Recidivism Amongst Serious Violent and Sexual Offenders
RECIDIVISM AMONGST
SERIOUS VIOLENT AND SEXUAL OFFENDERS

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The views expressed in this report are those of the researchers and do not necessarily represent those of the Department or Scottish Ministers.
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Nancy Loucks
Executive Summary

Little comprehensive information has been available regarding characteristics of serious violent and sexual offenders and their risk of reoffending. To fill this gap, this report reviews the literature internationally on recidivism and its predictors. It then assesses information regarding the numbers of serious violent and sexual offenders in Scotland, based on the characteristics and predictors identified in the literature. The research includes an assessment of a small number of files of people in custody. The combination of the review and the practical exercise provides a comprehensive view of the characteristics and risk of serious violent and sexual offenders and some of the issues which arise in identifying these offenders.

The available information showed varying rates of reconviction of sex offenders, depending on the nature of the offence. Most of the rates are fairly low compared to other types of offending, though the rate increases over longer periods. Recidivism for violent offences is higher than for sexual offences, but again is generally lower than for other types of crime. For both violent and sexual offenders, recidivism is not usually for a further sexual or violent offence. The statistics clearly show that violent and sexual offenders do not necessarily specialise in one type of offence. Rather, a large proportion may commit other types of offences, both before and after their first conviction for a sexual or violent crime. However, the highest risk for further sexual or violent offences was from people who had committed such offences in the past. Greater recidivism was also associated with more extensive offending histories and with more serious offences.

The prediction of recidivism amongst sexual offenders is clearly complex, to the extent that some authors argue that an attempt to understand why recidivism takes place may be more constructive in developing methods of prevention. However, the literature showed a number of consistent patterns which may provide useful indicators of risk.

First, characteristics of serious violent and sexual offenders are more similar to offenders generally - even those who have never committed a sexual or violent offence - than to non-offenders. For both violent and sexual offenders, early onset of offending indicated an increased likelihood of future offending. Probably the most important predictors in both cases were a history of similar types of offences and the (high) rate of offending. The relevance of an offender's previous offence history was repeated throughout the literature. While offenders did not necessarily specialise, those who had committed a sexual or violent offence in the past were more likely to do so again. For both sexual and violent offences, virtually all offenders were male.

For sex offenders specifically, sexual deviancy was often a good indicator of risk. Choice of male victims in particular, but also a mixture of male and female victims, multiple victims, and unrelated victims consistently indicated higher risk. People convicted of rape were more likely to offend again, while incest offenders were the least likely to reoffend; however, the type of sexual offences committed were not necessarily static.

A substantial proportion of sexual offenders in every jurisdiction have been described as suffering from personality disorders or severe personality disorders, though the definition of this is not always clear. Arguably this is also the case for many violent offenders. However, most violent and sexual offenders show no evidence of mental illness. While mental disorder amongst violent and sexual offenders may be more prevalent compared to other groups, serious offending amongst people with mental disorders is rare. Misuse of drugs and alcohol is common amongst many types of offenders, but may exacerbate antisocial behaviour.
Some risk assessment tools have shown improved rates of prediction of violent and sexual offences. However, risk factors for serious offenders are largely similar to those for other types of offenders; those showing more risk factors are at increased risk of offending. The prediction specifically of future sexual or violent offending is more difficult.

**Numbers of serious violent and sexual offenders in Scotland**

The current research project included a small-scale exploration into files of people in custody. In total, files were available for only 19 sexual and 19 violent offenders out of a sample of 80. The assessment placed six of each in the category of 'definite risk', four sexual and three violent offenders in the 'unlikely risk' category, and seven sexual and eight violent offenders in the 'uncertain' group. Files for two sexual and two violent offenders did not contain enough information to make an assessment. The division of risk was therefore roughly equal for the two groups of offenders.

Applying the proportions in each category to the overall numbers in custody for a serious sexual or violent offence, the breakdown is 814 who pose a definite risk, 476 who appear unlikely to pose a risk, and 1,019 who pose an uncertain risk. How accurate this assessment is or how representative this small number of case files is compared to the entire population of violent and sexual offenders is highly doubtful. The assessment did however show the difficulty in drawing conclusions about risk and a clear need for more readily accessible information on this group.

The analysis of files was useful in a number of ways, not least because it highlighted a number of difficulties in obtaining information on risk of further offending. Full files did not exist in over half the cases involving people who had committed relatively serious sexual or violent offences. Even where files existed, the amount and quality of information in them varied enormously. Most helpful in the assessment of risk were the descriptions of the offences written for the court and parole board: these usually contained information about the nature of the offence, the victims involved and the offenders’ relation to them, motivations, and circumstances. Also helpful, but less frequently available, were records of past offences from the Scottish Criminal Records Office. Occasionally the court records commented upon past offending, at least where it related to the current offence. Also helpful, where included, were Social Enquiry Reports, which often gave the only information about early history such as contact with the Children's Hearing System.

**Conclusions**

The literature and examination of files above show a number of themes. First, rates of reconviction of sex offenders vary, though are fairly low compared to other types of offending and increase over longer periods. Recidivism for violent offences is higher than for sexual offences, but again is generally lower than for other types of crime. Studies of recidivism which use reconviction or even rearrest as a measure are, however, very likely to underestimate the actual rate of sexual and violent recidivism.

For both violent and sexual offenders, recidivism is not usually for a further sexual or violent offence, as these groups do not necessarily specialise in one type of offence. Rather, a large proportion may commit other types of offences, both before and after their first conviction for a sexual or violent crime. The highest risk for further sexual or violent offences was from people who had committed such offences in the past, with greater recidivism associated with more extensive offending histories and with more serious offences. Some types of programmes have
shown small but robust improvements in rates of recidivism for both violent and sexual offenders compared to untreated samples.

The prediction of recidivism is clearly complex, though the literature shows a number of consistent patterns which may provide useful indicators of risk. First, characteristics of serious violent and sexual offenders are more similar to offenders generally than to non-offenders. For both violent and sexual offenders, early onset of offending indicated an increased likelihood of future offending. The most important predictors were a history of similar types of offences, and high rates of offending. Previous offence history was emphasised throughout the literature. While offenders did not necessarily specialise, those who had committed a sexual or violent offence in the past were more likely to do so again. For both sexual and violent offences, virtually all offenders were male.

For sex offenders specifically, sexual deviancy was often a good indicator of risk. Choice of male victims in particular, but also a mixture of male and female victims, multiple victims, and unrelated victims consistently indicated higher risk. People convicted of rape were more likely to offend again, while incest offenders were the least likely to reoffend. A substantial proportion of sexual offenders in every jurisdiction have been described as suffering from personality disorders or severe personality disorders. Arguably this is also the case for many violent offenders. However, most violent and sexual offenders show no evidence of mental illness. While mental disorder amongst violent and sexual offenders may be more prevalent compared to other groups, serious offending amongst people with mental disorders is rare. Misuse of drugs and alcohol is common amongst many types of offenders and may exacerbate antisocial behaviour.

Some risk assessment tools have shown improved rates of prediction of violent and sexual offences. However, risk factors for serious offenders are largely similar to those for other types of offenders, and those showing more risk factors are at increased risk of offending.

The prediction specifically of future sexual or violent offending is more difficult. The current assessment of a very small sample of files of people in custody for a serious sexual or violent offence in Scotland suggested that just over a third showed features associated with high risk of further violent or sexual offences. Almost half also showed evidence of risk, though the extent of this risk was less clear. Consistent, thorough, and accessible information about violent and sexual offenders, particularly regarding past offending and the nature of the offences, is crucial for the management and prevention of further serious crimes.
CHAPTER ONE: INTRODUCTION

1.1 In its report on serious violent and sexual offenders (Scottish Executive 2001c), the MacLean Committee recommended further research into the numbers of offenders who may present a continuing risk to public safety; the application of risk assessment instruments and techniques in a Scottish context; and recidivism, including factors which may predict it. This report addresses two of these recommendations. It begins by reviewing the literature on recidivism and its predictors, then finishes with an assessment of information regarding the numbers of serious violent and sexual offenders in Scotland, based on the characteristics and predictors identified in the literature.

1.2 The information in this review was gathered from sociological, psychological, and criminal justice data bases and publications internationally. This primarily included abstracts of work published in relevant journals, though also used information from sites such as the Scottish Executive and Correctional Services of Canada. Although only English-language web sites and abstracts were consulted, abstracts in English were sometimes based on articles published in other languages. By necessity the work of many authors in this area will have been left out. Nevertheless, the review provides a comprehensive overview of the literature internationally and thereby draws together the information available on recidivism, predictors, and characteristics of serious violent and sexual offenders.

1.3 Because of the limitations in the use of published statistics to estimate numbers of serious violent and sexual offenders currently in the prison system, the current research included a small-scale exploration into files of people in custody. This had a number of functions: first, it allowed an assessment of the numbers of serious offenders in custody, based on more detail than those contained in published statistics; second, it enabled comparisons of the characteristics found in the case files with those outlined in the review of the research internationally; and third, it highlighted any difficulties in obtaining information about potentially serious offenders. This gave information on the rough numbers of people who may present a continuing risk of very serious offences. It also provided a valuable exercise regarding problems which may arise in making such assessments.

1.4 The combination of the review of literature internationally and the practical exercise to estimate current numbers who present a risk provides a comprehensive view of the characteristics and risk of serious violent and sexual offenders and some of the issues which arise for identifying these offenders.

Research definitions

Serious violent and sexual offenders

1.5 The criteria for inclusion of literature on serious violent and sexual offending were not always straightforward. At the outset, the Advisory Group to the research agreed upon a working definition of serious violent and sexual offences roughly equivalent to that for the imposition of an Order of Lifelong Restriction (OLR) published in the White Paper, Serious Violent and Sexual Offenders (Scottish Executive 2001a). While a statutory definition has not yet been finalised, examples in the White Paper state that an OLR may be appropriate if:

"(a) A pattern of behaviour... demonstrates a likelihood of causing death or physical or psychological injury;
(b) A pattern of aggressive behaviour... demonstrates a substantial degree of indifference for the consequences for others;

(c) Substantially harmful behaviour... indicates that future behaviour is unlikely to have regard for the normal standards of behaviour restraint; and/or

(d) A likelihood of causing substantial harm to others [is evident] through failure to control sexual impulses” (p. 23).

This definition is likely to differ from those in many studies of recidivism. In fact, much research in this area does not even specify types of offences; those which do rarely clarify their offence categories more specifically than groups such as traffic offences, property offences, violent offences, sexual offences, and so on, even though these include a wide range of behaviours. Sexual offences, for example, can range from rape to exhibitionism to prostitution.

1.6 Even studies which specify an offence type, or more specifically offences defined as serious sexual or violent offences, will vary in their definitions. In Canada, the definition of serious offending for the purpose of a Dangerous Offender order is a violent or sexual offence punishable by ten years or more in prison. In The Netherlands, on the other hand, 'very serious crimes' are those eligible for sentences of four years or more (Scottish Executive 2001c). In Denmark, a Dangerous Offender Order may be imposed "if a risk of future offending is evident" (Connelly and Williamson 2001). Certain types of serious violence may be overlooked in the research because of their classification as another type of offence, such as domestic violence. One author commented that serious violent conflicts between individual offenders and criminal organisations also tended to be overlooked in the research (Cusson 1989). Despite this, research for the MacLean Committee (Connelly and Williamson 2001) stated that definitions of serious violent and sexual offending were not overly problematic.

1.7 Unfortunately the majority of studies give little indication of the level of seriousness of the offences involved, with the exception of whether the subjects came from a custodial facility. In order to concentrate on the most serious offenders, the research presented here focuses where possible on offenders in or released from prison custody rather than jails\(^1\) and generally avoids findings for offenders given community penalties.

**Recidivism**

1.8 Methodological issues in reviewing the research on recidivism include the fact that recidivism can be defined in many different ways (Rienerth 1991). The most common, as well as the most conservative, estimates are based on rates of reconviction (see Friendship, Beech, and Browne 2002). This rate is likely to produce substantial underestimates as it depends not only on the commission of a further offence, but also on its detection, arrest, and successful prosecution (Weinrott and Saylor 1991; also SWSI 1997). Studies of recidivism using analysis of additional data from police and child protection files estimate that actual reoffending rates are more than twice those indicated by reconviction data (Marshall et al. 1991).

1.9 Because of likelihood that reconviction rates underestimate the actual amount of offending, some studies use rates of arrest as a measure. This however also depends on the detection of an offence and risks including arrests for offences which the person in question did not actually commit. Some authors also argue that arrest data overstate the magnitude of age, sex, and race differentials in the prevalence of serious violent offending, as well as of individual rates of offending (Elliot, Huizinga, and Morse 1986).
1.10 Other studies rely on self-report of further offences. This is likely to generate a larger figure than conviction or arrest rates, but also depends upon the memory and honesty of the subjects involved. Further, one self-report study concluded that their data suggest that prisoners incarcerated for serious violent offences are not representative of the total population who commit such crimes (ibid.).

1.11 This issue of the 'dark figure' of sexual offences - the number of offences which are unknown, usually because they go unreported - is an extremely important one, particularly in the case of sexual offences. Rates of reconviction for both sexual and violent offending are very low compared to other types of offences. However, for a variety of reasons victims of sexual offences are often reluctant to report the offending; in the case of child victims, sexual offending may come to light many years after the offending took place. Victims of some violent offences, even very serious ones, may be reluctant to come forward as well, such as in the case of domestic violence.

1.12 The duration of follow-up for studies of recidivism are a further consideration. Many research studies measure recidivism over a one or two-year period (SWSI 1997). This may capture a high proportion of reoffending, but this is highly dependent on the type of offence (see for example Spier 2001). Longer-term follow-up over several years is likely to show recidivism more accurately, particularly for offences such as arson, incest, and rape (Soothill 1985). For example, Barker and Morgan (1993) noted that some sex offenders were not reconvicted until over 20 years after completing their last prison sentence. Fisher (1994) found that recidivism rates for sexual offences doubled from 11% after five years to 22%, 5 - 22 years after release. In research with sex offenders, sample sizes must be very large in order to account for these lower base rates of sexual reconviction (Marshall and Pithers 1994).

1.13 Finally, ethnicity may have an impact on rates of recidivism. In a large-scale study in Australia, for example, both male and female Aboriginal prisoners were found to have consistently and dramatically higher rates of recidivism, based on prison department records, than non-Aboriginal prisoners of both sexes (see Chapter 2). Lower rates of reincarceration were evident for non-Aboriginal prisoners who had been incarcerated longer and for more serious offences (Broadhurst et al. 1988; see also Broadhurst 1997). The probability of and time to rearrest was also greater for male and female Aborigines (Broadhurst and Loh 1995).

1.14 With these issues and limitations in mind, the following chapters outline what the research shows about recidivism of serious violent and sexual offenders and factors which may predict it. Where possible, each section of the chapters discusses the available evidence from Scotland and the rest of the UK first, then goes on to present the literature internationally.
CHAPTER TWO: RECIDIVISM

2.1 In Scotland, the MacLean Committee's review of serious violent and sexual offenders noted that no single typology of a 'sex offender' exists. Rather, sex offenders come from all parts of society and do not fit within a single description or schema (Scottish Executive 2001c). In England, West (2000b) notes that sexual offences vary widely in their characteristics and seriousness. More serious sexual offences range from rape and sexual assault to child molestation and incest. Importantly, recent research in England (Hood et al. 2002) found that dividing sexual offenders into subgroups had important implications for assessing the likelihood of reconviction.

2.2 Research elsewhere suggests that offences vary even within offence types. This is evident for example in Knight and Prentky's (1991) classifications of child molesters depending on the degree of fixation with children, level of contact with children, and degree of injury, and of rapists into four different groups (opportunistic, pervasively angry, vindictive, and sexual, with sadistic rape as a subgroup of sexual rapists). Violent offending also covers a range of behaviours and levels of harm. Much of the research suggests, however, that a relatively small group of offenders commit the majority of crimes which involve serious violence against others (see Piper 1985). Self-report interview data from 1,412 adolescents in the United States identified 118 as serious violent offenders (Elliot, Huizinga, and Morse 1986). Despite this, longitudinal data from a 1958 Philadelphia cohort showed that violent offenders accounted for a large proportion of the more serious index offences (Piper 1985).

2.3 Some research into violent and sexual offenders does not draw distinctions between the groups in terms of recidivism or risk of recidivism. The MacLean Committee in Scotland (Scottish Executive 2001c), among others, explain that this can be because the groups are classed as 'serious' offenders and are therefore studied at the same time, and because sexual and violent offending are not always mutually exclusive, such as in the case of rape. Indeed, research often suggests that sexual offending is motivated by a desire for power and control rather than from libido (e.g. Darke 1990).

2.4 With these difficulties in mind, the following information summarises available research into the recidivism of violent and sexual offenders.

**Sexual offenders**

<table>
<thead>
<tr>
<th>Main findings:</th>
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<tr>
<td>Studies of sex offending consistently show relatively low rates of recidivism relative to all other types of offending.</td>
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<tr>
<td>Different rates of recidivism are apparent for different types of sex offenders.</td>
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<tr>
<td>Sexual offenders remain at risk of reoffending often long after their discharge from custody.</td>
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2.5 Studies of sex offenders tend to show relatively low rates of recidivism for this group. Statistics in Scotland show that sexual offenders have amongst the lowest rates of return to custody after two years (Ash and Biggar 2001). Figures in England show a similar pattern: after two years, Lloyd, Mair, and Hough (1994) found that 25% of sex offenders were reconvicted of an offence (15% of which were sexual offences), compared to 47% of violent offenders (27% of whom committed further violent offences). More recent research in England (Hood et al. 2002) followed
162 sex offenders for four years and 94 for six years after their release from long-term prison sentences. The study found that overall reconviction of this group for another sexual offence after six years was below 10% and did not increase substantially when the rate included serious violent offences.

2.6 The picture internationally reflects the same patterns. After three years, a study in the United States (Beck and Shipley 1989) found that sexual offenders had the lowest rearrest rates for offences of the same type (25%), apart from murderers, only 7% of whom were rearrested for a further murder. They also found rates of 52% rearrest (a higher figure than reconviction) among rapists and 48% among sexual assailters, though these were among the lowest general rates; only rearrest of people originally convicted of murder and negligent manslaughter were lower, with rearrest rates of 43% and 42% respectively. However, this study followed sex offenders for fairly short periods of time which, as noted above, may not give an accurate picture of reoffending for this group.

2.7 A number of studies have followed up sexual offenders for longer periods after their release from custody. Researchers in Toronto (Wilson et al. 2000) followed 107 sexual offenders on parole supervision over eight years, with an average follow-up of just over three and a half years. Just over a fifth (21.0%) of the subjects reoffended, including 10.3% for offences of violence and 3.7% for further sexual offending. In Australia, records for 560 sex offenders were analysed for up to 12 years after the offenders' release from prison (Broadhurst and Maller 1992). The results showed the probability of reincarceration for any offence to be 35% for non-Aborigines and 80% for Aborigines. For violent crimes, including further sex offences, probabilities were 21% and 62%, respectively. Hanson and Bussière (1996) conducted a meta-analysis of 61 studies from six different countries of recidivism amongst sexual offenders. They found that, after an average follow-up of four to five years, the average rate of recidivism for sexual offenders was 13.4% for sexual offences, 12.2% for non-sexual offences against the person, and 36.3% for any offence.

2.8 A small study of young sex offenders in Sweden who had been subjected to court-ordered forensic psychiatric investigations from 1988-95 (N=46) had a base rate of reoffending of 20% for sexual offences and 65% for offending in general, over an average time at risk of five years (Langström and Grann 2000). A larger long-term study of 541 male sexual offenders in Norway (Grunfeld and Noreik 1986) found that, after 9 - 13 years, 12.8% had committed further offences. Most of the recidivists had committed a single subsequent offence, either of the same type or a less severe offence. Similar research in Canada, following 570 sex offenders over an average of 3.5 years after release from a federal prison, found that about a third were convicted of new criminal offences, about a quarter of violent offences, and just under 10% of new sexual offences (Motiuk and Brown 1996).

Sub-groups of sexual offenders

2.9 While sex offenders tend to be categorised as a single group of people, the nature of their offending and subsequent risk to the public often differs (see below). Little Scottish research has been published on this, but recent work in England by Hood and colleague (2002) emphasised the importance of dividing sexual offenders into varying categories of risk. They found, for example, that all offenders in their study who had offended against children and then reconvicted for a sexual offence had originally been convicted of an extra-familial sexual crime. After six years, 32% of the extra-familial group had been imprisoned again for a sexual or a serious violent crime. Similarly, earlier work published in England (Fisher 1994) noted that non-familial sexual abusers of boys reoffended between 13 and 40% of the time. The comparative figure in Hood's study for men who originally offended against adults was 7.5% reconviction for a sexual offence after six years, and
15% reconviction for a sexual or serious violent crime (see also 'Choice of victims' in Chapter 4 below).

2.10 Similar patterns were evident in other countries. Marshall and Barbaree (1990) noted different rates of recidivism for different types of sex offenders. Exhibitionists, for example, had the highest rate of recidivism, ranging from 41-71%. Non-familial child sexual abusers showed the next highest rate of reoffending (10-40%), followed by rapists (7-35%) and finally familial child sexual abusers (4-10%). Child molesters with male victims showed a higher rate of recidivism than those with female victims (35% v. 18%; Quinsey et al. 1995).

2.11 Another long-term study, this time one which followed 197 child molesters, showed that 42% of the sample were reconvicted of sexual, violent, or both sexual and violent crimes (Hanson, Steffy, and Gauthier 1993). A tenth of this group was reconvicted 10 - 31 years after being released. A similar study in Ontario, Canada (Hanson, Scott, and Steffy 1995) used national police records to compare the recidivism of 191 child molesters and 137 non-sexual criminals over 15 - 30 years. During this time, 61.8% of the child molesters and 83.2% of the other group were reconvicted. Almost all further sexual offences were committed by the child molesters (35% of this group, compared to 1.5% of the non-sexual criminals), while the non-sexual group was responsible for virtually all of the non-sexual violent recidivism. Research into 136 extra-familial child molesters in a maximum security psychiatric institution (Rice, Quinsey, and Harris 1991) found that, after a follow-up of 6.3 years (on average), 31% were convicted of new sexual offences, 43% committed a violent or sexual offence, and 58% were arrested or returned to the institution.

2.12 A study which looked specifically at rape followed 54 rapists released from a maximum security psychiatric hospital in Canada over a period of almost four years. Of this group, 59% committed a further offence, 28% committed a further sexual offence, and 43% committed a further violent offence (Rice, Harris, and Quinsey 1990). A similar study with rapists and child molesters, this time involving 178 patients over a period averaging about five years, found that 28% were convicted of a new sex offence, while 40% were arrested, convicted, or returned to the psychiatric facility for a violent (including sexual) offence (Quinsey, Rice, and Harris 1995). Research into 251 incest offenders at the Royal Ottawa Hospital Sexual Behaviors Clinic (Firestone et al. 1999) found that, roughly six and a half years after their conviction, recidivism was 6.4% for further sexual offences, 12.4% for violent offences, and 26.7% for offences of any kind.

2.13 Two studies by Hagan and Gust-Brey looked specifically at adolescent perpetrators of rape (1999) and of sexual assault against children (2000). The ten-year follow-up of 50 adolescent rapists released from custody in Wisconsin showed that most were convicted of further crimes, but not of a further sexual assault. For those who committed a further sexual offence, the pattern of assault remained stable in years 6 - 10 as it did in years 1 - 5, meaning this group seems to commit such offences at a fairly steady rate for at least 6 - 10 years after release. No decrease in the risk of sexual recidivism was apparent even up to ten years after release. For sexual assaults against children, 12% of the sample reoffended sexually, 66% were convicted of non-sexual offences, and 22% were not reconvicted during a ten-year follow-up. Though the risk of further sexual offences continued throughout the ten-year period, most first sexual offences after release for this group took place in the first five years.

2.14 A methodological analysis of recidivism studies of sex offenders assessed six official sources on 251 rapists and child molesters discharged from a treatment centre in Massachusetts over a 25-year period (Prentky et al. 1997). The research found high variability in reported recidivism depending on the methods and definitions used. However a number of findings were
consistent, namely that both rapists and child molesters remain at risk of reoffending often long after their discharge from custody (in some cases 15 - 20 years); simple calculations of recidivism based on those known to have reoffended during a follow-up period consistently underestimated the actual amount; and measures based on conviction or imprisonment also markedly underestimated the actual amount of reoffending.

**Prediction?**

2.15 The ability to predict the risk of further offending by people who have committed a sexual offence remains contentious (see Wollert and Doren 2001). In England, West (2000b) argues that statistics do not support the stereotype of the 'inveterate' sex offender for whom recidivism is inevitable, even within specific offence types such as paedophilia (2000a). A consistent finding internationally, however, is that recidivism amongst this group is small relative to all other types of offending (see Wormith and Ruhl 1986). A group of adolescents followed into adulthood, for example, showed that while recidivism was higher for sexual offences if the offender committed such offences as a juvenile, the rate of rearrest overall was low (Sipe, Jensen, and Everett 1998). For juveniles who committed non-sexual offences, however, offending in adulthood was higher for all other offence types.

2.16 Some authors, such as Marshall (1994) in England, argue that a person should be considered a potential sexual recidivist if he has ever been convicted of a sexual offence, regardless of the nature of any further offending. A study of the use of preventive detention in Canada (Wormith and Ruhl 1986) found that the 97 people given dangerous sexual offender designations were uniformly high-risk offenders, despite the findings of predictive instruments which suggested dangerous sexual offenders were low-risk compared to the general prisoner population. Interestingly, the authors also found that the designation of 'dangerous sexual offender' was used disproportionately for people convicted of child molestation.

**Violent offenders**

<table>
<thead>
<tr>
<th>Main findings:</th>
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<tbody>
<tr>
<td>About a fifth of offenders with an index offence for violence are reconvicted of violence within two years.</td>
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<tr>
<td>Reconviction for violence was highly associated with previous convictions for violence and may be more likely when the index offence of violence is more serious;</td>
</tr>
<tr>
<td>People released from prison were reconvicted at a much faster rate than people who had received other sentences;</td>
</tr>
<tr>
<td>A more extensive history of offending is associated with a greater likelihood of reconviction within two years; the higher the number of previous convictions, the faster the rate of reconviction.</td>
</tr>
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2.17 Much information on recidivism of violent offenders comes from official statistics. In Scotland, information from the Scottish Offenders' Index (which does not include offences committed under age 16) was analysed for reconvictions over five years (Scottish Executive 2001b). This data showed that a fifth of offenders with an index offence for violence were reconvicted of violence within two years. Equally, a fifth of the 12,526 people with previous convictions for violence were reconvicted for violent crimes (average 1.7 crimes each), and 40% were convicted of any crime. A similar pattern was apparent for serious assault: of 821 people
convicted of a serious assault in 1995, 40% were reconvicted for any crime within two years: 2% for the same crime, 20% for a violent crime, and 5% for a serious violent crime. In this case, a serious violent crime was defined as one which was dealt with in the High Court or Sheriff's Solemn Court; how many cases would fit under the definition of a serious violent offence for the purpose of the current review is unclear. The data also said that 9% of these offenders committed a further serious crime, defined as before but including any other conviction for serious assault, robbery, possession of a firearm with intent to endanger life, abduction, attempted rape, or indecent assault.

2.18 The same report found that, of 550 people convicted of robbery in 1995, 13% were reconvicted of serious violence - more than double the next highest proportion from any other category of index offence - and 18% were convicted of a serious crime. Reconviction for violence was highly associated with previous convictions for violence: two-thirds (67%) of the 70 offenders with over ten previous convictions for violence in 1995 were reconvicted for further violence within two years, with an average of just under three further violent offences in total (ibid.). The corresponding rate for the 8,210 people with no previous convictions for violence was 20%.

2.19 The Scottish statistics showed that recidivism for people with an index offence of violence was higher for those discharged from a custodial sentence (35%) or probation (31%) than from other types of disposals. Further, people whose index conviction for violence was in a Sheriff summary court or district court were less likely to be reconvicted for violence within two years (19%) than if the conviction was in a High Court or Sheriff's solemn court (25%). These figures suggest that violent recidivism may be more likely when the index offence of violence is more serious.

2.20 A comparable study in New Zealand showed similar results (Spier 2001). Over half (56%) of people convicted of a violent offence in 1995 were reconvicted within two years (compared, for example, to 68% of property offenders and 46% of traffic offenders). As in Scotland, a fifth (21%) of people convicted of a violent offence were reconvicted for violence within two years, including 7% who were reconvicted of two or more violent offences. As in Scotland, people released from prison were reconvicted at a much faster rate than people who had received other sentences; the vast majority of people with an index offence of violence and released from prison in New Zealand were reconvicted within seven months of release. Again, more extensive history of offending was related to a greater likelihood of reconviction within two years: a quarter of first offenders were reconvicted within this time, compared to 88% of people with more than 50 prior convictions. The higher the number of previous convictions, the faster the rate of reconviction.

2.21 Research in Canada (Johnson and Grant 2000) compared recidivism amongst indeterminate sentenced prisoners (including life), prisoners sentenced to ten years or more, and those serving sentences of less than ten years. In general, people sentenced for first degree murder in Canada serve a minimum of 25 years before they are eligible for parole (or 15 years in exceptional cases), while those sentenced for second degree murder or other offences serve 10 - 24 years. Indeterminate sentences also include people designated as Dangerous Offenders in which case they stay in custody until the National Parole Board determines custody to be no longer necessary for the protection of the public. Over 90% of indeterminate-sentenced prisoners in Canada are there for homicide or related offences. Life sentenced prisoners are usually there for homicide (74.3% of all homicide cases), though sometimes for sexual offences (7.6%) or drugs (6.5%), while other prisoners with indeterminate sentences (such as Dangerous Offenders) are usually there for sexual offences (9% of all sexual offenders in custody, compared to 0.4% of all people imprisoned for homicide; Motiuk and Nafekh 2000). Determinant-sentenced prisoners serving ten years or
more are more often there for sex offences (12.5% of sex offenders in custody), robbery (14%), or drugs (10.7%; ibid.). Those serving ten years or more (including life) have generally committed most serious violent offences: 54% homicide, as well as robbery, sexual assault, and assault (Johnson and Grant 2000). This group makes up a third of federally sentenced prisoners.

2.22 Johnson and Grant followed these groups for four to seven years after release. At the end of the seven years, they found a rate of 40% recidivism for determinate-sentenced prisoners and 27% for those with indeterminate sentences. The authors note that even this smaller rate for people who had served indeterminate sentences may be inflated by comparison since they remain under supervision for longer periods. The shorter-term determinate group (serving less than ten years) reoffended more quickly - 20% within the first year and 30% within two years. Just over a tenth of longer-term determinate prisoners reoffended in their first years, compared to about 5% of indeterminate prisoners. However, the study found that recidivism of people who served longer-term determinate sentences began to catch up with the shorter-term group after about five years.

2.23 Also after the seven years, 11% of the indeterminate group committed a new violent offence, compared to 20% of both the long- and short-term sentenced prisoners. Only 1% of people who had served indeterminate sentences had more than five new convictions, compared to 5% of the longer-sentenced group and 10% of the shorter-sentenced offenders. The most serious offence for over half of the indeterminate-sentenced group was non-violent, and none of this group were convicted of new homicide-related offences. Important to note, however, is that people released from indeterminate sentences in Canada are older, are more likely to have been convicted of homicide, and are more likely to be released on day parole.

2.24 In contrast to these findings, Bonta and Hanson (1995) compared recidivism for violent offences between detainees4 in Canada and general federally sentenced prisoners. A sample of over 3,000 federal offenders showed a recidivism rate for violence of 48.6% over a period of 11 years. For detained prisoners, the rate of violent reoffending was 40.4%, but over a time frame of one year or more after release. The authors concluded that violent reoffending amongst the two groups was roughly similar, but that reoffending amongst the detained group happened much more quickly. Prisoners in their study who had been designated as Dangerous Offenders had not yet been released, but they shared significant similarities with the detained offenders in terms of index offence, criminal history, objective measures of risk, and incidence of antisocial personality.

2.25 In Florida, 59 young people sentenced to serve time in an adult prison for murder, attempted murder, and in a few cases, manslaughter, were followed for 15 - 17 years (Heide et al. 2001). More than two-thirds were released prior to November 1999; of these, 60% were returned to prison, usually within the first three years after their release. In Wisconsin, a small-scale study of 44 subjects diagnosed as extremely dangerous during psychological treatment in an institution for adjudicated juvenile delinquents were followed for 2 - 10 years after release (Hagan and King 1998). The results showed that the vast majority had reoffended, and of the recidivists only one had not been involved in a further violent offence. In contrast, another small study of 20 adolescent perpetrators of homicide and attempted homicide released from custody in Wisconsin (Hagan 1997) found that these young people did not commit further homicides up to 15 years following release. The majority were however involved in crime, primarily violent crime. Despite this, a significant number did not become reincarcerated. No significant differences in likelihood of recidivism were evident between this group and other young offenders. The numbers of subjects in all of these studies are, however, likely to be too small to draw wider conclusions.
2.26 A longitudinal study of 322 people arrested for violent offences in Ohio found that, while recidivists were not high-rate offenders, they still tended to engage in above-average levels of index and other violent activity, and many seriously persisted in violent activities (Martinez 1997). In Canada, Serin, Mailloux, and Hucker (2000) tracked 260 violent federal offenders for seven to eight years after release. They found that 55% of the sample committed a further offence, of which 18% committed a violent offence as their first recorded offence after release. Over a third of the sample (37%) committed a violent offence at some point after their release. The authors found that people released on statutory release were more likely to commit a further offence of any kind and to commit a further violent offence at some time than were those released on parole, and that this group reoffended more quickly.

2.27 Research in the United States suggests that only 5 - 7% of young people who offend go on to serious violent careers (Jeffery 1998). An analysis of self-report interview data from 1,412 adolescents in the United States showed that involvement in violent offending was generally less than one year, but also that individual rates of offending increased with time (Elliot, Huizinga, and Morse 1986).

Violent and sexual offenders

2.28 In Scotland, Connelly and Williamson (2001) argued that the preventive detention of violent and sexual offenders is likely to have a limited impact on recidivism since offending declines with age. They based their assessment on a review of the literature elsewhere; very little work on preventive detention has been conducted in Scotland. Research in other countries has examined the effect of preventive detention on further offending, though the numbers are generally very small. In Germany, less than thirty offenders per year are sentenced to preventive detention. They serve an average of four years on preventive detention and have an average age of 40 (Albrecht 1997).

2.29 Some of the most extensive work in this area has been conducted in Canada. There, a follow-up of 424 detainees for at least a year after their eventual release (range up to 7.8 years, with an average follow-up of just over four years; Motiuk, Belcourt, and Bonta 1996) showed that a fifth (83 people) were readmitted into federal custody within a year of release. Fifty were returned for technical violations, but 33 (8% of the total) were readmitted for new offences. This compares to a readmission rate of 46.6% for prisoners released automatically (those not detained under preventive legislation; Nouwens, Motiuk, and Boe 1993). The sample was then divided into three groups, namely those who were initially detained, then released prior to the end of their sentence (Group 1: 148 prisoners/35%); those who were detained for their entire sentence (Group 2: 114 prisoners/27%); and those who were detained until the end of their sentence after a "one-chance" release was revoked (Group 3: 162/38%). Of these groups, only 6.2% of Group 2 and 7.4% of Group 3 returned to custody for any reason in the first year, compared to 43.9% of Group 1.

2.30 The extended follow-up showed that about 60% of detainees were convicted of a new criminal offence, including 40% for a violent offence (also Bonta and Motiuk 1996) and 15% for a sexual offence. No significant difference between the groups was evident for this or for the average number of times they were convicted after release. Of the new convictions, about a third of the most serious convictions were for assault, while about a fifth of the most serious reconvictions were sexual offences. Three offenders, all from Group 3, were convicted of second degree murder after their release, while the remainder of reconvictions were property-related. The authors conclude that:
Perhaps the most striking finding was the relatively low rate of post-detention serious reoffending (such as murder, sexual assault, robbery). Considering this population was seen as one of the highest risk groups of offenders within the system, a much higher percentage was expected. (Motiuk, Belcourt, and Bonta 1996:3, emphasis in original)

**Mental disorder and recidivism**

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<th>Main findings:</th>
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<td>Rates of recidivism for people labeled as sexual psychopaths, treated, and released into the community were comparable to those for sexual offenders who had not been committed for treatment.</td>
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<td>High risk patients had five times as many violent reconvictions as did low-risk patients.</td>
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<tr>
<td>The level of recidivism amongst patients in a medium secure unit was comparable to that in other forensic psychiatric patients, which was much lower than recidivism amongst ordinary prisoners.</td>
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<td>The rate of recidivism for an offender/patient released against expert advice was substantially greater than for those released in accordance with advice.</td>
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2.31 A number of studies looked specifically at the role of mental disorder on the recidivism of serious violent and sexual offenders. This section discusses these studies in more detail.

**Sexual offenders**

2.30 Very little Scottish research into mental disorder and recidivism is available. In England, a study of 49 patients diagnosed with psychopathic disorder from the Young Persons Unit (YPU) at Broadmoor Hospital looked at outcome measures until discharge from statutory supervision (Reiss, Grubin, and Meux 1996). By the end of the follow-up, ten patients (20.4%) had reoffended, including four (8.2%) who committed serious violent or sexual offences. Interestingly, a number of studies found that rates of recidivism for people labelled as sexual psychopaths, treated, and released into the community were comparable to those for sexual offenders who had not been committed for treatment (Horowitz 1995; Lieb 1996; Wilson 1998). This led to a repeal of sexual psychopath statutes, which had originally been put into place in more than half the states by the 1960s in the United States (Connelly and Williamson 2001).

**Violent offenders**

2.31 Research into impulsivity amongst 44 male patients also from Broadmoor Special Hospital (Howard and Lumsden 1997) found that 5 of 21 high-risk patients (23.8%) and 1 in 23 low-risk patients (4.3%) had a violent outcome (violent recidivism or suicide) after release. High risk patients had five times as many violent reconvictions as did low-risk patients. Admittedly mentally disordered patients hospitalised following more serious offences are likely to be in hospital for longer periods (Lelliot, Wing, and Clifford 1994; Green and Baglioni 1998; Friendship et al. 1999). Perhaps because of this, Australian research into one such group found their reoffending was lower than average, with 20% known to have reoffended and 11% charged with a violent offence (Green and Baglioni 1998). In England and Wales, 234 patients discharged from a medium secure unit showed a rate of recidivism of 24% with at least one conviction, including 12% convicted for a serious offence (Friendship et al. 1999). Again, rates may be lower because of the proportion of patients who remained in an institution for much of the follow-up period. However, the level of
recidivism was comparable to other studies of forensic psychiatric patients, which the authors found to be much lower than recidivism amongst ordinary prisoners.

2.32 The TBS (Terbesschikkingstelling) system in The Netherlands is designed for people who have committed very serious crimes (eligible for a sentence of four years or more) but who have some element of reduced responsibility due to a mental disorder. The purpose of the system is the protection of the public, along with the care, treatment, and rehabilitation of the offender with a view to returning him or her to society. TBS patients usually have some form of psychotic illness and personality disorder, 60% have been assessed with addiction problems, and a quarter have been convicted of a sexual offence (5% of all sexual offenders convicted in The Netherlands; Scottish Executive 2001c). In the first five years after release from the TBS system, recidivism is approximately 50 - 60%, with the rate for more serious offences fairly steady at 20% (Kinzig 1997; Leuw 1995). If an offender/patient was released against expert advice, the rate of recidivism has been about 27%, but those released in accordance with advice have shown a rate as low as 8% (Petrunik 1994). Higher recidivism was also evident when patients were released directly into the community with no conditional discharge (Conelly and Williamson 2001). Young people in the TBS with long criminal histories show higher rates of recidivism, though a significant correlation was evident between behaviour while in the TSB and recidivism (ibid.). About 20 - 30 of the 1,100 - 1,200 patients in the TBS (roughly 2%) have been assessed as extremely resistant to treatment and are unlikely ever to be released (Scottish Executive 2001c).

Violent and sexual offenders

2.34 Van Emmerick (1989) conducted a five-year follow-up 138 violent sex offenders discharged from a psychiatric hospital in the Netherlands between 1970 and 1983. During that time 64% were charged with at least one further offence, 49% were convicted, 32% imprisoned, and 25% were convicted of a further sexual offence. Interestingly, these figures did not differ from those for patients who were not sexual offenders. Leuw (1995) studied 91 sexual offenders discharged between 1984 and 1988 and found similar results. These results may well be underestimates of actual reoffending, however, with some authors estimating that sexual recidivism is up to three times higher than official figures (Frenken et al. 1999).

The impact of treatment

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<th>Main findings:</th>
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<td>Appropriate correctional treatment can reduce rates of reoffending; however different approaches to and duration of treatment appear necessary for different types and personalities of offenders.</td>
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2.35 The remit of this literature review did not include an assessment of the effectiveness of the various treatment programmes designed for serious violent or sexual offenders. A proper assessment of the effectiveness of programmes would need to look at recidivism rates of large samples and make comparisons with non-treated samples (SWSI 1997). Matching is not always done in such studies and, depending on the criteria for treatment, may not be possible (Marshall and Pithers 1994); other methodological limitations and problems in evaluation are also common (Finn 1995). However, much of the information of recidivism for this group is reported in the context of treatment programmes, predominantly programmes for sex offenders. A selection of programmes will be discussed briefly here⁵.
2.36 The Social Work Services Inspectorate (1997) noted that no systematic evaluation has been conducted of the majority of programmes for sex offenders in Scotland. Early drop-out from programmes has been a problem for some types of treatment (e.g. a 30% drop-out rate amongst sex offenders in the STOP programme at HMP Peterhead) which, due to the structure of the programme, may mean people who drop out are potentially more dangerous than they were previously (Expert Panel on Sex Offending 2001). Indeed, a meta-analysis conducted in Canada of 61 studies of recidivism amongst sexual offenders found that those who fail to complete treatment may be at increased risk of reoffending (Hanson and Bussière 1998).

2.37 In England, Hedderman and Sugg (1996) suggested that some forms of treatment may indeed have positive effects on attitudes and recidivism. Internationally, treatment of sexual offenders and of serious offenders generally has shown a small but robust effect of treatment over comparison conditions (e.g. Lipsey 1999; Plumb 1992; Hall 1995; Walsh 1998). A meta-analysis by Hall (1995) reported an overall rate of 27% recidivism for untreated groups, compared to 19% for treated offenders. A comparison of 200 studies involving serious offenders found consistent treatment effects, with larger effects for juveniles with a range of prior offences and for more serious offenders (Lipsey and Wilson 1998). Some programmes have claimed reductions in both sexual and non-sexual offending (Studer et al. 199). Canadian research into 89 sexual offenders in treatment compared with 89 matched untreated sexual offenders over roughly ten years found a rate of 23.6% sexual recidivism for the treated group, compared to 51.7% for the untreated group (Looman, Abracen, and Nicholaichuk 2000). Non-sexual recidivism also differed significantly between the two groups. Nicholaichuk and colleagues (2000) compared larger matched samples of 296 treated sexual offenders from a Canadian Regional Psychiatric Center with 283 untreated offenders over an average of six years with positive results: convictions for new sexual offences for the treated group were 14.5%, compared to 33.2% of the untreated sample, and 48% remained out of prison compared to 28.3% of the untreated offenders. After ten years, the treated men still reoffended at significantly lower rates. The authors conclude that appropriate correctional treatment can reduce rates of reoffending.

2.38 Relatively short-term follow-ups of treated sexual offenders in Canada also showed reductions in sexual recidivism. A two-year follow-up of 80 higher-risk sex offenders showed a reduction of sexual recidivism of 58.9%, from 14.6% for the control group to 6% in the treatment group over two years (Gordon and Nicholaichuk 1996), while a three-year follow-up of 210 treated sex offenders recorded a reduction of 50%, from 6% for a control group to 3% for the treated group (Motiuk 1998).

2.39 The findings of such research has not however been consistent. An evaluation of the same treatment facility in Canada examined in Looman, Abracen, and Nicholaichuk's work (Quinsey, Khatna, and Malcolm 1998) showed a worse performance of treated offenders compared to untreated groups. In the study by Quinsey and colleagues, 38% of 483 sex offenders were arrested for new sexual or violent offences within an average of 44 months after release. Treated offenders were most frequently arrested for sexual offences; prisoners judged unsuitable for treatment were rearrested less frequently, particularly for sex offences. Those who refused treatment or were judged not to require treatment also had fewer arrests for sexual offences, though were rearrested more often for violent offences. Research into 136 extra-familial child molesters in a maximum security psychiatric institution (Rice, Quinsey, and Harris 1991) found that behavioural treatment, provided to 50 of the 136 subjects, had no bearing on recidivism. Research by Marques and colleagues (1994) failed to show conclusive results as to whether cognitive-behavioural treatment was effective in reducing recidivism between a treatment group and two separate control groups, although the treated offenders had the lowest reoffence rates for both sexual and violent crimes.
2.40 Hagan, King, and Patros (1994b) conducted a short-term study of 50 young people who committed a sexual offence against a child and subsequently completed a Serious Sexual Offenders Program. Their results showed that, after two years, 46% of the participants had committed a further offence, including 8% who had committed a further sexual offence. The same authors conducted an almost identical study of adolescent rapists in the programme and found that 58% were convicted of further charges, 10% were involved in a further sexual assault, and 38% returned to custody. The authors made no comparison of these findings with untreated samples.

2.41 A very small-scale study of Outpatient Behaviour Therapy for sex offenders (Crolley et al. 1998) noted statistically significant differences in entrance and exit scores and clinical improvements (including reduction in deviant sexual arousal and enhancement of appropriate behaviour) amongst the 16 participants, and only one new offence in the 26-month follow-up.

2.42 Craissati and McClurg (1997) also found signs of improvement amongst 25 child sexual abusers compared to a matched group. Both of these studies relied on very small samples and did not compare their findings with untreated groups, so findings should be treated with caution.

2.43 In Germany, special socio-therapeutic prisons have been established for recidivists, though some authors (e.g. Albrecht 1997; Ortmann 2000) have expressed doubt as to whether treatment in such institutions, or indeed in prison generally, has a significant effect on reoffending. Equally, Thornton (1992) notes that psychoanalysis is rarely effective in decreasing sex offending. Indeed, some studies have found greater levels of recidivism following certain types of treatment compared to untreated offenders (e.g. Quinsey et al. 1993).

2.44 Therapeutic communities have shown some success in reducing recidivism generally (Taylor 2000), and for drug-involved offenders (Inciardi et al. 1997), especially with longer periods in therapy (Rawlings 1999; cf Weisz et al. 1990). The Patuxent Institution in Maryland, which houses serious (usually violent) offenders with an 'emotional imbalance', has claimed notable success. According to their figures no one released from Patuxent into the community was rearrested within three years, and only 7% were returned for parole violations, usually drug-related. This compares to a 42% rate of rearrest for mainstream prisons there (Scottish Executive 2001c). The Institution also runs a community-based programme for sex offenders which, over the last 25 years, has shown a rate of 8% recidivism for any offence and 3% for sexual offences. Inmates of Patuxent are not however a representative sample. They must volunteer for placement there, stay in custody for long periods, and are released under a close level of supervision. Research into people in therapeutic communities diagnosed as psychopathic (Harris, Rice, and Cormier 1994) suggested that such communities may be less effective for this group.

2.45 A more controversial method of reducing reoffending amongst sex offenders has been through physical and/or chemical castration. A review by Barker and Morgan (1993) noted that psychosurgical intervention has been unsuccessful in decreasing recidivism. However, some jurisdictions have claimed high rates of success with castration, such as in Germany where the available data on castrated offenders shows a rate of 3% for sexual recidivism (Carpenter 1998). In Denmark from 1935-70 (after which surgical castration was discontinued there), 21 of 43 offenders sentenced to preventive detention after violent rapes were surgically castrated and released on probation within 18 months; those who refused castration were detained for extended periods. After castration, two committed further sexual offences after hormone replacement therapy from their GP, compared to ten who refused castration. A review of research in this area claims that
rates of recidivism for physically castrated offenders are "strikingly better" than those for chemical methods (Meyer and Cole 1997).

2.46 Barker and Morgan argue that studies which show low reconviction for castrated offenders have included consensual homosexual acts in their range of index offences; reconviction of castrated rapists and child sex offenders was unclear as of 1997 (SWSI 1997). Sturup (1968) found that reconviction of castrated sexual offenders in Denmark for non-sexual offences was actually higher than for comparable sex offenders who were not castrated. Physical castration has been largely abandoned for several years (Marshall et al. 1991).

2.47 A follow-up of people sentenced to preventive detention at the Herstedvster Institute for Abnormal Offenders in Denmark from 1973-87 showed high rates of recidivism (Hansen and Lykke-Olesen 1997). Three were chemically castrated with the drug Adrocur, two of whom committed a further sexual offence including one sexual murder. These three and the remainder were also subject to individual psychodynamically orientated therapy designed to correct behavioural attitudes. Of the remainder, three committed new sexual offences during their sentence. Twelve were released on probation, half of whom reoffended including four sexual offences, three of which were very serious, and two violent offences. Of the six who had not been reconvicted, one had been charged with raped, with the case dropped due to insufficient evidence. One was later convicted of attempted murder and another of murder.

2.48 In 1989, 33 offenders were referred to Herstedvster for chemical castration. Three refused it, two of whom were later released and committed further serious sexual offences. Of the small number who started and continued treatment, none have reoffended; the numbers here are small and the follow-up short, but the Institute is apparently optimistic about the success of its current regime of chemical castration (ibid.; see also Meisenkothen 1999).

2.49 Treatment of violent offenders has shown some success. A Canadian study of 60 higher risk offenders with a history of violent offences (Motiuk et al. 1996) found that, after two years, general recidivism differed from 40% for the control group to 35% for the treated group (a reduction of 12.5%). Violent recidivism dropped by 16.7%, from 18% for the control group to 15% for the treated group. Research by Borduin and colleagues (1995) suggests that multi-systemic therapy, which addresses wider correlates of antisocial behaviour, is more effective in preventing future serious and violent offending among young people. More novel approaches such as Maharishi's Integrated System of rehabilitation, which includes transcendental meditation, has shown significant decreases in violence and recidivism in some countries (Anklesaria and Lary 1992).

2.50 The available evidence internationally suggests that cognitive-behavioural models may generally be the most promising (Barker and Morgan 1993; Henning and Frueh 1996; Wood, Grossman, and Fichter 2000; also McGrath, Hoke, and Vojtisek 1998), though the results have not been consistent. Some authors claim that cognitive-behavioural methods have been less successful in reducing recidivism for rapists and exhibitionists (Marshall and Barbaree 1990; Marshall et al. 1991), while others have found the opposite effect with some programmes (Marques et al. 1994). With child molesters, the type of treatment found to be effective has varied with the sex of the victim (Marshall and Barbaree 1990). In general, different approaches to treatment appear necessary for different types and personalities of offenders (Saunders 1996; Wood, Grossman, and Fichter 2000), as is the case regarding optimal duration of treatment (Pellerin et al. 1996).
Summary and conclusions

2.51 The available information above shows varying rates of reconviction of sex offenders. Most of the rates are fairly low compared to other types of offending (e.g. Becker and Hunter 1992; SWSI 1997), though the rate increases over longer periods. Important to note is that studies of recidivism which use reconviction or even rearrest as a measure are likely to underestimate the actual rate of reoffending: interviews with people convicted of rape or child molestation found that the majority had been convicted more than once and admitted to committing sexual offences which had not been detected (Groth et al. 1982).

2.52 Recidivism for violent offences is higher than for sexual offences, but again is generally lower than for other types of crime. For both violent and sexual offenders, recidivism is not usually for a further sexual or violent offence. The statistics clearly show that violent and sexual offenders do not necessarily specialise in one type of offence. Rather, a large proportion may commit other types of offences, both before and after their first conviction for a sexual or violent crime (Grunfeld and Noreik 1986). However, the highest risk for further sexual or violent offences was from people who had committed such offences in the past. Greater recidivism was also associated with more extensive offending histories and with more serious offences. The next chapters discuss these patterns in more detail.

2.53 The treatment of sex offenders is problematic, and many approaches have been adopted with limited success. Actual rates of recidivism with this group are equally difficult to assess: the majority who have been detained under provisions for dangerous offenders have not yet been released (Connelly and Williamson 2001). Some types of programmes have shown small but robust improvements in rates of recidivism for both violent and sexual offenders compared to untreated samples.
CHAPTER THREE: CHARACTERISTICS WHICH MAY PREDICT RECIDIVISM - GENERAL FEATURES

3.1 Predictions of future offending are notoriously difficult. The ability of experts to predict repeat offending is the subject of regular criticism (e.g. Coles and Grant 1991; Hall 1988), and the debate regarding the most appropriate methods of assessment continues (e.g. Ditchfield 1997; Boruchowitz 1992; Brooks 1992; Hassin 1986). The literature on serious violent and sexual offenders shows a number of patterns and characteristics of behaviour which correlate with recidivism. These characteristics will not in themselves predict reoffending. However, they can highlight areas of increased risk of offending and thereby assist in assessments of dangerousness. This chapter discusses general characteristics of serious violent and sexual offenders evident in the literature internationally.

Sexual offenders

3.2 A report on sex offenders in Scotland (SWSI 1997) noted that many studies have identified characteristics of sex offenders, but had not confirmed whether the characteristics were specific to this group. The report claimed that the literature gave few clear indications of how to identify offenders and their level of risk. Later work from the SWSI (1999) noted that psychosocial characteristics of juvenile sex offenders have been found to differ little, with the exception of a history of sexual offences, from those of other young people who offend (also O'Callaghan and Print 1994 in England, and Milloy 1998). These include personal problems such as alcohol abuse, homelessness, and learning difficulties - all problems relevant to an offender's motivation or ability to undertake treatment programmes. They may, however, be more likely to have deficits in social skills and educational difficulties (O'Callaghan and Print 1994).

3.3 In samples not made up exclusively of sex offenders, the Social Work Services Inspectorate in Scotland (1997) noted a consensus in the literature that sex offenders do not differ significantly overall from the general population in terms of intelligence, age, ethnicity, education, psychiatric status, and arousal to deviant images. The research agrees, however, that almost all sex offenders are male, both juvenile and adult; they come from all socio-economic backgrounds, though those from lower socio-economic groups tend to be prosecuted more; the majority are not mentally ill in terms of a diagnosable psychiatric illness, though some have learning difficulties; and the majority can be classified either as antisocial personalities or as paraphiliacs (arousal to sex objects or situations not part of normative arousal activity patterns, e.g. non-human objects, suffering or humiliation of self or partner, or children/other non-consenting persons). Research published in England suggests that behavioural addiction may be another contributor to some types of offending (Marks 1990). In Scotland, the Expert Panel on Sex Offending (Cosgrove Committee, 2001) cited Social Enquiry Reports as a crucial component to assessments of the risk of reoffending and harm. Such reports include information on personal and family relationships, employment, lifestyle, history of substance misuse, and any pattern of offending.

3.4 A number of studies elsewhere have found characteristics which appear to distinguish sex offenders from other people (see Cullen et al. 2000). Early research on rape, for example, focused primarily on sexual deviance (Marshall and Barbaree 1984); a meta-analysis of 61 studies on recidivism for sexual offences indeed found sexual deviancy to be a better predictor of further sexual offending than were general criminological factors (Hanson and Bussière 1998). However, much of the recent research has widened the scope of possible factors to include biological, cognitive, and environmental influences (Marshall and Barbaree 1984 and 1990; Finkelhor 1986)\(^7\).
The literature also suggests that sexual recidivism can be predicted, though to a lesser extent, by the same variables which predict non-sexual offending, such as age at release (Hanson and Bussière 1996; Motiuk and Brown 1996), marital status (Hanson and Bussière 1996; Quinsey, Rice, and Harris 1995), and substance abuse (Motiuk and Brown 1996). Research by Worling and Curwen (2000) into adolescent sexual offenders indicated that non-sexual recidivism for this group could be predicted by characteristics associated with delinquency in general; sexual recidivism, on the other hand, was predicted by sexual interest in children.

3.5 Milloy found that the characteristics of both sexual and non-sexual offenders differ from young people who do not commit offences. Milloy's work showed that the offending behaviour of young sex offenders focused on both sexual and general crimes, and that recidivism of sexual offences was lower than expected. A ten-year study of 50 adolescent rapists (Hagan and Gust-Brey 1999; also Hagan and Gust-Brey 2000) found that most were involved in further crimes but did not commit a further sexual assault. Brannon and Troyer (1995) looked at recommitment of adolescent sex offenders as adults and found that most who eventually entered the adult system did so for property-related offences.

3.6 Research into 136 extra-familial child molesters released from a maximum security psychiatric institution (Rice, Quinsey, and Harris 1991) found that subjects who were convicted of a new sexual offence (31%) were more likely to have committed more sexual offences in the past, to have been admitted to correctional institutions more frequently, to be diagnosed as personality disordered, more likely never to have married, and more likely to show more inappropriate sexual preferences in phallometric assessment. Abel and colleagues (1994) were also able to distinguish paedophiles from non-paedophiles using phallometric tests. Data on the entire population of defendants in child sexual abuse cases in one area of the United States (Cullen et al. 2000) suggested this group was more likely than other felons to be employed, to have been married, to be mostly of European descent, and to be age 30 or over. Up to 14% of child sexual abusers in the study had a record of previous sexual or violent offences, compared to 2% of the comparison group.

3.7 One Canadian study (Hanson and Harris 2000) compared 208 sexual offence recidivists with 201 sexual offenders who had not (as far as could be ascertained) committed a further offence. Compared to non-recidivists, those who had committed further offences generally had poor social support, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies, and difficulty cooperating with community supervision. They also showed increased anger and subjective distress, as recorded by community supervision officers, just before reoffending. These factors showed strong links even after controlling for static risk factors. In Australia, records for 560 sex offenders were analysed for up to 12 years after the offenders' release from prison (Broadhurst and Maller 1992). Prior record, race, and age were crucial determinants for recidivism for this group.

3.8 The type of sexual offence may be associated with the level of recidivism, as noted above, though this may be difficult to assess since some types of offending are more easily detected or are more likely to be reported. In general, the available research suggests that rapists reoffend more often than child molesters, for both sexual (Canada Working Group 1990) and non-sexual violent recidivism (Hanson and Bussière 1996). Research by Motiuk and Brown (1996) found that, amongst new releases from federal custody in Canada, rapists had the highest rate of recidivism for any offence, and incest offenders the lowest. Paedophiles had the highest rate of sexual recidivism, compared to incest offenders or rapists. A long-term study of 541 male sexual offenders in Norway (Grunfeld and Noreik 1986) found that rapists had the highest tendency to commit further sexual
offences, whereas acts such as incest, exploitation of someone in the custody of the perpetrator, or similar felonies were least likely to be repeated (or at least detected or reported). An assessment of differences in recidivism between adolescent perpetrators of sexual assault against children and adolescent perpetrators of rape (Hagan and Cho 1996), however, found no significant differences in levels of recidivism. This was the case both for general and sexual recidivism, though the follow-up period for the research (minimum two years) may not have been long enough to draw definite conclusions.

3.9 One characteristic of child molesters in particular is denial of responsibility and of harm to the victim (e.g. Prentky 1995; Finkelhor 1984; Wolf 1984). Some research has linked acceptance of responsibility for sexual deviance with favourable treatment outcomes for child molesters (in Scotland, Waterhouse, Dobash, and Carnie 1994; also Jenkins-Hall 1994). However, a large-scale meta-analysis of studies of denial failed to clarify the role and relevance of denial as a predictor of sexual recidivism (Lund 2000).

Violent offenders

3.10 Similar to sexual offending, a number of characteristics tend to be associated with offences of violence. In Scotland, Cooke and Michie (1997) noted that the rate of violent offending in itself has been found to be a good predictor of future offending (though not necessarily of violent offending), as were age at first conviction, age at release, adult appearance rate in court, number of convictions as an adult, and drug abuse or dependency (also Niarhos and Routh 1992). A study of recidivism in Scotland (Scottish Executive 2001b) noted a number of characteristics of people convicted of violent offences in 1995. Most (89%) were male. Two-thirds were aged 30 or less. Just over three-quarters had been convicted for simple assault rather than for more serious offences; only 15% were sent to custody. However, 57% had previous convictions, 14% had previously served a custodial sentence, and 34% had previously been convicted of a violent offence, with an average of three previous convictions for any offence.

3.11 In addition to the factors cited by Cooke and Michie in Scotland, research elsewhere has found that factors such as age at first arrest, ethnicity, previous adult felony convictions, and parole violations may also predict rearrest of violent offenders (Martinez 1992). A study of 1,949 parolees from the California Youth Authority (Lattimore, Visher, and Linster 1995) suggested that prior criminal history and socio-economic variables were the most powerful predictors of both the timing and the charge for the first arrest for violence following parole. Regarding violent recidivism specifically, Lattimore and colleagues found that rearrest for violence was significantly associated with prior arrests for violence and several variables related to family pathology, such as family violence and parental criminality. Prior gang involvement and heavy use of alcohol or illicit drugs, in contrast, had little predictive ability for violent recidivism in the sample. Longitudinal data from a cohort of subjects from 1958 in Philadelphia (Piper 1985) showed that, among violent young people, chronic offenders were more likely than non-chronic offenders to repeat a violent offence.

3.12 A one-year follow-up of 248 young people released from the Arkansas Serious Offender Program estimated that each additional prior commitment resulted in 41.3 fewer days spent in the community prior to being returned to custody (Tollett and Benda 1999). Prior commitments increased the odds of return to custody by 13.5%; carrying a weapon by 3.35%; experiences of abuse or neglect from parents by 2.38%; having peers present at the offence by 2.27%; gang membership 2.03%; being male by 1.75%; maternal substance abuse by 1.68%; poor parental
relationships by 1.63%; not residing in a two-parent household by 1.41%; and being an ethnic minority by 1.40% (also Benda, Corwyn, and Toombs 2001).

3.13 The Violence Institute of New Jersey (1998) published a number of 'warning signs' of patterns of behaviour or emotional responses to help identify adolescents who may harm others. These characteristics include social isolation, despair, anger and threats, poor impulse control, defiance of authority, extreme self-centredness, obsession with weapons, obsession with violence and death, exposure to violence, chronic truancy, extreme mood swings, and use of drugs or alcohol. A meta-analysis of 34 longitudinal studies of violent or serious offending amongst young people (Lipsey and Derzon 1998) revealed that early substance abuse and delinquent offending (from ages 6 - 11) were highly predictive of future behaviour, though this was less so, especially regarding substance abuse, for children aged 12 - 14. For the older group, the strongest predictor of future serious offending was a lack of social ties and involvement with antisocial peers - interestingly, a weak predictor for the 6 - 11 age group. The authors placed early antisocial behaviour amongst the top-ranked predictors such as general offending, substance use, aggression and physical violence. They described these predictors as "especially striking", as were the strength of the predictors for the older group (ibid., p. 101).

3.14 The predictive validity of such factors is not however consistent. Research into 52 male non-psychotic homicide offenders in Denmark (Gottlieb and Gabrielsen 1990) analysed data on previous violent and non-violent criminal record, psychiatric hospitalisation, suicidal behaviour, duration of imprisonment, age at release, and intra- or extra-familial offender-victim relationship yielded "somewhat meager results". The authors drew the conclusion that intra-familial homicide should be understood as individual psychopathology, while extra-familial homicide may "reflect current malfunctions of society". Research in the United States (Jeffery 1998) acknowledged that environmental factors such as family, schools, neighbourhoods, and peer groups are likely to play a large role in offending by young people. However, the author also emphasised that the (estimated) 5% of young people who go on to commit serious offences are not identified by these factors alone.

3.15 Two studies above mention gang membership as a possible correlate to violent behaviour: one (Lattimore, Visher, and Linster 1995) found no discernible relationship, while the other (Tollett and Benda 1999) found a small correlation with earlier return to custody. A further study looked more specifically at the role of juvenile gangs in the facilitation of serious and violent crime (Thornberry et al. 1993). Interview and other data from 987 respondents to their Rochester (New York) Youth Development Study showed that gang members there engaged in substantially lower levels of offending and drug use before entering and after leaving their gang.

3.16 Another area of controversy is the role of the media in violent offending. Belson (1978) asserted that boys who watched much violent television were more likely to commit acts of serious violence. However, interviews with 300 teenagers in a large urban area suggested that general patterns of leisure are more significant and that the values of working class street culture are crucial in understanding teenage violence (Murdock and McCron 1978). The authors further criticised Belson's work by saying his definition of serious violence was too elastic, and that his results showed that some boys who watched television the least were actually the most involved in certain types of violence.

Violent and sexual offenders

3.17 As mentioned previously, a system of preventive detention is available in Canada to control the automatic release of potentially dangerous prisoners before the expiry of their sentence.
Research into these detainees (Motiuk, Belcourt, and Bonta 1996) found they were more likely than the general prison population to have been convicted for a major violent offence, particularly sexual offences (48% of detainees, compared to 10% of the total prison population) and assault (16% v. 6%). They were also more likely to be serving sentences of between two and four years (76% of detainees, compared to 39% of the general prison population). Aboriginal prisoners were over-represented amongst this group (25.6% of detainees, compared to 12.8% of prisoners in general). A paper by Bonta and Motiuk (1996) showed that people detained in custody in Canada until the end of their sentence tend to be sex offenders (55.3%), and those designated as Dangerous Offenders are overwhelmingly sexual offenders (92.2%).

3.18 As a reminder, the sample in Motiuk, Belcourt, and Bonta's work was divided into three groups, namely those who were initially detained, then released prior to the end of their sentence (Group 1); those who were detained for their entire sentence (Group 2); and those who were detained until the end of their sentence after a "one-chance" release was revoked (Group 3). No significant age differences existed between the groups, though Group 2 was older at their first and current federal admissions. Group 3 showed poorer risk scores on the Statistical Information on Recidivism Scale (SIR; Nuffield 1982) than did Group 1 and especially Group 2; differences between all three groups were statistically significant. Total numbers of criminal convictions were fairly high for each group, but were lower for Group 2 (average 14 previous convictions) than for the other groups (average 17 each). Groups 1 and 2 were more likely to have a history of sexual convictions (62.8% and 63.2%, respectively, compared to 56.2%), while Group 3 was more likely to have a history of convictions for assault (64.8%, v. 59.5% and 56.1%). Group 2 was less likely to have convictions for robbery (35.1%, compared to 50.7% for Group 1 and 44.4% for Group 3).

3.19 The rates of recidivism for the three groups have been discussed above. For those readmitted within a year, no statistically significant differences were apparent for age or amount of time served before or after detention. However, a number of other characteristics were significantly associated with recidivism. Generally, age at first and current federal admission, number of property convictions and overall conviction, and score on the SIR were related to readmission within a year for Group 1. No significant variables stood out for Group 2, but for Group 3, age at first federal admission and number of convictions for assault and violence were significantly related to readmission.

3.20 Controlling for time at risk in the community, general recidivism tended to be associated with age, type of previous offences, SIR scores, and risk category. Recidivism for a violent offence was associated with similar factors, as well as total convictions and, for Group 1, time served in custody prior to detention. Finally, sexual recidivism was associated specifically with the number of sexual convictions (and for Group 2, the number of violent convictions as well). For all three groups, no significant relationship was usually evident between recidivism and time served on detention or for the major admitting offence.

3.21 The same year, Motiuk and Brown (1996) published work which associated general and violent recidivism with younger age at release from custody, a juvenile history (e.g. time in a secure school or Young Offender Institution), unemployment at time of arrest, unstable living arrangements, and substance abuse. Their research associated sexual recidivism with younger age at release, previous sexual offending resulting in a federal sentence, and adult drug abuse; the low rate of sexual recidivism made correlations with other predictors difficult.

3.22 Research in California into 98 young people discharged from parole and 198 retained under parole supervision (Jackson 1983) found interesting distinctions between the two groups: while the
groups were similar in the proportions rearrested and convicted and in the number of subsequent arrests and convictions, those retained on parole were more likely to be rearrested for homicide and rape. The author asserts that parole status may "generate defensive adaptations" which take the form of more serious offences. It seems at least as likely that people retained on parole were perceived to be more dangerous in the first place, though the author claims the division of the groups was random.

Summary and conclusions

3.23 The research presented in this chapter showed a number of general characteristics which may assist in predictions of future offending. For sexual offenders, psychosocial characteristics of some have been found to differ little from those of people who commit non-sexual offences. Sexual deviancy was a better predictor of further sexual offending than were general criminological factors. The type of sexual offence may be associated with the level of recidivism: rapists had the highest tendency to commit further sexual offences, whereas acts such as incest, exploitation of someone in the custody of the perpetrator, or similar felonies were least likely to be repeated.

3.24 For violent offences, the rate of violent offending in itself has been found to be a good predictor of future offending, though not necessarily of violence. Early antisocial behaviour was amongst the top-ranked predictors of future violent offending.

3.25 The next chapter looks at more specific characteristics of serious violent and sexual offenders.
CHAPTER FOUR: CHARACTERISTICS WHICH MAY PREDICT RECIDIVISM - SPECIFIC FACTORS

4.1 As shown in the previous chapter, a number of characteristics may distinguish serious violent and sexual offenders. While these characteristics may not provide accurate predictions of reoffending, they serve as useful indicators of increased risk. This chapter looks at such features in more detail, including age, sex, choice of victim, the offender's own history of victimisation, and addiction.

Age at onset of offending

Main finding:
Violence and serious delinquency are at a peak during adolescence and early adulthood.

Sexual offenders

4.2 Age at the onset of offending is commonly identified as a predictor of recidivism (in Scotland, Cooke and Michie 1997; in England, Nagin and Farrington 1992; also Katsiyannis and Archwamety 1997). Indeed, the Expert Panel on Sex Offending (Cosgrove Committee, 2001) reported that about 30% of all sex offences in Scotland are committed by males under age 21, and that adult sex offenders say their offending tends to start in adolescence (also SWSI 1999). The Social Work Services Inspectorate in Scotland (1997) noted that about 300 referrals to the Children's Hearing System each year are for alleged sexual offences by children, not including prostitution and related offences.

4.3 The peak age of offending generally in Scotland is between 15 and 18. For sex offenders, however, the peak age is 25 - 39 (SWSI 1997). Conviction statistics and reports from victims suggest that up to a third of sexual offences in Scotland are committed by people under age 18 (Expert Panel on Sex Offending 2001). Between 1985 and 1995 in Scotland, 750 people under the age of 18 were convicted in Scottish courts of crimes of indecency (excluding prostitution and homosexual offences), including 48 people under age 16 (SWSI 1997). The pattern in England and Wales appears to be similar: one study found that almost a fifth of all sex offenders there were under the age of 18 (Mapp 1996). This pattern does not however appear to apply in the case of sexual offences against children. Research into child sexual abuse in Scotland (Waterhouse, Dobash, and Carnie 1994) found that the most common age of abusers when the abuse took place was age 40 (typically older than for other sex offenders; Barker and Morgan 1993), though ages ranged from 10 - 81.

4.4 Studies elsewhere support the theory that age at the onset of offending is a predictor of recidivism. A number of studies found that young people adjudicated for sexual offences tend to have a higher rate of recidivism for sexual offences as adults (Sipe, Jensen, and Everett 1998; Broadhurst and Maller 1992; Abel et al. 1987; Hanson and Bussière 1996; Bonta and Motiuk 1996). Preliminary findings from Swedish research into a small number (N=46) of young sex offenders subject to court-ordered forensic psychiatric investigations suggested that early onset of sexually abusive behaviour, male victims, multiple victims, and poor social skills were associated with higher risk of sexual reoffending (Langström and Grann 2000). Previous criminality, early
onset conduct disorder, psychopathy, and use of death threats and weapons at the index sex offence were predictive of general (but not sexual) recidivism amongst the same group. As in Scotland, the exception tended to be for people who committed sexual offences against children. For example, a Canadian study of incest offenders (Firestone et al. 1999) found that recidivists (for any type of offence) tended to be older.

**Violent offenders**

4.5 A study of recidivism in Scotland (Scottish Executive 2001b) found that males under age 21 were the most likely age group to be reconvicted within two years (56%), especially if their index offence was robbery (62%), possession of an article with a blade or point in a public place (53%), or possession of an offensive weapon (46%). This coincides with findings in England (Farrington 1989) and elsewhere (e.g. Elliott and Voss 1974) that violence and serious delinquency are at a peak during adolescence and early adulthood.

4.6 Outside Scotland, findings from longitudinal research into 1,027 boys and girls (Stattin and Magnusson 1989) revealed a strong connection for boys between early ratings of aggressiveness (from age 10) and offending as adults. Aggressiveness was not predictive of future crime for girls until age 13. For both boys and girls, the link between aggression and crime was largely independent of intelligence and family education. Extensive analysis by the Office of Juvenile Justice and Delinquency Prevention's Study Group on Very Young Offenders (Loeber and Farrington 2000) showed that onset of delinquency prior to age 13 increases the likelihood of later serious, violent, and chronic offending by two to three times, and that this group tends to have a longer offending career.

4.7 An analysis of several longitudinal studies of early risk factors in juvenile offending (Loeber and Stouthamer-Loeber 1986) found that early behavioural problems predict general delinquency as well as more serious offences and recidivism. Multiple indicators, especially for family variables, predicted offending more accurately than did single indicators.

4.8 A small proportion of violent offences can also be attributed to elderly offenders: though only about 1% of crimes are committed by people over age 65, a study of 28 first-time offenders age 65 or older in Tel Aviv found that 10.7% of offending among this group involved serious violent crimes (Barak, Perry, and Elizur 1995).

**Choice of victims**

Main findings:
People who offended against a wide range of types of victim, as well as those who offended exclusively against male children, were at highest risk of reoffending.
Two of the strongest predictors of sexual recidivism was a sexual preference for children, particularly male children, and previous sexual offending against unrelated children.

**Sexual offenders**

4.9 For sexual offenders, the type of victims selected tended to be linked with rates of recidivism. Research in Scotland (Marshall 1995) suggested that people who offended against a wide range of types of victim (adults and children, males and females), as well as those who offended exclusively against male children, were at highest risk of reoffending. The Social Work
Services Inspectorate in Scotland (1997) noted that two of the strongest predictors of sexual recidivism was a sexual preference for children, particularly male children, and previous sexual offending against unrelated children.

4.10 Research in Scotland (Waterhouse, Dobash, and Carnie 1994) suggests that people who sexually abuse children outside the family pose a greater risk for further sexual offences. In their research, three-quarters of men convicted of abusing children outside the family reported one or more previous convictions for a sexual offence, compared to 14% of those who abused family members. Extra-familial abusers were also more likely to have served a previous prison sentence, though such findings must be considered alongside the possibility that extra-familial abuse may be more likely to be detected and reported. The seriousness of the offence also differed: incest was rarely life-threatening compared to cases of random abuse. Incest offenders also had "more conventional biographies" (e.g. most were not sexually abused in childhood, nor did they usually have a prior record of criminal offending) and were possibly more amenable to treatment.

4.11 Waterhouse and colleagues found that random abusers of children - those who committed impulsive, impetuous and primarily violent acts without consideration or control - had distinctive and almost entirely consistent backgrounds. Almost all had spent significant amounts of time in public care, approved schools, and borstals. They had early records of delinquency (truancy, theft, robbery), and most had been seen by child and adolescent psychiatric services. Sexual and physical abuse featured in their backgrounds (see 'Victimisation' below), and violence featured in their relationships with women. They used hard pornography and had adult criminal records, usually for theft and robbery. They had previously been imprisoned, usually several times, and a few had prior convictions for sexual offences. Several reported serious drinking problems in adolescence, which continued into adulthood. Their sexual offending was unplanned and distinguished by violence.

4.12 Research in Scotland has also shown that young perpetrators of sexual offences generally knew their victims (neighbours, friends of younger siblings, family friends, sometimes family members) and that over half their victims were female (SWSI 1999). In the case of sexual abuse of children, the majority of abusers were not strangers and usually lived in the child's home: of 439 cases, 23% of abusers were the fathers, and 22.5% were step-fathers or cohabiters, while only 10% were strangers (Waterhouse, Dobash, and Carnie 1994). These findings suggest that a high proportion of sexual offences are committed by people known or related to the victim, but that offenders who are strangers are more likely to reoffend (or at least, are more likely to have their offending reported or detected). Research in England and Wales by Lloyd and Walmsley (1989) notes that most rapes are committed by men known intimately to the victim or who are acquaintances.

4.13 As mentioned above (see Chapter 2), recent research in England and Wales emphasised the importance of distinguishing between sexual offenders to assess risk of recidivism. Hood and colleagues (2002) divided sexual offenders according to the age of the victim (adult or child), degree of relationship, and single or multiple victims. Generally their research supported that in Scotland. However, they also found that a sizeable minority of offenders (29% of those who had originally offended against children and 38% who originally offended against an adult) switched between adult and child victims at least once in their subsequent offending.

4.14 The research conducted outside the UK shows trends similar to most of these studies. Canadian research into 178 serious sexual aggressors found that choice of victim remained fairly stable between offences for sex offenders in terms of the victim's age, sex, and relationship to the perpetrator (Guay et al. 2001). This was particularly the case for aggressors against unfamiliar
women and children, but less so with pseudoincest offenders and aggressors against familiar women. In Canada, research into child molestation showed that those who choose male victims have the highest rate of recidivism, followed by those whose victims are unrelated females (Canada Working Group 1990; Hanson and Bussière 1996; Quinsey, Rice, and Harris 1995). A study of 103 child molesters in prison in Minnesota found that men who prey exclusively on young boys are at the greatest risk of reoffending (Hager and McGrath 1997; Barker and Morgan 1993; also Marshall 1995, op cit.; Hanson, Steffy, and Gauthier 1993).

4.15 Data on extra-familial child molesters discharged from a Massachusetts treatment centre suggested that (higher) degree of sexual preoccupation with children (also Worling and Curwen 2000), paraphilias, and number of prior sexual offences can predict sexual recidivism (Prentky, Knight, and Lee 1997); most people who commit sexual offences against children are not paedophiles11 (SWSI 1997). Previous sexual offences were again a factor in increased recidivism amongst child molesters in a long-term follow-up of 197 subjects, as were never being married and selection of male victims (Hanson, Steffy, and Gauthier 1993; also Marshall 1995 in Scotland). The same study showed that incest offenders were reconvicted at a slower rate than those who selected only boys outside the family, while offenders who selected girls outside the family showed a rate of reoffending between these two groups.

4.16 Another Canadian study of child molesters (Greenberg et al. 2000) followed arrests and reconvictions of 400 men up to 15 years after their initial conviction. Consistent with the other studies, the authors found that 16.2% of men who offended against children who were acquaintances committed further sexual offences, compared to 4.8% of those who offended against biological children and 5.1% who offended against step-children. Recidivism for any type of offence showed a roughly similar relationship, with 19% recidivism for offenders against biological children, 40% for offenders against extended family members, 35.9% where victims were acquaintances, and 45.2% when victims were strangers. Incest offenders consistently show the lowest rates of recidivism (Motiuk and Brown 1996; Quinsey, Rice, and Harris 1995). Greenberg and colleagues suggest that, while risk of recidivism is highest among people who offend against strangers, offenders against acquaintances show a higher risk than previously suspected.

**Violent offenders**

4.17 A study in England which assessed 50 stalkers found that serious violence was significantly associated with previous sexual intimacy between the stalker and the victim (Farnham, James, and Cantrell (2000). Other research connecting violent offending with specific types of victims, with the exception of domestic violence (discussed below), was not readily available.

**Choice of victims: domestic abuse**

<table>
<thead>
<tr>
<th>Main findings:</th>
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<tr>
<td>The use of severe types of abuse against children increases the likelihood of recidivism.</td>
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<tr>
<td>A recurrence of abuse was more likely when families showed a persistent denial of the abuse, a lack of empathy, a use of severe types of abuse, and had committed previous violent acts.</td>
</tr>
<tr>
<td>'Chronic' recidivism tended to be associated with the caregiver's history of abuse or neglect as a child, abuse or neglect beginning at an early age, children with developmental delays, having multiple victims in the same family, and substance abuse.</td>
</tr>
<tr>
<td>The most predictive &quot;warning signs&quot; for referral were family psychiatric problems and drug or alcohol abuse, as well as the child's learning difficulties, behavioural problems, or previous referrals.</td>
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4.18 Much research into violence and sexual abuse puts domestic abuse into a separate category. As a result, assessing the seriousness of such offences can be difficult. Domestic abuse can, however, include extremely serious offences including rape and homicide (e.g. Dobash and Dobash 1994).

4.19 Little Scottish-based research regarding the characteristics of abusers is available. Elsewhere, a quarter of 207 women in Sweden had experienced or been threatened with some form of violence from their partner in the past year (Hedin et al. 1999), and just under 5% of the 30 who experienced physical or sexual abuse during pregnancy had been exposed to assaults rated as serious violence (Hedin and Janson 2000; Hedin et al. 1999). Some research suggests that the use of severe types of abuse against children increases the likelihood of recidivism (Jones 1987; Browne 1988).

4.20 General characteristics associated with 234 men in Indiana who battered women include (young) age, cohabitation with the victim, unemployment, and dependence on drugs and/or alcohol (Roberts 1987). The study made no distinction between the levels of the violence involved. However, a study in Florida used police reports of all serious violent incidents excluding robberies and found that areas with concentrated tracts of poverty had a rate of serious domestic violence nine times higher than that in other areas (Miles and Kelly 1997; see also Hedin and Janson 2000). Smoking and alcohol use were found to be an important risk factor for people in Sweden who subjected their partners to physical and/or sexual abuse during pregnancy (Hedin and Janson 2000). Questionnaires from 53 clients of a programme for spouse batterers in Ohio suggested that recidivism was more likely for those who lived with their partners after counselling, who had witnessed violence between their parents, and who had problems with alcohol (DeMaris and Jackson 1987). Research specifically into child abuse suggested that a recurrence of abuse was more likely when families showed a persistent denial of the abuse, a lack of empathy, a use of severe types of abuse, and had committed previous violent acts (Jones 1987).

4.21 Secondary data involving 177 victims of domestic violence showed that survivors' predictions of the recurrence of serious violence were often accurate and added significantly to the accuracy of established risk factors in predicting severe reassault within a four-month period (Weisz, Tolman, and Saunders 2000).

**Records of child abuse**

4.22 In cases of physical or sexual abuse of children, predictors of future abuse may be available from the child's case file. In England, research into 400 referrals to police child protection units found that a quarter of perpetrators had previously been in contact with the police, and that the most predictive "warning signs" for referral were family psychiatric problems and drug or alcohol abuse, as well as the child's learning difficulties, behavioural problems, or previous referrals (Hamilton and Browne 1999).

4.23 A study of 157 sexual abuse cases reported to child protective services in Kansas found a recurrence of abuse in 10% of cases. This recurrence was strongly associated with attributes of the perpetrator and perpetrator access, the presence of neglect in addition to sexual abuse in the initial report, the quality of care provided by the mother, and the caretaker's ability to use agency resources (McDonald and Johnson 1993). Files on 446 children in Maryland showed that recurrence of abuse was linked with child vulnerability, family stress, partner abuse, deficits in social support, and an interaction between "timely stress" and deficits in social support (DePanfilis and Zuravin 1999).
4.24 A larger-scale study in Washington state looked specifically at multiple referrals to child protective services for child abuse or neglect, involving 11,970 referrals on 6,433 families. "Chronic recidivism" tended to be associated with the caregiver's history of abuse or neglect as a child, abuse or neglect beginning at an early age, children with developmental delays, and having multiple victims in the same family (Marshall and English 1999), as well as substance abuse (English et al. 1999). Multiple referrals were also predictive of child fatalities: in one study, 45 families in which a child had been killed had been referred for abuse or neglect 120 times over a seven-year period (Fein 1979). All families in the sample had low incomes and received some form of public assistance, family structure was chaotic, and 98 of the 120 reported cases of abuse involved mothers rather than fathers. As found in previous studies, child murder was more likely to take place in families where more than one child was abused.

4.25 A large-scale study across ten states in the United States found that neglect was the most likely pattern of abuse to recur, followed by physical abuse, then sexual abuse, with the abuse of younger children more likely to recur (Fluke, Yuan, and Edwards 1999). A random sample of 620 cases of child abuse from a social services agency in Virginia found no link between sex, race, or family structure in the repeat occurrence of child abuse; greater severity of abuse, however, was associated with children from single parent families (Faircloth and Caron-Sheppard 1998). Another study found that stressful events and the seriousness of the initial (reported) incident of abuse was significantly related to subsequent acts of abuse and neglect (Browne 1988).

Victimisation

Main findings:
- The experience of sexual abuse seemed to become a model for some.
- Negative involvement or lack of involvement of parents has been found to increase the risk of criminal behaviour in young people.
- Major risk factors for violence included using and selling drugs, committing non-violent felonies or other non-violent delinquency, low academic orientation, lack of parental affection and support, and perceptions of parental substance abuse; an increased number of risk factors was linked to an increased likelihood of violent behaviour.

Sexual offenders

4.26 A number of sexual abusers have been victims of abuse themselves. In Scotland, research into child sexual abusers (Waterhouse, Dobash, and Carnie 1994) found that 23% of their sample which had the information available (N=209) had suffered some form of physical and/or sexual abuse. Non-familial abusers were much more likely to report sexual abuse as a child. Indeed, 22 of 53 men interviewed for the research (41%) reported being sexually abused as a child, usually between the ages of 8 and 11, usually by a male stranger aged 17 - 25. Paedophiles in the research reported abuse in childhood exclusively by strangers or by men in institutional authority rather than abuse within the family. The authors noted that this experience of abuse seemed to become a model for some, and that this group showed a marked absence of concern for their victims. Waterhouse and colleagues concluded that evidence from their interviews supports the idea of a gap in development in early childhood, as a result of sexual abuse, in forming a connection between affective relations and sexual response and expression; sexual gratification for this group is held apart from its social significance for others and for themselves.
4.27 A thematic review by the Social Work Services Inspectorate in Scotland into sexual offending stated that "family relationships and experiences of abuse may contribute to the development of a tendency towards sex offending in young people" (1997: para. 20). Experience of family violence and separation from parents and carers were not unusual amongst sex offenders. The review described the findings of research from the Great Ormond Street Hospital in London, which found that sexual offenders who were also victims of abuse had often witnessed or experienced intra-familial violence, rejection by their family, and displayed unusual psychiatric symptoms including pseudo-psychosis and symptoms similar to post-traumatic stress disorder (PTSD). Those who had not been sexually abused themselves often lacked a "satisfactory father figure", and their mothers were often sexually abused as children.

4.28 Elsewhere, a Canadian study of incest offenders (Firestone et al. 1999) reported more frequent histories both of being physically abused and of being removed from their homes prior to age 16.

**Violent offenders**

4.29 The link between previous experiences of sexual abuse and subsequent serious violence has been explored in a number of studies, primarily outside Scotland (in England, Pollock and Kearcolwell 1994; also Martinez 1997; Gorsuch 1998). Raine et al. (2001) found that the brain functioning (measured through functional magnetic resonance imaging, or an fMRI scan) of serious violent offenders who had suffered from severe physical abuse as a child differed from that of people who had suffered severe abuse but not committed serious violence, serious violent offenders who had not been abused, and from a control group. The findings of this first fMRI study of brain dysfunction in violent offenders indicated that initial right hemisphere dysfunction, when combined with the effects of severe physical abuse in childhood, predisposes people to serious violence, but that relatively good functioning of the right hemisphere protects against violence amongst victims of physical abuse.

4.30 In a further study of serious violence, Raine, Brennan, and Mednick (1997) extended an earlier theory of theirs that birth complications and early maternal rejection can predispose individuals to violence. The authors assessed a cohort of 4,269 males in Denmark for birth complications, maternal rejection in the first year, maternal mental illness, and subject's criminal history, following the men up to age 34. They found that being reared in a public care institution in the first year and the mother's attempt to abort the foetus were key aspects of maternal rejection which interacted with birth complications and predisposed the men to violence. These factors were specific to violent crime, serious violence, and early-onset violence, and could not be accounted for by maternal mental illness. The authors conclude that the mechanisms which underlie early-onset serious violence may differ from those for less serious, late-onset violence, that early factors may be important in the development of violence, that biological as well as psychosocial factors should be integrated in order to understand and prevent violence, and finally that interventions to reduce birth complications and maternal rejection may help reduce future violent behaviour.

4.31 A review of research on the relationship between crime and family life reiterated the role of negative involvement or lack of involvement of parents in increasing the risk of criminal behaviour in young people (Wright and Wright 1994). Marital discord, conflict, and child abuse were also correlates. Similar factors were relevant to criminal behaviour in adulthood. Some authors have rejected the notion of a link between maltreatment and serious offending, saying the relationship disappears once family structure has been taken into account (Zingraff et al. 1994). A meta-analysis of 34 studies into violent or serious delinquency amongst young people (Lipsey and Derzon 1998) revealed that broken homes and abusive parents were amongst the poorest predictors
of future offending for 6 - 14 year olds. Later research has challenged such findings, saying that the relationship between maltreatment and serious offending is indeed robust, and that young people from homes broken by desertion were the most maltreated and the most delinquent (Heck and Walsh 2000; see also Bailey et al. 1994).

4.32 A six-year longitudinal study of self-reported violence among 4,500 students in their final year and school drop-outs in California and Oregon (Saner and Ellickson 1996) found a number of risk factors associated with violent behaviour. Major risk factors included using and selling drugs, committing non-violent felonies or other non-violent delinquency, as well as low academic orientation, lack of parental affection and support, and perceptions of parental substance abuse. An increased number of risk factors was linked to an increased likelihood of violent behaviour. A study of young homicide offenders (Hardwick and Rowton Lee 1996) suggested that background factors of risk included witnessing serious violence (live and on screen), and being abused through neglect and deprivation.

Sex of offenders

<table>
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<tr>
<td>Even where women are violent, men pose a greater risk.</td>
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<tr>
<td>Typologies of female sexual offenders are difficult because of the small numbers involved.</td>
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<tr>
<td>Previous attempts at suicide were strongly associated with violent offending for women.</td>
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Sex offenders

4.33 A review by the Social Work Services Inspectorate in Scotland (1997) reiterates that almost all violent sexual crime and sexual abuse of children is committed by men or boys. However, a small number of studies outside Scotland have compared sexual offending by male and female offenders. Matthews (1993), for example, found that female sexual aggressors were much more likely to commit offences with others (see also Matravers 2002 in England) but, unlike men, rarely or never coerced others into being accomplices. Females also used force or violence less often and made fewer threats to keep victims silent. They were less likely to deny their offence and took responsibility more willingly. They also initiated sexual abuse at a later age than men; unlike male sexual offenders, Matthews found it extremely rare for female abusers to have offended prior to adulthood.

4.34 Matthews, Mathews, and Speltz (1991) found that female abusers showed different motivations to men for sexual offending. Female offenders whom they categorized as 'predisposed' to sexual offending had usually experienced very early sexual abuse themselves for a number of years by numerous family members or entrusted caretakers. They had difficulty establishing healthy sexual relationships and may become involved with abusive partners, believing that "abuse is commensurate with acceptance and human contact" (ibid., p. 11). This group was more likely to engage in bizarre or violent behaviour, to involve children under age 6, and to cause pain and physical harm. Alternatively or conjointly they could be self-injurious or chronically suicidal and show a range of emotional health problems (also Matthews 1993). The authors admit that typologies of female sexual offenders are difficult because of the small numbers involved. Research and programmes for female sexual offenders are also lacking (Syed and Williams 1996).
Violent offenders

4.35 As with sexual offences, the vast majority of perpetrators of serious violence are men (e.g. Scottish Executive 2001b). Some studies have however reported incidents of serious violence by women (e.g. Pollock and Kearcolwell 1994 in England; Gorsuch 1998). In Scotland, 2% of all convictions of females and 4% of convictions for men in 2000 were for a violent offence (Scottish Executive 2001d). However, the nature of these offences tends to differ: in Canada, for example, Loucks and Zamble (1994) reported that far more men imprisoned for serious violence were there for robbery, while more women were imprisoned for non-fatal assaults.

4.36 A consistent finding of such studies is that, even where women are violent, men pose a greater risk. A one-year follow-up of 248 young people released from the Arkansas Serious Offender Program found that young males generally returned to custody before young females did (Tollett and Benda 1999). A sample of severely and persistently mentally ill involuntary patients in the United States (Hiday et al. 1998) compared violence by male and female patients in the four months prior to their admission. In this study, males showed a greater prevalence of violence on measures which separated more and less serious violence; no sex differences were apparent on measures which did not draw this distinction.

4.37 A six-year longitudinal study of self-reported violence among 4,500 students in their final year and school drop-outs in California and Oregon (Saner and Ellickson 1996) found differences between boys and girls: girls seemed more susceptible to the effects of family problems or disruption and impaired relationships with parents, while participation in other deviant behaviour was more predictive for boys. Weak bonds with school and family also seemed to influence levels of serious violence among boys.

4.38 Violent female offenders in federal custody in Canada (Blanchette 1997) showed higher levels of need than non-violent females in areas such as employment, marital and family life, personal and emotional orientation, attitudes, and in particular, substance abuse. This study found that women in custody for violence had fewer criminal associates, though similar research found the opposite, saying that criminal associates are predictive of violent recidivism (Blanchette and Motuik 1995). Previous attempts at suicide were strongly associated with violent offending for women (Blanchette 1997). Loucks and Zamble (1994) also found this to be the case when comparing violent women to violent men; higher levels of depression were also evident for the violent women. Regarding substance abuse, Loucks and Zamble found half the rate of reported alcohol abuse amongst violent women compared to men, but twice the rate of at least moderate drug abuse. Some of these differences may simply reflect differences between male and female offenders generally (e.g. Loucks 1998).
Specialisation?

Main findings:
Recidivism amongst sexual aggressors tends to be for the same type of offence. A history of sexual offending and, to a lesser extent, a history of diverse sex offences, have been found to be amongst the strongest predictors of sexual recidivism. Many sex offenders commit more than one type of offence, and sexual offending may be part of a wider pattern. Previous convictions for violent offences, especially numerous and highly violent offences, indicated high risk of reoffending for sexual offences. Predictors of non-sexual violent offending and general recidivism are similar for sexual offenders as for non-sexual offenders; violent offenders tend to be generalist rather than specialist offenders. Serious violent offenders start offending earlier and are more likely to continue offending into adulthood than are other offenders.

Sexual offenders
4.39 Much research suggests that type of reoffending tends to be associated with previous offences of the same type. A review by the Social Work Services Inspectorate in Scotland (1997) noted that a history of sexual offending and, to a lesser extent, a history of diverse sex offences, have been found to be amongst the strongest predictors of sexual recidivism. Research into child sexual abusers in Scotland (Waterhouse, Dobash, and Carnie 1994) noted that in a quarter of their sample of 501 case files and 53 interviewees, the perpetrator was known to have abused another child or children in addition to the initially identified victim.

4.40 Despite such findings, offending by people who commit sexual offences may vary. Indeed, many sex offenders commit more than one type of offence, and sexual offending may be part of a wider pattern (SWSI 1999). In his research at HMP Peterhead, Marshall (1995) found that sex offenders who had committed a large number of non-sexual offences over a long period, as well as a diverse range of offences, were at the highest risk of committing further sexual offences as well. Conversely, he found that sex offenders who had previously committed few or no non-sexual offences, or who had committed a single type of non-sexual offence, were the least likely to commit further sexual offences. Findings in Scotland from Waterhouse, Dobash, and Carnie (1994) support this view and note that high intensity patterns of sex offending (for example that involving penetrative sex and violence, a long history of offending, and more than one victim) were likely to be more intractable. Marshall also reported that previous convictions for violent offences, especially numerous and highly violent offences (sexual or non-sexual), indicated high risk of reoffending for sexual offences.

4.41 In England, research by Broadhurst and Maller (1992) noted that sex offenders differ from each other in the types and seriousness of the offences they commit, but the groupings are not necessarily static. One study in England noted that rapists tended to be more generally delinquent in their behaviour (Barker and Morgan 1993). Another (Sugarman et al. 1994) suggested that some male exhibitionists, for example, may be prone to more serious sex offending. Of 210
exhibitionists with records in the West Midlands Forensic Psychiatry Service, over a quarter had a conviction for at least one contact sex offence. The characteristics significantly associated with the more serious behaviour included childhood conduct disorder, convictions for acquisitive offending, excessive libido, homosexuality, exhibiting at more than one site, cornering or pursuing the victim of the exposure, touching the victim, and being assessed as having an unfavourable prognosis. These factors accurately predicted over 80% of cases of more serious sexual offences among exhibitionists.

4.42 Research outside the UK shows similar patterns. An analysis of 170 first-time juvenile sexual offenders in Utah found that those who subsequently committed non-sexual offences tended to have committed higher levels of non-sexual offences in the past (Rasmussen 1999). Data on extra-familial child molesters discharged from a Massachusetts treatment centre suggested that juvenile and adult antisocial behaviour, paraphilias, and low contact with children can predict non-sexual victim-involved and violent recidivism (Prentky, Knight, and Lee 1997). A meta-analysis of 61 studies of recidivism amongst sexual offenders found that predictors of non-sexual violent offending and general recidivism are similar for this group as for non-sexual offenders (Hanson and Bussière 1996 and 1998; also Motiuk and Brown 1996; Rice, Harris, and Quinsey 1990).

4.43 However, the Canada Working Group (1990) noted that recidivism amongst sexual aggressors tends to be for the same type of offence. Violent recidivism amongst incest offenders in one Canadian study was committed primarily by those with more violence in their police records (Firestone et al. 1999). A long-term study of child molesters compared to non-sexual criminals in Ontario, Canada (Hanson, Scott, and Steffy 1995) found that almost all further sexual offences were committed by the child molesters (35% of this group, compared to 1.5% of the non-sexual criminals), while the non-sexual group was responsible for virtually all of the non-sexual violent recidivism. A number of studies have found that sexual recidivism is relatively reliably predicted by the number of prior sexual offences, as well as by deviant sexual arousal (Hanson and Bussière 1996; Motiuk and Brown 1996; Prentky, Knight, and Lee 1997; Quinsey, Rice, and Harris 1995).

4.44 As in the UK, research elsewhere suggests that sexual recidivism varies according to the type of offence. A self-report study by Abel and colleagues (1987), for example, found that exhibitionists admit to a much higher rate of offending than child molesters, who admit more than rapists. This may suggest that sexual offenders who are more likely to reoffend will not necessarily be committing the more serious sexual offences. However it may also be that people who commit less serious offences are simply more likely to admit their offences.

### Violent offenders

4.45 In contrast to work on sexual offenders, less research on the specialisation (or not) of violent offenders in Scotland appears to be available. Outside Scotland, much research seems to accept that a specialisation in violent crime is well-established (Schwaner 1998 and 2000; Kunselman 2001). Schwaner's analysis of data on armed robbers (2000) found that an initial robbery predicts later incarceration for robbery, after controlling for demographics and criminal history. Data on 3,353 parolees in Ohio suggested that specialisation in violent crime - defined here as admission to prison exclusively for a violent offence with subsequent violent recidivism - is related to ethnicity, county of commitment, age at release, time served, number of prior felony convictions, and number of prior parole revocations (Schwaner 1998).

4.46 However, additional evidence suggests that serious violent offences are likely to be part of a range of offences a person commits rather than a specialisation. Statistics on recidivism in New Zealand (Spier 2001), for example, showed that 56% of people with an index offence of violence
had not been convicted of violence in the past, but for property (56%) and traffic offences (60%); a further 18% were first offenders. Further, violent offenders were more likely to be convicted for traffic offences within two years of release (31%) than other types of crime. The study noted that "violent offenders tend to be generalist rather than specialist offenders" (p. 19). In fact, the statistics showed that people convicted of burglary in 1995 were more likely to be convicted subsequently of a violent offence (24%) than were people with an index offence for violence. Spier's report did not, however, distinguish serious violent offenders from others.

4.47 Self-report interview data from 1,412 adolescents in the United States suggested that the mix of offences which individuals commit becomes more diverse over time (Elliot, Huizinga, and Morse 1986). A longitudinal study of 1,725 young people (aged 11 - 17 in 1976) in the National Youth Survey in the United States found that serious violent offences make up a small percentage of total criminal acts the young people committed, supporting a general pattern of diversification of criminal acts (Elliot 1994). The research also showed, however, that serious violent offenders start offending earlier and are more likely to continue offending into adulthood than are other offenders. Black young people were no more likely to commit acts of serious violence, but they were more likely to be arrested and to continue committing such acts than were young white people. The survey, based on self-reported data, found that this method showed higher prevalence, earlier onset, weaker demographic correlations, and stronger evidence for escalation of frequency and severity of violent acts than did research based on official statistics.

4.48 Other research also suggests that people who commit serious violent offences may be involved in other types of offences. A longitudinal study of 9,945 males born in 1945 and 13,160 born in 1958 compared those who committed serious violent offences (defined as any police contact for homicide, forcible rape, robbery, or aggravated assault) with those who committed other offences (Brame, Mulvey, and Piquero 2001). The findings suggested that offending between the groups differed more in degree of severity than in types of offences committed, and that the "relative standing in the distribution of violent offending" is associated with that in other types of offending.

4.49 Yet another study questioned the specialisation of violent offending, this time examining data from the Philadelphia Collaborative Perinatal Project (Piquero 2000). The results suggest that frequent, violent offenders are indistinguishable from frequent, non-violent offenders, and that involvement in violence is mainly a part of increased frequency in offending; no tendency to specialise in violence was apparent. Longitudinal data from the 1958 Philadelphia cohort (Piper 1985) showed that violent recidivists also committed a large proportion of non-violent index offences.

**Drugs and alcohol**

<table>
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<td>Those who had problems with both drugs and alcohol appeared to be at greatest risk of violent behaviour.</td>
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Sexual offenders

4.50 Research into sex offenders in prison in Scotland (Marshall 1995) reported that long-term abuse of and addiction to drugs, along with failure to enter treatment or unresponsiveness to it, indicated risk of further sexual offences. Also in Scotland, Waterhouse, Dobash, and Carnie (1994) found that almost half of the child sexual abusers in their research (48.7% of files where information was available) abused substances, usually alcohol.

Violent offenders

4.51 The role of drugs and alcohol in violent and other offending is generally accepted (Roget, Fisher, and Johnson 1998) but is nevertheless not altogether straightforward (Parker 1996 in the UK; Kuhns 2000; Abram 1989). Research on 53 heroin addicts who used flunitrazepam found that, in 11% of cases, abuse of flunitrazepam was associated with amnesia and increased feelings of power, often resulting in serious violent offences (Salvaggio et al. 2000). A Swedish study of 19 male juvenile offenders found this to be particularly likely when flunitrazepam was combined with alcohol, and when the drug was used by psychiatrically vulnerable subjects (for example those with high scores on boredom susceptibility and verbal aggression). They found that almost all of the young men in their study had previously been sentenced for serious violent offences (Daderman and Lidberg 1999). Involvement in serious violent offences such as murder and robbery may also be a common correlate with involvement in drug trade or trafficking (Brownstein et al. 1996), at least for young people in the United States. A small study of 41 perpetrators of domestic violence mandated to attend anger management classes found that substance use could be an important indicator of higher dropout and recidivism rates among this group (Easton, Swan, and Sinha 2000).

4.52 Drugs and alcohol can interact with other factors such as mental illness to increase the risk of violent behaviour. Research into 331 involuntarily admitted severely mentally ill patients asserted that alcohol or other drug abuse problems, combined with poor adherence to prescribed medication, may indicate higher risk of violent behaviour amongst people with severe mental illness (Swartz et al. 1998a and 1998b; see Chapter _ below). Those who had misused both drugs and alcohol appeared to be at greatest risk of violent behaviour (Swartz et al. 1998a). Monahan (1999) notes that substance abuse has a strong impact on violent recidivism and increases violence generally, but that this is especially the case in the presence of a mental disorder. Research in the United States into progression of behaviour in offending (Hill et al. 1997) suggests that alcohol use precedes both index offending and drug use, and that a reversal of this pattern is rare.

Violent and sexual offenders

4.53 For serious violent and sexual offenders specifically, an analysis of sentencing decisions for men given discretionary life sentences (N=19) was conducted on behalf of the MacLean Committee on Serious violent and sexual Offenders (Scottish Executive 2001c). This research identified any connection between alcohol abuse with offending and sexually aggressive or deviant attitudes and behaviours as the main factors sentencers discussed in risk of reoffending. Risk was thought to be particularly high where the offender would not or could not tackle these problems successfully.

Summary and conclusions

4.54 The prediction of recidivism amongst sexual offenders is clearly complex, to the extent that some authors (e.g. Grubin and Wingate 1996) argue that an attempt to understand why recidivism takes place may be more constructive in developing methods of prevention. The literature shows a number of consistent patterns which may provide useful indicators of risk.
4.55 First, characteristics of serious violent and sexual offenders are more similar to offenders generally - even those who have never committed a sexual or violent offence - than to non-offenders. For both violent and sexual offenders, early onset of offending indicated an increased likelihood of future offending. Probably the most important predictors in both cases were a history of similar types of offences and the (high) rate of offending. The relevance of an offender's previous offence history was repeated throughout the literature. While offenders did not necessarily specialise, those who had committed a sexual or violent offence in the past were more likely to do so again. For both sexual and violent offences, virtually all offenders were male.

4.56 For sex offenders specifically, sexual deviancy was often a good indicator of risk. Choice of male victims in particular, but also a mixture of male and female victims, multiple victims, and unrelated victims consistently indicated higher risk. People convicted of rape were more likely to offend again, while incest offenders were the least likely to reoffend; however, the type of sexual offences committed were not necessarily static. Many had been victims of abuse themselves.

4.57 A substantial proportion of sexual offenders in every jurisdiction have been described as suffering from personality disorders or severe personality disorders, though the definition of this is not always clear (Connelly and Williamson 2001). Arguably this is also the case for many violent offenders. However, most violent and sexual offenders show no evidence of mental illness. While mental disorder amongst violent and sexual offenders may be more prevalent compared to other groups, serious offending amongst people with mental disorders is rare. Misuse of drugs and alcohol is common amongst many types of offenders, but may exacerbate antisocial behaviour.

4.58 Overall the research in Scotland appears to be thin in a number of areas. Such topics include studies of the characteristics of perpetrators of domestic violence; research into sexual and violent offending amongst females; and evidence regarding any specialisation of violent offenders. Research in these topics may exist, but finding them would necessitate a more detailed and specific search.
CHAPTER FIVE: MENTAL DISORDER

5.1 The proportion of serious offences committed by people with a mental disorder is small (e.g. Johnson et al. 1998; Friendship et al. 1999; Bosredon Noe et al. 1997; Wallace et al. 1998). Research by Bonta, Law, and Hanson (1998) asserts that the major predictors of recidivism are the same for mentally disordered individuals as for people not diagnosed with a mental disorder. However, people with mental disorder are a well-studied group and attract a great deal of media attention (Berlin and Malin 1991). Much information on serious violent and sexual offending therefore comes from studies of mentally disordered offenders. This chapter looks at the merits of mental disorder as a predictor of recidivism for serious violent and sexual offenders.

Sexual offenders

5.2 The Social Work Services Inspectorate in Scotland (1997) noted that few sex offenders have physiological or mental disorders, with some estimates as low as 8%, though a "sizeable proportion" may have personality problems. Also in Scotland, Marshall (1995; also Quinsey, Rice, and Harris 1995) suggested that deviant sexual arousal indicates highest risk of further sexual offending. Little other Scottish research on sexual offending and mental disorder was found.

5.3 In England and Wales, Smith and Taylor (1999) conducted a search of Home Office records on all 84 male schizophrenic inpatients with restricted hospital orders and an index offence of sexual assault of a woman. They found that, at the time of the men's offences, 80 were psychotic and half had delusions or hallucinations related to the offence. Specific delusional or hallucinatory drive was relevant in only 18 men, but the majority committed their first sexual offence after the onset of schizophrenia. The authors concluded that when a man has schizophrenia, the condition is relevant to the commission of a serious sex offence even though a direct symptom relationship may be relatively unusual. Smith (2000) then compared the behaviour of the men with the literature on sex offences by men without mental illness and found that the data did not support stereotypical images of psychotic attackers behaving in an exceptionally violent or bizarre manner.

5.4 A study of 49 patients diagnosed with psychopathic disorder from the Young Persons Unit (YPU) at Broadmoor Hospital in England found that a history of sex offending was the strongest predictor of further offending (Reiss, Grubin, and Meux 1996). Also in England, Day (1994) claimed that men with learning difficulties are over-represented among people who commit sexual offences.

5.5 More extensive research in this area has been conducted elsewhere. A seven-year follow-up of 68 incarcerated sex offenders (Serin, Mailloux, and Malcolm 2001) found that general recidivism and typologies of sex offenders could be differentiated using information on psychopathy, while rapists and child molesters could be differentiated through measures of deviant sexual arousal. Hare (1999) notes that psychopathy is a very important part of much sexual offending (also Harris, Rice, and Cormier 1991; Quinsey, Rice, and Harris 1995), and that the combination of sexual deviance and psychopathy form a particularly powerful predictor of sexual recidivism.

5.6 A study of sex offenders with learning disabilities supported the idea that no qualitative difference in behavioural characteristics exists between this group and other sex offenders (Schoen and Hoover 1990). The authors noted, however, that learning difficulties may make this group more difficult to treat and therefore increase the risk of recidivism.
5.7 A small sample of male paedophiles (N=45) who were participating in residential or outpatient sex offender treatment programmes were interviewed using the Structured Clinical Interview for DSM-IV (Raymond et al. 1999). Results showed that almost all of the subjects (93%) met the criteria for a mental disorder other than paedophilia, and that the lifetime prevalence of mood disorder was 67%. Comorbidity of axis I and II disorders were high in the sample. The authors suggest that untreated comorbid psychiatric disorders in such a group may be relevant to failure of treatment and to recidivism.

5.8 Collins and O'Connor (2000) conducted a small-scale exploratory study of ten people, referred to the Irish Forensic Psychiatry Service, who rape elderly victims. Their work found that these perpetrators were most frequently diagnosed with schizophrenia and alcohol dependence syndrome, with a dual diagnosis common. A high proportion of the schizophrenics had been charged with sexual offences in the past, and most had not complied with prescribed psychotropic medicine at the time of their offence (factors associated with increased risk of serious violence in such patients; see Vartiainen and Hakola 1994, Swartz et al. 1998a and b). The authors concluded that a small number of people with mental illness may be at increased risk of committing sexual offences against elderly victims.

5.9 The information above suggests that mental disorder may be an element of some sexual offences. However, not all sexual offenders show deviant patterns of sexual arousal. Marshall (1996) estimated that less than 10% of sex offenders experience a high frequency of intrusive deviant thoughts associated with masturbation and strong urges to offend.

5.10 As mentioned at the outset, sex offenders are not a uniform group with distinctive features. They may or may not have a personality disorder, may or may not be sexually deviant, and may or may not have a recognised psychosexual disorder; the presence of a personality disorder or other mental instability is not a reliable indicator of risk for committing sexual offences (Scottish Executive 2001c).

**Violent offenders**

5.11 Research linking violent offending with mental disorder was more readily available from England than from Scotland. A comparison of 44 women on the psychiatric wing at HMP Holloway in London (Gorsuch 1998) found that the half who were 'difficult to place' (refused a bed at least once by NHS psychiatric services) were significantly more likely than the comparison group to have committed crimes of serious violence and arson. Though the numbers were small, this group was also significantly more likely to have suffered physical and/or sexual abuse in childhood, to have committed a variety of offences, to have spent time in a secure psychiatric facility in the past, to be assessed as a danger to themselves and as a management problem at Holloway, to be diagnosed with a personality disorder, and eventually to receive a prison sentence or community penalty rather than a hospital order.

5.12 A review of three studies in England examined the link between psychosis and serious violence (Taylor 1998). Delusions consistently played an important role in the precipitation of violence by people with psychotic illness: the more serious the act, the more delusions appeared to have a direct role (also Silva et al. 1997). However, Taylor concluded that other mediating factors must be operating since delusions are a very common symptom of psychosis, but serious violence by someone with psychosis is unusual. He suggests that a more complicated interaction between symptoms may take place which increases the risk of certain individuals.
5.13 A study in England which assessed 50 stalkers found that those who had previously been sexually intimate with their victim were less likely than those who stalked strangers to be diagnosed with psychotic illness, but were more likely to commit a serious violent offence against the victim (Farnham, James, and Cantrell (2000).

5.14 Long-stay patients receiving psychiatric services in the UK often have a history of serious violence. Data on 905 patients, aged 18 - 64 on admission and in hospital for six months to three years (Lelliot, Wing, and Clifford 1994) identified two main sub-groups of long-stay patients. One of these was younger long-stay patients, aged 18 - 34, who were predominantly single men with schizophrenia; 43% of this group had a history of serious violence, dangerous behaviour, or admission to a Special Hospital. Amongst community care patients with psychotic illnesses in the UK (Johnson et al. 1998), rates of serious violence and imprisonment were "relatively low."

5.15 A number of studies on violence and mental disorder have been conducted outside the UK. A study of 132 people found 'not guilty by reason of insanity' (NGRI) in New York (Bieber et al. 1988) found that recidivism was linked to more severe offences prior to their 'NGRI' offence, that subjects were more likely to be diagnosed as psychotic, and that they were more likely to have homicide as their NGRI offence. Interestingly, those who had escaped during hospitalisation were more likely to commit further offences. A similar study of 123 'NGRI' cases (Bloom et al. 1986) found a link only between younger age and subsequent rearrest, similar to other research into recidivism generally.

5.16 A study of over a thousand mentally ill offenders admitted to a specialised hospital in France (Yesavage et al. 1986) revealed differences between diagnostic categories of mentally ill offenders both in terms of the crime committed and the likelihood of recidivism. Murder or assault accounted for 42% of admissions.

5.17 Gondolf and White (2001) conducted a study of 580 men who had participated in programmes for domestic assault; typically about a fifth of this group repeatedly reassault their partners despite such programmes. While previous research suggested that recidivists tended to be antisocial and psychopathic, the authors found that 60% of the repeatedly violent men showed no serious personality dysfunction or psychopathology and only 11% had profiles suggestive of conventional or primary psychopathic disorder. Villeneuve and Quinsey (1995) showed a similar lack of pathology in their study of 120 men released from a maximum security inpatient psychiatric unit of a federal prison. Over three-quarters of the men were arrested for an offence and half for a violent offence, resulting in a 32% relative increase over chance. However, the study found that those with a psychosis were less likely than others to commit a further violent offence (also Rice 1999).

5.18 Such findings are interesting in light of other research which suggests that mental instability such as psychopathy is a strong predictor of risk for offending. Hemphill, Hare, and Wong (1998; also Cunningham and Reidy 1998), for example, found that PCL-R scores (Hare's Psychopathy Checklist Revised) were strongly associated with general recidivism and with violent recidivism in particular, to the extent that the authors believe the PCL-R should be a primary instrument for guiding clinical assessments of risk of criminal recidivism and dangerousness (see also Harris, Rice, and Quinsey 1994; Harris, Rice, and Cormier 1991). Rice (1999) noted that the most predictive actuarial variables for violence were PCL-R scores, school maladjustment, age, and a negative correlation with DSM III scores for schizophrenia. Hare, who designed the PCL, designed it as a measure of psychopathy rather than as a measurement of risk. He notes that psychopathy is
only one factor related to violence, but that it may be the most important factor in predatory violence (Hare 1999; also 1996).

5.19 A study in Finland looked at all homicide recidivists who were incarcerated in a prison or high-security hospital over a three-year period (Tiihonen and Hakola 1994). Most (85%) of the thirteen subjects were diagnosed with severe alcoholism combined with personality disorder, or (15%) with schizophrenia. While the number of subjects is small, the study shows a strikingly similar pattern to the small-scale study by Collins and O'Connor (2000) of people who raped elderly victims (see above). Equally, Wallace and colleagues (1998) noted that increased offending in relation to schizophrenia and affective illness is modest and may often be linked to coexisting substance misuse.

5.20 Studies of chronically violent men suggest that violence can result when a person's coping abilities and psychological resources are somehow circumscribed (Toch 1969). This theory has been used to explain why patterns of disruptiveness, including violence, are more common amongst mentally disturbed prisoners (Corcoran 1994; see Gorsuch 1998, above). One study in Denmark examined violent behaviour which took place in a psychiatric hospital rather than before admission or after release (Benjaminsen 1996). Violence took place at a rate of 1.4 incidents per bed per year, with serious violence at a rate of 0.35. Almost all violent patients (93%) had psychotic mental disorders. For both sexes, paranoid schizophrenia was strongly associated with violence; mania was also associated with violence, but only for female patients. Similar to the studies above (Tiihonen and Hakola 1994 and Collins and O'Connor 2000), half of the violent patients had a dual diagnosis of psychosis plus abuse of alcohol or other drugs.

5.21 Learning disorders may also have an impact on offending. Their possible role in sexual offending was discussed above. Such links have also been made with persistent offending (Waldie and Spreen 1993) and serious offending (Hardwick and Rowton Lee 1996), as well as with increased vulnerability to victimisation such as child abuse (Hamilton and Browne 1999 in England).

5.22 Some research has linked sleep disorders to serious violent behaviour. Moldofsky et al. (1995) studied 64 adult patients investigated for sleepwalking or sleep terrors, 26 of whom had committed serious violence during sleep to themselves, others, or to property. They concluded that serious violent behaviour was most often associated with men who showed a sleep schedule disorder; that both harmful and serious behaviour during sleep occurred with drug abuse; and that compared to other groups those who were violent were men who experienced more stressors, drank excessive caffeine, abused drugs, and showed less of certain types of sleep patterns. Being male and having less than 2% of stage 4 sleep provided a diagnostic accuracy of 81% for people who were violent to others. A sleep disorder as a defence is not however always successful in court (Nozinger and Wettstein 1995).

5.23 Interestingly the risk of violence amongst people who are mentally ill may need to be considered in a social context. Research into 331 severely mentally ill adults involuntarily committed to community-based treatment (Swanson et al. 1998) found that respondents with low scores of Global Assessment Functioning (GAF) showed a higher risk of violence with increased contact with family and friends. For those with higher scores, in contrast, frequent social contact decreased the risk of violence. For individuals with extreme psychiatric impairment, then, frequent social contacts may increase conflict, stress, and potential and opportunity for physical violence.
Further analysis of the same subject group (Swanson et al. 1999) revealed that over half of the sample had engaged in violent behaviour in the four months prior to their hospitalisation, with a range of frequency and severity. When all factors were taken into account, co-occurring substance abuse problems, history of criminal victimisation, and younger age were significantly associated with violent behaviour. Also of interest is research by Monahan (1999), which states that relative levels of violence by people diagnosed as psychopaths are the same across all social groups; however, absolute levels of violence are twice as high in disadvantaged areas. A study of 6,700 adopted males in Denmark found no statistically significant relationship between psychoses of biological parents and the subjects' violence or recidivism (Moffitt 1987).

**Violent and sexual offenders**

For serious violent and sexual offenders specifically, an analysis of sentencing decisions for men given discretionary life sentences (N=19) was conducted on behalf of the MacLean Committee on Serious violent and sexual Offenders (Scottish Executive 2001c). The analysis showed that only one of the 19 life-sentenced men involved in the study had been diagnosed with a treatable mental illness.

In England and Wales, Street (1998) studied 372 offenders who received restricted hospital orders in 1992-93. Just over three-quarters (77%) were diagnosed as mentally ill, 13% as psychopathically disordered, 6% as mentally impaired, and 4% as mentally ill and psychopathically disordered. Just under half had been convicted of manslaughter, attempted murder, or serious assault, with a further quarter convicted of a sexual offence or arson. Almost half (47%) had previously been convicted for a sexual or violent offence, and 65% had previously been compulsorily detained under a section of the Mental Health Act.

The same study monitored 391 patients on restricted orders who were first discharged between 1987 and 1990, following their progress until the end of 1994. Almost two-thirds of the sample (64%) had originally been detained for mental illness, 24% for psychopathy, 3% with mental impairment, and a further 3% with mixed diagnoses. Almost half of index offences consisted of manslaughter, attempted murder, or serious assault, with an additional 14% for sexual offending and 17% for arson. Almost half (43%) had been convicted previously for a violent or sexual offence.

The vast majority of the patients (95%) were conditionally discharged. They spent an average of nine years in custody, though mentally impaired patients generally stayed longer. During the follow-up period, 5% were reconvicted of a serious offence (violence, threats to kill, arson, abduction, aggravated burglary), with a serious reconviction more likely if they had a previous conviction for violence or particularly for a sexual offence. Those diagnosed with a personality disorder were most likely to be reconvicted of a serious offence or indeed of any type of offence (with 9% reconvicted of a serious offence compared to 5% of mentally ill and no mentally impaired patients, and 17% reconvicted of any offence v. 10% mentally ill and 12% mentally impaired patients). In total, a quarter of patients who had been conditionally discharged in Street’s research were recalled for some reason during the follow-up period, with 5% recalled more than once.

Research on people designated as Dangerous Offenders in Canada (92.2% of whom were sexual offenders; Bonta et al. 1996) reported that 72.9% of this group had antisocial personality disorders, while a further 39.6% could be diagnosed as psychopathic according to Hare's Psychopathy Checklist (1991). When information in their case files was matched to criteria in the
DSM-IV for antisocial personality disorder, the rate fell to 54% - similar to the incidence reported in forensic or correctional institutions. A number of critics (e.g. Rogers and Lynett 1991) criticise the diagnosis of personality disorder as an indication of dangerousness. The rate of psychopathy in the Dangerous Offender population, however, was twice that in typical offender populations (Bonta et al. 1996).

**Summary and conclusions**

5.30 Research does not support the concept that mental disorder is a reliable predictor of offending. While some serious violent or sexual offenders have mental disorders, most people with mental disorders do not commit such offences.

5.31 The major predictors of recidivism are the same for mentally disordered individuals as for people not diagnosed with a mental disorder. The combination of sexual deviance and psychopathy form a particularly powerful predictor of sexual recidivism, but a history of sex offending is still the strongest predictor of further offending. Schizophrenia may be relevant to the commission of serious sexual offences, though a direct symptom relationship may be relatively unusual. The presence of a personality disorder or other mental instability is not a reliable indicator of risk for committing sexual offences.

5.32 Most repeatedly violent men showed no serious personality dysfunction or psychopathology, and only a small proportion had profiles suggestive of conventional or primary psychopathic disorder. Psychopathy is only one factor related to violence; however it may be the most important factor in predatory violence. Offenders with a psychosis were less likely than other offenders to commit a further violent offence. The more serious the act, the more delusions appeared to have a direct role; however, other mediating factors must be operating since delusions are a very common symptom of psychosis, but serious violence by someone with psychosis is unusual. A dual diagnosis of psychosis plus abuse of alcohol or other drugs is, however, a common feature amongst violent offender/patients.

5.33 Clearer information on the links between violent offending and mental disorder in the Scottish context would be of benefit.
CHAPTER SIX: RISK ASSESSMENT

6.1 The previous chapters have discussed numerous characteristics of serious violent and sexual offenders which may be useful in predicting recidivism. These characteristics usually form the basis of assessment tools designed specifically to predict such risk. This report has avoided substantial discussion of tools for risk assessment, as these are discussed in depth in the accompanying reports by Kemshall (2002) and McIvor and Kemshall (2002). A number of tools for risk assessment can, however, provide useful indicators of characteristics which may predict further offending. Some of these tools have been summarised here.

Sexual offenders

6.2 A number of researchers have tried to predict sexual offending using a variety of tools for risk assessment. Some of these assessment procedures appear useful. In Scotland, for example, Marshall (1995) reported that high scores on the Psychopathy Checklist - Revised (PCL-R), particularly scores of 20 or more, indicated highest risk of reoffending amongst sex offenders, as did IQ scores of less than 80. Research in England by Barker and Morgan (1993) noted that child molesters tend to show more marked introversion on personality tests, with scores indicating dependency and passivity. They also suggested, however, that only a small proportion of rapists show more arousal to violent images than to consensual sex, and that most show more 'normal' responses to tests of deviant sexual arousal.

6.3 Also in England, Hanson and Thornton (2000) recently compared the predictive accuracy of three measures of risk for sex offenders, namely the Rapid Risk Assessment for Sex Offence Recidivism (RRASOR, Hanson 1997), Thornton's Structured Anchored Clinical Judgement (SACJ-Min, Grubin 1998), and the Static-99, which combined items from the RRASOR and SACJ-Min. Results comparing four diverse samples totalling 1,301 subjects from Canada and the UK found the scales to be roughly equivalent in their accuracy, with the Static-99 slightly more accurate than the original scales alone. The Static-99 showed more predictive accuracy for both sexual and violent (including sexual) recidivism.

6.4 In research outside the UK, scores on the revised Level of Service Inventory (LSI-R) have shown that familial child molesters can be differentiated from sexual aggressors with adult victims or extra-familial child molesters. The former group scored lower than the others on the total score and on a number of subcomponents, including criminal history, education/employment, accommodation, companions, and attitude/orientation (Simourd and Malcolm 1998). The LSI-R has shown 65% accuracy in predicting serious reoffending (cited by the Expert Panel on Sex Offending in Scotland, 2001).

6.5 In Canada, Firestone and colleagues (1999) reported that incest offenders from the Royal Hospital Sexual Behaviours Clinic who committed further sexual or violent offences scored higher on the Michigan Alcohol Screening Test (MAST) and on the Psychopathy Checklist - Revised (PCL-R). Recidivists for any type of offence scored higher for hostility on the Buss-Durkee Hostility Inventory and, again, higher scores on the MAST and PCL-R (Firestone et al. 1999). Firestone and colleagues reported that a combination of total criminal offences, PCL-R scores, age, and number of previous sexual offences accurately classified 97.6% of non-recidivists and 35.4% of recidivists for any offence.
6.6 A study which compared sex offenders with other incarcerated offenders enrolled in a therapy programme found significant personality differences between the two (Valliant, Sloss, and Raven-Brooks 1997). Research involving 54 rapists released from a psychiatric hospital in Canada found that sexual and violent recidivism amongst this group could be predicted to a reasonable extent by phallometric measures of sexual interest in non-sexual violence and by degree of psychopathy (in particular a deficiency of empathy; Rice, Harris, and Quinsey 1990; also Lalumiere and Quinsey 1994). Rice and colleagues (1994) found that deviant sexual arousal, for example arousal to rape scenarios, was inversely related to levels of empathy, and that lack of ability to empathise with the victim was a common deficit in sexual offending (also Maletzky 1991). In contrast, Barbaree (1990), like Barker and Morgan in England (1993), suggested that only a small proportion of rapists show more arousal to violent images than to consensual sex, and that most show more 'normal' responses to tests of deviant sexual arousal.

6.7 Impulsivity was also found to be associated with recidivism amongst rapists, with subjects measuring high on impulsivity showing at least twice the hazard rate for further sexual offences compared to low-impulsivity groups (Prentky et al. 1995; also Howard and Lumsden 1996 in England). Impulsivity was almost four times greater for reoffending involving non-sexual, victimless offences. Interviews and written narratives from 114 violent male young offenders in custody in California found that those assessed as lowest in self-restraint showed significantly higher rates of recidivism and higher frequency of arrest for murder, assault, and drug-related offences over a 10 - 13 year follow-up (Tinklenberg et al. 1996). The study also examined personality dimensions of distress but found no significant relationship, neither on its own nor as an interaction with restraint, between distress and recidivism.

6.8 The Minnesota Multi-phasic Personality Inventory (MMPI) has also shown differences between types of offenders. In a study of 403 convicted sex offenders in prison, sex offenders could be differentiated to some extent from other prisoners, rapists showed more profiles associated with assaultiveness, and significant differences were apparent between incestuous biological fathers and step-fathers and between first offenders and recidivists (Erickson et al. 1987).

6.9 Like researchers in the UK, Hanlon, Larson, and Zacher (1999) found the Minnesota Sex Offender Screening Tool (MnSOST) useful in predicting sexual reoffending, though they based these findings on an extremely small sample (N=26). However, Barbaree and colleagues (2001) widened the English comparison of actuarial tools to include six scales, namely the Violence Risk Appraisal Guide (VRAG), the Sex Offender Risk Appraisal Guide, the RRASOR, Static-99, the revised MnSOST, the PCL-R, and a guided clinical assessment (Multifactorial Assessment of Sex Offender Risk for Recidivism). Their assessment supported the use of the VRAG, SORAG, RRASOR, and Static-99 to predict general recidivism, serious (sexual and violent) recidivism, and sexual recidivism. The MnSOST-R and guided clinical assessment predicted general reoffending, but failed to predict serious or sexual recidivism. Used alone, the authors found the PCL-R to predict general and serious recidivism, but not sexual recidivism.

Violent offenders

6.10 A number of tools may be able to assist in the prediction of further violent offending, though Scottish research in this field is scarce. Research amongst 54 property and 87 violent federally incarcerated offenders in Canada found that scores on both the Criminal Sentiments Scale - Modified (CSS-M) and the Pride in Delinquency Scale (PID) were significantly related to criminal behaviour and recidivism (Simourd and Van de Ven 1999). In this case, the CSS-M was a better measure for violent offenders, while the PID was more accurate for the non-violent
offenders. Research the previous year by Kroner and Mills identified the principal components of the CSS-M to be two factors, labelled 'contempt for criminal justice personnel' and 'disrespect for conventional law'. Use of these subscales resulted in similar patterns of prediction but did not make any improvement over the original CSS scale in the prediction of recidivism.

6.11 Also in Canada, Loza and colleagues (2000) used the Self-Appraisal Questionnaire (SAQ, a self-report questionnaire designed to predict violent and non-violent recidivism by measuring quantitative criminogenic risk-need areas) on 303 federally sentenced men. Their research showed that offenders with high total and sub-scale scores committed significantly more offences, and that those with a history of violence had higher total scores. A subsequent study (Kroner and Loza 2001) compared the SAQ with other instruments commonly used to predict violent recidivism (the PCL-R, General Statistical Information on Recidivism, and the VRAG). A two-year follow-up of incarcerated males after release found the SAQ to be as effective as the other measures in predicting violent and non-violent recidivism.

6.12 As mentioned above, Hare's Psychopathy Checklist - Revised has been a strong predictor of violence in offenders and psychiatric patients, as long as it is used appropriately, and forms a key part of risk assessment procedures (Hare 1998). Of particular benefit is its apparent validity internationally for the assessment of risk for recidivism and violence (Hare et al. 2000). Bonta and Motiuk (1996) argue, however, that while about 40% of prisoners designated as Dangerous Offenders in Canada and 32% of detained federal offenders could be classified as psychopathic using the PCL-R, the instrument would not identify the majority of high risk violent offenders. In another study, Grann, Belfrage, and Tengström (2000) compared the predictive validity of the historical aspect of the HCR-20 (H-10; see 3.108 below) and the VRAG amongst mentally disordered offenders in Sweden. Both scales performed better on the prediction of violence amongst people with personality disorders compared to those diagnosed with schizophrenia, and the H-10 was a more accurate predictor for both groups of offenders.

6.13 Scales such as the MMPI have had mixed results. Some research has found MMPI scores to be predictive of further offending (Benda, Corwyn, and Toombs 2001; see para. 6.8 above). A very small-scale study of 20 black and 32 white adult prisoners (Ingram et al. 1985) suggested the MMPI and the Problem Solving Inventory (PSI) may be useful in discriminating between violent and non-violent offenders. In contrast, use of the MMPI on 401 13 - 17 year old male offenders found that certain scales discriminated between high and low levels of recidivism and for property offences, but were of little use for predicting assault or crime severity (Weaver and Wooton 1992). Psychological tests for risk assessment, while useful, did not predict recidivism in 248 young people released from the Arkansas Serious Offender Program (Benda and Tollett 1999), though high scores for chemical abuse, social maladjustment, aggression, and high pd subscale scores on the MMPI were predictive (Benda, Corwyn, and Toombs 2001). Impulsivity has also been identified as a factor in violent behaviour such as homicide (Hardwick and Rowton Lee 1996). Indeed, Howard and Lumsden (1996) state that impulse control has been found to predict recidivism in violent offenders generally.

Violent and sexual offenders

6.14 As with sexual and violent offending studied in isolation, a number of risk assessment procedures have been used to predict recidivism amongst the two groups together. Not all of these tools have been of use. For example, Priest and colleagues (1991) found the Defining Issues Test (DIT), which measures moral development, was unable to distinguish personal, property, or
victimless first offenders and recidivists from non-felonious samples. However, others tools have shown more success.

6.15 One tool, the Historical, Clinical, and Risk Management Factors instrument (HCR-20), combines actuarial and clinical assessments of risk to create what it calls a "structured clinical judgment" (discussed in Scottish Executive 2001c). Researchers in three different countries have found this method to be a good predictor of violent and sexual recidivism amongst mentally disordered offenders (British Columbia and Germany) and amongst prisoners in maximum security prisons (Sweden; Ross, Muller-Isbermer, and Belfrage 1999).

6.16 In North America, the Violence Risk Appraisal Guide (VRAG) is currently used as a 'gold standard' for risk assessment (Scottish Executive 2001c). In Canada, Loza and Dhaliwal (1997) found it to be a useful tool for assessing future violent offending amongst 136 federally sentenced male offenders not diagnosed with a mental disorder or sentenced for a violent offence. The same year, Rice and Harris cross-validated the VRAG on a sample of 159 child molesters and rapists over ten years and an additional 129 sex offenders from secondary data. The authors found the VRAG to be a good predictor of violent recidivism and a moderately good predictor of further sexual offending. In this case child molesters showed a higher risk of sexual recidivism, while rapists and offenders against both children and adults showed a higher risk of violent recidivism. However, predictors which are useful in one culture may not be effective in another due to differences in attitudes regarding issues such as weapons, drug use, and religion (Philipse and Logan 1999); no evidence is yet available for the reliability of the VRAG for use in Scotland (Scottish Executive 2001c).

6.17 A meta-analysis of 131 studies found the LSI-R to be the most useful actuarial predictor of recidivism generally (Gendreau, Little, and Goggin 1996). In Canada, Nuffield (1982) developed a tool called the Statistical Information on Recidivism scale (SIR). However, the SIR did not originally perform well for risk assessment of sex offenders. Indeed, the research by Motiuk, Belcourt, and Bonta (1996) into potentially dangerous offenders kept in prison through preventive detention - primarily sex offenders - found that this subject group showed risk categories ranging from 'fair' to 'very good' on the SIR. Motiuk and Porporino (1993) also found that a large proportion of sex offenders in the detained population perform considerably better on the SIR than other offenders. Despite low risk scores, Motiuk, Belcourt, and Bonta's research showed that a history of sexual convictions was positively and significantly related to new sexual convictions after release. Taking this into account, the authors revised the SIR and found that the new version was then able to predict post-detention violent and sexual recidivism. They consequently recommended that the SIR be revised to fit the current offender population.

Summary and conclusions

6.18 A number of tools for risk assessment highlight specific characteristics which are important to consider in predictions of future risk. For example, impulsivity has been associated with recidivism amongst rapists and has been found to predict recidivism in violent offenders generally. The VRAG has also been found to be a good predictor of violent recidivism and a moderately good predictor of further sexual offending, but no evidence is yet available for the reliability of the VRAG for use in Scotland. Validation of such tools for use in Scotland would be of benefit, especially for international comparisons.

6.19 Some risk assessment tools have shown improved rates of prediction of violent and sexual offences. However, risk factors for serious offenders are largely similar to those for other types of
offenders; those showing more risk factors are at increased risk of offending. The prediction specifically of future sexual or violent offending is more difficult.
CHAPTER SEVEN: NUMBERS OF SERIOUS VIOLENT AND SEXUAL OFFENDERS IN SCOTLAND

7.1 The MacLean Committee (Scottish Executive 2001c) took initial steps to assess how many people presented a risk of serious violent and sexual offences in Scotland. A small-scale study of sentencing of serious and violent sexual offenders was conducted for the MacLean Committee (attached at Appendix Two of their report). This study identified a total of 19 adult discretionary life sentenced prisoners sentenced between 1994 and 1998. The Committee also found that 50 people were imprisoned for four years or more for a sexual or violent crime in 1998, having previously (since 1989) received a similarly serious sentence for a similar offence. However, their report also noted that people are more likely to be victims of serious sexual or violent offences from people who had consumed too much alcohol or too many drugs than from an identifiable group of high risk offenders. A 'flagging' system for potentially dangerous offenders such as that used in the Attorney General's Office in British Columbia does not yet exist in Scotland (though the MacLean Committee recommended one should be established; ibid., rec. 14). Psychiatric or psychological assessments are only made on selected offenders in the prison system, so their exact prevalence remains uncertain (para. 10.14). No specific number or details exist of people at the State Hospital at Carstairs who remain in detention following the Mental Health (Public Safety and Appeals) (Scotland) Act 1999, though the MacLean Committee noted there "may be some" (para. 12.3).

7.2 Other jurisdictions have also attempted to estimate numbers of dangerous offenders. A meta-analysis of 34 studies into violent or serious delinquency amongst young people (Lipsey and Derzon 1998) showed that about 8% of young people can be classified as violent or serious delinquents, based on outcome measures taken at ages 15 - 25. In 1991, Correctional Services of Canada conducted a National Sex Offender Census (Porporino and Motiuk), with the result that 85% of the known population of sex offenders could be accounted for in their automated data base, the Offender Management System (roughly equivalent to SPIN in Scotland). Estimated figures at the end of December 1995 showed that sex offenders, including those on conditional release, made up roughly 20% of the total offender population under Federal jurisdiction in Canada (Motiuk, Belcourt, and Bonta 1996). More recently, a study by Campbell (1999) recorded a total of 219 Dangerous Offenders in Canada in 1998 (0.7 per 10,000 people in the general population)12, and that on 3 May 1998, Correctional Services Canada had 265 dangerous offenders (0.9 per 10,000) under their jurisdiction. One of these was classified as a habitual criminal, 21 as dangerous sex offenders, 184 as dangerous offenders and 16 as dangerous offenders classified after 1997. On that date 222 were still incarcerated, while 32 were on conditional release. As noted in Section 1 above, however, Canadian legislation classifies any offender serving a sentence for a violent or sexual offence punishable by ten years or more in prison as a Dangerous Offender.

7.3 Important to note in any attempt to estimate numbers of dangerous offenders is that sentence length for a person's current index offence is not necessarily related to future dangerousness. Previous research (e.g. Motiuk, Belcourt, and Bonta 1996) has shown that sentence length does not by itself affect recidivism. Research by Luciani (2001) in Canada showed that only 9% of prisoners serving life sentences had been designated as dangerous offenders, and a further 4% received a life sentence as the maximum sentence possible. Life sentences for first or second degree murder made up 85% of cases, but even these varied in types and level of risk, e.g. from contract killing to one-off impulsive acts. The research also noted that people serving life or indeterminate sentences do not necessarily serve their time in maximum security facilities, as they
tend to be the most well-adjusted and cooperative offenders while in custody and take advantage of available programmes and education.

7.4 Classification of people as 'serious' or 'dangerous' can also be misleading, according to findings in New Zealand (Brown 1996). New Zealand has 'twin track' sentencing provision which can classify offenders as 'serious' or 'dangerous', defined by their index offence, as opposed to 'ordinary' sentences. In Brown's sample of 613 offenders, 43 had been classified as 'serious'. Despite these classifications, however, people from the 'serious' group were significantly less likely to be reimprisoned within 2 1/2 years of release, and 92% of the serious offending after release was committed by the 'ordinary' group of offenders. Further, 86% of offences which incurred the heaviest penalties after release were committed by the 'ordinary' group. The author concluded that classifying risk according to a person's index offence fails to define and capture offenders who are the greatest threat to public safety. In later research, Brown (1998) noted that statistical predictions of future seriousness were inaccurate, but were significantly more accurate than the offence-based system used in the legislation.

7.5 Also important to consider is that assessments of the number of potentially dangerous individuals in the Criminal Justice System are time-limited estimates. The MacLean Committee noted that, in all jurisdictions they visited, numbers of inmates who met the criteria for sexually violent predator legislation were rising significantly faster than predicted, producing a multitude of problems with accommodation, programming, and staffing. Further, the general consensus in the literature is that official statistics under-record the incidence of sexual offending (SWSI 1997).

7.6 Statistics from Scottish criminal proceedings (Scottish Executive 2001) show the following figures for people proceeded against for selected (more serious) violent offences (Table 7.1). These figures show that about half of people charged with homicide end up being sentenced to prison (not quite two-thirds of those convicted of this offence), as are a quarter to a third of people charged with other violent or sexual offences (about a third to half of those convicted with such offences). Since a substantial proportion of people convicted of these offences do not end up in custody, and since these offence types cover a wide range of behaviours, the statistics cannot in themselves indicate the number of serious violent and sexual offenders in Scotland.
Table 7.1: Number of people proceeded against in Scottish courts for serious violent or sexual offences

<table>
<thead>
<tr>
<th>offence</th>
<th>people proceeded against</th>
<th>charges proved</th>
<th>people imprisoned</th>
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<tbody>
<tr>
<td></td>
<td>year</td>
<td>people</td>
<td>charges proved</td>
</tr>
<tr>
<td></td>
<td>1996</td>
<td>159</td>
<td>133 (83.6%)</td>
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<tr>
<td></td>
<td>1997</td>
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<td>105 (88.2%)</td>
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<td>89 (80.9%)</td>
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<tr>
<td></td>
<td>2000</td>
<td>100</td>
<td>87 (87.0%)</td>
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<tr>
<td>serious assault</td>
<td>1996</td>
<td>1,417</td>
<td>1,004 (70.9%)</td>
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<tr>
<td></td>
<td>1997</td>
<td>1,477</td>
<td>1,062 (71.9%)</td>
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<td></td>
<td>1998</td>
<td>1,446</td>
<td>1,045 (72.3%)</td>
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<td></td>
<td>1999</td>
<td>1,591</td>
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<td></td>
<td>2000</td>
<td>1,476</td>
<td>1,021 (69.2%)</td>
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<tr>
<td>robbery</td>
<td>1996</td>
<td>926</td>
<td>718 (77.5%)</td>
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<td></td>
<td>1997</td>
<td>847</td>
<td>652 (77.0%)</td>
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<td>2000</td>
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<td>sexual assault</td>
<td>1996</td>
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<td></td>
<td>1999</td>
<td>184</td>
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</tr>
<tr>
<td></td>
<td>2000</td>
<td>171</td>
<td>107 (62.6%)</td>
</tr>
</tbody>
</table>

The current research

7.7 As mentioned at the outset, the current research project included a small-scale exploration into files of people in custody. This had a number of functions: first, it allowed an assessment of the numbers of serious offenders in custody, based on more detail than those contained in published statistics; second, it enabled comparisons of the characteristics found in the case files with those outlined in the review of the research internationally; and third, it highlighted any difficulties in obtaining information about potentially serious offenders.

7.8 In the first instance, information about the number of people currently in penal custody whose most serious index offence was for sex or violence was collected from the Scottish Prisoner Information Network (SPIN), a computerised data base of all people held in penal custody at some point since 1995 (the year the Network was established). On 15 January 2002, 2,722 prisoners were in custody for a sexual or violent offence as their most serious offence. Of these, 434 were sex offenders (though only 383 were specifically marked as ‘sex offenders’ on the computerised data base) and 2,288 were violent offenders. This included 619 people serving life sentences, 1,902 serving determinate sentences, 184 prisoners recalled to custody following release on parole, and 17 people convicted but awaiting sentence.

7.9 To assess the number of serious violent and sexual offenders in Scotland, these figures were then revised in a number of ways. First, all offences marked as an ‘English charge’ were removed, since these would involve offences not committed in Scotland. Second, offenders convicted of
culpable homicide and death by careless driving were removed, with the exception of four people sentenced to life and one case marked as a Schedule 1 offence (an offence involving a child). While serious, culpable homicide is less likely to involve a deliberate or predatory act, nor is it as likely to show risk of future harm. Third, possession of an offensive weapon or an article with a blade or point in a public place were excluded, unless possession included intent to endanger life or commit other crimes. Finally, people recalled to prison were excluded because data was not readily available on their original offence or on the reason for recall.

7.10 In theory the group left was those currently in custody who had committed the most serious offences. This included 394 sexual offenders and 2,102 violent offenders, minus 184 recalled prisoners, for a total of 2,312 possible cases. Determinate sentenced prisoners made up the largest proportion of this group at 1,691, followed by 612 life sentenced prisoners and nine awaiting sentence. Tables 7.2 and 7.2b below break down the offences and sentences for the remaining sample selected from SPIN (those awaiting sentence have not been included).13

Table 7.2a: Offences and sentences of the most serious offenders in custody in Scotland on 15 January 2002 - Violent Offences

<table>
<thead>
<tr>
<th>most serious offence</th>
<th>sentence</th>
<th>total</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>murder</td>
<td>560 life</td>
<td>560</td>
<td>29.4%</td>
</tr>
<tr>
<td>attempted murder</td>
<td>7 life, 94 deter</td>
<td>101</td>
<td>5.3</td>
</tr>
<tr>
<td>serious assault</td>
<td>6 life, 606 (1)*</td>
<td>612</td>
<td>32.1</td>
</tr>
<tr>
<td>robbery and assault with intent to rob</td>
<td>3 life, 598</td>
<td>601</td>
<td>31.5</td>
</tr>
<tr>
<td>threats and extortion</td>
<td>1 life, 4</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>cruelty to and unnatural treatment of children</td>
<td>0 life, 2</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>possession of firearm with intent to endanger life, etc.</td>
<td>0 life, 9</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>abduction</td>
<td>4 life, 8</td>
<td>12</td>
<td>0.6</td>
</tr>
<tr>
<td>other violent offence</td>
<td>1 life, 2</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>582</strong> life, <strong>1,323</strong> deter</td>
<td><strong>1,905</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

* number in brackets indicates the number of Schedule 1 offenders included
Table 7.2b: Offences and sentences of the most serious offenders in custody in Scotland on 15 January 2002 - Sexual Offences

<table>
<thead>
<tr>
<th>most serious offence</th>
<th>sentence</th>
<th>total</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>incest</td>
<td>1</td>
<td>25 (1)*</td>
<td>26</td>
</tr>
<tr>
<td>homosexual acts</td>
<td>2</td>
<td>34 (3)</td>
<td>36</td>
</tr>
<tr>
<td>rape</td>
<td>11</td>
<td>113 (1)</td>
<td>124</td>
</tr>
<tr>
<td>assault with intent to rape or ravish</td>
<td>6</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>indecent assault</td>
<td>3</td>
<td>43 (2)</td>
<td>46</td>
</tr>
<tr>
<td>lewd and libidinous practices</td>
<td>3</td>
<td>126 (7)</td>
<td>129</td>
</tr>
<tr>
<td>defilement of a girl under 13</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>defilement of a girl under 16</td>
<td>0</td>
<td>3 (1)</td>
<td>3</td>
</tr>
<tr>
<td>clandestine injury</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>other sexual offence</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>26</td>
<td>366 (15)</td>
<td>392</td>
</tr>
</tbody>
</table>

* number in brackets indicates the number of Schedule 1 offenders included

** figures may not add to 100.0% due to rounding

7.11 The figures above give more detail than the published statistics regarding the types of offences which make up the wider categories of violent and sexual offences. However, the information on SPIN still does not give the level of detail necessary to assess whether a person may pose a risk for further offending. The literature suggests that information about past offences at the very least, and ideally information such as the nature of the offence and the victims involved, are key in assessing the likelihood of recidivism.

Analysis of files

7.12 In order to obtain more detail about offenders' characteristics, 80 files (40 of violent and 40 of sexual offenders) were selected from Prison Service Headquarters and Parole Division\textsuperscript{14}. Selection was as random as possible, bearing in mind the need to select people currently in custody for serious sexual or violent index offences. Once the files were selected, they were examined for the following information, based on the findings of the literature:

- extent of past record (number of offences, age at onset, and duration of offending history, current age, and age at current offence);
- type of past offences, especially if similar;
- evidence of contact with Children's Hearings System or other social services;
- disposals for past offences, especially if custodial sentences served;
- nature of current offence and of any past related offences (spontaneous or planned? motivation?);
• sex/age of victim and relation to victim/past victims;
• evidence of mental disorder;
• evidence of addiction to drugs or alcohol;
• general criminogenic risk factors such as unemployment, homelessness, ostracism from family, etc.

Only two of the files were for female offenders, both in custody for a violent offence.

Limitations of data sources

7.13 Of particular note was the lack of files in a surprisingly high proportion of cases. The researcher initially looked up files for life-sentenced prisoners, available from Parole Division. In two cases, no files could be found. Assuming this was a filing or administrative error, the researcher substituted the selected cases for two others. However, when the remaining files were examined at Prison Service Headquarters, 39 prisoners from the sample had no files available. Two more files were classified as 'missing' or 'not in racks', and a third was signed out to a member of administrative staff and could not be recovered during the research period. This meant that, of a possible 80 cases, files were unavailable for 44 (55\%)\textsuperscript{15}.

7.14 Upon further investigation, the researcher learned that cases marked as 'No File' would have a file kept locally at the custodial establishment. This file would store information relevant only to his or her time in custody and would eventually be destroyed after release. Only prisoners who had information in their files which included correspondence with Headquarters would have files kept centrally. The implication was that prisoners in custody only for a short while or who 'kept their nose clean' were unlikely to have a file stored at Headquarters.

7.15 This theory was tested in view of the need to assess risk of people who had committed violent or sexual offences. Each case marked as 'No File' was looked up on SPIN for relevant information. Indeed, in 20 of these cases, prisoners with 'No File' had served no previous prison sentences; in 13 cases, their current index offence was a sexual offence. In 16 cases, however, the prisoners had an extensive history of imprisonment. These were usually shorter sentences for theft, road traffic offences, and breach of the peace. In 10 cases however, all in the sample of violent offenders, these included prior imprisonment for violent offences. Two people had served previous periods of imprisonment for sexual offences (one of whom had a current index offence for violence and one for a further sexual offence). The exact nature or seriousness of the prior offences is unknown.

7.16 Important to note is that past offences recorded on SPIN only include those which resulted in imprisonment. A person may therefore be listed on SPIN as having no previous record, when actually he or she may have an extensive record of offences which resulted in non-custodial penalties. Further, the data on SPIN dates back only to 1995; periods of imprisonment before this time are unlikely to be recorded. In theory, information from the Scottish Criminal Records Office (SCRO) can be used to fill some of these gaps. However, the seriousness and extent of a person's offending may still be unclear from the SCRO data. For example, a person may have numerous convictions for breach of the peace, but this could include anything from stalking young girls to attempting to jump from a bridge. Data from both SPIN and SCRO may also overestimate risk: both count individual convictions separately, even though all the convictions may have arisen from
a single incident. The data do not clarify whether all the convictions took place during a single incident, or whether numerous separate offences were simply dealt with in court on the same day.

7.17 The literature review emphasises that information on past offences is particularly important for assessing risk: past offences of assault, breach of the peace, or indecent exposure may incur small penalties, but they may also show patterns in offending, evidence of escalation of offences, and possible increased risk of more serious offences in the future. Where information is only available from SPIN, no such details are readily available. Data from the SCRO provide a fuller picture, but must still be treated with caution.

7.18 The various missing files meant that 38 files were available from the Prison Service for analysis. Of these, three contained no information at all regarding the offenders' current offence or past history, and a fourth contained no information of relevance. Based on the information gathered in the literature review above, the remaining files were divided into three categories: 1) those definitely at risk of sexual or violent recidivism; 2) those unlikely to pose a risk of sexual or violent recidivism; and 3) those which do not present a clear case regarding future risk of offending. Each of these groups and their characteristics will be discussed in turn.

Definite risk
7.19 Twelve cases were assessed as presenting a definite risk of future violent or sexual offending. This makes up 35.3% of the 34 files which contained enough information to make such an assessment, and 14.6% of the 82 cases selected. Probably the most obvious case of risk was for a man whose offence was primarily of violence but included a sexual element. Victims included both men and women. The offender had served four previous custodial sentences and had been convicted of similar offences as well as a string of other types of offences. The file noted the offender's "sadistic pleasure in the infliction of pain and the inspiration of real terror, over long periods" which had eventually resulted in a discretionary life sentence. Another fairly clear-cut case was again one of violence in which the offender had 57 previous convictions including several for violence and had spent a total of 28 years in custody. His offences usually involved alcohol, which had been a problem since his early teens, and files described him as needing "intensive formal supervision" upon release.

7.20 Characteristics of another violent offender with an extensive history showed many elements of risk, though with slightly less certainty. Again his offences usually involved alcohol, which had been a long-standing problem, and violence had been an element of a number of previous convictions. The file gave little doubt regarding risk for offending in general, but was less clear whether recidivism would be likely for serious violent offending: the violence on his record was usually minor or incidental to the commission of another offence.

7.21 Three cases of extreme violence had no apparent motive, but seemed utterly random and inexplicable. This was not a feature found in the literature; however, the complete lack of incentive, provocation, or apparent mental illness suggests that further such offences cannot be ruled out. Future risk for one of these cases was less clear, as the offender claimed the extent of his act was not deliberate.

7.22 One sexual offence was the first of this type of conviction for the offender, who had a history of convictions for minor unrelated offences, but the current conviction resulted from a series of similar events. The offender also admitted to many other analogous undetected offences, but did not recognise the implications of his behaviour for his victims or their families. His victims were almost always boys and were often strangers. His employment had put him in close contact
with boys, before he left the job for fear of detection. Another high risk case involved both boy and girl victims, unrelated to the offender, on a number of occasions. In this case the offender had previous convictions for similar offences (though no previous custodial sentences), also involving children. He was a self-professed paedophile and, while admitting this was wrong, also said he had difficulty controlling his impulses. The offender had been treated for behavioural problems since childhood and had very low intelligence, though no mental disorder under the Mental Health Act.

7.23 In another case, the victim in the index sexual offence was female, but the past record included victims of both sexes, and both adults and children. The offender had a number of unrelated convictions, had previously been sentenced to custody for sexual offences, and had a history of psychiatric treatment, including custody at the State Hospital. Offending was often under the influence of alcohol and, according to the offender, in combination with an addiction to diazepam. Unusually, scores on a number of psychometric tests were available in the file. These showed that, while he was able to control anger and was not particularly impulsive compared to other long-term prisoners, he scored highly for future risk on the HCR-20, PCL-R, and SVR-20 (Sexual Violence Risk scale).

7.24 Alcohol was again a feature for one offender in a series of sexual offences against girls and women. Risk was very clear in this case, as a number of previous offences included a number of assaults and one sexual assault against women and girls, as well as a number of breaches of the peace for stalking teenage girls. In each case the offender claimed the women had initiated contact or consented, yet he consistently used force rather than 'grooming' his victims. The offender was on medication for paranoid psychosis and, according to his information, had attended a school for 'slow learners'. Past record was the main indicator of future risk in another case, in which the offender had an extensive record which included offences for both violent and sexual attacks. In yet another, risk of further sexual offences was evident from a past record which showed only ten convictions, but five of which were sexual offences and four of which resulted in imprisonment. In this case the offender had both male and female victims, usually those who were underage or otherwise vulnerable.

7.25 Common features of risk for this group were a combination of male and female victims, similar previous convictions (for many), and a lack of appreciation of the consequences of their actions for their victims. Alcohol was also a common feature. Mental disorder or impairment was evident in some cases, but was less common. Three files mentioned the offenders' own sexual abuse as children.

**Unlikely risk**

7.26 Seven cases seemed unlikely to present a risk of future offending (20.6% of the 34 files, or 8.5% of the sample as a whole). In two cases of violence, the extent of the violent act appeared to be more circumstantial than deliberate or predatory. One of these people was described as 'disruptive' as a child, but had no previous convictions, while the other had been convicted of a number of very minor offences, almost all breaches of the peace. A third violent offence was gang-related and, as the offender was much older and no longer directly affiliated with these groups, a repeat of such behaviour was unlikely. The remaining four cases were sexual offences, all incest or related offences. All four of these cases were ones which came to light several years later when the victims were adults.

**Uncertain risk**

7.27 The largest proportion of cases were difficult to place into a category of risk (15 cases; 44.1% of the 34 files with adequate information, or 18.3% of the total sample). These cases usually
presented some characteristics of risk, but other features which implied risk was lower. For example, one offender had a long history of car crime but was in custody for his first ever violent offence. Contents of the file commented upon the offender's sexual immaturity and limited ability to consider the consequences of his actions, but then stated uncertainty about future risk of similar offences. This was also the case for a man convicted for the first time of assault and rape. He had a history of car-related offences but was employed, had no problems with drugs or alcohol, and no evidence of mental or personality disorders. Reports suggested that his own sexual abuse in childhood placed him at higher risk, but that psychological intervention may prevent further sexual offences.

7.28 A file for a man convicted of attempted rape assessed him as high risk due to his "lack of insight into his own motivation" and high risk behaviour. However, his marital and employment status and offending history suggested he was of lower risk. A self-professed paedophile also had no record of previous convictions. His offence involved members of his family and no physical contact, but he acknowledged his behaviour was wrong and denied such an offence was likely to be repeated. Another man convicted of a sexual offence had a history of minor convictions, but no sexual offending, unusual sexual history, or sexual abuse that would have indicated risk of such an offence. He did, however, have a history of treatment for schizophrenia and was drunk at the time of the offence.

7.29 Four violent offences were equally difficult to categorise. In these cases, the main motive seemed to be financial, and none of the files showed evidence of similar serious behaviour or, for three of the cases, even of minor violence in the past. Main causes for concern were, in one of the cases, "a substantial record of both dishonesty and violence" (though this record was not attached), and in two of the other cases, the nature and brutality of the violence involved in the index offence. Two further cases were similarly ambiguous: while the past records showed previous convictions, none were for sex or violence and gave no indication of risk for the seriousness of the attacks in the index offences. In a seventh case, the contents of the file described an extensive violent attack including the use of firearms motivated by an ongoing dispute, but gave no information regarding the offender's past history.

7.30 One further case, a sexual offence, gave slightly more indication of risk in that the extensive record contained one conviction (resulting in a short custodial sentence) for shameless indecency. Heavy alcohol use was usually associated with his offending. The difficulty in assessing risk from the index offence came from the fact that the offender denied the allegation completely and did not give evidence in court.

7.31 Another case indicated clear risk of recidivism in general, mainly due to the extent of the previous record and unstable background: the offender's first conviction for assault was at age 13. While the psychological reports showed evidence of impulsivity and anti-social attitudes, scores on the PCL-R were moderate. The victim in the index offence was a friend who had been drinking. For the offender, his own use of alcohol was a factor in crimes other than the index offence. Another case was similar in that the offender had a history of offending and even some violent offending. The index offence, however, was an attack on the offender's father after years of severe physical abuse of his mother; her eventual attempt at suicide appeared to be the main stimulus for the offence. The overall picture in both cases suggested that recidivism and even violent recidivism was likely; whether this would result in serious violence was less certain.

7.32 In virtually all of these cases patterns of previous offending, though often extensive, did not suggest a particular risk of serious violent or sexual offending. 'Protective' factors, such as
problems with addiction, stable employment, and stable family life were more likely to be in place. The fact that these people did in fact commit serious sexual or violent offences, however, casts doubt on the stability of their future behaviour.

**Overall assessment of numbers**

7.33 In total, files were available for 19 sexual and 19 violent offenders. The above assessment placed six of each in the category of 'definite risk', four sexual and three violent offenders in the 'unlikely risk' category, and seven sexual and eight violent offenders in the 'uncertain' group. Files for two sexual and two violent offenders did not contain enough information to make an assessment. The division of risk was therefore roughly equal for the two groups of offenders. If one applies the proportions in each category to the overall numbers in custody for a serious sexual or violent offence, the breakdown is as set out in Table 7.3.

Table 7.3: Assessment of numbers at risk of further serious offending

<table>
<thead>
<tr>
<th>Risk Type</th>
<th>Number of Cases (N=34)</th>
<th>Equivalent Proportion of People in Custody (N=2,312)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definite Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Offenders</td>
<td>6 (17.6%)</td>
<td>407</td>
</tr>
<tr>
<td>Sexual Offenders</td>
<td>6 (17.6%)</td>
<td>407</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12 (35.3%)</td>
<td>814</td>
</tr>
<tr>
<td><strong>Unlikely Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Offenders</td>
<td>3 (8.8%)</td>
<td>203</td>
</tr>
<tr>
<td>Sexual Offenders</td>
<td>4 (11.8%)</td>
<td>273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7 (20.6%)</td>
<td>476</td>
</tr>
<tr>
<td><strong>Uncertain Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Offenders</td>
<td>8 (23.5%)</td>
<td>543</td>
</tr>
<tr>
<td>Sexual Offenders</td>
<td>7 (20.6%)</td>
<td>476</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15 (44.1%)</td>
<td>1,019</td>
</tr>
</tbody>
</table>

7.34 How accurate this assessment is or how representative this small number of case files is compared to the entire population of violent and sexual offenders is highly doubtful. The assessment does however show the difficulty in drawing conclusions about risk and a clear need for more readily accessible information on this group.

**Summary and conclusions**

7.35 The analysis of files was useful in a number of ways, not least because it highlighted a number of difficulties in obtaining information on risk of further offending. The fact that full files did not exist in over half the cases involving people who had committed relatively serious sexual or violent offences. Even where files existed, the amount and quality of information in them varied enormously. Most helpful in the assessment of risk were the descriptions of the offences written for the court and parole board: these usually contained information about the nature of the offence, the victims involved and the offenders' relation to them, motivations, and circumstances. Also helpful, but less frequently available, were records of past offences from the Scottish Criminal
Records Office. Occasionally the court records commented upon past offending, at least where it related to the current offence. Also helpful, where included, were Social Enquiry Reports, which often gave the only information about early history such as contact with the Children's Hearing System.

7.36 Information on SPIN is difficult to use for analysis beyond the basic information required on individual prisoners for use by the Prison Service. First, SPIN is not designed for analysis of data in the aggregate: information must often be looked up on a case-by-case basis. Second, SPIN gives very little detail of what was involved in a prisoner's current offence beyond basic offence type. Information about victims, motives, or other circumstances is completely unavailable from this system (hence the decision to resort to paper files which, of course, were frequently unavailable). Third, little information on a prisoner's past record of offending available on SPIN, unless a prison sentence was imposed. Finally, even where information is available, it only dates back to 1995, when the system was put into place. While understandable, this makes analysis of patterns of offending very difficult, especially in the case of violent or particularly for sexual offenders, where recidivism often takes place many years later. The Scottish Prison Service has recently commissioned a new system of computerised data, due to be available for use in November 2003, with the aim of addressing some of these problems for risk assessment and management.

7.37 Research into the relevance of offender motivation appeared to be lacking, though this factor seemed relevant as a risk factor for offenders who had committed completely random acts of gratuitous violence.

7.38 In sum, information which would be useful for the assessment of risk includes:

1) the existence of files, and access to them;
2) more detail regarding the nature of all current and previous convictions (e.g. not just 'breach of the peace', but 'stalking of adolescent females');
3) more clarification regarding the number of previous convictions (did the offender commit six offences at different times which were dealt with in court on the same day, or did a single offence result in six different charges?); and
4) a computerised data base which allows analysis of data in the aggregate, to show trends and patterns.
CHAPTER EIGHT: CONCLUSIONS

8.1 The literature and examination of files above show a number of themes. First, the actual measurement of recidivism can be problematic in reviews of this kind. Most studies rely on reconviction, as this is relatively easy to measure. However, reconviction likely underestimates the true amount of reoffending. Sexual offences in particular often go unreported. Studies of recidivism which use reconviction or even rearrest as a measure are, therefore, very likely to present an accurate reflection of violent and sexual recidivism. Rates of reconviction of sex offenders vary, though are fairly low compared to other types of offending and increase over longer periods. Recidivism for violent offences is higher than for sexual offences, but again is generally lower than for other types of crime.

8.2 For both violent and sexual offenders, recidivism is not usually for a further sexual or violent offence, as these groups do not necessarily specialise in one type of offence. Rather, a large proportion may commit other types of offences, both before and after their first conviction for a sexual or violent crime. The highest risk for further sexual or violent offences was from people who had committed such offences in the past, with greater recidivism associated with more extensive offending histories and with more serious offences. Some types of programmes have shown small but robust improvements in rates of recidivism for both violent and sexual offenders compared to untreated samples.

8.3 The prediction of recidivism is clearly complex, though the literature shows a number of consistent patterns which may provide useful indicators of risk. First, characteristics of serious violent and sexual offenders are more similar to offenders generally than to non-offenders. For both violent and sexual offenders, early onset of offending indicated an increased likelihood of future offending. The most important predictors were a history of similar types of offences, and high rates of offending. Previous offence history was emphasised throughout the literature. While offenders did not necessarily specialise, those who had committed a sexual or violent offence in the past were more likely to do so again. For both sexual and violent offences, virtually all offenders were male.

8.4 For sex offenders specifically, sexual deviancy was often a good indicator of risk. Choice of male victims in particular, but also a mixture of male and female victims, multiple victims, and unrelated victims consistently indicated higher risk. People convicted of rape were more likely to offend again, while incest offenders were the least likely to reoffend. A substantial proportion of sexual offenders in every jurisdiction have been described as suffering from personality disorders or severe personality disorders. Arguably this is also the case for many violent offenders. However, most violent and sexual offenders show no evidence of mental illness. While mental disorder amongst violent and sexual offenders may be more prevalent compared to other groups, serious offending amongst people with mental disorders is rare. Misuse of drugs and alcohol is common amongst many types of offenders and may exacerbate antisocial behaviour.

8.5 Some risk assessment tools have shown improved rates of prediction of violent and sexual offences. However, risk factors for serious offenders are largely similar to those for other types of offenders, and those showing more risk factors are at increased risk of offending.

8.6 The prediction specifically of future sexual or violent offending is more difficult. The current assessment of a very small sample of files of people in custody for a serious sexual or violent offence in Scotland suggested that just over a third showed features associated with high
risk of further violent or sexual offences. Almost half also showed evidence of risk, though this was less clear. Consistent, thorough, and accessible information about violent and sexual offenders, particularly regarding past offending and the nature of the offences, is crucial for the management and prevention of further serious crimes.
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Notes

1. In the United States, the terms ‘jail’ and ‘prison’ are not synonymous; jails tend to house people awaiting trial or sentence and offenders serving shorter sentences.
2. In North America, murder charges are categorised either as first degree (premeditated) or second degree (deliberate, but relatively unplanned or spontaneous).
3. Murder is not included in the Dangerous Offender legislation in Canada since it results in an automatic life sentence (Bonta and Motiuk 1996).
4. In Canada, a system of preventive detention is available to control the automatic release of potentially dangerous prisoners before the expiry of their sentence.
5. This section should not be relied upon as an assessment of the effectiveness of the various programmes discussed. Indeed, a number of authors (e.g. Matthews and Pitts 1998) have raised doubts about the usefulness of recidivism rates as measures of success for such programmes.
6. The United States was the first jurisdiction to introduce specific provisions for people identified as dangerous offenders, and these were only put into place in 1990.
7. All of these characteristics are based on studies of male sex offenders and therefore may not apply to females.
8. Phallometric assessment is a measure of sexual arousal conducted by attaching electrodes to the subject’s penis and recording the response to various stimuli.
9. This study is worth looking up in detail to show the precise differences between groups.
10. The reader should bear in mind that the number of referrals does not relate to the number of offences or to the number of children: any number of offences may be included in a single referral, and the same child may be referred more than once.
11. Paedophiles are defined here as people with a specific sexual orientation towards children.
12. Figures here are based on Statistics Canada's figure of 30,499,200 people living in Canada in 1998.
13. Offences listed here are the most serious offences the prisoners committed for their current sentence; their sentence may include other less serious offences as well.
14. The research design originally included an additional 20 case files from the State Hospital at Carstairs, but access to these files was not granted in time to include them in the current report.
15. Again, two files were eventually substituted for the life sentenced prisoners, bringing the number of missing files down to 42 for the sample analysed.
16. For a brief comparison of data from SPIN, SCRO, and interviews with Young Offenders in custody, see Loucks et al. (2000), Appendix Two.
17. As a reminder, two cases were added to the original 80 to substitute for missing files.