

ATTACHMENT SEVEN (7)  
November 14, 2012 Minutes

Advisory Committee to Study Laws Concerning  
Sex Offender Registration

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## Sex Offender Recidivism

### Child Pornography (possession, distribution)

Eke, A. W., Seto, M. C., & Williams, J. (2011). Examining the criminal history and future offending of child pornography offenders: An extended prospective follow-up study. *Law And Human Behavior*, 35(6), 466-478.

We examined police occurrence and criminal records data for a sample of 201 registered male child pornography offenders originally reported by Seto and Eke (Sex Abuse J Res Treat 17:201–210, 2005), extending the average follow-up time for this sample to 5.9 years. In addition, we obtained the same data for another 340 offenders, increasing our full sample to 541 men, with a total average follow-up of 4.1 years. In the extended follow-up of the original sample, 34% of offenders had new charges for any type of reoffense, with 6% charged with a contact sexual offense against a child and an additional 3% charged with historical contact sex offenses (i.e., previously undetected offenses). For the full sample, there was a 32% any recidivism rate; 4% of offenders were charged with new contact sex offenses, an additional 2% of offenders were charged with historical contact sex offenses and 7% of offenders were charged with a new child pornography offense. Predictors of new violent (including sexual contact) offending were prior offense history, including violent history, and younger offender age. Approximately a quarter of the sample was sanctioned for a failure on conditional release; in half of these failures, the offenders were in contact with children or used the internet, often to access pornography again.

Endrass, J., Urbaniok, F., Hammermeister, L. C., Benz, C., Elbert, T., Laubacher, A., & Rossegger, A. (2009). The consumption of Internet child pornography and violent and sex offending. *BMC Psychiatry*, 9, 9-43.

Background: There is an ongoing debate on whether consumers of child pornography pose a risk for hands-on sex offenses. Up until now, there have been very few studies which have analyzed the association between the consumption of child pornography and the subsequent perpetration of hands-on sex offenses. The aim of this study was to examine the recidivism rates for hands-on and hands-off sex offenses in a sample of child pornography users using a 6 year follow-up design. Methods: The current study population consisted of 231 men, who were subsequently charged with consumption of illegal pornographic material after being detected by a special operation against Internet child pornography, conducted by the Swiss police in 2002. Criminal history, as well as recidivism, was assessed using the criminal records from 2008. Results: 4.8% (n = 11) of the study sample had a prior conviction for a sexual and/or violent offense, 1% (n = 2) for a hands-on sex offense, involving child sexual abuse, 3.3% (n = 8) for a hands-off sex offense and one for a nonsexual violent offense. When applying a broad definition of recidivism, which included ongoing investigations, charges and convictions, 3% (n = 7) of the study sample recidivated with a violent and/or sex offense, 3.9% (n = 9) with a hands-off sex offense and 0.8% (n = 2) with a hands-on sex offense. Conclusion: Consuming child pornography alone is not a risk factor for committing hands-on sex offenses—at least not for those subjects who had never committed a hands-on sex offense. The majority of the investigated consumers had no previous convictions for hands-on sex offenses. For those offenders, the prognosis for hands-on sex offenses, as well as for recidivism with child pornography, is favorable.

Graf, M., & Dittmann, V. (2009). Internet sex offending—Psychological features and criminal risks. *Forensische Psychiatrie, Psychologie, Kriminologie*, 3(2), 99-106.

Internet sex offending, especially child pornography, is widespread and numbers of convictions are increasing steadily worldwide. The still sparse data from research as well as empiricism from

risk assessment and therapeutic work suggest the following: Internet sex offender as well as child abusers are represented in all social classes and all age ranges. Both show similarities in dependent, avoidant and partially schizoid social interaction as well as in anxiety. However the personality organisation of child abusers is usually less structured and tends towards personality disorder, especially with emotionally instable and antisocial traits. Usually pedophilia can be diagnosed in child abusers. Internet sex offenders on the other hand have fewer prior convictions, are less likely to fail in the community, have a very low risk of sexual recidivism and only part of them fulfil the diagnostic criteria for pedophilia. There is no clear evidence for an escalation from internet sex offending to child abuse. The essential characteristics for an escalation are well known and should lead to immediate therapeutic intervention as well as psychological strain should. Only few institutions worldwide provide professional help to support the ones concerned to reduce stigma and thus prevent recidivism and child abuse.

Kingston, D. A., Fedoroff, P., Firestone, P., Curry, S., & Bradford, J. M. (2008). Pornography use and sexual aggression: The impact of frequency and type of pornography use on recidivism among sexual offenders. *Aggressive Behavior*, 34(4), 341-351.

In this study, we examined the unique contribution of pornography consumption to the longitudinal prediction of criminal recidivism in a sample of 341 child molesters. We specifically tested the hypothesis, based on predictions informed by the confluence model of sexual aggression that pornography will be a risk factor for recidivism only for those individuals classified as relatively high risk for re-offending. Pornography use (frequency and type) was assessed through self-report and recidivism was measured using data from a national database from the Royal Canadian Mounted Police. Indices of recidivism, which were assessed up to 15 years after release, included an overall criminal recidivism index, as well as subcategories focusing on violent (including sexual) recidivism and sexual recidivism alone. Results for both frequency and type of pornography use were generally consistent with our predictions. Most importantly, after controlling for general and specific risk factors for sexual aggression, pornography added significantly to the prediction of recidivism. Statistical interactions indicated that frequency of pornography use was primarily a risk factor for higher-risk offenders, when compared with lower-risk offenders, and that content of pornography (i.e., pornography containing deviant content) was a risk factor for all groups. The importance of conceptualizing particular risk factors (e.g., pornography), within the context of other individual characteristics is discussed.

Osborn, J., Elliott, I. A., Middleton, D., & Beech, A. R. (2010). The use of actuarial risk assessment measures with UK internet child pornography offenders. *Journal Of Aggression, Conflict And Peace Research*, 2(3), 16-24.

The present study investigates the use of two actuarial assessment measures—Risk Matrix 2000 and Static 99—with individuals convicted of downloading child pornography on the internet. A UK community-based sample of convicted internet sex offenders was assessed using both a standard and a revised version of RM2000 and Static 99 and assessed for rates of reconviction. None of the offenders in the sample were convicted of a further sexual crime between a one-and-a-half and four-year follow-up. These results suggest reconviction rates for internet sex offenders are lower than for contact child sex offenders. It was found that both the standard version of RM2000 and Static-99 overestimate the risk levels posed by internet offenders and that an adapted version of RM2000 may be a more realistic measure of risk level in this population. In addition, it was noted that a higher frequency of low-risk offenders appeared to be accessing images of younger children and images depicting more serious victimisation than high-risk offenders.

Seto, M. C., & Eke, A. W. (2005). The Criminal Histories and Later Offending of Child Pornography Offenders. *Sexual Abuse: Journal Of Research And Treatment*, 17(2), 201-210.

The likelihood that child pornography offenders will later commit a contact sexual offense is unknown. In the present study, we identified a sample of 201 adult male child pornography offenders using police databases and examined their charges or convictions after the index child pornography offense(s). We also examined their criminal records to identify potential predictors of later offenses: 56% of the sample had a prior criminal record, 24% had prior contact sexual offenses, and 15% had prior child pornography offenses. One-third were concurrently charged with other crimes at the time they were charged for child pornography offenses. The average time at risk was 2.5 years; 17% of the sample offended again in some way during this time, and 4% committed a new contact sexual offense. Child pornography offenders with prior criminal records were significantly more likely to offend again in any way during the follow-up period. Child pornography offenders who had committed a prior or concurrent contact sexual offense were the most likely to offend again, either generally or sexually.

### **Child Sexual Assault/Pedophilia/Molestation**

Beech, A. R., Mandeville-Norden, R., & Goodwill, A. (2012). Comparing recidivism rates of treatment responders/nonresponders in a sample of 413 child molesters who had completed community-based sex offender treatment in the United Kingdom. *International Journal Of Offender Therapy And Comparative Criminology*, 56(1), 29-49.

Analysis of psychometric data from a sample of 413 child molesters who had completed a U.K. probation-based sex offender treatment program was carried out to assess (a) the effectiveness of therapy in the short term and (b) the longer term implications of treatment in relation to sexual recidivism. It was found that 12% (51 offenders) of the sample had recidivated within 2 to 4 years. Of these recidivists, 86% (44 offenders) had been reconvicted for a sexually related offense. One hundred thirty-five offenders (33%) demonstrated a treated profile (i.e., demonstrated no offense-specific problems and few, or no, socioaffective problems at the posttreatment stage). This group was compared with a sample of offenders deemed as not responding to treatment, matched by their levels of pretreatment risk/need. It was found that a significantly smaller proportion ( $n = 12$ , 9%) of treatment responders had recidivated, compared to the treatment nonresponders ( $n = 20$ , 15%), indicating a 40% reduction in recidivism in those who had responded to treatment (effect size = .18). Matching length of treatment to the offenders' level of pretreatment risk/need (i.e., higher risk/treatment-need offenders typically undertook longer treatment) reduced the rate of recidivism among this group to the level of recidivism observed among the lower risk/need offenders.

Beggs, S. M., & Grace, R. C. (2011). Treatment gain for sexual offenders against children predicts reduced recidivism: A comparative validity study. *Journal Of Consulting And Clinical Psychology*, 79(2), 182-192.

Objective: To determine whether pro-social treatment change in sexual offenders would predict reductions in recidivism beyond static and dynamic risk factors measured at pretreatment and whether different methods for assessing change based on self-reports and structured clinical rating systems would show convergent validity. Method: We compared 3 methods for assessing treatment change with a sample of adult male sexual offenders against children ( $n = 218$ ) who completed a prison-based cognitive-behavioral treatment program between 1993 and 2000. The methods were measures of change derived from offender self-reports on a psychometric battery administered both pre- and posttreatment, change across treatment on the Violence Risk Scale: Sexual Offender Version (VRS:SO; Olver, Wong, Nicholaichuk, & Gordon, 2007), and posttreatment ratings on the Standard Goal Attainment Scaling for Sex Offenders (SGAS; Hogue,

1994). Offenders were followed up for an average of 12.24 years after release. Results: All measures of treatment gain were positively correlated, and all significantly predicted reductions in sexual recidivism, with values for the area under the receiver-operating characteristic curve ranging from .66 (SGAS) to .70 (VRS:SO). Survival analyses showed that measures of change based on the psychometric battery significantly predicted recidivism after controlling for both static and dynamic factors measured at pretreatment, while results for the VRS:SO were similar but failed to reach significance. Conclusions: Measures of treatment change based on offender self-reports and structured clinical rating systems show convergent and predictive validity, which suggests that effective treatment that targets dynamic risk factors leads to a reduction in sexual recidivism.

Beggs, S. M., & Grace, R. C. (2008). Psychopathy, intelligence, and recidivism in child molesters: Evidence of an interaction effect. *Criminal Justice And Behavior*, 35(6), 683-695.

The authors studied the relationships between psychopathy, intelligence, and offending in a sample of treated child molesters (N = 216). Regression analyses showed that psychopathy (as measured by the Psychopathy Checklist-Revised) was strongly related to both offense history and recidivism during follow-up. Intelligence (assessed using four-subtest short forms of the Wechsler Adult Intelligence Scale-Revised and Third Versions) was not related to offending. However, there was a significant interaction between intelligence and psychopathy on recidivism: Offenders with relatively low intelligence and high psychopathy scores were more than 4 times as likely to have received a sexual reconviction as other offenders. Results are discussed in terms of implications for risk assessment.

Cook, R. D. (2011). Predicting recidivism of the convicted sexual offender using the polygraph and the Static-99. *Dissertation Abstracts International*, 72, Vol 72(6-B), 2011. pp. 3777.

Childhood sexual abuse is an ongoing problem in the United States where it has been estimated that there are more than 11 million adult survivors of this crime. Polygraph testing of convicted sex offenders has spread throughout the United States in an effort to reduce recidivism, as has a 10-item objective measure known as the Static-99. The Static-99 significantly predicts the likelihood of recidivism. Many of these factors are collected in the sexual history polygraph examination (SHPE) for similar purposes. Grounded in social learning theory, the purpose of this study was to assess the degree to which information from the SHPE (male victims, stranger victims, unrelated victims, paraphilia history, early onset of offending, childhood victimization, and passing or failing the SHPE) improves the capacity of the Static-99 to predict sex offender recidivism. An archival sample of 93 convicted sex offenders was utilized. Logistic regression was used to compare the variance in recidivism accounted for by 4 models that included SHPE information and the Static-99 alone. Although the Static-99 did account for a significant portion of recidivism variance, none of the models accounted for significant portions of additional criterion variance. These findings indicated that the return on the investment of the resources required for polygraph testing of sex offenders needs to be re-evaluated. The study's outcome can contribute to positive social change through fostering informed decisions on how to treat and supervise the convicted sexual offender that may ultimately reduce sexual assault recidivism and the overall incidence of this type of crime.

Craissati, J., Falla, S., McClurg, G., & Beech, A. (2002). Risk, reconviction rates and pro-offending attitudes for child molesters in a complete geographical area of London. *Journal Of Sexual Aggression*, 8(1), 22-38.

Examined the effects of community sex offender treatment on convicted child molesters following release. 178 convicted child molesters received weekly 2-hr sessions of group treatment, individual treatment, individual supportive psychotherapy, or no treatment. Subjects

(Ss) completed the Multiphasic Sex Inventory (H. R. Nichols and I. Molinder, 1984) and were assessed for risk of breach or reconviction with the Structured Anchored Clinical Judgment Scale (D. Grubin, 1998, SACJ). Results show a low failure rate with only 17 Ss classified as failures for either breach of conditions of release, or for reconviction for general, violent, or sexual offences. Failure Ss showed a high prevalence of sexual victimization in childhood, offending against non-family members, and a history of previous sexual violence. The SACJ was moderately useful in predicting failure. Treatment programs exerted no significant effects on attitudes toward offending; however, the low failure rate indicated successful management. It is concluded that historical, rather than cognitive variables are associated with failure, and that the amount of treatment time needs to be greater than 100 hrs.

Firestone, P., Bradford, J. M., McCoy, M., Greenberg, D. M., Curry, S., & Larose, M. R. (2000). Prediction of recidivism in extrafamilial child molesters based on court-related assessments. *Sexual Abuse: Journal Of Research And Treatment*, 12(3), 203-221.

192 convicted extrafamilial child molesters were followed for an average of 7.8 yrs after their conviction. The percentage of men who had committed a sexual, a violent, or any criminal offense by the 12th yr was 15.1, 20.3, and 41.6, respectively. The sexual recidivists, compared with nonrecidivists, demonstrated more problems with alcohol and showed greater sexual arousal to assaultive stimuli involving children than to mutually consenting stimuli with children. The violent recidivists, compared with nonrecidivists, were more likely to have a history of violence in the families in which they were raised and were rated significantly more psychopathic on the Psychopathy Checklist—Revised. They also showed more sexual arousal to stimuli depicting mutually consenting sexual interactions with children than to adult stimuli. In terms of any criminal recidivism, recidivists were younger, had completed fewer years of school, and were raised in psychologically more harmful family environments compared with nonrecidivists.

Freund, K., Heasman, G. A., & Roper, V. (1982). Results of the main studies on sexual offences against children and pubescents: A review. *Canadian Journal Of Criminology*, 24(4), 387-397.

Reviews epidemiological and demographic studies of hebephilia and pedophilia, including father-daughter incest. Findings are discussed in terms of prevalence, occurrence in females, age distribution of offenders, recidivism, violence, family background of offenders, characteristics of victims, erotic age preference of incest offenders, and alcoholism in incest offenders.

Hanson, R., Steffy, R. A., & Gauthier, R. (1993). Long-term recidivism of child molesters. *Journal Of Consulting And Clinical Psychology*, 61(4), 646-652.

Examined the long-term recidivism rates of 197 child molesters released from prison between 1958 and 1974. Overall, 42% of the total sample were reconvicted for sexual crimes, violent crimes, or both, with 10% of the total sample reconvicted 10–31 yrs after being released. Incest offenders were reconvicted at a slower rate than were offenders who selected only boys, with offenders against girls showing a rate intermediate between these 2 groups. Other factors associated with increased recidivism were (1) never being married and (2) previous sexual offenses. None of the mental health and personality tests used in this study (e.g., the Eysenck Personality Inventory and the MMPI) was significantly associated with recidivism.

Moulden, H. M., Firestone, P., Kingston, D., & Bradford, J. (2009). Recidivism in pedophiles: An investigation using different diagnostic methods. *Journal Of Forensic Psychiatry & Psychology*, 20(5), 680-701.

The relationship between pedophilia and recidivism was examined in a sample of 206 extrafamilial child molesters assessed at a university teaching hospital between 1982 and 1992. To address definitional issues, pedophilia was defined in one of four ways: (1) a DSM diagnosis

made by a psychiatrist; (2) a deviant phallometric profile; (3) a combination of DSM diagnosis and deviant phallometric results; and, (4) high scores based on the Screening Scale for Pedophilic Interest (SSPI; Seto & Lalumiere, 2001). Of the various definitions for pedophilia only phallometric assessment (PAI) distinguished between sexual recidivists and nonrecidivists. Overall recidivism rates were 22.8%, 33.9%, and 45.6% for sexual, violent, and any reoffense, respectively. No differences were found between pedophiles and nonpedophiles with respect to recidivism rates, regardless of how pedophilia was defined. Based on these results, the utility of the DSM diagnosis of pedophilia for the purpose of predicting future reoffending is discussed.

Pollock, P. H. (1996). Self-efficacy and sexual offending against children: Construction of a measure and changes following relapse prevention treatment. *Legal And Criminological Psychology*, 1(Part 2), 219-228.

The enhancement of self-efficacy beliefs is considered a pivotal aspect in the successful treatment of sex offenders and represents a central feature in the relapse prevention model of sexual crimes (R. L. Hall, 1989). The possible relationship between self-efficacy and recidivism has not been investigated. The paper describes a relapse prevention treatment study of 50 male sex offenders against children employing a new measure of self-efficacy which applies to sexual crimes. The test was constructed based on I. Kirsch's (1985) causal model of self-efficacy. The three subscales of the test represent the following: (1) demands of high-risk situations, (2) efficacy of coping skills and ability, and (3) appreciation and expectation of rewards. Treatment outcome showed significant changes for the 3 self-efficacy test subscales. A preliminary analysis demonstrated that subscale 3 and the speed at which a coping response was produced accurately classified recidivist and nonrecidivist participants at a 3-year follow-up period. The findings suggest the importance of assessing self-efficacy beliefs when treating child sex offenders.

Prentky, R. A., Knight, R. A., & Lee, A. S. (2006). Child Sexual Molestation: Research Issues. In C. R. Bartol, A. M. Bartol (Eds.), *Current perspectives in forensic psychology and criminal justice* (pp. 119-129).

(from the chapter) Few criminal offenses are more despised than the sexual abuse of children, and few are so little understood in terms of incidence (the number of offenses committed), prevalence (the proportion of the population who commit offenses), and re-offense risk. Despite longstanding public concern over the medical, emotional, and monetary costs associated with child sexual victimization, rigorous programs to enhance the accuracy of predictive decisions involving sexual offenders are of fairly recent origin. Before it can combat child molestation effectively, the criminal justice community must first understand it. This report is divided into three main sections. Section 1 discusses the frequency of child sexual molestation and factors leading to sexual deviancy in individual offenders. Section 2 includes classification models for typing and diagnosing child molesters and describes treatment approaches and strategies for community-based maintenance and control. Section 3 talks about re-offense risk as it relates to criminal justice decisions and discusses predictors of sexual recidivism. Finally, some of the shortcomings of current approaches to reduce child molester re-offense risk are touched on in the report's conclusion, and an argument is made for post-release treatment and aftercare programs. The information included in this Research Report has been distilled from several interrelated reports and studies sponsored by the National Institute of Justice (NIJ) to strengthen the efficacy of intervention and prevention strategies and ultimately reduce child sexual victimization rates.

Prentky, R. A., Lee, A. S., Knight, R. A., & Cerce, D. (1997). Recidivism rates among child molesters and rapists: A methodological analysis. *Law And Human Behavior*, 21(6), 635-659.

Addressed the high variability in sex offender recidivism rates by examining several of the critical methodological differences that underlie this variability. A dataset on 251 male sex offenders (136 rapists and 115 child molesters) who were discharged over a 25-yr period was

used to examine changes in recidivism as a function of changes in dispositional definition of reoffense (e.g., arrest or conviction), changes in the domain of criminal offenses that are considered, and changes in the length of exposure time. The data indicate that: (1) both rapists and child molesters remain at risk to reoffend long after their discharge, in some cases 15–20 yrs after discharge; (2) there was a marked underestimation of recidivism when calculating a simple proportion (%) consisting of those who were known to have reoffended during the follow-up period, and (3) there was a marked underestimation of recidivism when the criterion was based on conviction or imprisonment. Forensic, clinical and policy implications of this high variability are discussed.

Prentky, R. A., Knight, R. A., & Lee, A. S. (1997). Risk factors associated with recidivism among extrafamilial child molesters. *Journal Of Consulting And Clinical Psychology*, 65(1), 141-149.

This study examined the predictive efficacy of 10 rationally derived, archivally coded variables for assessing reoffense risk among extrafamilial child molesters. Follow-up data on 111 child molesters who were discharged from the Massachusetts Treatment Center between 1960 and 1984 were used. Degree of sexual preoccupation with children, paraphilias, and number of prior sexual offenses predicted sexual recidivism. Juvenile and adult antisocial behavior, paraphilias, and low amount of contact with children predicted nonsexual victim-involved and violent recidivism. Area under the receiver-operating characteristic curves in all three analyses indicated discrimination that was substantially better than chance, ranging from .73 to .79.

Seto, M. C. (2008). Risk assessment. In , *Pedophilia and sexual offending against children: Theory, assessment, and intervention* (pp. 141-166). Washington, DC US: American Psychological Association.

(from the chapter) An important task for clinicians and other decision makers working with sex offenders against children is to identify those who will sexually offend again in the future (see Appendix 7.1 for a brief discussion of definitions of recidivism, accuracy statistics, and other fundamental concepts in sex offender risk assessment research and practice). In other words, what factors distinguish men who will sexually reoffend from those who do not? Assessors are also often concerned about how quickly new offenses occur and how serious any new offenses are. These are questions of maintenance, having to do with the likelihood that someone already known to have committed a sexual offense against a child will commit another sexual offense. It is not the same as the question of onset, which has to do with the likelihood that someone will commit a sexual offense against a child in the first place. The variables that help answer the question of maintenance may not help answer the question of onset. The assessment of risk to reoffend represents multiple, overlapping questions. These questions include (a) determining whether an offender meets legally determined criteria for dangerousness (e.g., dangerous offender hearings in Canada that can result in indeterminate prison sentences and sex offender civil commitment proceedings in the United States that allow for the commitment of sex offenders after they have served their prison sentence); (b) rank ordering offenders according to risk to reoffend to appropriately place offenders in terms of security level, supervision, and treatment; (c) determining when supervision conditions should be adjusted to safely manage offenders in the community; and (d) identifying targets for intervention to reduce the likelihood or imminence of a new offense. Much more is known about the first two questions than the latter two questions. In this chapter, I review the literature on sex offender risk assessment, including the development of valid and accurate risk measures for the prediction of sex offender recidivism. I then discuss recent research on practical risk assessment issues, including clinical adjustments of risk estimates, combining the results of multiple risk scales, and assessment of risk for the onset of sexual offending among men who are of concern because of their sexual interest in children (child pornography offenders) or noncontact sexual offending (exhibitionists). I conclude with suggestions for future directions in risk assessment research and practice.



Seto, M. C., Harris, G. T., Rice, M. E., & Barbaree, H. E. (2004). The Screening Scale for Pedophilic Interests Predicts Recidivism Among Adult Sex Offenders With Child Victims. *Archives Of Sexual Behavior*, 33(5), 455-466.

The Screening Scale for Pedophilic Interests (SSPI; Seto & Lalumiere, 2001), a brief measure of sexual attraction to prepubescent children that is based on victim characteristics, was used in two samples of 113 and 145 adult male sex offenders with child victims. In both samples, the SSPI was significantly and positively correlated with an index of phallometrically-measured sexual arousal to stimuli depicting prepubescent children. It was also significantly and positively correlated in both samples with violent recidivism (meaning either nonsexually violent offenses or sexual offenses involving physical contact with a victim), and positively correlated with sexual recidivism, significantly so in the second, larger sample. Focusing on the larger sample, the SSPI added to the predictive accuracy of a measure of general antisociality (the Psychopathy Checklist-Revised), while the phallometric index of sexual arousal did not add predictive accuracy once the other two measures were entered. The SSPI also yielded the same interaction between anomalous sexual interests and psychopathy we had previously reported using phallometric data (Rice & Harris, 1997). These findings suggest that the SSPI has predictive utility among adult male sex offenders with child victims, and accounts for variance in sexual offending that is not explained by phallometric testing.

Smallbone, S. W., & Wortley, R. K. (2004). Criminal Diversity and Paraphilic Interests Among Adult Males Convicted of Sexual Offenses Against Children. *International Journal Of Offender Therapy And Comparative Criminology*, 48(2), 175-188.

Official demographic and offense history data ( $n = 362$ ) and confidential self-report data on paraphilic interests and behavior ( $n = 221$ ) obtained on adult males convicted of sexual offenses against children were analyzed. Considerable criminal diversity was observed, with all standard categories of offenses represented in offenders' criminal histories. Most (86%) of the offenders' previous convictions were for nonsexual offenses, and most (92%) of the recidivist offenders had previously been convicted of at least one nonsexual offense. The prevalence of diagnosable paraphilias was low, with only 5% meeting formal diagnostic criteria for multiple (two or more) paraphilias other than pedophilia. Sexual offenders' paraphilic interests were unrelated to the extent of their sexual offense convictions but were significantly related to the extent of their nonsexual offense convictions. The results are better explained by a general theory of crime than by traditional clinical conceptions linking sexual offenses specifically with sexual psychopathology.

Willis, G. M., & Grace, R. C. (2009). Assessment of community reintegration planning for sex offenders: Poor planning predicts recidivism. *Criminal Justice And Behavior*, 36(5), 494-512.

Poor planning for reintegrating child molesters from prison to the community is a likely risk factor for sexual recidivism. The quality of reintegration planning was retrospectively measured for groups of recidivist ( $n = 30$ ) and non recidivist ( $n = 30$ ) child molesters who were individually matched on static risk level and time since release. Recidivists had significantly poorer reintegration planning scores than non recidivists, consistent with a previous study by the authors. Data from both studies were combined (total  $N = 141$ ), and survival analyses showed that poor reintegration planning predicted an increased rate of recidivism. Accommodation, employment, and social support planning combined to predict recidivism, with predictive validity comparable to static risk models (area under the curve = .71). Summing these items yielded a scale of reintegration planning quality that differentiated well between recidivists and non recidivists and may have practical utility for risk assessment as an adjunct to static models.

### **Exhibitionism/Indecent Exposure**

Bader, S. M., Schoeneman-Morris, K. A., Scalora, M. J., & Casady, T. K. (2008). Exhibitionism: Findings from a Midwestern police contact sample. *International Journal Of Offender Therapy And Comparative Criminology*, 52(3), 270-279.

This study used a police sample to examine offense characteristics, recidivism rates, and other types of sexual offending among individuals suspected of exhibitionism. The sample consisted of 202 incidents of indecent exposure perpetrated by 106 identified individuals. Demographic information showed that one quarter of the sample had symptoms of a mental illness and one quarter had a history of substance abuse. More than 84% of the sample had other nonsexual criminal charges. Approximately 30% of the perpetrators were charged for more than one exposure incident. Masturbating during the offense, exposing to child victims, and speaking to the victim did not show any relationship to the occurrence of more sexually aggressive behaviors. However, individuals who had subsequent rape or molestation charges (16.9%) were more likely than those who did not to have had multiple exposure incidents and a history of physical assault charges.

Marshall, W. L., Eccles, A. A., & Barbaree, H. E. (1991). The treatment of exhibitionists: A focus on sexual deviance versus cognitive and relationship features. *Behaviour Research And Therapy*, 29(2), 129-135.

Compared treatment of exhibitionists in 2 studies. Study 1, with 23 treated and 21 untreated offending males (average age 29 yrs), attempted to modify deviant sexual preferences by using aversive treatment and reconditioning methods. Study 2 treated 17 males (average age 28 yrs) by attempting to restructure Ss' cognitions, enhance their relationship and interpersonal skills, manage their stress, and improve their awareness of relapse prevention issues. Recidivism rates were much lower for Ss in Study 2 than Study 1, while the difference in recidivism between treated and untreated Ss in Study 1 was not significant. It is argued that exhibitionists can be treated effectively by focusing on broader cognitive and social issues.

Rabinowitz Greenberg, S. R., Firestone, P., Bradford, J. M., & Greenberg, D. M. (2002). Prediction of Recidivism in Exhibitionists: Psychological, Phallometric, and Offense Factors. *Sexual Abuse: Journal Of Research And Treatment*, 14(4), 329-347.

Exhibitionism is an understudied paraphilia despite high prevalence, comorbidity and recidivism rates. 221 Exhibitionists were assessed at a University Psychiatric Hospital Outpatient Sexual Behaviors Clinic between 1983 and 1996 using a standardized assessment battery. Research data were archival, extracted from the participants' medical files, with the exception of the Psychopathy Checklist-Revised, which was administered retrospectively by the investigator. Offence data were provided by the Canadian Police Information Center. The three part study describes and compares the Exhibitionist population with both a Normal Contrast and a Rapist Contrast group on the standardized assessment battery, examines predictors of sexual, violent and criminal recidivism in this population of exhibitionists, including demographic and historical variables, psychological and phallometric measures and offence histories; and explores differences between Hands-On and Hands-Off sexual recidivists on the same variables. Exhibitionists emerged as less pathological than Rapists. They were more likely married, denied their index offence, and reported a family history of drug abuse; and were less likely to report personal histories of drug abuse, intoxication at the time of the offence, a family history of physical abuse, family violence and outside placement before 16 years. Exhibitionists and Rapists reported poorer sexual functioning and more cognitive distortions than Normals. Exhibitionists were more deviant than Normals in their phallometric responses to scenarios of children. Survival analyses indicated that over a mean follow-up time of +6.84 years post assessment, 11.7, 16.8 and 32.7% of Exhibitionists were charged or convicted with a sexual, violent, or criminal offence

respectively. Compared to Non-Recidivists, Sexual Recidivists were less educated, more likely single and to report intoxication at the time of the index offence; demonstrated higher Brief Psychiatric Rating Scale scores, and more prior sexual and criminal offences. Compared with Non-Recidivists, Violent Recidivists were less educated, more likely single and to report intoxication at the time of the index offence; had lower Derogatis Sexual Functioning Inventory scores, higher Psychopathy Checklist-Revised Total scores, and more prior sexual, violent and criminal offences. Compared to Non-Recidivists, Criminal Recidivists were younger, less educated, more likely single and to report intoxication at the time of the index offence. They had lower Derogatis Sexual Functioning Inventory scores, and higher Psychopathy Checklist-Revised Total scores. They demonstrated higher Pedophile Indices on phallometrics and more prior sexual, violent and criminal offences. For Sexual and Violent Recidivism respectively, the variable 'Number of Sexual Offences Prior to the Index Offence' correctly classified 89.6 and 84.6% of the original groups, representing a RIOC of 13.4 and 10.8% respectively. For Criminal Recidivism a combination of the variables Education Level and Number of Prior Criminal Offences correctly classified 71.8% of the original group, representing a RIOC of 20.5%. An exploratory comparison indicated that compared to Hands-Off Sexual Recidivists, the Hands-On Sexual Recidivists demonstrated higher Psychopathy Checklist-Revised Total scores, more deviant Pedophile and Rape Indices on phallometrics, more prior violent and criminal offences, and a trend towards more prior sexual offences. The Rape Index correctly classified 78.9% of the original group, representing a RIOC of 34%. The study is instructive in its delineation of factors placing exhibitionists at risk of reoffence, particularly hands-on sexual offences, and is valuable for court sentencing and treatment.

### Incest

Butler, L., Goodman-Delahunty, J., & Lulham, R. (2012). Effectiveness of pretrial community-based diversion in reducing reoffending by adult intrafamilial child sex offenders. *Criminal Justice And Behavior*, 39(4), 493-513.

To investigate whether diversion to a pretrial community-based diversion program reduced sexual recidivism in adult intrafamilial child sex offenders, 208 offenders assessed for treatment between 1989 and 2003 were monitored for periods ranging from 2.8 to 18 years. Participants accepted for treatment (n = 88) were compared to those who declined (n = 120). After applying propensity score analysis to control for selection bias, Probit regression analysis and Cox proportional hazards regression were used to estimate rates of desistance between the groups. Although differences were not statistically significant, estimated rates of sexual reoffending were lower and time taken to sexually reoffend was longer in the diverted than the undiverted group. An overall effect size for treatment was large (OR = 0.52, 95% CI = 0.18, 1.5), and examination of the recidivists in the treatment group supported inferences of positive treatment effects. Limitations of this study are examined, and future directions for intrafamilial sex offender treatment are discussed.

Kingston, D. A., Firestone, P., Wexler, A., & Bradford, J. M. (2008). Factors associated with recidivism among intrafamilial child molesters. *Journal Of Sexual Aggression*, 14(1), 3-18.

This study examined factors that could potentially differentiate between sexual, violent and criminal recidivist and non-recidivist incest offenders (n = 295). The objective of the study was to extend a previous study conducted on incest offenders by increasing the sample size, adding seven years to the follow-up and attempting to address some of the limitations identified in the previous study. Results indicated, that by the end of the 19th year (mean = 10.78), 9.8%, 20% and 27.5% of incest offenders were charged or convicted of a sexual, violent or criminal offence, respectively. This study identified a number of predictor variables demonstrating either moderate

or strong associations with recidivism (i.e. Cohen's effect size), some of which are changeable and, thus, should be considered important treatment targets for this type of offender. Specifically, sexual recidivists had higher psychopathy scores than non-recidivists. Violent recidivists were younger, demonstrated more problems with alcoholism, were more hostile, had higher psychopathy scores and had more previous criminal charges and/or convictions than non-recidivists. Finally, criminal recidivists were younger, demonstrated more problems with alcoholism, were more hostile, had higher psychopathy scores and had more previous violent and criminal charges and/or convictions than non-recidivists.

Matala, K. L. (2009). Differences between extrafamilial and incest offenders with a comparison of stepfathers based on the amount of time they resided with their victim. *Dissertation Abstracts International*, 70, p. 1949.

The purpose of this investigation is to examine possible differences between incest and extrafamilial sex offenders and investigate differences between stepfathers based on the amount of time they resided with their victim. Currently, the majority of researchers agree that the most effective way to predict recidivism risk for sex offenders is with the use of actuarial measures (Craig, Browne, Stringer, & Beech 2004). The measures that will be the focus of this study include the Minnesota Sex Offender Screening Tool (MnSOST), the Violence Risk Appraisal Guide (VRAG), the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), and the Static-99. These measures have all been developed and normed on violent offenders and to some extent extrafamilial offenders. Participants consisted of every adult male sex offender in Kentucky evaluated by the Sex Offender Risk Assessment unit at Kentucky State Reformatory between 1999 and 2003 (N = 1817). Mixed, extrafamilial, and incest offenders were compared to see if differences exist in the use of force during their offense, sexual activity involved in the offense, denial, number of male victims, and risk assessment scores. Stepfathers were divided into those who lived with their victim for less than two years and those who lived with their victim for more than two years and compared regarding use of force, sexual activity, number of male victims, and risk assessment scores. Results indicate there are differences in denial and number of male victims between mixed, extrafamilial, and incest offenders. Results also show that incest offenders scored significantly lower on the Static-99, the VRAG, and the RRASOR and mixed offenders scored significantly higher on the MnSOST. The chi-square test indicates there is a difference between stepfathers with regard to use of force. ANOVA results indicate stepfathers who live with their victim for less than two years have higher risk assessment scores and more male victims. Results suggest there are differences between stepfathers based on the amount of time they lived with their victim. Implications for risk assessment are discussed.

Rice, M. E., & Harris, G. T. (2002). Men who molest their sexually immature daughters: is a special explanation required?. *Journal Of Abnormal Psychology*, 111(2), 329-339.

Child molesters who target their own children have been described as low risk and not pedophilic. Men who had molested a daughter or stepdaughter (n=82) were compared to 102 molesters whose only female victims were extrafamilial. Men who offended against their own daughters had less deviant sexual age preferences and were less likely to commit new violent and sexual offenses. However, the father-daughter molesters exhibited an average absolute phallometric preference for prepubertal children and had a violent recidivism rate of 22% in a follow-up of less than 5 years. Actuarial risk assessment instruments (the Violence Risk Appraisal Guide and the Sex Offender Risk Appraisal Guide; V. L. Quinsey, G. T. Harris, M. E. Rice, and C. A. Cormier, 1998) worked as well for intrafamilial child molesters as for other sex offenders.

Titcomb, C., Goodman-Delahunty, J., & De Puiseau, B. (2012). Pretrial diversion for intrafamilial child sexual offending: Does biological paternity matter?. *Criminal Justice And Behavior*, 39(4), 552-570.

Diversion programs are generally reserved for offenders rated as low risk. The scant recidivism data on incest offenders classify intrafamilial offenders as lower risk than extrafamilial pedophiles. Even so, few community-based treatment programs accommodate offenders who sexually abuse children. Access to treatment programs for intrafamilial offenders is rare. Using a sample of 214 intrafamilial offenders who pled guilty on referral to a community-based pretrial diversion program for intrafamilial offenders, the authors explored whether biological fathers, typically classified as incest offenders, and nonbiological fathers, traditionally classified as extrafamilial pedophiles, benefited equally from diversion. Biological and nonbiological fathers were systematically compared to determine whether diversion programs should take the victim's relationship to the offender—biological or nonbiological—into account when determining diversion eligibility. Effect sizes confirmed that the two subgroups of intrafamilial offenders were substantially similar on demographic features, characteristics of the index victim and index offense, and prior offending history. The victim-offender relationship was unrelated to acceptance into treatment, treatment completion, and sexual reoffending. These findings advance knowledge of sex offender subtypes and indicate that policies and practices that distinguish biological from nonbiological father offenders should be reconsidered. At a minimum, exclusion of nonbiological intrafamilial sex offenders from community-based treatment programs appears unwarranted.

**Lewdness with a Minor** (nothing when paired w/recidivism)

**Paraphilia's** (did not look up specific ones)

Bradford, J. W., Firestone, P., & Ahmed, A. G. (2007). The paraphilias and psychopathy. In A. R. Felthous, H. Saß (Eds.), *International handbook on psychopathic disorders and the law (Vol 1)* (pp. 275-290).

(from the chapter) There has been a long association and some confusion between the paraphilias and personality disorders in general and psychopathy in particular. This chapter will attempt to explore the relationship between the paraphilias and psychopathy within a broad framework of clinical practice. In pursuing this goal, the chapter begins by reviewing the clinical features of paraphilias. This is followed by section on the features and diagnosis of psychopathy. In the next section there is a review of the association of psychopathy with the paraphilias in particular and sexual offending behavior in general. The chapter concludes by reviewing sexual recidivism studies and the role that psychopathy plays in sexual offense recidivism.

Federoff, J., Wisner-Carlson, R., Dean, S., & Berlin, F. S. (1992). Medroxy-progesterone acetate in the treatment of paraphilic sexual disorders: Rate of relapse in paraphilic men treated in long-term group psychotherapy with or without medroxy-progesterone acetate. *Journal Of Offender Rehabilitation*, 18(3-4), 109-123.

46 male patients with paraphilic sexual disorders were followed for 5 or more yrs. All Ss received equivalent amounts of group psychotherapy. 37% of Ss relapsed. The rate of relapse among Ss receiving treatment with medroxy-progesterone acetate (MPA) was 15%, whereas the rate of relapse among Ss not receiving MPA was 68%. The lower rate of relapse among Ss who were receiving MPA continued to be demonstrated when other variables were accounted for including age, race, marital status, employment, SES, diagnosis, and sexual orientation.

Saleh, F. M., Malin, H., Grudzinskas, A. r., & Vitacco, M. J. (2010). Paraphilias with co-morbid psychopathy: The clinical and legal significance to sex offender assessments. *Behavioral Sciences & The Law*, 28(2), 211-223.

This article briefly discusses the historical development of the constructs of paraphilia and psychopathy. An overview of recent developments in the assessment of these constructs for legal purposes is also provided. The historical, clinical, legal, and ethical obligations of clinicians who work with persons suffering from paraphilias and comorbid psychopathy is then reviewed. An emphasis of the current article is integrating recent developments in the construct of psychopathy into a discussion of sex offender risk assessment and treatment. The co-morbidity of psychopathy and paraphilias as factors in predicting risk of recidivism is reviewed. The need for practitioners to remain cognizant of language requirements in both legal and clinical contexts is addressed. Finally, this article reviews the legal history of sex offender legislation and its evolution into current United States Supreme Court jurisprudence.

Smid, W., Beek, D., & Troelstra, J. (2011). Proxy measures of sexual deviancy. In D. P. Boer, R. Eher, L. A. Craig, M. H. Miner, F. Pfäfflin (Eds.) , *International perspectives on the assessment and treatment of sexual offenders: Theory, practice, and research* (pp. 171-191).

(from the chapter) Sexual deviance, deviant sexual interest, deviant sexual preference and paraphilic disorder are all common terms in sex offender research, especially in the literature concerning sex offender risk assessment. A large part of the items in the commonly used risk assessment instruments are claimed to refer to this sexual deviance. Hanson and Morton-Bourgon cluster all risk factors into two major factors predicting sexual recidivism: deviant sexual interests and antisocial orientation. But, what is sexual deviance? Definitions are hard to find, various terms are used alternately, often as equivalents, but are rarely defined in detail. Even studies investigating the assessment of sexual deviance, usually do not give a definition of the term. From time to time the literature refers to the DSMIV- TR paraphilia diagnoses, but usually to point out that those diagnoses are not very feasible for our purposes. If we want to design or discuss (proxy) measures for sexual deviance, we should first agree upon a definition of the sexual deviance we want to measure. The DSM-IV-TR is the most widely used psychiatric classification system and the most logical place to start if looking for a definition of a disorder. Therefore, in the first part of this chapter we will start with the DSM-IV-TR paraphilia diagnoses, summarize the problems accompanying these diagnoses and try to define sexual deviance in a more pragmatic way. In the second part of this chapter we proceed to describe the proxy measures for the assessment of the previously defined sexual deviance.

Wollert, R. & Cramer, E. (2011). Sampling extreme groups invalidates research on the paraphilias: Implications for DSM-5 and sex offender risk assessments. *Behavioral Sciences & The Law*, 29(4), 554-565.

Psychiatrist and Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) text editor Michael First has criticized the addition of victim counts to criteria proposed by the Paraphilia Sub-Work group for inclusion in DSM-5 because they will increase false-positive diagnoses. Psychologist and Chair of the DSM-5 Paraphilia Sub-Workgroup, Ray Blanchard, responded by publishing a study of pedohebephiles and teleiophiles which seemed to show that victim counts could accurately identify pedohebephiles who were selected per self-report and phallometric testing. His analysis was flawed because it did not conform to conventional clinical practice and because he sampled groups at opposite ends of the clinical spectrum. In an analysis of his full sample, we found the false-positive rate for pedohebephilia at the recommended victim count selection points was indeed very large. Why? Because data analyses that eliminate intermediate data points will generate inflated estimates of correlation coefficients, base rates, and the discriminative capacity of predictor variables. This principle is also relevant for understanding the flaws in previous research that led Hanson and Bussiere to conclude that sexual recidivism

was correlated with “sexual interest in children as measured by phallometric assessment.” The credibility of mental health professionals rests on the reliability of their research. Conducting, publishing, and citing research that reflects adequate sampling and cautious diagnostic theorizing are critical for preserving this credibility.

### Sexual Assault/rape

Firestone, P., Bradford, J. M., McCoy, M., Greenberg, D. M., Curry, S., & Larose, M. R. (1998). Recidivism in convicted rapists. *Journal Of The American Academy Of Psychiatry And The Law*, 26(2), 185-200.

The Ss had been out of prison for up to 12 yrs (mean, 7.6 yrs). Almost 50% had committed some offense by the 5th year out of prison. Recidivism rates for sexual, violent, and any criminal recidivism were 16%, 26%, and 53%, respectively. The ability to predict sexual and violent recidivism was poor. More sexual recidivists, compared with nonrecidivists, had been removed from their family home prior to age 16. Violent recidivists compared with nonrecidivists were also more frequently removed from their homes prior to 16 yrs of age, and they showed significantly more problems with alcohol. In terms of any criminal recidivism, recidivists compared with nonrecidivists were younger and scored higher on the Michigan Alcohol Screening Test (MAST). They also had more previous charges and/or convictions for violent offenses and more charges and/or convictions for any criminal acts. The combination of age and MAST scores was able to predict 92.6% of the nonrecidivists and 53.3% of the recidivists. The outstanding feature of the total group of rapists was their poor sexual adjustment as indicated on the Derogatis Sexual Functioning Inventory. There was also an indication that rapists have problems with hostility, as measured by the Buss-Durkee Hostility-Guilt Inventory.

Hildebrand, M., de Ruiter, C., & de Vogel, V. (2004). Psychopathy and Sexual Deviance in Treated Rapists: Association With Sexual and Nonsexual Recidivism. *Sexual Abuse: Journal Of Research And Treatment*, 16(1), 1-24.

This study examined the role of the Psychopathy Checklist-Revised (PCL-R; R. D. Hare, 1991) and sexual deviance scores in predicting recidivism in a sample of 94 convicted rapists involuntarily admitted to a Dutch forensic psychiatric hospital between 1975 and 1996. The predictive utility of grouping offenders based on the combination of psychopathy and sexual deviance was also investigated. Recidivism (reconviction) data were retrieved from the Judicial Documentation Register of the Ministry of Justice and were related to PCL-R and sexual deviance scores. The follow-up period after release ranged up to 23.5 years (M=11.8 years). Base rates for sexual, violent nonsexual, violent (including sexual), and general recidivism were 34%, 47%, 55%, and 73%, respectively. For all types of offending, offenders scoring high on the PCL-R ( $\geq 26$ ) were significantly more often reconvicted than other offenders. The sexual deviance score was found to be a significant predictor of sexual reconviction. Survival analyses provided considerable evidence that psychopathic sex offenders with sexual deviant preferences are at substantially greater risk of committing new sexual offenses than psychopathic offenders without deviant preferences or nonpsychopathic offenders with or without sexual deviance.

Lisak, D., & Miller, P. M. (2002). Repeat rape and multiple offending among undetected rapists. *Violence And Victims*, 17(1), 73-84.

It is estimated that between 64% and 96% of all rapes are never reported to criminal justice authorities and that only a small minority of reported cases, especially non-stranger assaults, ever result in the successful prosecution of the offender. 1,882 men (ages 18-71 yrs), from 4 samples, were assessed for acts of interpersonal violence. The author's report on 120 men whose self-reported acts met legal definitions of rape or attempted rape, but who were never prosecuted by



criminal justice authorities. A majority of these undetected rapists were repeat rapists, and a majority also committed other acts of interpersonal violence. The repeat rapists averaged 5.8 rapes each. The 120 rapists were responsible for 1,225 separate acts of interpersonal violence, including rape, battery, and child physical and sexual abuse. These findings mirror those from studies of incarcerated sex offenders, indicating high rates of both repeat rape and multiple types of offending. Implications for the investigation and prosecution of this so called "hidden" rape are discussed.

Sjöstedt, G., & Långström, N. (2002). Assessment of risk for criminal recidivism among rapists: A comparison of four different measures. *Psychology, Crime & Law*, 8(1), 25-40.

Explored the predictive accuracy of 4 risk assessment measures among rapists: the Sexual Violence Risk-20 (SVR-20) and the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), both specifically constructed for use with sex offenders, the Psychopathy Checklist-Revised (PCL-R), and the Violence Risk Appraisal Guide (VRAG). All 51 males (aged 16-55 yrs) convicted of rape and diagnosed with personality disorder at pre-trial forensic psychiatric assessment in Sweden from 1988-1990 were followed with respect to reconvictions for an average of 92 mo after release/discharge from prison or forensic psychiatric treatment. Base-rates for sexual, violent non-sexual, and any violent (including sexual) reconvictions were 20%, 25%, and 39%, respectively. Only the RRASOR exhibits predictive accuracy for sexual recidivism significantly better than chance with an area under the receiver operating characteristic curve of .73. PCL-R, VRAG, and SVR-20 psychosocial adjustment subscale scores were associated with increased risk for violent non-sex recidivism. The data propose preliminary cross-cultural predictive validity of the RRASOR for the assessment of risk for sexual reoffending. Results also suggest that the SVR-20 should be further evaluated before used routinely in clinical settings.

### **Sex Offender Risk**

Bani-Yaghoub, M., Fedoroff, J., Curry, S., & Amundsen, D. E. (2010). A time series modeling approach in risk appraisal of violent and sexual recidivism. *Law And Human Behavior*, 34(5), 349-366.

For over half a century, various clinical and actuarial methods have been employed to assess the likelihood of violent recidivism. Yet there is a need for new methods that can improve the accuracy of recidivism predictions. This study proposes a new time series modeling approach that generates high levels of predictive accuracy over short and long periods of time. The proposed approach outperformed two widely used actuarial instruments (i.e., the Violence Risk Appraisal Guide and the Sex Offender Risk Appraisal Guide). Furthermore, analysis of temporal risk variations based on specific time series models can add valuable information into risk assessment and management of violent offenders.

Barbaree, H. E., Langton, C. M., Blanchard, R., & Cantor, J. M. (2009). Aging versus stable enduring traits as explanatory constructs in sex offender recidivism: Partitioning actuarial prediction into conceptually meaningful components. *Criminal Justice And Behavior*, 36(5), 443-465.

This study investigates whether sex offenders' age at release from custody affects their likelihood of reoffending. The participants were 468 men with a mean follow-up (time at risk) of just more than 5 years after release. Items from the Violence Risk Appraisal Guide, the Sex Offender Risk Appraisal Guide, the Rapid Risk Assessment of Sexual Offense Recidivism, the Static-99, and the Minnesota Sex Offender Screening Test-Revised were coded. Results show that the predictive ability of items tapping antisocial behavior is inflated by their association with age at release, whereas the predictive ability of items tapping sexual deviance is diminished by that association. An assessment instrument comprising an age-corrected antisocial behavior scale, an age-corrected sexual deviance scale, and an age at release scale predicted recidivism as well as the



best existing actuarial instruments. Cox regression analysis shows that age at release provided unique and significant predictive ability over and above age-corrected antisocial behavior and age-corrected sexual deviance combined.

Barbaree, H. E., Langton, C. M., & Peacock, E. J. (2006). Different actuarial risk measures produce different risk rankings for sexual offenders. *Sexual Abuse: Journal Of Research And Treatment*, 18(4), 423-440.

Percentile ranks were computed for  $N = 262$  sex offenders using each of 5 actuarial risk instruments commonly used with adult sex offenders (RRASOR, Static-99, VRAG, SORAG, and MnSOST-R). Mean differences between percentile ranks obtained by different actuarial measures were found to vary inversely with the correlation between the actuarial scores. Following studies of factor analyses of actuarial items, we argue that the discrepancies among actuarial instruments can be substantially accounted for by the way in which the factor Antisocial Behavior and various factors reflecting sexual deviance are represented among the items contained in each instrument. In the discussion, we provide guidance to clinicians in resolving discrepancies between instruments and we discuss implications for future developments in sex offender risk assessment.

Blasko, B. L., Jeglic, E. L., & Mercado, C. (2011). Are actuarial risk data used to make determinations of sex offender risk classification?: An examination of sex offenders selected for enhanced registration and notification. *International Journal Of Offender Therapy And Comparative Criminology*, 55(5), 676-692.

This study examined whether evaluators use actuarial risk scores and risk information to make determinations about sex offender risk status for the purpose of enhanced registration and notification. Although it was expected that sexual offenders selected for enhanced registration and notification would have higher scores on actuarial risk assessment tools than those who were not selected, few differences were found between groups with regard to risk factors associated with sexual offense recidivism. Given that actuarial tools enhance the prediction of sexual recidivism, this study may shed light on problems in the implementation of sex offender policy measures. Results are discussed as they pertain to the assessment and application of registration and community notification statutes for sexual offenders.

Boer, D. P., Thakker, J., & Ward, T. (2009). Sex offender risk-based case formulation. In A. R. Beech, L. A. Craig, K. D. Browne (Eds.), *Assessment and treatment of sex offenders: A handbook* (pp. 77-87). New York, NY US: John Wiley & Sons Ltd.

(from the chapter) There are many different ways of conceptualizing a sexual offender's risk of offending and associated treatment needs. While many of the offender's treatment needs could be described as dynamic risk factors (i.e., treatment needs that, if addressed, would decrease the offender's risk), certainly there may be treatment needs unrelated to risk. Thus there is no single approach that would be considered optimal across all types of sexual offenders. Given the complexity of human nature and human behavior this is not at all surprising; formulating and predicting risk requires a process of piecing together a large amount of multifaceted information. In this chapter we review some of the key concepts and theories that have emerged in the field of sex offender treatment and relate these to case conceptualization. The chapter pays closer attention to the sex offender treatment and risk assessment literature than to the formulation literature as the latter is very broad and beyond the scope of this discussion. One of the most widely used approaches to understanding risk for reoffending is the Relapse Prevention (RP) model developed originally for use in the substance abuse field (as outlined by Marlatt and Gordon, 1985). Ward and colleagues (1998; 2000) proposed a self-regulation model (for conceptualizing sex offending) which is essentially a modification of the original RP model. The key difference between this and the original model is that the self-regulation model proposes that there are a number of possible pathways to offending (rather than simply one general pathway). The self regulation model also allows for both planned and unplanned offending, and takes into

consideration the nature of an offender's affective experiences. Two of the most important concepts in the field of risk assessment are the terms static and dynamic. As outlined by Craig and colleagues static risk factors are factors that are unchangeable and typically historical (such as gender, age and offence history) whereas dynamic risk factors are variables that are susceptible to change.

Daniels, B. (2005). Sex offender risk assessment: Evaluation and innovation (Kirk Heilbrun). *Dissertation Abstracts International*, 66, p. 3402.

Conducting sex offender risk assessments are inherently difficult due to the need to assess behaviors of a sexual nature, and are more problematic due to the lack of guidance and conflicting opinions of experts in the field. The purpose of this dissertation is to conduct a review of the sex offender risk assessment literature. This literature will be evaluated to determine if current sex offender evaluations are valid, reliable, and are assessing for relevant risk factors identified by recent research. In addition, the literature will be evaluated to assess whether experts in the field are conducting sex offender risk assessments that adhere to Kirk Heilbrun's Principles of Forensic Mental Health Assessment (2003). Finally, a new model of sex offender risk assessment will be proposed in light of the information gleaned by Heilbrun's (2003) principles and the current literature review.

Forbes, S. M. (2008). Race differences in scores of actuarial measures of sex offender risk assessment. *Dissertation Abstracts International*, 68, p. 8395.

This study examined total and item score differences between Black and White sex offenders on the Static-99, the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), and the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R). Reliability analyses were run in order to assess the relationship between items and total scores in each group. Data came from a sample of offenders who underwent pretrial and prerelease evaluations completed by the Sex Offender Risk Assessment Unit of the Kentucky Department of Corrections. Though offense type and other demographic variables were not controlled for, results indicated significant group differences on item scores on all three measures, with the majority of item differences reflecting higher scores for Black offenders. This was the case for total scores as well. There were no strong correlations between items and total scores. Predictive validity was not assessed in this study due to data limitations. Implications for practitioners and directions for future research are discussed.

Grubin, D. (2011). A large-scale evaluation of risk matrix 2000 in Scotland. *Sexual Abuse: Journal Of Research And Treatment*, 23(4), 419-433.

Risk Matrix 2000 is a statistically derived risk-assessment instrument for use with convicted male sex offenders. It is a core element of the sex offender risk assessments carried out in England, Wales, and Scotland. This study examines its validity in a large cohort of sex offenders released from Scottish prisons. It compares 5-year outcomes with findings from the original Risk Matrix validity sample (a 1979 cohort of sex offenders in England and Wales). The instrument had moderate predictive validity and performed in a similar manner in the two studies in spite of different underlying base rates of reconviction.

Hanson, R., & Harris, A. R. (2000). Where should we intervene?: Dynamic predictors of sexual assault recidivism. *Criminal Justice And Behavior*, 27(1), 6-35.

Reports on information concerning dynamic (changeable) risk factors that were collected through interviews with community supervision officers and file reviews of 208 sexual offense recidivists and 201 nonrecidivists. The recidivists were generally considered to have poor social supports, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies, and difficulties cooperating with supervision. The overall mood of the recidivists and nonrecidivists

was similar, but the recidivists showed increased anger and subjective distress just before reoffending. The dynamic risk factors reported by the officers continued to be strongly associated with recidivism, even after controlling for preexisting differences in static risk factors. The factors identified in the interview data were reflected (to a lesser extent) in the officers' contemporaneous case notes, which suggests that the interview findings cannot be completely attributed to retrospective recall bias.

Hanson, R. (1998). What do we know about sex offender risk assessment?. *Psychology, Public Policy, And Law*, 4(1-2), 50-72.

Denying individual liberty on the basis of community protection requires a defensible mechanism for identifying those sex offenders likely to reoffend. Reliance on expert opinion has become routine, even when such opinions have limited accuracy. Careful attention to the empirical literature, however, has the potential to improve risk assessments for sexual offenders. This article describes different approaches to risk assessment, summarizes the empirical literature on individual risk factors, and reviews recent attempts to create actuarial risk scales for sex offense recidivism. A number of historical and highly stable predictor variables have been documented (e.g., offense history and deviant sexual preferences), but the research on dynamic (changeable) risk factors has been limited. Consequently, the research is more useful for identifying high-risk offenders than for determining when they could be safely released into the community.

Harris, A. J. (2006). Risk Assessment and Sex Offender Community Supervision: A Context-Specific Framework. *Federal Probation*, 70(2), 36-43.

This article aims to present the discussion regarding sexual offender risk assessment in a circumscribed programmatic context, with specific focus on the practice of community-based supervision of sexual offenders. This article consists of two parts. The first reviews the current state of sex offender risk assessment, considering the factors known to be associated with sexual recidivism and the methods currently utilized to translate those factors into risk assessment practice. The article's second section applies this understanding to the specific programmatic context of community-based supervision of sexual offenders, and sets forth a framework for integrating current risk assessment knowledge into systems of community-based supervision of sexual offenders. The role of risk assessment in community supervision practice cannot be divorced from the unique social and political context in which the society views sexual crime, its perpetrators, and its victims.

Johansen, S. H. (2007). Accuracy of predictions of sexual offense recidivism: A comparison of actuarial and clinical methods. *Dissertation Abstracts International*, 68, p. 1929.

Accuracy of predictions of recidivism among sexual offenders is essential to public safety and fiscal responsibility. The present research examined the comparative accuracy of two types of unaided clinical judgment with predictions from four contemporary actuarial instruments. Using file information of 280 sex offenders who had participated in a prison-based sex offender treatment program while incarcerated, the following actuarial instruments were retrospectively coded: the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR; Hanson, 1997); Static-99 (Hanson & Thornton, 1999); Violent Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993); and the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998). The actuarial instruments were compared to two forms of clinical judgment involving consensus predictions by a review committee and individual predictions by treatment clinicians prior to the offender's release from prison. The comparative accuracy of the prediction methods was evaluated using correlations, Receiver Operating Characteristic analyses, and logistic regression. Outcome information involving four types of recidivism (any recidivism; sexual recidivism; violent recidivism; sexual or violent recidivism) was compared to nonrecidivism and consisted of official criminal charges and convictions. Consistent with

previous findings, the actuarial measures, with the exception of the RRASOR, produced more accurate predictions than those derived through clinical approaches. The VRAG, SORAG, and Static-99, on average, generated the highest magnitudes of correlation and largest ROC areas, although not all differences between these instruments and the clinical measures were statistically significant. The RRASOR, on average, yielded greater predictive accuracy than the clinical review committee, but not when compared to the clinical predictions of the treatment therapists. Clinical predictions rendered by the treatment therapists were more accurate than those generated by the review committee, but the difference was not significant. These results offer support for the use of actuarial instruments, specifically the VRAG, SORAG, and Static-99, for evaluators and corrections when formulating predictions of recidivism.

Kingston, D. A., Seto, M. C., Firestone, P., & Bradford, J. M. (2010). Comparing indicators of sexual sadism as predictors of recidivism among adult male sexual offenders. *Journal Of Consulting And Clinical Psychology*, 78(4), 574-584.

Objective: In this longitudinal study, the predictive validity of a psychiatric diagnosis of sexual sadism was compared with three behavioral indicators of sadism: index sexual offense violence, sexual intrusiveness, and phallometrically assessed sexual arousal to depictions of sexual or nonsexual violence. Method: Five hundred and eighty six adult male sexual offenders were assessed between 1982 and 1992, and these offenders were followed for up to 20-years postrelease via official criminal records. Assessment information included the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, offense characteristics, phallometric assessment results, and an actuarial risk measure (the Sex Offender Risk Appraisal Guide). Results: Predictive validity was demonstrated in univariate analyses for the behavioral indicators of sexual sadism (area under the curve [AUCs] from .58 to .62) but not psychiatric diagnosis (AUC = .54). Cox regression analyses revealed that phallometrically assessed sexual arousal to violence was still significantly associated with violent (including sexual) recidivism after actuarially estimated risk to reoffend was controlled. A psychiatric diagnosis of sexual sadism, in contrast, was unrelated to recidivism. Conclusions: The results support the use of more behaviorally operationalized indicators of sexual sadism, especially phallometric assessment of sexual arousal, and suggest the DSM criteria for sexual sadism require further work.

Lamade, R., Gabriel, A., & Prentky, R. (2011). Optimizing risk mitigation in management of sexual offenders: A structural model. *International Journal Of Law And Psychiatry*, 34(3), 217-225.

Sexual violence is an insidious and pervasive problem that insinuates itself into all aspects of contemporary society. It can neither be mitigated nor adequately controlled through current socio-legal practices. A more promising approach must embrace four integrated elements: (1) public policy, (2) primary prevention, (3) statutory management, and (3) secondary intervention. In the present paper we tackle the 3rd and 4th elements by proposing an integrated model for reducing and managing sexual violence among known sex offenders. Relying on the highly effective Risk-Need-Responsivity (RNR) model as the core of our Sex Offender Risk Mitigation and Management Model (SORM<sup>3</sup>), we draw together evidence based practices from clinical interventions and risk assessment strategies. Developed by Andrews & Bonta (2006), RNR has a strong empirical track record of efficacy when applied to diverse samples of offenders, including sex offenders (Hanson, Bourgon, Helmus, & Hodgson, 2009). We offer a detailed structural model that seeks to provide a more seamless integration of risk assessment with management and discretionary decisions, including a primary focus on RNR-based post-release aftercare. We end with the mantra that sex offender treatment alone will never effectively mitigate sexual violence in society, since the problem is not confined to the handful of offenders who spend time in prison and are offered some limited exposure to treatment. Any truly effective model must go well beyond the management of those known to be violent and embrace a comprehensive and integrated approach that begins by recognizing the seeds of sexual violence sown by society.

Such a public health paradigm places victims—not offenders—at the center, forcing society to come to address the full gamut of hazards that fuel sexual violence.

Looman, J., & Abracen, J. (2011). Substance abuse among high-risk sexual offenders: Do measures of lifetime history of substance abuse add to the prediction of recidivism over actuarial risk assessment instruments?. *Journal Of Interpersonal Violence*, 26(4), 683-700.

There has been relatively little research on the degree to which measures of lifetime history of substance abuse add to the prediction of risk based on actuarial measures alone among sexual offenders. This issue is of relevance in that a history of substance abuse is related to relapse to substance using behavior. Furthermore, substance use has been found to be related to recidivism among sexual offenders. To investigate whether lifetime history of substance abuse adds to prediction over and above actuarial instruments alone, several measures of substance abuse were administered in conjunction with the Sex Offender Risk Appraisal Guide (SORAG). The SORAG was found to be the most accurate actuarial instrument for the prediction of serious recidivism (i.e., sexual or violent) among the sample included in the present investigation. Complete information, including follow-up data, were available for 250 offenders who attended the Regional Treatment Centre Sex Offender Treatment Program (RTCSOTP). The Michigan Alcohol Screening Test (MAST) and the Drug Abuse Screening Test (DAST) were used to assess lifetime history of substance abuse. The results of logistic regression procedures indicated that both the SORAG and the MAST independently added to the prediction of serious recidivism. The DAST did not add to prediction over the use of the SORAG alone. Implications for both the assessment and treatment of sexual offenders are discussed.

Murrie, D. C., Boccaccini, M. T., Caperton, J., & Rufino, K. (2012). Field validity of the Psychopathy Checklist-Revised in sex offender risk assessment. *Psychological Assessment*, 24(2), 524-529.

Several studies have concluded that scores from Hare's (2003) Psychopathy Checklist-Revised (PCL-R) predict reoffense among sexual offenders, but most of those studies examined the predictive validity of scores from trained research staff, not clinicians in the field scoring the measure as part of actual forensic assessments. Therefore, we examined the field validity of PCL-R scores that forensic evaluators assigned to 333 male sexual offenders who underwent evaluations during a civil commitment selection process. Overall, no PCL-R score was a significant predictor of sexually violent recidivism. Facet 4 was the only PCL-R score with an area under the curve (AUC) greater than .50 (AUC = .53,  $p = .85$ ) and the only PCL-R score that approached statistical significance for predicting the combined category of violent or sexually violent offending (AUC = .63,  $p = .08$ ). However, scores from a subset of evaluators revealed stronger predictive effects, indicating that predictive validity was higher for scores from some evaluators than others. Overall, these results suggest that the stronger predictive validity values in controlled research studies may not apply to all evaluators when the PCL-R is administered in the field.

Olver, M. E., & Wong, S. P. (2011). A comparison of static and dynamic assessment of sexual offender risk and need in a treatment context. *Criminal Justice And Behavior*, 38(2), 113-126.

The authors investigated the efficacy of static versus dynamic approaches to risk assessment and the validity of the Risk Principle through comparing treatment changes made by high- versus lower-risk offenders. The investigations were carried out using a sample of 321 treated sex offenders followed up for an average 10 years postrelease. Risk was assessed using the Static 99, and treatment change was assessed using the Violence Risk Scale—Sexual Offender version. Actuarially high-risk/ low-change offenders had significantly higher rates of sexual recidivism than similarly high-risk offenders who had demonstrated greater treatment changes. The Static 99 predicted sexual recidivism well among sex offenders with smaller treatment change but demonstrated weaker prediction among offenders with greater treatment change, likely owing, in

part, to the static nature of the risk predictors. Implications regarding the dynamic nature of risk and potential utility of incorporating treatment change—related information into sex offender risk assessments are discussed.

Olver, M. E., & Wong, S. P. (2009). Therapeutic responses of psychopathic sexual offenders: Treatment attrition, therapeutic change, and long-term recidivism. *Journal Of Consulting And Clinical Psychology*, 77(2), 328-336.

The authors examined the therapeutic responses of psychopathic sex offenders ( $\geq 25$  Psychopathy Checklist—Revised; PCL–R) in terms of treatment dropout and therapeutic change, as well as sexual and violent recidivism over a 10-year follow-up among 156 federally incarcerated sex offenders treated in a high-intensity inpatient sex offender program. Psychopathy and sex offender risk/treatment change were assessed using the PCL–R and the Violence Risk Scale—Sexual Offender version (VRS–SO), respectively. Although psychopathic participants were more likely than their nonpsychopathic counterparts ( $< 25$  PCL–R) to drop out, almost 75% of the former completed treatment. Psychopathic offenders who failed to complete sex offender treatment were more likely to violently but not sexually recidivate than completers. Positive treatment changes were associated with reductions in sexual and violent recidivism after psychopathy and sexual recidivism risk were controlled. Overall, the results suggest that given appropriate treatment interventions, sex offenders with significant psychopathic traits can be retained in an institutional treatment program and those showing therapeutic improvement can reduce their risk for both sexual and violent recidivism.

Phenix, A., & Sreenivasan, S. (2009). A practical guide for the evaluation of sexual recidivism risk in mentally retarded sex offenders. *Journal Of The American Academy Of Psychiatry And The Law*, 37(4), 509-524.

Although sex offender risk assessment has progressed greatly over the past decade and a half since most states implemented the sexually violent predator/sexually dangerous person (SVP/SDP) laws, there continues to be limited applicability of such models to intellectually disabled sex offenders because there has been no empirical validation. However, SVP/SDP civil commitment programs have reported increased admission of developmentally disabled sex offenders. Differentiating sexual deviance, the primary factor predisposing most individuals to criminal sexual violence, from impulsive, immature, and inappropriate behavior stemming from cognitive deficits presents yet another challenge to the clinician tasked with performing such evaluations. This article reviews actuarial risk models and their limited applicability to mentally retarded sex offenders and offers a conceptual method of assessing the risk of recidivism in intellectually disabled sex offenders under SVP/SDP evaluation.

Sandler, J. C. (2011). The Static-99 and additional research-based risk factors: A statistical theory to improve sex offender risk assessment. *Dissertation Abstracts International*, 72, Vol 72(2-B), p. 1207.

Research has indicated that adjusting Static-99 risk assessments for sexual recidivism using unguided clinical opinion reduces the accuracy of the risk assessments. While progress has been made in the last decade toward identifying which variables (both internal and external to the Static-99) are associated with the likelihood of an offender sexually recidivating, very little guidance has been given on how to consider the variables external to the Static-99 within the context of a Static-99 risk assessment. The current study proposes a statistical theory for how to incorporate certain variables into such an assessment, and provides some preliminary analyses to support the theory.

Scoones, C. D., Willis, G. M., & Grace, R. C. (2012). Beyond static and dynamic risk factors: The incremental validity of release planning for predicting sex offender recidivism. *Journal Of Interpersonal Violence*, 27(2), 222-238.

Both desistance research and strengths-based approaches to offender rehabilitation suggest that attempts to reduce sex offender recidivism should attend to an offender's release environment. Recent research has demonstrated that better quality release planning is associated with reduced recidivism; however, whether release planning contributes significant incremental validity in predicting recidivism over and above static and dynamic risk factors is unclear. In the present study, release planning was retrospectively assessed for a sample of child molesters ( $n = 196$ ) who had been released into the community following completion of a prison-based treatment program and its relative contribution to recidivism risk prediction was investigated. The average follow-up period was 11.08 years, during which 13.3% of the sample were convicted of a new sexual offence. Hierarchical Cox regression analyses showed that release planning contributed additional predictive validity for sexual recidivism after controlling for static and dynamic risk factors. Findings suggest that assessment of release planning might improve accuracy of sex offender risk assessments and that improved release planning should contribute to reductions in recidivism.

Sreenivasan, S., Garrick, T., Norris, R., Cusworth-Walker, S., Weinberger, L. E., Essres, G., & ... Fain, T. (2007). Predicting the likelihood of future sexual recidivism: Pilot study findings from a California sex offender risk project and cross-validation of the Static-99. *Journal Of The American Academy Of Psychiatry And The Law*, 35(4), 454-468.

Pilot findings on 137 California sex offenders followed up over 10 years after release from custody (excluding cases in which legal jurisdiction expired) are presented. The sexual recidivism rate, very likely inflated by sample selection, was 31 percent at five years and 40 percent at 10 years. Cumulatively, markers of sexual deviance (multiple victim types) and criminality (prior parole violations and prison terms) led to improved prediction of sexual recidivism (receiver operating characteristic [ROC] = .71,  $r = .46$ ) than singly (multiple victim types: ROC = .60,  $r = .31$ ; prior parole violations and prison terms: ROC = .66,  $r = .37$ ). Long-term Static-99 statistical predictive accuracy for sexual recidivism was lower in our sample (ROC = .62,  $r = .24$ ) than the values presented in the developmental norms. Sexual recidivism rates were higher in our study for Static-99 scores of 2 and 3 than in the developmental sample, and lower for scores of 4 and 6. Given failures to replicate developmental norms, the Static-99 method of ranking sexual recidivism risk warrants caution when applied to individual offenders.

Stadtland, Cornelis, Matthias Hollweg, Nikolaus Kleindienst, Julia Dietl, Ursula Reich, and Norbet Nedopil. 2005. "Risk assessment and prediction of violent and sexual recidivism in sex offenders: Long-term predictive validity of four risk assessment instruments." *Journal Of Forensic Psychiatry & Psychology* 16, no. 1: 92-108.

The long term predictive validity of four current risk assessment instruments (Static-99, HCR-20, SVR-20, PCL-R) was assessed in Germany on three different groups of subjects. The groups consisted of 73 sex offenders released from a prison-based special therapeutic unit (therapeutic sample), 15 individuals who did not complete this treatment (drop-outs), and another 46 subjects who were assessed in a psychiatric hospital having been accused of a sexual offence (assessment sample). The results of the three samples were then compared. The outcome was obtained by examining the national conviction registry. The mean follow-up time was 9 years (range: 1 - 340 months). The highest rate of recidivism was observed in the dropout group, with only one individual not reoffending. The assessment group had slightly fewer reoffences compared to the treatment group, which had been selected as a high risk population. The treatment sample exceeded the assessment sample, especially concerning sexual reoffences, but less so concerning violent reoffences. Of all the assessment instruments and using the total sample, the Static-99 was



the most efficient predictor of all, violent non-sexual and non-contact sexual recidivism. For the prediction of contact sexual recidivism the AUC of the HCR-20 and the SVR-20 was slightly better, but very similar to the Static-99. These differences between assessment instruments were, however, not statistically significant. The AUC for the Static-99 was smaller in the treatment group, but larger than for other assessment instruments. The Static-99 risk categories correlated significantly with the Kaplan-Meier survival functions.

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.

This study examines the effectiveness of three risk assessment instruments: Static-99, Risk Matrix 2000 (RM2000) and the Rapid Risk of Sex Offender Recidivism (RRASOR), in predicting sexual recidivism among 27 intellectually disabled sex offenders. The overall sexual offence reconviction rate was 30%, while non-recidivists remained offence-free over 76 months of follow-up. Static-99 presented as performing as well as guided clinical judgements in mainstream population studies [area under the curve (AUC) = 0.64] exceeding the performance of RM2000 (AUC = 0.58) in predicting sexual recidivism. However, the results were not statistically significant. In contrast to previous findings, the RRASOR presented the worst level of prediction (AUC = 0.42). These results highlight the need to investigate further with larger sample sizes and in conjunction with more dynamic measures of risk. Proposed relevant factors are discussed in detail.

Wollert, R., Cramer, E., Waggoner, J., Skelton, A., & Vess, J. (2010). Recent research (N = 9,305) underscores the importance of using age-stratified actuarial tables in sex offender risk assessments. *Sexual Abuse: Journal Of Research And Treatment, 22*(4), 471-490.

A useful understanding of the relationship between age, actuarial scores, and sexual recidivism can be obtained by comparing the entries in equivalent cells from "agestratified" actuarial tables. This article reports the compilation of the first multisample age-stratified table of sexual recidivism rates, referred to as the "multisample agestratified table of sexual recidivism rates (MATS-1)," from recent research on Static-99 and another actuarial known as the Automated Sexual Recidivism Scale. The MATS-1 validates the "age invariance effect" that the risk of sexual recidivism declines with advancing age and shows that age-restricted tables underestimate risk for younger offenders and overestimate risk for older offenders. Based on data from more than 9,000 sex offenders, our conclusion is that evaluators should report recidivism estimates from age-stratified tables when they are assessing sexual recidivism risk, particularly when evaluating the aging sex offender.

**Statutory sexual seduction/rape** (nothing when paired with recidivism)

### **Nonspecific Recidivism**

Abracen, J., Looman, J., Ferguson, M., Harkins, L., & Mailloux, D. (2011). Recidivism among treated sexual offenders and comparison subjects: Recent outcome data from the Regional Treatment Centre (Ontario) high-intensity Sex Offender Treatment Programme. *Journal Of Sexual Aggression, 17*(2), 142-152.

The present investigation examined a sample of 64 offenders treated at the Regional Treatment Centre (Ontario) Sex Offender Treatment Programme (RTCSOTP) and a sample of 55 untreated sexual offenders from the Ontario region of Correctional Service of Canada. Groups were matched on age at index offence, Hare Psychopathy Checklist-Revised (PCL-R) score and type of sexual offender (i.e. intrafamilial child molester, extrafamilial child molester and rapist). As well, the Rapid Risk Assessment of Sexual Offence Recidivism Scale (RRASOR) was scored on all



offenders in the present investigation. Recidivism, based upon officially recorded conviction data, was used as the primary dependent measure. Results indicated that both treated offenders and comparison participants evidenced low sexual recidivism rates (approximately 10% over follow-up periods that extended beyond nine years for both treated and comparison offenders). With reference to high PCL-R treated and comparison offenders, both groups evidenced rates of sexual recidivism approaching zero (one offender in each group recidivated sexually). These data have important implications for those who view treatment with high PCL-R offenders as without hope for success. Both treated and untreated comparison offenders received a wide variety of non-sexual offender programmes directed at criminogenic need areas. Treated offenders who were rated as being higher risk on the RRASOR evidenced substantially lower than predicted rates of sexual offending.

Aldridge, N. (1999, November). Evaluating treatment for sex offenders: A pretest-posttest and follow-up study. (treatment evaluation, recidivism). *Dissertation Abstracts International*, 60, (5-B), p. 2376.

This study evaluated the long-term behavioral effectiveness of a cognitive-behavioral community-based treatment program for sex offenders by comparing pretest and posttest measures of 42 patients completing treatment. Outcome measures included the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Multiphasic Sex Inventory II (MSI-II) and the Penile Plethysmograph (PPG) assessment and recidivism (reoffending record) posttreatment and follow-up. Statistically significant improvement was obtained on a number of scales and subscales on the MSI-II. Only one scale on the MMPI-2 was significant in improvement. Results of the PPG assessment indicated the sex offenders' deviant sexual arousal decreased from pretest to posttest. Recidivism data were collected from probation and parole written and verbal reports, as well as computer checked in cooperation with the state law enforcement agency. Three of the 42 graduates reoffended sexually during the follow-up period of 8 months to 8 years which produced a recidivism rate of 7.1%. This data supported the conclusions that comprehensive cognitive-behavioral treatment can be effective in reducing recidivism, enhancing sex offenders' recognition that deviant fantasy is a precursor to sexual assault, decreasing deviant sexual arousal and assisting sex offenders to achieve normative sexual functioning.

Baltieri, D., & Andrad, A. (2008). Alcohol and drug consumption and sexual impulsivity among sexual offenders. In J. V. Fenner (Ed.), *Sex offenders: Management, treatment and bibliography* (pp. 73-95).

(from the chapter) Introduction: Sexual violence is an important public health problem. In São Paulo, about 5% of male prison inmates are serving a sentence for a serious sexual offense. In Brazil and other countries, many sexual offenders will return home without any psychosocial interventions to prevent recidivism. The aim of this study was to evaluate the role of alcohol and drug consumption and the sexual impulsivity level among sexual offenders. Methods: It was an observational, retrospective and cross-sectional study carried out inside the Penitentiary of Sorocaba—São Paulo. From July 2004 to September 2005, all 218 convicts sentenced only for sexual crimes were evaluated with reference to alcohol and drug use, impulsivity, sexual addiction, recidivism risk and their juridical reports were reviewed. Twenty (9.17%) recruited convicts were excluded from the sample. The sexual offenders were divided in three groups, such as children molesters (n= 101), sexual aggressors against adolescents (n = 56) and sexual offenders against adults (n = 41). Results: 1) Sexual offenders against adults were found to be significantly younger than children molesters and sexual offenders against adolescents ( $p < 0.01$ ); 2) Sexual offenders against adults had more difficulties with drug use than the comparison groups ( $p < 0.01$ ); 3) Children molesters showed significantly higher severity of alcohol dependence than the comparison groups ( $p < 0.01$ ); 4) Children molesters presented more frequently history of being sexually abused in childhood than the comparison groups ( $p = 0.02$ ). Conclusions: Substance use may be one of the distinguishing factors between offenders who target children and those who target adults. History of sexual abuse can really be more common in children molesters than in sexual offenders against adults.

Barbaree, H. E. (2005). Psychopathy, Treatment Behavior, and Recidivism: An Extended Follow-Up of Seto and Barbaree. *Journal Of Interpersonal Violence*, 20(9), 1115-1131.

Seto and Barbaree reported the unexpected finding that adult male sex offenders who scored higher on psychopathy and exhibited better behavior in treatment were almost four times more likely to commit a new serious offence than other offenders once released. The present study reexamined this sample after a longer follow-up time using more complete recidivism data from a national police database. Although psychopathy continued to be a significant predictor of general and serious recidivism, treatment behavior was no longer related to either general or serious recidivism, and there was no statistically significant interaction between psychopathy and treatment behavior. Additional analyses ruled out the possibility that the differences between studies could be accounted for by the different average length of follow-up. A direct comparison of the two sources of recidivism data showed that differences in recidivism between subgroups were reduced by using the more complete recidivism data.

Barnes, J. (2001, July). Recidivism in sex offenders: A follow-up comparison of treated and untreated sex offenders released to the community in Kentucky. *Dissertation Abstracts International*, 62, p. 535.

This study examined treatment outcome for sex offenders who participated in a program operated by the Kentucky Department of Corrections. Treatment outcome was defined in terms of sexual recidivism, violent recidivism and general criminal recidivism, and operationalized as a new arrest for any offense falling into these categories. Offenders were classified as rapists, incest offenders and child molesters, and matched to untreated offenders on these victim characteristics. Significant pretreatment differences in education, age, and criminal history were found between the treated and untreated offender groups. Treated sex offenders were found to have recidivated sexually at significantly lower rates than untreated offenders. Only treatment status was found to be related to this difference. Treatment effects were strongest for rapists. A strong treatment effect was also found for incest offenders, who tended to reoffend sexually at low rates with or without treatment. No difference in sexual reoffense rates were found for treated and untreated extrafamilial child molesters. The same outcome pattern was found for violent recidivism. When treated versus untreated offenders were compared, younger age and greater criminal history were found to be associated with an increased risk of general criminal recidivism, while treatment participation was associated a decreased probability of general criminal recidivism. None of these variables were found to have a significant statistical relationship to general criminal recidivism specific to rapists and incest offenders. Participation in treatment was found to be associated with an increased probability of general recidivism among child molesters.

Bradford, J. W., Fedoroff, P., & Firestone, P. (2008). Sexual violence and the clinician. In R. I. Simon, K. Tardiff (Eds.), *Textbook of violence assessment and management* (pp. 441-460).

(from the chapter) Sexual violence involves any sexual act with a nonconsenting partner and also includes physical violence associated with a paraphilia or sexual deviation. Various studies have shown that between 10% and 16% of males and between 20% and 27% of females have been victims of childhood sexual abuse. In recent years the Internet has become a vehicle for sexual offenses, usually child pornography. Studies have defined different types of Internet offenders. Clinical studies of sexually sadistic homicide perpetrators are rare, mostly because this condition only rarely occurs. Clinical features have been defined and an association has been found between sexual sadism and brain abnormalities. Sexual arousal has been shown to be one of the most reliable predictors of sexual offense recidivism. It has also been shown to discriminate between sexual offenders and nonoffenders, particularly in relation to pedophilia, and to discriminate between pedophilic homicidal perpetrators and nonhomicidal perpetrators. There is a large body of scientific evidence on sexual offender recidivism that shows considerable consistency even in studies conducted in different countries. Those who sexually assault adult females have the highest recidivism rates, followed by extrafamilial child molesters and lastly by

intrafamilial child molesters. The Static-99 provides an easy way of estimating sexual offense recidivism with easily obtainable information. The focus of psychological treatments has been the cognitive-behavioral treatment spectrum, with a specific focus on relapse prevention. Pharmacological treatments include SSRIs, anti-androgens, and LHRH agonists as well as some other hormonal agents. An algorithm for the pharmacological treatment of sexual offenders has been developed.

Colombino, N., Mercado, C., Levenson, J., & Jeglic, E. (2011). Preventing sexual violence: Can examination of offense location inform sex crime policy?. *International Journal Of Law And Psychiatry*, 34(3), 160-167.

Recently, legislative initiatives to prevent sex crime recidivism include the passage of child safety zones (also called loitering zones) that prohibit sex offenders from lingering near places where children congregate. The ability of policies such as these or residence restrictions to curb sexual recidivism depends on the empirical reality of sex offender perpetration patterns. As such, the current study sought to examine locations where sex offenders first come into contact with their victims and whether sex crime locations differ among those who perpetrate offenses against children as compared to those who perpetrate offenses against adults. Further, this study examined actuarial risk scores and recidivism rates among offenders who met victims in child-dense public locations to determine if these offenders are more at risk of re-offense. Descriptive analyses, based on archival sex offender file review (N =1557), revealed that offenders primarily cultivated their offenses in private residential locations (67.0%); relatively few offenders (4.4%) met their victims in child-dense public locations. Further, offenders who perpetrated crimes against children were more likely to meet victims within a residence, while those who perpetrate crimes against adults were more likely to encounter victims in a more public type of location (e.g., bar, workplace). Though only 3.7% of all offenders in this sample sexually recidivated, those who recidivated were more likely to have met their victim in a child-dense public location than those who did not recidivate. Current sex crime policies that focus only on where offenders live may fail to focus on where offenders go and, further, may misdirect efforts away from the place where sex crimes most often occur, namely, in the home.

Craig, L. (2008). How should we understand the effect of age on sexual recidivism?. *Journal Of Sexual Aggression*, 14(3), 185-198.

Research into the effect of age on sexual recidivism risk is a relatively new and developing area of interest and is likely to be of great interest for forensic practitioners responsible for the community supervision of sexual offenders. Meta-analytical and follow-up reconviction studies indicate an inverse relationship between age and sexual recidivism risk, where younger sex offenders pose a greater risk of reconviction than older sex offenders. This finding has led to the development of actuarial risk scales which identify younger sex offenders (<25 years) as posing the greatest risk. However, recent research studies have reported contradictory results to this assumption and found a non-linear relationship between age and sexual recidivism risk. Only a small number of studies have investigated the effect of age on sexual recidivism by comparing age bands and rates of sexual recidivism. Researchers have also considered the effect of age on actuarial risk, which risk factors are associated with which age bands and sexual recidivism rates between sex offender subgroups. The purpose of this paper is to integrate this research and to link commonalities between these studies. This paper organizes the effect of age on sexual recidivism into five categories: (i) the effect of age and actuarial risk; (ii) the effect of age on sexual arousal; (iii) the effect of age-at-release on sexual recidivism risk; (iv) the effect of age-at-first-offence on sexual recidivism risk; and (v) the effect of age on child molesters and rapists on sexual recidivism risk. Important differences were found between age bands of sexual offenders in terms of sexual recidivism risk and actuarial risk factors as well as differences between rapists and child molesters. The relative importance of factoring age when assessing risk in sex offenders is discussed.

Craissati, J., South, R., & Bierer, K. (2009). Exploring the effectiveness of community sex offender treatment in relation to risk and re-offending. *Journal Of Forensic Psychiatry & Psychology*, 20(6), 769-784.

There is growing confidence in the development of structured approaches—and actuarial tools—to predict the future risk of sexual re-offending, but optimism regarding the efficacy of treatment approaches for sex offenders is cautious. This study is an extension of previous research on an urban sample of convicted male sex offenders, 273 of whom have now been at risk in the community for an average of nine years, and 128 of whom have received community treatment from the Challenge Project programme in southeast London. Despite difficulties in establishing a clear impact of treatment on the sexual re-offending rate, there were encouraging results to suggest that higher risk and more psychologically disturbed subjects, placed in cognitive-behavioural manualised treatment, were more likely to complete the programme and to achieve high levels of attendance; and these subjects were significantly less likely to fail in terms of breaches, general re-offending or indeed, any formal failure.

Craissati, J., & Beech, A. (2005). Risk prediction and failure in a complete urban sample of sex offenders. *Journal Of Forensic Psychiatry & Psychology*, 16(1), 24-40.

Considerable progress has been made in developing risk prediction tools for sex offenders based on fixed variables. The aim of this study was to explore the comparative utility of the Risk Matrix 2000 and Static 99 on an urban community sample of child molesters and rapists, with reference to sexual recidivism, general community failure and the possible impact of treatment. The role of key developmental variables was explored in relation to risk prediction. The sample comprised 310 sex offenders, 273 of whom had been at risk in the community for an average of four years. The sexual reconviction rate was very low at 2%. Preliminary analyses suggested that the predictive accuracy of existing tools was enhanced by considering childhood difficulties. Future research should replicate the findings in the light of dynamic models of risk prediction.

Dahle, K., Janka, C., Gallasch-Nemitz, F., & Lehmann, R. (2009). Offending characteristics, risk of recidivism and prediction of reoffence in sex offenders, from adolescence to later adulthood. *Forensische Psychiatrie, Psychologie, Kriminologie*, 3(3), 210-220.

The basis of this study was a census of all offenses of sexual assault and sexual abuse that were reported to the Berlin police between 1994 and 1999 (N = 2,446). The purpose was to analyse the particularities of elderly offenders (60 years or older, n = 68) compared to the 273 juvenile and the 2,105 younger adult offenders with regard to prior offenses, index offenses and recidivism rates. Furthermore, the analysis focused on the prediction of sexual and violent reoffence by means of the static-99 within the elderly age group. The analysis showed that the rate of former sexual offence committed by seniors was comparable to the younger adults; however, sexual and non-sexual violent pre-offences were much less frequent. On the other hand, the seniors were more frequently involved in sexual abuse, their modus operandi showed lesser degrees of intensity of the sexual acts and less use of force and violence (even among sexual abusers only) and group-offence was definitely uncommon. Furthermore the rate of sexual reoffence was similar to the juvenile offenders, but lower in comparison to adult offenders younger than 60 years. A more sophisticated analysis of the age-effects on recidivism-rates confirmed the anticipation of growing risks until middle adulthood and decreasing risks of reoffence afterwards. However, an explicit trajectory of first growing and then decreasing risks in the course of aging could only be found among offenders with sexual abuse, whereas the zenith was shifted in elderly stages of age. On the other hand, among offenders with sexual assaults, the risks of sexual reoffending seemed rather similar until the middle adulthood and increasingly lower in later stages. In spite of these aging-effects and the particularities of the elderly sexual offenders, the static-99 predicted sexual reoffence among the senior offenders quite well and there was no difference in comparison with the total sample.

Day, K. (1994). Male mentally handicapped sex offenders. *The British Journal Of Psychiatry*, 165(5), 630-639.

Retrospectively examined the clinical, social, and family characteristics and offense behavior of 47 mentally handicapped male patients (aged 15–63 yrs) referred for antisocial sexual behavior. Of 191 offenses and/or incidents committed, 55.5% were heterosexual, 24% indecent exposure, 12.4% homosexual, 13.6% serious, and 3.6% involved physical assault. There was a high prevalence of family psychopathology, psychiatric illness, minor physical disabilities, sexual experience, impaired relationship skills, and sexual recidivism. Recidivists showed a low specificity for offense type and age and sex of victim. Categorical analysis differentiated a "sex offenses only" group from a "sex plus other offenses" group in the key areas of psychopathology, offense behavior, and outcome.

Dickey, R., Nussbaum, D., Chevrolleau, K., & Davidson, H. (2002). Age as a differential characteristic of rapists, pedophiles, and sexual sadists. *Journal Of Sex & Marital Therapy*, 28(3), 211-218.

Investigated the role of age in three categories of 168 sex offenders (aged 18-70 yrs), including 53 rapists, 62 pedophiles, and 53 sadists. On the basis of the match between requisites of completing each type of sexual offense, it was hypothesized that rapists would be less represented in the older age group, whereas pedophilic and sexually sadistic offenders would show a more muted decline with age. This hypothesis was supported by the data, clearly a showing smaller number of rapists in the over 40 group relative to the number of pedophiles and sadists. Further examination of the files eliminated the alternate explanation ascribing this pattern to lack of opportunity in older rapists because of incarceration. These results suggest that age over 40 may mitigate incidence of recidivism in rapists, but not in pedophiles or sexual sadists. Approximately one third of the sexual sadists had committed either first- or second-degree murder, whereas none of the nonsadistic rapists or pedophiles had these crimes on their records. The data further justify categorization of sex offenders into nonsadistic rapist, sadistic rapist, and pedophilic offenders in future research to enhance precision in delineating demographic characteristics and putative causal explanations for sexual offending.

Duwe, G., & Donnay, W. (2010). The effects of failure to register on sex offender recidivism. *Criminal Justice And Behavior*, 37(5), 520-536.

Failure to register (FTR) as a predatory offender recently supplanted criminal sexual conduct as the most common recidivism offense for sex offenders released from Minnesota prisons. To date, however, little is known about FTR. The authors attempted to address this gap by examining recidivism outcomes among inmates required to register as predatory offenders who were released from Minnesota prisons between 2000 and 2004. In particular, they analyzed whether an FTR offense (or history of any FTR offense) had a significant impact on sexual, general, and FTR recidivism. To minimize observed differences between FTR and non-FTR offenders, propensity score matching was used to create the non-FTR comparison group. Results from the Cox regression models indicate that an FTR offense did not have a significant effect on either sexual or general recidivism. In contrast, the findings suggested that an FTR conviction significantly increased the risk of recidivism for another FTR offense. Moreover, the results indicated that offenders with at least a GED or high school diploma at the time of release had a significantly reduced risk of FTR recidivism.

Duwe, G., & Donnay, W. (2008). The impact of Megan's law on sex offender recidivism: The Minnesota experience. *Criminology: An Interdisciplinary Journal*, 46(2), 411-446.

Although Megan's Law was passed more than 10 years ago, very little is known as to whether it reduces sex offender recidivism significantly. Using a retrospective quasi-experimental design, we examine whether community notification has a deterrent effect by comparing the recidivism

rates of 155 level 3 (“high public risk”) sex offenders released from Minnesota prisons between 1997 and 2002 who were subject to broad notification with two separate control groups who were not. The first control group (referred to as the prenotification group) contained 125 sex offenders released between 1990 and 1996 (the 7 years preceding the implementation of the Community Notification Act) who likely would have been subject to broad community notification had the law been in effect at the time of their release. The second control group (referred to as the non-notification group) was composed of 155 offenders (37 level 1 and 118 level 2) released between 1997 and 2002 who were not subject to broad community notification. The results from the Cox proportional hazards models reveal that broad community notification significantly reduced the risk of time to a sex reoffense (rearrest, reconviction, and reincarceration) compared with both control groups. The findings were mixed, however, for both non-sex and general reoffending. Whereas broad community notification significantly reduced the risk of timing to both non-sex and general recidivism compared with the prenotification group, no such effects were found in the non-notification group analyses. We discuss the implications of these results and attempt to explain why Megan’s Law seems to reduce sex offense recidivism in Minnesota.

Fazel, S., Sjöstedt, G., Långström, N., & Grann, M. (2006). Risk Factors for Criminal Recidivism in Older Sexual Offenders. *Sexual Abuse: Journal Of Research And Treatment*, 18(2), 159-167.

Sexual offenders constitute a substantial proportion of the older male prison population. Recent research findings, with potential consequences for risk management, indicate that recidivism risk might be lower in older sexual offenders. We followed up all adult male sexual offenders released from prison in Sweden during 1993-1997 (N = 1,303) for criminal reconviction for an average of 8.9 years. We studied rates of repeat offending (sexual and any violent) by four age bands (<25, 25-39, 40-54, and 55+ years), and examined whether risk factors for recidivism remained stable across age groups. Results showed that recidivism rates decreased significantly in older age bands. In addition, the effect of certain risk factors varied by age band. These findings on recidivism rates in older sexual offenders concur with studies from the United Kingdom, United States, and Canada and may suggest some generalizability in Western settings. Further research is needed to address underlying mechanisms.

Ferguson, G. E., Eidelson, R. J., & Witt, P. H. (1998). New Jersey's sex offender risk assessment scale: Preliminary validity data. *Journal Of Psychiatry & Law*, 26(3), 327-351.

The Registrant Risk Assessment Scale (RRAS) was developed to aid law enforcement representatives in assigning convicted sex offenders to risk tier classifications (low, moderate, and high risk). The classifications are linked to corresponding levels of community notification. This study examined the scores of 574 adult males convicted of sex offenses on the 7 RRAS items that assess static indicators of recidivism risk. The sample included probationers, state prisoners, and those assigned to the Adult Diagnostic and Treatment Center (ADTC), an inpatient sex offender treatment facility for repetitive and compulsive offenders. An exploratory factor analysis of the RRAS items identified 2 important orthogonal factors: a forcible assault factor and a sexual deviance factor. One-way ANOVAs revealed significant differences among the 3 placement groups, with state prisoners tending to score highest on items reflecting antisocial orientation and forcible sexual assault and ADTC offenders scoring highest on items reflecting deviant sexual behavior. A discriminant analysis generated 2 distinct functions that classified well over half of the sample into their correct sentencing group. The results provide preliminary support for the use of the RRAS in making sex offender risk determinations.

Frisbie, L. V. (1966). Studies on Sex Offending in California: 1954-1966. *California Mental Health Research Digest*, 4(4), 135-141.

The sample included 1921 mentally disordered male sex offender patients who, after indeterminate periods of hospital treatment, were released as improved and not dangerous to the

health and welfare of the public. Follow-up studies of these cases were conducted over a 1-6 yr. period. Recidivism is defined here as the commission of a new sex offense followed by a conviction or plea of guilty. Independent variables were examined and tested for statistical significance and recidivism rates were computed within all offense categories: pedophilia, exhibitionism, rape, homosexuality, transvestism, voyeurism, and lewdness. Results indicate that (1) the cumulative recidivism rate for all offenders was highest during the 1st yr. of release into society, (2) recidivists were consistently younger (overall median age, 31.2 yr.), and (3) marital status was a significant variable. suggestions for prevention and reduction of this type of criminal behavior are offered.

Furby, L., Weinrott, M. R., & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin*, 105(1), 3-30. doi:10.1037/0033-2909.105.1.3

The increasing recognition of the large number of people victimized by sexual assault has focused considerable attention on methods for deterring its perpetrators. In particular, law enforcement and mental health professions alike seek ways to prevent sex offenders from repeating their criminal behavior. Some evidence suggests sex offenders often continue offending even after incarceration or clinical treatment. However, recidivism rates for sex offenders are unusually hard to establish, owing to gross underreporting of sex crimes. This article presents a comprehensive review of empirical studies of sex offender recidivism. It brings together data from a wide variety of studies on both treated and untreated sex offenders of all types. Because of the variety and gravity of methodological problems in these studies, guidelines are discussed for sample selection and description, study design, criterion assessment, and data analysis. With these methodological principles in mind, the results of some 42 studies are examined for what they can tell us about sex offender recidivism and efforts to reduce it.

Greenberg, D. M. (1998). Sexual recidivism in sex offenders. *The Canadian Journal Of Psychiatry /La Revue Canadienne De Psychiatrie*, 43(5), 459-465.

Examined the recidivism rates of the various types of adult sex offenders, including incest offenders, extrafamilial child molesters, exhibitionists, and rapists. Data came from an examination of the literature over the past 4 decades and from the author's own study group. Methodological shortfalls and differences across the studies make statistical appraisal of the results difficult, however there was a consensus that incest offenders were less likely to reoffend compared with extrafamilial child molesters. Rapists and exhibitionists are thought to be at a higher risk for recidivism.

Hanson, R., & 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.

A meta-analysis of 82 recidivism studies (1,620 findings from 29,450 sexual offenders) identified deviant sexual preferences and antisocial orientation as the major predictors of sexual recidivism for both adult and adolescent sexual offenders. Antisocial orientation was the major predictor of violent recidivism and general (any) recidivism. The review also identified some dynamic risk factors that have the potential of being useful treatment targets (e.g., sexual preoccupations, general self-regulation problems). Many of the variables commonly addressed in sex offender treatment programs (e.g., psychological distress, denial of sex crime, victim empathy, stated motivation for treatment) had little or no relationship with sexual or violent recidivism.

Hanson, R. (2002). Recidivism and age: Follow-up data from 4,673 sexual offenders. *Journal Of Interpersonal Violence*, 17(10), 1046-1062.

This study examined the relationship of age to sexual recidivism using data from 10 follow-up studies of adult (18 yrs and older) male sexual offenders (combined sample of 4,673). Rapists



were younger than child molesters, and the recidivism risk of rapists steadily decreased with age. In contrast, extrafamilial child molesters showed relatively little reduction in recidivism risk until after the age of 50. The recidivism rate of intrafamilial child molesters was generally low (less than 10%), except for the intrafamilial offenders in the 18- to 24-year-old age group, whose recidivism risk was comparable to that of rapists and extrafamilial child molesters. The results are discussed in terms of developmental changes in sexual drive, self-control, and opportunities to offend.

Hazelwood, R. R., & Warren, J. I. (2000). The sexually violent offender: Impulsive or ritualistic?. *Aggression And Violent Behavior*, 5(3), 267-279.

Presents and develops a paradigm of serial, sexual offenders derived from our criminal investigative analysis experience and research. The paradigm delineates 2 major categories of sexually violent offenders. The Impulsive Offender is described as being criminally unsophisticated, and largely reactive in terms of his victim selection and crime-scene behavior. It is observed that this type of offender is often characterized by a diverse criminal history, rather generic sexual interests, and significant levels of physical violence. The Ritualistic Offender, in contrast, is characterized by diverse paraphilic interests, a pervasive and defining fantasy life, and a carefully developed and executed set of crime-scene behaviors. These 2 distinctions are examined as they inform the analysis of a sexually violent crime by criminal investigative analysts as well as the clinical evaluation of these offenders within a forensic context. The potential utility of this type of paradigmatic delineation for risk assessments and for assessing the potential for future recidivism is also highlighted.

Hersh, K. (2000, June). Treatment completion and recidivism among incarcerated sex offenders. *Dissertation Abstracts International*, 60, p. 6366.

This study examines the relationship between treatment completion and recidivism in a sample of 385 incarcerated sex offenders. Although previous research has demonstrated a lower recidivism rate among offenders who complete treatment, the primary reason for the lower rate is unclear. Treatment completers may be less likely to reoffend because they have received more treatment. Alternatively, they may be less likely to reoffend because they have characteristics associated with both reduced risk of recidivism and treatment completion. This study compares the factors that predict treatment completion and recidivism in an attempt to understand the relationship between treatment completion and recidivism. Two sets of predictors were examined: sex offender-specific variables (offender type and offense history) and psychological and interpersonal variables (defensiveness, hostility, and social introversion). Participants for this study were incarcerated male sex offenders who volunteered for a 20-week treatment program, conducted at a medium-security prison. Treatment followed a cognitive-behavior/relapse prevention model. Results indicate that participants who completed treatment were less likely to reoffend. Younger participants were more likely to reoffend and less likely to complete treatment. Rapists were somewhat less likely to complete treatment, and incest offenders were somewhat more likely to complete treatment. Offense history predicted recidivism but was unrelated to treatment completion. Participants with high scores on measures of hostility were less likely to complete treatment. Hostile participants were also somewhat more likely to reoffend, although their increased risk of recidivism reflected their tendency to drop out of treatment. Finally, the effect of treatment completion on recidivism remained significant, even when controlling for other significant predictors of recidivism. The results are discussed in light of the sample examined and the type of recidivism data collected. Directions for future research are suggested.



Lee, C., Chao, S., Chen, S., Chou, F., Su, C., & Ho, W. (2010). The characteristics of and risk factors associated with incarcerated sex offenders in Taiwan. *International Journal Of Law And Psychiatry*, 33(3), 144-148.

This article presents the demographic characteristics of a sample of Taiwanese sex offenders, examines the rate of sexual recidivism in Taiwan, and describes which factors distinguish recidivists from non-recidivists. This article assesses the recidivism rate of a sample of 503 male sex offenders incarcerated from 1999 to 2004. The sample is divided into two groups: non-recidivists (88.7%) and recidivists (11.3%). The variables are categorized into demographic characteristics, criminal history, interpersonal relationships, and offending behaviors. Multivariate logistic regression analysis suggests that recidivism is significantly related to male victims, poor interactions with employers, verbal control (i.e., threats to or verbal control of victims), weapon control (threatening or controlling victims with weapons), and familiarity with victims. Furthermore, this article will establish a database for demographic characteristics and associated risk factors related to recidivism in incarcerated sex offenders in Taiwan. These data will be useful for preventing future sex crimes.

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

Data for both sexual and violent recidivism for the Static-99, Risk Matrix 2000 (RM 2000), Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), and Static-2002 are reported for 419 released sexual offenders assessed at the Regional Treatment Centre Sexual Offender Treatment Program. Data are analyzed by offender type as well as the group as a whole. Overall, the Static-2002 performed best for both outcomes, although differences between measures were not significant. The one exception to this was the RRASOR, which overall performed poorly. For rapists, the Static-2002 performed best for sexual recidivism, and the Risk Matrix 2000 performed best for violent recidivism. None of the measures performed well in predicting recidivism for child molesters. The components of the Static-2002 were examined in a regression analysis predicting sexual recidivism. Persistence of Sexual Offending and Age at Release were the only significant predictors for the group as a whole and for rapists. For child molesters, only the Deviant Sexual Interests component was significant. Results are discussed in terms of the current debate concerning age and risk for reoffence.

Janka, C., Gallasch-Nemitz, F., Biedermann, J., & Dahle, K. (2012). The significance of offending behavior for predicting sexual recidivism among sex offenders of various age groups. *International Journal Of Law And Psychiatry*, 35(3), 159-164.

Based on a sample of 682 male sex offenders, this study investigated variables of the offending behavior for predicting sexual recidivism in different age groups. The sex offenders were allocated into four age groups. For each group, those characteristics of offending behavior showing a significant bivariate correlation with sexual recidivism were extracted. Using logistic regression, we then analyzed their incremental validity above and beyond a previously developed Crime Scene Behavior Risk (CBR)-Score, which measures the risk of sexual recidivism without taking into account the offenders' age (Dahle, Biedermann, Gallasch-Nemitz, & Janka, 2010). Age-specific offending behavior variables with incremental validity were combined with the general CBR-Score into age-specific scores and examined for their predictive accuracy. We also analyzed the extent in which these age-specific scores showed incremental validity above and beyond the Static-99 (Hanson & Thornton, 1999). For three of the four age groups, age-specific Crime Scene Behavior Risk-Scores could be determined which were incrementally valid above and beyond the Static-99. Predictive accuracy varied between  $AUC = .74$  and  $AUC = .90$  ( $r = .28$  to  $r = .49$ ) depending on age group. The results are discussed within context of recent findings on the latent dimensions of actuarial risk assessment variables.

Kröber, H. (2009). Criminal prognosis of sexual offenders. *Psychotherapeut*, 54(4), 237-244.

Modern methods of risk assessment for sexual recidivism are reviewed, amongst others the statistical and the clinical approaches. The recidivism of sexual offenders is also strongly influenced by basic criminological risk factors like age, intelligence, former criminality, dissocial patterns and poor social integration. A further important risk factor is paraphilia. The analysis of the determining factors of previous sexual assaults is an essential basis for risk assessment. The different forms of sexual assaults are outlined under the aspect of risk assessment.

Langevin, R., & Curnoe, S. (2011). Psychopathy, ADHD, and brain dysfunction as predictors of lifetime recidivism among sex offenders. *International Journal Of Offender Therapy And Comparative Criminology*, 55(1), 5-26.

This study examines the best predictor of lifetime recidivism among Hare's psychopathy scores (PCL-R), attention deficit hyperactivity disorder (ADHD) diagnosis, and brain dysfunction measures in a sample of 1,695 adult male sexual, violent, and nonviolent offenders. Results indicated that most variables were associated with significantly more frequent recidivism. The best predictor of overall recidivism was the PCL-R, but more specifically, it was its items on criminal history that were associated with recidivism. Sexual offense recidivism was predicted by the presence of learning disorders; however, all measures were poor predictors. General recidivism was primarily associated with past criminal history and secondarily with learning disorders and ADHD. Results suggest that ADHD and brain dysfunction with criminal history measures are the best predictors for addressing the problem of criminal recidivism.

Langevin, R. (2006). An Actuarial Study of Recidivism Risk Among Sex Killers of Adults and Children: Could We Have Identified Them Before It Was too Late?. *Journal Of Forensic Psychology Practice*, 6(1), 29-49.

Two actuarial instruments, the Violence Risk Appraisal Guide (VRAG) and Sex Offender Risk Appraisal Guide (SORAG), were examined for their utility in predicting sexual homicide and attempted homicide, based on information that would have been available prior to the actual sex killings or attempted killings. The study measured risk in a sample of thirty-eight men who had critically injured or killed the victims of their sexual assaults. The two instruments were superior to clinical judgment, but, at best, only 32% of the sex killers would have been considered a high risk for future violent offending prior to committing or attempting the homicides. Specific problems for using such actuarial instruments with sex killers are discussed with suggestions for improving prediction.

Langevin, R., Curnoe, S., Fedoroff, P., Bennett, R., Langevin, M., Peever, C., & ... Sandhu, S. (2004). Lifetime Sex Offender Recidivism: A 25-Year Follow-Up Study. *Canadian Journal Of Criminology And Criminal Justice*, 46(5), 531-552.

A sample of 320 sex offenders and 31 violent non-sex offenders, seen for psychiatric assessment between 1966 and 1974, were compared retrospectively on lifetime recidivism rates to 1999 over a minimum of 25 years. A number of criteria and data sources were used; RCMP records and hospital records were the best sources, albeit the RCMP had records for only 54.1% of the cases. Approximately three in five offenders reoffended, using sex reoffence charges or convictions or court appearances as criteria, but this proportion increased to more than four in five when all offences and undetected sex crimes were included in the analysis. Group differences in recidivism were noteworthy, with child sexual abusers and exhibitionists most likely to reoffend and incest offenders least likely. Time at large and time incarcerated played a relatively minor role overall in results, except in the case of offenders who were sexually aggressive against adult females, courtship disordered, or violent. The typical known criminal career spanned almost two decades,

indicating that sex offence recidivism remained a problem over a significant part of the offenders' adult lives.

Långström, N. (2004). Accuracy of Actuarial Procedures for Assessment of Sexual Offender Recidivism Risk May Vary Across Ethnicity. *Sexual Abuse: Journal Of Research And Treatment*, 16(2), 107-120.

Little is known about whether the accuracy of tools for assessment of sexual offender recidivism risk holds across ethnic minority offenders. I investigated the predictive validity across ethnicity for the RRASOR and the Static-99 actuarial risk assessment procedures in a national cohort of all adult male sex offenders released from prison in Sweden 1993-1997. Subjects ordered out of Sweden upon release from prison were excluded and remaining subjects (N = 1303) divided into three subgroups based on citizenship. Eighty-three percent of the subjects were of Nordic ethnicity, and non-Nordic citizens were either of non-Nordic European (n = 49, hereafter called European) or African Asian descent (n = 128). The two tools were equally accurate among Nordic and European sexual offenders for the prediction of any sexual and any violent nonsexual recidivism. In contrast, neither measure could differentiate African Asian sexual or violent recidivists from nonrecidivists. Compared to European offenders, African Asian offenders had more often sexually victimized a nonrelative or stranger, had higher Static-99 scores, were younger, more often single, and more often homeless. The results require replication, but suggest that the promising predictive validity seen with some risk assessment tools may not generalize across offender ethnicity or migration status. More speculatively, different risk factors or causal chains might be involved in the development or persistence of offending among minority or immigrant sexual abusers.

Långström, N., Sjöstedt, G., & Grann, M. (2004). Psychiatric Disorders and Recidivism in Sexual Offenders. *Sexual Abuse: Journal Of Research And Treatment*, 16(2), 139-150.

Research on psychiatric morbidity in sexual offenders (SOs) has mostly been based on small, selected samples. We studied psychiatric disorders and their relationship with criminal recidivism in a nationwide, representative cohort of SOs. Data on ICD-9 and -10 psychiatric and neurologic morbidity diagnosed during hospital admissions 1987-1997, but prior to sexual offending, were retrieved for all adult male SOs released from Swedish prisons 1993-1997 (N = 1215). Preoffending disorder prevalence and associations between morbidity and criminal reconvictions during a 5-year postdetainment follow-up were explored. Alcohol use disorder was the most frequent diagnosis, followed by drug use disorder, personality disorder, and psychosis. Morbidity requiring admission to hospital was more common in rapists as compared to child molesters. Alcohol use disorder, drug use disorder, personality disorder, and psychosis all increased the risk for sexual recidivism whereas alcohol use disorder and personality disorder predicted violent nonsexual recidivism. Controlling for sociodemographic confounds changed the risk estimates only marginally. Because disorders were identified among only those who had been admitted to psychiatric hospitals as inpatients, underestimation of true prevalence rates was inevitable. However, our findings support psychiatric consultation for improved assessment and management of mental health needs and recidivism risk in SOs.

Lussier, P., & Davies, G. (2011). A person-oriented perspective on sexual offenders, offending trajectories, and risk of recidivism: A new challenge for policymakers, risk assessors, and actuarial prediction?. *Psychology, Public Policy, And Law*, 17(4), 530-561.

Current risk assessment tools are embedded in a variable-oriented perspective and based on the assumption that the risk of reoffending is linear, additive, and relatively stable over time. As a result, actuarial instruments tend to overestimate the risk of violent/sexual recidivism for some sex offenders while underestimating this risk for others. One of the main causes of such predictive inaccuracies is the inability of current actuarial tools to account for the dynamic aspects of offending trajectories over time. Using a person-oriented approach, the current study

examined the presence of offending trajectories in sex offenders using measures of offending at multiple time points in adulthood to examine the risk of violent/sexual reoffending. The study was based on a sample of 246 adult males convicted of a sexual offense between 1994 and 1998. Group-based modeling was used to identify offending trajectories, while Cox proportional hazard was used to examine the links between the identified trajectories and recidivism. Findings suggest that a sex crime is more reflective of a transitory phase of the criminal career rather than evidence of a “sexual criminal career” in the making. The findings challenge underlying assumptions of current actuarial tools and calls for a more sophisticated approach to risk assessment that accounts for offending patterns.

McCoy, M. E. (1998, September). Predictors of recidivism in a population of Canadian sex offenders: Psychological, physiological, and offence factors. *Dissertation Abstracts International*, 59, (3-B), p. 1372.

The primary objective of the present study was to investigate the relationship between psychological, physiological and offence variables and recidivism in a sample of 588 sexual offenders assessed at the Sexual Behaviours Clinic (SBC) of the Royal Ottawa Hospital between the years 1983 and 1992, and who were convicted of a contact sexual offence. The 588 sexual offenders in the study were categorized four groups: (1) Incest group consisted of 251 subjects who had sexually assaulted a related male or female child; (2) Child Molester (CM) group was composed of 192 subjects who had sexually assaulted an unrelated male or female child; (3) Rapist group was composed of 86 individuals who had perpetrated a sexual assault against an unrelated female 16 years of age or older; and (4) a Mixed group composed of 59 individuals. There were significant differences between the four groups on the majority of variables investigated, including demographic characteristics, criminal history, psychiatric history, alcohol and drug abuse, degree of psychopathy, degree of violence used in committing the index offence, and the degree of sexual assault of the index offence. Overall, Rapists were the most extreme group. More Rapists used excessive violence in committing the index offence, were more likely to have been under the influence of drugs or alcohol when the index offence was committed, had more extensive criminal histories, and were more psychopathic, than the other offender groups. A significant discriminant function for the Incest group, composed of age, degree of psychopathy, and a self-reported history of violence, was able to correctly classify 91.6% of non-recidivists and 45.6% of recidivists. For the CM group, degree of psychopathy and previous convictions for non-violent offences was able to correctly classify 77.9% of non-recidivists and 55.1% of recidivists. However, degree of psychopathy alone was able to improve correct classification of CM non-recidivists to 78.8%, and of recidivists to 58.3%. For the Mixed group, deviant sexual arousal scores were able to correctly predict 57.1% of non-recidivists and 69.6% of recidivists. Overall, classification was improved from 10% to 22% in the various sub-groups of offenders. No variables were able to improve prediction of recidivism beyond chance levels for the Rapist group. An exploratory aspect of the study considered the impact of victim gender on recidivism in offenders who had sexually assaulted children. Incest and CM offenders were reclassified to form a group of 310 heterosexual offenders, and 113 homosexual offenders, based upon victim gender. Statistical tests revealed few differences between the heterosexual and homosexual groups. However, the groups were distinguished by variables that were correlated with recidivism. For the heterosexual offenders, discriminant function, composed of deviant sexual arousal score, previous non-violent convictions, degree of psychopathy, and self-reported history of violence improved classification of non-recidivists by 22.6%, and of recidivists by 23.4%. For the homosexual group, discriminant function composed of the score for anger and hostility, degree of psychopathy, and family violence in childhood improved classification of non-recidivists by 16.4%, and of recidivists by 16.5%.

McGrath, R. J. (1991). Sex-offender risk assessment and disposition planning: A review of empirical and clinical findings. *International Journal Of Offender Therapy And Comparative Criminology*, 35(4), 328-350.

Reviews research on variables related to sex offender recidivism in males convicted of rape, child molestation, and exhibitionism. Findings are summarized from studies since 1980 that have investigated factors associated with risk to recidivate among known sex offenders. Other risk factors are based on clinical impression and have not as yet been adequately researched. Risk factors that are discussed include level of denial, type of offense, multiple paraphilias, criminality, sexual arousal patterns, impulsivity, and alcohol abuse. Criteria for determining an offender's amenability to treatment are examined, and guidelines for formulating disposition plans are outlined.

McLawsen, J. E., Scalora, M. J., & Darrow, C. (2012). Civilly committed sex offenders: A description and interstate comparison of populations. *Psychology, Public Policy, And Law*.

Although 20 states have passed statutes enabling rehabilitative detention of sex offenders subsequent to a their release from their prison sentences, so far data from only six states' civilly committed sex offender populations have been made available through publication. To augment the scant literature about this small yet high-risk population, the current article presents offense, risk, and diagnostic characteristics for 134 civilly committed male sex offenders in Nebraska. Committed individuals exhibited medium-to-moderate recidivism risk levels. Paraphilias were, by far, the most common diagnosis. Just over half of the sample was diagnosed with at least one personality disorder. When compared to analogous groups in other states, the committed portion of the Nebraska sample posed a substantially lower risk of recidivism and the Nebraska sample was more likely to be diagnosed with pedophilia. Findings merit further investigation into how decision-makers render civil commitment dispositions.

Miller, A. (2009). The effects of community notification laws on sex offender recidivism rates. *Dissertation Abstracts International*, 70, p. 1950.

This study examines whether or not the implementation of State legislative policies for community notification laws reduced the incidents of released sex offenders committing a new sex offense. Participants were obtained from an archival data set from the Bureau of Justice Statistics, from 2003. Released male sex offenders were tracked upon release exactly 1,096 days; between the years of 1994 to 1997. Five states within the data set meet criteria for this study; as the implementation year fell within the time frame of the study to allow pre and post examination of the law. The participating states were California, Maryland, Michigan, Oregon, and Texas. A total of 2,653 sex offenders reoffended with a new offense. Two non-parametric measures, Goodness-of-fit Test and McNemar Repeated Measures were used to examine community notification's effectiveness as a deterrent to recidivate. The findings were mixed and suggest that better collection of data will help resolve issues around sex offender policies and protocols for treatment.

Mohr, J. W., Turner, E. R., & Ball, R. B. (1962). Exhibitionism and pedophilia. *Corrective Psychiatry & Journal Of Social Therapy*, 8(4), 172-186.

A study of sex offenders (54 exhibitionists and 55 pedophiles) referred by court to an outpatient clinic. The major psychiatric, social, and psychological characteristics of each group are outlined. Exhibitionists showed a recidivism rate of 20% as compared to a 13% recidivism rate for the pedophiles. In the exhibitionist group those exposing to children showed a higher rate of recidivism than those exposing to adults. In the pedophilic group the recidivism rate for the homosexual pedophile was 3 times the rate for the heterosexual pedophiles. The recidivism rate was higher for offenders who had more than 1 sex offense before coming to the clinic

Murray, J. B. (1988). Psychopharmacological therapy of deviant sexual behavior. *Journal Of General Psychology*, 115(1), 101-110.

Asserts that psychopharmacological approaches to controlling male deviant sexual behavior, especially sexual recidivism and sexual deviants on probation, have been reported in psychiatric literature. In Europe, the drug cyproterone acetate, and in the US, medroxyprogesterone acetate, Provera, and in the long-acting form, Depo-Provera, have been shown to benefit exhibitionists and pedophiliacs and to reduce sex drive in sexual deviants. The combination of pharmacotherapy and either psychotherapy or behavioral therapy has been the most effective approach to reducing the sex drive of sexual deviants.

Nunes, K. L., Hanson, R., Firestone, P., Moulden, H. M., Greenberg, D. M., & Bradford, J. M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: Journal Of Research And Treatment*, 19(2), 91-105.

This study examined whether there were variables that moderated the relationship between denial and recidivism among adult male sexual offenders. The first study (N=489) found that the relationship with sexual recidivism was moderated by risk (as measured by the Rapid Risk Assessment for Sexual Offense Recidivism) but not by psychopathy (as measured by the Psychopathy Checklist-Revised). Contrary to expectations, denial was associated with increased sexual recidivism among the low-risk offenders and with decreased recidivism among the high-risk offenders. Post hoc analyses suggested that the risk item most responsible for the interaction was "relationship to victims". For incest offenders, denial was associated with increased sexual recidivism, but denial was not associated with increased recidivism for offenders with unrelated victims. These interactions were substantially replicated in two independent samples (N=490 and N=73). The results suggest that denial merits further consideration for researchers as well as those involved in applied risk assessment of sexual offenders.

Olver, M. E., Stockdale, K. C., & Wormith, J. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. *Journal Of Consulting And Clinical Psychology*, 79(1), 6-21.

Objective: The failure of offenders to complete psychological treatment can pose significant concerns, including increased risk for recidivism. Although a large literature identifying predictors of offender treatment attrition has accumulated, there has yet to be a comprehensive quantitative review. Method: A meta-analysis of the offender treatment literature was conducted to identify predictors of offender treatment attrition and examine its relationship to recidivism. The review covered 114 studies representing 41,438 offenders. Sex offender and domestic violence programs were also examined separately given their large independent literatures. Results: The overall attrition rate was 27.1% across all programs ( $k = 96$ ), 27.6% from sex offender programs ( $k = 34$ ), and 37.8% from domestic violence programs ( $k = 35$ ). Rates increased when preprogram attrition was considered. Significant predictors included demographic characteristics (e.g., age,  $rw = .10$ ), criminal history and personality variables (e.g., prior offenses,  $rw = .14$ ; antisocial personality,  $rw = .14$ ), psychological concerns (e.g., intelligence,  $rw = .14$ ), risk assessment measures (e.g., Statistical Information on Recidivism scale,  $rw = .18$ ), and treatment-related attitudes and behaviors (e.g., motivation,  $rw = .13$ ). Results indicated that treatment noncompleters were higher risk offenders and attrition from all programs significantly predicted several recidivism outcomes ranging from  $rw = .08$  to  $.23$ . Conclusions: The clients who stand to benefit the most from treatment (i.e., high-risk, high-needs) are the least likely to complete it. Offender treatment attrition can be managed and clients can be retained through an awareness of, and attention to, key predictors of attrition and adherence to responsivity considerations.

Palermo, G. B. (2012). An old problem seeking a new solution: Sexual offenders. *International Journal Of Offender Therapy And Comparative Criminology*, 56(1), 3-5.

Several high profile sexual offender cases, including numerous cases of pedophilia, sexual abuse, and assault cases, attracted the interest and stimulated the concern of law enforcement and communities in general. Considerable legislation and financial expenditure were deemed necessary to insure the safety of persons at risk, to allay the fears and anxieties of families and neighborhoods, and to uphold justice. In summary, the statistical analysis of the literature confirms what scholars and practitioners in the field have voiced all along: Registration and notification are not deterrents to sexual crimes. Actually, they impede the reintegration into the community of offenders who, although having committed illegal and at time heinous crimes, victimizing innocent and powerless people, have nevertheless paid for their crimes according to existing laws.

Parent, G., Guay, J., & Knight, R. A. (2011). An assessment of long-term risk of recidivism by adult sex offenders: One size doesn't fit all. *Criminal Justice And Behavior*, 38(2), 188-209.

Numerous instruments are available to clinicians for evaluating sex offenders' reoffense risk. Although they have demonstrated effectiveness in predicting recidivism significantly better than unstructured clinical evaluation, little is known about their predictive accuracy in subgroups of sexual offenders or in the long term. This study was undertaken to evaluate the predictive accuracy of nine instruments (VRAG, SORAG, RRASOR, Static-99, Static-2002, RM2000, MnSOST-R, SVR-20, PCL-R) among three groups of sexual offenders across a 15-year follow-up period. The results indicate that these instruments yielded marginal to modest predictive accuracy for sexual recidivism. A more detailed study of aggressor subgroups indicated that in both the short and the long term, these instruments were more effective at predicting the sexual recidivism of child molesters and the violent and nonviolent recidivism of rapists. Finally, although mixed offenders sexually reoffend more often and more rapidly than do rapists or child molesters, firm conclusions cannot be drawn because of the small number of mixed offenders in the sample.

Pray, R. (2003, April). Sex offender therapy outcome: A meta-analysis. *Dissertation Abstracts International*, 63, p. 4919.

A meta-analysis was conducted using all 10 of the available controlled studies of psychotherapy outcome involving 1,619 sex offenders. Of this total, 924 offenders received treatment and 695 did not. The overall recidivism rate for the treated offenders was 17.3% (160/924), and 22% (153/695) for the untreated offenders. The combined treatment effect was .07 as determined by Hierarchical Linear and Nonlinear Modeling 5 (HLM5) procedures. This combined effect size was small but significant ( $p < .05$ ). The amount of variance surrounding the combined effects size was significant which justified a search for explanatory variables. Unfortunately, no significant differences between treated and untreated offenders were found with respect to important variables thought to be related to treatment success. The results of this study support the notion that the overall recidivism rate of treated sex offenders is lower than that of untreated offenders, but not much lower.

Prentky, R., & Lee, A. S. (2007). Effect of age-at-release on long term sexual re-offense rates in civilly committed sexual offenders. *Sexual Abuse: Journal Of Research And Treatment*, 19(1), 43-59.

A cohort of 136 rapists and 115 child molesters civilly committed to a prison in Massachusetts and followed for 25 years (see Prentky, Lee, Knight, & Cerce, 1997) was examined for the effect of age at time of release on sexual recidivism. The present study (1) examined the recidivism rates for each of five age-at-release groups, separately for rapists and child molesters, (2) tested the fit of linear and quadratic models for 5, 10, 15, 20, and 25-year windows using Cox regression



analysis, (3) presented the predicted failure rates for rapists (up to five years post-release) and child molesters (out 21 years post-release), and (4) provided a computational formula for estimating the sexual recidivism rate given an individual's age and number of years post-release. For rapists, a linear model extending 5 years best captured our data ( $LR = 5.62$ ,  $p < .02$ ). Going out any further than 5 years did not enhance the predictive efficacy of the model. By contrast, a quadratic model extending the full duration of the study (25 years) provided the best fit ( $LR = 6.30$ ,  $p < .04$ ) for child molesters. Our data supported the general conclusion that risk of sexual recidivism diminishes as a function of increasing age at time of release for rapists. We found marked differences, however, in the re-offense patterns of rapists and child molesters, with the latter group evidencing a distinct quadratic, rather than linear, pattern. Since these findings derive from a population screened for civil commitment by virtue of their presumptive dangerousness, they may not be generalizable to samples of sex offenders drawn from the general prison population.

Proulx, J., Pellerin, B., Paradis, Y., McKibben, A., Aubut, J., & Ouimet, M. (1997). Static and dynamic predictors of recidivism in sexual aggressors. *Sexual Abuse: Journal Of Research And Treatment*, 9(1), 7-27.

Examined whether static factors (criminal history, age, relationship status) and dynamic factors (deviance index based on phallometric data, score of psychometric testing) permit prediction of recidivism in sexual aggressors. Three types of recidivism (sexual, violent, criminal) were determined in 113 rapists and in 269 child molesters over an average follow-up of 64.5 mo. The sexual reconviction rate was 21.2% in rapists and 13% in child molesters. Reconvicted rapists were younger and had more previous convictions than those who were not reconvicted. Compared with those who did not reoffend, the child molesters who were reconvicted for a sexual offense had higher pedophilic indices, had more previous sexual charges, were younger, more frequently had male victims, had more frequently extrafamilial victims, and a higher percentage of them were living alone. Psychometric data did not predict recidivism in either rapists or child molesters. The authors conclude that both static and dynamic factors predict recidivism in sexual aggressors.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006). Sex Offenders. In , *Violent offenders: Appraising and managing risk (2nd ed.)* (pp. 131-151). Washington, DC US: American Psychological Association.

(from the chapter) Of all the types of offenders discussed in this book, the literature on sex offenders is by far the largest. This chapter focuses primarily on identified sex offenders, men who have been incarcerated or hospitalized because of illegal sexual behaviors involving bodily contact with a victim. Most of these men committed rape or child molestation. This chapter describes our efforts to identify characteristics of sex offenders that differentiate them from nonoffenders and from men who have committed nonsexual offenses, as well as characteristics that predict future sexual recidivism. Among incarcerated sex offenders, the largest group comprises rapists (i.e., men who have assaulted adult women), and a smaller percentage are child molesters. A sizeable proportion of incarcerated sex offenders offended against both adults and children.

Radkowski, M. (2009). Adult sex offenders, community notification, and recidivism. *Dissertation Abstracts International Section A*, 69, pp. 4136

The current community notification laws have come under scrutiny as to whether they are successful at reducing recidivism. This quantitative study using a causal-comparative design examined the records of two cohorts of adult male sex offenders between the ages of 18 and 80 to determine whether community notification laws deterred sex offenders from committing subsequent sex crimes. The pre-community notification cohort consisted of 2,000 convicted Tier III sex offenders who committed sex crimes from 1986-1995 and the post-community notification



cohort consisted of 2,000 convicted Tier III sex offenders who committed sex crimes from 1997-2006. The study found that 101 (5.1%) of pre-community notification cohort offenders reoffended within six years of their convicted sex offense while 161 (8%) of the post-community notification cohort offenders reoffended within six years of their convicted sex offense. A chi-square test of independence was calculated comparing the frequencies of reoffending for both cohorts. A significant interaction was found ( $\chi^2_{(1)} = 14.64, p < .05$ ) indicating that offenders in the post-community notification cohort were more likely to reoffend than offenders in the pre-community notification cohort. Therefore the results suggest that the current community notification laws are not deterring sex offenders from committing subsequent sex crimes. Through the use of logistic regression analysis the study found that age of the offender and community notification were the strongest predictors of recidivism. However, the overall relationship between sex offender characteristics and recidivism proved to be minimal as reflected by a Cox & Snell  $R^2 = .012$ . The Nagelkerke  $R^2 = .030$  showed only a slightly stronger relationship but was still minimal. Further research needs to be conducted to continue to determine the effectiveness of the current sex offender notification laws at reducing recidivism among sex offenders. Additional research on the characteristics of sex offenders and repeat sex offenders may provide valuable information as to the type of person that may pose the greatest risk of reoffending in the future.

Rattenbury, F. R. (1986, July). The outcomes of hospitalized and incarcerated sex offenders: A study of offender types, recidivism rates, and identifying characteristics of the repeat offender. *Dissertation Abstracts International*, 47, p. 387.

The purpose of this study was threefold: (1) to provide further knowledge regarding the characteristics of sex offenders and their offenses, (2) to evaluate the effectiveness of treatment, and (3) to identify predictors of recidivism. Subjects were 150 sex offenders who had been either committed to a treatment facility or imprisoned. The treated and imprisoned offenders were matched on type of sex offense, prior sex convictions, and security status at release. Characteristics of pedophiles, rapists, and incest offenders were compared. Differences found were largely limited to characteristics of their offenses. Pedophiles were less likely than rapists to assault strangers, and more likely to engage in lengthy exploitation of victims. Incest offenders and pedophiles were less physically aggressive than rapists, and encountered less resistance from victims. Incest offenders were older than pedophiles or rapists. Personal histories, family backgrounds, and most aspects of criminal history were similar across offender types. Recidivism was evaluated 1 to 9 years after release. The proportions of recidivists in the treated and imprisoned groups did not differ. Examination of uncontrolled variables revealed initial differences that may have threatened the adequacy of using imprisoned offenders as a comparison group. A discriminant function analysis successfully identified predictors of recidivism. One set of predictors distinguished between types of recidivism, while the other distinguished between recidivism and non-recidivism. The primary predictors were age at first sex conviction and relationship to victim. Both discriminant functions were significant, and together accounted for 22.5% of the variation in outcome. Although the predictive equations correctly classified 77% of the subjects, false positive rates were high. It was concluded that heterogeneity among these confined sex offenders may be largely limited to characteristics of their criminal sexual behaviors. Secondly, it was concluded that matching procedures may not sufficiently override dissimilarities that initially form the basis for differential processing of sex offenders, and thus do not guarantee the adequacy of comparison groups formed in this manner. It was also concluded that statistical prediction shows some promise as a tool for identification of potential recidivists, but high error rates limit its practical utility at this time.

Roberts, C. F., Doren, D. M., & Thornton, D. (2002). Dimensions associated with assessments of sex offender recidivism risk. *Criminal Justice And Behavior*, 29(5), 569-589.

Explored empirical dimensions of sex offender recidivism risk. Study 1 portrayed descriptive statistics and factor structure information concerning actuarial risk instruments and diagnoses derived from a sample of 103 male sex offenders (aged 17-70 yrs) being evaluated for civil commitment in Wisconsin. Study 2 used a sample of 393 adult males (mean age 34.2 yrs) from England and Wales to analyze the relationships between individual risk factors commonly found as items within actuarial scales. Factor structure results from Study 2 conceptually overlapped those found in the 1st sample, and variables developed from this factor structure predicted sexual reconviction as well. Results from these 2 studies are discussed in terms of separable components of risk for sexual recidivism and the roles those components may play in processes underlying sexual reoffense.

Romero, J. J., & Williams, L. M. (1985). Recidivism among convicted sex offenders: A 10-year follow-up study. *Federal Probation*, 49(1), 58-64.

Conducted a 10-yr recidivism follow-up study of 231 adult males convicted of sex offenses and placed on probation. Ss were assigned to 1 of 3 categories: exhibitionist, pedophile, and sexual assaulter. 69% of Ss were diagnosed with personality disorder. Findings indicate that 26 Ss were sex offender recidivists. Significant differences were found in the criminal histories of sex offenders. The findings confirm previous research findings that certain types of sex offenders have higher rates of recorded recidivism. Exhibitionists were arrested on sex-related offenses twice as often as were sexual assaulters. Sexual assaulters in the sample were found to commit almost as many nonsexual violent offenses as sexual offenses. The exhibitionists and pedophiles studied had a lower rate of nonsex crimes and a higher rate of sex crimes than the sexual assaulters. Results indicate that an extensive history of sex offenses can be useful in establishing the likelihood of recidivism.

Ruddijs, F., & Timmerman, H. (2000). A comparative study of recidivism in first offenders in a Dutch outpatient setting. *International Journal Of Offender Therapy And Comparative Criminology*, 44(6), 725-739.

Compared differences in recidivism between 56 17-67 yr old male 1st-time sex offenders in an outpatient treatment prevention program and 56 offenders who did not receive any treatment. In terms of offender or victim characteristics or the victim-offender relationship, there were no significant differences between the 2 groups. The importance of involving 1st-time offenders in treatment during their initial contact with the judicial system is discussed. The authors suggest the necessity for differing approaches for offenders who are exhibitionists, extrafamilial child molesters, or incest offenders, and for long-term research to determine the efficacy of the different types of treatment in this offender population.

Sandler, J. C., Freeman, N. J., & Socia, K. M. (2008). Does a watched pot boil? A time-series analysis of New York State's sex offender registration and notification law. *Psychology, Public Policy, And Law*, 14(4), 284-302.

Despite the fact that the federal and many state governments have enacted registration and community notification laws as a means to better protect communities from sexual offending, limited empirical research has been conducted to examine the impact of such legislation on public safety. Therefore, utilizing time-series analyses, this study examined differences in sexual offense arrest rates before and after the enactment of New York State's Sex Offender Registration Act. Results provide no support for the effectiveness of registration and community notification laws in reducing sexual offending by: (a) rapists, (b) child molesters, (c) sexual recidivists, or (d) first-time sex offenders. Analyses also showed that over 95% of all sexual offense arrests were

committed by first-time sex offenders, casting doubt on the ability of laws that target repeat offenders to meaningfully reduce sexual offending.

Scalora, M. J., & Garbin, C. (2003). A multivariate analysis of sex offender recidivism. *International Journal Of Offender Therapy And Comparative Criminology*, 47(3), 309-323.

Sex offender recidivism risk is a multifaceted phenomenon requiring consideration across multiple risk factor domains. The impact of treatment involvement and subsequent recidivism is given limited attention in comparison to other forensic mental health issues. The present analysis is a retrospective study of sex offenders treated at a secure facility utilizing a cognitive-behavioral program matched with an untreated correctional sample. Variables studied included demographic, criminal history, offense related, and treatment progress. Recidivism was assessed through arrest data. Multivariate analysis suggests that recidivism is significantly related to quality of treatment involvement, offender demographics, offense characteristics, and criminal history. Successfully treated offenders were significantly less likely to subsequently re-offend. Recidivists were also significantly younger, less likely married, had engaged in more victim grooming or less violent offending behavior, and had significantly more prior property charges. The authors discuss the clinical and policy implications of the interrelationship between treatment involvement and recidivism.

Schofield, R. L. (2000, May). Sex offender recidivism: An evaluation of the State of Nevada Community Notification Sex Offender Assessment Scale. *Dissertation Abstracts International*, 60, pp. 5790.

The prediction of sex offender recidivism was examined through an evaluation of the State of Nevada Community Notification Sex offender Assessment Scale (SONCNSOAS). The SONCNSOAS was designed to assess risk to the community caused by the release of sex offenders from state prison and to assist criminal justice authorities in determining the degree of community notification needed related to the release of offenders. A population of sex offenders from the Nevada Department of Prisons was sampled, and each participant was evaluated with the SONCNSOAS. Statistical analysis revealed good reliability and validity properties of the SONCNSOAS. Recommendations are provided regarding changes to and future research using the SONCNSOAS.

Serin, R. C., Mailloux, D. L., & Malcolm, P. (2001). Psychopathy, deviant sexual arousal and recidivism among sexual offenders: A psycho-culturally determined group defense. *Journal Of Interpersonal Violence*, 16(3), 234-246.

A sample of 68 incarcerated sexual offenders for whom assessments of psychopathy and sexual deviance were available were followed up after release for 7 yrs to determine (a) rates of recidivism, (b) discriminant and predictive ability of psychopathy and sexual deviance, and (c) degree of incremental predictive utility of grouping offenders based on combinations of psychopathy (high/low) and sexual deviance (high/low). The results confirm previous research, which suggests that general recidivism and sex offender typologies are differentiated using information on psychopathy. Rapists and child molesters were differentiated based on measures of deviant sexual arousal. Although some of the results are speculative with respect to the groups based on extreme cutoffs, the trends support this proposal. Those who displayed more psychopathic characteristics and deviant sexual arousal recidivated sooner and at significantly higher rates. These results are discussed in terms of their implications for the provisions of assessment and intervention strategies and for providing recommendations regarding prescriptive treatment.

Seto, M. C., Hanson, R., & Babchishin, K. M. (2011). Contact sexual offending by men with online sexual offenses. *Sexual Abuse: Journal Of Research And Treatment*, 23(1), 124-145.

There is much concern about the likelihood that online sexual offenders (particularly online child pornography offenders) have either committed or will commit offline sexual offenses involving contact with a victim. This study addresses this question in two meta analyses: the first examined the contact sexual offense histories of online offenders, whereas the second examined the recidivism rates from follow-up studies of online offenders. The first meta-analysis found that approximately 1 in 8 online offenders (12%) have an officially known contact sexual offense history at the time of their index offense ( $k = 21$ ,  $N = 4,464$ ). Approximately one in two (55%) online offenders admitted to a contact sexual offense in the six studies that had self-report data ( $N = 523$ ). The second meta-analysis revealed that 4.6% of online offenders committed a new sexual offense of some kind during a 1.5- to 6-year follow-up ( $k = 9$ ,  $N = 2,630$ ); 2.0% committed a contact sexual offense and 3.4% committed a new child pornography offense. The results of these two quantitative reviews suggest that there may be a distinct subgroup of online-only offenders who pose relatively low risk of committing contact sexual offenses in the future.

Seto, M. C., & Barbaree, H. E. (1999). Psychopathy, treatment behavior, and sex offender recidivism. *Journal Of Interpersonal Violence*, 14(12), 1235-1248.

Studied the association between treatment behavior, parole success, and recidivism in male sex offenders, and examined the interaction between offender psychopathy and treatment behavior. 216 male sexual offenders (aged 20–68 yrs) receiving treatment at the Warkworth Sexual Behaviour Clinic completed the revised Psychopathy Checklist (R. D. Hare, 1991) (PCL-R). Observers rated Ss on behavior in group and clinical change while in treatment. Results show that Ss who rated high on the PCL-R were more likely to reoffend after release. Those who behaved better in treatment were significantly more likely to commit a new serious offense. The total recidivism rate was 14.7%. The average time at risk for recidivism was approximately 32 mo. Ss who were higher in psychopathy and better in treatment behavior were almost 3 times as likely to commit a new offense and more than 5 times as likely to commit a serious reoffense. Good treatment behavior was unrelated to parole failure or general recidivism.

Williams-Taylor, L. A. (2010). Measuring the impact of New York City's specially targeted offenders project on sex offender recidivism. *Dissertation Abstracts International Section A*, 70, p. 3649.

This dissertation used a quasi-experimental design to analyze recidivism rates of sex offenders monitored by an intensive supervision program in New York City. The Specially Targeted Offenders Project (S.T.O.P.) began in July 2003 as an effort between numerous criminal justice agencies to increase communication, information sharing and tracking of high-risk sex offenders. Ultimately, the intention of this public safety project was to reduce recidivism using rigorous enforcement efforts to monitor sex offenders more closely. The first goal of this study was to assess whether the program monitored all offenders according to the inclusion criteria set forth. The second goal was to compare the short-term recidivism rates of sex offenders who were and were not monitored by S.T.O.P., considering variables such as criminal history and type of sexual offender. Various types of recidivism were explored, including general, non-compliance with Megan's Law requirements, violent, and sexual recidivism. Lastly, analyses of the risk factors associated with recidivism were performed in an effort to create prediction models for those who reoffended versus those who did not. Results indicate that not all offenders who should have been monitored were included in the program. In addition, there were no significant differences in rates of general recidivism, non-compliance recidivism, or violent or sexual recidivism between comparison groups. Lastly, when examining S.T.O.P. offenders, analyses indicated that there were specific offender characteristics that significantly relate to and predict recidivism. These results contribute to the body of literature concerning risk factors and recidivism for individuals involved in supervision programs. There is limited peer-reviewed research on compliance with

Megan's Law or factors associated with various types of recidivism for those under supervision. Differentiating between high-risk and low-risk to reoffend or abscond from registration is of great value to all criminal justice agencies, including law enforcement, court systems, supervisory units and an important aspect to understanding these types of public safety initiatives.

Tesson, J. J., Cordier, B. B., & Thibaut, F. F. (2012). Assessment of a new law for sex offenders implemented in France in 1998. *L'encéphale: Revue De Psychiatrie Clinique Biologique Et Thérapeutique*, 38(2), 133-140.

Objectives: Most people recognize that incarceration alone will not solve sexual violence. Treating the offenders is critical in an approach to preventing sexual violence and reducing victimization. The Law of June 17, 1998, on the prevention and repression of sexual offences, as well as the protection of minors, makes a provision for the possibility of medical and psychological monitoring adapted to these particular individuals. Sex offenders may well be constrained, after their incarceration, to social and judicial follow-up, which may include coerced treatment in order to reduce the risk of recidivism. In order to control this follow-up, the legislature has created the position of medical coordinator, who acts as an interface between justice and care in conjunction with the treating physician. This study is the first attempt to evaluate the activity of physician coordinators conducted in France since the implementation in 2004 of the 1998 law on monitoring sex offenders. Methods: An interview of all the physician coordinators in Upper Normandy was conducted. The files of all sex offenders subjected to coerced treatment were studied. Results: In our sample of 100 sex offenders who were subjected to coerced treatment (any kind of treatment) (99% men, 60% of sexual assaults on minors, 14% of cases of indecent exposure), minor victims of sexual assault were: 78% females; in 90% of cases the victim was aged under 14 years (under 10 in 52% of cases), 60% of cases were intrafamilial incest; the victim was an unknown aggressor in only one case out of 60. The constraint follow-up contributed to reducing the risk of recidivism (three cases of recidivism in 100 individuals over an average duration of follow-up of five years), although it remains difficult to assess the recidivism over a duration of time as short as five years. A diagnosis of paraphilia was only applied in 19% of cases (in 10 cases pedophilia, exhibitionism in nine cases). Only six subjects were receiving antiandrogen treatment. A diagnosis based on Axis I DSM was established in 57% of cases. Personality disorders were mentioned in the medical records in 65% of cases. An antisocial personality disorder was not prominent (20%). In 56 cases, the individuals had been victims of physical, psychological or sexual abuse. Nearly half of the individuals had a past history of sexual or non sexual offences, among those, 16 subjects had previously been convicted at least three times. The seniority of the prior conviction was more than 10 years in 43% of cases. Physician coordinators interviewed were satisfied with their work and felt they had contributed to improving the care of patients who had committed sexual offences. Conclusion: However, this study shows the need to create a national reference centre, which could enable a multidisciplinary evaluation of difficult cases and could also boost the development of research in this area where many questions remain unanswered, particularly regarding the determinants of deviant sexual behaviour and risk factors for recidivism.

Tewksbury, R., Jennings, W. G., & Zgoba, K. M. (2012). A longitudinal examination of sex offender recidivism prior to and following the implementation of SORN. *Behavioral Sciences & The Law*, 30(3), 308-328.

The goals of the present study were to examine the recidivism rates of two matched samples of sexual offenders, those released prior to and after sex offender registration and Notification (SORN) in New Jersey. The pre-SORN group (1990-1994) included 247 offenders, while the post-SORN group (1996-2000) included 248 offenders. The longitudinal analysis demonstrated that for sex offenders released from prison both prior to and after implementation of SORN, there are clearly two distinguishable groups of sex offenders in relation to patterns of recidivism. More than three-quarters of sex offenders were identified as low risk of recidivism, with low rates of

repeat criminal offenses. By contrast, the high-risk group of offenders was not only more likely to commit future criminal offenses, including sex offenses, but they were also more likely to commit significantly more offenses and to do so fairly quickly following release. Analyses also include an examination of the influence of demographics, substance abuse and mental health issues, treatment history, sex offense incident characteristics, and criminal history on recidivism. Finally, SORN status was not a significant predictor of sex or general recidivism. The study limitations and policy implications are discussed.

Vess, J., & Skelton, A. (2010). Sexual and violent recidivism by offender type and actuarial risk: Reoffending rates for rapists, child molesters and mixed-victim offenders. *Psychology, Crime & Law*, 16(7), 541-554.

The current study examines sexual and violent reoffence rates for a sample of 2474 sexual offenders over an average of 15 years following release from prison. Reoffence rates are reported as a function of the offenders' victim type and level of risk as assessed by the Automated Sexual Recidivism Scale, a computer scored measure of relevant historical risk factors. Observed sexual recidivism rates for offenders with child victims, adult victims, and mixed victims were quite similar. Results indicate that offenders with exclusively female child victims not only showed a lower rate of sexual reoffending, but that the reoffence rates were relatively low across all levels of actuarial risk. In contrast, those with male child victims and adult victims showed a pronounced escalation of reoffence rates as actuarial risk increased. Results also indicated that adult victim offenders are less consistent in the victim type of their reoffences, with 37% sexually reoffending against child victims. Finally, combined rates of sexual and violent reoffending were particularly high for those with adult victim sexual offence histories. Risk assessment and public policy implications are discussed.

Vrieze, S. I., & Grove, W. M. (2010). Multidimensional assessment of criminal recidivism: Problems, pitfalls, and proposed solutions. *Psychological Assessment*, 22(2), 382-395.

All states have statutes in place to civilly commit individuals at high risk for violence. The authors address difficulties in assessing such risk but use as an example the task of predicting sexual violence recidivism; the principles espoused here generalize to predicting all violence. As part of the commitment process, mental health professionals, who are often psychologists, evaluate an individual's risk of sexual recidivism. It is common for professionals conducting these risk assessments to use several actuarial risk prediction instruments (i.e., psychological tests). These tests rarely demonstrate close agreement in the risk figures they provide. Serious epistemological and psychometric problems in the multivariate assessment of recidivism risk are pointed out. Sound psychometric, or in some cases heuristic, solutions to these problems are proffered, in the hope of improving clinical practice. The authors focus on how to make these tests' outputs commensurable and discuss various ways to combine them in coherent, justifiable fashions.

Weinberger, L. E., Sreenivasan, S., Garrick, T., & Osran, H. (2005). The Impact of Surgical Castration on Sexual Recidivism Risk Among Sexually Violent Predatory Offenders. *Journal Of The American Academy Of Psychiatry And The Law*, 33(1), 16-36.

The relationship of surgical castration to sexual recidivism in a sexually violent predator/sexually dangerous person (SVP/SDP) population is reviewed. A review of the literature on castrated sex offenders reveals a very low incidence of sexual recidivism. The low sexual recidivism rates reported are critiqued in light of the methodologic limitations of the studies. Better designed testicular/prostate cancer studies have demonstrated that, while sexual desire is reduced by orchiectomy, the capacity to develop an erection in response to sexually stimulating material is not eliminated. The relevance of this literature to SVP/SDP commitment decisions and ethics is discussed. Two vignettes of castrated, high-risk sex offenders illustrate how to address risk

reduction. Two tables are presented: the first outlines individual case data from a difficult-to-obtain report, and the second summarizes the most frequently cited castration studies on sexual recidivism. Orchiectomy may have a role in risk assessments; however, other variables should be considered, particularly as the effects can be reversed by replacement testosterone.

Wexler, A. F. (2007). An examination of recidivism in a population of Canadian sex offenders. *Dissertation Abstracts International*, 67, p. 4094.

This study examined estimates and predictors of recidivism of 587 convicted male sex offenders who had been assessed at the Sexual Behaviors Clinic (SBC) and who were followed over a 20 year period. Subjects were grouped into three broad categories based on the index offense: (1) 85 offenders against female adults (rapists); (2) 206 extrafamilial child molesters (CM); and (3) 295 incest offenders. Demographic information, historical variables, characteristics of the index offence, and clinical information were collected from medical records. Offense data were collected from Canadian Police Information Center (CPIC) records. The percentage of rapists, CM, and incest offenders who re-offended sexually over the 20 year period was 24.4, 22.8, and 9.8, respectively. The percentage of rapist, CM, and incest offenders that recidivated violently was 37.2, 34.0, and 20.0, respectively. The percentage of rapists, CM, and incest offenders that committed any new offense was 56.4, 46.1, 27.5, respectively. The CM group appeared to take the longest to re-offend sexually and violently, and seemed to be at greatest risk to reoffend 10 to 15 years following release. Offenders who committed a new sexual offence, new violent offence, or any new offence were differentiated by means of univariate analyses. Age of offender, historical criminal factors (e.g., age at first offense, history of prior offenses), and scores on the Psychopathy Checklist-Revised repeatedly differentiated between recidivists and non-recidivists. Stepwise logistic regression analysis assessed which factors were useful in predicting sexual recidivism and violent recidivism. Sexual recidivism among rapists was best predicted by never being married at time of assessment and the presence of historical charges, whereas violent recidivism was best predicted by marital status, childhood history, historical criminal charges, and psychopathy. Sexual recidivism among CM was predicted by the number of years of education, high level of force during the initial offence, arousal to deviant and violent activities with children, historical offences, and psychopathy. Violent recidivism was predicted by the age of the offender at the time of assessment, years of education, historical offences, and psychopathy. Sexual recidivism among the incest group was predicted by the offender's age, an index of his alcohol use during his index offence, and the degree of psychopathy. Violent recidivism was predicted by the combination of the offender's age, family history of alcoholism, alcohol use at time of index offence, age when criminal history began, general alcohol use, and psychopathy. Implications of findings and suggestions for future directions of sex offender research are presented.

Williams, F. M. (2009). The problem of sexual assault. In R. G. Wright (Ed.), *Sex offender laws: Failed policies, new directions* (pp. 17-63). New York, NY US: Springer Publishing Co.

(from the chapter) This chapter summarizes major empirical data and studies on sexual assault prevalence and treatment for sex offenders and includes a discussion about issues associated with special sex offender populations (i.e., juvenile and female sex offenders). Forms of sexual assault include forcible rape, sodomy, child molestation, incest, fondling, and attempted rape. In many jurisdictions, sexual assault has replaced the term rape in most state statutes, acquiescing to the trend of defining terms with a gender-neutral approach. There are four critical questions that this chapter addresses: What is known about sexual assault victimization? What is known about sexual assault perpetration? Does the recidivism of sex offenders justify the need for additional sex offender-specific policies? And, how effective or ineffective is sex offender treatment? These questions are addressed by presenting data and studies that have analyzed patterns of sexual victimization, sex offender recidivism, and the efficacy of treatment for both adult and juvenile offenders.



Woodrow, A. C., & Bright, D. A. (2011). Effectiveness of a sex offender treatment programme: A risk band analysis. *International Journal Of Offender Therapy And Comparative Criminology*, 55(1), 43-55.

This article reports an evaluation of a New South Wales Department of Corrective Services custody-based treatment programme for adult male sexual offenders. A risk band analysis was used to compare observed and predicted sexual and violent recidivism rates in a sample of 117 treated and released offenders. Risk bands and predicted recidivism were determined using the Static-99 risk assessment measure. Results demonstrated that during an average follow-up period of 3.75 years, observed sexual recidivism rates were lower than Static-99 predictions for the overall sample (8.5% vs. 26%). The same pattern was observed for violent recidivism (12.8% vs. 36%). At each Static-99 level of risk (low, low-moderate, moderate-high, and high), observed sexual and violent recidivism rates were lower than predicted rates. These findings were consistent with the general consensus that well-implemented cognitive-behavioural treatment can have a positive effect on offending behaviour.

Wright, R. G. (2009). Introduction: The failure of sex offender policies. In R. G. Wright (Ed.) , *Sex offender laws: Failed policies, new directions* (pp. 3-13). New York, NY US: Springer Publishing Co.

(From the cover) In response to many high-profile cases of sexual assault, federal and state governments have placed a number of unique criminal sanctions on sex offenders after their release from prison. These include residency restrictions, exclusionary zones, electronic monitoring, and chemical castration. However, the majority of sex offender policies are not based on empirical evidence, nor have they demonstrated any significant reductions in offender recidivism. In fact, some of these policies have unintended consequences that actually increase the likelihood of sexual offenses. In this book, the contributors critically analyze existing policies, and assess the most effective approaches to preventing sex offender recidivism. The book examines how current laws and policies are enacted and what is known to date about their efficacy. In response to the failed policies of sex offender laws, the contributors present alternative models and approaches to sex offense laws and policies. The book also explores cutting-edge topics, such as Internet sexual solicitation, the death penalty and community responses to sex offense. Key topics and highlights include: An introduction and overview of the history of sex offender laws; the role of the media in sex offenses and sex offender policies; critical court cases pertaining to sex offender laws; the political "untouchability" of sex offender laws and their adverse effects; interviews with victims of sexual assault that present their opinions on what kinds of reforms should be made to sex offender laws. Thought-provoking and insightful, *Sex Offender Laws* serves as a vital resource for policy makers, researchers, and students of criminal justice, law, and social work.

Zanatta, R. G. (2006). Risk of violent and sexual recidivism: A comparison of dangerous offenders and repetitive sexual offenders. *Dissertation Abstracts International*, 67, (3-B), 2006. pp. 1723.

Eighty-two Court-designated Dangerous Offenders (DOs) were compared to a matched group of 82 repeat sexual offenders (Matched Sexual Offenders: MSOs) on various demographic, developmental, and offence-related factors as well as their risk for violent and sexual recidivism. There were few pre-index offence demographic and developmental differences between the two groups or differences in psychopathology in adulthood. The DOs and MSOs had similar numbers of sexual assault victims but the DOs who assaulted adult victims committed more severe offences. They were more likely to abduct or kidnap strangers and caused more moderate to severe injuries. These significant differences only pertained to a minority of the DOs. There were no significant differences in the offence features of the DOs and MSOs who sexually assaulted children. Scores for the DOs were significantly higher on the PCL-R, VRAG, SORAG, Static-99, and SVR-20 indicating that the DOs, as a group, have a greater probability of violent and sexual recidivism than the MSOs. Varying with the measures and follow-up periods, the difference between the DOs and MSOs in their actual risk probabilities were 4-17% for any violent

recidivism and 13-16% for sexual recidivism. Among the subtypes of sexual offenders, the largest differences in the total scores of the various measures was between the mixed sexual offenders in the DO and MSO groups. Results are discussed in terms of legislative implications and the evaluation of risk in sexual offenders.

Zgoba, K. M., & Levenson, J. (2008). Variations in the recidivism of treated and nontreated sexual offenders in New Jersey: An examination of three time frames. *Victims & Offenders*, 3(1), 10-30.

This study examines the recidivism of sexual offenders in New Jersey at three different time intervals: three years, five years, and ten years after release from prison. The sample is comprised of sexual offenders released from the general prison population (untreated sample,  $n = 150$ ) and the Adult Diagnostic and Treatment Center (ADTC) (treated sample,  $n = 150$ ), a sex offender specific facility. The goals of this study were twofold: (1) to identify the recidivism rates of sexual offenders and to determine whether sexual offenders who receive treatment demonstrate lower levels of recidivism and (2) to examine whether differences in recidivism exist among the varying time frames and offender subtypes. The results indicate that treated sex offenders maintained decreased nonsexual recidivism rates. Additionally, offenders who committed acts of rape and offenders followed up after six years had increased rates of recidivism.