deviant Sexual Interests

4.1.6   Section 5 – Co-operation with Supervision

The Probation Officer has to assess whether the offender is working with them or against them.

4.1.7   Stable Dynamic Scoring System

Each of the thirteen parts is scored by the assessor on a 0, 1, 2 basis, 0 equating to low risk and 2 being high risk, and totalled accordingly.

(See example scoring sheet in Appendix C)

5.   *STABLE ACUTE DYNAMIC*

Acute variables are factors associated with recidivism. They assess short term, timing of re-offending, and expression of current risky behaviour. Therefore acute risk factors should be assessed every time an offender attends a supervision session, which will be dependent on the risk estimated.

The Stable Acute Dynamic risk predictor has eight factors and corresponding criteria, which should be taken into account when scoring these items.

1. Victim Access	Consideration should be given to opportunity for contact with victim and the offender daily routine.
2. Emotional Collapse	Ascertain how the offender has been since the last supervision session. Whether the emotional state is appropriate, signs of depression / anxiety or substance abuse.
3. Collapse of Social Supports	Question the offender about his daily routine and his social supports to assess if there has been any changes. Also it is useful to keep in regular contact with collaborators who are supportive of the offender and enquirers to verify information.
4. Hostility	The supervisor should check for irrational / reckless defiance in the offender interaction with others. What things made him angry, how did he manage it and did it involve me.
5. Substance Misuse	The offender should be questioned about his general well being, if he is on medication, drinking / drug misuse habits and the effects any of these has had on him. Information should be cross referenced with urinalysis screening.
6. Sexual Preoccupations	Assessment of the offenders' sexual preoccupation needs to be made during each meeting to ascertain if he uses sex as a way of coping in times of upset, and if he has deviant sexual interests and fantasies. How do these get played out in his life and does he handle them?
7. Rejection of Supervision	Is the offender working with the officer or against them? His ability to comply with supervision and a willingness to engage with issues and take constructive feedback is a good indication.
8. Unique Factor	Supervisors should always be aware of unique factors that represent a real risk for the offender, e.g. non-compliance with medication for a mental health problem, resumption of substance misuse and a perceived threat to the offenders' liberty after a long period served in custody.

Table 3: Stable Acute Dynamic Risk Predictor Factors

5.1 Acute Dynamic Scoring System

The scoring results in four categories, no problem, maybe a problem (not sure), yes (a concern) and intervention now. As a basic rule offenders who score "moderate" on this third level assessment should receive twice the supervisory priority as those who score "low", and those who score "high" should receive four times the supervisory priority as those who score "low".

6. *EVALUATION OF RISK ASSESSMENT TOOLS*

The literature on risk assessments has provided contrary arguments on the value of risk assessments. On the one hand Litwack ((2001) has argued that (a) research to date has not demonstrated that actuarial methods of risk assessment are superior to clinical methods; (b) because most clinical determinations of dangerousness are not "predictions" of violence, as well as for other reasons, it is very difficult to compare clinical and actuarial assessments of dangerousness; and (c) even the best research and validated actuarial tool for assessing dangerousness to date, the VRAG has yet to be validated in a manner that would make it appropriate for use in determining when individuals should be confined on the grounds of their dangerousness. Therefore Litwack argues that it is premature, at best, to replace clinical risk assessments with actuarial assessments. However, Hanson (1998) and others argue that clinical judgement is unaided and unstructured and that such a process could be characterised as "intuitive" or "experimental". Some researchers and professionals (Quinsey et al., 1998) claim that the predictive accuracy of actuarial assessments of violence risk is superior to that of clinical assessment. Such claims have lead to recommendations that sex offender risk assessment

should be based, either in part or entirely, on the use of actuarial procedures (e.g.., ATSA, 2001; Hanson, 1998; Quinsey et al., 1998). Despite these claims it is difficult to imagine a time when actuarial assessments can completely replace clinical assessment due to the fact that actuarial predictors cannot be validated in relation to subsets of dangerous offenders. However one can imagine various actuarial assessments will be developed and validated in a manner that significantly assist many dangerousness assessment tasks.

7. CONCLUSION

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

Actuarial measures are increasingly used by the Prison and Probation Services in other jurisdictions such as England, Wales, Canada and more recently in Northern Ireland. The Probation Board of Northern Ireland (PBNI) has adopted the STATIC – 99, the Stable Dynamic and the Acute Dynamic 2000. The Irish Probation Service is preparing to follow suite with the introduction of the same tools. With the increasing development of actuarial risk assessments in probation practice, practitioners will have the ability to gain

profiles of sexual offenders in their own jurisdictions. Therefore they have the potential

to more accurately predict recidivism and thereby provide valuable information to tailor

treatment to meet the needs of the offenders.

Clinical judgement has the opportunity to be backed-up by empirical driven research;

however it is important to build on this research by using actuarial predictors that cater

for different sub-groups of offenders and issues. It is clear from the research that neither

clinical nor actuarial techniques on there own have the ability to provide a robust

assessment of risk. An integrated approach combining both actuarial and clinical

judgement provides transparency and defensible effective practice, thereby allowing

practice to be open to scrutiny and evaluation.

This dissertation had as its aim to explore the possibilities of introducing a combination

of the STATIC – 99, the Stable Dynamic and the Stable Acute Dynamic risk assessment

tools into the Irish Probation Service. Chapter 5 presents the data from the Exploratory

Study undertaken to compare the introduction of these tools against the current risk

management process of clinical judgement.

CHAPTER 5:   EXPLORATORY STUDY

1.   INTRODUCTION

This chapter presents the qualitative data collected from the respondents who took part in a small exploratory study conducted by the researcher. The purpose of the Exploratory Study was to compare and contrast the introduction of actuarial risk assessment tools into the Irish Probation Service with clinical judgement.

The exploratory study involved selecting three Probation Officers and asking them to choose twelve clients on whom assessments would initially be carried out using clinical judgement and then re-assessing them using the Hanson and Harris risk assessment tools. Prior to the commencement of the study the researcher wrote to the Deputy Director, Operations, of the Irish Probation Service requesting permission to carry out a small exploratory study within the Service. The researcher stated that the study would only be used to evaluate the assessment tool and would not be;

a).   Assessing the skills or practice of the Officers,

b).   No reference would be made to them personally,

c).   No identifying information on the offenders would be given.

Permission to carry out the study was obtained.

2. *RESPONDENT GROUP*

The three respondents who took part in the exploratory study were all Probation Officers who worked in a prison setting and had been selected to attend a training conference on the use of risk assessment tools in the dynamic supervision of sexual offenders to be given by Dr Andrew Harris, Clinical Psychologist, Forensic Assessment Unit, Ottawa, Ontario, Canada. Four Probation Officers, one of whom was the researcher, from the Irish Probation Service attended the training in the Hanson and Harris risk assessment tool which included the STATIC – 99, the Stable Dynamic 2007, and included two variables stable dynamic and Acute Dynamic. However the respondents had varying degrees of experience of working with sexual offenders. Respondent A was very experienced having worked on an inter-agency group programme coupled with one-to-one experience. Respondent B was also an experienced Officer having worked with sex offenders on a one-to-one basis both in a prison setting and in the community, while Respondent C was relatively inexperienced with this offender group. Information to complete assessments for the exploratory study was taken from file documentation and the information was not stored on files afterwards.

To complete the initial assessment using clinical judgement only, the target number was twelve, four clients each per Officer. However eleven clients were assessed, comprising of low, medium and high risk categories. The target number had to be reduced by one due to the fact that assessment information on files was sometimes limited, and in one prison setting it was due to a lack of prioritising of the sexual offender population by the

Probation Service. To ensure non contamination of the controlled group initial

assessments were held by the researcher who did not take part in the assessment process.

There were different criteria used to assess the controlled group of eleven in the absence

of a formal strategy within the Service. The assessments using clinical judgement were

based on;

- knowledge of the client group

- length of experience with sex offenders, and

- training and knowledge gained on a regular basis or ad hoc.

All of these variables had a direct impact on the assessment carried out.

The fact that not all the Officers taking part had the same level of experience placed

emphasis on different issues they deemed to be relevant criteria for assessing the

probability of re-offending / recidivism. The respondents formed a focus discussion

group and attended two organised practice days to allow them to practice their new skills

and cross reference with each other in order for an inter-relater reliability process to be

built in.

3.   *DATA REVIEW*

Of the eleven assessments carried out using clinical judgement, only seven could be re-

assessed using the Hanson and Harris tools. This was due to a lack of documentary

information on the case file to complete such extensive assessments. Also officers stated

that they were unfamiliar with the task and a greater length of time would be needed for

the knowledge from the two day conference to become assimilated and practiced before their confidence grew in using the tools. Seven were re-assessed using the STATIC – 99 and the Stable Dynamic 2007, and one of the offenders was also assessed using the Acute Dynamic tool. The reason for this was that the offender had been released and the Acute tool can only be used on offenders who are on supervision.

The table below summarises the risk assessed of the sample group by the respondents using clinical judgement and actuarial tools.

Client	Clinical Judgement	STATIC – 99	Stable Dynamic 2007	Acute Dynamic
Client No. 1 – Sexual assault on daughter • History of alcohol misuse. • No treatment sought. • Involved in anti-social behaviour. • Fails to see the need for any further intervention. • Limited support in the community. • No on post-release supervision. • Limited insight into impact of offence. • Supervised access to other children. • Engaged with Probation / Psychological services but not specifically to offence	Medium / high risk	Low risk	Moderate risk	n/a
Client No. 2 – Sex assault of daughters x 5 • Victim of sexual abuse. • Limited boundaries. • No treatment sought. • Has full support from partner. • Limited support in the community. • Poor victim empathy. • No responsibility taken. • Willing to attend counselling in relation to his own victimisation.	High risk	Low risk	High Risk	n/a

Client No. 3 – Sexual assault – adult stranger victim • History of drug misuse. • Psychiatric history. • History of self harm • No post release supervision. • Willing to receive treatment. • Good family support. • Motivated to further education / employment options.	Medium / high risk	Moderate / high risk	Moderate risk	n/a
Client No. 4 – Attempted rape – known victim adult female • Alcohol misuse. • First conviction. • Willing to seek ongoing counselling. • Takes responsibility for actions. • In employment • Family support • Partner support	Low risk	Moderate / low risk	Moderate risk	Low
Client No. 5 – Assault with intent to rape and false imprisonment. • Two violent sexual offences as juvenile. • Has attended treatment in the past. • Does not take full responsibility for his actions. • Manipulative personality. • Fixated with women. • Alcohol factor in offending. • Attends AA. But lacks commitment. • Concerns about relapse on release. • Lacks confidence. • No family support. • No support in the community. • Never had intimate partner. • Long sentence – institutionalised.	High risk	Moderate / high risk	Moderate risk	n/a
Client No. 6 – Rape known victim. • Two violent sex offences • Serving the second of two long sentences • Attended treatment in the past. • Long history of alcohol misuse. • Attending AA, committed. • Managing his anger. • Good social skills. • Gambling issues.	Medium risk	Moderate / low risk	Moderate risk	n/a

Client No. 7 – Rape and assault – adult stranger victim. • Treatment completed • Good family support • Employment organised on release. • Can stay with family on release. • Awareness of anger issues and management of stress. • Victim empathy.	Low risk	Moderate / low risk	Moderate risk	n/a

Table 4: Data Review of Exploratory Study Clients

4. *FOCUS GROUP DISCUSSION ON ASSESSING SEX OFFENDERS*

One month after the Hanson and Harris training conference the researcher met with the respondent group. The respondents were based in three prison settings who prioritised their sex offender population differently.

4.1 Varying Practices

One prison gave high priority to this grouping as it accounted for half of the total population of the prison. The staff ratio was adequate. It had a dedicated programme and worked on pre-release plans with the offenders before being released on post-release supervision. If the offender was not subject to post-release supervision, voluntary contact was offered with a nominated contact person as a bridging mechanism. Also another prison prioritised sex offenders on post-release supervision. However in a rural setting there were limited interventions offered and the sex offender population was not prioritised despite the fact that it had one of the largest sex offender populations. It is

clear from these findings that the Service does not have a cohesive strategy, and needs to be co-ordinated to bring about a greater consistency between urban and rural settings.

- Reduced staffing numbers in one setting had a bearing on this and a lack of clarity about what strategy the Service was going to adopt in terms of prisons, e.g. will the Probation Service still have a role in prisons?

- Also a lack of preparatory work which was offence focused to enable / encourage offenders to participate in dedicated inter-agency group work programmes.

- Knowledge and specific training that targeted offence related issues, such as cognitive behaviour theory approaches.

- Also Officers who were not involved in inter-agency approaches were not afforded ongoing specific training to update their knowledge / skills thus their access to training was limited, which was often provided in-house. There were limited finances available for independent training for these Officers. This was often a de-motivating factor for the respondents who felt their work was not being recognised.

4.2   Profiles

All the respondents did not take the age profile of the offender group into account, e.g. age at time of the offence and age on release. When clinically assessing risk the literature highlights that risk of recidivism is increased if the offender is under twenty five. Therefore risk of re-offending is increased the younger the offender is. Also it highlights that risk of recidivism is reduced after aged fifty and upwards. It is the first component on static measures.

Only one of the respondents differentiated between familial victims, stranger victims and known victims using clinical judgement. The literature indicates offenders that offend against a familial victim recidivates at a lower rate than those who offend against a male victim, unrelated victim and stranger victim. Also offenders against male's recidivates at a higher rate due to the deviant component.

One respondent included information of an offender having been sexually abused in the clinical assessment and attached a high risk rating. This is an issue that requires exploration but needs to be done sensitively and follow-up counselling offered. However offenders should not feel punished for revealing this information. In doing so victim empathy may be increased. However if their own victim issues are not addressed it may be a barrier to addressing offending and offenders may feel further punished and re-victimised.

Alcohol and drug misuse was a significant factor in offending patterns in that five out of the seven identified addiction issues. Substance misuse can be used to minimise responsibility, however it is often used to give offenders permission to act out deviant behaviour. Three out of the seven offenders had poor or no family support. The respondents using clinical judgement initially factored this in and viewed a lack of support as a negative as they felt that it increased risk, and viewed good support systems as a positive. Likewise post-release supervision was viewed as a positive as it provided a framework for reducing risk. Two offenders were not subject to post-release supervision and the respondents appeared to view this as a negative and therefore assessed them as

medium / high risk using clinical judgement. One of these offenders was re-assessed as low risk when assessed using the combined static and dynamic factors. Bias on behalf of the respondent may have played a part in the initial assessment. When the respondents reassessed using actuarial tools this appeared to give them a greater range / depth of questions that the literature identified as increasing risk of recidivism.

5. *COMPARISON OF CLINICAL JUDGEMENT AND ACTUARIAL TOOLS*

Client	Comparison	Comment
1	Clinical Judgement = Medium / high risk. Actuarial Tools = Low risk.	Over estimate = respondents may have brought bias re: familial abuse – does not recidivate at as high.
2	Clinical Judgement = High risk. Actuarial Tools = Moderate / low risk.	
3	Clinical Judgement = Medium / high risk. Actuarial Tools = Moderate / high risk.	Concurred with clinical judgement.
4	Clinical Judgement = Low risk. Actuarial Tools + Acute = Low risk.	Concurred with clinical judgement.
5	Clinical Judgement = High risk. Actuarial Tools = Moderate / high risk.	Slight over estimate
6	Clinical Judgement = Medium risk. Actuarial Tools = Moderate / low risk.	Good degree of accuracy
7	Clinical Judgement = Low risk. Actuarial Tools = Moderate / low risk.	Represents under estimate, bias may be displayed due to involvement with clients.

Table 5: Comparison of Clinical Judgement and Actuarial Tools

Observations on above table:

- The results of the table indicate some bias in respondent's clinical assessments. Client numbers 1 and 2 in particular deserve mention where familial abuse was involved – variance in over estimates.

- Also client number 7 indicated an under assessment of risk due to a high level of involvement between the offender and the respondent in terms of therapeutic intervention on a long term basis – bias may have been involved.

- Client number 5 demonstrated a slight over estimate

- The table shows that when clinical judgement was solely used the respondents tended to over estimate the risk in three out of the seven clients and under estimated the risk in one.

- Most notable examples were in client numbers 1 and 2 where the respondent over estimated risk in familial abuse, not differentiating between different sub-groups of offenders, e.g. familial abusers and other types of abuse, thereby treating all sex offenders as posing the same risk. This has implications for practice.

- In solely using clinical judgement respondents sometimes failed to take into account dynamic risk factors that have the potential to mediate or moderate the level of risk indicated. By focusing on static risk indicators they overlook typical targets for change as indicated by the sex offender literature.

- In order to tease out dynamic risk factors skill / knowledge needs to be applied. It was clear from the respondent group that one respondent felt competent having gained the skill, knowledge and training as they had participated in a dedicated integrated sex offender programme, where clinical judgement and actuarial assessments were combined to access risk / needs.

6. FOCUS GROUP FEEDBACK ON THE RESEARCH TASK

Following the two day training and having completed the re-assessments the respondents met the researcher as a group to give feedback on the task and the use of the Hanson and Harris risk assessment tools. The following areas were discussed.

(a): Use of a formal assessment tool as evidence base practice.

The respondents believed that it would be easier to use a formal assessment tool as it would provide a framework of interventions that have been assessed as suitable for treating sex offenders in line with the "what works" and evidence based practice principles (McGuire 2002). Officers were familiar with this literature which has wide application in the Probation Service. Also the use of formal assessment tools as use with all other clients in the Service provided an effective way for the Officers to achieving goals. They believed that such tools would allow Officers to tailor treatment to low, medium and high risk clients according to the "what works" literature taking equal account of what has become known as the "holy trinity" risk, needs and responsivity using cognitive behavioural approach as is commonly used in the Service. Probation Officers were encouraged that their clinical judgement could be validated and supported against a formal assessment tool that would provide evidence for their interventions, which has been supported by research programmed approach to their work.

(b): Value of the assessment tool and recommendations for change.

The respondents believed that the management of the Service would take more notice of their assessment of risk if it was backed up by an actuarial tool. This dual process of

clinical judgement supported by a risk assessment tool would, in their view, validate their findings. There were concerns raised about the fact that the actuarial tool was more accurate at predicting a group of sexual offenders, and not as accurate in predicting recidivism in individuals. This focused the conversation on the need for improved clinical judgement as a back up to any actuarial tool. They argued that access to training and the latest research would provide for greater accuracy than clinical assessment combined with the assessment tools. There was some concern also expressed about the Hanson & Harris battery of assessment tools in the Irish jurisdiction, as they were designed primarily on Canadian samples of offenders. They felt that assessment tools would assist them to build up a greater profile of their client over time, not only on risk but also the needs of their clients which would help to reduce risk. They thought that the assessment tools were complicated and required a vast amount of information to complete, which required skills and accuracy. This information was more detailed than they would have previously obtained using clinical judgement. The respondents also felt they would be more comfortable if they could do assessments with a colleague as a back up to assess accuracy.

The respondents felt the language used was often jargonised and written by academics for academics. The Stable Dynamic assessment, which is the second assessment, needs a vast amount of information to complete and relevant questions need to be asked in order to elicit the appropriate information. This requires skill and confidence with this client group.

(c): Assessment tools as a basis for planning interventions.

Respondents agreed that using risk assessments gave Probation Officers a clear perspective on the meaning of risk, and highlighted key areas that needed to be focused on to reduce risk. Risk assessment tools also gave them more confidence in their clinical judgement that they would have been using solely to assess offenders. They also believed that using these tools in conjunction with their clinical judgement reduced the bias they may have introduced to their work previously without being aware of it.

The index offence on the STATIC – 99 was found to be difficult to define but was vital to achieving accuracy in scoring, if the offender had committed a number of offences over a period of time. The respondents felt that it would have been beneficial if some information sharing had occurred prior to the two day training conference, so they could have prepared better.

(d): Views on current work of Probation Officers with sex offenders.

Following the assessment above carried out by the respondents, the researcher participated in an open discussion with them to solicit their views on the work being carried out by the Probation Service with sex offenders. Detailed below are the main points made:

- There were concerns among the respondents that the research knowledge in relation to sexual offenders and the principles of effective practice was only being applied in the sex offender's therapeutic programme and the Lighthouse Programme, and not in general one-to-one supervision with Probation Officers. The therapeutic programme

is a prison based programme that has been in existence for the past thirteen years, while the Lighthouse Programme is a community based therapeutic programme aimed at low to medium risk offenders. Both are inter-agency initiatives which have developed specific treatment programmes using evidence base practice supported by research and updated on a regular basis in line with best practice.

- The respondents felt there was a lot of ad-hoc practice being applied across the Service in the intervention of sex offenders whilst subject to supervision. From the discussions the feeling was that apart from the treatment programmes specified reference and application to research was somewhat lacking.

- There appeared to be a lack of clarity when comparisons were made between urban and rural areas.

- There was a widely held perception that the Service had "neglected" this area of work. Over the years, and apart from inter-agency initiatives already highlighted, there was little available for individual Probation Officers working on a one-to-one basis with sexual offenders. They felt officers were often isolated and had a lack of knowledge about research findings and its application to their practice. This is borne out by Officers that have been transferred into inter-agency run programmes.

- It was also felt that research was low priority for the Service as it was unable to identify those offenders who had successfully completed orders and the rate of

recidivism currently. They thought that there was a need for this to be prioritised, as there was a lack of clarity about what constituted "success" with sex offenders in the community and rates of offenders that recidivated and why?

- There was a strong feeling that Officers were often supervising high risk clients with little support, coupled with sometimes little knowledge held by supervisors. The widely held belief was that clients and public safety can't wait for the Service to provide quality ongoing training to build on knowledge. The view was that management felt that social work training was sufficient to assist Officers working with this client group, and even with that not all Probation Officers have had that training.

- The respondents stated that there needs to be a dedicated research strategy initiative to look at a "programmed approach" to working with sex offenders, both on a one-to-one basis and group initiatives for offenders who are assessed as unsuitable for the Lighthouse Programme, for example rapists. This is because the Lighthouse Programme is only currently suitable for child sex abusers. This was felt to be a high priority and should be led by Senior Management because the number of sex offenders is growing in the community. However the Service could not provide a definitive number being supervised as it only had statistics from 2001 onwards, when the Sex Offenders Act was introduced.

- Generally the respondents felt that it was a very positive step by the Service in its adoption of the STATIC – 99, Stable and Acute Dynamic predictors for assessing sex offenders.

Overall, the focus discussion group thought that clinical training / experience was vital to the assessment process combined with actuarial tools. They felt strongly that tools cannot be used appropriately without sound clinical training / knowledge to complement the process.

The data highlighted the need for a standardised approach to risk assessment. To achieve this aim both clinical judgement and actuarial assessment tools need to be given equal priority in order to achieve an accurate prediction of risk.

The need for quality training underpinned by recent research needed to be a high priority in ensuring that the knowledge base of Officers was regularly updated. Also the need to utilise the knowledge and expertise of a small group within the Service, to inform a wider group that are working independently on a one-to-one basis with offenders is essential.

Finally the focus discussion group were frustrated by the lack of direction by management in their progression of the way forward. The central issue appeared to be rooted in ethics and this had the potential to become a stumbling block. The respondents were given no direction as to when they would go live with the STATIC – 99, Stable Dynamic and Acute Dynamic. There remained a lack of clarity around the issue as

management felt the need to consult with the Probation Board of Northern Ireland (PBNI) before proceeding further. In the interim it was agreed that assessments could take place but that information gleaned from clients would not be stored on official files. The respondents felt that a high level of competence could only be attained when the Service went live with the tools and that clients would be informed of that fact.

7.   CONCLUSION

The respondents were very energised by the possibility of their work being backed up by research. The structure imposed by systematic assessment would redefine the way sexual offenders are supervised taking account not only of risk but the needs of a diverse client group. The dedication and commitment that the respondents bring to their work was evident and must be capitalised upon. However there was a note of caution articulated in that interventions cannot be assessed unless the Service was willing to conduct research to determine whether treatment is having an impact.

CHAPTER 6:   CONCLUSIONS: IMPLICATIONS FOR PRACTICE

1.   INTRODUCTION

This dissertation set out to study risk assessment of sex offenders in probation settings, to study the possible introduction of a risk assessment tool in the Irish Probation Service and to compare the use of clinical and risk assessment tools in a small sample of cases in the Irish Probation Service.   The study undertaken for this dissertation was very limited. Therefore the findings have to be interpreted very cautiously. However, the study has highlighted a number of issues.

2. LITERATURE REVIEW

The literature review undertaken in this study examined the development of risk assessment tools. Initially interventions with sex offenders largely depended on the clinical judgement of practitioners concerning the risks to the wider community following detection.   However more recently empirical evidence has supported the development of a battery of risk assessment tools to enhance clinical judgement.

The literature traced the development through three generations of assessing risk starting with the first generation based on clinical judgement, the second being actuarial assessment and the third the dynamic risk assessment. Over the past decade the move has

been to combine the three generations of managing risk into a comprehensive framework. This has culminated in the development of a number of risk assessment tools. The literature showed that there are two schools of thought regarding the value of these assessment tools.

3. CHANGING APPROACHES TO ASSESSMENT OF SEX OFFENDERS IN THE IRISH PROBATION SERVICE

The Irish Probation Service is presently undergoing fundamental change in the way it manages offenders. It was decided to adopt the Hanson & Harris (2000) risk assessment tool in combination with the traditional assessment methods. The dissertation therefore examined a sample of cases assessed by a small number of probation officers using both clinical assessments and the Hanson and Harris Risk Assessment Tool. Such an approach has the potential to radically alter the way offenders are assessed for risk of re-offending. To be effective this process will require an imaginative strategy incorporating a comprehensive training program.

Findings:

The comparison between the clinical judgement and the use of the assessment tool showed that when clinical judgement was solely used the respondents tended to overestimate the risk. This appeared to be due to the fact that the officers sometimes failed to take into account dynamic risk factors such as interpersonal relationships, employment opportunities and other social factors which have the potential to mediate or moderate the level of risk. The use of the assessment tool highlighted the need for a

broader assessment and drew attention to the fact that dynamic factors needed to be taken into account. It was clear from this very small group of practitioners that the combination of both clinical judgement and the use of the assessment tool could have the potential to improve the assessment of the risk of re-offending. While this study only examined a very small number of cases this finding would appear to reflect the evidence in the literature.

In the discussions with the Probation Officers following the research exercise one of the main areas to be considered is the need for ongoing training in the use of the assessment tool. In particular, it was clear that to use the tool more in-depth information regarding the client group was needed. This was an important finding as it showed the information deficit that could arise from only using clinical judgement. The use of the Assessment tool highlighted the need for assessors to collect far more detailed information about the background, social relationships and behaviour of the particular offenders.

The issue of validation of assessments was an important area highlighted in the dissertation. The officers expressed the view that working in pairs would enhance the validity of the risk assessment and their own confidence in their ability to carry out valid and extensive assessments. These concerns arose from the fact that far reaching decisions on interventions would be based on their assessments. Therefore, the level of validity was important as it could affect decision making concerning the future lives of the individual sex offenders and the safety of the general public. In addition, it has resource implications for the probation service in so far as the intensity and level of supervision would be related to the level of risk assessed. Where offenders have been

incorrectly assessed they may receive high levels of supervision which would not necessarily be required and in addition it could have an adverse affect on their behaviour. However, the general view was that the introduction of the assessment tool could validate their work and give a greater level of evidence based practice to their role.

It can be noted from the respondents that took part in the training conference that change has begun and is welcomed. However perceived management resistance and resources were highlighted as key obstacles. Therefore support and a flexible leadership style would be important to take account of practitioner's views and knowledge, but that clear direction is required from Senior Management

4. FUTURE DEVELOPMENTS

A number of issues arise for the integration of the use of Assessment Tools in the Irish Probation Service:

- Need for training of greater numbers of officers who can carry out the assessments

- There is an argument to be made for the introduction of specialist teams undertaking risk assessments for sex offenders. This would have merit in so far as it could develop a high level of expertise and supportive network for practitioners. It could also assist in providing a framework for enhancing reliability between assessors.

- Commitment to cross border partnership with the Probation Board of Northern Ireland who have been undertaking actuarial risk assessments for some time.

- Another key area highlighted by the Hanson & Harris training was the need for a formalised national standards guidelines to be operational within the organisation. These guidelines would under pin and form an additional support with a risk assessment tool to provide a balance consistence service.

- In order to provide a comprehensive risk assessment strategy the Probation Service cannot do everything. Thus it is vital that interagency co-operation is promoted as different practice exists in the Service.

- Need for a larger study of the use of the tools and a comparison between clinical and actuarial assessments. The aim of the study would be to access clients on supervision who could be assessed using the STATIC – 99 and the Stable Dynamic assessments. When the clients are released the Officers who carried out the assessment could assist the supervising Probation Officer in the community to complete the Acute Dynamic assessment. The information gleaned from the study would be invaluable in setting up structures and specialised assessment teams to administer the tools. A longitudinal study which could assess outcome would act as a validation of the assessment tool and the level of intervention that follows.. In the absence of clear research such as a longitudinal study would inform the Service on the value of the tool.

It is clear that the Service is willing to embrace change with the initial adoption of the

Hanson & Harris risk assessment tools and it now needs to follow up on these early

initiatives. It is hoped that this dissertation, while limited, will contribute to the level of

knowledge regarding the risk assessment and risk management of sexual offenders in the

Irish Probation Service.

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APPENDIX A: STATISTICS ON CONVICTED SEXUAL OFFENDERS IN IRELAND

Location	Total		Court	Total
Cork Prison	1		Central Criminal Court	119
Portlaoise Prison	1		Circuit Court	128
Limerick Prison	1		District Court	23
St Patricks	4		Court of Appeal	4
Trinity House	1			
Mountjoy Prison (CMH)	2			
Wheatfield Prison	29			
Arbourhill Prison	35			
Castlerea Prison	5			
Midlands Prison	17			
Community	114			
Supervision completed	64			
Totals	**274**			**274**

Offences:

Offence	Total
Aggravated sexual assault	10
Attempted buggery	1
Attempted rape	10
Attempting to have sex with a mentally impaired person	1
Buggery	10
Gross indecency	1
Incest	1
Indecent assault	23
Not available	2
Possession & distribution of child pornography	2
Possession of child pornography	15
Possession of child pornography & soliciting	1
Possession of child pornography & gross indecency	2
Production of child pornography	2
Rape	83
Rape of a minor	1
Section 6 (1) of the Child Trafficking & Pornography Act	2
Sexual assault	84
Sexual assault with a mentally impaired person	1
Child Trafficking & Pornography Act	2
Unlawful carnal knowledge	14
Unlawful intercourse with a mentally impaired person	4
Unlawful sexual intercourse	2
Total	**274**

Releases:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2006	4	5	2	4	5	5	2	3	2	3	2	3	**40**
2007	6	4	3	1	1	2	1		2		1	4	**25**
2008		3	2	2		4	3	4	2		3	2	**25**
2009		2	2	2			1	1	4	3		2	**17**
2010	1		3		1	1	1	1	1			1	**10**
2011	1	1	1	1	1	2	2	1	1		1	2	**14**
2012			1	2	2			1	1		1		**8**
2013	1	1	1					3		1	2		**9**
2014			1						1				**2**
2015												1	**1**
2018								1		1			**2**
2019												1	**1**
Totals	**13**	**16**	**16**	**12**	**10**	**14**	**10**	**15**	**14**	**8**	**10**	**16**	**154**

APPENDIX B: STATIC – 99 SCORING SHEET

STATIC-99 - TALLY SHEET

Subject Name:
Place of Scoring:
Date of Scoring: **Name of Assessor:**

Question Number	Risk Factor	Codes	Score
1	Young (S9909)	Aged 25 or older Aged 18-24.99	0 1
2	Ever Lived With (S9910)	Ever lived with lover for at least two years? Yes No	0 1
3	Index non-sexual violence -Any Convictions? (S9904)	No Yes	0 1
4	Prior non-sexual violence -Any Convictions? (S9905)	No Yes	0 1
5	Prior Sex Offences (S9901)	Charges Convictions None None 1-2 1 3-5 2-3 6+ 4+	0 1 2 3
6	Prior sentencing dates (excluding index) (S9902)	3 or less 4 or more	0 1
7	Any convictions for non-contact sex offences (S9903)	No Yes	0 1
8	Any Unrelated Victims (S9906)	No Yes	0 1
9	Any Stranger Victims (S9907)	No Yes	0 1
10	Any Male Victims (S9908)	No Yes	0 1
	Total Score	Add up scores from individual risk factors	

Suggested Nominal Risk Categories	POINTS	Risk Category
	0,1	Low
	2,3	Moderate-Low
	4,5	Moderate-High
	6+	High

APPENDIX C: STABLE DYNAMIC 2007 SCORING SHEET

STABLE-2007 - TALLY SHEET

Subject Name:

Place of Scoring:

Date of Scoring: Name of Assessor:

Scoring Item	Notes	Section Total
Significant Social Influences		
Capacity for Relationship Stability		
Emotional ID with Children	(Only score this item for child molesters)	
Hostility toward women		
General Social Rejection		
Lack of concern for others		
Impulsive		
Poor Problem Solving Skills		
Negative Emotionality		
Sex Drive Sex Preoccupation		
Sex as Coping		
Deviant Sexual Preference		
Deviant Sexual Interests in Possible Remission An offender who has scored a "2" based upon historical facts can have their Deviant Sexual Interest score reduced by one point if the following is present: The offender is involved in an age appropriate, consensual, satisfying sexual relationship of at least one years duration while "at risk" in the community with the absence of behavioural indicators of Dev iant Sexual Interest for 2 years. If the presence of this relationship has been confirmed by a credible, independent, collateral contact and the above condition applies you may enter and count a "negative 1" in this score box- reducing the offender's overall score by "1"		
Co-operation with Supervision		
Sum for Final Total (Out of 24 for those without a child victim, see Tab 8, page 36 for definition of a "child")		26

Interpretive Ranges: 0-3 = Low,   *4-11* = Moderate, 12+ = High

Scoring Social Influences

POSITIVE	NEGATIVE	FINAL SCORE
2	0	**0**
3	0	
3	1	
4	0	
4	1	
4	2	
5	0	
5	1	
5	T	
5	3	
6	0	
6	1	
6	2	
7	0	
7	1	
8	0	
0	0	**1**
1	0	
I	1	
i	1	
2	2	
3	2	
3	3	
4	3	
4	4	
0	1	**2**
1	2	
1	3	
1	4	
1	5	
1	6	
1	7	
·っ	3	
2	4	
2	5	
•j	6	
3	4	
3	5	

Scoring Capacity for Relationship Stability

Capacity for Relationship		
"A" Part Lived Two Years with a	"B" Part Tenor of Current Relationship	Final Score on this item
No	No Current Relationship (2)	**2**
No	Poor/Stable dating (1)	
No	Acceptable (0)	**1**
Yes	No Current Relationship (2)	
Yes	Poor/Stable dating (1)	
Yes	Acceptable (0)	**0**

APPENDIX D: ACUTE DYNAMIC 2007 SCORING SHEET

ACUTE-2007 - TALLY SHEET

Subject Name:

Place of Scoring:

Date of Scoring: **Name of Assessor:**

Sex/Violence Score (Sum four factors)	Score	General Recidivism Score (Sum all seven factors)	Scoring
• Victim Access		-> -^ Copy these scores over -> -> ->	
• Hostility		-> Copy these scores over -> -> -> ->	
• Sexual Pre-occupation		Copy these scores over -> -^ -} ->	
• Rejection of Supervision		Copy these scores over -> ->	
		• Emotional Collapse	
		• Collapse of Social Supports	
		• Substance Abuse	
Sex/Violence Total (Sum of four factors)		General Recidivism Risk Total (Sum of all seven factors)	

Sex and Violence Risk and General Recidivism Risk

Sex/Violence Nominal Categories   **General Recidivism Risk Nominal Categories**
(Sum of four risk factors)   **(Sum of all seven risk factors)**

Low Priority   Low Priority   0

Moderate Priority-   Moderate Priority   1 -2

High Priority   2+ (plus)   High Priority   3+ (plus)