WORKING WITH SEXUAL OFFENDERS: STRENGTH-BASED APPROACHES AND DESISTANCE FACTORS

Jennifer Pryboda, MA (Hons), MSc

Thesis submitted to the University of Nottingham for the degree of Professional Doctorate in Forensic Psychology (D.Foren.Psy)

July 2015

"The first step toward redemption is the wiping out of a self, followed by the construction of a new one"

- *Walter Kirn*

Abstract

This thesis aims to provide a broad overview of topics relating to desistance factors and strength-based approaches to working with male sex offenders. It incorporates diverse methods, including a systematic review, an empirical study, an individual case study, and a critique of an actuarial risk assessment.

Following an introductory chapter, Chapter 2 presents a systematic evaluation of 15 studies reporting on the relationship between denial or minimisation of offending and recidivism by adult male sex offenders. The highest quality studies (n = 5) do not find a consistent relationship between these variables. Some support for the view of denial as a protective mechanism against recidivism is found. Four studies exploring *categorical* denial find no relationship between denial and recidivism, lower recidivism rates by categorical deniers. Higher recidivism rates are found for low static risk and intra-familial offenders in categorical denial.

In Chapter 3, predictors of belief in sex offender redeemability are explored in participants working or volunteering with sex offenders, and participants not working or volunteering with offenders. For those working or volunteering with sex offenders, stronger redeemability beliefs were predicted by being less punitive, younger and having a professional role which involved delivering treatment or working with sex offenders in a therapeutic capacity. For participants who did not work or volunteer

with offenders, belief in sex offender redeemability was predicted by being less punitive, male, younger and endorsing more situational (rather than dispositional) explanations for sex offending. For female participants, those working or volunteering with sex offenders were less punitive and held stronger redeemability beliefs than females who did not work or volunteer with offenders. This difference was not found for male participants.

Chapter 4 describes a strength-based approach to the assessment, formulation and treatment of an adult male sex offender with an intellectual disability in a prison-setting. The client was deemed to have responded positively to the strength-based treatment approach and progress was made in addressing his treatment need relating to offence-supportive attitudes, antisocial peer network and coping skills. Treatment need remained in relation to sexual interests and intimacy deficits. Positives in the strength-based approach included the use of the 'success wheel' to encourage focus on pro-social goals, encouragement to develop an adaptive, pro-social identity and the positive impact on the client's motivation for change. However, restrictions resulting from the prison setting and standardised framework were highlighted in terms of their impact on strength-based practice.

Chapter 5 critiques the Risk Matrix 2000 actuarial assessment tool for use with intellectually disabled sex offenders. It finds limited empirical support for using the Risk Matrix 2000 with this population and raises

concern that high stake decisions are made based on information from this assessment. Further research to explore its reliability and validity for use with this client group is recommended. The Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend Sexually is highlighted as an assessment tool with stronger empirical support in terms of predictive validity. It is found to be a more ethically defensible tool than the Risk Matrix 2000, given its holistic consideration of strengths in addition to deficits.

Chapter 6 concludes that the thesis achieves its overall aims of developing understanding of desistance factors and strength-based approaches to working with sex offenders. A model is developed which proposes several mechanisms through which the desistance process is enabled or impeded for sex offenders. This model incorporates consideration of denial, staff and public attitudes about sex offenders, community reintegration, social capital, self-identity, static risk, supervision, strength-based practice and treatment effectiveness. Future research is recommended to empirically test this model, through further exploration of the potential protective function of denial for sex offenders, exploration of additional variables explaining variation in redeemability beliefs and exploration of the effectiveness of strength-based approaches to assessment and intervention for sex offenders.

Statement of Authorship

Chapter 2 contains material that has been submitted to a journal. This chapter has been co-authored by Dr. Shihning Chou and Professor Kevin Browne from the Centre of Forensic and Family Psychology at the University of Nottingham. I would like to thank Joanne Garraway for her assistance in double-scoring a proportion of the included studies in the quality assessment stage of the systematic review.

The results of Chapter 2 were presented at the following professional conference (see Appendix A):

Pryboda, J.C., Chou, S. & Browne, K.D. (2014, June). *The impact of denial and minimisation on sex offender recidivism: A review following a systematic approach*. Poster presented at the British Psychological Society Division of Forensic Psychology Annual Conference, Glasgow, UK.

Acknowledgements

There are numerous people who have supported, motivated and encouraged me in the process of completing this thesis, some of whom I have space here to thank...

Firstly, I would like to acknowledge and thank my research supervisors, Kevin Browne and Shihning Chou. You have both helped me stay on track and stick at it when faced with obstacles along the way. I am grateful for the time and support you have given me. I would also like to thank Mark Kells for going over and above his role to provide supervision and support.

Huge thanks go to my colleagues, who spurred me on. You have made this thesis possible by taking on extra work and allowing your working lives to be impacted so that I could venture outside of the department! Extra special thanks go to Janet Bracewell, without whom I would never have got started. Thank you for developing my enthusiasm for working with sexual offenders.

Motivational caffeine-fuelled chats and distractions provided by friends have helped keep me (somewhat) sane.

Finally, thanks go to my family, especially my husband, for supporting me throughout the ups and downs. I know how much you have all had to put up with to help me get through – I could not have done this without you.

Table of Contents

Glossary of Terms

AFC	Adaptive Functioning Checklist
AIM-2	Assessment Intervention Moving on
ARMIDILO-S	Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually
AUC	Area Under the Curve
BISOR	Belief in Sex Offender Redeemability
BNM	Becoming New Me
BPS	British Psychological Society
CATSO	Community Attitudes Towards Sex Offenders
CBT	Cognitive Behavioural Therapy
CDH	Counterfeit Deviance Hypothesis
DFP	Division of Forensic Psychology
GLM	Good Lives Model
HMPS	Her Majesty's Prison Service
HSP	Healthy Sex Programme

ID	Intellectual Disability
LNM	Living as New Me
NOMS	National Offender Management Service
RM2000	Risk Matrix 2000
ROC	Receiver Operating Characteristics
RSFA	Risk and Success Factors Analysis
SACJ	Structured Anchored Clinical Judgement
SAPROF	Structured Assessment of Protective Factors for Violence Risk
SARN	Structured Assessment of Risk and Need
SO	Sex Offender
SODAS	Sex Offender Dispositional Attribution Scale
SOPS	Sex Offender Punitiveness Scale
SOTP	Sex Offender Treatment Programme
SSPI	Screening Scale for Paedophilic Interest
SVR-20	Sexual Violence Risk-20
WAIS-IV	Wechsler Adult Intelligence Scale – 4th edition

List of Tables **Page**

List of Figures

List of Appendices **Page**

Chapter One

Introduction to Thesis

Research into sexual reoffending has typically focused on risk factors and deficits. More recently, interest has been growing in strength-based approaches to working with sex offenders, though Farmer, Beech and Ward (2012) still argued that insufficient attention has been paid to *desistance* – the reasons that criminal careers terminate. Desistance from offending has been described as a process rather than a discrete event (Maruna, 2001). It can be defined as a person ceasing offending and becoming a productive citizen (Willis, Levenson & Ward, 2010). *Protective factors* are those factors which contribute to this decreased risk of reoffending (Boer, 2013).

More progress has been made in integrating strength-based approaches into sex offender *treatment* (e.g. Willis, Yates, Gannon & Ward, 2013), than into the *assessment* arena (de Vries Robbé, Mann, Maruna & Thornton, in press). Assessments which currently incorporate protective factors against sexual offending include the Structured Assessment of Protective Factors for Violence Risk (SAPROF; de Vogel, de Ruiter, Bouman & de Vries Robbé, 2009); the Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually (ARMIDILO-S; Boer et al. 2013); and a tool specifically for juvenile offenders – the Assessment Intervention Moving on (AIM-2; Print et al. 2009).

There are various reasons why a move towards a more strength-based approach to working with sex offenders is necessary. Perhaps

most importantly, protective factors have demonstrated additional predictive validity for recidivism, over and above that seen for assessments focusing solely on risk factors (de Vries Robbé et al. in press; de Vries Robbé, de Vogel, Douglas & Nijman, 2014). de Vries Robbé and colleagues (in press) argued that purely deficit-focused assessment can lead to increased rates of 'false positives' i.e. predicting that a non-recidivist will be a recidivist.

Secondly, an exclusive focus on risk factors increases the stigmatisation of sex offenders (de Vries Robbé et al. in press) and could increase recidivism risk by increasing feelings of isolation, loneliness and low self-esteem (Thornton, Beech & Marshall, 2004). From a labelling theory perspective (Becker, 1963), stigmatisation increases risk by precluding access to opportunities necessary to maintain desistance (Mingus & Burchfield, 2012). This leads to a 'self-fulfilling prophecy', in which the individual adopts the sex offender label and acts in accordance with this identity (Crocker & Major, 1989; Ward & Marshall, 2007).

Ward, Mann and Gannon (2007) argued that treatment is enhanced by focusing on approach goals (working towards achievement of a desired outcome rather than avoidance of an undesirable outcome) and strength-based approaches. Consistent with this view, Haaven (2006) stated that treatment should aim to emphasise and develop certain personal qualities including caring for others, honesty, respect, effort and courage. He believed it would be beneficial for offenders to internalise these concepts

into their sense of self as a 'New Me'. He also emphasised that encouraging the offender to develop a new identity would motivate him to take responsibility for the choices he makes. Haaven strongly argued that treatment must focus on developing offenders' personal empowerment and identifying pro-social goals that will support this new, adaptive self-identity.

In addition to enhancing motivation and increasing gains from treatment, adopting a more strength-based approach is likely to impact positively on working relationships between forensic staff and clients (de Vries Robbé et al. in press). Thornton (2013) proposed that it is easier to engage individuals in the assessment process if showing consideration of their strengths as well as areas of need. Researchers have emphasised that effectiveness of treatment, in particular, is heavily impacted by the offender's level of motivation and by the strength of the therapeutic alliance (Ward & Brown, 2004; Marshall et al. 2005; Ross, Polaschek & Ward, 2008).

If protective factors exist which will help practitioners to reduce recidivism and prevent further victimisation, there are both pragmatic and ethical reasons to advance understanding of this topic. However, relatively little research has been published to date, which specifically focuses on the desistance process for *sexual* offenders.

Farmer et al. (2012) highlighted that research is needed to identify specific protective factors and to explore whether these protective factors are purely the opposites of known risk factors, or whether additional desistance factors exist. Boer (2013) argued that it is unhelpful to view the *absence* of a risk factor as protective if an individual has sexually offended anyway, despite this risk factor being absent. He suggested that the mechanism underlying protective factors may mediate the relationship between the risk factors and offending behaviour; alternatively, protective factors may act as a buffer against the effect of risk factors on the individual. Some risk and protective factors, which relate to the same domain of functioning, may co-exist (de Vries Robbé et al. in press). For example, a person could have both pro-social and anti-social peers.

It is likely that some protective factors will be dispositional factors, such as personality traits or pro-social attitudes; others will be external, environmental factors which increase the likelihood of successful desistance. de Vries Robbé et al. (in press) distinguished between several types of protective factors, but suggested that the limited literature on this topic at present means it is more useful to focus on the combination of different types of these factors.

This key study by de Vries Robbé et al. suggested the presence of eight protective factor domains which seem important in explaining desistance in sex offenders. These domains were as follows: healthy

sexual interests; capacity for social intimacy; constructive social and professional support network; goal-directed living; good problem-solving; being engaged in employment or constructive leisure activities; sobriety; and having a hopeful, optimistic and motivated attitude to desistance. The authors of this study argued that practitioners can work with sex offenders to strengthen these protective factors or help sex offenders to compensate for the absence of these factors. An example of this compensation is the use of anti-libidinal medication as a compensatory aid for poor sexual self-control. The suggested protective domains represent underlying propensities, which may pre-exist or may have been acquired by the individual at some stage (de Vries Robbé et al. in press).

Boer (2013) suggested five categories of protective factors specific to the environment, rather than internal dispositional factors: social support, occupation, accommodation, treatment or case management programmes, and realistic plans. These suggested factors are consistent with the protective domains suggested by de Vries Robbé et al. (in press). Boer noted that his suggested protective factors are not mutually exclusive. For example, engagement in meaningful occupation could increase opportunities for building new social connections. The degree to which these types of environmental factors are present for a sex offender is likely to impact his ability to reintegrate into society and desist from further offending.

Willis et al. (2010) argued that practitioners working with sex offenders should focus not only on treatment, but also on the ongoing support and reintegration of these individuals into the community. Research into factors supporting desistance can therefore usefully focus on variables which might enhance or impede community reintegration (Willis et al. 2010) and on the development of social resources (Ullrich & Coid, 2011), as well as continuing to inform treatment approaches.

Various sources have argued that the government needs to promote a more socially inclusive and rehabilitative approach to the management of sex offenders, particularly in the community (e.g. Brown, Spencer & Deakin, 2007; Brown, Deakin & Spencer, 2008; Willis et al. 2010; Hannem, 2013). Research which advances understanding of desistance factors and strength-based approaches to working with sex offenders is vitally important in informing these governmental responses, as well as adding to the evidence base that underpins assessment, treatment and risk management approaches with this client group.

de Vries Robbé et al. (in press) made several suggestions for areas on which desistance research could usefully focus. These were as follows: identifying potential protective factors; developing theoretical explanations of the mechanisms of protective factors; conducting empirical research to test the relationship between proposed protective factors and recidivism; and developing tools to assess protective factors.

They argued that research into desistance by sex offenders is urgently required.

Thesis Structure

This thesis aims to provide a broad overview of topics relating to desistance factors and strength-based approaches to working with men who have committed sexual offences. It is motivated by the need to adopt practices which increase accuracy in predicting recidivism (de Vries Robbé et al. 2014) and desistance (de Vries Robbé et al. in press); to consider how to improve opportunities for sex offenders to reintegrate into their communities (Willis et al 2012); to consider how assessment and treatment of sex offenders can incorporate strength-based practice (Haaven, 2006; Ward et al. 2007); and improve the quality of working relationships between sex offenders and forensic staff (Ward & Brown, 2004; Marshall et al. 2005; Ross et al. 2008).

It aims to explore the theoretical underpinnings of strength-based approaches and to examine how these can inform forensic psychology in applied settings. The thesis comprises a systematic review on the impact of denial and minimisation on sex offender recidivism (Chapter 2), an empirical research study on predicting belief in sex offenders' redeemability (Chapter 3), an individual case study outlining the assessment and treatment of an adult male sex offender with an intellectual disability (Chapter 4) and a critical appraisal of the Risk Matrix

2000 for sexual offenders with intellectual disabilities (Chapter 5) – an assessment tool used in Chapter 4. Each chapter examines a topic related to potential desistance factors or to approaches to work with sexual offenders which focus on strengths in addition to deficits. Though presented in sequence, given the variety of focus and methods, the chapters can be viewed as independent studies.

Chapter 2 reports on a systematic review of the relationship between denial or minimisation of sexual offending and recidivism by adult males. Denial and minimisation are commonly considered by practitioners and the general public to be indicative of higher risk. However, existing research has not supported this assumption. Large-scale meta-analyses did not find a significant relationship between denial and recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Mann, Hanson & Thornton, 2010), but risk of methodological bias in the included studies was not reported. It has been suggested that denial and minimisation function to protect the self-esteem of individuals who have committed sexual offences, assisting them to distance themselves from their offending behaviour and adopt a more pro-social identity (Maruna & Mann, 2006; Ware & Mann, 2012). If denial functions in this way, it could reduce the likelihood of further offending. Alternatively, through the maintenance of a pro-social identity, denial and minimisation might increase recidivism risk by preventing acknowledgement of criminogenic need, limiting work that can be done to

modify or manage risk (Hanson & Morton-Bourgon, 2005). However, no previous systematic reviews of the relationship between denial or minimisation and recidivism by sex offenders existed. The review reported in Chapter 2 therefore aimed to clarify the nature and direction of any relationship between denial or minimisation and recidivism, as well as to explore factors which might moderate or mediate this relationship. Recommendations to improve the methodological quality of future primary studies on this topic are considered. Consideration is also given to the difficulty in defining denial and the difficulty in separating those individuals who are strategic in their denial from those individuals who are honestly trying to portray themselves as innocent. A third group may be those whose individuals whose denial stems from a lack of understanding of the situation (e.g. distorted beliefs about children and sex).

In Chapter 3, an empirical project is described, which explored predictors of 'redeemability beliefs' (Maruna & King, 2009) about sex offenders in a sample of 625 participants. Redeemability beliefs held by forensic staff and the general public can influence sex offenders' motivation, capacity and opportunity to strengthen protective factors, reintegrate into society (Willis et al. 2010) and desist from offending. In this study, participants who worked or volunteered with sex offenders were compared to participants who did not work or volunteer with offenders. Specific variables explored, in terms of their ability to explain redeemability beliefs, were punitiveness and attributions about the causes

of sexual offending. In the forensic staff group, variables relating to greater familiarity with sex offenders were also explored. The findings are discussed in terms of their implications for raising public awareness of desistance factors, recruitment and training of forensic staff, and the development of more socially inclusive policies which support the reintegration of sex offenders into society.

Chapter 4 reports on the assessment, formulation and intervention with an adult male prisoner who has an intellectual disability, convicted of sexual offences against four pre-pubescent male and female family members. The client undertook an accredited group-based Sex Offender Treatment Programme in Her Majesty's Prison Service (HMPS), designed for men with intellectual disabilities, called 'Becoming New Me' (BNM). The intervention was based on the strength-based Good Lives approach (Ward, 2002). It used a narrative treatment model, called Old Me/New Me (Haaven, 2006), which aims to help sexual offenders develop pro-social identities in place of their offending identity. The case study therefore illustrates the application of a strength-focused approach in an applied setting. The study critiques the use of accredited structured interventions with intellectually disabled sex offenders (IDSO) in HMPS, considering positives in using a strength-based approach as well as limitations in the application of this approach in a prison setting.

In Chapter 5, the Risk Matrix 2000 (RM2000; Thornton, 2010), an actuarial risk assessment tool used in Chapter 4, is critically appraised in

relation to its use with IDSOs. Comparisons are made with a strength-based tool – the Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend Sexually (ARMIDILO-S; Boer, Tough & Haaven, 2004; Boer et al. 2013). The development of the RM2000 is described, followed by exploration of the validity and reliability of the tool specifically for use with IDSOs. Strengths and limitations of the RM2000 are considered, with discussion of the practical and ethical implications of its use for making decisions about allocation of treatment to IDSOs in HMPS and the National Probation Service. Recommendations are made to clarify empirically the utility of the RM2000 for continued use with IDSOs. Advantages of the ARMIDILO-S are highlighted, in terms of its predictive validity, scope, inclusion of protective factors in addition to risk factors, and ethical defensibility.

Finally, Chapter 6 brings together the findings of the main chapters and reflects on how these fit with the wider desistance literature relating to sexual offenders. Implications for future research and practice are discussed, with a focus on furthering the evidence-base relating to protective factors that will reduce the likelihood of sexual reoffending.

In summary, the overall aim of this thesis was to develop understanding of the desistance process and strength-based approaches to work with sex offenders. The specific objectives to achieve this were as follows:

- To evaluate research exploring the relationship between denial or minimisation and recidivism by men who have committed sexual offences, considering the possible protective function of denial
- To explore factors predicting redeemability beliefs about sex offenders, comparing people who work or volunteer with sex offenders and people who do not
- To describe an accredited HMPS strength-based approach to the assessment, formulation and treatment of an adult male sex offender with an intellectual disability, considering the advantages and limitations of strength-based practice in this setting
- To critique the use of the RM2000 for IDSOs and consider the implications of a purely deficit-focused approach to assessment with this client group

Chapter Two

The Impact of Denial and Minimisation on Sex Offender Recidivism: A Review Following a Systematic Approach

Abstract

Denial and minimisation of offending by sex offenders are commonly considered risk factors for recidivism. Significant decisions are made based on this assumption, but existing evidence does not clearly support it. This review aimed to explore the impact of denial or minimisation of sexual offending on recidivism by adult males and to explore which factors moderate or mediate this relationship. A thorough search was conducted, encompassing electronic databases, grey literature, reference lists of existing reviews, and expert contact. Primary studies examining the relationship between denial or minimisation of sexual offending and recidivism were retained and assessed for risk of bias. A narrative data synthesis was completed. The full search yielded 993 results. Following the exclusion process, 13 references were retained, comprising 15 studies. Definitions of denial and minimisation were broad and varied greatly between studies, as did definitions of recidivism. Four studies looked at *categorical* deniers, and found no relationship with recidivism, or lower recidivism rates associated with denial. However, higher recidivism rates were found for low static risk and intra-familial offenders in categorical denial. The largest proportion of all included studies showed higher recidivism rates associated with denial, but these studies were typically not of good methodological quality. Five studies, with broad denial definitions, were identified as low risk of methodological bias. These studies found no relationship with recidivism, or lower recidivism

rates associated with denial. However, higher recidivism rates were found for high static risk child molesters who were denying personal responsibility for offending. Higher recidivism rates were also found for high static risk offenders who were minimising (as opposed to denying their offending). Moderating variables therefore included static risk, offence type and relationship to victim. No mediating variables were identified. Implications exist for the assessment and treatment of 'deniers'. An individualised approach to formulation is recommended, considering the potential protective and risk-relevant aspects of denial on a case by case basis. Future research must address the methodological problems highlighted in this review and adopt a clear definition of denial.

Introduction

Sexual offending encompasses a broad repertoire of behaviours, including contact (e.g. rape, sexual assault) and non-contact (e.g. exhibitionism, downloading indecent images) offences (Zgoba & Simon, 2005). Hanson and Bussière (1998) found that 10 to 25% of community samples of men disclosed having committed sexual offences. Both victims and perpetrators of sexual offending come from all ethnic groups and socio-economic backgrounds (Zgoba & Simon, 2005).

In a meta-analysis of 83 studies with a combined sample size of 29,450 sex offenders, Hanson and Morton-Bourgon (2005) reported a sexual recidivism rate of 13.7% and a violent recidivism rate of 14.3% over an average five or six year follow-up period. Recidivism measures most likely underestimate the true rate of re-offending as, for various reasons, sexual offences may not be detected, reported or prosecuted (Furby, Weinrott & Blackshaw, 1989).

Denial and Minimisation

It has proven difficult to settle on a singular definition of denial by sexual offenders. Denial could be considered a dichotomous construct: absolute denial versus full responsibility-taking. However, a dichotomous definition of denial may be insufficient to capture the heterogeneity of the construct. Indeed, attempts to identify typologies of denial have generated between three and 14 different types (Schneider & Wright,

2001). The seven most commonly cited types are denial of offence; of responsibility; of victim impact; of extent; of planning; of sexual deviance; and of recidivism risk (Schneider & Wright, 2001).

Ware and Mann (2012) highlighted that definitions could range from absolute denial of offending, through levels of minimisation, to full acceptance of responsibility for offending. They defined responsibility-taking as "giving a detailed and precise disclosure of the events involved in the sexual offence, which avoids any external attribution of cause and which matches the official/victim's account of the offense" (p.281). In their explanation of delinquent behaviour, Sykes and Matza (1957) identified five dimensions of excuse-making: denial of responsibility; denial of injury; denial of the victim; condemnation of condemners; and appealing to higher loyalties. It seems that denial is most helpfully characterised as a dichotomy of absolute denial versus responsibility-taking, with the latter forming a continuum representing degrees of minimisation.

The Function of Denial and Minimisation

Once an individual has been convicted of a sex offence, his maintenance of innocence is understood as 'denial': the individual's guilt is assumed. However, the possibility that some individuals who are 'in denial' are in fact innocent of the crimes for which they have been convicted cannot be ignored. Nevertheless, Blagden, Winder, Gregson

and Thorne (2014) argued that, given the small number of sexual offences which result in an eventual conviction, the prevalence of wrongful convictions is likely to be "extremely small" (p.1726).

Many sex offenders will deny or minimise some aspect of their offending behaviour, which has led to the assumption that such verbalisations are part of the pathology of sexual offending (Freeman, Palk & Davey, 2010). The implication of this assumption is the conclusion that sex offenders exhibiting minimisation or denial are at a greater risk of re-offending than offenders seemingly taking full responsibility for offending. One possible function of denial, in line with the assumption that denial is risky, is the enablement of continued offending (Ware & Mann, 2012). Offenders may exhibit denial in order to avoid engaging with criminal justice agencies and treatment providers, knowing that these agencies' objectives include preventing further offending.

Blagden, Winder, Thorne and Gregson (2011b) highlighted that denial can be beneficial for an offender at the pre-conviction stage, perhaps increasing the chance of being found not guilty. Although conversely, if found guilty, a person who has denied offending will be ineligible for reduction in sentence afforded to those who plead guilty at the earliest opportunity.

Blagden et al. (2011a) suggested that the desire to elicit full offence disclosure from individuals stems from "western religious/moral

imperatives of repentance" (p.349). It is a requirement of many sex offender treatment programmes that an offender gives a full, detailed offence account (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010; Blagden et al. 2014). Offenders who deny or minimise their offending may therefore be excluded from treatment and miss out on the opportunity to gain insight into their dynamic risk during treatment (Hanson & Morton-Bourgon, 2005; Blagden et al. 2011b; Ware & Mann, 2012).

Additionally, denial has been found to be inversely related to engagement and progress in treatment (Levenson & Macgowan, 2004). This may result from the offender's low motivation to attend treatment, but could also be a function of the offender being treated negatively by treatment staff as a result of his denial. Blagden et al. (2014) suggested that negative counter-transference may emerge for treatment staff when working with deniers, which impedes effective treatment delivery. Indeed, in their earlier work, Blagden et al. (2011a) found staff felt frustrated when working with this group of clients. These negative feelings resulted from the beliefs that offenders were unable to make progress without admitting their offending and that time- and resource-intensive work with these offenders produced little reward. Staff also highlighted concerns that deniers might negatively influence the motivation to complete treatment for other ambivalent offenders.

Although many treatment providers use denial as an exclusion criterion for their programmes, this is not always the case. Blagden et al. (2014) argued that clinically relevant treatment targets can be identified in the absence of full offence disclosure. They highlighted grievance thinking, antisocial lifestyles and relationship problems as potential treatment needs emerging from their interviews with men who were in absolute denial of their offending (n = 10). Marshall, Thornton, Marshall, Fernandez and Mann (2001) discussed a pilot treatment programme in Canada, aimed at men in absolute denial of their sexual offending. This programme focused on the group members identifying problems in their lives, in terms of thoughts, feelings and behaviour, which put them in the position in which they were accused and found guilty of sex offences. Although not requiring any discussion of their offence, the programme targeted criminogenic needs including self-esteem, attitudes, relationship skills and coping. However, there has been limited evaluation of the effectiveness of this approach to treating deniers thus far (Ware & Marshall, 2008).

It is becoming increasingly unclear whether denial and minimisation increase risk of re-offending. Three notable meta-analyses (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Mann et al. 2010) did not find a significant relationship between denial or minimisation (including minimisation of the impact for the victim) and risk of sexual re-offending. These meta-analyses utilised a thorough search strategy,

identifying a large number of unpublished studies. In the earlier two meta-analyses, seven studies measuring denial were identified, comprising 5176 participants. The authors noted a high level of consistency in the findings relating to denial and recidivism (Hanson & Morton-Bourgon, 2005). However, a limitation of these meta-analyses was the lack of assessment of the risk of bias in the included studies. Without this, the authors risked combining multiple sources of measurement error (Lund, 2000). Indeed, there was variation in the definitions of constructs (e.g. absolute denial or minimisation), sample demographics (juveniles or adults) and the forensic settings from which participants were recruited (Lund, 2000; Hanson & Morton-Bourgon, 2005). The earlier meta-analyses did not report on findings for specific subgroups of offenders (e.g. rapists, child molesters), though this was discussed by Mann et al. (2010). The combination of diverse data in the earlier analyses may have masked significant effects for specific types of denial or specific categories of offenders. As such, caution should be used when interpreting the lack of significant findings in these meta-analyses.

Several explanations for denial or minimisation have been proposed which suggest they may have a protective function against further offending (Mann et al. 2010). Excuse-making is a normal human response, which indicates the individual acknowledges the inherent wrongness of the behaviour being excused (Hanson & Morton-Bourgon, 2005; Ware & Mann, 2012). Excuses or attributions people make can be

defined in terms of a number of dimensions, including whether a cause is internal to a person (dispositional) or external (situational); whether a cause is stable (persisting) or unstable (one-off); and whether a cause is specific to a situation or applicable more generally (Maruna & Mann, 2006). There is a well-established evidence base indicating that people seek to justify personal failings by attributing them to external, unstable, specific causes, rather than internal, enduring, general characteristics (Maruna & Mann, 2006). The act of engaging in the normal excuse-making process may allow offenders to feel more able to control their future behaviour and avoid re-offending (Ware & Mann, 2012).

It is also possible that denial and minimisation might function as a method of managing feelings of shame and low self-esteem that result from offending behaviour (Freeman et al. 2010; Blagden et al. 2011b; Ware & Mann, 2012). Wong and Tsai (2007) clarified the differences between shame and guilt. They argued that shame results from the sense of being judged by others for wrong-doings which have stable, general causes. By contrast, guilt results from judging ourselves for wrong-doings which we attribute to temporary, specific causes. It is suggested that guilt can be an adaptive emotion leading to positive behavioural change, whereas shame results in maladaptive consequences associated with a negative sense of self. Excuse-making by sexual offenders may signify a common commitment to pro-social norms and a desire to distance oneself from a criminal past and associated shame

(Maruna & Mann, 2006; Blagden et al. 2014). Therefore, even if an excuse or justification is objectively false, it is not necessarily a negative mechanism if it can help an individual to adopt a more adaptive, pro-social self-identity. However, contradictory to this argument, Blagden et al. (2011b) found that, for some men, it was the process of *leaving* denial that contributed to their sense of forming a new, redemptive identity. They discovered that some men experienced increased shame as a result of their denial, recognising the impact this may have had on their victims.

Sykes and Matza (1957) argued that excuse-making allows individuals to *engage* in deviant behaviour without experiencing shame or guilt. They termed this "neutralisation theory". However, Maruna and Mann (2006) argued the importance of differentiating *post hoc* justifications from cognitive distortions that drove the sexual offending, coming *before* the offending. This position was expanded on by Ware and Mann (2012), who argued that denial and minimisation occur *after* the offence, and as such cannot be considered dispositional causes of sexual offending. Nevertheless, Nunes and Jung (2013) found that, although distinct constructs, levels of denial and minimisation were correlated with offence-supportive beliefs considered to contribute to sexual offending.

Blagden et al. (2011b) explored the experiences of 11 sex offenders who had initially been in absolute denial of their offences, but had since admitted their guilt. They found a common theme in these men's

experiences was fear of the stigma associated with being a 'sex offender'. The participants viewed this label as a "lifetime tag" (p.569) and as more stigmatising than having committed a serious non-sexual offence (e.g. murder). Particularly when considering their location in a prison setting, participants highlighted their fear at being discovered by other prisoners (and some staff) to be a sex offender. Denial in this context was described as a "survival strategy" (p.578). In a more recent study, Blagden et al. (2014) found evidence of these processes in action for 10 sex offenders who remained in absolute denial of their offences. These men portrayed sex offenders as "sick, dirty, or perverted in some way" (p.1708), contrasting with their portrayal of themselves as respected, good fathers, good husbands and moral upstanding members of their communities.

A final mechanism through which denial and minimisation may offer a protective function is through the maintenance of freedom, status and the support of friends and family (Schneider & Wright, 2004; Blagden et al. 2011a; Blagden et al. 2011b; Ware & Mann, 2012). These individuals actually accept that what they did was wrong, but choose to deny their involvement to others in order to maintain a more positive identity and the social support that their denial ensures. Regarding social support, Ware and Mann proposed an ethical dilemma: if the presence of pro-social supporters is a protective factor against further offending, how helpful is

it to encourage offenders to fully disclose their offending, knowing that they might lose this support?

In light of the possible protective aspects of denial and minimisation, Ware and Mann (2012) questioned whether challenging these verbalisations could cause more harm than good. If denial and minimisation are indeed found to function as protective mechanisms that are congruent with a pro-social self-identity, they could actually reduce the likelihood of further offending.

Despite this topic being the subject of academic and clinical discussion (e.g. Sykes & Matza, 1957; O'Donohue & Letourneau, 1993; Lund, 2000; Yates, 2009; Ware & Mann, 2012), there has been no systematic review to determine the nature or direction of any relationship between denial or minimisation and recidivism by sexual offenders. Denial and minimisation are commonly assumed to be indicative of high or maintained risk of re-offending, but it is not clear that this is the case. The assumption that denial is risky can impact on access to treatment; sentencing; parole decisions; and other high-stake considerations (Freeman et al. 2010). Maruna and Mann (2006) argued that it is important to determine whether denial and minimisation are indeed criminogenic needs. Similarly, Ware and Mann (2012) stated that there was no clear model of change supporting the challenging of denial and minimisation by treatment providers. It seemed, therefore, important to

systematically review the evidence to inform best practice in managing denial and minimisation by men who have committed sexual offences.

A scoping exercise was carried out between 10th and 16th February 2013 in the Cochrane Library, Campbell Library, EPPI Centre, PsycINFO and the Google search engine (limited to first ten pages of results). This identified several *narrative* reviews and meta-analyses but no systematic reviews. Therefore, a systematic review was proposed, with explicit inclusion/exclusion criteria and structured study selection and data synthesis.

Blagden et al. (2014) argued there has been a paucity of research focusing specifically on categorical denial, as opposed to broader definitions characterising denial as a continuum of responsibility-taking. The scoping exercise identified a small number of studies utilising a categorical definition of denial. The decision was therefore taken to adopt a broader definition of denial and minimisation for inclusion in this review, to increase the scope of the findings. However, efforts are made within the review to discuss separately the findings of those studies which explored categorical denial from those studies which used broader definitions. The limitations of this broad inclusion criterion for defining denial are considered in the Discussion section.

Objectives

The aim was to determine the impact of the denial or minimisation of sexual offending on re-offending rates of adult males, with the following objectives:

1) To determine the relationship between the denial or minimisation of sexual offending and re-offending rates.

2) To explore which factors mediate or moderate the effect of denial or minimisation on recidivism.

Method

Search Strategy

Electronic searches. The search of primary studies in the following databases was completed on 3rd August 2013: Cochrane Central Register of Controlled Trials (CENTRAL); PsycINFO (OVID); Medline (OVID); EMBASE (OVID); Applied Social Science Index and Abstracts (PROQUEST); National Criminal Justice Reference Service; Web of Science (Science Citation Index Expanded (SCI-EXPANDED); Social Sciences Citation Index (SSCI); Arts & Humanities Citation Index (A&HCI); Conference Proceedings Citation Index - Science (CPCI-S); Conference Proceedings Citation Index - Social Science & Humanities (CPCI-SSH).

Grey literature sources. The following electronic theses websites on 3rd August 2013: University of Nottingham; University of Birmingham; DART; and Proquest.

Expert contact. The following experts were contacted for any ongoing or unpublished studies. Replies were received from five of the experts.

1. Dr. Ruth Mann: National Offender Management Service

2. Professor Shadd Maruna: Institute of Criminology and Criminal Justice, Queen's University Belfast

3. Professor Tony Ward: School of Psychology, University of Wellington

4. Professor Anthony Beech: Centre for Forensic and Criminological Psychology, University of Birmingham

5. Professor Bill Marshall: Rockwood Psychological Services, Ontario, Canada

6. Dr. Leigh Harkins: University of Ontario Institute of Technology, Canada

Reference lists. The reference lists of the following reviews and meta-analyses were scanned to identify additional studies: Lund (2000); Yates (2009); Ware and Mann (2012); Hanson and Bussière (1998); Hanson and Morton-Bourgon (2005); and Mann et al. (2010).

Search Terms

(sex* offen*) OR (rapist) OR (child molest*) OR (sex* abus*) OR (p!edophil*)

AND

(denial) OR (minimi$*) OR (justif*) OR (responsibility) OR (victim empathy)

AND

(recidivism) OR (re-convict*) OR (re-offen*) OR (re-arrest) OR (relapse)

The complete search syntax is provided in Appendix B.

Study Selection

Inclusion and exclusion criteria. All the references had to meet the criteria detailed in Table 2.1 in order to be included. A standardised checklist was used for this task (Appendix C). Studies meeting the criteria were retained for data extraction.

Data extraction and management. Data extraction was completed by the first author. A pre-defined standardised data extraction form was used (Appendix D).

Table 2.1

Inclusion and Exclusion Criteria

	Inclusion	**Exclusion**
Population	1. Adult men (18 years of age or older) who have: a) been convicted or cautioned for a contact or non-contact sexual offence (including possessing indecent images), b) been convicted or cautioned for a non-sexual or violent offence with a clear sexual element, *or* c) not been convicted or cautioned for their behaviour but self-report either sexual offending, or non-sexual or violent offending but with an underlying sexual element	1. Adult female sexual offenders 2. Adolescent sexual offenders 3. Children displaying sexually harmful behaviour 4. Non-sexual offenders (without underlying sexual element to offending) 5. Non-offenders
Exposure	Full or partial denial or minimisation of: 1. Past sexual offending, 2. Future risk of offending, 3. Victim harm or injury,	1. Cognitive distortions present before the offence only

	4. Wrongness of offending, *or* 5. Responsibility for offending	
Outcome	**Primary Outcomes**	
	1. *Recidivism* as measured by re-conviction; police caution; breach of Community Order; breach of licence conditions; breach of SOPO. 2. *Recidivism* as measured by self-reports of further offending. N.B. *Recidivism* will refer to sexual, violent or non-sexual offending.	1. Allegations for which the individual is found not guilty
Study Design	Cohort studies Case control studies Cross-sectional studies	

Assessment of risk of bias in included studies. The risk of bias was assessed using the pre-defined standardised quality assessment forms, specific to study design (Appendices E, F & G). These were adapted from Critical Appraisal Skills Programme (CASP) checklists (2010a; 2010b) and National Institute for Health and Clinical Excellence guidelines (2009). The individual aspects assessed for each study differed depending on the study design (case control, cohort, or cross-sectional). Five categories of bias were assessed.

Assessment of sampling or selection bias considered how representative the study participants were of the population from which they were sampled. It also considered whether exclusion of participants was appropriate and whether efforts were made to match any control group participants with their counterparts. Assessment of bias in the measurement of denial and minimisation considered the clarity in the definitions of these constructs, the validity and objectivity of measurement methods, consistency of measurement methods within the sample and whether studies measured denial and minimisation prior to the measurement of recidivism. Assessment of bias in the measurement of recidivism considered the validity, reliability and objectivity of the measurement method. Consistency in the method used to measure recidivism within the sample was considered, as was consistency in follow-up periods. The recidivism assessors' knowledge of denial or minimisation status was also considered, as was the degree to which

confounding variables were managed. Assessment of statistical bias considered whether analyses were appropriate for the research question and for the type of data. Finally, assessment of attrition bias considered whether outcome data for multiple groups were comparable, and whether steps were taken to minimise the impact of attrition on the results.

Risk of bias for individual items (see Tables 2.3, 2.4 & 2.5) was rated as 'high' (clear risk of bias), 'low' (no evidence for risk of bias), 'possible' (mixed evidence for risk of bias), or 'unclear' (insufficient information to determine risk of bias). The overall risk of bias rating for each study was determined through clinical judgement. This involved visually scanning the individual item ratings and adopting the most representative response. Individual items were given equal weighting in this decision-making process. The author assessed the quality of all the included studies. A second reviewer independently assessed the quality of 21% of the studies. Disagreements were resolved through discussion. This rating was not tested for inter-rater reliability.

Results

The full search yielded 983 references (See Figure 2.1). Three hundred and eighty-four duplicates were removed and 567 irrelevant publications were excluded. Nine non-duplicate publications were added from the hand-search. One non-duplicate unpublished study was added following contact with experts. Twenty-four studies were excluded as they

did not meet the inclusion criteria. Three publications were excluded as they did not meet the following quality screening criteria:

- Did the study address recidivism by adult male sexual offenders?
- Did the study measure denial or minimisation?
- Was an appropriate study design employed to address the research question?
- Is the temporal relation correct? Did presence of denial and minimisation precede the recidivism outcome?

A further study was excluded as the sample over-lapped with a later study which included additional participants. One final study (Dempster & Hart, 2002) was excluded as a later study (Nunes et al., 2007: study three) reanalysed the same sample. The study by Nunes and colleagues was retained as it attempted to maximise external validity by more accurately reflecting violent recidivism base rates in the analysis. The remaining 13 references were included in the review, representing 15 studies.

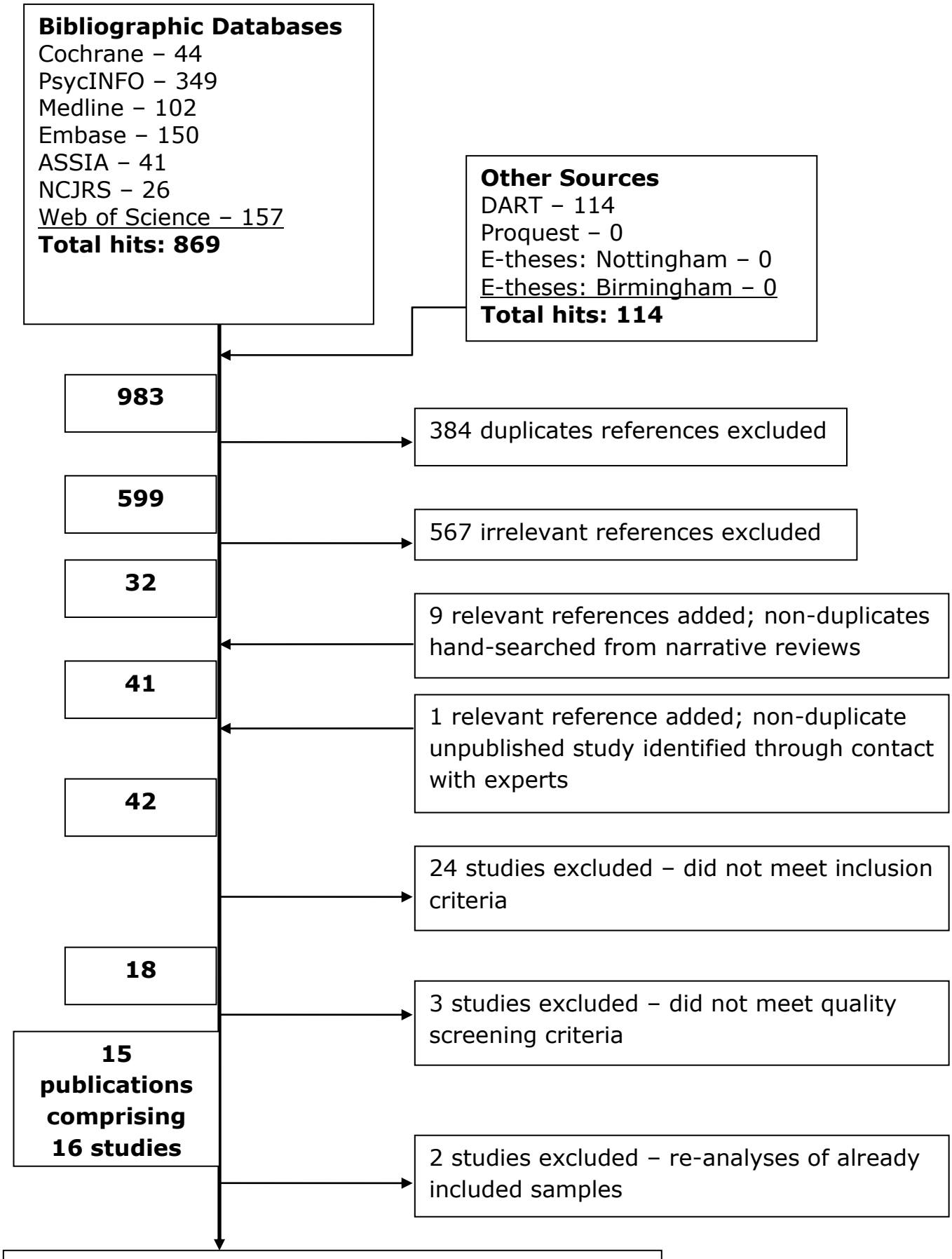


Figure 2.1. Systematic review search strategy

Characteristics of Included Studies

Key characteristics of included studies are presented in Table 2.2, organised by the direction of the relationship reported between denial or minimisation and recidivism. The total number of participants in this review of 15 studies is 15,304. Numbers in superscript in the remainder of this chapter refer to individual studies numbered in Table 2.2.

Included studies sampled participants from Canada (seven studies[2,4,6,10,12,13,14]); the USA (four studies[1,3,11,15]); and the UK (four studies[5,7,8,9]). Twelve studies employed a cohort design[1,3,4,6,7,8,9,10,11,12,13,15]. Other study designs were case control (two studies[2,14]) and retrospective cross-sectional (one study[5]). Some studies looked at specific sub-types of adult male sexual offenders, including men convicted of contact offences only (four studies[2,10,12,13]); those who had committed offences against children (two studies[1,6]); and men with an intellectual disability (one study[5]). Studies differed in whether participants had accessed and completed treatment for their offending behaviour. Definitions of denial and minimisation varied. Four studies[6,7,12,15] limited their definition to absolute denial of guilt; ten studies[1,2,3,4,5,8,9,10,13,14] utilised definitions that incorporated at least two aspects of denial and minimisation. These included denial of consequences or harm to victims (nine studies[1,2,3,5,8,9,10,13,14]) and denial of personal responsibility (eight studies[2,3,4,8,10,11,13,14]). Definitions of recidivism also varied between studies, including re-offending (four studies[2,3,5,6]); re-conviction (nine

studies[2,4,7,8,9,10,12,13,14]); charged with new offence (four studies[1,4,12,13]); re-arrest (two studies[14,15]); revocation, suspension or parole violation (three studies[2,3,4]); re-incarceration (one study[14]); and suspicion of re-offending (one study[5]). Two studies[1,3] utilised broad definitions of treatment failure, considering an amalgamated measure of re-offending along with aspects of progress in treatment. It was not possible to isolate data excluding participants who did not actually reoffend. These studies were included to avoid discarding relevant data. However, the broad recidivism definition may have exaggerated the effect of denial and minimisation, given that both studies produced results in a positive direction. Follow-up periods ranged from 12 months to 20 years.

Quality of Included Studies

The results of the quality assessments for the included cohort, case control and cross-sectional studies are summarised in Tables 2.3, 2.4 and 2.5 respectively. One study[4] was assessed as presenting a high risk of overall bias. Five studies[8,9,10,11,14] were assessed as having a low risk of bias. Nine studies[1,2,3,5,6,7,12,13,15] were deemed to have possible risk of bias. There were some common themes in individual quality assessment items with high risk of bias. For example, many of the included studies lacked an objective measure of denial (nine studies[1,2,3,4,5,7,9,13,15]) or minimisation (eight studies[1,2,3,4,5,9,13,15]); in seven studies[2,3,4,5,9,12,15], the assessors of recidivism were not blind to the participants' denial or minimisation status; four studies[1,4,7,13] did not adequately consider

potential confounding variables; and follow-up periods were unequal in four studies[1,4,6,12]. There were patterns in aspects of included studies attracting a low risk of bias rating. These included using clear definitions of denial and minimisation (ten studies[2,3,4,8,10,11,12,13,14,15]); appropriate statistical analysis (ten studies[3,7,8,9,10,11,12,13,14,15]); and objective measures of recidivism (ten studies[1,7,8,9,10,11,12,13,14,15]).

Descriptive Data Synthesis

Five studies[1,2,3,4,5] reported a positive direction in the relationship between denial and recidivism, with individuals who denied or minimised their offences reoffending at a higher rate. Three studies[6,7,8] showed a negative relationship, with denying or minimising individuals reoffending at a lesser rate. Four studies[9,10,11,12] reported mixed findings, with the relationship between denial and recidivism moderated by offence type, level of static risk or recidivism definition. Three studies[13,14,15] did not find any significant relationship between denial and recidivism.

Denial associated with increased recidivism. The five studies[1,2,3,4,5] which found an increased rate of recidivism by individuals denying or minimising their offending generally used broad definitions of recidivism, such as treatment failure[1], at risk to fail[3] and suspected reoffending[5]. These outcome definitions encompassed aspects of treatment compliance and subjective ratings of risk, rather than proven rate of re-offending. Analyses did not typically explore individual factors within broad recidivism definitions, making it unclear whether significant

relationships were accounted for by re-offending or by aspects of engagement in treatment. All five studies reporting increased recidivism associated with denial incurred a high risk of bias in their measures of denial or minimisation. Two of the three cohort studies[3,4] used methods which could have incurred risk of recall bias by raters, although all studies employed prospective designs. Risk of measurement bias was further inflated by the lack of blinding[2,3,4] (or unclear blinding[1]) to the exposure variables for individuals coding the recidivism outcome.

Consideration of confounding variables was mixed with two of the studies[1,4] failing to give adequate consideration to these in measurement or analysis. Three of the studies[1,4,5] did not report adjustment to account for risk of family-wise error in the statistical analyses, making it unclear whether the positive relationships between denial and recidivism found in these studies would remain significant.

Only one study[3] ensured the follow-up period was equivalent for all participants, with the other relevant studies[1,2,4] exhibiting possible or high risk of measurement bias for this item. This same study was the only one of these five to incur low risk of bias in the statistical analyses. There was high risk of attrition bias in one of the studies[1].

Overall, studies reporting an increase in recidivism associated with denial or minimisation exhibited minimal risk of sampling or selection bias, but increased risk of measurement, attrition and statistical biases.

Table 2.2

Characteristics of Included Studies

Reference; study design; location; sample size	**Sample size**	**Exposure definition (measure used)**	**Recidivism definition**	**Follow-up (mean unless otherwise stated)**	**Direction of denial-recidivism relationship**
[1]Maletzky (1993); cohort; USA	4381 child molesters	Denial; or lack of remorse (file review)	"Treatment failure" including being re-charged with any sexual crime within study period; not completing all active treatment sessions; reporting overt or covert deviant sexual behaviour at treatment end or in follow-up session; or deviant arousal greater than 20 per cent	Range 2 to 20 years	+
[2]Hanson & Harris (2000); case control;	409 contact non-incest offenders (208	Low remorse; victim blaming; sees self as no risk (probation staff interviews; file review)	New sexual offence conviction or sexual behaviour leading to parole violation or breach,	Recidivists: 15.4 months Non-recidivists:	+

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
Canada	recidivists; 201 non-recidivists)		or non-sexual offence with clear underlying sexual element. Non-recidivists completed at least six months of probation successfully	24 months	
[3]English et al. (2002); cohort; USA	494	Denies facts or wrongness of actions; minimises prior offences; portrays self as victim; blames others; holds grudge against the "system"; says victim "wanted it"; says therapy is unnecessary; low victim empathy (5 point Likert scale for these eight items, rated by therapists)	"At risk to fail" including revocation, revocation pending, negative treatment termination, absconded, committed new sex crime, on brink of failure	Two follow-up points: 12 months & 30 months	+
[4]Barrett et	101	Admission of guilt;	Suspension, revocation,	2.3 years	+

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
al. (2003); cohort, Canada		acceptance of personal responsibility (Goal Attainment Scaling; Hogue, 1994)	charge or conviction for new sexual or non-sexual offence		
[5]Lindsay et al. (2004); cross-sectional; UK	52 intellectual disability (34 non-recidivists; 18 recidivists)	Denial of crime; empathy deficits (staff interviews; file review)	Re-offending or suspicion of re-offending	Min. 1 year since index conviction	No relationship with recorded re-offending. + suspected re-offending
[6]Barbaree & Marshall (1988); cohort; Canada	169 child molesters (43 deniers; 126 admitters)	Denial of guilt (not reported)	Re-offending	45.5 months Range 1 to 9 years	–
[7]Hood et al. (2002); cohort; UK	192	In denial (reference to denial in Parole Board discussions)	Re-conviction for sexual, violent or other offence	Range 19 months to 8.1 years	–

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
[8]Harkins et al. (in press); cohort; UK	6891 (4320 accepting; 2571 denying)	Excusing offence or shifting blame; insist on minimising seriousness of offence or involvement in it; claim offence was out of character; partially or completely deny committing the offence (Offender Assessment System; OASys)	New cautions or convictions	3.8 years	– (sexual recidivism)
[9]Harkins et al. (2010); cohort; UK	180	Absolute denial of offence or future risk. Composite denial index: denial of sexual deviance; of interest in sex; absolute denial; cognitive distortions; low victim empathy; denial of risk; of planning (Multiphasic Sex Inventory, MSI,	Reconviction for sexual offence	10.3 years	– main effect for 'denial index' & for 'denial of risk' Interaction with static risk → – high risk offenders for

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
		Nichols & Molinder, 1984; Sex Offence Attitude Questionnaire, SOAQ, OBPU, 2007)			'denial index' & for 'absolute denial'
[10]Langton et al. (2008); cohort; Canada	436 contact offenders	Denying or minimizing key aspects of sexual offending. Denial scale: denies any interaction; that was sexual or that sexual interaction was offence. Minimisation scale: minimises sexual deviance; blames victim; presents external or internal factors to justify; minimises extent; minimises harm (Denial/minimization item of Response to Treatment	New conviction for a contact offence in which a clear sexual element was evident	5.5 years	+ minimisation (high risk offenders only)

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
		Scale, Langton, Barbaree, Harkins, & Peacock, 2006; Denial and Minimization Checklist-III, DMCL-III, Langton, Barbaree, & McNamee, 2003)			
[11]Marques et al. (2005); cohort; USA	704 (259 treatment group; 225 volunteer control; 220 non-volunteer control)	Acceptance of personal responsibility for offence (MSI)	Possible new sexual offenses	Range 5 to 14 years	+ for high risk offenders & child molesters
[12]Nunes et al. (2007): study one; cohort; Canada	489 contact offenders (137 deniers; 352	Deniers = denied committing all index sexual offences; admitters = admitted committing any sexual	New charge or conviction for a sexual or violent offence	8.2 years (time at risk)	+ low static risk – high static risk + related

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
	admitters)	offences (file review, interview, questionnaire, physiological assessment)			victims – unrelated victims
[13]Seager et al. (1994); cohort; Canada	146 contact offenders (109 treatment completers; 37 non-completers)	Accepting accountability for sexual crime in history, or level of cognitive and emotional victim harm (pass/fail coding by treatment staff)	At least one charge or conviction for violent of sexual offences	23.5 months: completers 24.4 months: non-completers	No significant relationship
[14]Nunes et al. (2007): study three; case control; Canada	73 contact offenders (42 non-recidivists; 7 violent recidivists; 24 sexual recidivists)	Denial of many or all past acts of sexual violence; of personal responsibility; of serious consequences (denial/minimisation item of SVR-20, Boer, Hart, Kropp & Webster, 1997)	Re-arrest, re-incarceration or re-conviction for violent or sexual offence	5.1 years	No significant relationship
[15]Nunes et	587 (419	Full or partial admission	Arrests for felony sexual	5 years	No significant

Reference; study design; location; sample size	Sample size	Exposure definition (measure used)	Recidivism definition	Follow-up (mean unless otherwise stated)	Direction of denial-recidivism relationship
al. (2007): study two; cohort; USA	admitters; 71 deniers)	or full denial of conviction offences (file review)	offences or indecent exposure		relationship

+ denial associated with increased recidivism – denial associated with decreased recidivism

Table 2.3

Risk of Bias in Included Cohort Studies (n = 12)

	Sampling or selection bias						**Measurement bias (exposure)**								**Measurement bias (outcome)**								**Attrition bias**			**Statistic bias**		
Study	Representative sample	Representativeness control group	Valid sample exclusion	Valid control exclusion	Matched control group	**Overall**	Clear definition	Valid measure denial	Objective measure denial	Valid measure	Objective measure minim.	Same measure for all	Prospective study	**Overall**	Valid measure	Objective measure	Reliable measure	Same measure for all	Blind assessor	Confounding variables	Same follow-up period	**Overall**	Comparable outcome data	Analysis adjusted for attrition	**Overall**	Appropriate statistical analysis	**Overall**	**Overall risk of bias**
Maletzky (1993)	**L**	**N**	**P**	**N**	**N**	**L**	**P**	**P**	**H**	**P**	**H**	**L**	**H**	**P**	**H**	**L**	**P**	**L**	**U**	**H**	**H**	**P**	**U**	**H**	**H**	**H**	**H**	**P**
English et al. (2002)	**P**	**N**	**N**	**N**	**N**	**P**	**L**	**P**	**H**	**P**	**H**	**L**	**L**	**P**	**P**	**H**	**P**	**L**	**H**	**L**	**L**	**P**	**N**	**N**	**N**	**L**	**L**	**P**
Barrett et al. (2003)	**L**	**N**	**P**	**N**	**N**	**L**	**L**	**L**	**H**	**L**	**H**	**L**	**H**	**P**	**L**	**P**	**P**	**L**	**H**	**H**	**H**	**H**	**N**	**N**	**N**	**H**	**H**	**H**
Barbaree & Marshall (1988)	**L**	**L**	**N**	**N**	**H**	**P**	**H**	**L**	**P**	**N**	**N**	**P**	**L**	**P**	**L**	**P**	**L**	**P**	**L**	**L**	**H**	**P**	**H**	**H**	**H**	**N**	**N**	**P**

	Sampling or selection bias						**Measurement bias (exposure)**								**Measurement bias (outcome)**								**Attrition bias**			**Statistic bias**		
Study	Representative sample	Representativeness control group	Valid sample exclusion	Valid control exclusion	Matched control group	**Overall**	Clear definition	Valid measure denial	Objective measure denial	Valid measure	Objective measure minim.	Same measure for all	Prospective study	**Overall**	Valid measure	Objective measure	Reliable measure	Same measure for all	Blind assessor	Confounding variables	Same follow-up period	**Overall**	Comparable outcome data	Analysis adjusted for attrition	**Overall**	Appropriate statistical analysis	**Overall**	**Overall risk of bias**
Hood et al. (2002)	**L**	**L**	**N**	**N**	**U**	**L**	**P**	**P**	**H**	**U**	**U**	**L**	**L**	**P**	**L**	**L**	**P**	**L**	**U**	**H**	**L**	**P**	**U**	**H**	**H**	**L**	**L**	**P**
Harkins et al. (2010)	**L**	**N**	**P**	**N**	**N**	**P**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**P**	**L**	**L**	**P**	**P**	**L**	**N**	**N**	**N**	**L**	**L**	**L**
Harkins et al. (in press)	**L**	**L**	**L**	**L**	**L**	**L**	**P**	**L**	**H**	**L**	**H**	**L**	**L**	**P**	**L**	**L**	**P**	**L**	**H**	**P**	**L**	**L**	**P**	**N**	**P**	**L**	**L**	**L**
Langton et al. (2008)	**P**	**N**	**P**	**N**	**N**	**P**	**L**	**L**	**P**	**L**	**P**	**L**	**L**	**L**	**L**	**L**	**P**	**L**	**L**	**L**	**L**	**L**	**L**	**N**	**L**	**L**	**L**	**L**
Marques et al. (2005)	**P**	**N**	**P**	**N**	**N**	**P**	**L**	**P**	**L**	**P**	**L**	**L**	**L**	**L**	**P**	**L**	**L**	**L**	**U**	**P**	**L**	**L**	**N**	**N**	**N**	**L**	**L**	**L**
Nunes et al. (2007): one	**P**	**P**	**P**	**P**	**L**	**P**	**L**	**L**	**L**	**N**	**N**	**L**	**L**	**L**	**L**	**L**	**P**	**L**	**H**	**P**	**H**	**P**	**U**	**H**	**H**	**L**	**L**	**P**

	Sampling or selection bias						**Measurement bias (exposure)**								**Measurement bias (outcome)**								**Attrition bias**			**Statistic bias**		
Study	Representative sample	Representativeness control group	Valid sample exclusion	Valid control exclusion	Matched control group	**Overall**	Clear definition	Valid measure denial	Objective measure denial	Valid measure	Objective measure minim.	Same measure for all	Prospective study	**Overall**	Valid measure	Objective measure	Reliable measure	Same measure for all	Blind assessor	Confounding variables	Same follow-up period	**Overall**	Comparable outcome data	Analysis adjusted for attrition	**Overall**	Appropriate statistical analysis	**Overall**	**Overall risk of bias**
Seager et al. (1994)	**P**	**N**	**P**	**N**	**N**	**P**	**L**	**P**	**H**	**P**	**H**	**L**	**L**	**P**	**L**	**L**	**P**	**L**	**P**	**H**	**L**	**P**	**U**	**U**	**U**	**L**	**L**	**P**
Nunes et al. (2007): two	**L**	**N**	**L**	**N**	**N**	**L**	**L**	**L**	**H**	**L**	**H**	**L**	**L**	**P**	**P**	**L**	**P**	**L**	**H**	**P**	**P**	**P**	**U**	**P**	**P**	**L**	**L**	**P**

L low risk of bias **P** possible risk of bias **H** high risk of bias **U** unclear risk of bias **N** not applicable

Table 2.4

Risk of Bias in Included Case Control Studies (n = 2)

	Sampling or selection bias							**Measurement bias (exposure)**							**Measurement bias (outcome)**								**Statistic bias**		**Overall risk of bias**
Study	Representative cases	Representative controls	Valid case exclusion	Valid controls exclusion	Cases differ from controls	Matched control group	**Overall**	Clear definition	Valid measure denial	Objective measure denial	Valid measure	Objective measure minim.	Same measure for all	**Overall**	Valid measure	Objective measure	Reliable measure	Same measure for all	Blind assessor	Confounding variables	Same follow-up period	**Overall**	Appropriate analysis	**Overall**	
Hanson & Harris (2000)	**L**	**P**	**L**	**L**	**P**	**L**	**L**	**L**	**L**	**H**	**L**	**H**	**L**	**P**	**L**	**P**	**P**	**L**	**H**	**L**	**P**	**P**	**P**	**P**	**P**
Nunes et al. (2007): three	**L**	**P**	**L**	**P**	**H**	**L**	**P**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**P**	**L**	**P**	**L**	**L**	**L**	**L**	**L**	**L**	**L**	**L**

L low risk of bias **P** possible risk of bias **H** high risk of bias **U** unclear risk of bias **N** not applicable

Table 2.5

Risk of Bias in Included Cross-sectional Studies (n = 1)

	Sampling & Selection bias		**Measurement bias (exposure)**							**Measurement bias (outcome)**							**Statistic bias**		**Overall risk of bias**
Study	Representativeparticipant	**Overall**	Clear definition	Valid measure denial	Objective measure denial	Valid measure	Objective measure minim.	Same measure for all	**Overall**	Valid measure	Objective measure	Reliable measure	Same measure for all	Blind assessor	Confounding variables	**Overall**	Appropriate analysis	**Overall**	
Lindsay et al. (2004)	**L**	**L**	**P**	**P**	**H**	**P**	**H**	**L**	**P**	**P**	**P**	**P**	**L**	**H**	**L**	**P**	**P**	**P**	**P**

L low risk of bias **P** possible risk of bias **H** high risk of bias **U** unclear risk of bias **N** not applicable

Denial associated with decreased recidivism. Three of the 15 studies[6,7,8] showed a simple negative relationship, with denying or minimising individuals re-offending at a lower rate. Definitions of denial and minimisation in this group of studies varied, including denial of guilt[6]; being in denial[7]; and blaming others, minimising seriousness of offence or involvement, claiming the offence was out of character, or partially or completely denying the offence[8]. Although Barbaree and Marshall (1988) did not carry out statistical analyses to explore the relationship between denial of guilt and recidivism, data provided in their study enabled a Chi-squared analysis to be completed within this review. Deniers and admitters in the study demonstrated significantly different reoffending rates, $\chi^2(1, N = 169) = 20.62$, $p = < .001$, with 14% of deniers reoffending compared with 23% of admitters. Of those admitting individuals, 13% of those who received treatment reoffended; 34.5% of individuals who admitted their offences and were eligible for, but did not receive, treatment went on to reoffend.

The three studies showing a negative relationship between denial and recidivism incurred low or possible risk of sampling or selection bias, measurement bias for the exposure variable, and statistical bias. However, there was possible[7] of high[6] risk of bias found in terms of the definitions of denial used, and possible[6] or high[7] risk of bias in relation to the objectivity of the denial measures. The risk of bias in accounting for potential confounding variables in measurement and analysis across the

three studies varied from low[6] to high[7]. The studies incurred high risk of attrition bias[6,7] and low[8], unclear[7] or high[6] risk of bias relating to failure to ensure the outcome raters were blinded to exposure status. The mixed findings regarding risk incurred across several domains of bias makes it uncertain how reliable, valid and generalisable the findings of these studies can be, given the small number of studies finding a lower rate of recidivism by denying or minimising offenders.

Denial-recidivism relationship differs by sub-group. Four studies[9,10,11,12] found mixed findings in that the relationship between denial or minimisation and recidivism was moderated by factors such as static risk, offence type or relationship to victim. Two of these studies[9,12] found lower rates of recidivism in high static risk offenders who were denying their offending, compared with those who were admitting their offending. In one of these studies[12] this relationship was found for those men in *absolute* denial of their offence. In the second study[9], this relationship was found using a broader definition of denial that encompassed absolute denial of offending history or of future risk, as well as using a composite measure of different types of denial and minimisation (see Table 2.2).

One of the four studies[11] found higher rates of recidivism by high risk offenders who were denying their offending, with this effect attributable solely to those who had offended against children. The definition of denial used was "acceptance of personal responsibility for the

offence". One study[10] found higher rates of recidivism by high static risk offenders who were minimising (not denying) their offending compared with those low in static risk.

One study[12] found higher rates of recidivism in low static risk offenders who were in absolute denial of their offences, compared with those admitting. This study also found higher rates of recidivism in incest offenders in absolute denial, but lower rates of recidivism in extra-familial child offenders who were denying committing any sexual offence.

The sampling and selection methods in these studies were generally assessed as at possible[10,11,12] or low[9] risk of bias. Risk of measurement bias varied greatly within the studies from low risk across all items[9] to a mixture of low or possible risk of bias[10,11,12]. The main limitations in this group of studies related to the validity or objectivity of the measures of denial and minimisation, with three studies[9,10,11] assessed as possible or high risk of bias.

Measurement bias for outcome was generally assessed as possible or low risk, with variation in the ratings achieved on each item within the four studies. Unequal follow-up periods[12], inadequate attention to confounding variables[9,11,12] and failure to ensure raters were blinded to the exposure status[12] were items at higher risk of bias within some of the studies. There was low risk of statistical bias in all four studies, with low[10] to high[12] risk of attrition bias.

Overall the studies which found mixed results and that the relationship between denial and recidivism was moderated by other variables showed acceptable methodology with minimal risk of bias in most areas.

Denial not associated with recidivism. Three studies[13,14,15] reported no relationship between denial and recidivism. Definitions of denial and minimisation varied for this group of studies, including accepting accountability for sexual offending[13], accountability for the harm caused to the victim(s)[13], or full or partial admission of conviction offences[15]. One of these studies[15] used robust sampling methods. However, the two other studies[13,14] were assessed as having questionable risk of bias with concerns around the representativeness of the sample and the validity of the exclusion criteria for participants. One study[14] had low risk of measurement bias for both exposure and outcome, as well as low risk of attrition bias; the other two studies[13,15] had identified risk of bias in terms of the objectivity of the denial measure and consideration of potential confounding variables in addition to unclear[13] or possible[15] risk of attrition bias. There was also possible[13] or high[15] risk of bias relating to the blinding of outcome raters in these two studies. Statistical analysis in all three studies was assessed as low in risk of bias.

The studies which found no relationship between denial and recidivism had mixed risk of bias across the assessed domains. However,

overall risk of bias for the three studies was deemed to be possible[14,15] or low[13], suggesting some conclusions can be drawn from their findings.

Studies Exploring Categorical Denial

Four studies[6,7,12,15] utilised a definition of denial limited to absolute denial of guilt. Definitions of recidivism in these studies included re-offending[6], re-conviction for sexual, violent or other offence[7], new charge or conviction for a sexual or violent offence[12], and arrests for felony sexual offences or the misdemeanour offence of indecent exposure[15]. Two of these studies[6,7] found that categorical denial was associated with lower recidivism rates. One study[15] found no significant relationship between categorical denial and recidivism. The final study[12] found significantly lower recidivism rates for offenders in denial who were assessed as high static risk of reconviction or for offenders in denial who had offended against victims to whom they were unrelated. Conversely, this study found significantly higher recidivism rates for deniers assessed as low static risk or deniers who had offended against victims within their family.

All four studies of categorical deniers were assessed as posing possible overall risk of bias. The highest risk of bias related to the lack of objective measures of denial[7,15] or minimisation[15]; the assessor of the recidivism outcome not being blind to the denial status of the individual[12,15]; unequal follow-up periods[6,12]; insufficient attention to

confounding variables[7]; and the use of an unmatched control group[6]. Three of the studies[6,7,12] incurred high risk of attrition bias. Strengths in the methodology of the four studies were found in appropriate statistical analyses; representative sampling techniques[6,7,15]; valid measures of denial[6,12,15] and recidivism[6,7,12]; and consistency in measurement of denial and recidivism[7,12,15].

Given the bias implicit in some aspects of methodology, caution is warranted in interpreting the findings of these studies of categorical deniers. Nevertheless, the findings provisionally point to categorical denial being linked with lower recidivism rates, except for those individuals assessed as low static risk of reconviction or who have offended within their own family, for whom categorical denial was associated with increased recidivism rates.

Explaining the Findings

Although studies showing particular directions of relationship between denial and recidivism appeared similar in terms of the main areas of bias, there did not appear to be any specific similarities which could explain these differences, in terms of participant characteristics, sample size, definitions or measures of recidivism, or length of follow-up. Equally, there were no clear differences or similarities in the definitions of denial or minimisation used which could explain differences in results between the studies. There was a large amount of variation in the

definitions of denial or minimisation and recidivism used across studies showing particular directions of relationship.

Discussion

Summary of Main Results

The main aims of this systematic review were to explore the relationship between the denial or minimisation of sexual offending and re-offending rates and to explore which factors mediate or moderate the effect of denial or minimisation on recidivism. A total of 15 studies were systematically reviewed. The studies varied in their findings on the relationship between denial or minimisation and recidivism. The quality of included studies also varied.

Five of the studies[8,9,10,11,14] were rated as low risk of overall bias. The findings of these studies were not consistent: one study[11] found increased rates of recidivism by offenders who were not accepting personal responsibility for their offending, but only for individuals assessed as high static risk who had offended against children. By contrast, one study[14] found no relationship between denial and recidivism, using a definition that encompassed denial of offending, failing to take personal responsibility or denying the serious consequences of offending. Two studies[8,9] found that higher levels of denial were associated with lower rates of recidivism. Definitions of denial were broad, encompassing absolute denial[9] as well as degrees of responsibility-taking[8,9,10,11,14] and

victim empathy[9,10]. Of these studies, one[9] found an interaction between denial and static risk, with high risk offenders who denied the offence outright or minimised their role in the offence, reoffending at lower rates than those admitting their offending. Interestingly, another study[10] found the opposite relationship for men who were minimising, as opposed to absolutely denying, their offending: these individuals exhibited higher recidivism rates.

Nine studies[1,2,3,5,6,7,12,13,15] attracted a possible risk of overall bias, with inconsistent findings. Four of these studies[1,2,3,5] found increased recidivism associated with denial, with definitions of including low remorse as well as other aspects of denial (see Table 2.2). Two studies[6,7] found lower recidivism rates by those individuals who were denying their guilt. Two studies[13,15] found no significant relationship between denial and recidivism, with definitions of denial in these studies including full or partial admission of offending[15], as well as accepting responsibility and acknowledging the harm caused to victims[13]. One study[12] found increased recidivism rates for denying offenders assessed as low risk offenders and those with related victims, but lower recidivism rates for high risk offenders and those with unrelated victims.

The last reviewed study[4] had high overall risk of bias, finding that those men who denied guilt or personal responsibility for offending reoffended at higher rates. Given the high risk of bias associated with this study, limited conclusions can be drawn from the findings.

Static risk emerged as an important moderating variable in several studies[9,10,11,12], with high risk offenders who denied their offending generally (but not always) reoffending at lower rates. The relationship between denial or minimisation and recidivism also varied based on the victim's age[11] (child vs. adult) and the relationship between the offender and the victim[12] (incest vs. extra-familial offending). No specific mediating variables emerged from the included studies.

Definitions of denial and minimisation differed greatly between the included studies. When categorical denial was considered separately from broader definitions of denial and minimisation, the findings indicated either an absence of significant relationship[15] between denial and recidivism, or lower recidivism rates[6,7,12] by categorical deniers compared with sex offenders admitting their offending. However, an exception was found for offenders assessed as posing a low static risk of reconviction and those who had offended within their own families[12]. All four studies of categorical deniers were rated as incurring possible overall risk of bias.

Interpretation of Findings

In three of the studies[13,14,15], there was no significant relationship between denial (defined as accepting personal responsibility[13,14], accepting harm caused to victims[13] or partial or full admission of offending[15]) and recidivism in either direction. The simplest interpretation of this finding is that no such relationship exists. It is also possible that methodological issues in the studies resulted in Type II errors – failing to

find a significant effect where one in fact exists. However, it is noteworthy that the studies which did not find any significant relationship were of good methodological quality and had reasonable sample sizes (n = 73[14], 146[13] and 587[15]). The possibility that the deniers in these studies were in fact innocent of the crimes for which they had been convicted should also be considered. However, Blagden et al. (2014) argued that truly innocent individuals would make up an extremely small proportion of the population of convicted sex offenders.

Five studies[6,7,8,9,12] found denial (broadly defined, as discussed in the previous section) was associated with lower rates of recidivism, either in the whole sample or specifically in high risk offenders. One explanation for this finding is that denial is an indicator of desistance. A person who denies or minimises his role in sexual offending may be trying to distance himself from an offending identity and align himself with a pro-social identity. Denying his offending indicates that he recognises his past behaviour as wrong and at odds with societal norms (Harkins, Beech & Goodwill, 2010). This interpretation is congruent with Maruna's work on attributional style and desistance (e.g. Maruna, 2004) and the idea of non-offending narrative identities (Maruna & Mann, 2006; Ward & Marshall, 2007). Schneider and Wright (2004) suggest that this "depersonalisation" might be indicated in particular by denial of planning, denial of sexual deviancy and denial of risk of relapse.

Another interpretation of the lower recidivism rates found with higher levels of denial is a possible association with other factors known to protect against further offending. O'Donoghue & Letourneau (1993) argue that denial and minimisation might protect against the loss of support from an individual's family, loss of job, loss of status and might afford protection from the stigma associated with a conviction for sexual offending.

Denial of guilt was associated with lower recidivism rates for some high risk offenders, compared with men who admitted their offending. However, minimisation (rather than absolute denial) of offending appeared associated with increased recidivism rates for high risk offenders[10]. This could indicate that, for high risk offenders, denial is an attempt to distance oneself from an offending identity owing to feelings of shame or guilt, whereas minimisations might reflect the presence of underlying offence-supportive attitudes, known to be a risk factor for sexual reoffending (Mann et al. 2010).

One study[11] found that higher levels of recidivism existed for high risk men denying personal responsibility, who had offended against children. Denial for these men may reflect child abuse supportive beliefs, such as the view that sex with children is harmless or that children are sexually provocative (Mann, Webster, Wakeling & Marshall, 2007). For the high risk offenders for whom denial was associated with increased risk of

re-offending, this may reflect a lack of insight into areas of future risk, impacting the self-management of their risk.

In one study[12], denial of guilt was associated with increased rates of recidivism in offenders assessed as presenting low static recidivism risk. The authors suggested that this finding, along with the above evidence for the moderating relationship of high static risk, indicates that denial might be a true risk factor for all sexual offenders, but it might only become salient when other factors associated with increased recidivism risk are absent, as is the case in low static risk offenders.

The relationship between victim and offender (intra- vs. extra-familial victim) acted as a moderating variable in one study[12]: denial of guilt was associated with higher recidivism rates for incest offenders, but lower recidivism rates for extra-familial child offenders. This could be explained by increased opportunity for victim access that might be afforded to incest offenders in denial, whose friends and family believe them to be innocent of their convictions (Nunes et al., 2007). It might also reflect differences in detection of further offending by the two types of offender owing to the environment in which they offend.

With the exception of the aforementioned increased recidivism rates found for low static risk and intra-familial offenders, studies focusing on categorical deniers found either an absence of relationship between denial and recidivism[15] or decreased recidivism rates by categorical deniers relative those admitting their offending[6,7,12]. These findings could be

understood in line with interpretations of absent or negative relationships mentioned previously in this subsection. Additionally, it is worth considering that categorical denial may be more readily distinguished, compared to broader definitions of denial and minimisation, from the cognitive distortions which came before offending and contributed to the offence taking place (Maruna & Mann, 2006). Studies using broader definitions of denial (e.g. denial of harm to victim, denial of planning) which have found increased recidivism rates for deniers[1,2,3,4,5,10,11] may in fact be measuring offence-supportive attitudes rather than post hoc denial.

Strengths and Limitations of the Review

The consideration of broad definitions of denial was, in some respects, a strength of the evidence included in this review. This highlighted the complex relationship between denial and recidivism depending on definitions of denial, type of offending and the presence of other factors known to be associated with increased risk of sexual recidivism. Narrower definitions might have precluded some of the complex interactions uncovered within individual studies.

However, the inclusion of broad definitions of denial also posed problems in the review. Studies did not typically break down the relationship between different components of their denial definition and their measure of recidivism. For those studies using broad definitions such as the eight part definition used by English et al. (2002; see Table

2.2), it was difficult to determine whether significant effects were accounted for by a particular aspect of denial, or whether different directions of relationships were masked by the amalgamation of so many types of denial into one scale. Findings from the four studies[6,7,12,15] focusing on categorical deniers were considered separately to attempt to overcome some of the limitations associated with this broad inclusion criterion for denial.

The outcome measure selected for this review was 'recidivism', encompassing reconviction, police caution, breach of probation order, breach of licence conditions or self-reported reoffending. As discussed in the Introduction, recidivism measures are likely to underestimate actual reoffending rates owing to difficulties in detecting crimes and low reporting rates by victims (Furby et al. 1989). Even if sex offences are reported to the police, only a small proportion will result in a conviction (Blagden et al. 2014). Some included studies attempted to overcome this reporting bias by triangulating from multiple reporting sources, including self-reported reoffending[1] and suspicion of reoffending[5]. Studies also used arrest data and records of new charges, even if these did not result in subsequent reconviction. While these efforts to overcome the underreporting of sexual offending are admirable, they are likely to increase the risk of categorising as recidivists some individuals who did not actually reoffend (i.e. false positives).

The timing of the measure of denial in the included studies varied, but was treated as a static variable for the purpose of this review. Gibbons, de Volder and Casey (2003) argued that denial is a dynamic variable which can vary over time within an individual depending on internal and external factors. The nature of the inclusion criteria set for this review meant that included studies were those which measured denial prior to a follow-up period in which recidivism was assessed.

The sample sizes of included studies ranged from 52 to 6891. Problems resulting from small sample sizes can include poor external validity and insufficient power for meaningful statistical analyses. It is unclear how applicable the findings from the studies with the smallest sample sizes are to the wider population of adult male sex offenders. However, efforts to obtain large, representative samples in other studies suggest that conclusions can be generalised to an extent, while considering possible limitations. Eight[1,2,3,8,10,11,12,15] of the fifteen studies had sample sizes of 400 or more; five[4,6,7,9,13] studies had sample sizes of between 100 and 400. Two studies[5,14] had sample sizes between 50 and 100.

A thorough search strategy was employed within the time constraints of the review. Experts from Canada, New Zealand, the USA and the UK were contacted. Both published and unpublished studies were included in the review.

The decision to focus on adult male sexual offenders adds weight to the generalisability of the findings to this particular population. Factors relevant to sexual offending by juveniles are considered different from those relevant to individuals at other developmental stages (Caldwell, 2009). Caldwell cautioned against assuming that reliable predictors of sexual offending by adults will be so for juveniles.

Consideration was given to the search syntax to ensure that international literature was not excluded on the basis of differences in terminology. The 15 reviewed studies included research from the UK, USA and Canada. It is not clear whether the lack of studies from other countries resulted from an absence of relevant literature on this topic from other parts of the world, or whether limitations in the selected electronic databases meant that relevant studies in languages other than English were overlooked.

The quality review was limited to a degree by the lack of reporting clarity in some studies. Authors were contacted to clarify information required for the inclusion/exclusion of studies and for the quality assessment stage. However, 13 individual quality assessment items remained unclear overall, out of a total of 405 items (three per cent). The majority of items rated as unclear were in studies rated as possible or high risk of overall bias. Only one study[11] given a low overall risk of bias rating included an item deemed unclear.

One in three studies in this review found that denial and minimisation were associated with a higher recidivism rate, although one in five studies found the opposite. However, when the methodological quality of included studies was taken into account, the results of this review were partially concordant with previous meta-analyses (without stringent quality assessment criteria), which failed to find a significant relationship between denial and recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Mann et al. 2010). However, studies of better methodological quality also found lower recidivism rates associated with denial in some cases, but also that denial was associated with higher recidivism rates for some subgroups of offenders. These moderating factors (static risk level, victim relationship, and offence type) were not highlighted in two of the previous meta-analyses.

Definitions of denial and minimisation across all the included studies were broad, as was the case in the previous meta-analyses. When considering only categorical deniers, one study found no relationship with recidivism, two studies found lower recidivism rates for categorical deniers, and the final study found increased recidivism for low static risk and intra-familial categorical deniers, but decreased recidivism for high static risk and extra-familial categorical deniers.

Conclusions and Recommendations

This review found contradictions in the literature pertaining to the relationship between denial or minimisation of sexual offending and

subsequent offending. Static risk, offence type and relationship to victim were significant moderators of the relationship between denial and recidivism in some of the studies. However, not all included studies explored the potential moderating role of these factors. No mediating factors were identified. When considering all the studies together, which encompassed broad definitions of denial, significant relationships tended towards a positive direction i.e. higher levels of denial and minimisation were linked with higher recidivism rates. However, studies finding a relationship in this direction typically attracted a higher risk of methodological bias.

Five of the fifteen included studies were assessed as incurring low overall risk of bias. One of these studies found no significant relationship between denial and recidivism. Two studies found lower recidivism rates associated with denial. One study found increased recidivism rates associated with denial for high static risk child molesters. The final study did not find a significant relationship between denial and recidivism, but found higher recidivism rates associated with minimisation for high static risk offenders. Overall, studies of better methodological quality therefore indicated that denial was typically unrelated to recidivism, or was associated with lower recidivism rates. However, this was not the case for high static risk child molesters or, in the case of high static risk offenders, when minimisation was considered instead of denial.

The broad definition of denial utilised in some studies posed problems for clear interpretation of the findings. In particular, it was difficult to determine which components of these broad definitions explained significant relationships found with recidivism. Studies of categorical deniers were therefore considered separately from those utilising broader definitions of denial. Only four of the fifteen included studies limited their definition to categorical deniers. All four of these studies incurred possible overall risk of bias, and found either no significant relationship between denial and recidivism, or lower recidivism rates by deniers. The exception was low static risk and intra-familial offenders, for whom categorical denial was associated with increased recidivism.

In summary, when accounting for the methodological quality of included studies, denial was usually associated with lower overall recidivism rates or it did not influence recidivism rates. However, denial was associated with increased recidivism rates for some low static risk offenders, some high static risk offenders, some child molesters and some men who had committed sexual offences within their own family.

Implications for practice. Denial and minimisation are often considered to be criminogenic needs by stakeholders, including forensic staff, involved in the sentencing, assessment, treatment and risk management of sex offenders (Freeman et al. 2010; Blagden et al. 2011a). Assumptions about the nature of the relationship between denial

and risk can impact on areas such as access to treatment and parole decisions (Maruna & Mann, 2006). The findings of this review contradict some common assumptions about denial by sex offenders. As such, it is important that staff directly involved in the treatment and risk management of sex offenders, as well as individuals directing policies, are aware of the evidence base for their work. This will ensure that treatment can be responsive to, rather than exclusive of individuals who deny or minimise their offending. It will also ensure that offenders are not denied progressive moves or release from custody based on their denial.

Schneider and Wright (2004) argue that sex offenders must work on accepting responsibility for their offending in order to make and maintain changes that will prevent further offending. However, treatment providers have found ways of targeting criminogenic need without challenging and modifying denial or minimisation (Ware & Marshall, 2008; Blagden et al. 2014).

It is important to take an individualised – and if possible, collaborative – approach when working with sex offenders who are denying or minimising their offending. This should help assess whether the presence of denial or minimisation is likely to increase recidivism risk (e.g. through increasing likelihood of victim access or preventing engagement in treatment to reduce risk), or contribute to the desistance process (e.g. through strengthening a non-offending identity). This should include consideration of the nature of the denial. Based on the

findings of this review, categorical denial may be less problematic in some cases than minimisation. The latter type of denial may reflect underlying offence supportive attitudes which increase the risk of further sexual offending. Formulation should consider the moderating variables identified in this review, including static risk, the offender's relationship to the victim(s), the age of the victim.

It is not suggested that staff encourage offenders to deny or minimise their offending. Rather, it may be helpful to focus on approaches that are concordant with the possible function of denial i.e. supporting offenders to move towards a pro-social identity and to restructure their view of past offending so that it is seen as atypical of them and at odds with their future pro-social goals.

There is a need for appropriate training of forensic staff to increase understanding of the function of denial and minimisation and to reduce the risk of staff holding unhelpful attitudes which impede treatment effectiveness or individuals' desistance efforts. This training should target staff including police, judges, probation staff, prison staff and other treatment providers.

Recommendations for future research. There are various issues that need to be addressed in future research. The first is the need to reduce the risk of bias. The most frequent problems in the included studies were the lack of objective measures of denial or minimisation; un-blinded assessors of outcome; lack of consideration of attrition; and

unequal or uncontrolled follow-up periods. Future research should also seek large, representative samples.

Researchers need to utilise clear definitions of denial and minimisation and are strongly encouraged to report on how relationships between denial and minimisation differ (if this is the case) when different definitions are used. It is recommended that researchers utilise the definition of denial adopted in this review, in which categorical denial is considered separately from the continuum of responsibility-taking and minimisation. However, the aim of the research is likely to influence whether categorical denial *and* broader definitions of the denial continuum are used within a study.

Another direction is to consider significant moderating variables in this review, namely static risk, offence type and victim relationship. These variables were not measured and explored in all the included studies. Inadequate consideration of confounding variables was a consistent theme in the lower quality studies. Future research should explore how these moderating factors impact the function of denial and its relationship with recidivism. The included studies which explored the moderating role of risk focused on static, unchanging risk factors, rather than dynamic, changeable risk factors, which might be addressed through treatment. It would be useful in future research to explore whether any dynamic risk factors have a moderating role in the relationship between denial and recidivism.

Existing research has tended to look at how denial is moderated by factors associated with increased recidivism, such as static risk and psychopathy. However, given that this review has found denial and minimisation might act in some cases as protective factors against further recidivism, it would be beneficial to explore the moderating influence of factors considered of relevance to desistance, which are not necessarily the polar opposite of risk factors for recidivism (Farrington, 2003). These factors might include pro-social support (Ware & Mann, 2012); attributional style (Maruna, 2004) or perceptions of community and belonging (Farmer, Beech & Ward, 2012).

Finally, denial and minimisation are commonly assumed by forensic staff and the general public to indicate increased recidivism risk, but this view has not been clearly supported in the findings of this review. There is therefore merit in exploring the attitudes held by forensic staff and the general public to understand more about which factors people believe will increase or decrease the likelihood of desistance. This knowledge will help design training and interventions to ensure that forensic staff and the general public are appropriately informed and that they do not inadvertently increase recidivism risk through the endorsement of unhelpful beliefs about sexual offenders.

Chapter Three

Predicting Belief in Sex Offenders' Redeemability

Abstract

This study aimed to explore the factors predicting redeemability beliefs about sex offenders for people who work or volunteer with sex offenders and those who do not, aiming to inform approaches to encouraging the successful community reintegration and desistance of sex offenders.

Six hundred and twenty five participants, recruited through social media and relevant forensic professional forums, completed an online questionnaire exploring causal attributions about sexual offending, punitiveness and beliefs in sex offenders' redeemability. Participants who worked or volunteered with sex offenders provided information about the nature of their role and length of time in this role.

An unexpected sex difference was found. Contrary to the hypothesis, there was no difference in punitiveness, strength of redeemability beliefs or nature of causal attributions about sex offending when comparing males who worked or volunteered with sex offenders and those who did not. However, compared with female participants who did not work or volunteer with offenders, female participants working or volunteering with sex offenders were more optimistic about the redeemability of sex offenders and held less punitive attitudes. As predicted, redeemability beliefs for all participants were predicted by lower levels of punitiveness. For participants who did not work or

volunteer with sex offenders, redeemability beliefs were stronger for those individuals who believed sexual offending was caused by situational, rather than dispositional factors. Being male, younger and working in a therapeutic or treatment-based role contributed to the prediction of redeemability beliefs for some participants.

Implications exist for the recruitment and training of forensic staff and for raising awareness in the general public of the importance of successful reintegration of sex offenders.

Introduction

Research has emphasised the centrality of successful reintegration to the desistance process for sex offenders (e.g. Brown et al. 2007; LeBel, Burnett, Maruna & Bushway, 2008; Willis et al. 2010; Farmer et al. 2012; Lasher & McGrath, 2012; Hannem, 2013). From a social identity theory perspective (Tajfel & Turner, 1979), successful reintegration involves moving from the out-group (sex offender) to the in-group (ex-offender). The attitudes of people within the wider community, as well as the attitudes of professionals working with and supervising sex offenders, are likely to impact on sex offenders' ability to be accepted, and to feel accepted, into the 'in-group'. In other words, attitudes towards sexual offenders mediate the transition between the criminal justice system and the community (Willis et al. 2010). Beliefs about the ability of sex offenders to be rehabilitated and 'go straight' seem particularly important in mediating this relationship. Maruna and King (2009) called these attitudes a "belief in redeemability" (p.12).

Redeemability Beliefs and Desistance

Redeemability beliefs can impact desistance efforts at the individual, community or societal level. Previous research has highlighted the importance of sex offender treatment being delivered with warmth, empathy, encouragement and appropriate direction (Serran, Fernandez, Marshall & Mann, 2003; Marshall, 2005; Marshall et al. 2005). Blagden et

al. (2011b) highlighted the importance of staff viewing the 'offender' as separate from the 'offence'. Treatment staff that hold negative attitudes about the ability of sex offenders to change, may adopt confrontational, rather than therapeutic, styles (Willis et al. 2010). Through this failure to deliver effective treatment, staff could reduce sex offenders' opportunities to develop psychological and social skills which would help them manage their risk.

Sex offenders' positive relationships with professionals and positive attitudes towards authority have been highlighted as important factors in the desistance process (de Vries Robbé et al. in press). If staff involved in the supervision of sex offenders hold negative attitudes about rehabilitation, it seems reasonable to expect this would present a barrier to effective working relationships. Blagden et al. (2011a) found that treatment staff reported frustration in relation to work with sex offenders who were denying their offending. Some staff appeared to adopt adversarial approaches to work with these men, discussing the need to 'break down' denial. Denial was seen as an important marker of progress and change, despite a lack of empirical support for denial as a risk factor for recidivism (see Chapter 2).

It is not just the attitudes of forensic staff which are important: Members of the general public are the potential employers, educators, landlords and neighbours of sex offenders attempting to reintegrate into their communities. Employment, access to training, and stable housing

are key elements of the desistance process (Brown, et al. 2007; Doroc, 2013). However, Brown and colleagues found that employers had high levels of hostility towards sex offenders and reported being unlikely to offer them employment. Concern about recidivism was cited as one reason for this. Negative community attitudes towards the redeemability of sex offenders are likely to create further barriers to reintegration.

As well as creating practical obstacles, negative attitudes about redeemability could impact on the offenders' sense of self and internal motivation to desist. Ward and Marshall (2007) noted that people construct narrative identities which determine the way they behave. Haaven (2006) argued that sex offenders should be supported to develop pro-social, adaptive identities which are incompatible with offending behaviour. Being presented with negative attitudes about their ability to change is likely to impede the development of this non-offending identity in sex offenders. When aware of negative perceptions held about them by others, individuals can internalise these appraisals and develop a negative sense of self (Crocker & Major, 1989).

At a societal level, the response of the government to sexual offending is heavily influenced by the media and by public feeling (Brown, Deakin & Spencer, 2008; Church, Wakeman, Clements, Miller & Sun 2008; Willis et al. 2010). Negative emotions are fuelled by disproportionate media coverage of atypical sexual offences (Brown et al. 2008; Hannem, 2013) such as sexual murders and offences committed

against children by strangers. A lack of understanding about what constitute risk factors for further sexual offending can add to this negativity. For example, denial of offending is commonly considered to be a risk factor for sexual recidivism, but this is not an empirically supported viewpoint (e.g. Langton et al. 2008; see Chapter 2). Legislation devised in response to public fears may lead to released sex offenders being deprived of basic social and psychological needs which would otherwise aid reintegration. Doroc (2013) argued that attitudes about sex offenders impact people's motivation to contribute to the rehabilitation and reintegration of this client group.

Despite high levels of public support for restrictive initiatives, such as sex offender registration and community notification, there is limited empirical support for their effectiveness in reducing recidivism (Lasher & McGrath, 2012). Nevertheless, the message sent to society by policy-makers seems to be that sex offenders cannot be rehabilitated and cannot contribute anything worthwhile to their communities (Robbers, 2009).

It is clear that attitudes towards sex offenders' redeemability can impact in a number of ways on the ability of these individuals to successfully reintegrate into society and desist from offending. The redeemability beliefs of both forensic professionals and members of the general public are likely to influence the success of sex offenders in the desistance process. The following section reviews existing research which

has explored the degree to which redeemability beliefs are held by different populations.

Summary of Previous Research

Research into attitudes towards sex offenders has been carried out with diverse populations, including students (e.g. Olver & Barlow, 2010; Rogers & Ferguson, 2011), staff working with sex offenders (e.g. Lea, Auburn & Kibblewhite, 1999; Greineder, 2013) and members of the general public (e.g. Brown, 1999; Levenson, Brannon, Fortney & Baker, 2007). Key findings of studies which specifically explore attitudes towards the rehabilitation and reform of sex offenders are summarised in Table 3.1.

Research has typically found that people are more pessimistic about the ability of sex offenders to reform than they are about the reformation of general offenders (Weekes, Pelletier & Beaudette, 1995; Levenson et al. 2007; Rogers & Ferguson, 2011). Different attitudes about redeemability also exist depending on the nature of the sexual offence (Ferguson & Ireland, 2006; Brown et al. 2008; Doroc, 2013) and whether or not the individual accepts responsibility for their offending (Blagden et al. 2011a). Church et al. (2008) argued that public perceptions of sex offenders are inconsistent with factual evidence. In their large meta-analysis (n = 19,267), Hanson and Morton-Bourgon (2005) found an estimated sexual recidivism rate of 13.7% over an average follow-up time

of five to six years. This is much lower than the recidivism rates for other types of offending (Robbers, 2009). However, members of the general public typically overestimate the reoffending rates of sexual offenders (Brown et al. 2008).

Brown et al. (2008) found females were more likely to overestimate sex offender recidivism rates. In a study of treatment facilitators in the UK, men exhibited higher levels of anger, hostility and cynicism towards sex offenders (Clarke & Roger, 2007). These findings suggest that the attitudes of men and women towards sex offender redeemability may differ depending on how the concept is measured.

Level of education has also emerged as a variable that may explain some of the differences in attitudes to sex offenders, with research suggesting that more educated individuals hold more positive attitudes towards sex offender rehabilitation (Brown et al. 2008; Shackley, Weiner, Day & Willis, 2014). In forensic staff samples, Willis et al. (2010) suggested that positive attitudes exhibited by participants with higher levels of education may result from the specialised training that educated professionals have received for working with sex offenders.

Table 3.1

Summary of Research Exploring Redeemability Beliefs about Sex Offenders

Study	**Sample**	**Key Findings**	**Attitude Measure**
Hogue (1993)	UK: Police officers, psychologists, probation officers, prison officers n = 164	Most negative views held by police officers; least negative by psychologists and probation officers. Prison officers involved in SO treatment less negative than prison officers not involved in treatment.	Attitudes Towards Sexual Offenders (ATS) scale – developed by author
Weekes et al. (1995)	Canada: Correctional officers n = 82	SOs viewed as less able to change, more "immoral" than other offenders. 20.7% believed SOs are treatable vs. 50% for other offenders.	Questionnaire developed by author
Hogue & Peebles (1997)	Canada: Police officers, social workers, mental health professionals, probation officers, managers n = 50	Participants with negative attitudes about SOs promoted more punitive sentences. Police had most negative attitudes.	ATS (Hogue, 1993)
Brown (1999)	UK: general public	25% thought treatment is never effective; 28%	Questionnaire

Study	Sample	Key Findings	Attitude Measure
	n = 312	thought SOs could never learn to control their behaviour; 72% would not rent accommodation to SOs; 37% would not employ SOs	developed by author
Lea et al. (1999)	UK: Police officers, probation officers, prison officers involved in SO treatment, assistant psychologists, social worker n = 23	Approx. 25% participants viewed SOs as "abnormal". 90% concerned SO clients would seriously recidivate. Participants demoralised by high recidivism rates.	Semi-structured qualitative interviews
Bogle & Chumney (2006)	US: undergraduates n = 60	Hope in SOs' ability to change related to participants' agreeableness, tolerance, sociability and responsibility	Sex Offender Attitudes Scale – developed for study; International Personality Item Pool (website)
Ferguson & Ireland (2006)	UK: undergraduates; forensic staff n =139	Forensic staff more likely than students to view SOs as able to be rehabilitated; women more positive; men less positive about SOs with child victims	ATS (Hogue, 1993)

Study	Sample	Key Findings	Attitude Measure
Barabas (2007)	US: SO therapists in outpatient facility n = 16	75% believed SOs can lead law abiding lives and be rehabilitated; 81% believed "serious" SOs should never be released	Questionnaire developed by author
Levenson et al. (2007)	US: general public n = 193	Believed 74% SOs would reoffend. Half believed treated SOs would reoffend. 68% believed SOs reoffend at higher rates than other offenders.	Questionnaire developed by authors
Brown et al. (2008)	UK: general public n = 979	Overestimation of SO recidivism rates, especially by females and manual workers; high pessimism about SO rehabilitation; "paedophiles" less able to change than other SOs.	Questionnaires developed by authors
Olver & Barlow (2010)	Canada: psychology undergraduates n = 78	Estimated 60% untreated SOs reoffend vs. 42% treated. Rehabilitative attitudes associated with openness and agreeableness.	Questionnaire developed by authors
Payne, Tewksbury & Mustaine (2010)	US: general public n = 746	Majority did not think SOs could be rehabilitated; negative beliefs predicted by experience of childhood corporal punishment, use of force against partner, ethnic minority group membership	One item: "It is impossible to rehabilitate or reform a sex offender"
Conley et al.	US: probation officers, community	82% believed rehabilitation is valuable; 55.4% believed SOs can change with support and	CATSO (Church et al.

Study	Sample	Key Findings	Attitude Measure
(2011)	corrections officers n = 307	therapy; 18% believed SOs should remain in prison	2008)
Rogers & Ferguson (2011)	US: undergraduates n = 355	More punitive attitudes about SOs vs. other offenders; lesser belief in the ability of SOs to be rehabilitated	Punishment Attitudes scale and Rehabilitation Attitudes scale (McCorkle, 1993)
Rogers, Hirst & Davies (2011)	UK: general public n = 235	More positive views towards treated SOs	CATSO (Church et al. 2008); Attitudes Towards the Treatment of Sex Offenders scale (ATTSO; Wnuk, Chapman & Jeglic, 2006); Public Attitude Towards Sex Offender Rehabilitation (PATSOR) scale – developed by authors
Tendayi Viki et al. (2012)	UK: Studies 1 – 3 = students and non-	Participants who dehumanised SOs = more punitive, less supportive of rehabilitation, favour	Questionnaires developed by authors

Study	Sample	Key Findings	Attitude Measure
	students; Study 4 = correctional staff and general public Total n = 515	social exclusion, favour violent treatment. Good quality contact in staff related to rehabilitative attitudes – mediated by dehumanisation.	
Tewksbury & Mustaine (2012)	US: parole board members n = 80	Believed in SO rehabilitation, did not support life-long incarceration	CATSO (Church et al. 2008)
Doroc (2013)	Australia: general public n = 1964	More support for already rehabilitated offenders than those needing help to reform; prioritisation of punishment over rehabilitation	Questionnaire developed by author
Greineder (2013)	US: corrections officers n = 15	View treatment as ineffective; rehabilitation depends on SOs motivation; rehabilitation more feasible for younger SOs, first-time offenders or with indirect victims	Semi-structured qualitative interviews

SO = sex offender

Members of the public and students have typically been found to have more negative attitudes towards sex offenders than people working in forensic settings (Ferguson & Ireland, 2006; Johnson, Hughes & Ireland, 2007; Willis et al. 2010; Tendayi Viki, Fullerton, Raggett, Tait & Wiltshire, 2012). Ferguson and Ireland (2006) found that forensic staff were more likely to view sex offenders as having the potential for rehabilitation. However, staff members working with sex offenders are not a homogenous group in terms of their attitudes to redeemability.

Studies of correctional officers have found pessimism about the ability of sex offenders to change (Weekes et al. 1995; Greineder, 2013). Having a treatment-based role has sometimes been associated with fewer negative attitudes about sex offenders (Hogue, 1993), though this has not always been the case (Lea et al. 1999; Blagden et al. 2011a). Other studies of forensic staff have found more optimism about rehabilitation (e.g. Barabas, 2007; Conley, Hill, Church II, Stoeckel & Allen, 2011; Tewksbury & Mustaine, 2012).

In attempting to explain variation in attitudes to sex offenders, Willis et al. (2010) argued that spending time with sex offenders may serve to humanise them and reduce the degree to which people rely on media stereotypes. They suggested that negative attitudes result from moral outrage, disgust and misperceptions about the causes of sex offending. Forensic staff who exhibit negative views about sex offenders may therefore be those with less direct experience of working with this

client group, or those who have been in their job for a shorter length of time.

In summary, research into redeemability beliefs about sex offenders has found that forensic staff members typically hold more positive views about the rehabilitation of sex offenders, than members of the general public or students. These beliefs are influenced by gender and level of education. However, high levels of heterogeneity exist in the attitudes of all studied populations.

Causal Attributions and Punitiveness

The above studies explored the role of demographic and experiential factors in explaining redeemability beliefs. However, less attention has been paid to the relationship between redeemability beliefs and other types of attitudes towards sex offenders, in particular, attributions about the causes of crime and beliefs about punishment.

Causal attributions for offending. Attributions about crime are typically conceptualised using a continuum from internal/dispositional causes to external/situational causes. Maruna and King (2009) suggested that, in considering how to respond to criminal behaviour, it is more helpful to explore attitudes about the stability of criminality (i.e. redeemability beliefs) than it is to explore beliefs about the causes of offending. Doroc (2013) found that redeemability beliefs were the strongest predictor of attitudes towards the reintegration of offenders.

She argued this showed that causes of crime concerned people less than knowledge that an offender can change.

However, it is possible that redeemability beliefs are *influenced* by causal attributions about offending. For example, a person might believe it is less possible to rehabilitate a sex offender whose behaviour was caused by dispositional factors, than someone whose behaviour resulted from situational factors. Several studies suggest that beliefs about the inability of sex offenders to change are related to dispositional attributions, viewing sex offenders as "immoral" (Weekes et al. 1995), "abnormal" (Lea et al. 1999) or dehumanised (Tendayi Viki et al. 2012).

Punitiveness. Definitions of punitiveness vary across studies: Maruna and King (2009) suggested it should be viewed as the tendency to support harsher criminal sanctions, regardless of the rationalisations for the sanctions (e.g. public protection vs. retribution). They summarised previous research finding certain demographic variables were associated with higher levels of punitiveness. These included being male, older, having lower levels of education and reading tabloid newspapers. Several of these variables are the same as those previously found to predict redeemability beliefs. Doroc (2013) reported that punitive beliefs are typically stronger in individuals who believe crime is caused by dispositional factors. Punitiveness is often equated with lack of support for rehabilitation, but it is not clear that this is the case (Maruna & King, 2009).

Previous research found an association between general negative attitudes about sex offenders and support for punitive sanctions (Hogue & Peebles, 1997); higher levels of punitiveness towards sex offenders compared with non-sexual offenders (Rogers & Ferguson, 2011); and prioritisation given to punishment of sex offenders over rehabilitation (Doroc, 2013). McAlinden (2006) argued that the media play a key role in fuelling vengeful and punitive attitudes towards sex offenders. However, it is not clear from these studies how participants' beliefs about punishment impact their redeemability beliefs.

In at least one study (Barabas, 2007), the majority of participants believed that sex offenders could be rehabilitated, but also believed that "serious" sex offenders should be permanently incarcerated. In addition, Brown (1999) found that participants were simultaneously supportive of the treatment and punishment of sex offenders. Contrary to assumptions about causal attributions, punitiveness and redeemability beliefs (Maruna & King, 2009), the relationship between these three variables remains unclear. For example, it is possible to acknowledge the severe harm inflicted on victims by sex offending and to hold sex offenders accountable for their behaviour, while also offering the opportunity to reintegrate into society following appropriate punishment and/or treatment (Willis et al. 2010).

Maruna and King (2009) measured levels of punitiveness, causal attributions about crime and beliefs in the redeemability of general

offenders (not those specifically convicted of sexual offences), in the British public (n = 941). They found four implicit theories of punitiveness determined by causal attributions and redeemability beliefs. The first group of participants believed that crime is caused by situational factors and that offenders can be helped out of crime. The second group believed that crime is caused by situational factors, but that offenders are unlikely to change. The third group believed that crime is a choice but that offenders can also choose to desist from crime. The final group believed that crime is a choice, but that offenders cannot choose to desist from crime.

As a result of the different attributions about crime and desistance, the support for punitive measures by each of these groups may have divergent justifications (Maruna & King, 2009). For example, the second group may support punishment as a means of protecting the public, whereas the third group may support punishment as a deterrent from further offending. Maruna and King argued that these findings challenged the common assumption that high levels of punitiveness will *always* be associated with lower levels of redeemability beliefs, and vice-versa. They concluded that it is possible for a person to believe crime is caused by internal factors, support harsh punishment, but also believe in the redeemability of offenders.

Rationale for the Current Study

The aforementioned study by Maruna and King (2009) focused on attitudes to general offending. Given the particular negative emotions evoked by sexual offences, it is possible that attributions about the causes of sex offending and levels of punitiveness towards this population may have a different relationship to redeemability beliefs. The current study aimed to explore the relationship between attributions about the causes of sex offending, punitiveness and redeemability beliefs about sexual offenders.

As outlined above, redeemability beliefs are likely to play a key role in mediating the reintegration of sex offenders back into society. The redeemability beliefs of forensic staff working with sex offenders, as well as the attitudes of members of the general public, have the potential to support or impede efforts of sex offenders to desist from offending and adopt pro-social, non-offending identities. Given that previous research has found differences in the attitudes towards sex offenders held by forensic staff and people who did not work with offenders, it is conceivable that differences will exist in the relationship between causal attributions, punitiveness and redeemability beliefs. This study aimed to explore the nature of any differences between these two groups.

Willis et al. (2010) argued that it is imperative to address negative public perceptions of sex offenders in order to support desistance.

However, little is known about how to change attitudes about offenders to better support their successful reintegration into society (Maruna & King, 2009). Willis et al. (2010) suggested that social initiatives which enhance community reintegration, and support known desistance factors, should be encouraged. Part of the rationale for this study was therefore to add to understanding of the factors contributing to redeemability beliefs about sex offenders. It was hoped that this would have practical applications for devising staff training or public awareness initiatives to enhance support for the rehabilitation of sex offenders.

Research which provides information about attitudes to sex offenders, and the factors which influence such beliefs, is also beneficial in informing policy and legislation based on empirical evidence rather than on emotional reactions to sexual offending. This study aimed to add to the evidence base in this area.

Aims and Hypotheses

A primary objective of the current study was to determine whether beliefs about the punishment of sex offenders, the causes of sexual offending and sex offenders' capacity to change ('redeemability beliefs'), differed between people who work or volunteer with offenders and people who do not.

A second objective was to find out whether people's redeemability beliefs were predicted by individuals' attributions about the causes of sexual offending and by beliefs about the punishment of sex offenders.

A third objective was to determine whether the redeemability beliefs of people who work or volunteer with offenders were predicted by greater levels of familiarity with sex offenders.

The fourth and final objective was to determine whether redeemability beliefs were predicted by the same factors for people who work or volunteer with sex offenders and people who do not. Given its exploratory nature, no specific hypothesis was made for this final objective. The following hypotheses were therefore made:

1. People who work or volunteer with offenders will exhibit lower levels of punitiveness, fewer dispositional explanations for sexual offending and higher levels of redeemability beliefs than people who do not work or volunteer with offenders.

2. For both people who work or volunteer with offenders and those who do not, redeemability beliefs will be predicted by lower levels of dispositional explanations for sexual offending and higher levels of situational explanations for sexual offending.

3. For both people who work or volunteer with offenders and those who do not, redeemability beliefs will be predicted by lower levels of punitiveness.

4. In the group of people who work or volunteer with offenders, redeemability beliefs will be predicted by greater familiarity with sex offenders, defined as working or volunteering directly with sexual offenders; working or volunteering in a therapeutic role; and having worked or volunteered with offenders for a longer period of time.

Methods

Ethical Considerations

Ethical approval for this study was granted by the University of Nottingham Faculty of Medicine and Health Sciences Research Ethics Committee in April 2014 (Ref: CFPA10032014 SoM PAPsych).

Sample

Sample size was determined through a priori power analysis (see p.125). There were 763 study participants. However, 138 (19%) did not finish the questionnaire, leaving a total sample size of 625. Of the people who completed the questionnaire, 76.8% (n = 480) were female and 22.6% were male (n = 141). Four participants (0.6%) did not disclose their gender. The mean age of participants was 34.89 years (standard deviation = 11.56; range = 18 – 70). Ten participants (1.6%) did not disclose their age. Around two thirds of the sample (69.1%; n = 432) had completed a university degree. Just under 40% of participants (n = 248) identified themselves as working or volunteering with offenders. Of these, 81.9% (n = 203) indicated that they worked or volunteered

directly with sexual offenders. More detailed descriptive analysis of the demographic data is provided in the Results section below.

Thirty of the non-completers were disqualified after indicating they lived outside of the UK. One participant was disqualified before starting the study as they were aged below 18 years. Given the online nature of recruitment (see Procedures), it was not known how many people read the study information but chose not to proceed.

Demographic data for the individuals who 'dropped out' (as opposed to being disqualified based on location or age) were compared to the participants who completed the questionnaire. Participants who completed the questionnaire were more likely than non-completers to be female ($\chi^2(1) = 6.41$, $p = .011$) and to have completed a university degree ($\chi^2(1) = 7.62$, $p = .006$). There was no difference in the mean age of completers and non-completers.

Procedures

The study was undertaken using an online questionnaire format. While limitations exist in the use of online methods (see Discussion), advantages included the ability to quickly and inexpensively recruit large numbers of participants (Wright, 2005); convenience for participants, ease of data entry and reduction in amounts of missing data due to forced responding (Evans & Mathur, 2005). Participants based in the UK were recruited from people who work or volunteer with offenders and from

people who do not work or volunteer with offenders. Participants who worked or volunteered with offenders were recruited through targeting of relevant websites (e.g. forums for prison officers and psychologists, social media aimed at forensic professionals). Participants who did not work or volunteer with offenders were recruited through social media websites. Church et al. (2008) noted that the majority of research exploring the attitudes of the 'general public' has been carried out with undergraduate students. It is reasonable to expect that this group may not hold attitudes representative of the wider general population. In the current study, recruitment procedures aimed to target both non-student and student participants. In addition to targeting online forums for university students, information about the study was posted to UK news pages on social media, for example, in comments threads relating to news stories about sexual offending, general crime, child protection and other social issues. The study link was shared via the social media pages of public sector, private and voluntary organisations, in particular those working with sexual offenders. The link was also posted to social media websites designed specifically to recruit participants for online research studies.

Brief information about the study was provided via the aforementioned websites, along with a web-link to the study. On following this link, potential participants were able to read further information, or contact the researchers with any questions, before deciding whether or not to take part. Before proceeding, participants

were required to indicate that they were based in the UK, that they were 18 years of age or older and that they had read the information page. The decision to limit participation to UK residents was taken in order to increase the applicability of the findings to work with sexual offenders in the UK, which may differ from approaches in other countries. In addition, some of the measures were not globally applicable (e.g. exploring views about the *reinstatement* of the death penalty).

Demographic data collected were as follows: age; gender; working or volunteering with offenders (yes/no); working or volunteering directly with *sexual* offenders (yes/no); therapeutic or treatment-based role (yes/no); length of time they had worked or volunteered with offenders (less than one year/one to four years/five to 10 years/11 years or longer). Completion of a university degree (yes/no) was also included, as it had emerged in previous research as an important predictor of punitiveness (Maruna & King, 2009).

Measures

Sex Offender Punitiveness Scale (SOPS). This measure was adapted from the Cambridge University Public Opinion Project (CUPOP) punitiveness scale (Maruna & King, 2009). The original CUPOP punitiveness scale is an eight item scale (alpha = 0.82) developed to measure how harshly participants in a UK sample believed *general* offenders should be punished. For the purpose of this study, the CUPOP

items were adapted to ask participants their views on the punishment of *sex* offenders specifically. Responses on the SOPS were measured using a six-point Likert scale, ranging from "strongly disagree" to "strongly agree". Half of the items were reverse-scored. Total SOPS score was calculated by summing the responses to individual items. Higher scores represented higher levels of punitive attitudes towards sexual offenders. The scale had good internal consistency in the current study (alpha = 0.84). The SOPS items are included as Appendix H.

Sex Offender Dispositional Attributions Scale (SODAS). This measure was adapted from the CUPOP dispositional attributions scale (Maruna & King, 2009). The CUPOP scale is a three item scale (alpha = 0.67) which was developed to overcome the low internal consistency of existing scales. It measures the extent to which the respondent believes criminal behaviour results from dispositional factors as opposed to situational variables. The SODAS items were created by amending the wording of the CUPOP scale to ask participants their views of the causes of *sexual* offending, rather than *general* offending. Responses on the SODAS were measured using a six-point Likert scale, ranging from "strongly disagree" to "strongly agree. One item was reverse-scored. Individual item scores were summed to derive a total SODAS score. Higher scores indicated a stronger belief that sexual offences are caused by dispositional factors within the offender rather than environmental

factors. The scale demonstrated adequate internal consistency (alpha = 0.70). The SODAS items are included as Appendix I.

Belief in Sex Offender Redeemability Scale (BISOR). This measure was adapted from the CUPOP belief in redeemability scale (Maruna & King, 2009). The CUPOP scale is a four item scale (alpha = 0.64) measuring the extent to which the respondent believes offenders can change their behaviour. The CUPOP items were reworded to ask respondents their opinions about the ability of *sex* offenders to change their behaviour. Responses were measured on a six-point Likert scale ("strongly disagree" to "strongly agree"), with half of the items reverse-scored. Scores on the four items were summed to calculate a total BISOR score. Higher total scores indicated stronger beliefs that sexual offenders can change their behaviour and desist from offending. This scale was one of the outcome measures in the current study. Internal consistency was good (alpha = 0.79). Although it could have been improved by removing one of the four items (alpha = 0.84), it was felt that internal consistency was adequate without taking this step. The BISOR is included as Appendix J.

Community Attitudes Towards Sex Offenders Scale (CATSO; Church et al. 2008). The CATSO is an 18 item questionnaire designed to measure public attitudes to sex offenders. Responses are measured on a six-point Likert scale ("strongly disagree" to "strongly agree") with three reverse-score items. The CATSO encompasses four factors: social

isolation (five items), capacity to change (five items), severity/dangerousness (five items) and deviancy (three items). Higher scores on each of the subscales represent stronger levels of the following beliefs respectively: that sex offenders are loners; that sex offenders are unlikely to change; that sex offenders are particularly dangerous and commit serious offences; and that sex offenders are pre-occupied with sex. The CATSO items are included as Appendix K.

Church et al. (2008) reported the following alpha values from their development sample: social isolation (0.80); capacity to change (0.80); severity/dangerousness (0.70); deviancy (0.43); and total CATSO score (0.74). They concluded that the CATSO had adequate internal consistency. The development sample was recruited from a southern university in the United States, which Church et al. noted was located in the conservative "Bible Belt". The authors cautioned that cross-validation studies were therefore needed to confirm the reliability and validity of the CATSO for use with other populations.

In the current study, the subscale of interest was capacity to change, as this was felt to represent redeemability beliefs. In contrast to the BISOR, all the items in this scale were worded in such a way that agreement indicated more negative beliefs about sex offenders. It was considered useful to include this additional measure of redeemability beliefs to see whether findings were similar for the BISOR and the capacity to change scale. Any differences in results for the two measures

could then be considered in terms of the valence of the questions. Cronbach's alpha estimate for capacity to change in the current study was good (0.84). This was similar to the alpha value reported by Church et al. in the development sample.

Data Analysis

A priori power analysis was conducted to determine the appropriate sample size to detect a medium effect. A medium effect size was consider appropriate, as a small effect size could be significant in statistical terms, but of little importance in terms of its *clinical* significance. Estimates were calculated for ANOVA and regression analyses, reflecting the different hypotheses exploring group differences and prediction of variance. The sample size calculation for regression analyses indicated a larger sample size than would be required if analyses were limited to ANOVA – the regression sample size estimate was therefore adopted to ensure that sufficient power was achieved.

For the required alpha level ($p < .05$) and power (0.80), a minimum sample size of 199 was indicated, comprising 108 people who work or volunteer with offenders and 91 people who do not work or volunteer with professionals. The minimum sample size differed for the two groups because of the three additional predictor variables in the regression analyses for the participants who worked or volunteered with offenders (direct work with sex offenders, length of time in role, therapeutic or

treatment-based role). Five predictor variables were planned for use with both groups (age, gender, university degree, SOPS, SODAS). The final sample consisted of 625 participants: 248 people who worked or volunteered with offenders and 377 people who did not. This exceeded the minimum sample size indicated by the power analysis.

Descriptive and inferential analyses were undertaken. The data were first screened to explore the missing data and identify any patterns in these. Continuous variables were then screened to check their compliance with the assumptions of parametric testing. Skewness and kurtosis values were calculated for each variable. Plots were visually scanned to determine the shape of the data and to identify any outlying scores. These plots included histograms, stem-and-leaf, normal Q-Q, de-trended Q-Q and box plots. Shapiro-Wilk tests were also used to check whether data were normally distributed. Screening identified that the data were non-normally distributed and remained so after adjusting extreme scores and using a log transformation to attempt to correct the skew in the data. The CATSO scores for males and females were skewed towards the lower range of the scale. SODAS scores for males and females were skewed towards the higher end of the scale. For females, SOPS scores were slightly skewed towards the lower range of the scale, and BISOR scores were slightly skewed towards the upper end of the scale. Therefore, non-parametric analyses were carried out on the original data set.

A Kruskal Wallis test was carried out to check whether continuous study variables differed between participants who worked or volunteered directly with sex offenders, participants who worked with non-sex offenders and participants who did not work or volunteer with any offenders. A series of Mann Whitney U tests were then carried out to determine between which groups the significant differences were present. Both groups who worked or volunteered with offenders (sex offenders or non-sex offenders) significantly differed from participants who did not work or volunteer with any type of offender on several variables. After adjusting the p value to account for multiple comparisons, there were no significant differences between the two groups who worked or volunteered with offenders on the continuous study variables.

A series of Pearson's Chi-squared tests were undertaken to check whether the three aforementioned groups differed on the categorical variables. As was the case for the continuous variables, significant differences were found between participants working with any offenders and participants who did not work with offenders. However, significant differences were also found between participants working or volunteering with sex offenders and those working with non-sex offenders in terms of length of time they had been in this role. Participants who worked or volunteered directly with sex offenders had been in their role significantly longer than participants who worked or volunteered with non-sex offenders only ($\chi^2(3) = 11.78$, $p = .008$). The decision was made to

exclude the participants who only worked with non-sex offenders (n = 45) from subsequent analysis to avoid confounding the results. Therefore, the two groups compared in analyses were those who worked or volunteered with sex offenders and those who did not work or volunteer with any type of offender.

Further Mann Whitney U and Pearson's Chi-squared tests were then carried out to check for sex differences on the four measures and other demographic data. Sex differences were detected, so further inferential analyses were conducted separately for male and female participants. In order to compare people who worked or volunteered with sex offenders with those who did not work or volunteer with offenders on the variables of interest, further Mann Whitney U tests were undertaken (hypothesis one).

To check for multicollinearity, correlational analyses were completed using Spearman's rho or point bi-serial correlation as appropriate. Following this, a series of hierarchical multiple regressions were run to determine which of the hypothesised variables (university degree, SOPS, SODAS, therapeutic role, length of time working/volunteering with offenders) predicted the two outcome measures (BISOR and CATSO capacity to change) for participants who worked or volunteered with sex offenders and those who did not (hypotheses two, three and four).

Results

Descriptive Analyses

Demographic data for male and female participants in the two groups are summarised in Tables 3.2 and 3.3, along with the median scores for the SOPS, SODAS, BISOR and CATSO capacity to change scales. P values were adjusted to account for multiple Chi-squared ($p < .01$) and Mann Whitney U ($p < .005$) comparisons.

In the group who worked or volunteered with sex offenders, females were almost seven times as likely as males to have completed university degree (87.9% vs. 51.3%; $p < .001$). There was no difference in university education between females and males in the group who did not work or volunteer with offenders. There was no significant difference between females and males in how long those working or volunteering with sex offenders had been in that role, or in whether their role was therapeutic or treatment-based (see Table 3.2).

In the group who worked or volunteered with sex offenders, males were significantly older than females (median = 43 vs. 32 years). There was no significant difference in age between females and males in the group who did not work or volunteer with offenders. There were no significant differences between females and males who worked or volunteered with sex offenders on the four study measures. However, in the group who did not work or volunteer with offenders, males were more

likely than females to believe that sex offenders can change for the better. This difference was significant for BISOR score but not for score on the CATSO capacity to change measure (see Table 3.3).

Sex differences were found on several of the variables central to the study hypotheses (university degree; BISOR score). As a result, the decision was taken to complete separate inferential analyses for male and female participants when exploring the hypothesised differences between participants who worked or volunteered with sex offenders and those who did not work or volunteer with offenders.

Table 3.2

Comparison of Female and Male Participants on Categorical Variables

Variable	**Percentage**		**χ^2 Value**	**Odds Ratio**
	Female	***Male***		
	N = 443	***N = 135***		
University degree completed				
Work with SOs	87.9	51.3	**27.32*** **	6.90
Non-SO work	62.6	59.4	0.31	1.14
Length of time working with offenders[a]			11.29	
Less than 1 year	9.2	2.6		
1 – 4 years	31.9	25.6		
5 – 10 years	39.9	28.2		
11 years or longer	19.0	43.6		
Therapeutic role[a]	72.1	61.5	1.69	1.62

SO – sex offender. [a] Only participants working or volunteering with sexual offenders

*** $p < .001$

Table 3.3

Comparison of Female and Male Participants on Continuous Variables

Variable	**Median (Range)**		***U* Value**	***Z* Score**	**Effect Size (*r*)**
	Female	***Male***			
	N = 443	***N = 135***			
Age					
Work with SOs	32 (22 - 59)	43 (22 - 70)	**1935.50*** **	-3.48	-.25
Non-SO work	30 (18 – 70)	29 (18 – 66)	12792.50	-0.40	-.02
SOPS					
Work with SOs	22 (10 – 46)	26 (8 – 42)	2706.00	-1.55	-.11
Non-SO work	30 (10 – 48)	28 (10 – 48)	10803.50	-2.78	-.14
SODAS					
Work with SOs	10 (3 – 18)	12 (5 – 18)	2399.50	-2.48	-.17
Non-SO work	11 (4 – 18)	12 (4 – 18)	12454.00	-0.98	-.05
BISOR					
Work with SOs	17 (4 – 24)	17 (5 – 23)	2722.50	-1.50	-.11
Non-SO work	14 (4 – 24)	15 (4 – 24)	**10105.50*** **	-3.56	-.18
CATSO: CTC					
Work with SOs	10 (5 – 28)	9 (5 – 28)	3035.00	-0.55	-.04
Non-SO work	14 (5 – 30)	12 (5 – 30)	10916.50	-2.66	-.14

SO – sex offender; SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; BISOR – Belief in Sex Offender Redeemability; CATSO: CTC – Community Attitudes Towards Sex Offenders: Capacity to Change. ***p < .001

Hypothesis One

It was hypothesised that people who worked or volunteered with sex offenders would exhibit lower levels of punitiveness, fewer dispositional explanations for sexual offending and higher levels of redeemability beliefs than people who did not work or volunteer with offenders.

In order to test the above hypothesis, a series of Mann Whitney U tests were carried out to explore differences between these two groups on SOPS, SODAS, BISOR and CATSO capacity to change scores (see Table 3.4). The p value was adjusted using the Bonferroni correction to account for multiple comparisons ($p < .006$).

Contrary to expectations, only females who worked or volunteered with sex offenders exhibited lower levels of punitiveness and higher levels of redeemability beliefs than the females who did not work or volunteer with offenders. Effect sizes for these differences were medium to large ($r = -.36 – -.47$). There was no significant difference in punitiveness or redeemability beliefs between males who worked or volunteered with sex offenders and males who did not work or volunteer with offenders. Additionally, there was no significant difference in attributions about the causes of sexual offending between the two groups for either gender.

Table 3.4

Comparison of Participants who Work or Volunteer with Sex Offenders and Those who Do Not Work or Volunteer with Offenders on Punitiveness, Dispositional Attributions and Redeemability Beliefs

Variable	**Median (Range)**		***U* Value**	***Z* Score**	**Effect Size (*r*)**
	Work with SOs	***Non-SO work***			
	N = 204	***N = 374***			
SOPS					
Females	22 (10 – 46)	30 (10 – 48)	**10190.00*** **	-9.79	-.47
Males	26 (8 – 42)	28 (10 – 48)	1539.50	-1.62	-.14
SODAS					
Females	10 (3 – 18)	11 (4 – 18)	19632.00	-2.55	-.12
Males	12 (5 – 18)	12 (4 – 18)	1779.50	-0.45	-.04
BISOR					
Females	17 (4 – 24)	14 (4 – 24)	**13158.50*** **	-7.52	-.36
Males	17 (5 – 23)	15 (4 – 24)	1796.50	-0.37	-.03
CATSO					
Females	10 (5 – 28)	14 (5 – 30)	**11875.00*** **	-8.51	-.40
Males	9 (5 – 28)	12 (5 – 30)	1481.50	-1.90	-.16

SO – sex offender; SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; BISOR – Belief in Sex Offender Redeemability; CATSO: CTC – Community Attitudes Towards Sex Offenders: Capacity to Change. ***p < .001

Hypotheses Two and Three

It was hypothesised that redeemability beliefs would be predicted by higher levels of situational attributions about the causes of crime, rather than dispositional attributions, and by lower levels of punitiveness.

Before undertaking regression analyses to test hypotheses two and three, correlations between predictor variables were calculated to check for multicollinearity. None of these correlations reached a level which caused concern (all $r < .80$; Field, 2005). A series of enter-method hierarchical multiple regressions were then carried out to explore how well the hypothesised predictors explained variance in redeemability beliefs, operationalised using the two outcome measures – BISOR and CATSO capacity to change. Gender and age were entered in the first step, as sex and age differences had been found for some of the predictor variables. University degree was entered in the second step. SOPS and SODAS scores were entered in the third step.

Participants who did not work or volunteer with offenders. The first regressions focused on participants who did not work or volunteer with offenders. The variables emerging as significant predictors of BISOR score for this group are provided in Table 3.5. Gender, age, punitiveness and dispositional attributions together accounted for 45% of the variance in BISOR score ($F (5, 364) = 60.34$, $p < .001$). Beliefs that sex offenders can change for the better were predicted by being male,

being younger, holding less punitive views towards sex offenders and believing that sexual offences are attributable to situational rather than dispositional causes.

The variables emerging as significant predictors of CATSO capacity to change score for this group are provided in Table 3.6. Age, punitiveness and dispositional attributions together accounted for 63% of the variance in CATSO capacity to change score ($F = 5, 364) = 124.40$, $p < .001$). Beliefs that sex offender can change were predicted by being younger, holding less punitive views towards sex offenders and believing that sexual offences are attributable to situational rather than dispositional causes.

Table 3.5

Hierarchical Regression Predicting BISOR Score for Participants who Do Not Work or Volunteer with Offenders

Predictor	**B**	**SE B**	**ß**
Step One			
Gender	1.79	0.48	**.19*****
Age	-0.08	0.02	**-.22*****
Step Two			
Gender	1.85	0.47	**.19*****
Age	-0.07	0.02	**-.21*****
University	-1.97	0.42	**-.23*****
Step Three			
Gender	1.06	0.38	**.11****
Age	-0.07	0.01	**-.21*****
University	-0.27	0.36	-.03
SOPS	-0.31	0.03	**-.56*****
SODAS	-0.11	0.06	**-.09***

R^2 = .08, Adjusted R^2 = .08 (step one); R^2 = .13, Adjusted R^2 = .12 (step two); R^2 = .45, Adjusted R^2 = .45 (step three); *p < .05 **p < .01 ***p < .001 SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; BISOR – Belief in Sex Offender Redeemability.

Table 3.6

Hierarchical Regression Predicting CATSO Capacity to Change Score for Participants who Do Not Work or Volunteer with Offenders

Predictor	**B**	**SE B**	**ß**
Step One			
Gender	-1.74	0.65	**-.14****
Age	0.07	0.02	**.16****
Step Two			
Gender	-1.85	0.62	**-.15****
Age	0.07	0.02	**.14****
University	3.51	0.56	**.31*****
Step Three			
Gender	-0.51	0.42	-.04
Age	0.07	0.02	**.15*****
University	0.76	0.39	.07
SOPS	0.51	0.03	**.71*****
SODAS	0.13	0.06	**.08***

R^2 = .04, Adjusted R^2 = .04 (step one); R^2 = .14, Adjusted R^2 = .13 (step two); R^2 = .63, Adjusted R^2 = .63 (step three); *p < .05 **p < .01 ***p < .001 SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; CATSO: CTC – Community Attitudes Towards Sex Offenders: Capacity to Change.

Participants who worked or volunteered with sex offenders.

The second set of regressions focused on participants who worked or volunteered with sex offenders. The third model tested the hypotheses relating punitiveness and dispositional attributions. In this step, age and punitiveness emerged as the only significant predictors of participants' BISOR scores (see Table 3.7). These two variables accounted for 41% of the variance ($F (5, 191) = 26.49$, $p < .001$). For participants working or volunteering with sex offenders, beliefs that sex offenders can change for the better were predicted by being younger and holding less punitive views towards sex offenders. In predicting CATSO capacity to change score, age and punitiveness were the only significant predictors in step three (see Table 3.8). These two variables explained 61% of the variance ($F (5, 191) = 60.12$, $p < .001$). On this outcome measure, redeemability beliefs were predicted by being younger and holding less punitive views towards sex offenders.

Hypothesis Four

It was hypothesised that the redeemability beliefs of participants who worked with offenders would be predicted by working directly with sexual offenders, working in a therapeutic role and having worked with offenders for a longer period of time. As all the participants used in the analysis who worked with offenders were those who worked directly with sex offenders, it was not possible to test the predictive power of this specific variable. To test this hypothesis, therefore, a fourth regression

step was undertaken for those participants who worked or volunteered with sex offenders, in which two additional variables were added: therapeutic role and length of time working with offenders.

As illustrated in Table 3.7, the addition of these proposed measures of familiarity with sex offenders did not explain any significant additional variance in BISOR score (R^2 change = .01, F (2, 189) = 1.57, p = *ns*). The two proposed familiarity variables explained an additional one per cent of the variance in CATSO capacity to change score, but this was not significantly different than the model in step three (R^2 change = .01, F (2, 189) = 2.72, p = *ns*). However, as shown in Table 3.8, therapeutic role emerged as an additional significant predictor of CATSO capacity to change score in the final model. Along with punitiveness and age, therapeutic role accounted for 62% of the variance in CATSO capacity to change score (F (7, 189) = 44.49, p < .001). Beliefs that sex offenders can change were predicted by being younger, lower levels of punitiveness and having a therapeutic or treatment-based role.

Table 3.7

Hierarchical Regression Predicting BISOR Score for Participants who Work or Volunteer with Sex Offenders

Predictor	**B**	**SE B**	**ß**
Step One			
Gender	-0.71	0.73	-.07
Age	-0.08	0.03	**-.20****
Step Two			
Gender	0.06	0.76	.01
Age	-0.07	0.03	**-.18***
University	-2.21	0.74	**-.22****
Step Three			
Gender	-0.04	0.63	-.00
Age	-0.10	0.02	**-.24*****
University	0.72	0.67	.07
SOPS	-0.35	0.04	**-.64*****
SODAS	-0.02	0.08	-.01
Step Four			
Gender	-0.08	0.62	-.01
Age	-0.09	0.03	**-.22****
University	1.07	0.70	.11

Predictor	**B**	**SE B**	**ß**
SOPS	-0.34	0.04	**-.63*****
SODAS	0.02	0.08	.02
Length of Work	-0.17	0.31	-.04
Therapeutic Role	-0.91	0.52	-.11

R^2 = .05, Adjusted R^2 = .04 (step one); R^2 = .10, Adjusted R^2 = .08 (step two); R^2 = .41, Adjusted R^2 = .39 (step three); R^2 = .42, Adjusted R^2 = .40 (step four); *p < .05 **p < .01 ***p < .001 SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; BISOR – Belief in Sex Offender Redeemability.

Table 3.8

Hierarchical Regression Predicting CATSO Capacity to Change Score for Participants who Work or Volunteer with Sex Offenders

Predictor	**B**	**SE B**	**ß**
Step One			
Gender	0.74	0.88	.06
Age	0.06	0.04	.12
Step Two			
Gender	-1.02	0.86	-.09
Age	0.04	0.03	.08
University	5.01	0.83	**.43*****
Step Three			
Gender	-1.02	0.60	-.09
Age	0.07	0.02	**.15****
University	1.11	0.64	.09
SOPS	0.45	0.04	**.70*****
SODAS	0.19	0.08	.07
Step Four			
Gender	-0.97	0.59	-.08
Age	0.06	0.03	**.12***
University	0.68	0.66	.06

Predictor	**B**	**SE B**	**ß**
SOPS	0.44	0.04	**.69*****
SODAS	0.10	0.08	.06
Length of Work	0.17	0.29	.03
Therapeutic Role	1.15	0.50	**.11***

R^2 = .02, Adjusted R^2 = .01 (step one); R^2 = .18, Adjusted R^2 = .17 (step two); R^2 = .61, Adjusted R^2 = .60 (step three); R^2 = .62, Adjusted R^2 = .61 (step four); *p < .05 **p < .01 ***p < .001 SOPS – Sex Offender Punitiveness Scale; SODAS – Sex Offender Dispositional Attributions Scale; CATSO: CTC – Community Attitudes Towards Sex Offenders: Capacity to Change.

Summary of Results

Contrary to hypothesis one, only females who worked or volunteered with sex offenders exhibited lower levels of punitiveness and stronger beliefs that sex offenders can change for the better, compared to females who did not work or volunteer with offenders. There was no significant difference in the attributions that females in these two groups made about the causes of sexual offending. There were no significant differences between males who worked or volunteered with sex offenders and males who did not work or volunteer with offenders on punitiveness, redeemability beliefs or attributions about the causes of crime.

For participants who did not work or volunteer with offenders, as predicted in hypotheses two and three, redeemability beliefs were predicted by lower levels of punitiveness and believing sexual offences are caused by situational factors rather than dispositional factors. Being male predicted higher redeemability belief scores on one outcome measure (BISOR); being younger predicted redeemability belief scores on both outcome measures.

Also in line with hypothesis two, the redeemability beliefs of participants who worked or volunteered with sex offenders were predicted by lower levels of punitiveness. Contrary to hypothesis three, attributions about the causes of crime did not predict redeemability beliefs for this group. Being younger was also predictive of redeemability beliefs.

Contrary to hypothesis four, the length of time that participants had worked or volunteered with sex offenders did not predict redeemability beliefs. Working in a therapeutic or treatment-based role was a significant predictor of redeemability beliefs on one outcome measure (CATSO capacity to change).

Discussion

An aim of this study was to determine whether beliefs about the punishment of sex offenders, the causes of sexual offending and sex offenders' capacity to change ('redeemability beliefs'), differed between people who work or volunteer with offenders and people who do not. A second aim was to find out whether redeemability beliefs were predicted by attributions about the causes of sexual offending and by beliefs about the punishment of sex offenders. A third aim was to determine whether the redeemability beliefs of people who work or volunteer with offenders were predicted by greater levels of familiarity with sex offenders. A final aim was to determine whether redeemability beliefs were predicted by the same factors for people who work or volunteer with sex offenders and people who do not.

It was predicted in hypothesis one that participants who worked or volunteered with sex offenders would exhibit lower levels of punitiveness, fewer dispositional explanations for sexual offending and higher levels of redeemability beliefs, compared to participants who did not work or volunteer with sex offenders. This hypothesis was not supported.

Although, females who worked or volunteered with sex offenders were found to be less punitive and to hold stronger redeemability beliefs than females who did not work or volunteer with sex offenders, this was not found to be the case for male participants.

Males who did not work or volunteer with offenders were found to be more positive than females about the ability of sex offenders to be reformed, as measured by the BISOR scale (though this only equated to a one point mean difference on the scale). Previous research has found that female members of the general public were more fearful about sex offenders and were more likely than males to overestimate recidivism rates (Brown et al. 2008). Working with sex offenders may serve to reduce fear of victimisation in females, accounting for the difference between the two female groups. The lack of difference between the two male groups, may reflect their low levels of fear about being victimised, regardless of whether the males work with sex offenders or not.

The median BISOR scores of females and males in both groups were above the mid-point of the Likert scale, suggesting a tendency for all participants to endorse more dispositional explanations rather than situational explanations of sexual offending. However, median scores were not clustered at the highest point of the scale. In reality, sexual offending results from the combination of dispositional and situational factors (Mann et al. 2010). The findings of the current study may indicate participants' good understanding, regardless of experience working with

sex offenders, of the interaction between different risk factors leading to sexual offending.

In hypothesis two, it was predicted that for participants who work or volunteer with offenders and those who do not, redeemability beliefs would be predicted by fewer dispositional explanations for sexual offending and more situational explanations for sexual offending. This hypothesis was only supported for those participants who did not work or volunteer with offenders. This result was congruent with the findings of Maruna and King (2009) in their study of members of the UK public.

It may be that participants who did not work or volunteer with sex offenders used their beliefs about the causes of sexual offending as a heuristic to guide their views about redeemability, owing to their lack of knowledge about sex offender treatment approaches and desistance. By contrast, participants working with sex offenders may be more knowledgeable about treatment approaches or desistance factors which can impact on both dispositional and situational risk factors, meaning that causal attributions are formed independently from the formation of redeemability beliefs. This finding indicated that the factors predicting redeemability beliefs differed for participants working or volunteering with sex offenders and those not working with offenders.

In hypothesis three, it was predicted that the redeemability beliefs of participants who worked or volunteered with sex offenders and those who

did not would be predicted by lower levels of punitiveness. This hypothesis was fully supported. This was consistent with previous research showing that, overall, support for harsh punishment was inversely related to beliefs that offenders can change (Maruna & King, 2009). Despite arguments that people can support both punitive and rehabilitative approaches to sexual offending (Maruna & King, 2009; Willis et al. 2010), this finding suggests that the intended goal of punishment, for the people who most strongly support it, is not rehabilitation. Alternative goals for punishment might be retribution or deterrence (Doroc, 2013).

The final prediction, in hypothesis four, was that the redeemability beliefs of participants who worked or volunteered with sex offenders would be predicted by greater familiarity with sex offenders, defined as working or volunteering in a therapeutic role; and having worked or volunteered with offenders for a longer period of time. This hypothesis received partial support. Length of time working with offenders did not predict redeemability beliefs. Working in a therapeutic or treatment-based role was predictive of redeemability beliefs on one outcome measure, but not the second.

It is possible that working in a therapeutic role *leads* a person to develop stronger redeemability beliefs. However, it seems likely that those people who are in treatment based roles are individuals who have

existing redeemability beliefs and are therefore motivated to apply for employment involving therapeutic roles.

Rather than length of time spent working with sex offenders, it was participants' age which emerged as a significant predictor of redeemability beliefs. Contrary to suggestions in previous research (Willis et al. 2010), amount of experience working directly with sex offenders did not seem important in explaining attitudes towards redeemability. Given that the methodology in the current study was not longitudinal, it is not clear whether the effect of age reflected a change in redeemability beliefs associated with ageing, or whether the difference between age groups reflected a cross-sectional generational difference in this particular sample.

Inconsistent with previous research (Brown et al. 2008; Willis et al. 2010; Shackley et al. 2014), having a university education was no longer a significant predictor of redeemability beliefs after punitiveness and causal attributions about sexual offending were entered into the model. Shackley et al. (2014) suggested that individuals with a university level education may adopt a more critically analytical approach to interpreting information about sexual offending, relying less on sensationalist stereotypes portrayed in the media. The findings of the current study suggest that people who attend (or complete) a university degree may be less likely to hold punitive beliefs *prior* to university, given that the variance in redeemability beliefs initially accounted for by having a degree

turned out to be accounted for by levels of punitiveness. For participants who worked or volunteered with sex offenders and for the female participants who did not, completion of a university degree was negatively correlated with punitiveness. There was no significant relationship between these two variables for men who did not work or volunteer with sex offenders. This indicates a relationship, but does not indicate causality. However, see the following Limitations section for consideration of the possible overrepresentation of university educated participants.

For some of the variables of interest, significant relationships only emerged with one of the two measures of redeemability beliefs. Being male was predictive of redeemability beliefs in the group who did not work or volunteer with offenders, but only for the BISOR scale. Having a therapeutic or treatment-based role predicted redeemability beliefs in the participants who worked or volunteered with sex offenders, but only for the CATSO capacity to change scale. Although both scales were developed as measures of redeemability beliefs, it is not clear that they are measuring identical constructs. For females and males in the two groups, correlations between the two measures ranged from $r = -.65$ to $r = -.78$ ($p < .01$), suggesting imperfect convergent validity. In fact, the correlations were stronger between the CATSO capacity to change scale and the measure of punitiveness (SOPS; $r = .71$ - $.84$, $p < .01$).

The CATSO capacity to change items were worded in such a way that higher scores indicated lesser levels of belief in sex offenders' ability to change; whereas half of the items on the BISOR scale were reverse-scored, aiming to minimise response bias. It is possible that the valence of the questions led to different patterns of responding. For example, staff working in a therapeutic role, who often face criticism from others (including colleagues who do not have therapeutic roles) for their work with sex offenders, may have been more defensive in response to the negatively worded items of the CATSO scale.

Limitations

The sample used in this study was self-selecting. As such, it is possible that those motivated to participate, and share their views, represent people with extreme views (in either direction) about sex offenders. However, it is possible those individuals with the most extreme views about sex offenders are most likely to impact the desistance process in some way, either through their support of sex offenders in reintegrating into the community, or through their objection to the reintegration of sex offenders. As such, understanding the views of this specific population is likely to be especially important.

As outlined in the Methods section, efforts were made to recruit non-students within the group of participants who did not work or volunteer with offenders. Nevertheless, 69.1% of the final sample had

completed a university degree, and it is likely that other participants were undertaking university degrees which were not yet complete. This is much higher than the 38% of working age adults in the wider UK population identified as having a university degree (Office of National Statistics, 2013). Participants who 'dropped out' after starting the questionnaire were also less likely to have completed a university degree than those individuals who finished the questionnaire, indicating further bias towards an overly educated sample. This overrepresentation of university educated participants in the sample impacts on the generalisability of the findings of this study to the wider population.

Data screening indicated that scores on the CATSO scale were skewed towards the lower end, suggesting a tendency for participants to hold more positive views about sex offenders' capacity to change. This was also the case for female participants' scores on the BISOR scale, which were slightly skewed towards more positive views about sex offender redeemability. Female participants also exhibited a slight skew towards the lower end of the SOPS scale, suggesting females tended towards lower levels of punitiveness. Finally, participants' scores on the SODAS scale were skewed towards the upper end of the scale, suggesting participants tended to endorse more situational explanations for sex offending rather than dispositional explanations. Overall, the skew in the data suggests that the sample may have included a higher number of liberal individuals, with more positive views about sex offenders, than

would be expected in the wider population. This may have been a result of the self-selecting sample characteristics discussed above.

Consideration had to be given to the balance between measurement of relevant variables and the length of the online questionnaire. It was felt that attrition rates would increase as the number of questions increased. As such, the decision was taken to limit the study to the most important variables. This meant that several potentially relevant variables were omitted. These included socioeconomic status (Brown et al. 2008), history of victimisation (Ferguson & Ireland, 2006) and fear of crime (Maruna & King, 2009). This latter variable in particular may have been important given the above interpretation of the sex differences as potentially attributable to fear of victimisation.

Participants were not asked to disclose whether they had ever committed or been convicted of a sexual offence. It is likely that participants with a sexual offending history would have held different attitudes about sexual offending from those without an offending history (Hogue, 1993). Hanson and Bussière (1998) found that 10 to 25% of community samples of men disclosed having committed sexual offences. It is therefore reasonable to expect that at least some of the 141 male participants may have sexually offended.

As a result of the small number of participants relative to the other groups, participants who worked or volunteered only with *non*-sex

offenders were excluded from the analysis. The only variable on which this group differed from those participants working directly with sex offenders was the length of time working with offenders: Those individuals working directly with sex offenders had typically been in that role for longer than those participants working with non-sex offenders. Given that length of time in role was not a significant predictor or redeemability beliefs, it is possible that the significant predictors found in this study would be the same for all participants working or volunteering with *any* offender. However, further research is needed to confirm this.

Implications for Practice and Research

Several researchers have suggested the need for interventions to modify unhelpful attitudes which impede the successful reintegration of sex offenders into the community (McAlinden, 2006; Maruna & King, 2009; Willis et al. 2010). However, the most useful content or structure for these interventions remains unclear. The findings of this study suggest that separate interventions may be appropriate for people who work or volunteer with offenders and those who do not. Although several similarities were found in the variables predicting redeemability beliefs, there were also differences. For members of the general public, it might be useful to increase understanding of the causes of sexual offending, emphasising the role that situational factors play in offending.

Given that redeemability beliefs were stronger for those participants with lower levels of punitiveness, it might be helpful to educate both forensic professionals (particularly those in non-therapeutic roles) and members of the public about the types of treatment available for sex offenders, emphasising that punishment can co-exist with rehabilitation. Punitiveness may be difficult to modify, particularly for forensic staff for which this may be their main motivation for work. Moving forward, forensic organisations may benefit from paying more attention to core value-based recruitment, ensuring that new employees hold beliefs that are compatible with rehabilitation.

Further research to explore the effect of age on redeemability beliefs will inform training or interventions. If it is the case that the age effect in this study results from generational differences, than this is positive in terms of societal changes which might aid successful reintegration of sex offenders. If the age effect reflects increasingly negative attitudes towards sex offenders as a person ages, then interventions might usefully be developed to help maintain positive attitudes over time.

Forensic staff in this study were not asked to disclose their specific job title. Future research could explore whether the findings in this study relating to forensic staff are homogeneous for different professional categories working with sex offenders (e.g. prison officer, probation

officer). This might help direct specific training resources or recruitment strategies towards particular professional groups.

This study provided support for the use of the SOPS, SODAS and BISOR, adapted from Maruna and King (2009), as measures of attitudes towards sex offenders in future research. All three scales had adequate internal consistency. Future research might seek to confirm the reliability and validity of these scales for use with different populations of interest.

Concerns emerged about the construct validity of the CATSO capacity to change scale, which was highly correlated with the measure of punitiveness, more so than the second measure of redeemability beliefs. This scale has not yet been sufficiently validated using a UK sample (Shelton, Stone & Winder, 2013) and the current findings indicate that more research into its reliability, validity and factor structure is needed before confidence can be placed in conclusions drawn from its use.

Conclusion

This study found that, compared with female participants who did not work or volunteer with offenders, female participants working or volunteering with sex offenders were more optimistic about the redeemability of sex offenders and had less punitive attitudes. This difference was not present for male participants. For all participants, redeemability beliefs were predicted by lower levels of punitiveness. For participants who did not work or volunteer with sex offenders,

redeemability beliefs were stronger for those individuals who believed sexual offending was caused by situational, rather than dispositional factors. Being male, younger and working in a therapeutic or treatment-based role contributed to the prediction of redeemability beliefs for some participants. The findings of this study have implications for the recruitment and training of forensic staff, for interventions to raise public awareness of factual information about sex offender rehabilitation and for future research exploring attitudes towards sex offenders.

Chapter Four

Case Study: Assessment and Treatment of an Adult Male Sex Offender with an Intellectual Disability

Abstract

Assessment and formulation of a 26 year-old male intellectually disabled sex offender (IDSO) was undertaken to determine suitability for prison-based treatment. Although not empirically supported for use with IDSOs, the standardised prison assessment process appeared to accurately explain Mr Smith's sexual offending. The assessment process incorporated consideration of success factors. The standard framework was complemented by considering specific theories of offending for IDSOs. The client's combined static risk, level of dynamic treatment need, cognitive and adaptive functioning, meant he was suitable for the Becoming New Me intervention – a treatment programme underpinned by strength-based practice.

The client made progress in addressing risk factors relating to offence-supportive attitudes, his anti-social network and poor coping skills. However, he was deemed to have outstanding treatment needs in sexual pre-occupation, sexual preference for children and not having an emotionally intimate relationship. He was deemed to have responded well to the strength-based approach to treatment, with a high level of internal motivation for change demonstrated. Recommendations for further structured treatment and engagement with community agencies were made.

While not an individualised or holistic approach to assessment, formulation and treatment, the standardised prison treatment process, in combination with consideration of IDSO-specific theories, was able to explain the client's offending to a reasonable degree and appeared to lead to a reduction in his dynamic risk. However, consideration was given to stigmatisation inherent in the assessment process, as well as limitations to consolidation of progress that can be achieved in a prison setting. Recommendations for future practice were made, focusing on more attention to IDSO specific issues in assessment, treatment and recommendations, as well as increased focus on strengths and protective factors.

Introduction

This is a research case study, summarising work carried out with a client across a 24 month long-thin Doctoral placement in a prison setting.

Client Introduction

To maintain the client's anonymity, he is referred to as Mr Smith throughout this case study. Certain details of his offending have been omitted in order to preserve his anonymity. Mr Smith was a 26 year old Caucasian male located in a Category B Local prison. He was convicted of sexual offences against four pre-pubescent male and female family members, receiving an Indeterminate Sentence with a 42 month minimum tariff. Information in Mr Smith's probation reports indicated that he had an intellectual disability.

Referral Process

Mr Smith was referred to the Programmes department by his Offender Supervisor, for treatment to reduce his risk of sexual re-offending. Given the author's experience of working with clients with intellectual disability, he was referred to her for further assessment and formulation of his cognitive functioning and his risk of sexual re-offending.

Various sources of information were consulted, including probation reports, Mr Smith's electronic wing record, court documents and information from discussions with prison and probation staff. Further

information was obtained from the assessment process outlined below (see Assessment, Analysis and Formulation).

Intellectual Disability

Mr Smith was identified as having an intellectual disability. Intellectual disability (ID) is sometimes termed 'learning disability' (BPS, 2000) or 'mental retardation' (World Health Organisation, 1992; APA, 1994). All three terms refer to the same three core components: significant impairment of intellectual functioning, significant impairment of social/adaptive functioning and age of onset before adulthood (BPS, 2000). 'Significant impairment', in terms of intellectual functioning, is generally considered as performance more than two standard deviations below the mean score for the general population (BPS, 2000). This equates to an IQ score of 69 or less (APA, 1994). The impairment is in components of intelligence including cognitive, motor and language skills (World Health Organisation, 1992).

Social or adaptive functioning is an individual's ability to cope with the daily demands of the environment (BPS, 2000). Impairment is measured across domains including communication, home-living, self-care, social skills, use of community resources, self-direction, health, safety, academic skills, leisure and work (APA, 1994). A full assessment of Mr Smith's cognitive and adaptive functioning was carried out. Details of are provided below.

Assessment of IDSOs

Studies attempting to quantify the prevalence of sexual offending in ID populations, relative to non-ID populations, are fraught with methodological difficulties (Lindsay, 2002; Ayland & West, 2006). Limitations include small sample size, inadequate measurement of ID and difficulties in measuring actual offending versus *detection* of offending (Lambrick & Glaser, 2004). It is therefore unclear whether the rate of sexual offending by ID offenders is different to that seen in non-ID offenders.

Assessment and formulation of IDSOs in Her Majesty's Prison Service (HMPS) are guided by a prescriptive framework – the Structured Assessment of Risk and Need (SARN) – based on Thornton's (2002) Structured Risk Assessment. This meant that many aspects of the assessment, formulation and intervention process with Mr Smith were pre-determined. The implications of this are considered in the case study discussion.

The SARN is a three-stage process which involves consideration of static risk factors, dynamic treatment needs and progress in treatment. The 16 dynamic risk factors (or treatment needs) are divided into four domains: sexual interest; offence-supportive attitudes; socio-affective functioning; and self-management (Williams & Mann, 2010). A recent update to the dynamic stage of the SARN added a fifth domain – purpose

– which encompasses three potential success factors. The risk and success factors comprising stage two are summarised in Appendix L. This stage is termed the Risk and Success Factors Analysis (RSFA).

Despite its widespread use in HMPS, the applicability of the SARN to IDSOs is assumed, not empirically supported (Williams & Mann, 2010; Hocken, Winder & Grayson, 2013). As such, theories pertaining specifically to IDSOs were also considered in undertaking work with Mr Smith, to attempt to individualise the assessment and formulation process as much as was possible within the HMPS framework.

Several variables have been identified as more common in IDSOs compared to non-ID offenders. These factors include being younger, having a history of sexual abuse victimisation, male victims, stranger victims, using less violence and being less likely to have drunk alcohol before offending (Lambrick & Glaser, 2004; Lindsay 2002). Lindsay (2002) argued for the tentative consensus that IDSOs are more likely to offend across offence categories (e.g. contact and non-contact) and victim type (e.g. different age groups and gender). Mr Smith offended against male and female pre-pubescent family members, though all his convictions related to contact offending. Several of the variables identified as more common in the life histories and offending of IDSOs were present in his case: sexual abuse victimisation; male victims; young age. Three theories of sexual offending by IDSOs are briefly outlined below.

Inappropriate sexuality. Lindsay (2005) proposed that IDSOs persist in sexual offending, more than is the case for non-ID offenders, as a result of 'inappropriate sexuality'. He defined this as sexual interest in children, violent sex, indecent exposure, stalking or bestiality. Craig and Lindsay (2010) suggested that insufficient sexual urge regulation should also be included in this definition. Support for the inappropriate sexuality hypothesis came from Cantor, Blanchard, Robichaud and Christensen (2005), who found higher rates of paedophilia in men with lower IQ scores. Additionally, Blanchard et al. (1999) found that lower IQ scores were associated with higher rates of offending against younger victims and against male victims.

It is not clear from these studies whether low IQ *causes* deviant sexual interest, or whether cognitive functioning difficulties and deviant sexual interest are both caused by some other latent variable (e.g. brain injury). Mann, Hanson and Thornton (2010) argued that most risk factors for sexual offending are underpinned by neuropsychological mechanisms. The inappropriate sexuality theory complements SARN and indicates the sexual interest domain is particularly pertinent in understanding Mr Smith's offending.

Counterfeit deviance. An alternative theory of ID sexual offending is the 'counterfeit deviance hypothesis' (CDH). This focuses on the contributory role of poor sexual knowledge, limited socio-sexual skills, lack of opportunities to form relationships and sexual naivety (Lindsay,

2005). Lambrick and Glaser (2004) argued that many IDSOs will have had inadequate guidance regarding relationships and sexuality. However, research has emerged which challenges the validity of this viewpoint (Craig & Lindsay, 2010).

Lindsay (2009) proposed an updated version of the CDH, accounting for the findings that IDSOs typically have better sexual knowledge than ID non-offenders, but poorer knowledge than non-ID individuals. He suggested that IDSOs may understand the illegality of sexual offending, but do not fully understand the negative views of sexual offending held by society. Craig and Lindsay (2010) described the CDH as offering partial, but insufficient explanation for sexual offending by ID men. Sexual knowledge is not directly assessed in SARN. However, there was scope to determine how poor sexual knowledge and limited socio-sexual skills may have contributed to the sexual interests and socio-affective risk domains in Mr Smith's case.

Negative self-perceptions. Other theories focus on social factors, rather than sexual interest explanations for ID sexual offending. Dagnan and Sandhu (1999) argued that, because of others' low expectations, individuals with ID have fewer opportunities to acquire valued roles in society. Lambrick and Glaser (2004) highlighted that many IDSOs will have been subject to stigma as a result of their disability. These experiences may lead to IDSOs developing negative self-perceptions. Lindsay (2005) suggested that these negative self-

evaluations contribute to offending in various ways. For example, an individual may compare himself negatively to a potential victim and offend as a means of managing these negative social comparisons. Alternatively, the individual's negative self-perception may present a barrier to meeting his needs through pro-social means, such as in a consenting emotionally intimate relationship. Social factors are likely to have impacted on the manifestation of Mr Smith's risk within the socio-affective functioning SARN domain in particular.

A practical consideration in assessing IDSOs is how the manifestation of risk might differ for IDSOs such as Mr Smith, compared with the non-ID offenders for whom the risk assessment guidance has typically been developed. For example, assessment of employment in ID offenders may consider different factors from those that would be considered in non-ID offenders (Lambrick & Glaser, 2004), given the likely differences in opportunities for employment between the two groups.

As well as underpinning assessment and formulation, the aforementioned theories should guide approaches to the treatment of IDSOs. The key principles guiding treatment in HMPS, and considered in decisions around suitability of treatment for Mr Smith, are outlined in the following sub-section.

Treatment of IDSOs

Lambrick and Glaser (2004) argued that the majority of IDSOs can take responsibility for, and understand their offending. This view supports the delivery of treatment approaches which promote self-management of risk. It is recognised that there is need for interventions tailored for IDSOs (Ayland & West, 2006); most ID treatment programmes are adaptations of interventions designed for non-ID offenders (Lambrick & Glaser, 2004) – as is the case in HMPS.

Group-based cognitive behavioural treatment is considered the most effective modality for IDSOs (Lambrick & Glaser, 2004; Wilcox, 2004). The group format enables individuals to learn interpersonal skills through interaction with peers (Haaven, 2006). However, Lindsay (2002) noted that the lack of randomised control trials limits confidence in the effectiveness of group-based treatment for IDSOs. Such studies may have been prevented by ethical issues around withholding treatment from a control group, even though the treatment condition is not yet empirically supported.

Risk-Needs-Responsivity. The SARN framework adheres to the 'risk-needs-responsivity' (RNR) model of treatment (Andrews & Bonta, 2006). The 'risk' principle states that the dosage of treatment should be proportional to the offender's recidivism risk (SARN Stage 1). The 'need' principle states that treatment should target criminogenic needs (SARN

stage 2). Finally, the 'responsivity' principle states that treatment should be tailored to maximise the offender's motivation for change and his ability to learn from the intervention.

Traditionally, sex offender treatment has involved eliciting an account of the offending, challenging cognitive distortions, promoting victim empathy and teaching principles of relapse prevention (RP; e.g. West, 2007). This approach has predominantly focused on deficits, which can be problematic for sexual offenders, who as a group are more prone to shame and low self-esteem than non-offenders (Dewhurst & Neilsen, 1999). This could be especially detrimental for IDSOs, who may hold more negative self-perceptions compared to non-ID individuals. Risk reduction has been described as necessary, but insufficient in the rehabilitation of sexual offenders (Ward & Marshall, 2007). Critics of the RNR/RP approach argued that it failed to view the individual holistically (Dewhurst & Neilsen, 1999).

Strength-based approaches. Strength-based treatment approaches typically use narrative techniques to support the offender to develop a new, pro-social identify (Dewhurst & Neilsen, 1999; West, 2007). In order to adopt a new self-narrative, an individual must distance himself from his offending identity. He may do this through the use of denial, excuses and rationalisations for his offending (West, 2007). Traditional treatment approaches would encourage confrontation and challenge in response to such statements. Strength-based approaches

argue that unpicking these statements can lead to the reinforcement of a negative sense of self, which may increase the risk of further offending (West, 2007). The Good Lives Model (GLM) purports that human beings all seek the same basic goals in life, such as intimacy, happiness and mastery (Ward, 2002). According to the GLM, sexual offences occur when people lack the skills to achieve their goals through pro-social means. Treatment based on this approach attempts to equip individuals with the skills to achieve their goals in pro-social ways.

The narrative, strength-based model adopted in Sex Offender Treatment Programmes (SOTPs) in HMPS is called 'Old Me/New Me' (Haaven, 2006). This provides a framework within which offenders can challenge negative self-talk and behaviour (Old Me) and replace these with New Me alternatives (Ayland & West, 2006). It complements the RP and GLM approaches which also underpin the treatment programmes. The aim is to help group members develop a New Me identity which has pro-social values such as honesty, openness, respect, responsibility, effort and courage (Haaven, 2006). Treatment attempts to highlight discrepancies between where the individual is and where he wants to be (Haaven, 2006). SOTPs incorporate the two main areas advocated by Lindsay (2005): self-management of risk and increased engagement with society.

Strength-based principles underpin the Becoming New Me (BNM) SOTP – the Prison Service treatment programme for IDSOs. Detail of this

intervention, which Mr Smith undertook following assessment and formulation of his sexual offending, is outlined later in this case study (see Intervention).

Assessment, Analysis and Formulation

Client Background

The following sub-sections provide an overview of Mr Smith's history, obtained from file review at the point of referral.

Psycho-social history. Mr Smith had not had any significant intimate relationships with other adults. He described having two "on/off" relationships with females during adolescence. He reported feeling quite lonely across his life and did not have any close friends.

Education and employment history. Mr Smith attended mainstream schools, leaving at age 16 without any formal qualifications. He attended gardening and cookery courses at college. However, he was bored and left after one month. He had mainly been unemployed and in receipt of state benefits before coming into custody. His only job had been two weeks in a factory. He was sacked because of poor time-keeping.

Substance misuse history. Mr Smith reported misusing drugs between the ages of 15 and 20. He began to use drugs to fit in with his peer group, escalating to intravenous heroin use. Mr Smith also reported

problematic alcohol use. He described his father as an alcoholic and said that they would drink together on a daily basis. He was influenced to drink more by his peers. When he was 20, Mr Smith decided to stop using drugs and did so successfully with the support of his mother and a friend.

Forensic history. Mr Smith was convicted of three counts of Rape, three counts of Attempted Rape and one count of Sexual Activity by Penetration. The offending took place over a three year period when Mr Smith was aged between 17 and 20. The victims were two male and two female children family members aged between three and 10. The offending involved Mr Smith vaginally penetrating the female victims with his penis; sexually touching all four victims; performing oral sex on one male victim; and orally and anally penetrating the two male victims with his penis. Mr Smith had received a caution for shop-lifting when he was 19. He did not have any other convictions.

Summary of Assessment Process

The assessments were guided by the standardised process for all IDSOs entering HMPS treatment for sexual offending. This process identified the static risk and dynamic treatment need for Mr Smith, as well as specific responsivity issues. An overview of the assessment process is illustrated in Figure 4.1.

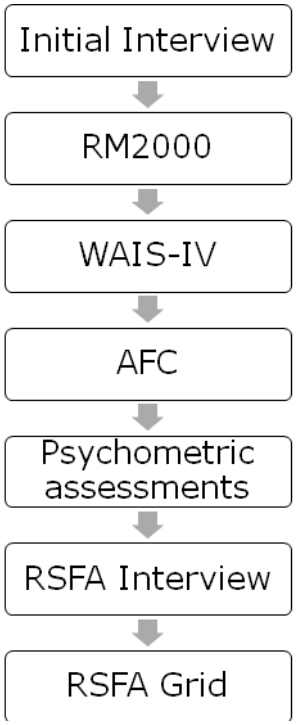


Figure 4.1: Overview of the Assessment Process for Mr Smith

Initial Interview

Following the referral, the author met with Mr Smith to conduct a screening interview. The purpose was to explore his motivation to complete treatment and to seek consent to undertake a full assessment. He agreed to participate in the interview, though he explained that he could not remember whether or not he had offended. He expressed the opinion that he must have offended because he would otherwise not have been found guilty. He said he wanted to undertake an SOTP, as if he did not complete treatment he would be less likely to be recommended for release.

During interview, Mr Smith was polite and answered questions. However, he appeared embarrassed and did not maintain eye contact. It was considered that his intellectual functioning may have impacted on his ability to recall his offending. However, it was felt it was likely that he was distancing himself from the negative emotions and stigma associated with his offending by denying knowledge of his behaviour.

It was explained to Mr Smith that the HMPS SOTPs require some level of offence account to identify risk factors. Given the assessment that he was experiencing feelings of shame, it was reflected to him that some people find it difficult to talk about offending because they feel bad about what they have done or worry about what other people may think. Mr Smith was not asked to say whether this was true in his case, but explained that the author would be able to return to see him for a further interview if anything changed in terms of his memory of offending. This therapeutic approach enabled Mr Smith to reflect on the comments without feeling confronted. This approach had been found helpful by the author previously with clients who stated they had not offended or were unable to remember their offending.

Around one month later, Mr Smith requested a further interview. He was now able to remember some of his offending and provided an offence account that was mostly consistent with the official version. He denied committing the anal rapes of the two male victims. Mr Smith cited Parole as his motivation for treatment. He also stated he wanted to make

sure he does not offend again. However, it was not clear how internally motivated Mr Smith was for treatment.

Mr Smith was talked through the SOTP consent booklets, adapted for individuals with ID. He was able to recall information about the assessment process and treatment. He was able to provide examples of the advantages and disadvantages of his participation in assessment and treatment. It was the author's opinion that he had the capacity to provide informed consent.

Static Risk Assessment

Mr Smith's static risk of reconviction for a sexual offence was assessed using the Risk Matrix 2000 (RM2000; Thornton et al. 2003). This is an actuarial assessment tool which predicts likelihood of re-conviction for sexual or violent offending based on the presence or absence of certain personal and offence characteristics. The RM2000 items and scoring format are included as Appendix M.

Characteristics which increased Mr Smith's sexual recidivism risk level on this assessment were him being aged below 35 at the earliest possible date of release, his convictions for offences against male victims and the absence of a marital-type relationship lasting for at least two years. Mr Smith was assessed as a high static risk of re-conviction for sexual offending. Mr Smith did not have previous convictions for violent offences or burglary. However, his age at the earliest point of release

meant he was assessed as a medium static risk of violent conviction. Although he did not have a history of violent convictions, the victims of his sexual offending reported a degree of violence. This did not appear to be over and above that required to secure their compliance, but suggested that Mr Smith had the capacity to violently offend.

Allocation to treatment in HMPS is made based on risk of sexual recidivism according to the RM2000. As Mr Smith was assessed as high static risk, the remainder of the assessment process focused on finding out information about his cognitive functioning and dynamic risk to inform treatment targets for the BNM SOTP – a treatment programme for IDSOs presenting at least a medium level of static risk.

Concerns have been voiced about use of the RM2000 with IDSOs in HMPS (Tully & Browne, 2013). Studies exploring the predictive validity of the RM2000 have not found promising results (Lindsay et al. 2008; Wilcox, Beech, Markall & Blacker, 2009; Blacker, Beech, Wilcox & Boer, 2011). The sample with which the RM2000 was developed was noted to contain fewer higher risk and "sexual specialist" offenders than is typical in the wider population of sexual offenders (Thornton et al. 2003). This could have further limited the ability of the RM2000 to accurately assess Mr Smith's static risk. A more detailed appraisal of the validity, reliability and practical utility of the RM2000 for IDSOs is provided in Chapter 5.

Cognitive Functioning

Ordinarily, cognitive functioning assessments are used to determine which type of treatment will be most responsive to individuals' needs. In Mr Smith's case, file information was sufficient to indicate that his learning needs would be better met by sex offender treatment adapted for ID individuals rather than through mainstream treatment. He had been assessed as having a learning disability at the pre-sentencing stage. However, no further information about this assessment was available. A full assessment of his intellectual functioning was therefore required.

Mr Smith was assessed using the fourth version of the Wechsler Adult Intelligence Scale (WAIS-IV; Wechsler, 2008), the standard assessment used in HMPS. Mr Smith was unsure whether he had completed this type of assessment before. It is possible that a WAIS assessment was administered at the pre-sentence stage, around 18 months previously. If Mr Smith previously completed the WAIS-IV, the assessment may have overestimated his intellectual functioning as a function of a 'practice effect'. This effect is typically larger for nonverbal than verbal tasks (Lichtenberger & Kaufman, 2009). Given the uncertainty about practice effects, the following findings were interpreted with caution.

The WAIS-IV consists of ten core subtests and five optional subtests. It provides four composite indices of cognitive ability: verbal

comprehension; perceptual reasoning; working memory; and processing speed. It also provides an estimate of global intellectual functioning – Full Scale IQ. A summary of the 15 subtests and the indices to which they relate are provided in Appendix N.

Summary of cognitive functioning. There was a significant discrepancy (more than 1.5 standard deviations) between Mr Smith's highest and lowest scores on the WAIS-IV indices. This meant that his Full Scale IQ was not a meaningful summary of his overall cognitive functioning and was therefore omitted from interpretation of the assessment. Mr Smith's cognitive profile, as assessed by the WAIS-IV, is summarised in Table 4.1.

Verbal comprehension. The Verbal Comprehension Index (VCI) measures the retrieval of verbal information from long-term memory and ability to reason with verbally-presented information (Lichtenberger & Kaufman, 2009). Mr Smith's VCI score fell within the 'extremely low' range of functioning and above only one per cent of his peers. There was a 95% certainty that his score fell between 58 and 68. This was his lowest scoring area on the assessment and was a normative weakness, meaning his functioning in this area was significantly weaker than other individuals of the same age. It was also an area of personal weakness, indicating that his verbal comprehension ability was significantly weaker than his performance on other areas of cognitive functioning measured by the WAIS-IV.

Table 4.1

Mr Smith's WAIS-IV Cognitive Profile

Index	Score	95% CI	Percentile Rank	Strength		Weakness	
				Pers.	Norm.	Pers.	Norm.
VCI	63	58-68	1			X	X
PRI	96	91-101	39	X			
WMI	69	64-74	2			X	X
PSI	81	76-86	10				X

CI – confidence interval; Pers. – personal; Norm. – normative; VCI – verbal comprehension index; PRI – perceptual reasoning index; WMI – working memory index; PSI – processing speed index

Perceptual reasoning. The Perceptual Reasoning Index (PRI) measures ability to reason with non-verbal information in concrete and abstract ways (Lichtenberger & Kaufman, 2009). Mr Smith's PRI score fell within the 'average' range of functioning and above 39 per cent of his peers. There was a 95 per cent certainty that his score fell between 91 and 101. This was his highest scoring area on the assessment and was an area of personal strength. This meant his perceptual reasoning performance was significantly stronger than his other cognitive abilities.

This score may have overestimated his perceptual reasoning abilities as a result of a practice effect.

Working memory. The Working Memory Index (WMI) measures the ability to mentally register, store and manipulate information in the short-term (Lichtenberger & Kaufman, 2009). Mr Smith's WMI score fell within the 'extremely low to borderline' range of functioning and above only two per cent of his peers. There was a 95 per cent certainty that his score fell between 64 and 74. This area was both a normative weakness and a personal weakness for Mr Smith.

Processing speed. The Processing Speed Index (PSI) measures the visual and motor speed at which an individual can process nonverbal stimuli (Lichtenberger & Kaufman, 2009). Mr Smith's PSI score fell within the 'borderline to low average' range of functioning and above only 10 per cent of his peers. There was a 95 per cent certainty that his score fell between 76 and 86. Although it is possible that practice effect may have inflated his score, this was an area of normative weakness for Mr Smith.

In interpreting the results of the WAIS-IV assessment, consideration was given to Mr Smith's personal and cultural circumstances as well as to factors which could have impacted his performance on the assessment (BPS, 2000). This included the aforementioned consideration of practice effects from previous assessments. The implications of

cognitive functioning deficits for treatment are discussed later (see Responsivity Considerations).

Adaptive Functioning

In order to assess Mr Smith's adaptive functioning, his personal wing officer was asked to complete the Adaptive Functioning Checklist (AFC; unpublished). The AFC is behavioural-monitoring measure of the frequency of observed behaviours in relation to communication, day-to-day living and social skills (Williams & Mann, 2010). The AFC highlighted significant difficulties in all adaptive functioning domains for Mr Smith.

Dynamic Risk Assessment: RSFA

In order to identify areas of treatment need, a standardised battery of psychometric assessments were administered at the pre-treatment stage (see Appendix O for a summary of these measures). An in-depth clinical interview was then carried out (see Appendix P). The aim was to gather evidence to support the presence or absence of the 16 risk factors and three success factors contained within the RSFA.

Summary of treatment needs. Mr Smith was assessed as posing a low dynamic risk of sexual recidivism. Risk level was determined by the number of SARN domains within which a risk factor had been identified as strongly characteristic of his general life and centrally characteristic in his sexual offending. Mr Smith had risk factors meeting this criterion in one

of the four risk domains (sexual interests). Treatment targets were prioritised based on how pervasive and persistent the problems associated with each risk factor had been in Mr Smith's general life and offending (see Appendix Q for RSFA scoring guidelines). The following subsections summarise the evidence for the treatment needs within the four risk domains and the success factor domain. Full evidence for each treatment need is provided in the RSFA grid (see Appendix R). This assessment was updated mid-way through treatment.

Sexual interests. Mr Smith had two essential treatment needs in this domain: thinking about sex a lot and liking sex with children. He had one potential treatment need: liking sex to include violence. Mr Smith had not had a high number of sexual partners in his life and did not report a high level of interest in sex: he presented as sexually naive. However, he reported thinking a lot about sex before offending and he was viewing and masturbating to pornography more often than usual.

Mr Smith committed sexual offences against four pre-pubescent children over a three year period, with one victim being only three years old. It seemed unlikely that he would have offended in the absence of a sexual interest in children. Additionally, he met three of the four criteria of the Screening Scale for Paedophilic Interests (SSPI; Seto & Lalumière, 2001). These criteria were: having a male victim, more than one child victim and a victim aged 11 years or younger.

Mr Smith reported thinking the victims might enjoy the offending. However, three of the victims showed clear signs of distress and non-consent during the offending, such as crying, screaming and shouting. This did not stop Mr Smith from engaging in the sexual activity. Although these indicators of distress did not appear to have increased Mr Smith's arousal, they did not inhibit it. The psychometrics showed a treatment need for obsession with sex, but not for sexual preference for children or for violence.

Offence-supportive attitudes. Mr Smith had one essential treatment need in this domain: thinking that sex with children is ok. He reported that he thought the victims would enjoy the offending and that he did not know at the time he was doing anything wrong. He described interpreting one of the male victim's physical arousal as a signal of the victim's enjoyment. However, there was also evidence that Mr Smith took steps to prevent the victims disclosing the offending, indicating he knew what he was doing was wrong. Additionally, the psychometric assessments did not show a treatment need. Nevertheless, this risk factor played some role in offending against four victims spanning a three year period.

Socio-affective functioning. Mr Smith had three essential treatment needs in this domain: feeling lonely and bad about yourself, having close family and friends who commit crime and not having a close relationship with an adult. Mr Smith described feeling lonely in general

and had few friends. He lacked confidence around others because of his learning disability and stutter. At the time of offending, he felt lonely and upset. He did not like himself and described his life as "mixed up" because he was being bullied. However, the psychometric assessments did not show a treatment need in terms of self-esteem and Mr Smith said he felt good about himself in general.

Mr Smith reported having anti-social networks which led to him injecting heroin and drinking alcohol to excess over a five-year period, including during the time when he was sexually offending. However, he offended by himself and there was no evidence to suggest that his peers encouraged him to offend. He had never had a long-term live-in relationship with an adult partner and was not in a relationship when he offended. However, there is no evidence that he was brooding over the lack of a stable relationship. It is possible that being in a relationship could have been a protective factor for Mr Smith meaning that he might not have offended.

Self-management. Mr Smith had one essential treatment need in this domain: not dealing well with life's problems. There was some evidence of good problem-solving in terms of daily living skills and money management. However, this was outweighed by clear evidence of avoidant and emotion-focused coping leading to externalised behaviour including intravenous drug use and self-injurious behaviour. At the time of offending, he was using alcohol to avoid dealing with problems.

However, he ultimately seemed to have intended to offend and acted on this intention, meaning his offending was not the result of poor problem-solving.

Purpose. All three success factors were identified as treatment needs for Mr Smith to work on. He demonstrated a positive attitude to forensic professionals and had some support from a pro-social network. He was co-operative with the prison regime and did not appear to associate with anti-social others in prison. However, it was unclear whether he actively sought the support of professionals when required. There was evidence that Mr Smith had been able to use support from family and friends to change his substance misuse behaviour. However, there was no evidence that he had set or worked towards positive, meaningful life goals.

Prior to treatment, there was limited evidence that Mr Smith had made sustained pro-active attempts to change his sexual offending behaviour. By initially denying his offending, he did not clearly demonstrate that he was taking responsibility for making necessary changes to reduce his risk. However, his level of denial reduced before entering treatment and he showed some awareness of the areas he needed to work on, even though he was not yet actively working on these goals.

There was no evidence from his general life that Mr Smith had been able to maintain employment, or that he had kept busy through meaningful hobbies. Mr Smith was employed in prison and engaged in other constructive activity. However, this was within the highly structured prison environment. It was not clear how able he would be to maintain this success factor in the community.

Formulation

Formulation is used to form hypotheses about the distal and proximal antecedents of behaviour as well as the consequences which may contribute to its maintenance (Lindsay, 2011). Given that BNM is based on a cognitive-behavioural treatment (CBT) model (see Intervention), a CBT formulation framework was adopted with Mr Smith. In keeping with the strength-based approach to working with IDSOs, the '5 Ps' model of formulation (Dudley & Kuyken, 2006) was used. This framework encompasses predisposing factors (distal antecedents), precipitating factors (proximal antecedents), definition of the presenting problem, perpetuating factors (consequences) and protective factors (factors which reduce the likelihood of reoffending). A diagrammatic summary of Mr Smith's 5 Ps formulation is attached as Appendix S.

Predisposing factors. Mr Smith experienced an unhappy childhood. His father was a heavy drinker, leading to Mr Smith's mother leaving him. Mr Smith's father was unable to care for Mr Smith and his

siblings, who were subsequently taken into care. Mr Smith was bullied by his peers and reports feeling different because of his disability and tendency to stutter when nervous.

These experiences of rejection and stigma impacted on Mr Smith's sense of self-worth and his ability to form secure attachments with others. He anticipated rejection from others and struggled to get close to pro-social peers, instead seeking acceptance from anti-social peers through involvement in substance misuse. His difficulty in verbal comprehension, working memory and processing speed impacted on his communication skills, further compounding his struggle to interact with pro-social peers and feel accepted and 'normal'.

At the critical stage when Mr Smith was going through puberty, he was sexually abused by an adult male. Although initially unwanted, Mr Smith reported starting to enjoy this sexual contact. It appears that he gained a sense of connection and sexual gratification through his abuse experience. This experience likely contributed to his uncertainty about acceptable sexual boundaries, underpinning his beliefs that sex with children is permissible, as well as impacting his ability to self-manage his increasing sexual urges in socially appropriate ways.

Precipitant factors. Mr Smith had a high sex drive before offending, which increased as a result of his impersonal sexual outlets such as pornography and frequent masturbation. He had limited

opportunities to meet his sexual needs through consenting adult relationships. When a family member came to live in the same house as Mr Smith along with her children, Mr Smith had the opportunity to offend against children which had not previously been present. Due to his high levels of sexual pre-occupation, Mr Smith was able to overlook barriers to offending such as the victims' ages and visible distress. He was misusing substances, which acted as disinhibiting agents.

Presenting problem. Mr Smith committed sexual offences against four pre-pubescent children within his family over a three year period. Further offending details are provided above (see Forensic History).

Perpetuating factors. Mr Smith obtained sexual gratification, positively reinforcing his offending behaviour. His engagement in sexual offending served to increase the amount he thought about sex and increased his need for gratification. This led to an increase in the frequency and severity of offending, as Mr Smith attempted to satisfy his increasing sex drive. Negative reinforcement came through the reduction of his negative emotional state relating to loneliness. The victims did not disclose the offending initially. This reinforced Mr Smith's offence-supportive attitudes about children and sex and increased his confidence to continue offending. In addition drugs and alcohol remained disinhibiting factors.

Protective factors. Mr Smith demonstrated a positive attitude to forensic professionals and complied with prison rules. He had some pro-social support, which he had used to stop misusing drugs. He was taking increasing responsibility for his future risk management and was engaged in constructive and meaningful routines in prison.

Treatment Targets

The following specific treatment targets were identified based on the above formulation. These targets incorporated terminology used in the BNM SOTP:

- Practise using New Me tactics to help you control your not ok sexy thoughts about children.
- Find ways of keeping New Me busy so you do not think about sex as much.
- Practise using New Me thoughts about children and sex in difficult situations.
- Explore strengths that you have and work on making these stronger.
- Practise mixing with others and making friends.

- Spot family and friends who do not commit crime and focus on building close relationships with these people, including your Probation Officer.

- Practise using New Me tactics to help you have strong, close relationships with other adults.

- Practise using New Me tactics to help you deal with problems in a good way. Build strong relationships with people who can help you deal with problems.

- Practise spotting other people's feelings by using the Their Shoes tactic.

- Practise planning for the future. Break your plans down into small steps and work on these mini-goals.

Responsivity Considerations

The following areas were identified as responsivity needs to be considered in planning how to best work with Mr Smith on BNM.

Intellectual disability. The WAIS-IV indicated that Mr Smith had significant difficulties in terms of verbal comprehension, processing speed and working memory. The AFC highlighted adaptive functioning difficulties. Recommendations made for treatment included using clear language and explaining novel or unusual words in simpler terms; asking one question at a time and allowing Mr Smith time to respond and

process new information; using active treatment modalities to maximise concentration; regularly recapping key learning points; and using visual information to take advantage of his relative strength in perceptual reasoning.

Motivation. Mr Smith presented as externally motivated to complete treatment, citing Parole as his main motivation. It was recommended that facilitators encouraged him to develop internal motivation for change, by focusing on how his quality of life could be improved by working on his risk factors and strengthening his success factors.

It was highlighted that the shame he felt about offending might present barriers to full and active participation in treatment. It was recommended that facilitators used the Old Me/New Me terminology to enable Mr Smith to maintain a psychological distance from discussing aspects of his past about which he felt shameful.

Intervention

Based on his level of static and dynamic risk, in combination with his ID, Mr Smith was allocated a place on BNM. For operational reasons, the author was not involved in the delivery of this intervention. Facilitators were two experienced prison officers: one female and one male, and one male non-uniformed staff member, who had not previously

delivered BNM. The treatment manager of the programme was a female psychology grade.

Intervention Summary

BNM was an 85 session intervention based on CBT and biopsychosocial principles, with components of dialectical behaviour therapy. It was delivered to eight group members (including Mr Smith) over a six month period, with sessions lasting around two hours, delivered between two and four times each week.

BNM aimed to explore sexual interests; to change offence-related thinking; to improve relationship skills; and to develop self-management skills (Williams & Mann, 2010). BNM does not directly aim to change offence-related sexual interests. The programme content was divided into 12 treatment blocks, summarised in Table 4.2.

Table 4.2

Summary of BNM Content (Operational Services and Interventions Group, 2011)

Block	**Summary of Block Content**	**No. of Sessions**
Gelling	Building group cohesion through ice-breakers & team-building exercises	1
Getting going	Agree group contract, introduce methods for learning & motivate group to change	2
Introducing Old Me and New Me	Introduce Old Me/New Me model, present life histories, introduce New Me tactics, encourage self-monitoring of thoughts, feelings & behaviours	12
Supporting New Me	Identify social support network & set goals to make stronger	4
New Me and sex	Identify sexual terminology, increase sexual knowledge & understanding of consent, identify risky sexual interests	3
Understanding my offending	Understand risk factors leading to sexual offending	24
Mid-course Review	Review treatment progress	1
Managing my sexy thinking	Identify risky sexual thoughts & management strategies	8
Managing my	Teach problem-solving strategies, including	8

Block	Summary of Block Content	No. of Sessions
problems	asking for help & keeping busy	
Managing my feelings	Spot risky emotions & develop management strategies	7
Managing my relationships	Develop relationship skills, self-esteem & perspective-taking	7
Moving on	Practise using risk management skills, plan for the future & celebrate treatment conclusion	8

In order to provide a lively and engaging environment to enhance ID offenders' learning experience (Williams & Mann, 2010), BNM incorporated multi-modal strategies. These included use of symbols and pictures, cue cards, simple language, role-play, demonstrations and gestures. The programme also incorporated 'brain breaks' – short movement-based activities involving some cognitive aspect, which aimed to increase blood flow to the brain and enhance learning opportunities. To encourage internal motivation for change, group members were supported to complete a strength-based 'success wheel' to set New Me goals and record their progress in working towards these. This represented a change from the risk avoidance focus of previous programmes.

Engagement and Motivation

Mr Smith attended every session. Facilitators described him as a quiet but popular group member, who related well to others in treatment. He was supportive – asking helpful questions and offering feedback. He volunteered to participate in others' skills practices when required. Mr Smith had positive working relationships with the facilitators. He was able to seek support when required, but was not overly dependent on staff. Facilitators noted that he was proactive in stating when he did not understand something.

Mr Smith appeared motivated to change his behaviour from the start of the intervention, in contrast to what was expected based on his pre-treatment presentation. He regularly completed 'learning logs' to evidence how he was applying his learning outside of group sessions. He was also described as responsive to feedback, for example, increasing his participation in group discussions after being encouraged to do so. He appeared to respond well to the strength-based aspects of the programme, such as the completion of his 'success wheel'.

Mr Smith was initially reluctant to discuss his offending in group and described feeling anxious. However, with support he was able to overcome his nerves and talked about his offending in an open way that enabled him to identify risk. Mr Smith actively participated in all 12

blocks of the intervention and there were no concerns about his motivation or engagement.

Results

The intervention outcome was determined by assessing the degree to which Mr Smith had understood and identified management strategies for each of his treatment needs. In HMPS, assessment of treatment progress is undertaken by staff who have not been directly involved in treatment delivery, to increase impartiality. This assessment of progress was completed six months after Mr Smith completed the intervention, to ensure observed progress was not superficial based on recent treatment completion.

This assessment was informed by Mr Smith's product pack of treatment work; a progress log completed by facilitators; information from staff about Mr Smith's behaviour on the wing and in his place of work; and information from a post-intervention interview with Mr Smith. Post-treatment psychometric data were also used (see Appendix O for details of the psychometric assessments used). Mr Smith's pre- and post-treatment psychometric standardised scores are provided in Figure 4.2. In line with SARN scoring guidance, the majority of measures were deemed indicative of a treatment need if the score was 55 or higher. For the 'openness to women', 'openness to men' and 'self-esteem' scales, a score of 45 or lower indicated a treatment need.

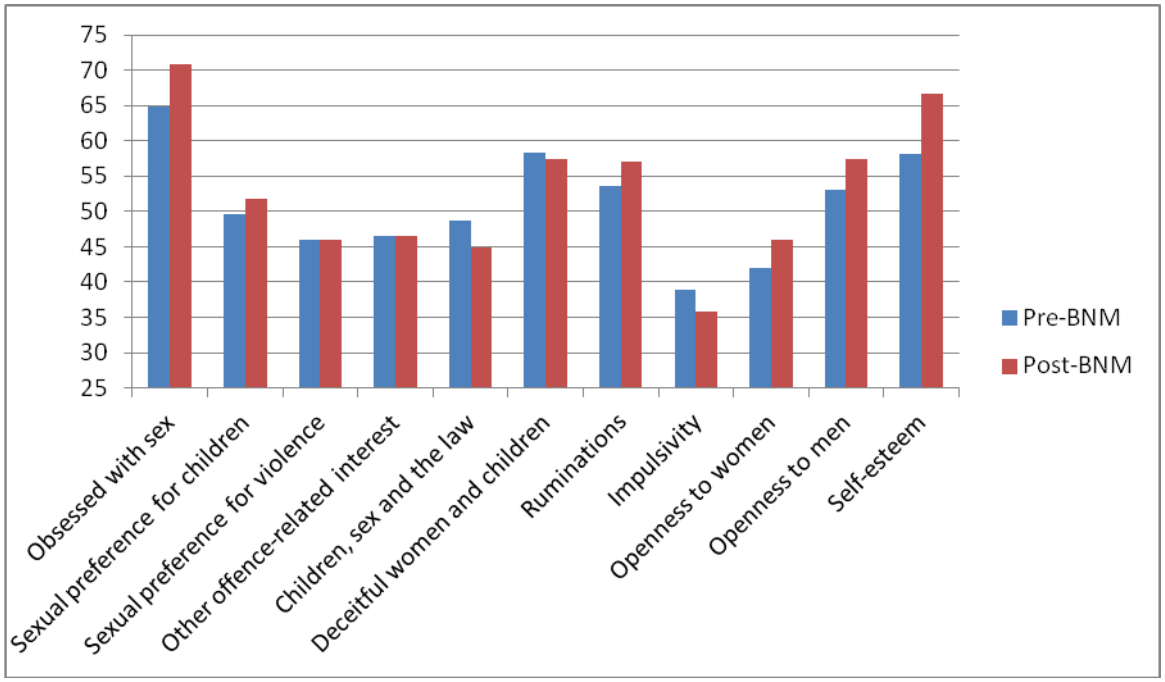


Figure 4.2: Mr Smith's Pre- and Post-treatment Psychometric Scores

Summary of Progress

The following subsections summarise the evidence for and against progress in addressing the treatment needs in the five RSFA domains.

Sexual interests. Mr Smith acknowledged that thinking about sex a lot had been a problem for him. He recognised having used sex as a way of dealing with negative emotions and spotted how future set-backs could lead to him thinking about sex more often. He suggested that seeking support from family, friends or professionals could help him manage his risky sexual interests.

In terms of liking sex with children, Mr Smith was initially reluctant to accept this as a treatment need. However, he began to acknowledge

this as an area of risk as treatment progressed. He practised identifying the harm caused to children as a means of challenging risky thoughts. He spoke about the benefits of building strong relationships with other adults within which sex is a mutually enjoyable activity. He practised using consequential thinking and perspective taking to manage his offence-related sexual interests.

Information from the security department indicated Mr Smith may have been involved in sexual activity on the wing during treatment. Prison rules do not permit sexual contact between prisoners, hence why the security department highlighted concerns. These concerns may have been warranted given his ID, as this may be a factor that made him more vulnerable to sexual exploitation by others (one reason why sexual activity between prisoners is not permitted). In a non-prison setting, the fact that Mr Smith was engaging in sexual activity with other adults could be seen as a positive, indicating age appropriate sexual interests. However, the prison setting limits the extent to which sex can be engaged in as part of an emotionally intimate relationship, which is the type of sexual activity promoted by protective factor research (de Vries et al. in press). The prison setting therefore limited the extent to which Mr Smith was able to make progress in developing healthy sexual interests.

The psychometrics indicated outstanding treatment need relating to the 'obsessed with sex scale'. Although Mr Smith made some progress in this area, offence-related sexual interests were not directly targeted by

this treatment programme. The sexual interest domain was therefore considered an outstanding treatment need in terms of pre-occupation with sex and sexual interest in children.

Offence-supportive attitudes. Mr Smith recognised thinking when he offended that sex with children was ok. He was able to identify specific risky thoughts he had about children and sex. In treatment, he practised using the 'Their Shoes' tactic to consider the impact of sexual abuse on children. He made progress in addressing specific views about family members being less harmed by sexual abuse. He appeared to have a good understanding of this risk domain and was able to practise strategies to manage offence-supportive attitudes.

I felt that his risk in this area was likely to increase if he did not appropriately manage his strong sexual urges: these might reduce his ability to challenge 'permission-giving' thoughts about children and sex. Mr Smith did not appear to hold entrenched generalised beliefs about children and sex, and the psychometrics did not show a treatment need. It was considered that Mr Smith had adequately addressed this risk factor following treatment.

Socio-affective functioning. Mr Smith recognised the risk factors identified in this area and appeared motivated to work on these during treatment. He showed an increased ability to identify his positive qualities and made efforts to mix more with others in treatment and on

the wing. However, his anxiety around social situations remained at the end of treatment and it was not clear how confident Mr Smith would feel mixing with other adults without external encouragement. It was positive that he was able to identify a pro-social support network including family members and professionals. However, the risk of him becoming isolated on release was evident.

Mr Smith was open about the lack of emotional intimacy in his past "on/off" adult relationships and recognised his difficulty in trusting others and expressing his feelings and vulnerabilities. He showed an increased understanding of what constitutes an emotionally intimate relationship and practised expressing his feelings to others in a series of skills practices. Mr Smith struggled to articulate his feelings in these practices, which seemed to be a function of his limited verbal expression and slow processing speed.

Mr Smith developed some close and supportive friendships with other group members during treatment. However, it was felt that he would need support to apply these skills outside of treatment. Outstanding treatment need was identified in terms of not having a close relationship. Although the psychometrics did not show a treatment need ('self-esteem' scale), feeling lonely and bad about himself was considered an additional outstanding treatment need.

Self-management. Mr Smith acknowledged his difficulty in coping with problems, in particular his use of drugs and alcohol as coping strategies. He was also insightful about his difficulties in asking for help. Mr Smith practised using New Me tactics introduced in treatment, such as 'Stop and Think', 'What Happens to Me' (consequential thinking) and 'Asking for Help'. He showed a good understanding of the five steps of problem-solving introduced in BNM.

Mr Smith demonstrated an ability to self-monitor his coping skills through the use of 'learning log' diary sheets. He identified his use of effective coping skills and was reflective about less helpful coping strategies which he employed on occasion. The main area of need identified by facilitators was for Mr Smith to develop his confidence in asking for help. This related to the outstanding treatment need in the socio-affective domain. There was no specific psychometric relating to Mr Smith's treatment need in this risk domain.

Purpose. Mr Smith acknowledged the importance of maintaining positive relationships with staff involved in supporting him, such as his Offender Manager. He demonstrated pro-social attitudes towards these professionals. His active participation in treatment suggested that he was motivated to work on the factors which led him to offending. He made efforts to link group discussions to his own offending and generally appeared open-minded about potential risk factors. He participated in

constructive, meaningful activities, such as his work in waste management.

Mr Smith expressed motivation to gain meaningful employment on his eventual release from prison. While he expressed plans relating to employment, it was noted that he had less consideration of other ways of keeping busy and achieving a sense of purpose. He was encouraged to think about hobbies and interests which would keep New Me busy and prevent him feeling bored.

Recommendations.

Although Mr Smith made progress in managing his risk, there was definite outstanding treatment need in particular relating to sexual interests and socio-affective functioning. As a result, it was recommended that he be assessed for further structured treatment, specifically the HMPS Healthy Sex Programme (HSP), through which he would be able to directly address his sexual interest in children and pre-occupation with sex. This programme also includes modules relating to the development of emotionally intimate relationships.

Following completion of the HSP (if suitable), it was further recommended that Mr Smith be assessed for the Living as New Me (LNM) maintenance programme. This would help him to reinforce his risk management strategies and would ensure he completed adequate dosage of treatment given his high level of static risk.

It was also recommended that, prior to his release from custody, a referral should be made to a specific organisation which provides support for sexual offenders with limited social support networks, through a 'circle' of trained volunteers. It was felt this would reinforce Mr Smith's risk management capabilities and help him to reduce his risk of becoming socially isolated and lonely on release.

Discussion

Summary of Work

Mr Smith was a 26 year-old male prisoner with ID, referred for assessment of cognitive functioning and sexual offending risk. The aim of the assessment was to determine the most suitable SOTP to target his treatment needs. The assessment process followed the standardised HMPS framework, guided by the SARN (Thornton, 2002). Efforts were made to consider IDSO-specific theories within this pre-determined assessment process.

Using a 5 Ps formulation (Dudley & Kuyken, 2006), underpinned by SARN, it was hypothesised that Mr Smith's early experiences of rejection led to low self-worth and isolation, as well as difficulties in forming secure attachments. These difficulties were compounded by his awareness of being 'different' because of his ID, in line with social theories of ID sexual offending (Lambrick & Glaser, 2004) as well as by the impact of his cognitive difficulties on his skills for acquiring attachment. Congruent

with inappropriate sexuality theory (Lindsay, 2005), Mr Smith was assessed as having sexual interests relating to children as well as difficulty in managing sexual urges. However, his experience of sexual abuse in adolescence also appeared to have shaped his beliefs about appropriate sexual behaviour, in line with the updated CDH (Lindsay, 2009). Several factors identified as more common in IDSOs were present in Mr Smith's case. These were being younger, having a history of sexual abuse victimisation, having male victims (Lambrick & Glaser, 2004) and offending against male and female victims (Lindsay, 2002).

Mr Smith was assessed as posing a high static and medium dynamic risk of sexual reconviction. Significant impairments in cognitive and adaptive functioning were identified. Informed by RNR principles (Andrews & Bonta, 2006), based on this combination of risk, need and his impairment in cognitive functioning, Mr Smith was allocated a place on BNM – a structured programme for IDSOs.

Mr Smith made progress in addressing offence-supportive attitudes, anti-social network and coping skills. However, he was deemed to have outstanding treatment needs in sexual pre-occupation, sexual preference for children and not having an emotionally intimate relationship. It was expected that Mr Smith's offence-related sexual interests would remain post-treatment, given that BNM did not directly target these. Additionally, it is unclear whether deviant sexual interest can actually be changed, as opposed to 'managed' (Mann et al. 2010). It was

recommended that Mr Smith completed further structured work (HSP) to directly target his outstanding needs, whether this was about change or management.

The transition period following the end of treatment can be difficult, with some IDSOs struggling to generalise skills they have learnt to novel situations (Haaven & Coleman, 2000). It was therefore recommended that Mr Smith complete a maintenance programme (LNM). It was further recommended that structured support be arranged for his release from custody to prevent social isolation and to reinforce risk management strategies in the community. This recommendation was guided by social theories linking stigmatisation to offending (Lambrick & Glaser, 2004; Lindsay, 2005).

Practice-Theory Links

The assessment process and intervention in this case study were pre-determined by the organisational framework, in spite of the lack of empirical support for use of the SARN with IDSOs (Williams & Mann, 2010; Tully & Browne, 2013). The obvious implications are that the formulation might not have accurately explained Mr Smith's offending and BNM would have no impact on reducing his risk. In fact, the formulation was congruent with IDSO-specific theories of offending, suggesting that the SARN can be complementary to these. Additionally, BNM appeared to facilitate Mr Smith's addressing of his risk factors to some degree.

However, it was not possible to fully individualise the formulation and intervention and some parts of BNM may have been irrelevant to Mr Smith.

Some aspects of the SARN framework were highly directive, meaning there was less scope for consideration of how risk manifestation may differ as a result of ID. For example, the SARN framework directs that a sexual preference for pre-pubescent children should be indicated for individuals who meet at least three of the four criteria of the Screening Scale for Paedophilic Interests (SSPI; Seto & Lalumière, 2001). Mr Smith met this criterion, having male victims, more than three victims and victims aged below 11 years old. However, the SARN framework did not allow for consideration of factors which may have made it more difficult for Mr Smith to develop age appropriate consenting sexual relationships. As discussed in the Formulation section, it is likely that features of his ID made it more difficult for him to interact with others, impacting on his ability to find adult sexual partners. In a less restrictive framework, this may have resulted in Mr Smith's capacity to be sexually aroused by pre-pubescent children being interpreted differently in terms of social barriers.

The nature of the standardised assessment process in HMPS produced various risk labels for Mr Smith, resulting from the RM2000 and SARN RSFA process. He was deemed to pose a High static risk of reconviction and a Low dynamic risk of reoffending. Ironically, these labels may serve to add to the risk-relevant stigma (Lambrick & Glaser,

2004) attached to Mr Smith as someone identified as having an ID, in addition to his conviction for sex offences. It is unlikely that the strength-based elements of the assessment process (i.e. success factors), or that the focus on strengths in treatment, would be sufficient to counteract the stigma resulting from these negative labels. Of the 19 dynamic factors considered in the SARN RSFA framework, 16 were 'risk' factors and only three were 'success' factors. The assessment process was therefore still largely weighted towards a deficit-focus.

The assessments used were the standardised battery of psychometrics for IDSOs in HMPS. It is likely that useful information would have been acquired through a wider range of assessment tools. These might have included assessments of executive functioning or personality. The pre-determined assessments fed into what would be considered a 'problem' level formulation (i.e. sexual offending), rather than a holistic 'case' formulation of Mr Smith's difficulties. Although the addition of 'success factors' to the dynamic assessment of treatment need attempted to achieve a more holistic assessment, there is no clear evidence base yet to determine how (or if) these proposed protective factors moderate the relationship between risk factors and recidivism.

The group format of BNM provided peer support (Yalom, 1995), likely to have been particularly important for Mr Smith given his history of rejection and isolation. Group-based treatment also provided opportunities for Mr Smith to learn through imitation of others (Bandura,

1971). Given the communication difficulties associated with his ID, social learning is likely to have been beneficial for Mr Smith in providing examples of how to initiate conversations with others and resolve conflict in an assertive manner.

Evaluating strength-based treatment. Mr Smith appeared to have responded well to the strength-based treatment approach, having made progress in working on the identified risk and success factors. This indicated that the strength-based treatment approach had been effective in helping him target his treatment needs. He was described by treatment staff as responding well to work on his 'success wheel', a tool for recording progress in working towards goals and strengthening the following areas: healthy sexual interests; positive relationships; healthy thinking; dealing with life's problems; and purpose.

In contrast to expectations, Mr Smith actively participated in BNM and appeared internally motivated to make changes to manage his risk. It is likely that the strength-based approach underpinning BNM enabled Mr Smith to keep a safe psychological distance from negative feelings associated with his offending identity (West, 2007).

A problem with this strength-based treatment approach, linked with comments earlier in this Discussion section, was the restrictions imposed by the prison-setting. While group members were encouraged to focus on developing healthy sexual interests and positive relationships, the

custodial setting limited the degree to which these goals could be achieved. As such, the focus was often on goal-setting for the future, a more abstract concept which may have been difficult for some individuals with ID to understand and retain.

In addition, it was felt that non-treatment staff (e.g. personal officers on the wing) did not have a good understanding of the strength-based approach to treatment. Research has shown that the culture in which treatment takes place is important in determining the degree to which group members will be ready for treatment and will feel able to apply their learning outside of the group room (Howells & Day, 2003). Staff's lack of knowledge about key treatment concepts, such as Old Me/New Me, the 'success wheel', and 'tactics', may have impacted on the ability of group members to implement their learning. At the time of writing this case study, efforts were underway to provide additional staff training around the newer treatment approaches.

Although the treatment approach appeared to have had a positive impact on Mr Smith's identified treatment needs, it is not clear what aspect of the Programme facilitated the progress seen (assuming the progress was in fact the result of the intervention and not some other process concomitant with treatment). Formal evaluation of the treatment approach took the form of pre- and post-treatment psychometric assessments. However, it may have been helpful to intermittently

administer some measure of treatment progress throughout treatment to determine whether a specific block accounted for clinical change.

Ethical considerations. An important ethical concern was the risk of Mr Smith feeling coerced to undertake treatment (BPS, 2009). This was particularly pertinent given his detained status on an indeterminate sentence, meaning he would need to demonstrate risk reduction to the Parole Board to be considered suitable for release. Given that ID individuals may be more likely to acquiesce (Beail, 2002), it was important that consent was sought by someone competent in working with IDSOs.

Efforts were made to check Mr Smith's understanding of the benefits and risks associated with participation in the assessment process and treatment. Realistically, it is likely that external motivation (i.e. Parole) remained a significant driver behind his decision to undertake treatment, limiting his self-determination (BPS, 2009).

To ensure impartiality in assessing progress in treatment, this work was carried out by someone who had not been directly involved in Mr Smith's treatment. This ensured that the therapeutic relationship inherent in treatment did not impact on ability to identify areas of outstanding risk. However, it could also be argued that a person who had worked directly with Mr Smith for six months would be in a better position to assess and summarise progress.

Consent for use of his information in this case study was sought from Mr Smith in line with BPS (2009) guidelines. A copy of the consent form used is attached as Appendix T.

Implications for Future Practice

This case study illustrated efforts to incorporate a focus on strengths into the assessment process for SOTP. It also illustrated how strength-based approaches are incorporated into treatment. That the strength-based treatment approach appeared to have a positive impact on Mr Smith in terms of addressing his treatment need, indicates that it should continue to be utilised and developed for use with other clients. However, as highlighted previously, it is not currently clear which aspects of the treatment process are most useful in eliciting risk reduction and strengthening of protective factors. It is recommended that efforts be made to evaluate the individual components of future treatment programmes to attempt to identify the mechanism of change.

The difficulties prisoners face in addressing risk and developing protective factors (e.g. healthy sexual interests) in a prison setting were highlighted in this case study. Practitioners are encouraged to identify ways that sex offenders in prison settings can maximise opportunities to apply skills they have learned in treatment in as 'real life' a way as is possible.

This case study showed how it is possible to incorporate, to a degree, theories of ID sexual offending into the structured HMPS assessment and intervention framework. However, problems were highlighted in the restrictiveness of the SARN framework (e.g. specific rules for scoring sexual preference for children). Other HMPS professionals assessing IDSOs for treatment are encouraged to consider the wider literature on this population in producing holistic formulations to guide treatment. In particular, social factors such as likelihood of stigma (Dagnan & Sandhu) should be incorporated as well as consideration of the impact of IDSO-specific features on the manifestation of risk and success factors.

Although likely to be an expensive and resource-intensive exercise, longer-term goals for forensic professionals working with IDSOs should be the development and validation of ID-specific assessment tools. It is not assumed that SARN will be inapplicable to IDSOs, but it is essential to have empirical support for the use of risk assessment tools to ensure decision-making is legally and ethically defensible. Further consideration of this issue is considered in Chapter 5.

It is also recommended that professionals consider IDSO-specific theories when making post-treatment recommendations. Particular consideration may need to be given to the individual's awareness of societal attitudes to sexual offending (Lindsay, 2009) and to the risk of stigmatisation of individuals with ID (Dagnan & Sandhu, 1999). The focus

should be on recommendations to strengthen protective factors, not simply recommendations to reduce risk. It is also recommended that consideration be given to positive, empowering language in reports, particularly when working with IDSOs. This approach will hopefully reduce the likelihood of perpetuating stigmatisation through the assessment process.

Chapter Five

A Critical Appraisal of the Risk Matrix 2000 for Sexual Offenders with Intellectual Disabilities

Abstract

In considering whether a purely deficit-focused approach to the risk assessment of sex offenders is more useful than a strength-focused approach, this review examines the Risk Matrix 2000, a static risk assessment tool predicting sexual and violent recidivism. This chapter examines the Risk Matrix 2000 in terms of its validity, reliability and practical utility for sex offenders with intellectual disabilities. It concludes that, while empirical support exists for its use with sex offenders without disabilities, there is a lack of evidence that the Risk Matrix 2000 is reliable or valid for use with sex offenders with intellectual disabilities. Further empirical support is needed to support the use of the Risk Matrix 2000 with this specific population. The ARMIDILO-S – an assessment tool incorporating protective factors as well as risk factors – is highlighted as a more promising measure for risk management planning for sex offenders with intellectual disabilities. It shows superior predictive validity to the Risk Matrix 2000 and its use is more ethically defensible. Positively, it adopts a holistic view of the individual, and of the environmental factors, which could impact on the client's success in desisting from offending.

Introduction

Assessment of sex offenders has typically focused on the factors which increase the likelihood of an individual reoffending, rather than those factors which make an individual less likely to reoffend (Parent, Guay & Knight, 2012). Ullrich and Coid (2011) argued that the introduction of protective factors into assessments may lead to better risk management planning. Critics of a purely deficit-focused approach have highlighted the dangers of stigmatising sex offenders through risk assessment (e.g. Mingus & Burchfield, 2012), arguing that strength-based approaches to assessment are a means of minimising this stigmatisation (de Vries Robbé et al. in press).

In making decisions about which assessment approach to take, practitioners need to weigh up the costs and benefits for the various stakeholders. This should include consideration of the impact of the assessment approach on the individual who is the subject of the assessment – the sex offender. Arguably, a purely deficit-focused assessment could be defensible if it was found to have strong predictive validity for recidivism outcomes. However, any such decision would also need to include consideration of ethical issues, such as risk of causing harm to the client through stigmatisation (BPS, 2009).

Whichever the assessment approach adopted by forensic professionals, there is increasing onus placed on them to ensure that

assessments of sexual offenders' likelihood of reoffending are accurate and transparent (Craig, Beech & Browne, 2006). Inaccurate assessments lead to the unnecessary detention of individuals (Bonta, 2002) at high financial and personal cost; conversely, errors can lead to the release from custody of individuals who pose a risk (Janus & Prentky, 2003; Harris & Tough, 2004).

Particular concerns exist over the risk assessment of sex offenders with intellectual disabilities (IDSOs; Lindsay et al. 2008) – a group of people particularly at risk of stigmatisation (Lambrick & Glaser, 2004). Historically, ID services have developed their own risk assessments in the absence of appropriate evidence-based tools (Lindsay & Beail, 2004). These have lacked predictive validity (Lindsay et al. 2008) and communication between services has been hindered by the use of different assessment tools (Lindsay & Beail, 2004). Lindsay and Beail (2004) argued that there is a pressing need to advance the risk assessment of IDSOs.

The Risk Matrix 2000 (RM2000; Thornton et al. 2003) is a static risk assessment tool used by the Prison and Probation Services in England and Wales. It consists solely of markers of risk. Its primary use with IDSOs in prison and probation settings is to determine individuals' suitability for the accredited Becoming New Me (BNM) Sex Offender Treatment Programme (SOTP). Tully and Browne (2013) highlighted ethical concerns about the "blanket policy" use of the RM2000 with IDSOs, given

the lack of empirical support. This review aims to critique the validity and reliability of the RM2000 for use with IDSOs. The review also considers whether the Assessment of Risk Manageability for Intellectually Disabled Individuals who Offend Sexually (ARMIDILO-S; Boer, Tough & Haaven, 2004; Boer et al. 2013) – an assessment tool which incorporates protective, as well as risk, factors – has better empirical, and ethical, support for use with IDSOs.

RM2000 Overview

The RM2000 is an assessment tool designed to predict risk of sexual and violent reoffending by adult males. It is actuarial in nature, utilising statistically derived scoring rules to provide a quantitative estimate of the recidivism risk posed by an individual, through comparisons to the behaviour of others with similar characteristics (Janus & Prentky, 2003). It comprises static factors – variables which are unchanging, or change only in one direction (Bonta, 2002) – and predicts the rate at which men with a particular combination of characteristics will be convicted (Thornton et al. 2003).

The RM2000 was developed for use with males aged 18 or older who have been convicted or cautioned for at least one sexual offence when aged 16 or older. It comprises three scales: RM2000/s, RM2000/v and RM2000/c, measuring risk of sexual recidivism, non-sexual violent recidivism, and these types of recidivism combined, respectively. An

overall risk category is assigned to each scale based on the combined item scores, representing likelihood of reconviction. The categories awarded by the RM2000 (low, medium, high, very high) represent relative risk groupings (Thornton, 2010).

The RM2000/s scale uses a step-wise scoring approach, modifying the initial risk category based on the presence or absence of specific aggravating factors (Thornton et al. 2003). The RM2000/v scale consists of three items, totalled to calculate the final risk category. The risk categories obtained on the RM2000/s and RM2000/v scales each have an assigned score which can be added together to determine the RM2000/c risk category. The RM2000 items and scoring format for each scale are included as Appendix M.

Informed consent is not required from the client in order to complete the RM2000 (Thornton, 2010). However, consideration should be given to the ethics of scoring, interpreting and disseminating the assessment. While it can be completed without co-operation from the client, this might make accurate scoring more challenging. In particular, information from the client might help score the 'stranger' and 'single' items, which involve specific criteria not routinely recorded in forensic settings. However, memory impairment is a significant feature of ID (Beail, 2002) which could impact on the accuracy of self-report information provided by IDSOs. Ideally, multiple sources of information should be used to score the assessment.

Bonta (2002) argues that, given the high-stake consequences, professionals completing risk assessments should be trained and have knowledge of current risk research. The use of the RM2000 is restricted to individuals who have received training in its scoring and interpretation (Thornton, 2010). This may be problematic for organisations which lack resources for training. However, an advantage of this assessment over others is that it can be used by individuals from a range of professional disciplines (e.g. probation officers, police, prison staff, psychologists), providing they have undertaken formal training.

Given its static nature, an individual's score on each RM2000 item, and his final risk categories, should remain the same over time, negating the need for repeated completion. However, the RM2000 should be repeated when an offender moves between age categories as he gets older, if he is convicted or cautioned of any further offence, or if he maintains a two year live-in relationship for the first time.

RM2000 Development

The RM2000 was developed by Thornton et al. (2003) following observations on the nature of existing risk assessments. They argued that men convicted of sexual offences have an equal but distinct risk of sexual and violent recidivism. However, they noted that existing assessment tools did not capture this distinction, instead measuring either sexual recidivism only, or combined sexual and violent recidivism risk.

There were also geographical differences in the quantity and quality of recidivism information, such as a lack of information in the United Kingdom (UK) about the number of arrests and charges taking place which did not result in a conviction (Thornton et al. 2003). This made the use of some existing risk assessments more time-intensive. It was the aim of Thornton and colleagues to develop a static risk assessment instrument, with a UK sample, which would predict the likelihood of sexual *or* violent recidivism from information sources which were readily available to forensic professionals

Bonta (2002) argued that assessment tools should be grounded in theories of criminality and should comprise multiple factors related to recidivism. The RM2000 meets these criteria, measuring the underlying criminogenic domains (Hanson & Morton-Bourgon, 2009) of sexual deviance, anti-sociality and immaturity (Thornton, 2010).

RM2000/s development. The RM2000/s scale was developed by updating an earlier risk assessment, the Structured Anchored Clinical Judgement (SACJ: Hanson & Thornton, 2000). The SACJ had similar items to the RM2000 (Thornton et al. 2003), but did not separate out the distinct risk of sexual versus violent recidivism. It also did not account for the predictive value of age, or for predictive power of individual items (Thornton et al. 2003).

The decision to include the number of sexual sentencing and criminal sentencing appearances as items, rather than total number of convictions for these types of offences, resulted from the limited availability of the latter information in England and Wales (Thornton et al. 2003). It was for similar reasons that the index sexual offence and prior sexual offence items were merged in the development of the new scale. This decision illustrates the balance between considerations of predictive validity and the practical utility of an assessment.

The original sample on which the items were tested consisted of 1910 sex offenders released from custody in England and Wales in the early 1990s (Thornton et al. 2003). Given the prevalence of IDSOs in prison, it is highly likely that this sample included IDSOs. As the sample only included untreated sex offenders, it was noted that there were likely to be fewer "sexual specialists" or higher risk offenders compared with the treated population. This might mean that the criminogenic domain of anti-sociality was more salient in the untreated group and the sexual deviance domain was likely not as salient for these individuals. This likely manifest as higher numbers of criminal sentencing appearances but lesser levels of sexual sentencing appearances, male victims and non-contact offending. Blanchard et al. (1999) found a higher proportion of sexual offending against male victims by IDSOs than was found for their non-ID counter-parts. It is therefore reasonable to expect that IDSOs were underrepresented in the RM2000 development sample, given the lesser

number of "sexual specialists". This may limit the ability of the RM2000/s scale to predict sexual recidivism by IDSOs.

RM2000/v development. Two items were included in the RM2000/v scale based on reviews of existing research into violent recidivism. These were age and number of violent sentencing appearances (Thornton et al. 2003). The authors then considered the additive value of a variety of specific violent offences. The presence of any burglary convictions increased the predictive accuracy of the scale. The aforementioned construction sample was used to assign appropriate weights to each item.

Cross-validation. Cross-validation involves testing a risk assessment on a different sample from that on which it was initially developed (Janus & Prentky, 2003). In the initial development of the RM2000, these authors reported cross-validation data from three separate samples (total n = 1387). These comprised adult male sex offenders who received treatment in English and Welsh prisons in the early 1990s; all adult male sex offenders released from prison in 1979 for whom follow-up data were available; and adult male sex offenders serving determinate sentences of four years or longer who were released from prison in 1980. All of these samples are likely to have included IDSOs, though the exact prevalence is unknown.

To determine the predictive accuracy of the RM2000, Thornton et al. (2003) reported receiver operating characteristics (ROC). The area under the ROC curve (AUC) can be interpreted as the likelihood that a randomly selected non-recidivist will score lower on the risk assessment instrument than a randomly selected recidivist. An AUC value of 1 represents perfect prediction; a value of 0.5 indicates that an assessment is no better than chance at predicting recidivism. These studies found a good level of predictive accuracy for sexual and violent recidivism, providing cross-validation for the use of the RM2000 with treated and untreated sex offenders (Thornton et al. 2003). However, in order to be confident that a risk assessment tool has practical and predictive utility, there is a need for additional validity and reliability checks beyond those explored in the initial development of the tool.

Validity

Validity is the extent to which an assessment measures what it claims to measure (Janus & Prentky, 2003). In considering the quality of risk assessments, predictive validity is arguably the most important characteristic (Bonta, 2002).

Predictive Validity. Predictive validity is the extent to which a scale can forecast the likelihood of a specific outcome, which in the case of the RM2000 is recidivism. The RM2000 has documented predictive validity for use with non-ID offenders (Tully & Browne, 2013). It has

generally proven more accurate in predicting violent recidivism (AUC values from 0.65 to 0.87) than sexual recidivism (AUC values from 0.56 to 0.73; Thornton et al. 2003; Grubin, 2008; Kingston, Yates, Firestone, Babchishin & Bradford, 2008; Barnett, Wakeling & Howard, 2010; Looman & Abracen, 2010; Wakeling, Howard & Barnett, 2011).

There are limited actuarial assessments with proven validity for IDSOs (Camilleri & Quinsey, 2011). Few RM2000 studies have focused specifically on IDSOs. One such study, by Lindsay et al. (2008), compared the predictive accuracy of six assessment tools, including the RM2000. Their sample consisted of 212 IDSOs located across three levels of security in psychiatric services in the UK. The outcome measure was combined violent and sexual incidents recorded in clinical files over 12 months. The predictive accuracy of the RM2000 in this study was no better than chance for any of the scales (see Table 5.1), suggesting a lack of predictive validity for IDSOs. AUC values for the other assessments ranged from 0.62 to 0.75. However, the authors combined all violent and sexual incidents into one outcome measure, which may have diluted any predictive power for the RM2000 (Lindsay et al. 2008). Additionally, this study looked at violent and sexual *incidents* rather than the formal cautions or convictions for further offending which the RM2000 is designed to predict. The authors also noted that biases in the recording of information in clinical files may have incurred outcome measurement error.

Wilcox, Beech, Markall and Blacker (2009) explored the predictive validity of the RM2000 for small sample of IDSOs (n = 27): the RM2000/s scale was no better than chance at predicting sexual reconviction. The majority of the sample (85%) had offended against children. In one study of non-ID offenders, the RM2000 appeared to have better predictive validity with rapists (AUC = 0.70) than child molesters (AUC = 0.56; Looman & Abracen, 2010). This could have specific implications for using the RM2000 for IDSOs, given the finding that offenders with a sexual preference for children typically have lower IQs than those with a preference for adults (Cantor et al. 2004).

Blacker, Beech, Wilcox and Boer (2011) compared the validity of risk assessment instruments, including the RM2000/v scale, for predicting sexual recidivism by 44 IDSOs. It is not surprising that the RM2000/v scale did not reliably predict sexual recidivism, given that it is designed to predict non-sexual violent recidivism (see Table 5.1). It is not clear why the authors did not use the RM2000/s scale. The AUC value was slightly higher when a subgroup (IQ < 75) of the "special needs" group (IQ < 80) was assessed separately. However, this subgroup only consisted of 10 individuals and so it is unclear how much weight can be given to these findings.

Assessment norms are developed by applying tools to large samples, representative of the population with whom use is intended (Thornton et al. 2003). These norms provide estimates of the likelihood

that an individual with specific characteristics will have a particular outcome (Janus & Prentky, 2003). The RM2000 norms do not predict an individual's risk of reconviction, rather they give the rate of reconviction in a group of individuals with similar characteristics to the individual (Thornton, 2010). There are no specific RM2000 norms for use with IDSOs. Development of such norms may increase predictive accuracy and ensure treatment and supervision intensity are appropriately allocated.

Table 5.1

Predictive Accuracy of the RM2000 Scales with ID Offenders

Study	**Sample**	**Outcome**	**AUC value**	
			S Scale	***V Scale***
Lindsay et al. (2008)	n = 212 psychiatric services	Combined violent & sexual incidents	0.54	0.62
Wilcox et al. (2009)	n = 27	Sexual reconviction	0.58	N/A
Blacker et al. (2011)	n = 44 (IQ < 80) Subgroup n = 10	Sexual recidivism, reconviction or reoffending	N/A	0.50 0.63

Some studies have reported on the predictive accuracy of other actuarial assessments for IDSOs. For example, Gray, Fitzgerald, Taylor, MacCulloch and Snowden (2007) explored the accuracy of several tools

designed specifically to measure violent offending (as opposed to sexual offending) in predicting violent (including sexual) reconviction by male and female ID offenders. AUC values for these tools ranged from 0.73 to 0.81. Limitations of this study include the combining of sexual and non-sexual violent reconvictions, as well as combining male and female participants. Nevertheless, the findings suggest that risk of at least some types of sexual offending by IDSOs (in this study, rape and indecent assault) can be predicted more accurately by actuarial tools designed to measure violent offending than by the RM2000.

The ARMIDILO-S (Boer et al. 2004; Boer et al. 2013) is an assessment tool which incorporates both risk and protective factors. It is designed to predict both the likelihood and imminence of offending, and therefore can be used for short-term risk management planning as well as longer-term risk prediction. Compared with the RM2000, the ARMIDILO-S has demonstrated good predictive validity in IDSO samples. Lofthouse et al. (2013) explored its predictive validity in a sample of 64 IDSOs and found an AUC value of 0.92. In their aforementioned study, Blacker et al. (2012) found more modest AUC values of .60 and .73, for the stable and acute scales of the ARMIDILO-S, respectively. These AUC values exceed those found for the RM2000. Given the poor predictive accuracy found in existing studies, there is no current empirical support for the use of the RM2000 with IDSOs, and other assessment tools show more promising results.

Content validity. Content validity is the degree to which the items of an assessment match the construct in question. The RM2000 has content validity for use with non-ID offenders (Tully & Browne, 2013). Some researchers have argued that risk assessment tools developed with non-ID offenders will be valid with IDSOs (Johnston, 2002; Harris & Tough, 2004). However, others have argued that there are idiosyncratic risk-relevant characteristics of IDSOs (Craig, 2010; Blacker et al. 2011). Additionally, some risk factors may be more pronounced in IDSOs because of specific aspects of their cognitive and social functioning (Keeling, Beech & Rose, 2007; Camilleri & Quinsey, 2011).

Lindsay, Elliott and Astell (2004) found that reoffending by IDSOs was predicted by allowances made by supervising staff, antisocial attitudes, poor maternal relationship, low self-esteem, lack of assertiveness, staff complacency, poor treatment response and violent offending history. Additionally, strongly suspected but unproven reoffending was predicted by denial of crime, childhood sexual abuse, erratic attendance, offence-supportive attitudes, low treatment motivation, unexplained breaks from routine, deterioration in family attitudes and unplanned discharge. Lindsay et al. (2004) noted that all these variables had previously emerged as predictors of recidivism for non-ID offenders. However, they also noted that several factors were unexpectedly non-significant. Of particular relevance to the RM2000 was the absence of deviant victim choice (relevant to the 'male victim' item),

prior non-sexual offences and criminal lifestyle (both relevant to 'criminal sentencing appearances').

The sentencing appearance items on the RM2000/s and RM2000/v scales measure an individual's propensity to persist in offending after receiving punishment. Wilcox et al. (2009) argue that IDSOs may be less able to learn from experience and therefore more likely to persist in offending after punishment. They also questioned the validity of the weighted age categories, suggesting that these may reflect typical aged-related stabilising life experiences (e.g. marriage) which IDSOs may be less likely to have. The above studies collectively raise concerns about the construct validity of the RM2000 for IDSOs.

Reliability

Reliability is the accuracy and consistency with which an assessment measures its claimed outcome (Janus & Prentky, 2003). Given the structure and nature of the RM2000, the most pertinent issue is inter-rater reliability (IRR) – the agreement between two or more independent raters using the same information sources (Janus & Prentky, 2003). A number of factors could influence IRR. In an adversarial setting, practitioners' assessments may be biased dependent on their legal stance e.g. defence or prosecution (Wakeling, Mann & Milner, 2011c). Measurement error is introduced from low quality, or insufficient quantity of information from which to score the assessment (Janus &

Prentky, 2003). There is also human error from assessors introducing their own interpretations into scoring, even when there are standardised scoring rules (Wakeling et al. 2011c). It is possible that assessors' assumptions about ID will influence the interpretation of RM2000 items. To the author's knowledge, only one study has reported on IRR for the RM2000 with IDSOs. Lindsay et al. (2008) reported 92.1% agreement between raters for the RM2000/s scale and 90.7% for the RM2000/v scale. Given that the RM2000/v scale in particular consists of three unambiguous items, it is of concern that IRR was not higher in this study.

Strengths and Limitations

Static risk factors, such as those in the RM2000, are considered quicker to score compared to dynamic factors (Barnett et al. 2010). As well as this having positive financial and time-resource implications, this means that large quantities of data can be routinely collected using the RM2000 (Thornton et al. 2003). These data could used to evaluate the efficacy of allocating IDSOs to specific treatment programmes based on their assessed level of static risk.

Considerations of time aside, evidence suggests that assessment of recidivism risk can be improved through the addition of dynamic factors (Wakeling, Freemantle, Beech & Elliott, 2011a), absent in the RM2000. Static assessments do not provide the risk management guidance that comes from dynamic assessments (Bonta, 2002). Ideally, a risk

assessment will consider both static and dynamic items (Tully & Browne, 2013). Nevertheless, the findings of this review do not support the use of the RM2000 as a measure of *static* risk for IDSOs, even if used in combination with dynamic risk assessment.

Additionally, evidence suggests that assessment of recidivism risk can also be improved through the addition of protective factors (de Vries Robbé et al. 2014), also absent in the RM2000. By comparison, the ARMIDILO-S makes protective factors a prominent part of the assessment process. Each of the items of the ARMIDILO-S is given a protective rating and a risk rating (Boer et al. 2013). Emphasis is placed on adopting a strength-focused approach to the assessment. For example, in assessing the 'supervision compliance' item, the rater is encouraged to consider "What is his greatest strength regarding supervision compliance?" and "How does he persist even when expectation is difficult?" (p.12; Boer et al. 2013) in addition to considering more deficit focused aspects of the client. Items included in the ARMIDILO-S are consistent with the eight protective factor domains suggested by de Vries Robbé et al (in press). Thornton (2013) argued that clients will more readily engage in an assessment process in which their strengths are considered in addition to their areas of need. The ARMIDILO-S seems better suited to this task than the RM2000 in its current format.

Boer et al. (2004) argued that, in the assessment of IDSOs in particular, consideration should be given to stable and acute risk and

protective factors relating to staff and the environment, as well as those relating to the offender – factors which are incorporated into the ARMIDILO-S. The RM2000 includes only dispositional factors pertaining to the offender, and so does not allow consideration of how the impact of these factors might be amplified or muted by external contextual factors. Blacker et al. (2011) argued that limited empirical evidence was available supporting the inclusion of these factors in ID risk assessment at present. However, emerging evidence of predictive validity for the ARMIDILO-S outlined earlier in this chapter provides provisional support.

The RM2000 does not consider the moderating relationship of treatment or supervision on long-term recidivism (Janus & Prentky, 2003), though Boer et al. (2004) cautioned that the risk indicated by static tools should remain a consideration post-treatment. The RM2000 measures long-term stable risk of reconviction and so does not account well for the imminence of offending. Even if the RM2000 received empirical support in the future for use with IDSOs, shorter-term prediction measures, such as the ARMIDILO-S, may be more useful for informing immediate risk management strategies. The RM2000, if empirically supported in the future, could be usefully considered as a 'risk base-line' tool for determining dosage of treatment and intensity of supervision required (Boer et al. 2004).

Comparison to group norms arguably fails to account for individual factors which might link to risk (Barnett et al. 2010). However, Janus and

Prentky (2003) noted that all risk assessments are based on inferences from groups, as they would otherwise constitute clinical guesses. Nevertheless, they urged caution in using assessments based on group membership to inform high-stake decisions regarding long-term deprivation of liberty. Even if group norms were to be created for IDSOs, consideration would still need to be given to the homogeneity within this population. Additional heterogeneity within IDSOs might result from ethnicity, age, type of sexual offence, type of sentence, presence of mental illness or personality disorder, as well as the cause and nature of ID (Camilleri & Quinsey, 2011).

Given that offenders identified as higher risk are likely to be detained for longer and subject to more intensive supervision, the collection of accurate recidivism data is confounded (Lindsay & Beail, 2004). In order to check the accuracy of the assessment, offenders need to be tested and given the opportunity to reoffend (and to not reoffend), but this obviously has ethical implications. Additionally, offenders who are assessed as having an ID may be subjected to differential treatment by professionals compared to non-ID offenders (Johnston, 2002; Gray et al. 2007; Keeling et al. 2007; Wilcox et al. 2009). The RM2000 may therefore underestimate the reconviction risk for IDSOs diverted from the courts through the use of mental health disposals (Craig, 2010). Given that individuals with the most severe levels of ID usually reside in institutional settings and are subject to close levels of supervision

(Camilleri & Quinsey, 2011), research into the RM2000 is perhaps most usefully aimed at individuals in the 60 to 80 IQ range. These individuals are more likely to be expected to self-manage their risk in the future.

Finally, concerns have been raised about the stigmatisation of sex offenders through risk assessment (de Vries Robbé et al. in press), and the negative impact this could have on desistance efforts (Crocker & Major, 1989; Mingus & Burchfield, 2012). This has been highlighted as a particularly salient issue for individuals with ID, whose disability increases their risk of stigmatisation, even before their conviction for sexual offending is added into the equation (Lambrick & Glaser, 2004). In assessing clients, practitioners need to consider ethical issues including demonstrating respect for clients and upholding the responsibility to avoid causing harm (including emotional and psychological harm) to the individual (BPS, 2009). The RM2000 uses a categorical approach to risk assessment, awarding a risk rating to each individual of 'low', 'medium', 'high' or 'very high'. This risk label could have a negative impact on the individual's self-image, and could inadvertently contribute to the maintenance of an offending identity, rather than a pro-social self-view (Ward & Marshall, 2007). The ARMIDILO-S, to which the RM2000 has been compared within this chapter, only fares slightly better. While a 'protective rating' is awarded, the ARMIDILO-S also uses a 'risk rating' and requires the rater to decide on a final overall 'risk estimate' of 'low',

'moderate' or 'high'. As for the RM2000, the ARMIDILO-S risks further stigmatising individuals through the use of risk-related labels.

Conclusion

The RM2000 is grounded in theories of sexual and violent recidivism and is relatively quick and simple to use. It has been shown to have moderate to good levels of predictive accuracy for sexual and violent recidivism by non-ID sex offenders and is considered to have good levels of construct validity. However, this predictive and construct validity does not currently extend to IDSOs. There has also been limited exploration of the IRR of the RM2000 with IDSOs. The purely deficit-focused approach utilised in the RM2000 is likely to attach additional stigma to sex offenders, especially those with ID (Lambrick & Glaser, 2004). It was argued in the introduction to this chapter that the negative consequences of a deficit-focused approach *could* be accepted if the predictive validity of the approach was so high that the benefits were considered to outweigh the costs. However, this was not found to be the case for the RM2000 in this review.

By contrast, the ARMIDILO-S (Boer et al. 2004; Boer et al. 2013) was presented as a strength-based approach for assessing IDSOs. Emerging evidence supported its predictive validity and its content was considered congruent with a proposed protective factor framework (de Vries Robbé et al. in press). Although its use of risk 'labels' was criticised,

the holistic approach to assessment, incorporating static and dynamic risk and protective factors, pertaining to both dispositional and environmental domains, was considered a major strength of the ARMIDILO-S over the RM2000.

Given the important consequences for various stakeholders, including potential victims, there are ethical considerations when using the RM2000 to make decisions about the sentencing, treatment, release and supervision of IDSOs. If its use continues, which seems likely given its role in treatment allocation for HMPS and the Probation services, it should be used in conjunction with other assessment methods to provide a more holistic picture of an individual's static and dynamic risk, which should encompass projections of the nature, imminence and likely impact of future offending. If its use in HMPS and he Probation services is to continue, further research is warranted to improve the accuracy and IRR of the RM2000 and to ensure normative data are available which represent homogeneous ID samples found in forensic settings.

Chapter Six

General Discussion

Aims of Thesis

This thesis aimed to develop understanding of desistance factors and strength-based approaches to working with sex offenders. Compared with risk and deficit-focused work with this client group, limited research has been carried out looking at desistance and strength-based approaches (e.g. Farmer et al. 2012). This thesis was motivated, amongst other reasons, by the need to adopt practices which increase accuracy in predicting recidivism (de Vries Robbé et al. 2014) and desistance (de Vries Robbé et al. in press); to consider how to improve opportunities for sex offenders to reintegrate into their communities (Willis et al 2012); to consider how assessment and treatment of sex offenders can incorporate strength-based practice (Haaven, 2006; Ward et al. 2007); and improve the quality of working relationships between sex offenders and forensic staff (Ward & Brown, 2004; Marshall et al. 2005; Ross et al. 2008).

To achieve its aims, this thesis incorporated a variety of methods and focused on different aspects of desistance and strength-based approaches to working with sex offenders. It systematically reviewed research exploring the relationship between denial or minimisation and recidivism by sex offenders (Chapter 2); explored predictors of belief in sex offender redeemability held by forensic staff and the general public (Chapter 3); illustrated the use of a strength-based approach to working with sex offenders in prison through use of an individual case study (Chapter 4); and critically evaluated an actuarial risk assessment tool

widely used with intellectually disabled sex offenders (IDSOs) in England and Wales, comparing it with an alternative strength-based assessment tool (Chapter 5). Several specific objectives were identified to assist in achieving the overall thesis aim through these methods. These objectives are outlined in the follow section.

Summary of Findings

Chapter 2. The objective of this chapter was to evaluate research exploring the relationship between denial, or minimisation, and recidivism by men who have committed sexual offences, considering the possible protective function of denial.

A systematic approach was adopted to review the 15 identified primary studies which reported on the relationship between denial or minimisation of offending, and recidivism by adult male sex offenders. Attention was paid to variables which seemed to mediate or moderate the relationship between denial or minimisation and recidivism. Both the findings of the included studies, and the methodological quality of these studies varied greatly. Although one in three studies found higher rates of recidivism associated with denial and minimisation, studies of better methodological quality did not support this finding. The four studies exploring categorical denial found an absence of relationship between denial and recidivism, or lower recidivism rates associated with denial. However, higher recidivism rates were found for low static risk or intra-

familial offenders who were in categorical denial. Several factors emerged as potential moderating variables, including static risk, victim age and relationship between offender and victim. No mediating variables were identified.

Several of the studies reviewed in Chapter 2 had findings which were consistent with existing large-scale meta-analyses (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005; Mann et al. 2010), finding no significant relationship between denial and recidivism in either direction. However, this systematic review added to understanding of this topic by restricting the inclusion criteria to adult male sex offenders. This led to the exclusion of several studies of juvenile sex offenders included in the meta-analyses.

It was not the case that denial and minimisation were *never* associated with recidivism in either direction. The findings of this review were consistent, at least for some offenders, with the view of denial as a protective mechanism, increasing the likelihood of desistance from sexual offending (Mann et al. 2010; Ware & Mann, 2012). What was not clear from the findings was the exact mechanism by which denial led to reduced recidivism rates.

Chapter 3. This chapter built on the exploration of potential dispositional protective factors in Chapter 2, turning attention to external factors which might play a role in the desistance process. The objective

of this empirical study was to explore factors predicting beliefs about sex offender redeemability, comparing people who work or volunteer with sex offenders to people who do not.

Sex differences were found in the attitudes held about sex offenders. Female participants who worked or volunteered with sex offenders were less punitive about sex offenders, than were participants who did not work with offenders. They had stronger belief in the redeemability of sex offenders. There was no difference in the attitudes held by male participants in the two groups. For the non-staff group, redeemability beliefs were predicted by lower levels of punitiveness, greater endorsement of situational explanations for offending, being male and being younger. For the participants who worked or volunteered with sex offenders, redeemability beliefs were predicted by lower levels of punitiveness, being younger and working in a therapeutic or treatment-based role. Implications for enhancing opportunities for sex offenders to successfully reintegrate into their communities were discussed.

The findings of the empirical study in Chapter 3 were consistent with previous research which found differences in the attitudes of forensic staff and members of the general public (e.g. Ferguson & Ireland, 2006). As was suggested previously (Maruna & King, 2009), redeemability beliefs were associated with lower levels of punitiveness. Also consistent with this previous work was the finding that causal attributions were associated with redeemability beliefs for the participants who did not work

or volunteer with offenders. This was not the case for the participants who worked or volunteered with sex offenders.

Chapter 4. This chapter combined the focus on dispositional and environmental protective factors discussed in Chapters 2 and 3, looking at how these could be incorporated into assessment, formulation, intervention and post-treatment recommendations. The objective of this case study was to illustrate and critique the implementation of a strength-based approach to the assessment, formulation and treatment of an adult male IDSO in Her Majesty's Prison Service (HMPS).

The strength-based intervention was deemed to have had a positive impact on the client. Specific positives in the strength-based approach included the use of the 'success wheel' to encourage focus on pro-social goals and on the development of a non-offending 'New Me' identity. The strength-based approach was assessed as having had a positive impact on the client's internal motivation for change. However, limitations resulting from the prison setting were identified. The client had limited opportunity to apply and develop some of the skills from the intervention, particularly those relating to healthy sexual interests and positive relationships. In addition, conflict was highlighted between the therapeutic aims of treatment and the restrictive, punitive aspects of the prison setting.

The findings of the case study in Chapter 4 were consistent with previous research indicating the benefit of adopting a strength-based approach to sex offender treatment (e.g. Haaven, 2006; Ward et al. 2007).

Chapter 5. This expanded Chapter 4's critical evaluation of the standardised assessment and treatment process of IDSOs in HMPS. The objective of this chapter was to critique the use of the RM2000 for IDSOs and consider the implications of this deficit-focused approach to assessment with this client group. Comparisons were made with the ARMIDILO-S – a strength-based assessment tool designed specifically for use with IDSOs.

While the RM2000 had been shown to have moderate to good levels of predictive accuracy for non-ID offenders, there was no clear evidence of its predictive validity for use with IDSOs. Limited evidence existed of its inter-rater reliability with this specific population. The strength-based ARMIDILO-S was highlighted as a more promising assessment for use with IDSOs, both in terms of its empirical support and its ethical defensibility. It was concluded that greater empirical support was required if the solely deficit-focused RM2000 was to continue to be used as the primary assessment tool in the HMPS and the Probation service.

In Chapter 5, the findings were consistent with the concerns voiced in previous research about the availability of valid actuarial risk

assessment tools for use with IDSOs (e.g. Lindsay et al. 2008; Camilleri & Quinsey, 2011; Tully & Browne, 2013). The concerns of de Vries Robbé et al. (in press) about the stigmatisation of sex offenders through focusing solely on risk were also supported.

Thesis Limitations

In Chapter 2, effort was made to reduce the heterogeneity of the reviewed population by restricting the inclusion criteria to those studies of adult males. However, differences in the direction of the relationship between denial and recidivism were found based on type of offence. Heterogeneity in the sample could have been reduced further by restricting the population to a specific type of sex offender, such as those who had offended against children. This is a limitation that could be addressed through future research.

In Chapter 3, balance was required between measuring as many variables as possible of relevance to the research question, and ensuring that participants were not expected to dedicate an unreasonable amount of time to participation. This meant that some variables, which may have added to the explanatory power of the models predicting redeemability beliefs, may have gone unmeasured. Future research may seek to expand on the findings in Chapter 3 by measuring additional variables, while omitting those variables which seemed unimportant in this study (e.g. university education, length of time working with offenders).

The limitations of the case study in Chapter 4 were determined to an extent by the HMPS context, which dictated the framework within which the assessment, formulation and intervention took place. The nature of the client's sentence (pre-tariff, indeterminate) meant that it was not possible to follow-up his progress in the community. However, a longer-term follow-up in prison may have allowed for analysis of offence-paralleling behaviour (or absence of), adding to the evidence available to evaluate of the formulation and intervention effectiveness.

A Model of Desistance for Sex Offenders

Figure 6.1 illustrates how the findings of this thesis can be integrated into a model which explains several mechanisms through which desistance might come about (or be impeded) for sex offenders.

One factor hypothesised to affect desistance is denial. It is not argued that it directly leads to desistance; rather that it has an indirect relationship through several other factors. In the hypothesised model, denial impacts the likelihood of desistance through its effect on the individual's identity. Denial may increase the likelihood of desistance by enabling distance from the 'sex offender' label, and its associated negative emotions (Maruna, 2004; Maruna & Mann, 2006; Ward & Marshall, 2007; Blagden et al. 2011b; Miles, 2012). Conversely, for men consciously denying their offending through fear of reprisal or loss of support, denial may have a negative impact on identity. These men may

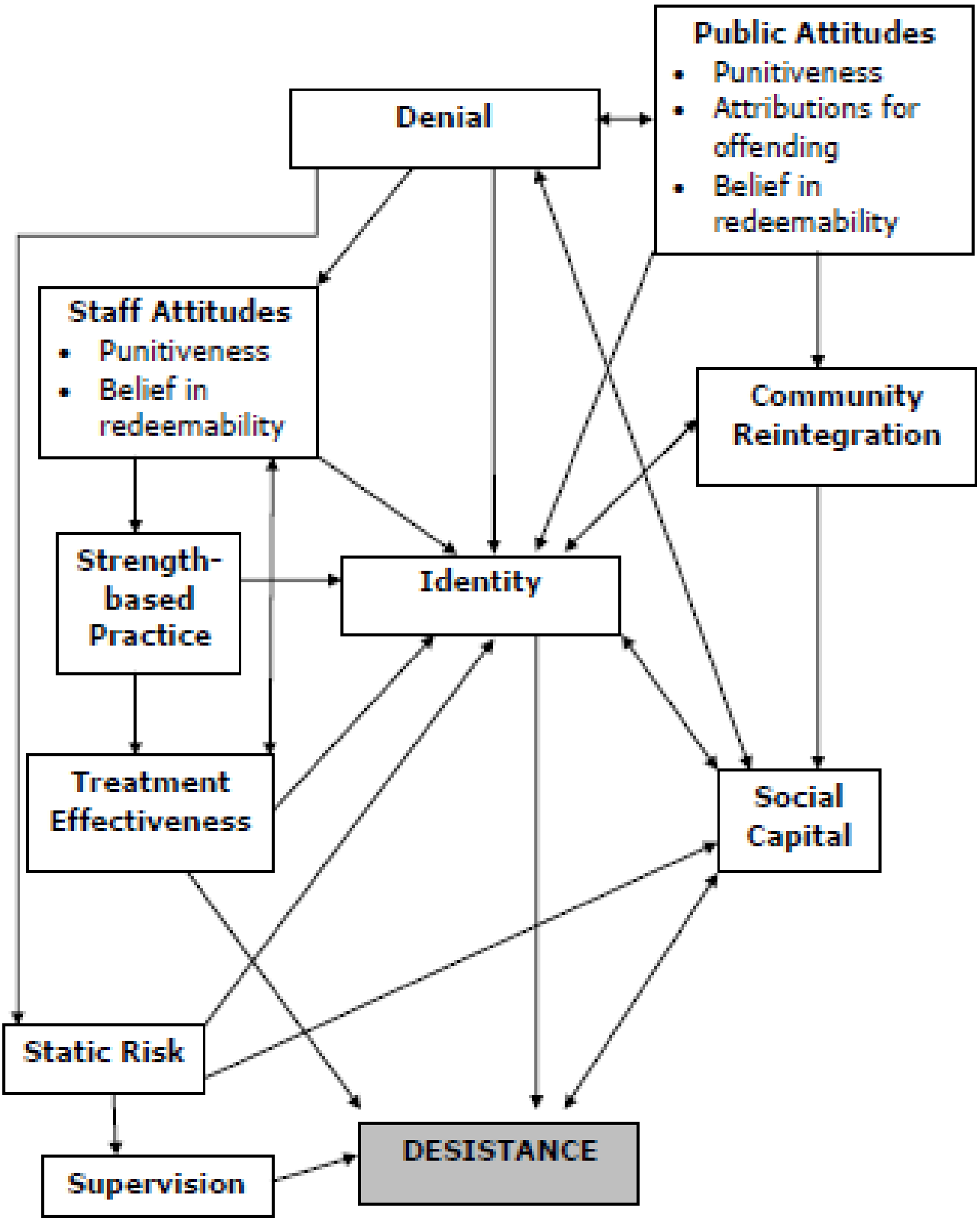


Figure 6.1: A Model of Desistance for Sex Offenders

experience increased shame through their knowledge of the negative impact of their denial on the victims (Blagden et al. 2011b). The 'offender' identity may be strengthened in the case of these men, impeding desistance efforts.

Denial may enable the individual to maintain a good level of social capital which, it is hypothesised, provides practical support and internal motivation to desist from further sexual offending (O'Donoghue & Letourneau, 1993; Schneider & Wright, 2004; Blagden et al. 2011a; Blagden et al. 2011b). Denial can directly influence level of social capital, but also is likely to indirectly affect social capital through its effect on the individual's identity. Individuals demonstrating pro-social, non-offending identities may be more likely to garner support from others than those demonstrating pro-offending identities. It is hypothesised that this is a two-way relationship, in which the presence of existing social capital may lead an individual to be more likely to deny offending in order to maintain his social network. Conversely, denial may be seen by some as a marker of an offending identity, illustrating to these others that the individual is not prepared to accept the wrongness of his actions. In this case, denial may lead to lower levels of social capital, negatively impacting on desistance efforts.

Figure 6.1 illustrates the hypothesised moderating effect of static risk on the relationship between denial and desistance. For men assessed as higher in static risk, denial may represent insight into the 'wrongness'

of offending and show motivation to adopt a non-offending identity. However, it is also hypothesised that high risk men denying their offending may be subjected to more restrictive supervision as a result of the perception that denial is a risk factor for offending, which may leave these men with fewer opportunities to reoffend. For men assessed as being lower in static risk, often older men who have offended within their families, denial may decrease the likelihood of desistance by increasing opportunities to access further victims through return to the family home, if social capital is in place to enable this access.

Static risk is also posited as a factor impacting desistance independently of denial status. Static risk assessments attempt to measure a variety of factors linked with recidivism risk. Individuals assessed as lower in static risk would be expected to desist more readily than those assessed as higher in static risk. However, the proposed model posits that the process of *identifying* an individual's static risk level can change his subsequent likelihood of desistance. Regardless of denial status, an individual assessed as being higher in static risk is likely to receive more intensive supervision and treatment than an individual assessed as lower in static risk (Thornton, 2010). This might mean that higher static risk individuals have more support to desist from offending than their low risk counterparts.

Alternatively, it is possible that the act of labelling an individual as anything other than 'low risk' may impede desistance efforts through

negatively impacting the individual's view of their own identity. In line with labelling theory (Becker, 1963), individuals identified as 'high risk' may internalise this label and act in accordance with it – a self-fulfilling prophecy (Crocker & Major, 1989; Ward & Marshall, 2007). It is also likely that social capital opportunities will be limited as a result of such a label: Others may be less prepared to offer support to an individual who has been identified as 'risky' in this way.

Public attitudes are hypothesised, in this model, as an important factor impacting desistance opportunities for sex offenders. In particular, the role of punitiveness, redeemability beliefs and attributions about the causes of sex offending are emphasised. It is argued that public attitudes will have a large impact on the ability of a sex offender to reintegrate into his community after his sex offending comes to light. Willis et al. (2010) argued that reintegration is central to the desistance process, through its provision of social capital. It seems reasonable to expect people who believe sex offenders can change, and lead pro-social lives, will be more supportive of the reintegration of sex offenders into the community. The findings of Chapter 3 suggest that these redeemability beliefs will be stronger for members of the public who attribute sex offending to external causes, rather than viewing sex offending as purely the result of the individual's disposition. Members of the public endorsing rehabilitative approaches to sex offenders, rather than solely punitive endeavours, are expected to be more supportive of community

reintegration efforts. As well as the route to desistance through community reintegration and social capital, it is hypothesised that positive public attitudes will encourage desistance through increasing the individual's sense of a pro-social, non-offending identity.

Some members of the public will exhibit high levels of punitiveness, a lack of belief in sex offender redeemability and will attribute sex crimes to dispositional causes. The presence of these attitudes is likely to negatively impact opportunities for sex offenders to reintegrate into their communities and to build strong social capital through this process. Additionally, it is likely that the stigma resulting from these negative public attitudes will impede the development of a pro-social identity. These factors may thereforedecrease the likelihood of desistance. It is also hypothesised that sex offenders will be more likely to deny their offences in response to negative public attitudes, through fear of stigma or reprisals (Blagden et al. 2011b; Blagden et al. 2014). Negative public attitudes may be reinforced by the presence of denial, if perceived by the public to show a lack of remorse or repentance for offending (Blagden et al. 2011a). This denial may support or impede desistance, in line with the previously suggested mechanisms of denial.

The attitudes of staff working with sex offenders are represented separately from public attitudes in the proposed model of sex offender desistance (see Figure 6.1). As was proposed for public attitudes, it is argued that the demonstration of positive staff attitudes will strengthen

the individual's non-offending identity, through the individual internalising staff's beliefs in sex offender redeemability. It is hypothesised that positive staff attitudes will lend themselves to strength-based practice, which will additionally reinforce the individual's pro-social self-view.

Previous research has shown that treatment effectiveness is strongly affected by the therapeutic alliance (Serran, Fernandez, Marshall & Mann, 2003; Marshall, 2005; Marshall et al. 2005). The above model argues therefore that treatment effectiveness will be enhanced for those staff members with more positive attitudes about sex offender rehabilitation and redeemability, in turn increasing the likelihood of desistance through the development of necessary psychosocial skills to help manage risk. If an aim of treatment is also the promotion of a pro-social, non-offending identity (such as in the treatment approach outlined in Chapter 4), then the increased treatment effectiveness resulting from positive staff attitudes should also add to the strengthening of an identity congruent with desistance.

Previous research (Levenson & Macgowan, 2004), found that treatment engagement and progress was negatively associated with denial. As discussed in Chapter 2, this effect may be the result of low motivation to attend treatment on the part of the denying offender, particularly if he believes he is in fact innocent. However, the negative treatment outcome might also result from the offender being treated differently by staff as a result of his denial. It might be expected that

staff attitudes would moderate the effect of denial on treatment outcome, with the staff holding more positive attitudes being more likely to adopt warm, therapeutic styles in response to denial. However, this does not seem to be the case.

A study by Blagden and colleagues (2011a) found that treatment staff often felt frustrated in response to working with deniers. Some described efforts to develop a positive therapeutic alliance with such offenders. However, the language used by some staff to describe their work with this client group was adversarial, describing efforts to 'break down' denial – "I could have had him" (p.339). Factors contributing to staff frustration included the perception that work with deniers was time- and resource-intensive and that it produced little reward in terms of progress and change. Blagden et al (2011a) suggested that staff with greater experience may be better suited for work with deniers, given the importance of building a strong therapeutic alliance with these individuals.

This subsection had summarised the hypothesised relationships between a variety of factors and desistance for sex offenders. The variables considered within this model of desistance were: denial; staff attitudes; public attitudes; identity; community reintegration; social capital; static risk; supervision; strength-based practice; and treatment effectiveness. Some of these variables were hypothesised as having a direct effect on the desistance process; others were presented as

moderated or mediated by other factors. The implications of this model for future research and practice are discussed below.

Implications for Practice

The finding from the systematic review that denial was not consistently associated with recidivism has implications for the assessment and treatment of sex offenders, given that denial or minimisation are often viewed by forensic staff and the general public as factors associated with increased risk (Freeman et al. 2010; Blagden et al. 2011a). The findings of this review indicate that risk assessors and treatment providers should attempt to understand the *function* of denial and minimisation for each individual, and should carefully consider whether challenging this denial is likely to be beneficial or detrimental to the desistance process.

The findings from Chapter 3 are particularly of value in informing interventions to increase the public's factual knowledge about sexual offending, reducing reliance on stereotypes portrayed in the media (McAlinden, 2006). The findings also have applicability for the recruitment and training of forensic staff. Organisations seeking staff with rehabilitative values might consider attitudes towards both redeemability and punitiveness in relation to sex offenders. However, attitudes and knowledge about the causes of crime may be less important

for this group, given the lack of relationship between causal attributions and redeemability beliefs.

That the formulation developed for the case study client was congruent with IDSO-specific theories of offending, suggested that these theories can be incorporated into the standardised SARN framework used in HMPS. However, some limitations in its applicability to IDSOs were identified. It was argued that the SARN framework does not automatically account for ID-specific factors if used without conscious consideration of ID-specific theories. It was suggested that practitioners working within restrictive frameworks should look for ways to adapt the assessment and formulation process, without damaging the integrity of the process or subsequent treatment quality.

The case study showed how the strength-based treatment approach can be continued in making recommendations for further treatment and case management in the community. In particular, consideration was given to the protective value of a pro-social support network on release into the community (de Vries Robbé et al. 2014). However, it was felt that the 'strength-based' was still mainly deficit-focused and would have benefited from greater focus on protective factors, such as the eight domains suggested by de Vries et al. (in press).

The findings of Chapter 5 present problems for current risk assessment practices, particularly those in HMPS and the Probation

Service, where the RM2000 is used to determine the amount of treatment required by IDSOs. From an ethical perspective, the strength-based ARMIDILO-S is likely to represent a more holistic view of the client and is less likely to attach stigma to the individual through solely focusing on risk and deficit. From an empirical point of view, the ARMIDILO-S also had superior predictive validity over the RM2000 for use with IDSOs.

Future Research

Several suggestions have been made as a result of the thesis findings, which require empirical testing to determine their accuracy. This includes the model of desistance illustrated in Figure 6.1.

In terms of the relationship between denial and desistance, there is a need for large-scale research of good methodological quality. This research should incorporate measurement of the factors identified in this thesis as potential mediating or moderating variables. In particular, researchers should focus on static risk and offence characteristics. However, there is likely value in also exploring the moderating effect of dynamic risk.

Research in this field is also likely to benefit from further exploration of the *function* of denial for sex offenders. Existing research has explored the relationship between denial and moral emotions such as shame and guilt (Miles, 2012). There have also been qualitative endeavours to explore the factors driving denial, as well as the decision of

some offenders to move away from their maintenance of innocence (Blagden et al. 2011a; 2011b; 2014). However, future research might expand on this by investigating how perceptions of current and future social support, reintegration opportunities and status, differ between individuals who are denying their offending and those who are not. These latter enquiries will be particularly important for understanding the mechanisms through which denial or minimisation might contribute to the desistance process.

The proposed relationship between redeemability beliefs and sex offender reintegration discussed in Chapter 3 is a hypothesis, and therefore requires empirical testing. To do this adequately is likely to entail a large-scale complex research project in which the redeemability beliefs of every person in the support network of each sex offender are measured. The relationship between these beliefs and sex offender desistance can then be explored. However, numerous additional variables will be of relevance, including the sex offender's perception of others' beliefs, his static and dynamic risk, the nature of his offending and many other factors. In order to test the accuracy of the model proposed in Figure 6.1, it would be useful to explore how denial and minimisation might influence the redeemability beliefs held by forensic staff and the general public, as well as how the beliefs of these groups might influence levels of denial and minimisation (i.e. a possible two-way relationship).

Chapter 5 highlighted the urgent need for studies to validate (or show the lack of validity) the use of the RM2000 with IDSOs. It was also recommended that ID-specific norms be developed through future research, which account for the homogeneity within the IDSO population. Future research might usefully seek to identify whether static *protective* factors exist, for IDSO and non-ID offenders, which might add to the predictive validity of risk factors in existing actuarial assessments. This research could be conducted along with research to continue developing and validating measures such as the ARMIDILO-S for use with sex offenders.

Conclusion

This thesis achieved the overall aim of developing understanding of desistance factors and strength-based approaches to working with sex offenders. The findings suggested that denial and minimisation of offending by *some* adult male sex offenders may have a protective function against further offending. Further exploration of the function of denial was recommended. The attitudes of individuals who may play a role in the successful reintegration of sex offenders into their communities were explored – beliefs about sex offender redeemability were predicted by lower levels of punitiveness. Attributions about the causes of sex crimes impacted redeemability beliefs for participants who did not work or volunteer with sex offenders. People working with sex offenders were more optimistic about sex offender redeemability than the general public.

A strength-based approach to the assessment and treatment of an IDSO in prison proved effective in addressing some of the identified treatment needs. Limitations to the current format of strength-based practice in a prison setting were highlighted. Criticisms were levelled at the use of an actuarial risk assessment tool with IDSOs, which does not currently have empirical support. An alternative strength-based assessment was highlighted as a more empirically- and ethically-sound measure.

A model of the sex offender desistance was proposed, incorporating the findings of the four main thesis chapters. This model hypothesised that desistance process was impacted by the following factors: denial; staff and public attitudes; community reintegration; social capital; identity; static risk; supervision; strength-based practice; and treatment effectiveness.

It is suggested that future research builds on the findings of this thesis, through further exploration of the potential protective function of denial for sex offenders; exploration of additional variables explaining variation in redeemability beliefs; and focus on the development of assessments which incorporate static and dynamic protective factors. These research endeavours will enable to refinement or adjustment of the proposed model of sex offender desistance developed within this thesis.

References

** denotes studies included in the systematic review in Chapter 2*

Andrews, D.A. & Bonta, J. (2006). *The psychology of criminal conduct (4th edition).* Newark, NJ: LexisNexis.

APA. (1994). *Diagnostic and statistical manual of mental disorders (4th edition).* Washington DC: APA.

Ayland, L. & West, B. (2006). The Good Way model: a strengths-based approach for working with young people, especially those with intellectual disabilities, who have sexually abusive behaviour. *Journal of Sexual Aggression, 12* (2), 189 – 201.

Bandura, A. (1971). *Social Learning Theory.* New York, NY: General Learning Press.

Barabas, D.A. (2007). *Clinical treatment provider attitudes toward sexual offender management within an outpatient treatment center: Treatment provider attitude survey* (Doctoral thesis, Philadelphia College of Osteopathic Medicine). Retrieved from *http://digitalcommons.pcom.edu/cgi/viewcontent.cgi?article=1006&context=psychology_dissertations* on 22nd October 2014.

*Barbaree, H.E. & Marshall, W.L. (1988). Deviant sexual arousal, offense history, and demographic variables as predictors of reoffense

among child molesters. *Behavioral Sciences and the Law, 6* (2), 267 – 280.

Barnett, G.D., Wakeling, H.C. & Howard, P.D. (2010). An examination of the predictive validity of the Risk Matrix 2000 in England and Wales. *Sexual Abuse: A Journal of Research and Treatment, 22* (4), 443 – 470.

*Barrett, M., Wilson, R.J. & Long, C. (2003). Measuring motivation to change in sexual offenders from institutional intake to community treatment. *Sexual Abuse: A Journal of Research and Treatment, 15* (4), 269 – 283.

Beail, N. (2002). Interrogative suggestibility, memory and intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 15,* 129 – 137.

Becker, H.S. (1963). *Outsiders: Studies in the Sociology of Deviance.* New York, NY: Free Press.

Blacker, J., Beech, A.R., Wilcox, D.T. & Boer, D.P (2011). The assessment of dynamic risk and recidivism in a sample of special needs sexual offenders. *Psychology, Crime & Law, 17* (1), 75 – 92.

Blagden, N.J., Winder, B., Gregson, M. & Thorne, K. (2011a). Working with denial in convicted sexual offenders: A qualitative analysis of treatment professionals' views and experiences and their implications

for practice. *International Journal of Offender Therapy and Comparative Criminology, 57* (3), 332 – 356.

Blagden, N.J., Winder, B., Thorne, K. & Gregson, M. (2011b). 'No-one in the world would ever wanna speak to me again': An interpretative phenomenological analysis into convicted sexual offenders' accounts of maintaining and leaving denial. *Psychology, Crime & Law, 17* (7), 563 – 585.

Blagden, N.J., Winder, B., Gregson, M. & Thorne, K. (2014). Making sense of denial in sexual offenders: A qualitative phenomenological and repertory grid analysis. *Journal of Interpersonal Violence, 29* (9), 1698 – 1731.

Blanchard, R., Watson, M.S., Choy, A., Dickey, R., Klassen, P., Kuban, M. et al. (1999). Pedophiles: Mental retardation, maternal age and sexual orientation. *Archives of Sexual Behavior, 28,* 111 – 127.

Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20: Professional Guidelines for Assessing Risk of Sexual Violence.* Vancouver: The Mental Health, Law, & Policy Institute

Boer, D.P, Haaven, J., Lambrick, F., Lindsay, W.L., McVilly, K.R., Sakdalan, J. & Frize, M. (2013). *The Assessment of Risk and Manageability for Intellectually Disabled Individuals who Offend Sexually*

(ARMIDILO-S). Available at http://www.armidilo.net accessed on 22nd October 2014

Boer, G.P., Tough, S. & Haaven, J. (2004). Assessment of risk manageability of intellectual disabled sex offenders. *Journal of Applied Research in Intellectual Disabilities, 17,* 275 – 283.

Bogle, B.C. & Chumney, F. (2006, April). *Development of the Sex Offender Attitude Scale (SOAS).* Paper presented at The National Conference of Undergraduate Research, Asheville, North Carolina.

Bonta, J. (2002). Offender risk assessment: Guidelines for assessment and use. *Criminal Justice and Behavior, 29* (4), 355 – 379.

Bray, D.G. et al. (undated). *Sex Offence Opinions Test.* North Warwickshire NHS Trust. Unpublished.

British Psychological Society. (2000). *Learning disability: Definitions and context.* Leicester: BPS.

British Psychological Society. (2009). *Code of Ethics and Conduct.* Leicester: BPS.

Brown, S. (1999). Public attitudes towards the treatment of sex offenders. *Legal and Criminological Psychology, 4,* 239 – 252.

Brown, K., Spencer, J. & Deakin, J. (2007). The reintegration of sex offenders: Barriers and opportunities for employment. *The Howard Journal, 46* (1), 32 – 42.

Brown, S., Deakin, J. & Spencer, J. (2008). What people think about the management of sex offenders in the community. *The Howard Journal, 47* (3), 259 – 274.

Caldwell, M.F. (2009). Study characteristics and recidivism base rates in juvenile sex offender recidivism. *International Journal of Offender Therapy and Comparative Criminology, 54* (2), 197 – 212.

Camilleri, J.A. & Quinsey, V.L. (2011). Appraising the risk of sexual and violent recidivism among intellectually disabled offenders. *Psychology, Crime & Law, 17* (1), 59 – 74.

Cantor, J.M., Blanchard, R., Christenson, B.K., Dickey, R., Klassen, P., Beckstead, A.L. et al. (2004). Intelligence, handedness and memory in pedophilia. *Neuropsychology, 18,* 3 – 14.

Cantor, J.M., Blanchard, R., Robichaud, L.K. & Christensen, B.K. (2005). Quantitative reanalysis of aggregate data on IQ in sexual offenders. *Psychological Bulletin, 131* (4), 555 – 568.

Capara, G.V. (1986). Indications of aggression: The dissipation-rumination scale. *Personality and Individual Differences, 7,* 763 – 769.

Church, W.T., Wakeman, E.E., Miller, S.L., Clements, C.B. & Sun, F. (2008). Community Attitudes Toward Sex Offenders scale: The development of a psychometric assessment instrument. *Research on Social Work Practice, 18,* 251 – 259.

Clarke, J. & Roger, D. (2007). The construction and validation of a scale to assess psychological risks and well-being in sex offender treatment providers. *Legal and Criminological Psychology, 12,* 83 – 100.

Conley, T., Hill, K., Church II, W.T., Stoeckel, E. & Allen, H. (2011). Assessing probation and community corrections officers' attitudes towards sex offenders using the Community Attitudes Towards Sex Offenders (CATSO) scale in a rural state. *Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention, 18* (2), 75 – 85.

Craig, L.A. (2010). Controversies in assessing risk and deviancy in sex offenders with intellectual disabilities. *Psychology, Crime & Law, 16* (1-2), 75 – 101.

Craig, L.A., Beech, A. & Browne, K.D. (2006). Cross-validation of the Risk Matrix 2000 Sexual and Violent Scales. *Journal of Interpersonal Violence, 21* (5), 612 – 633.

Craig, L.A. & Lindsay, W.R. (2010). Sexual offenders with intellectual disabilities: Characteristics and prevalence. In L.A. Craig, W.R. Lindsay & K.D. Browne (Eds.), *Assessment and Treatment of Sexual Offenders with Intellectual Disabilities.* Chichester: Wiley-Blackwell.

Crocker, J. & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96,* 608 – 630.

Dagnan, D. & Sandhu, S. (1999). Social comparison, self-esteem and depression in people with intellectual disability. *Journal of Intellectual Disability Research, 43* (5), 372 – 379.

de Vogel, V., de Ruiter, C., Bouman, Y. & de Vries Robbé, M. (2009). *SAPROF: Structured Assessment of PROtective Factors for Violence Risk.* Utrecht, the Netherlands: Forum Educatief.

de Vries Robbé, M., de Vogel, V., Douglas, K.S. & Nijman, H.L.I. (2014). Changes in dynamic risk and protective factors for violence during inpatient forensic psychiatric treatment: Predicting reductions in post-discharge community recidivism. *Law and Human Behavior.* Advance online publication. http://www.apa.org/pubs/journals/lhb/ accessed on 22nd October 2014

de Vries Robbé, M., Mann, R.E., Maruna, S. & Thornton, D. (in press). A review of protective factors supporting desistance from sexual offending. *Sexual Abuse: A Journal of Research and Treatment.*

Dewhurst, A.M. & Neilsen, K.M. (1999). A resiliency-based approach to working with sexual offenders. *Sexual Addiction and Compulsivity, 6,* 271 – 279.

Doroc, M. (2013). *Re-integration: The contribution of offence, offender and respondent factors* (Doctoral thesis, Deakin University). Retrieved from http://dro.deakin.edu.au/eserv/DU:30061923/doroc-reintegrationthe-2013A.pdf accessed on 22nd October 2014

Dudley, R. & Kuyken, W. (2006). Formulation in cognitive behavioural therapy: "There is nothing either good or bad, but thinking makes it so". In L. Johnstone & R. Dallas (Eds.), *Formulation in Psychology and Psychotherapy: Making Sense of People's Problems.* Hove: Routledge.

*English, K., Retzlaff, P. & Kleinsasser, D. (2002). The Colorado Sex Offender Risk Scale. *Journal of Child Sex Abuse, 11* (2), 77 – 96.

Evans, J.R. & Mathur, A. (2005). The value of online surveys. *Internet Research, 15* (2), 195 – 219. DOI:10.1108/10662240510590360

Eysenck, S.B.G. & Eysenck, H.J. (1978). Impulsivity and venturesomeness: Their place in a dimensional system of personality description. *Psychological Reports, 43,* 1247 – 1255.

Farmer, M., Beech, A.R., & Ward, T. (2012) Assessing desistance in child molesters: a qualitative analysis. *Journal of Interpersonal Violence, 27 (5),* 930 – 950.

Farrington, D.P. (2003). Advancing knowledge about the early prevention of adult antisocial behaviour. In D.P. Farrington & J.W. Coid (Eds.), *Early prevention of adult antisocial behaviour.* Cambridge: Cambridge University Press.

Ferguson, K. & Ireland, C.A. (2006). Attitudes towards sex offenders and the influence of offence type: a comparison of staff working

in a forensic setting and students. *The British Journal of Forensic Practice, 8,* 10 – 19.

Field, A. (2005). *Discovering Statistics Using SPSS (2nd edition).* London: SAGE Publications.

Freeman, J., Palk, G. & Davey, J. (2010). Sex offenders in denial: A study into a group of forensic psychologists' attitudes regarding the corresponding impact upon risk assessment calculations and parole eligibility. *Journal of Forensic Psychiatry and Psychology, 21* (1), 39 – 51.

Furby, L., Weinrott, M.R. & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin, 105* (1), 3 – 30.

Gibbons, P., de Volder, J. & Casey, P. (2003). Patterns of denial in sex offenders: A replication study. *Journal of the American Academy of Psychiatry and Law, 31,* 336 – 344.

Gray, N.S., Fitzgerald, S., Taylor, J., MacCulloch, M.J. & Snowden, R.J. (2007). Predicting future reconviction in offenders with intellectual disabilities: The predictive accuracy of VRAG, PCL-SV and the HCR-20. *Psychological Assessment, 19* (4), 474 – 479.

Greineder, B. (2013). Correctional officers' perceptions of sexual offenders in the United States: A qualitative analysis. *International Journal of Criminal Justice Services, 8* (1), 24 – 35.

Grubin, D. (2008). *Validation of Risk Matrix 2000 for use in Scotland.* Unpublished report prepared for the Risk Management Authority, Paisley, UK.

Haaven, J. (2006) Suggested treatment outline using the Old Me/New Me model. In G. Blasingame, (Ed.), *Practical Treatment Strategies for Persons with Intellectual Disabilities.* Oklahoma City, OK: Wood 'n' Barnes.

Haaven, J. & Coleman, E. (2000). Treatment of the developmentally disabled sex offender. In R. Law, S. Hudson & T. Ward, (Eds.), *Remaking Relapse Prevention with Sex Offenders: A Sourcebook*. Thousand Oaks, CA: Sage Publications.

Hannem, S. (2013). Experiences in reconciling risk management and restorative justice: How Circles of Support and Accountability work restoratively in the risk society. *International Journal of Offender Therapy and Comparative Criminology, 57* (3), 269 – 288.

Hanson, R.K. & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66* (2), 348 – 362.

*Hanson, R.K. & Harris, A.J.R. (2000). Where should we intervene? Dynamic predictors of sexual offence recidivism. *Criminal Justice and Behavior, 27* (1), 6 – 35.

Hanson, R.K. & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73* (6), 1154 – 1163.

Hanson, R.K. & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24* (1), 119 – 136.

*Harkins, L., Beech, A.R. & Goodwill, A.M. (2010). Examining the influence of denial, motivation and risk on sexual recidivism. *Sexual Abuse: A Journal of Research and Treatment, 22* (1), 78 – 94.

*Harkins, L., Howard, P., Barnett, G., Wakeling, H. & Miles, C. (in press). Relationships between denial, risk and recidivism in sexual offenders. *Archives of Sexual Behavior.*

Harris, A.J.R. & Tough, S. (2004). Should actuarial risk assessments be used with sex offenders who are intellectually disabled? *Journal of Applied Research in Intellectual Disabilities, 17,* 235 – 241.

Hocken, K., Winder, B. & Grayson, A. (2013). Putting responsivity into risk assessment: the use of the Structured Assessment of Risk and Need (SARN) with sexual offenders who have an intellectual disability. *Journal of Intellectual Disabilities and Offending Behaviour, 4* (3-4), 77 – 89.

Hogue, T. (1993). Attitudes towards prisoners and sexual offenders. *Issues in Criminological and Legal Psychology, 9,* 27 – 32.

Hogue, T. (1994). Goal attainment scaling: A measure of clinical impact and risk assessment. *Issues in Criminological and Legal Psychology, 21,* 96 – 102.

Hogue, T.E. & Peebles, J. (1997). The influence of remorse, intent and attitudes toward sex offenders on judgements of a rapist. *Psychology, Crime and Law, 3* (4), 249 – 259. DOI:10.1080/10683169708410821

*Hood, R., Shute, S., Feilzer, M. & Wilcox, A. (2002). Sex offenders emerging from long-term imprisonment: A study of their long-term reconviction rates and of parole board members' judgements of their risk. *British Journal of Criminology, 42,* 371 – 394.

Howells, K. & Day, A. (2003). Readiness for anger management: Clinical and theoretical issues. *Clinical Psychology Review, 23* (2), 319 – 337.

International Personality Item Pool: A scientific collaboratory for the development of advanced measures of personality traits and other individual differences (http://ipip.ori.org/). Internet Web Site accessed on 22nd October 2014.

Janus, E.S. & Prentky, R.A. (2003). Forensic use of actuarial risk assessment with sex offenders: Accuracy, admissibility and accountability. *American Criminal Law Review, 40,* 1443 – 1501.

Johnson, H., Hughes, J.G. & Ireland, J.L. (2007). Attitudes towards sex offenders and the role of empathy, locus of control and training: A

comparison between a probationer police and general public sample. *The Police Journal, 80* (1), 28 – 54. DOI:10.1350/pojo.2007.80.1.28

Johnston, S.J. (2002). Risk assessment in offenders with intellectual disability: The evidence base. *Journal of Intellectual Disability Research, 46,* 47 – 56.

Keeling, J.A., Beech, A.R. & Rose, J.L. (2007). Assessment of intellectually disabled sex offenders: The current position. *Aggression and Violent Behavior, 12,* 229 – 241.

Kingston, D.A., Yates, P.M., Firestone, P., Babchishin, K. & Bradford, J.M. (2008). Long-term predictive validity of the Risk Matrix 2000: A comparison with the Static-99 and the Sex Offender Risk Appraisal Guide. *Sexual Abuse: A Journal of Research and Treatment, 20* (4), 466 – 484.

Lambrick, F. & Glaser, W. (2004). Sex offenders with an intellectual disability. *Sexual Abuse: A Journal of Research and Treatment, 16* (4), 381 – 392.

*Langton, C.M., Barbaree, H.E., Harkins, L., Arenovich, T., McNamee, J., Peacock, E.J., Dalton, A., Hansen, K.T., Luong, D. & Marcon, H. (2008). Denial and minimization among sexual offenders: Post-treatment presentation and association with sexual recidivism. *Criminal Justice and Behavior, 35* (1), 69 – 98.

Langton, C.M., Barbaree, H.E., Harkins, L. & Peacock, E.J. (2006). Sex offenders' response to treatment and its association with recidivism as a function of psychopathy. *Sexual Abuse: A Journal of Research and Treatment, 18,* 99 – 120.

Langton, C.M., Barbaree, H.E. & McNamee, J. (2003). *The Denial and Minimization Checklist-III: Scoring Guidelines.* Unpublished manuscript.

Lasher, M.P. & McGrath, R.J. (2012). The impact of community notification on sex offender reintegration: A quantitative review of the research literature. *International Journal of Offender Therapy and Comparative Criminology, 56* (1), 6 – 28.

Lea, S., Auburn, T. & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology, 43* (1), 103 – 119.

LeBel, T.P., Burnett, R., Maruna, S. & Bushway, S. (2008). The 'chicken and the egg' of subjective and social factors in desistance from crime. *European Journal of Criminology, 5* (2), 131 – 159.

Levenson, J.S. & Macgowan, M.J. (2004). Engagement, denial and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment, 16* (1), 49 – 63.

Levenson, J.S., Brannon, Y.N., Fortney, T. & Baker, J. (2007). Public perceptions about sex offenders and community protection policies. *Analyses of Social Issues and Public Policy, 7* (1), 1 – 25.

Lichtenberger, E.O. & Kaufman, A.S. (2009). *Essentials of WAIS-IV Assessment.* Hoboken, NJ: John Wiley & Sons.

Lindsay, W.R. (2002). Research and literature on sex offenders with intellectual and developmental disabilities. *Journal of Intellectual Disability Research, 46* (1), 74 – 85.

Lindsay, W.R. (2005). Model underpinning treatment for sex offenders with mild intellectual disability: Current theories of sex offending. *Mental Retardation, 43* (6), 428 – 441.

Lindsay, W.R. (2009). *The Treatment of Sex Offenders with Developmental Disabilities.* Chichester: Wiley-Blackwell.

Lindsay, W.R. (2011). Formulating offending behaviour with people with mild learning disabilities. In P. Sturmey & M. McMurran (Eds.), *Forensic Case Formulation.* Chichester: John Wiley & Sons.

Lindsay, W.R. & Beail, N. (2004). Risk assessment: Actuarial prediction and clinical judgement of offending incidents and behaviour for intellectual disability services. *Journal of Applied Research in Intellectual Disabilities, 17,* 229 – 234.

*Lindsay, W.R., Elliot, S.F. & Astell, A. (2004). Predictors of sexual offence recidivism in offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 17,* 299 – 305.

Lindsay, W.R., Hogue, T., Taylor, J.L., Steptoe, L., Mooney, P., O'Brien, G. et al. (2008). Risk assessment in offenders with intellectual disability: A comparison across three levels of security. *International Journal of Offender Therapy and Comparative Criminology, 52,* 90 – 111.

Lofthouse, R.E., Lindsay, W.R., Totsika, V., Hastings, R.P., Boer, D.P. & Haaven, J.L. (2012). Prospective dynamic assessment of risk of sexual reoffending in individuals with an intellectual disability and a history of sexual offending behaviour. *Journal of Applied Research in Intellectual Disabilities, 26* (5), 394 – 403.

Looman, J. & Abracen, J. (2010). Comparison of measures of risk for recidivism in sexual offenders. *Journal of Interpersonal Violence, 25* (5), 791 – 807.

Lund, C.A. (2000). Predictors of sexual recidivism: Did meta-analysis clarify the role and relevance of denial? *Sexual Abuse: A Journal of Research and Treatment, 12* (4), 275 – 287.

*Maletzky, B.M. (1993). Factors associated with success and failure in the behavioural and cognitive treatment of sexual offenders. *Annals of Sex Research, 6,* 241 – 258.

Mann, R.E., Hanson, R.K. & Thornton, D. (2010). Assessing risk for sexual recidivism: some proposals on the nature of psychologically meaningful risk factors. *Sex Abuse*: A Journal of Research and Treatment*, 22 (2),* 191 – 217.

Mann, R.E., Webster, S., Wakeling, H. & Marshall, W. (2007). The measurement and influence of child abuse supportive beliefs. *Psychology, Crime & Law, 13* (5), 443 – 458.

*Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C. & van Ommeron, A. (2005). Effects of a relapse prevention programme on sexual recidivism: Final results from California's Sex Offender and Treatment Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment, 17* (1), 79 – 107.

Marshall, W.L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research and Treatment, 17* (2), 109 – 116.

Marshall, W.L., Thornton, D., Marshall, L.E., Fernandez, Y.M. & Mann, R.E. (2001). Treatment of sexual offenders who are in categorical denial: A pilot project. *Sexual Abuse: A Journal of Research and Treatment, 13* (3), 205 – 215.

Marshall, W.L., Ward, T., Mann, R.E., Moulden, H., Fernandez, Y.M., Serran, G. & Marshall, L.E. (2005). Working positively with sexual

offenders: Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence, 20* (9), 1096 – 1114.

Maruna, S. (2004). Desistance from crime and explanatory style: A new direction in the psychology of reform. *Journal of Contemporary Criminal Justice, 20,* 184 – 200.

Maruna, S. & King, A. (2009). Once a criminal, always a criminal? 'Redeemability' and the psychology of punitive public attitudes. *European Journal of Criminal Policy and Research, 15*, 7 – 24.

Maruna, S. & Mann, R.E. (2006). A fundamental attribution error? Rethinking cognitive distortions. *Legal and Criminological Psychology, 11,* 155 – 177.

McAlinden, A. (2006). Managing risk: From regulation to the reintegration of sexual offenders. *Criminology and Criminal Justice, 6* (2), 197 – 218.

McCorkle, R.C. (1993). Punish and rehabilitate? Public attitudes towards six common crimes. *Crime and Delinquency, 39,* 240 – 252.

McGrath, R., Cumming, G., Burchard, B., Zeoli, S. & Ellerby, L. (2010). *Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American Survey.* Brandon, VT: Safer Society Press.

Miles, C.L. (2012). Exploring the function that denial serves for sexual offenders: considering the role of shame and guilt. (Doctoral thesis, University of Birmingham).

Mingus, W. & Burchfield, K.B. (2012). From prison to integration: Applying modified labelling theory to sex offenders. *Criminal Justice Studies: A Journal of Crime, Law and Society, 25* (1), 97 – 109.

Nichols, H.R. & Molinder, I. (1984). The Multiphasic Sex Inventory: A test to assess psychosexual characteristics of the sexual offender. Tacoma, WA: Nichols & Molinder.

*Nunes, K.L., Hanson, R.K., Firestone, P., Moulden, H.M., Greenberg, D.M. & Bradford, J.M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 19,* 91 – 105.

Nunes, K.L. & Jung, S. (2013). Are cognitive distortions associated with denial and minimisation among sex offenders? *Sexual Abuse: A Journal of Research and Treatment, 25* (2), 166 – 188.

OBPU (2007). *Sex Offence Attitudes Questionnaire*. HM Prison Service.

O'Donoghue, W. & Letourneau, E. (1993). A brief group treatment for the modification of denial in child sexual abusers: Outcome and follow-up. *Child Abuse and Neglect, 17,* 299 – 304.

Office of National Statistics (2013). *Full Report – Graduates in the UK Labour Market.* [Online] Retrieved from

http://www.ons.gov.uk/ons/dcp171776_337841.pdf on 22nd October 2014

Olver, M.E. & Barlow, A.A. (2010). Public attitudes towards sex offenders and their relationship to personality traits and demographic characteristics. *Behavioral Sciences and the Law, 28,* 832 – 849.

Operational Services and Interventions Group. (2011). *Becoming New Me Treatment Manual.* London: National Offender Management Service.

Parent, G., Guay, J. & Knight, R.A. (2012). Can we do better? The assessment of risk of recidivism by adult sex offenders. *Criminal Justice and Behavior, 39* (12), 1647 – 1667.

Payne, B.K., Tewksbury, R. & Mustaine, E.E. (2010). Attitudes about rehabilitating sex offenders: Demographic, victimisation and community-level influences. *Journal of Criminal Justice, 38,* 580 – 588.

Print, B., Griffin, H., Beech, A.R., Quayle, J., Bradshaw, H., Henniker, J. & Morrison, T. (2009). *AIM2: An Initial Assessment Model for Young People who Display Sexually Harmful Behaviour.* Unpublished scoring manual. Available from http://www.aimproject.org.uk accessed on 22nd October 2014

Robbers, M.L.P. (2009). Lifers on the outside: Sex offenders and disintegrative shaming. *International Journal of Offender Therapy and Comparative Criminology, 53* (1), 5 – 28.

Rogers, D.L. & Ferguson, C.J. (2011). Punishment and rehabilitation attitudes towards sex offenders versus non-sexual offenders. *Journal of Aggression, Maltreatment and Trauma, 20* (4), 395 – 414.

Rogers, P., Hirst, L. & Davies, M. (2011). An investigation into the effect of respondent gender, victim age, and perpetrator treatment on public attitudes towards sex offenders, sex offender treatment and sex offender rehabilitation. *Journal of Offender Rehabilitation, 50* (8), 511 – 530.

Ross, E.C., Polaschek, D.L.L. & Ward, T. (2008). The therapeutic alliance: A theoretical revision for offender rehabilitation. *Aggression and Violent Behavior, 13* (6), 462 – 480.

Schneider, S.L. & Wright, R.C. (2001). The FoSOD: A measurement tool for reconceptualising the role of denial in child molesters. *Journal of Interpersonal Violence, 16* (6), 545 – 564.

Schneider, S.L. & Wright, R.C. (2004). Understanding denial in sexual offenders: A review of cognitive and motivational processes to avoid responsibility. *Trauma, Violence and Abuse, 5* (1), 3 – 20.

*Seager, J.A., Jellicoe, J. & Dhaliwal, G.K. (2004). Refusers, drop-outs and treatment completers: Measuring sex offender treatment efficacy. *International Journal of Offender Therapy and Comparative Criminology, 48* (5), 600 – 612.

Serran, G., Fernandez, Y., Marshall, W.L. & Mann, R.E. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology: Research and Practice, 34* (4), 368 – 374.

Seto, M.C. & Lalumière, M.L. (2001). A brief screening scale to identify paedophilic interests among child molesters. *Journal of Sexual Abuse and Treatment, 13* (1), 15 – 25.

Shackley, M., Weiner, C., Day, A. & Willis, G. (2014). Assessment of public attitudes towards sex offenders in an Australian population. *Psychology, Crime and Law, 20* (6), 553 – 572.

Shelton, L., Stone, J. & Winder, B. (2013). Evaluating the factor structure and reliability of the Community Attitudes Towards Sex Offenders (CATSO) scale. *Journal of Criminal Psychology, 3* (2), 115 – 126.

Sykes, G.M. & Matza, D. (1957). Technique of neutralization: A theory of delinquency. *American Sociological Review, 22* (6), 664 – 670.

Tajfel, H. & Turner, J. (1979). An integrative theory of intergroup conflict. In W.G. Austin & S. Worchel, (Eds.), *The Social Psychology of Intergroup Relations.* Monterey, CA: Brooks/Cole.

Tendayi Viki, G., Fullerton, I., Raggett, H., Tait, F. & Wiltshire, S. (2012). The role of dehumanization in attitudes toward the social exclusion and rehabilitation of sex offenders. *Journal of Applied Social Psychology, 42* (10), 2349 – 2367.

Tewksbury, R. & Mustaine, E.E. (2012). Parole board members' views of sex offender registration and community notification. *American Journal of Criminal Justice, 37,* 413 – 431.

Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sexual Abuse: A Journal of Research & Treatment, 14,* 139 – 153.

Thornton, D.C. (2010). *Scoring Guide for the Risk Matrix 2000*. National Offender Management Service.

Thornton, D. (2013). Implications of our developing understanding of risk and protective factors in the treatment of adult male sexual offenders. *International Journal of Behavioral Consultation and Therapy, 8* (3-4), 62 – 65.

Thornton, D., Beech, A.R. & Marshall, W.L. (2004). Pre-treatment self-esteem and post-treatment sexual recidivism. *International Journal of Offender Therapy and Comparative Criminology, 48,* 587 – 599.

Thornton, D., Mann, R., Webster, S., Blud, L., Travers, R., Friendship, C. & Erikson, M. (2003). Distinguishing and combining risks for sexual and violent recidivism. *Annals New York Academy of Sciences, 989,* 225 – 235.

Tully, R.J. & Browne, K.D. (2013). Appraising the Risk Matrix 2000 static sex offender risk assessment tool. *International Journal of Offender Therapy and Comparative Criminology.* DOI:10.1177/0306624X13508928

Ullrich, S. & Coid, J. (2011). Protective factors for violence among released prisoners: Effects over time and interactions with static risk. *Journal of Consulting and Clinical Psychology, 79* (3), 381 – 390.

Underhill, J., Wakeling, H.C., Mann, R.E. & Webster, S.D. (2008). Male sexual offenders' emotional openness with men and women. *Criminal Justice and Behavior, 35,* 1156 – 1173.

Wakeling, H.C., Freemantle, N., Beech, A.R. & Elliott, I.A. (2011a). Identifying predictors of recidivism in a large sample of United Kingdom sexual offenders: A prognostic model. *Psychological Services, 8* (4), 307 – 318.

Wakeling, H.C. Howard, P. & Barnett, G.D. (2011b). Comparing the validity of the RM2000 scales and the OGRS3 for predicting recidivism by internet sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 23* (1), 146 – 168.

Wakeling, H.C., Mann, R.E. & Milner, R.J. (2011c). Inter-rater reliability of Risk Matrix 2000/s. *International Journal of Offender Therapy and Comparative Criminology, 55* (8), 1324 – 1337.

Ward, T. (2002). Good lives and rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior, 7,* 513 – 528.

Ward, T. & Brown, M. (2004). The Good Lives Model and conceptual issues in offender rehabilitation. *Psychology, Crime and Law, 10* (3), 243 – 257.

Ward, T., Mann, R., & Gannon, T.A. (2007) The Good Lives Model of rehabilitation: Clinical implications. *Aggression and Violent Behavior, 12,* 87 – 107.

Ward, T. & Marshall, B. (2007). Narrative identity and offender rehabilitation. *International Journal of Offender Therapy and Comparative Criminology, 51* (3), 279 – 297.

Ware, J. & Mann, R.E. (2012). How should "acceptance of responsibility" be addressed in sexual offending treatment programs? *Aggression and Violent Behavior, 17,* 279 – 288.

Ware, J. & Marshall, W.L. (2008). Treatment engagement with a sexual offender who denies committing the offense. *Clinical Case Studies, 7* (6), 592 – 603.

Wechsler, D. (2008). *WAIS-IV Administration and Scoring Manual.* San Antonio, TX: The Psychological Corporation.

Weekes, J.R., Pelletier, G. & Beaudette, D. (1995). Correctional officers: How do they perceive sex offenders? *International Journal of Offender Therapy and Comparative Criminology, 39* (1), 55 – 61.

West, B. (2007). Using the Good Way model to work positively with adults and youths with intellectual disability and sexually abusive behaviour. *Journal of Sexual Aggression, 13* (3), 253 – 266.

Wilcox, D.T. (2004). Treatment of intellectually disabled individuals who have committed sexual offences: A review of the literature. *Journal of Sexual Aggression, 10,* 85 – 100.

Wilcox, D., Beech, A., Markall, H.F. & Blacker, J. (2009). Actuarial risk assessment and recidivism in a sample of UK intellectually disabled sexual offenders. *Journal of Sexual Aggression, 15* (1), 97 – 106.

Williams, F. (2005). *My Private Interests Measure for Sexual Offenders with cognitive and/or social deficits.* Unpublished.

Williams, F. & Mann, R.E. (2010). The treatment of intellectually disabled sexual offenders in the National Offender Management Service: The Adapted Sex Offender Treatment Programmes. In L.A. Craig, W.R. Lindsay & K.D. Browne (Eds.), *Assessment and Treatment of Sexual Offenders with Intellectual Disabilities.* Chichester: Wiley-Blackwell.

Willis, G.M., Levenson, J.S. & Ward , T. (2010). Desistance and attitudes towards sex offenders: Facilitation or hindrance? *Journal of Family Violence, 25,* 545 – 556.

Willis, G.M., Yates, P.M., Gannon, T.A. & Ward, T. (2013). How to integrate the Good Lives Model into treatment programs for sexual

offending: An introduction and overview. *Sexual Abuse: A Journal of Research and Treatment, 25* (2), 123 – 142.

Wnuk, D., Chapman, J.E. & Jeglic, E.L. (2006). Development and refinement of a measure of attitudes towards sex offender treatment. *Journal of Offender Rehabilitation, 43* (3), 35 – 47.

Wong, Y. & Tsai, J. (2007). Cultural models of shame and guilt. In J.L. Tracy, R.W. Robins & J.P Tangney (Eds.), *The Self-conscious Emotions: Theory and Research*. New York, NY: The Guilford Press.

World Health Organisation. (1992). *ICD-10 classification of mental and behavioural disorders: Clinical description and diagnostic guidelines.* Geneva: WHO.

Wright, K.B. (2005). Researching internet-based populations: Advantages and disadvantages of online survey research, online questionnaire authoring software packages and web survey services. *Journal of Computer-mediated Communication, 10* (3). DOI: 10.1111/j.1083-6101.2005.tb00259.x

Yalom, I. (1995). *The Theory and Practice of Group Psychotherapy (4th edition).* New York, NY: Basic Books.

Yates, P.M. (2009). Is sexual offender denial related to sex offence risk and recidivism? A review and treatment implications. *Psychology, Crime & Law, 15* (2-3), 183 – 199.

Zgoba, K. M. & Simon, L. M. (2005). Recidivism rates of sexual offenders up to 7 Years later: Does treatment matter? *Criminal Justice Review*, *30* (2), 155-173.

Appendix A

Systematic Review Poster presented at DFP Conference

The impact of denial and minimisation on sex offender recidivism: A review following a systematic approach

The University of Nottingham

Jennifer Pryboda, Dr. Shihning Chou & Prof. Kevin Browne
Centre for Forensic & Family Psychology, University of Nottingham

1. BACKGROUND

Denial of offending by sex offenders is commonly considered a risk factor for recidivism. Significant decisions are made based on this assumption, but existing evidence does not clearly support it.

This systematic review aimed to determine the impact of denial on recidivism by adult males & to explore which factors moderate or mediate this relationship.

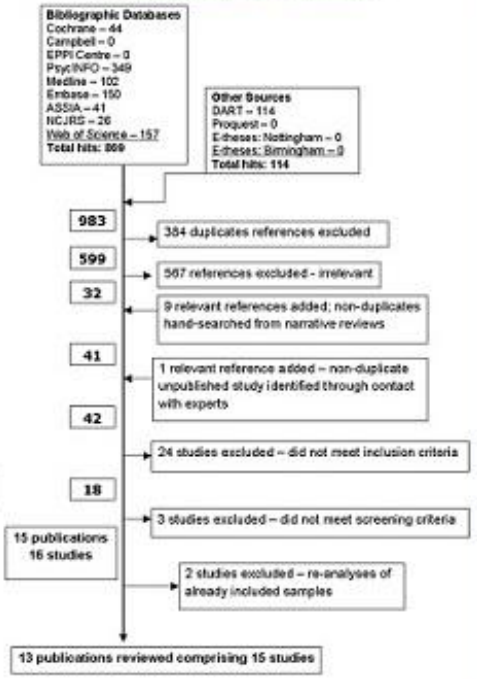
2. STUDY INCLUSION CRITERIA

- Adult male sex offenders
- Measure of denial or minimisation
- Measure of recidivism
- Cohort, case control or cross-sectional

3. SEARCH STRATEGY

Seven electronic databases, four sources of unpublished studies & reference lists of relevant narrative reviews & meta-analyses were searched. Six experts were contacted to identify relevant studies.

4. INCLUDED STUDIES



Denial by sex offenders was not consistently associated with recidivism...

5. RESULTS

Although significant relationships generally showed higher recidivism rates associated with denial, **higher quality studies showed denial was not consistently associated with recidivism.** No specific methodological similarities in studies with particular directions of results could explain these differences.

Static risk was an important **moderating variable** in several studies: high risk offenders denying their offending generally reoffended at lower rates. Relationship between denial & recidivism varied based on **victim age** & **relationship between offender & victim**.

6. CONCLUSIONS

Individualised & collaborative approach to risk assessment & treatment needed when working with sex offenders who deny or minimise offending.

Future research needs to reduce risk of bias, seek large representative samples & consistently consider moderating variables highlighted in this review.

Acknowledgement

The authors would like to thank Jo Garraway for her help with the quality assessment stage.

E-mail: jennifer.pryboda@gmail.com Website: www.pryboda.co.uk/sysreview.html

Appendix B

Systematic Review Search Syntax

Cochrane Central Register of Controlled Trials

	Term	**Hits**
#1	MeSH descriptor [Sex Offenses] explode all trees	314
#2	MeSH descriptor [Rape] explode all trees	74
#3	MeSH descriptor [Child Abuse, Sexual] explode all trees	170
#4	MeSH descriptor [Pedophilia] explode all trees	12
#5	Sex* offen*	154
#6	Rapist	12
#7	Child molest*	21
#8	Sex* abus*	1682
#9	MeSH descriptor [Denial (psychology)] explode all trees	29
#10	MeSH descriptor [Empathy] explode all trees	180
#11	MeSH descriptor [Guilt} explode all trees	87
#12	Remorse	6
#13	Neutralisation or neutralization	709
#14	Justification	0
#15	Responsibility	1332
#16	Excuse	33
#17	Minimisation or minimization	1918
#18	MeSH descriptor [Recurrence] explode all trees	11445

#19	Recidivism	239
#20	Rearrest or re-arrest	47
#21	Reconviction or re-conviction	19
#22	Re-offen*	25
#23	Reoffen*	29
#24	Licence recall	80
#25	Breach	157
#26	(#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8) AND (#9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17) AND (#18 or #19 or #20 or #21 or #22 or #23 or #24 or #25)	44

Campbell Collaboration Library of Systematic Reviews

ID	Search	Hits
0	sex* offen* in all text	144
1	rapist in all text	4
2	rape in all text	26
3	child molest* in all text	146
4	sex* abus* in all text	155
5	pedophil* OR paedophil* in all text	5

6	denial in all text	6
7	denier in all text	0
8	minimis* OR minimiz* in all text	57
9	justif* in all text	69
10	excuse in all text	2
11	responsibility in all text	123
12	remorse in all text	0
13	regret in all text	0
14	victim empathy in all text	55
15	guilt* in all text	9
16	cognitive distortion in all text	110
17	neutralisation OR neutralization in all text	0
18	recidivism in all text	49
19	reconvict* OR re-convict* in all text	15
20	rearrest OR re-arrest in all text	17
21	reoffen* OR re-offen* in all text	28
22	licence recall in all text	27

23	breach in all text	1
24	relapse in all text	26
25	sex* offen* in all text or rapist in all text or rape in all text or child molest* in all text or sex* abus* in all text or pedophil* OR paedophil* in all text	186
26	denial in all text or denier in all text or minimis* OR minimiz* in all text or justif* in all text or excuse in all text or responsibility in all text or remorse in all text or regret in all text or victim empathy in all text or guilt* in all text or cognitive distortion in all text or neutralisation OR neutralization in all text	195
27	recidivism in all text or reconvict* OR re-convict* in all text or rearrest OR re-arrest in all text or reoffen* OR re-offen* in all text or licence recall in all text or breach in all text or relapse in all text	80
28	sex* offen* in all text or rapist in all text or rape in all text or child molest* in all text or sex* abus* in all text or pedophil* OR paedophil* in all text and denial in all text or denier in all text or minimis* OR minimiz* in all text or justif* in all text or excuse in all text or responsibility in all text or remorse in all text or regret in all text or victim	0

	empathy in all text or guilt* in all text or cognitive distortion in all text or neutralisation OR neutralization in all text and recidivism in all text or reconvict* OR re-convict* in all text or rearrest OR re-arrest in all text or reoffen* OR re-offen* in all text or licence recall in all text or breach in all text or relapse in all text	

PsycINFO

	Searches	**Results**
1	exp Sex Offenses/Multimedia(0)	26879
2	exp Paraphilias/Multimedia(0)	6770
3	exp Rape/Multimedia(0)	4649
4	exp Pedophilia/Multimedia(0)	1235
5	exp Sexual Abuse/Multimedia(0)	21643
6	exp Child Abuse/Multimedia(0)	21900
7	sex* offen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(167)	8615
8	paraphil*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests &	2650

	measures]Multimedia(14)	
9	rape.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(266)	7440
10	rapist.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(1)	351
11	child molest*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(11)	962
12	sex* abus*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(292)	21668
13	child abus*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(540)	24172
14	(pedophil* or paedophil*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(15)	1764
15	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14Multimedia(1279)	50982

16	exp Denial/Multimedia(0)	1422
17	exp Attribution/Multimedia(0)	16703
18	exp Blame/Multimedia(0)	1075
19	exp Responsibility/Multimedia(0)	10874
20	exp Criminal Responsibility/Multimedia(0)	704
21	exp Regret/Multimedia(0)	487
22	exp Guilt/Multimedia(0)	3593
23	exp Empathy/Multimedia(0)	8342
24	denial.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(37)	9297
25	denier.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(2)	23
26	attribution.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(299)	22454
27	blame.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(77)	6173
28	responsibility.mp. [mp=title, abstract, heading word,	37826

	table of contents, key concepts, original title, tests & measures]Multimedia(370)	
29	regret.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(40)	2251
30	victim empathy.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(1)	152
31	minimi*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(2001)	19073
32	justif*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(457)	21484
33	excuse.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(5)	908
34	remorse.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(5)	613
35	guilt*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests &	16214

	measures]Multimedia(185)	
36	cognitive distortion.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(1)	345
37	(neutralisation or neutralization).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(884)	653
38	16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37Multimedia(4339)	136932
39	exp Recidivism/Multimedia(0)	3997
40	exp Criminal Conviction/Multimedia(0)	918
41	exp Legal Arrest/Multimedia(0)	963
42	exp Incarceration/Multimedia(0)	3066
43	recidivism.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(188)	6160
44	(reconvict* or re-convict*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(9)	335
45	criminal convict*.mp. [mp=title, abstract, heading word,	1093

	table of contents, key concepts, original title, tests & measures]Multimedia(8)	
46	(re-offen* or reoffen*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(38)	1155
47	(re-arrest or rearrest).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(5)	300
48	legal arrest.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(0)	966
49	incarceration.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(62)	5206
50	licence recall.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(0)	0
51	breach.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]Multimedia(158)	932
52	relapse.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests &	17155

	measures]Multimedia(2916)	
53	39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52Multimedia(3378)	30752
54	**15 and 38 and 53Multimedia(0)**	**349**

Medline

	Searches	**Results**
1	exp Paraphilias/Multimedia(0)	4375
2	exp Sex Offenses/Multimedia(0)	17865
3	exp Child Abuse, Sexual/Multimedia(0)	8274
4	exp Rape/Multimedia(0)	5348
5	exp Child Abuse/Multimedia(0)	24497
6	exp Pedophilia/Multimedia(0)	716
7	exp Incest/Multimedia(0)	1535
8	sex* offen*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(167)	6416
9	paraphil*.mp. [mp=title, abstract, original title, name of	2573

	substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(14)	
10	rape.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(266)	7939
11	rapist.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(1)	118
12	child molest*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(11)	280
13	child abus*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(540)	25382

14	sex* abus*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(292)	9073
15	(pedophil* or paedophil*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(15)	831
16	incest.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(5)	1952
17	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16Multimedia(1282)	43037
18	exp "Denial (Psychology)"/Multimedia(0)	2419
19	exp Guilt/Multimedia(0)	4843
20	exp Empathy/Multimedia(0)	12239
21	denial.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease	5926

	supplementary concept, unique identifier]Multimedia(37)	
22	denier.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(2)	50
23	minimi*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(2001)	110847
24	justif*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(457)	54400
25	regret.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(40)	1179
26	remorse.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease	160

	supplementary concept, unique identifier]Multimedia(5)	
27	guilt*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(185)	8320
28	excuse.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(5)	495
29	responsibility.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(370)	47770
30	victim empathy.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(1)	41
31	(neutralisation or neutralization).mp. [mp=title, abstract, original title, name of substance word, subject	42127

	heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(884)	
32	cognitive distortion.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(1)	108
33	attribution.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(299)	4310
34	18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33Multimedia(4264)	284007
35	exp Recurrence/Multimedia(0)	159185
36	recurrence.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(7261)	336798
37	recidivism.mp. [mp=title, abstract, original title, name of	1962

	substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(188)	
38	(reconvict* or re-convict*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(9)	98
39	criminal convict*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(8)	165
40	(re-arrest or rearrest).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(5)	147
41	legal arrest.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare	1

	disease supplementary concept, unique identifier]Multimedia(0)	
42	(re-offen* or reoffen*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(38)	325
43	breach.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(158)	2227
44	licence recall.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(0)	0
45	relapse.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]Multimedia(2916)	75982

46	35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45Multimedia(10474)	386287
47	**17 and 34 and 46Multimedia(0)**	**102**

EMBASE

	Searches	**Results**
1	exp sexual crime/Multimedia(0)	8484
2	exp rape/Multimedia(0)	6300
3	exp acquaintance rape/Multimedia(0)	1
4	exp marital rape/Multimedia(0)	5
5	exp attempted rape/Multimedia(0)	2
6	exp statutory rape/Multimedia(0)	1
7	exp child abuse/Multimedia(0)	27649
8	exp child sexual abuse/Multimedia(0)	6390
9	exp sexual deviation/Multimedia(0)	3264
10	exp pedophilia/Multimedia(0)	976
11	exp sexual abuse/Multimedia(0)	16098
12	exp incest/Multimedia(0)	1943
13	sex* crim*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device	8624

	manufacturer, drug manufacturer, device trade name, keyword]Multimedia(11)	
14	sex offen*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(55)	1834
15	rape.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(266)	9155
16	rapist.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(1)	142
17	acquaintance rape.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	81
18	marital rape.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	49

19	attempted rape.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	93
20	statutory rape.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	37
21	child abus*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(540)	23965
22	child molest*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(11)	399
23	sex* abus*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(292)	18965
24	sexual deviation.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title,	3342

	device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	
25	incest.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(5)	2269
26	paraphil*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(14)	779
27	(pedophil* or paedophil*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(15)	1152
28	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27Multimedia(1186)	53700
29	exp denial/Multimedia(0)	3029
30	exp responsibility/Multimedia(0)	18434
31	exp guilt/Multimedia(0)	7899
32	exp empathy/Multimedia(0)	14837

33	denial.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(37)	7193
34	denier.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(2)	67
35	minimi*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(2001)	145233
36	justif*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(457)	70676
37	excuse.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(5)	606
38	remorse.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device	213

	manufacturer, drug manufacturer, device trade name, keyword]Multimedia(5)	
39	regret.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(40)	1497
40	guilt*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(185)	10538
41	responsibility.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(370)	53707
42	victim empathy.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(1)	59
43	cognitive distortion.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(1)	160

44	(neutralisation or neutralization).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(884)	31394
45	attribution.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(299)	10886
46	29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45Multimedia(4264)	342372
47	exp recidivism/Multimedia(0)	1601
48	exp recall/Multimedia(0)	26779
49	exp relapse/Multimedia(0)	54215
50	recidivism.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(188)	3232
51	(re-offen* or reoffen*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade	518

	name, keyword]Multimedia(38)	
52	(re-arrest or rearrest).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(5)	175
53	(reconvict* or re-convict*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(9)	150
54	criminal convict*.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(8)	206
55	legal arrest.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	2
56	breach.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(158)	2820
57	licence recall.mp. [mp=title, abstract, subject headings,	0

	heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(0)	
58	relapse.mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]Multimedia(2916)	132388
59	47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58Multimedia(3317)	165507
60	**28 and 46 and 59Multimedia(0)**	**150**

ASSIA

	Databases	Actions
S50	(SU.EXACT.EXPLODE("Juvenile sex offenders" OR "Paedophiliacs" OR "Sex offenders" OR "Violent sex offenders") OR SU.EXACT.EXPLODE("Acquaintance rape" OR "Date rape" OR "Drug rape" OR "Gang rape" OR "Male rape" OR "Marital rape" OR "Rape" OR "Serial rape") OR SU.EXACT.EXPLODE("Child sexual abuse") OR SU.EXACT.EXPLODE("Child sexual abuse" OR "Childhood sexual abuse" OR "Father-Daughter incest"	**41°**

	Databases	Actions
	OR "Incest" OR "Mother-Son incest" OR "Organized sexual abuse" OR "Sexual abuse" OR "Sexual grooming") OR (sex* offen*) OR rapist OR rapist OR rape OR (child molest*) OR p?dophil* OR (sex* abus*)) AND (SU.EXACT.EXPLODE("Denial") OR SU.EXACT.EXPLODE("Minimization") OR SU.EXACT.EXPLODE("Justification" OR "Overjustification") OR SU.EXACT.EXPLODE("Excuses") OR SU.EXACT.EXPLODE("Blame" OR "Collective responsibility" OR "Criminal responsibility" OR "Diminished responsibility" OR "Fiduciary responsibility" OR "Filial responsibility" OR "Financial responsibility" OR "Home responsibility" OR "Individual responsibility" OR "Intergenerational responsibility" OR "Legal responsibility" OR "Ministerial responsibility" OR "Moral responsibility" OR "Multigenerational responsibility" OR "Parental responsibility" OR "Perceived responsibility" OR "Responsibility" OR "Selfblame" OR "Social responsibility") OR SU.EXACT.EXPLODE("Remorse") OR SU.EXACT.EXPLODE("Regret") OR SU.EXACT.EXPLODE("Empathy") OR	

	Databases	Actions
	SU.EXACT.EXPLODE("Collective guilt" OR "Guilt") OR SU.EXACT.EXPLODE("Distortion") OR SU.EXACT.EXPLODE("Neutralization theory") OR SU.EXACT.EXPLODE("Neutralization") OR denial OR denier OR minimi* OR justif* OR excuse OR responsibility OR remorse OR regret OR (victim empathy) OR guilt* OR (cognitive distortion) OR neutrali*ation) AND (SU.EXACT.EXPLODE("Long term recidivism" OR "Recidivism") OR SU.EXACT.EXPLODE("Relapse") OR SU.EXACT.EXPLODE("Reconvictions") OR recidivism OR (re-offen* or reoffen*) OR (re-arrest or rearrest) OR (re-convict* or reconvict*) OR breach OR (licence recall) OR relapse)	
S49	SU.EXACT.EXPLODE("Long term recidivism" OR "Recidivism") OR SU.EXACT.EXPLODE("Relapse") OR SU.EXACT.EXPLODE("Reconvictions") OR recidivism OR (re-offen* or reoffen*) OR (re-arrest or rearrest) OR (re-convict* or reconvict*) OR breach OR (licence recall) OR relapse	**4037***

	Databases	Actions
S48	relapse	**1975°**
S47	licence recall	**3°**
S46	breach	**516°**
S45	re-convict* or reconvict*	**150°**
S44	re-arrest or rearrest	**98°**
S43	re-offen* or reoffen*	**421°**
S42	recidivism	**1276°**
S41	SU.EXACT.EXPLODE("Reconvictions")	**53°**
S40	SU.EXACT.EXPLODE("Relapse")	**763°**
S39	SU.EXACT.EXPLODE("Long term recidivism" OR "Recidivism")	**875°**
S38	SU.EXACT.EXPLODE("Denial") OR SU.EXACT.EXPLODE("Minimization") OR SU.EXACT.EXPLODE("Justification" OR "Overjustification") OR SU.EXACT.EXPLODE("Excuses")	**20113 ***

	Databases	Actions
	OR SU.EXACT.EXPLODE("Blame" OR "Collective responsibility" OR "Criminal responsibility" OR "Diminished responsibility" OR "Fiduciary responsibility" OR "Filial responsibility" OR "Financial responsibility" OR "Home responsibility" OR "Individual responsibility" OR "Intergenerational responsibility" OR "Legal responsibility" OR "Ministerial responsibility" OR "Moral responsibility" OR "Multigenerational responsibility" OR "Parental responsibility" OR "Perceived responsibility" OR "Responsibility" OR "Selfblame" OR "Social responsibility") OR SU.EXACT.EXPLODE("Remorse") OR SU.EXACT.EXPLODE("Regret") OR SU.EXACT.EXPLODE("Empathy") OR SU.EXACT.EXPLODE("Collective guilt" OR "Guilt") OR SU.EXACT.EXPLODE("Distortion") OR SU.EXACT.EXPLODE("Neutralization theory") OR SU.EXACT.EXPLODE("Neutralization") OR denial OR denier OR minimi* OR justif* OR excuse OR responsibility OR remorse OR regret OR (victim empathy) OR guilt* OR (cognitive distortion) OR neutrali*ation	

	Databases	Actions
S37	neutrali*ation	**58°**
S36	cognitive distortion	**258°**
S35	guilt*	**1818°**
S34	victim empathy	**100°**
S33	regret	**412°**
S32	remorse	**75°**
S31	responsibility	**9229***
S30	excuse	**242°**
S29	justif*	**3771°**
S28	minimi*	**2754°**
S27	denier	**25°**
S26	denial	**1106°**
S25	SU.EXACT.EXPLODE("Neutralization")	**14°**

	Databases	Actions
S24	SU.EXACT.EXPLODE("Neutralization theory")	**3°**
S23	SU.EXACT.EXPLODE("Distortion")	**185°**
S22	SU.EXACT.EXPLODE("Collective guilt" OR "Guilt")	**370°**
S21	SU.EXACT.EXPLODE("Empathy")	**804°**
S20	SU.EXACT.EXPLODE("Regret")	**136°**
S19	SU.EXACT.EXPLODE("Remorse")	**18°**
S18	SU.EXACT.EXPLODE("Blame" OR "Collective responsibility" OR "Criminal responsibility" OR "Diminished responsibility" OR "Fiduciary responsibility" OR "Filial responsibility" OR "Financial responsibility" OR "Home responsibility" OR "Individual responsibility" OR "Intergenerational responsibility" OR "Legal responsibility" OR "Ministerial responsibility" OR "Moral responsibility" OR "Multigenerational responsibility" OR "Parental responsibility" OR "Perceived responsibility" OR "Responsibility" OR "Selfblame" OR "Social responsibility")	**1646°**

	Databases	Actions
S17	SU.EXACT.EXPLODE("Excuses")	**60°**
S16	SU.EXACT.EXPLODE("Justification" OR "Overjustification")	**369°**
S15	SU.EXACT.EXPLODE("Minimization")	**40°**
S14	SU.EXACT.EXPLODE("Denial")	**204°**
S13	SU.EXACT.EXPLODE("Juvenile sex offenders" OR "Paedophiliacs" OR "Sex offenders" OR "Violent sex offenders") OR SU.EXACT.EXPLODE("Acquaintance rape" OR "Date rape" OR "Drug rape" OR "Gang rape" OR "Male rape" OR "Marital rape" OR "Rape" OR "Serial rape") OR SU.EXACT.EXPLODE("Child sexual abuse") OR SU.EXACT.EXPLODE("Child sexual abuse" OR "Childhood sexual abuse" OR "Father-Daughter incest" OR "Incest" OR "Mother-Son incest" OR "Organized sexual abuse" OR "Sexual abuse" OR "Sexual grooming") OR (sex* offen*) OR rapist OR rapist OR rape OR (child molest*) OR p?dophil* OR (sex* abus*)	**9968***
S12	sex* abus*	**7114***

	Databases	Actions
S11	p?dophil*	**78°**
S10	child molest*	**238°**
S9	rape	**1495°**
S8	rapist	**200°**
S7	rapist	**200°**
S6	sex* offen*	**2472°**
S4	SU.EXACT.EXPLODE("Child sexual abuse" OR "Childhood sexual abuse" OR "Father-Daughter incest" OR "Incest" OR "Mother-Son incest" OR "Organized sexual abuse" OR "Sexual abuse" OR "Sexual grooming")	**3163°**
S3	SU.EXACT.EXPLODE("Child sexual abuse")	**1411°**
S2	SU.EXACT.EXPLODE("Acquaintance rape" OR "Date rape" OR "Drug rape" OR "Gang rape" OR "Male rape" OR "Marital rape" OR "Rape" OR "Serial rape")	**1007°**
S1	SU.EXACT.EXPLODE("Juvenile sex offenders" OR	**1333°**

	Databases	Actions
	"Paedophiliacs" OR "Sex offenders" OR "Violent sex offenders")	

NCJRS

Free text:

sex* offen*

denial

recidivism

Combined using "any" = 26 hits

Web of Science

Set	Results	
# 29	**157**	#28 AND #20 AND #7 *Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC* *Timespan=All years*
# 28	**119,483**	#27 OR #26 OR #25 OR #24 OR #23 OR #22 OR #21 *Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-*

SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

27 **675** ts=(re-offen* or reoffen*)

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

26 **259** ts=(rearrest or re-arrest)

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

25 **232** ts=(re-convict* OR reconvict*)

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

24 **95** ts=licence recall

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

23 **8,792** ts=breach

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

22 **105,769** ts=relapse

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

21 **4,678** ts=recidivism

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

20 **579,044** #19 OR #18 OR #17 OR #16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 OR #8

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

19 **35,815** ts=neutrali*ation

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

18 **1,461** ts=cognitive distortion

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

17 **10,937** ts=guilt*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

16 **421** ts=victim empathy

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

15 **4,345** ts=regret

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

14 **412** ts=remorse

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

13 **95,636** ts=responsibility

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

12 **1,781** ts=excuse

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

11 **93,374** ts=justif*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

10 **332,938** ts=minimi*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

9 **444** ts=denier

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

8 **9,861** ts=denial

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

7 **47,937** #6 OR #5 OR #4 OR #3 OR #2 OR #1

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

6 **934** ts=(pedophil* OR paedophil*)

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

5 **25,839** ts=sex* abus*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

4 **1,121** ts=child molest*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

3 **946** ts=rapist

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

2 **18,108** ts=rape

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

1 **6,460** ts=sex* offen*

Databases=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-

SSH, BKCI-S, BKCI-SSH, CCR-EXPANDED, IC

Timespan=All years

Appendix C

Inclusion/Exclusion Form

Reference:

Country:

Inclusion criteria	**Criterion met?**	**Comment**
Study design: Is the study a cohort, case control or cross-sectional design?	Yes Unclear Discuss No	
Population: Does the population consist of adult males aged 18 or older? **AND:**	Yes Unclear Discuss No	
Does the population consist of individuals who have been convicted or cautioned for a sexual offence, or a non-sexual offence with an	Yes Unclear	

underlying element; or individuals who self-report sexual offending?	Discuss No	
Outcomes: Has recidivism (re-conviction; police caution; breach of Community Order; breach of licence conditions; breach of SOPO; or self-report) been measured?	Yes Unclear Discuss No	
Exposure: Has denial (full or partial) or minimisation been measured? <u>Types of denial or minimisation include:</u> - past offending - risk of future offending - victim harm/injury - wrongness of offending - responsibility for offending	Yes Unclear Discuss No	

If all questions answered with yes, include study.

Appendix D

Data Extraction Form

General Information

Extraction date:

Author:

Title:

Source/year/volume/pages/country of origin:

Reviewer ID:

Notes

Specific information

Study characteristics

Re-verification of study eligibility

Population	Exposure	Outcome	Study design
( )	( )	( )	( )

Study design:

Population characteristics and exposure conditions

1. Target population:

2. Inclusion criteria

   population:

   exposure:

   outcome:

3. Reason for exclusion (*if applicable*):

4. Recruitment procedures (participation rates if available):

5. Were any potential participants excluded? Why?

6. Was there a control group?

7. Characteristics of participants before follow-up (*include details of control group if relevant*)

   Sample size:

   Age:

   Ethnicity:

   Setting (e.g. prison, community):

   Country/region:

Type of sexual offending:

How was sexual offending (population characteristic) measured:

Was recidivism risk measured? How?

Recidivism risk:

Other information:

Exposure

1. Definition of denial/minimisation:

2. How was denial/minimisation measured?

3. Who measured denial/minimisation?

4. What mediating variables were investigated (if any e.g. participation in treatment)

5. Notes

Outcomes and outcome measures

1. How was recidivism defined?

2. Who collected the recidivism data?

3. Were the assessors blind to denial/minimisation status?

4. How was recidivism measured?

5. How was the validity of self-reported behaviour maximised?

6. What was the length of follow-up to measure recidivism?
7. Drop-out rates and reasons for drop-out:
8. Notes

Analysis

1. Statistics used

2. Do the statistics adjust for confounding variables? And how?

3. How were missing data dealt with?

4. Notes

Conclusions

1. What were the main conclusions of the study?

2. Author correspondence required?

Appendix E

Quality Assessment Form – Cohort

	Y	P	N	U	**Comments**
Screening questions					
Did the study address recidivism by adult male sexual offenders?					
Did the study measure denial or minimisation?					
Was an appropriate study design employed to address the research question?					
Is the temporal relation correct? Did presence of denial and minimisation precede the recidivism outcome?					
Sampling and selection bias					
Were the denying/minimising participants representative of the population from which they were selected?					
Was the control group					

representative of the population from which it was selected?					
Was exclusion of participants from the denial/minimisation group done for valid reasons?					
Was exclusion of participants from the control group done for valid reasons?					
Was the control group appropriately matched to the denial/minimisation group (or were confounding variables adjusted for through statistical analysis)?					
Risk of selection bias?	*Low*		*Unclear*		*High*
Measurement bias for exposure					
Were denial and/or minimisation clearly defined?					
Was denial measured with a valid tool/procedure?					
Was an objective tool/procedure used to measure denial?					
Was minimisation measured with					

a valid tool/procedure?					
Was an objective tool/procedure used to measure minimisation?					
Were denial and minimisation measured in the same way for all participants?					
Was the cohort study prospective?					
Risk of measurement bias?			*Low*	*Unclear*	*High*
Measurement bias for outcome					
Was recidivism measured using a valid tool/procedure?					
Was recidivism measured with an objective tool/procedure?					
Was a reliable system in place for detecting all occurrences of recidivism?					
Were the measurement methods the same for all participants?					
Was the recidivism assessor blind to denial and minimisation status?					
Has the study accounted for					

potential confounding variables in measuring outcome?					
Was the follow-up period the same for all participants (or analysis was adjusted to allow for differences in length of follow-up)?					
Risk of measurement bias for outcome? Low Unclear High					
Attrition bias					
Were the groups comparable in terms of the availability of outcome data (i.e. there were no important or systematic differences between groups in terms of those for whom outcome data were not available)?					
Was analysis adjusted to control for sample attrition?					
Risk of attrition bias? Low Unclear High					
Other issues					
Was the statistical analysis appropriate?					

- *Were assumptions of the data tested (e.g. normality etc)*					

Summary

Overall quality

Risk of bias in different domains

Y = Yes

P = Possible

N = No

U = Unclear

Appendix F

Quality Assessment Form – Case Control

	Y	P	N	U	**Comments**
Screening questions					
Did the study address recidivism by adult male sexual offenders?					
Did the study measure denial or minimisation?					
Was an appropriate study design employed to address the research question?					
Is the temporal relation correct? Did presence of denial and minimisation precede the recidivism outcome?					
Sampling and selection bias – cases					
Were the cases (recidivists) representative of the population from which they were selected?					
Was exclusion of cases done for valid reasons?					

Was the control group representative of the population from which it was selected?					
Was exclusion of controls done for valid reasons?					
Are cases (recidivists) clearly defined and differentiated from controls (non-recidivists)?					
Were the cases appropriately matched to the controls (or were confounding variables adjusted for through statistical analysis)?					
Risk of selection bias?	*Low*		*Unclear*		*High*
Measurement bias for exposure					
Were denial and/or minimisation clearly defined?					
Was denial measured using a valid tool/procedure?					
Was denial measured using an objective tool/procedure?					
Was minimisation measured using a valid tool/procedure?					

Was minimisation measured using an objective tool/procedure?					
Were denial and minimisation measured in the same way for all participants?					
Risk of measurement bias?			*Low*	*Unclear*	*High*
Measurement bias for outcome					
Was recidivism measured with a valid tool/procedure?					
Was recidivism measured with an objective tool/procedure?					
Was a reliable system in place for detecting all occurrences of recidivism?					
Were the measurement methods the same for all participants?					
Was the recidivism assessor blind to denial and minimisation status?					
Has the study accounted for potential confounding variables in measuring outcome?					

Was the follow-up period the same for all participants (or analysis was adjusted to allow for differences in length of follow-up)?					
Risk of measurement bias for outcome? Low Unclear High					
Other issues					
Was the statistical analysis appropriate? - *Were assumptions of the data tested (e.g. normality etc)*					
Summary **Overall quality** **Risk of bias in different domains**					

Y = Yes

P = Possible

N = No

U = Unclear

Appendix G

Quality Assessment Form – Cross-sectional

	Y	P	N	U	**Comments**
Screening questions					
Did the study address recidivism by adult male sexual offenders?					
Did the study measure denial or minimisation?					
Was an appropriate study design employed to address the research question?					
Sampling and selection bias					
Were the participants representative of the population from which they were selected?					
Risk of selection bias?	*Low*		*Unclear*		*High*
Measurement bias for exposure					
Were denial and/or minimisation clearly defined?					
Was denial measured with a valid tool/procedure?					

Was denial measured with an objective tool/procedure?					
Was minimisation measured with a valid tool/procedure?					
Was minimisation measured with an objective tool/procedure?					
Were denial and minimisation measured in the same way for all participants?					
Risk of measurement bias?			*Low*	*Unclear*	*High*
Measurement bias for outcome					
Was recidivism measured with a valid tool/procedure?					
Was recidivism measured with an objective tool/procedure?					
Was a reliable system in place for detecting all occurrences of recidivism?					
Were the measurement methods the same for all participants?					
Was the recidivism assessor blind to denial and minimisation status?					

Has the study accounted for potential confounding variables in measuring outcome?					
Risk of measurement bias for outcome? Low Unclear High					
Other issues					
Was the statistical analysis appropriate? - *Were assumptions of the data tested (e.g. normality etc)*					
Summary **Overall quality** **Risk of bias in different domains**					

Y = Yes

P = Possible

N = No

U = Unclear

Appendix H

Sex Offender Punitiveness Scale

1. I'd consider volunteering my time or donating my money to an organisation that supported toughening the sentencing laws for sexual offences in the UK
2. We should bring back the death penalty for serious sexual crimes
3. With most sex offenders, we need to condemn more and understand less
4. My general view towards sex offenders is that they should be treated harshly
5. Sex offenders in prison should have access to televisions or gym facilities (reverse-scored)
6. If prison has to be used for sex offenders, it should be used sparingly and as a last option (reverse-scored)
7. I'd consider volunteering my time or donating money to an organisation that supported alternatives to prison for sex offenders (reverse-scored)
8. Probation or a community sentence (rather than prison) is appropriate for a person found guilty of a sex offence for a second time (reverse-scored)

Appendix I

Sex Offender Dispositional Attributions Scale

1. Sexual crimes are mostly a product of a person's circumstances and social context (reverse-scored)
2. Sexual offending is a choice – a person's social circumstances aren't to blame
3. People commit sexual offences because they want to

Appendix J

Belief in Sex Offender Redeemability Scale

1. Most sex offenders can go on to lead productive lives, with help and hard work
2. Even the worst young sex offenders can grow out of criminal behaviour
3. Most sex offenders really have little hope of changing for the better (reverse-scored)

Appendix K

Community Attitudes Towards Sex Offenders Scale

1. With support and therapy, someone who has committed a sexual offence can learn to change their behaviour (reverse-scored) **CC**
2. People who commit sex offences should lose their civil rights (e.g. voting and privacy) **CC**
3. People who commit sex offences want to have sex more often than the average person **DV**
4. A lot of sex offenders use their victims to create pornography (reverse-scored) **SD**
5. Sexual fondling (inappropriate unwarranted touch) is not as bad as rape **DV**
6. Sex offenders prefer to stay at home alone rather than be around lots of people **SI**
7. Most sex offenders do not have close friends **SI**
8. Sex offenders have difficulty making friends, even if they try really hard **SI**
9. The prison sentences sex offenders receive are much too long when compared to the sentence lengths for other crimes (reverse-scored) **SD**

10. Sex offenders have high rates of sexual activity **DV**
11. Trying to rehabilitate a sex offender is a waste of time **CC**
12. Sex offenders should wear tracking devices so their location can be pinpointed at any time **CC**
13. Only a few sex offenders are dangerous (reverse-scored) **SD**
14. Most sex offenders are unmarried men **SI**
15. Someone who uses emotional control when committing a sex offence is not as bad as someone who uses physical control when committing a sex offence (reverse-scored) **SD**
16. Most sex offenders keep to themselves **SI**
17. A sex offence committed against someone the perpetrator knows is less serious than a sex offence committed against a stranger (reverse-scored) **SD**
18. Convicted sex offenders should never be released from prison **CC**

SI – social isolation

CC – capacity to change

SD – severity/dangerousness

DV – deviancy

Appendix L

Structured Assessment of Risk and Need – Risk and Success Factors

Table L.1

Summary of the SARN Dynamic Risk and Success Factors

Risk Factors	
Sexual Interest	• *Thinking about sex all the time* • *Liking sex with children* • *Liking sex to include violence* • *Other sexual interests that are related to offending*
Offence-supportive Attitudes	• *Thinking men should be in charge* • *Thinking men should have sex whenever they want* • *Thinking that sex with children, o rape, is ok* • *Thinking women can't be trusted*
Socio-affective Functioning	• *Feeling lonely and bad about yourself and like you can't change things* • *Feeling better with children than adults*

	• *Feeling angry and suspicious all the time and wanting to get your own back* • *Having close friends and family who commit crime* • *Not having a close relationship with an adult*
Self-management	• *Rushing into things without thinking them through* • *Not dealing well with life's problems* • *Having big problems controlling feelings*
Success Factors	
Purpose	• *Being a responsible member of society, sticking to rules and getting on with people who are supporting me* • *Actively changing my life for the better by working on the things that led me to offend in the past* • *Having a job or being busy*

Appendix M

RM2000 Items and Scoring Criteria

Table M.1

RM2000/s: Step One

Item	**Scoring System**
Age	18-24 = 2 points; 25-34 = 1 point; 35+ = 0 points
Sexual Sentencing Appearances	1 = 0 points; 2 = 1 point; 3 or 4 = 2 points; 5+ = 3 points
Criminal Sentence Appearances	0-4 = 0 points; 5+ = 1 point

Table M.2

RM2000/s: Initial Risk Category

Total Points for Step One	**Initial Risk Category**
0	Low
1-2	Medium
3-4	High

5-6	Very High

Table M.3

RM2000/s: Step Two

Aggravating Factor	**Scoring System**
Any male victim?	No = 0 points; Yes = 1 point
Any stranger victim?	No = 0 points; Yes = 1 point
Absence of 2 year live-in relationship?	No = 0 points; Yes = 1 point
Any non-contact offence?	No = 0 points; Yes = 1 point

None or one aggravating factor present = keep initial risk category

Two or three aggravating factors present = increase risk category by one

Four aggravating factors present = increase risk category by two

Table M.4

RM2000/v

Item	**Scoring System**
Age	18-24 = 3 points; 25-34 = 2 points; 35-44 = 1

	point; 45+ = 0 points
Violent Sentencing Appearances	0 = 0 points; 1 = 1 point; 2 or 3 = 2 points; 4+ = 3 points
Any burglary conviction?	No = 0 points; Yes = 2 points

Table M.5

RM2000/v: Risk Category

Total Points	**Risk Category**
0-1	Low
2-3	Medium
4-5	High
6+	Very High

Table M.6

RM2000/c: Scoring System

S or V Scale Risk	**Low**	**Medium**	**High**	**Very High**

Category				
C points for S scale	0	1	2	3
C points for v scale	0	1	2	3

Table M.7

RM2000/c: Risk Category

Total Points	**Risk Category**
0	Low
1	Medium
2	Medium
3	High
4	High
5	Very High
6	Very High

Appendix N

Structure of the WAIS-IV

Table N.1

Structure of the WAIS-IV

	Index	Subtests
Full Scale IQ	Verbal Comprehension	• Similarities • Vocabulary • Information • *Comprehension (supplemental)*
	Perceptual Reasoning	• Block Design • Matrix Reasoning • Visual Puzzles • *Figure Weights (supplemental)* • *Picture Completion (supplemental)*
	Working Memory	• Digit Span • Arithmetic • *Letter-Number Sequencing*

	(supplemental)
Processing Speed	• Symbol Search • Coding • *Cancellation (supplemental)*

Appendix O

Summary of RSFA Psychometric Assessments

Reduced Adapted NOTA 1

Originally developed by the National Organisation for the Treatment of Abusers. Qualitative information gathering tool relating to childhood experiences, employment, drug and alcohol use and relationships.

Adapted Self-esteem Questionnaire

8 item measure of self-esteem, using a dichotomous response scale – yes/no. Based on self-esteem scale by Thornton, Beech and Marshall (2004)

Adapted Impulsivity Scale

13 item measure of impulsiveness, using a dichotomous response scale – yes/no. Based on impulsivity scale by Eysenck and Eysenck (1978).

Adapted Ruminations Scale

15 item scale measuring tendency to ruminate angrily and bear grudges, using a dichotomous response scale – yes/no. Based on Capara's (1986) dissipation-rumination scale.

Adapted Openness to Women Scale

9 item measure of ability to get emotionally close to women, using dichotomous yes/no scale. Based on scale of Underhill, Wakeling, Mann and Webster (2008).

Adapted Openness to Men Scale

9 item measure of ability to get emotionally close to men, using dichotomous yes/no scale. Based on scale of Underhill et al. (2008).

Sex Offenders Opinion Test

20 item measure of attitudes about victims of sexual offences. Comprises two subscales – deceitful women and children; and children, sex and the law. Responses are on a 5 point Likert scale, from strongly disagree to strongly agree. Adapted from Bray et al. (undated).

My Private Interests Measure

54 item measure of sexual interests comprising four subscales: sexual preference for children; sexual preference for violence, obsessed with sex and other offence-related sexual interests. Uses a dichotomous yes/no response scale. Developed by the prison service (Williams, 2005).

Appendix P

Copy of RSFA Interview

The below questions formed the semi-structured RSFA interview. Additional information was sought based on the responses given by Mr Smith.

- **Actively changing my life for the better by working on the things that led me to offend in the past**
  - Do you like to plan ahead for things? Examples
  - What do you want from your life?
  - How would you like your life to be in X years time?
  - How well did you plan your life in the past? Example?
  - What things in your life make you happy?
  - What more do you want from your life?
  - When life is difficult and things don't quite go as you hoped, how do you react? What examples do you have from your past?
  - Do you think that this is a New Me strength that you already have/ would like to work on? How can we help you?

- **Being a responsible member of society, sticking at things and getting on with people who are supporting me**
  - What does it mean to be a responsible member of society? (You may need to expand on this so that the meaning is clear)

- Is this a role you have had in the past? Is this something that you would like in the future?
- What responsibilities did you have? Work? Hobbies? Helping others?
- Are there any examples from your past show that you have stuck at something?
- What interest do you have in developing skills in this area?
- Do you think that this is a New Me strength that you already have/ would like to work on? How can we help you?
- How do you feel about having to stick to rules?
- What sort of rules do you think we are talking about here?
- How good are you at sticking to rules? What rules have you stuck to in the past? Examples
- How are you getting on with your supervising probation officer/ OM?
- Generally how have you got on with people who have supervised you in the past? Examples
- How can supervision help you best?
- Do you think that this is a New Me strength that you already have/ would like to work on? How can we help you?

- **Having a job or being busy**
- Have you ever worked? Had a job?
- What job/role does he currently have?
- Do you have any commitments?

- What hobbies do you have?
- How did you fill your day (at the time of the offending)?
- How do you fill your day now?
- Do you think that this is a New Me strength that you already have/ would like to work on? How can we help you?

- **Feeling lonely and bad about yourself and like you can't change things**
  - Would you describe yourself as a lonely person? Why?
  - What do you like most about yourself?
  - What do your friends/ family like about you?
  - What don't you like about yourself?
  - Is there anything that other people don't like about you?
  - *If client describes particularly high or low self esteem*: Have you always felt that way about yourself?
  - Would you say that things have gone wrong in your life more than for other people? Why do you think that is?
  - How were you feeling at the time just before you offended? Show his life map if needed to focus his attention
  - How were you feeling when you committed your offence?
  - Do you think this played a part in your offending?

- **Not having a close relationship with an adult**

- When in your life have you felt close to another person?
- Who was this person?
- What was special about this time for you?
- How long did it last? (If in past)
- What went wrong and why did it not feel close anymore?
- Do you feel you have enough close relationships in your life?
- Do you find it easy to get close to people?
- Was there ever a time when have not had a close relationship when you wanted one?
- Do you think this played a part in your offending?

- **Having close friends and family who commit crime**
- Have any of your friends or family been cautioned or convicted of offences? What sort?
- What do you think your family think about crime in general?
- What about your friends?
- Are there any sorts of crime your friends or your family would think was okay? What sort? Why would they think it was okay?
- Have your family or friends ever encouraged you commit crime? Tell me a bit about this.
- Do you think this has played a part in your offending?

- **Feeling angry and suspicious all the time and wanting to get your own back**
  - Have you ever felt that someone has done something badly wrong to you?
  - How did this affect you?
  - When someone does a bad thing to you or someone that you care about, what do you do?
  - Can you give me an example of a time when someone did you wrong?
  - What do you think about it now?
  - How often do you think about it now?
  - Had anybody done anything bad to you in the lead up or before you offended?
  - Do you think that this played a part in your offending?

- **Feeling better with children than adults**
  - Have you ever felt that you got on better with children than with adults? If so who?
  - How did that make you feel?
  - What made you feel close to the child?
  - Was this a part of your offending?

- **Rushing into things without thinking them through**

- Would you say that in your life you have tended to rush into things or do you think you have planned most things in your life?
- What sorts of things have you rushed into?
- Do you think your offending was an example of this?

- **Not dealing well with life's problems**
- Can you think of any problems that you had in your life, before you committed your offence? What were they?
- What problems did you have in the lead up to your offence?
- Can you think of any ways that you had tried to solve these problems?

- **Having big problems controlling your feelings**
- Would you say you have a bad temper? Tell me about some of the times when you have lost your temper.
- What kinds of things cause you to lose your temper
- What do you do when you lose your temper?
- Have you ever got into any kind of trouble as a result of losing your temper?
- In the few months before you committed your offence, how often would you say you lost your temper/ Was this more or less than usual?
- How bad has your temper been (scale 1 – 10) in various different situations e.g. as a child? Teenager? School? On a night out? With partner? With your own children? Ask for examples.

- If you never get angry, why do you think that is?
- Do have any fears about what might happen if you let other people see you crying, getting upset or angry?
- When you were a child, and you got angry, upset or cried etc, what did your parents [or parent figures] do about it?
- Are there any other feelings you have now which worry you?
- At the time of the offending, what feelings did you have?
- How did you try and cope with your strong feelings at that time?

- **Thinking men should be in charge**
- For heterosexual clients only (include homosexual clients if they have had sexual relationships with women in the past) What is intimacy? What does it mean to be in an intimate or close sexual relationship with another adult? What would happen in an intimate relationship?
- What are the things a man should do in a close sexual relationship?
- What things should a woman do in a close/sexual relationship?
- If applicable - In your close/sexual relationships, were you happy with what you and your partner did? If not – why not? How would you like them to have been?
- Have you ever wished to be more in control of a partner? Why did you want more control?
- What is the most important thing about being a man?
- What is the least important thing about being a man?

- Tell me about a male figure that you look up to. What do you like about them?
- Tell me about a female figure that you look up to. What do you like about them?
- Tell me about a male figure that you dislike. What do you dislike about them?
- Tell me about a female figure that you dislike. What do you dislike about them?

- **Thinking sex with children, or that rape is ok**
- Think about the person you offended against. Was there anything about him or her that made you think that sexual contact with them would be okay?

<u>Individuals with child victims</u>

- If an adult behaves in a sexual way with a child, how might it affect the child?
- Do you think the child will be hurt? If yes, what harm would be caused?
- Do you think the child might be ok about it? Tell me more
- Do you think the child might enjoy it? Tell me more
- At what age do you think children are ready for sex?

<u>Individuals with adult victims</u>

- At the time of your offence, did you know that the person involved did not want to have sex with you?
- If yes, what thoughts did you have that meant you went on to have sex with them anyway?
- If no, why not? What made you confused or think they might want to have sex with you?
- How far would you say that you had sex with your victim because you couldn't have sex any other way?
- What do you think it means to 'rape' someone? Do you think your offence fits with this?
- Is rape all the same, or are some kinds of rape different to others?
- What kind of person would be most harmed by rape? What kind of person would be least harmed by rape?

- **Thinking men should have sex whenever they want**
- At the time of the offence, did you know that the victim did not want to have sex with you? If yes – what did you say to yourself to make it ok to have sex anyway? If no – why not? What things made you confused and think the person might want to have sex with you?
- What were the reasons why you wanted to have sex?
- How much do you blame the offending on not being able to have sex with your partner/ someone you wanted to have sex with?
- What does the word 'rape' mean?

- What does the words 'sexual assault' mean?
- Do you think your offence was rape or sexual assault? Can you tell me why?
- Are all rapes the same or are some worse than others?
- Would a woman be harmed by being raped?
- If yes – why do you think she would be harmed?
- If no – why do you think she would not be harmed?

- **Thinking women can't be trusted**
- Who have been the most important women in your life? (Include both positive and negative examples)
- What are your views and beliefs about women in general?
- Do you find it easy to trust women? Why or why not?
- What sorts of women would you be most likely to trust?
- Which women would you be least likely to trust?
- Have there been times when you have found it hard to know what a woman is really thinking? If yes, when do you find this hard?
- Have there been times when you have known what a woman is thinking? If yes when do you know what a woman is thinking?

- **Thinking about sex a lot**
- Tell me about the first time you had sex? Who was it with? How did it feel?

- Tell me about your most important time you had sex? Who was it with? Why was that time important to you?
- At what age did your body change and you started growing hair around your private parts? What do you remember about that time in your life?
- Were there any other important things that happened to you?
- Do you remember when you started to masturbate? What kinds of sexy thoughts did you have when you did this?
- How have those sexy thoughts changed as you have got older?
- How often did you masturbate as a teenager?
- As a teenager, did you feel that you were more interested in sex than other boys of your age? Did you feel less interested in sex than other boys of your same age?
- How often do you masturbate now?
- Do you feel you are more interested in sex than other men your age? Do you feel you are less interested in sex than men your age?
- Over your whole life how many people have you had sex with? [approximately]
- Out of these how many would you say you were in love with? How many were you in a close sexual relationship with?
- How many times did you just have sex with a person on one night and not see them again?

- **Other sexual interests that are related to offending**
  - When you have sex what things do you like to do? [sexual acts, positions –in reality or masturbating]?
  - Is there anything you would not do when you are having sex?
  - How often would you like to have sex?
  - When you had sex with; - partners or on one night stands, have you ever done the following: Been tied up, Had sex when angry with a partner, Not been sure that your partner wanted to have sex with you? Been violent or aggressive.
  - Is there anything else about your sex life, or your sexy thoughts that you think might be relevant to your offending, or which you don't understand, or which is important in some way?
  - Have there been any times in your life when you have not had sex regularly? When was that? How did that make you feel at the time?

- **Liking sex with children**
  - How many children have you looked at and had sexy thoughts about?
  - What sort of sexy thoughts do you have about children?
  - Over your whole life, how many children [under 14] have you touched in a sexy way? Not just those that you have been in trouble for. *[Names/details should not be sought, but if they are volunteered, warn the client that you would be obliged to disclose that information to the Police].*

- Can you tell me about what you liked about a child you had sexual contact with?
- What was it about your victim that led you to offend against them?
- What did you do when you offended against them?
- What part of the offence did you like the most? Why do you think that was?
- In your offence you did …… [raise any specific offence behaviours where motivation was not obvious] Why do you think you did that?
- Was there anything else you would have liked to have done but didn't?
- Have you had sexy thoughts about having sex whilst in Prison? Tell me about the sexy thoughts you have had.

- **Liking sex to include violence**
- What was it about your victim that led you to offend against them?
- What sort of sexy thoughts did you have about them?
- What part of the offence did you like the most? Why do you think that was?
- What sexy thoughts about having sex did you have before you offended?
- Have you had sexy thoughts about having sex whilst in Prison? Tell me about the sexy thoughts you have had.
- In your offence you did ……[raise any specific offence behaviours where motivation was not obvious]

- Why do you think you did that?
- Is there anything about your own offences that makes it less bad than other sex offences?
- Why did you commit this offence?

Appendix Q

RSFA Scoring Guidelines

Risk Factors

Each of the 16 risk factors is scored based on 'generality' (general life) and the 'offence chain' (six months leading up to offending and period of offending). Table P.1 illustrates the scoring guidance.

The generality scores take into account the number of victims and length of time which the sexual offending spans. This means that a risk factor can be scored as a '1 or '2' in generality on the basis of the offending pattern, even if there is no other evidence of its presence in general life. In Mr Smith's case, the fact he had offended against four victims over a three year period drove the scoring of the risk factors in generality.

In line with the scoring guidance, risk factors prioritised for treatment were those in which a '2' was awarded in generality along with a '2' or '1' in the offence chain. Next, priority was given to risk factors awarded a '1' in generality along with a '2' in the offence chain. Finally, potential treatment needs were deemed to be those in which Mr Smith had a '1' in both generality and the offence chain. This prioritisation strategy ensured that treatment targeted the risk factors which had been

present in offending, but had also been persistent and pervasive in Mr Smith's general life.

Table Q.1

Scoring System for SARN Risk Factors

Generality	**Score Description**
2 - Really important part of life generally	The risk factor is a really important part of life generally and can clearly be seen at different times and in different situations across life.
1 - Part of life generally but not a really important part	The risk factor is part of the offending against at least 2 victims OR the risk factor can be seen in *one* part of life (e.g. work or relationship) or during a *certain* time period.
0 - Not present	The risk factor is not part of life generally.
Offence Chain	**Score Description**
2 - Really important part of offending	The risk factor played a big role in the offending. If this risk factor had not been there the offence would probably not have happened.
1 - Part of offending but not the most	The risk factor played a role in the offending. If this risk factor had not been there, the offence may not

important part	have happened.
0 - Not part of offending	No evidence that the risk factor was part of the offending

Success Factors

The RSFA grid also included a section pertaining to success factors, with each factor split into 'generality' (Mr Smith's general life) and 'now' (six months leading up to the start of treatment). As for the risk factors, each success factor was awarded a score using a three-point scale (see Table P.2).

Table Q.2

Scoring System for Success Factors

Generality	**Score Description**
2 - Really strong part of life generally	The factor is a really strong part of life generally and can be seen at different times across life
1 - Part of life generally but not always there	The factor has sometimes been a part of life

0 - Not present	The factor is not a part of life generally
Now	
2 - Strong part of life now	The factor is a big part of life already
1 - Partly there now	The factor is part of life but could be made stronger
0 - Not there now	The factor is not part of life now

Appendix R

Mr Smith's RSFA Grid

SEXUAL INTERESTS
Thinking about sex a lot – generality
Evidence For This risk thing played a role in sexual offences against four victims which took place over a three year period (see offence chain). *Pre Course Assessments* The pre-course assessments showed a treatment need in this area. Mr Smith's answers suggest he thinks about sex a lot of the time. He reported occasionally using pornography and occasionally having had more than one separate sexual relationship at the same time. *RSFA Interview* Mr Smith said he thinks he used to masturbate "quite a bit", though he was unsure. Evidence Against *Pre Course Assessments* Mr Smith said that he has never had sex with prostitutes, prostituted

himself or engaged in group sex.

RSFA Interview

In his pre-course assessments, Mr Smith said that he was 20 – 22 when he first had sex. However, during the RSFA interview he said he was 16 or 17 and it was with his girlfriend. He said that he has had full sex with two girlfriends and "messed about" with a few others. He was unsure of the exact age but thought he might have been around 15 when he started to masturbate – "I used to do it a few times but didn't think much of it". He did not feel he was particularly interested in sex as a teenager compared to his peers. He did not think he was more interested in sex than other men his age now. He said that he was not really bothered when he was not having sex regularly, although he thought this played a part in his offending.

<u>Summary</u>

Mr Smith has not had a high number of sexual partners and does not report a high level of interest in sex. However, the formal assessments indicate a treatment need and this risk factor played a role in offences against four victims spanning a three year period. This risk factor is therefore scored as a really important part of his life generally.

Thinking about sex a lot – offence chain

Evidence For

Pre Course Assessments

Mr Smith said that he asked the victims if they liked what he was doing, but they said "no" – "I kept carrying on and saying "Don't you like it?"" This suggests that Mr Smith was not put off offending by barriers that he came across.

RSFA Interview

Mr Smith said that he tried to have sex with the victims because he could not get sex from any other person. He said he was seeing someone "on and off" at the time. He said that sexy thoughts about offending were on his mind a lot before he offended.

Court Documents

The youngest male victim stated he shouted for his mother during the offence, but she did not wake up. The older male victim said that he was screaming for help during the offence. This suggests further barriers were present which did not stop Mr Smith from offending. The offences involved both male and female children and together show a variety of sexual offences including digital penetration, oral sex and rape.

BNM Sessions

In the months leading up to his sexual offending, Mr Smith watched

pornography involving adult men and women and masturbated to this around two to three times a week. He said he would sometimes have sex with a girl of a similar age to him who he described as an "on/off" girlfriend. Mr Smith said he was having sexual contact with an adult male neighbour just prior to offending. He felt afraid of this neighbour and views this as abuse now. However, at the time, he enjoyed the sexual contact and said it made him feel "randy" and think "I want more sex". He started thinking about sex a lot. Before offending, Mr Smith said he was thinking about sex with the oldest female victim, thinking "I want sex. I don't care where I get it from". He said these thoughts happened because he felt so strongly sexually excited at the time.

Evidence Against

No evidence against

Summary

Mr Smith was not distracted from thoughts of offending when he encountered barriers, such as the victims' verbal distress. He reports that he was having a lot of sexy thoughts before offending and did not care who he got sex from. Although not at a high frequency, he was viewing pornography and masturbating to these impersonal sexual stimuli before offending. It seems unlikely that the offending would have happened if Mr Smith was not thinking about sex as often. This risk factor is scored

as a really important part of the offending.

Liking sex with children – generality

Evidence For

Mr Smith was convicted of sexual offences against two males and two females aged between 3 and 10 years. The offences took place over a three year period.

Evidence Against

Pre Course Assessments

The pre course assessments did not show a treatment need.

RSFA Interview

Mr Smith said that he only has sexy thoughts about the four victims, not children more generally. He described having sexual relationships with two females of a similar age to himself.

Summary

Mr Smith meets three of the four criteria of the Screening Scale for Paedophilic Interest. These are: having a male victim; having more than one child victim; and having a victim aged 11 or younger. All the victims were his relatives. He offended against four pre-pubescent children over a three year period and a sexual interest in children appears to have been

an important part of the offending. As this risky thing is present in offences against four victims spanning three year period, it is scored as a really important part of life generally.

Liking sex with children – offence chain

Evidence For

Pre Course Assessments

Mr Smith said he started having sexy thoughts about the youngest three victims as soon as they moved into his father's house. He initially said he was not in a sexual relationship with an adult; during treatment, he said he was in an on/off relationship. A sexual preference may have led to a lack of interest in sexual activity with adults.

OASys

The victims were aged between 3 and 10 at the time of offending.

BNM SOTP

Mr Smith said he thought about touching the male victims and sucking their penises. He thought "I like him in shorts – I like his legs" and "I want to touch him". He then ran his hands up the victim's leg and offended against him.

Evidence Against

BNM SOTP

In the months leading up to offending, Mr Smith watched adult pornography.

Summary

Mr Smith has committed sexual offences against four pre-pubescent male and female children over a three year period, with one victim being only three years old. It seems unlikely that he would have committed these offences in the absence of a sexual interest in children. This risky thing was scored as a really important part of the offending.

Liking sex with violence – generality

Evidence For

This risky thing featured in offending against at least three victims over a three year period.

Evidence Against

Pre Course Assessments

The pre course assessments did not show a treatment need.

RSFA Interview

He said he never engaged in bondage, never had sex with a partner when feeling angry with them, has never had sex when he has been unsure if

his partner wanted to, and has never been violent during sex. He said he would not mind how often he had sex as long as the other person wanted to as well.

Summary

There is no evidence of this risk factor in general life. However, it featured in offending against three victims over a three year period. On balance, it is scored as part of general life but not really important.

Liking sex with violence – offence chain

Evidence For

Court Documents

The two male victims said that they shouted or screamed for help while the offences were taking place. Mr Smith continued to offend when this was happening until he was disturbed by a noise downstairs. The oldest female victim said she cried for him to stop during the offending. He continued to have sex with her.

Evidence Against

Pre Course Assessments

Mr Smith said he thought the victims might enjoy the offending and he asked them throughout whether they were enjoying it. This suggests he was seeking consenting behaviour rather than enjoying the victims' non-

consent.

Court Documents

On one occasion, Mr Smith placed sticky tape or something similar over the mouth of one of the male victims when he was shouting for help. This suggests he was trying to stop the victim from alerting anyone and does not suggest his sexual arousal was increased by this act. Mr Smith denied sticking anything over the victim's mouth.

Summary

There is mixed evidence for this risky thing. Three of the victims reported showing clear signs of non-consent during the offending, which did not stop Mr Smith from continuing. However, this distress does not appear to have increased Mr Smith's arousal. On balance, this is scored as part of the offending but not the most important part.

Other sexual interests related to offending – generality

Evidence For

Court Documents

Mr Smith's sister said he tended to hang around with females aged 13 or 14. She reported him to social services on one occasion over concerns. This has been scored in relation to feeling better with children.

Evidence Against

Pre Course Assessments

The pre course assessments did not show a treatment need. Mr Smith did not report any fetishes.

Summary

There is no evidence of a specific sexual interest in teenagers or other offence-related interests. This is scored as not present.

Other sexual interests related to offending – offence chain

Evidence For

No evidence for

Evidence Against

Mr Smith offended against pre-pubescent children.

Summary

There is no evidence of this risk factor in the offending.

OFFENCE-SUPPORTIVE ATTITUDES

Men should be in charge – generality

Evidence For

RSFA Interview

Mr Smith said a woman's job in a family is to do most of the cleaning and shopping. However, he said that men could do things like "cook you meals, make sure you go to bed on time and up for school". He said it is ok for a woman to go out to work but if she has children she should stay at home and look after them or get a babysitter.

Evidence Against

RSFA Interview

Mr Smith said a man should respect a woman's feelings when he is in a relationship, as well as the feelings of other people in the family. He felt that a woman should do the same. He said a man should not be rough during sex – "should be handling it with a bit of care cos then it's better for the person he is making love to". He did not wish he had been more in control of either of his girlfriends. Mr Smith said he does not like men who are aggressive and have got no sense of humour.

Summary

There is some minor evidence of this area. However, Mr Smith believes that men and women should be respectful of each other and showed concern for a female's experience of sex. On balance, this risk factor is scored as not present.

Men should be in charge – offence chain
No evidence of this risk factor.
Men should be able to have sex whenever they want – generality
Evidence For No evidence for Evidence Against *RSFA Interview* Mr Smith said a woman should tell a man to stop or get off if she does not want sex. Summary There is no evidence of this risky thing. It is scored as not present.
Men should be able to have sex whenever they want – offence chain
Evidence For *BNM SOTP* Before offending against the oldest victim, Mr Smith thought "I'm in charge" and "I can, because I'm older and she's younger". Evidence Against

No evidence against

Summary

There is some evidence that Mr Smith thought his needs were more important than the victim's. However, there is no clear evidence of entitlement. On balance, this is scored as not part of the offending.

Thinking sex with children or rape is ok – generality

Evidence For

No evidence for

Evidence Against

Pre Course Assessments

The assessments did not show a treatment need. Mr Smith said he knows offending is wrong – "it's not a good thing, it's bad". He said children would get hurt if adults touch them in sexual ways – "they'll hurt their feelings". Mr Smith said a child would not like being touched in a sexual way because they do not know much about sex or understand it.

OASys

Mr Smith was able to explain the difference between sex and rape. He said sex should be between adults, not adults and children.

Summary

There is no evidence of these beliefs in general life. This risky thing featured in offences against four victims over three years, it is therefore scored as a really important part of life generally.

Thinking sex with children or rape is ok – offence chain

Evidence For

Pre Course Assessments

Mr Smith said he offended because he wanted to "see what it was like and to see if they would like it or not". This suggests he believed there was potential for the victims to enjoy the offending. He said he was not sure whether the oldest victim enjoyed the offending as she was not shouting or screaming. He said he did not know he was doing anything wrong at the time.

BNM SOTP

Mr Smith thought one male victim enjoyed the offending because the victim got an erection when Mr Smith masturbated him.

Evidence Against

Court Documents

The youngest male victim reported that Mr Smith told him to be quiet and not tell anyone about the offending. This suggests he knew his behaviour was wrong. The two male victims reported screaming and shouting. He

continued to offend despite the victims responding this way.

Summary

Mr Smith thought the victims would enjoy the offending. However, there is evidence that he knew his behaviour was wrong and took steps to prevent the victims telling others about the abuse. The available evidence suggests other risk factors were more central. On balance, this area is scored as part of the offending but not the most central part.

Women can't be trusted – generality

Evidence For

Pre Course Assessments

The assessments showed a treatment need in this area.

RSFA Interview

Mr Smith said he finds it hard to trust women, particularly when in a relationship. He said he finds it hard to know what a victim is thinking.

Evidence Against

RSFA Interview

Mr Smith said some women are nice – "some you can trust, some you can't".

Summary

There is some evidence that Mr Smith finds it difficult to trust women. However, he does not seem to believe that women in general are deceptive or play games. This risk factor is scored as part of his life, but not a really important part.

Women can't be trusted – offence chain

No evidence in the offence chain

SOCIO-AFFECTIVE FUNCTIONING

Feeling lonely and bad about yourself – generality

Evidence For

RSFA Interview

Mr Smith said he wished he could be more like men who are broader physically , more talkative and have lots of confidence. He described himself as a lonely person. He said that he was always quiet around people and did not usually know what to say. He said that this was sometimes worse because he has a tendency to stutter. He said he did not think people would like him straight-away and would need to get to know him. He described being bullied as a child and felt this affected him as an adult – "I reckon it's cos it knocks your confidence down and you're not much happier cos of things that's gone on in the past".

BNM SOTP

Mr Smith said he had little confidence and did not have a very high opinion of himself.

Evidence Against

Pre Course Assessments

The assessments did not show a treatment need.

RSFA Interview

Mr Smith said he felt his family generally like him. He also thought work colleagues had liked him. He described feeling good about himself in general.

Summary

Mr Smith described feeling lonely in general and having few friends. He said that he lacks confidence around talking to others because of his learning difficulty and stutter. However, he said he felt good about himself in general. Nevertheless, this risk factor featured in offences against four victims over three years. It is therefore scored as a really important part of general life.

Feeling lonely and bad about yourself – offence chain

Evidence For

RSFA Interview

Mr Smith said he was feeling a bit lonely when he offended. He said he had a few friends but would have liked more.

BNM SOTP

Mr Smith said he used to feel upset a lot in the months before offending. He hated himself. He said he was being bullied by others and felt his life was "all mixed up".

Evidence Against

No evidence against

Summary

Mr Smith felt lonely and upset when he offended. He did not like himself and felt his life was mixed up. However, feeling bad about himself did not seem to play the most important part in offending. It was scored as part of the offending, but not the most important part.

Feeling better with children than adults – generality

Evidence For

Pre Course Assessments

One of the two pre course assessments showed a treatment need, suggesting Mr Smith finds it difficult to get close to adult women, but did

not show difficulty getting close to men.

RSFA Interview

Mr Smith said he only had a few friends as an adult, but did not feel close to or special about them. He said he found it hard to get close to other adults.

Court Documents

The youngest victim's father described Mr Smith as a loner who had friends younger in age than him. He spent time with a group of girls aged 13 or 14.

Evidence Against

No evidence against

Summary

It is unclear whether this risky thing featured in the offending. However, evidence suggests Mr Smith found it difficult to form close relationships with adults. Instead he spent time with teenagers. It is scored as part of his life but not really important.

Feeling better with children than adults – offence chain

Evidence For

RSFA Interview

Mr Smith said he had sexy thoughts about the victims because he felt close to them. He had few friends when he offended.

Court Documents

Mr Smith encouraged one victim to come in the bedroom by suggesting they played a computer game together.

Evidence Against

RSFA Interview

Mr Smith said he was in an on/off relationship with an adult female when he offended. He did not report feeling more comfortable with children than adults. It is not clear whether feeling better with children made it more difficult to have close adult relationships.

Summary

Mr Smith said feeling close to the victims made him more likely to have sexy thoughts about them. However, there is no evidence that he was seeking emotionally close relationships with them. This risky thing is therefore scored as not part of the offending.

Having close friends and family who commit crime – generality

Evidence For

BNM SOTP

Mr Smith said he got in with the wrong crowd, leading to him abusing drugs.

OASys

Mr Smith said his friends influenced him to spend his money on drugs and alcohol. He spoke to his doctor about his alcohol use and described drinking over a litre of wine three to four times a week. Mr Smith used to drink with his father, who he described as an alcoholic.

RSFA Interview

Mr Smith said he was using drugs and hanging around with the "bad crowd" between the ages of 15 and 20.

Evidence Against

OASys

Mr Smith said that his mother found out about the negative influence of his friends and helped him to stop seeing them. He was able to stop using drugs as a result.

Summary

Mr Smith had an anti-social network which led to him injecting heroin and drinking alcohol to excess. This network was part of his life for a period of five years, including when he offended. This is scored as a really

important part of general life.

Having close friends and family who commit crime – offence chain

Evidence For

BNM SOTP

Mr Smith said he mixed with an anti-social network in the lead-up to offending. He took drugs because he did not want to be left out.

Evidence Against

OASys

Mr Smith committed the sexual offences by himself.

Summary

Mr Smith had an anti-social network. However, he offended by himself and there is no evidence that his friends encouraged him to sexually offend. This risk factor is scored as part of the offending but not the most important part.

Feeling angry and wanting to get your own back – generality

Evidence For

No evidence for

Evidence Against

Pre Course Assessments

The assessments did not show a treatment need.

RSFA Interview

Mr Smith said that if someone did something bad to him he would keep it to himself or ask his parents for help.

Summary

There is no evidence to suggest Mr Smith tends to get his own back in an aggressive way when people do him wrong.

Feeling angry and wanting to get your own back – offence chain

No evidence in offence chain

Not having a close relationship – generality

Evidence For

Pre Course Assessments

Mr Smith said he had only had casual partners

RSFA Interview

Mr Smith said he has never had a close relationship with someone he could talk to about his thoughts and feelings. He said he felt nervous and shy about getting close to another person. He said he had one or two

casual relationships but he could not remember how long these had lasted.

Evidence Against

RSFA Interview

Mr Smith said he was not bothered at times when he did not have a relationship.

Summary

Mr Smith has never had a marital-type relationship lasting at least two years.

Not having a close relationship – offence chain

Evidence For

Pre Course Assessments

Mr Smith said he was not in a relationship when he offended. He later said he was in an on/off relationship.

BNM SOTP

Mr Smith said that having sex with his on/off girlfriend made him happy, but it was not a good relationship. He felt unable to talk to her and did not feel they were close. He said it was not a "proper" relationship and his girlfriend used to have sex with other people.

Evidence Against

RSFA Interview

Mr Smith did not report thinking a lot about relationships when he offended.

Summary

Mr Smith was not in a stable relationship. However, he does not appear to have been brooding over his lack of relationship. It is possible that a relationship may have acted as a protective factor against offending. This risk factor is scored as part of the offending but not a really important part.

SELF-MANAGEMENT

Rushing into things – generality

Evidence For

Pre Course Assessments

Mr Smith said he has generally been unemployed since leaving school. He worked in a factory for a few weeks but was fired when he returned late from a break. He has a history of drug misuse – he previously smoked and injected heroin. He described a previous alcohol problem. He described being taken into care during childhood following the

breakdown of his parents' relationship.

RSFA Interview

Mr Smith said his life had mainly been mixed up. He said this was because of the way he was looked after during childhood, getting bullied, using drugs and hanging around with an anti-social network.

OASys

Mr Smith attended college after leaving school at 16. He left after one month because he felt bored. When misusing substances, he spent all his money on these. He was using daily and would borrow money from family to fund his drug use. He reported drinking over a litre of wine three or four times a week.

Evidence Against

Pre Course Assessments

The assessments did not show a treatment need.

Summary

Mr Smith describes an impulsive lifestyle with little evidence of ability to work towards long-term, pro-social goals. He has limited employment history, substance misuse and an anti-social network. This risk factor was scored as a really important part of his general life.

Rushing into things – offence chain

Evidence For

Pre Course Assessments

Mr Smith was unemployed at the time of offending.

BNM SOTP

Mr Smith said he was drinking alcohol until he felt drunk and taking drugs on most days leading up to offending.

Evidence Against

Pre Course Assessments

Mr Smith said he was sober when he offended. He said he would wait until the children went into their bedrooms or would wait till they were alone before offending, suggesting planning.

Summary

There is minor evidence of lifestyle instability, but he reports delaying offending and setting up opportunities in which he could offend. This risk factor is therefore scored as not part of the offending.

Not dealing with life's problems – generality

Evidence For

RSFA Interview

Mr Smith said he likes to keep to himself as he feels it is the best way to avoid getting into trouble. He said he used alcohol to cope with feeling depressed across his life. He reported using drugs over a five year period.

OASys

Mr Smith said using drugs "took away everything in my head". He has been subject to several self-harm documents while in prison. He reported attempting suicide on several occasions following his father's death.

BNM SOTP

Mr Smith said he did not like asking for help and preferred to keep things to himself.

<u>Evidence Against</u>

RSFA Interview

Mr Smith said he was responsible for doing the housework at home when he was 16 or 17.

OASys

Mr Smith lived independently following his father's death. He managed his tenancy adequately, suggesting good practical coping skills. He did

not have debts of concerns over money. He said he was able to stop using drugs with his mother's help.

Summary

There is some evidence of practical problem-solving. However, this is outweighed by clear evidence of opposite functioning resulting in externalised poor coping strategies. This risk factor is scored as a really important part of his general life.

Not dealing with life's problems – offence chain

Evidence For

RSFA Interview

Mr Smith said he was being bullied when he offended and was being abused himself. He said he did not have anyone to talk to. He said he found it hard to cope with things going on around him. He felt this was because of feeling depressed and having a learning difficulty. Mr Smith said he would drink after offending to take his mind off it.

BNM SOTP

Mr Smith said he felt stressed before offending but had no-one to talk to.

Evidence Against

RSFA Interview

Mr Smith described creating opportunities to offend, suggesting his intention was to do so.

Summary

There is evidence Mr Smith was using alcohol to avoid his problems and did not feel able to cope at the time he offended. However, he appears to have intended to offend and his offending does not seem to have resulted from problematic coping. This risky thing is therefore scored as part of the offending, but not really important.

Having big problems controlling feelings – generality

Evidence For

RSFA Interview

Mr Smith said he lost his temper once or twice, usually when he had been drinking. He said he would hit walls or smash things up.

Evidence Against

RSFA Interview

He did not describe a bad temper and said he has never got in trouble because of his temper. He did not lose his temper at school, with his girlfriends, at work or at home.

Summary

There is limited evidence of temper problems. However, on the few occasions when he has lost his temper, this has resulted in Mr Smith causing damage to property (externalised behaviour). On balance, this is scored as part of life generally, but not a really important part.

Having big problems controlling feelings – offence chain

No evidence in offence chain

PURPOSE

Being a responsible member of society – generality

Evidence For

OASys

Mr Smith said his mother found out about the negative influence his peers were having on him and helped him to stop seeing them. As a result, he was able to stop using drugs. He said this was helped by a friend who decided to stop using drugs at the same time. Despite initially denying the offences, Mr Smith fully engaged with all professional interviews during the court proceedings.

Evidence Against

RSFA Interview

Mr Smith was using drugs and hanging around the "bad crowd" between

the ages of 15 and 20. He said he has not felt close to anyone in his life apart from his parents.

Summary

Mr Smith demonstrated a positive attitude to professionals before coming to prison. In addition, he has had some support from a narrow pro-social network, but this is outweighed the length of time spent engaging with an anti-social network. This success factor is scored as present in general life, but not strongly so.

Being a responsible member of society – now

Evidence For

BNM SOTP

Mr Smith was an enhanced prisoner on the IEP scheme. He was not subject to any disciplinary reports before treatment.

OASys

Mr Smith was actively engaging in prison employment and with the mental health team before starting treatment. There were no concerns about his peers in prison.

C-NOMIS

Mr Smith appeared to have a positive and open relationship with his

offender supervisor in the lead-up to treatment.

Evidence Against

No evidence against

Summary

Mr Smith demonstrated a co-operative attitude to the prison regime in the months leading up to treatment. He did not appear to socialise with anti-social others in prison. He also appeared to get on well with others involved in his supervision. However, it is not clear how actively he sought support. This success factor was scored as partly there now (pre-treatment).

Actively changing my life for the better – generality

Evidence For

Court Documents

There is no evidence that Mr Smith offended in the two years before coming to prison. It is not clear whether he was actively desisting or whether other factors prevented him from offending.

OASys

After using drugs for five years, Mr Smith was able to stop with support.

Evidence Against

OASys

Initially, Mr Smith maintained he was innocent of his offending. He said the victims' mother did not like him and this might be the reason the complaints were made. By denying his offending, he may have been less able to make necessary changes to prevent future offending.

BNM SOTP

Mr Smith said his lifestyle was mixed up when offending. He spent most of his time drinking and taking drugs with friends. He did not have a job.

Summary

There is some evidence that Mr Smith had support from family and friends to change anti-social behaviour. However, there is limited evidence that he made sustained pro-active attempts to change. This success factor is scored as not present in general life.

Actively changing my life for the better – now

Evidence For

RSFA Interview

Mr Smith now accepts he committed most of the offences for which he was convicted, although he denies raping the two male victims. This puts

him in a good position to take responsibility for future behaviour. He said his offending did not seem bad at the time but being sent to prison made him realise it was a bad thing to do. He demonstrated feelings of self-worth when considering his New Me identity.

Evidence Against

No evidence against

Summary

Mr Smith started to develop his New Me identity and demonstrated some confidence in working towards this. He identified some changes he could make but there is limited evidence that he was actively working on these goals. This success factor was scored as partly there now.

Having a job or being busy – generality

Evidence For

There is no evidence that Mr Smith has been able to maintain employment in his general life or that he has kept busy through meaningful hobbies.

Evidence Against

Pre Course Assessments

Mr Smith said he had generally been unemployed since leaving school.

He worked in a factory for a few weeks but was sacked after returning late from a break.

BNM SOTP

Mr Smith did not have a job when he sexually offended.

OASys

After leaving school, Mr Smith took college courses but left after one month because he felt bored.

Summary

This success factor was not present when Mr Smith offended and has not been present more generally in his life.

Having a job or being busy – now

Evidence For

C-NOMIS

Mr Smith mixed well with others on the wing before treatment. He currently works in the prison waste management department.

RSFA Interview

Mr Smith said he played pool on the wing and listened to music in his cell.

Evidence Against

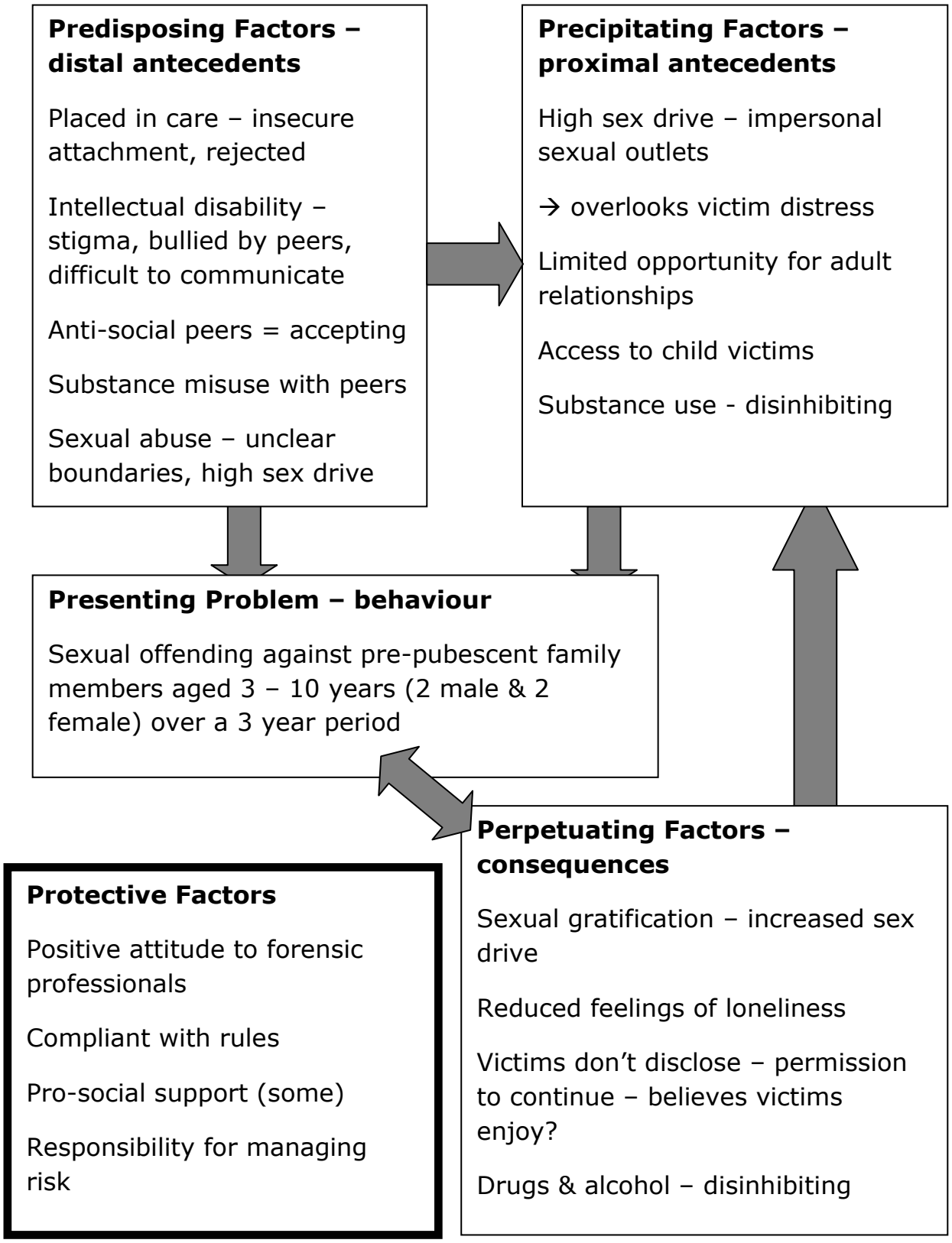
No evidence against

Summary

Mr Smith was employed in prison prior to treatment, and his lifestyle was constructive. However, it is not clear how well he would maintain this outside the structured prison environment. This success factor was scored as partly there now.

Appendix S

Diagram of Mr Smith's 5 Ps Formulation



Appendix T

Consent Form for Research Case Study

THE UNIVERSITY OF NOTTINGHAM

DOCTORATE IN FORENSIC PSYCHOLOGY (D.FOREN.PSY)

CLIENT CONSENT TO COURSE WORK ASSIGNMENTS

- Jenny would like to use information about me for her university work.

- Jenny will not use my real name and she will change other details about me. This is so no one will know who I am.

- I can choose a pretend name for Jenny to use instead of my real name.

- Jenny might talk about her work with a Psychologist who checks her work and with other people training to be Psychologists.

- The work will be checked by Jenny's supervisor and the University to make sure that no one else can tell who I am.

- It is ok for Jenny to keep, look at and write about my information. I know that information about me will be kept safe.

- It is up to me if I say yes or I can say no. I can say no without saying why. Nothing bad will happen to me if I do not want Jenny to use my information in this way.

I agree to Jenny using information about me for her work.

Name of Client:

Client Signature:

Date: