

Risk assessment and interventions for sex offender



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Miss Evans has been convicted of having sex with a 15 year old pupil at her school where she is a teacher. She has no previous convictions and the victim stated they were consenting. The offence was discovered after Miss Evans' Facebook account showed pictures of them together and she was reported to police. Upon checking her phone they found she had sent nude pictures of herself to the victim and asked for nude pictures in return which the victim sent. With reference to the literature, how would you go about assessing Miss Evans' risk and what interventions would you recommend?

The client Miss Evans is convicted of keeping a sexual relationship with a 15 year old pupil from the school she works at, as a teacher. Miss Evans offence was discovered when her facebook account showed pictures of them together. When the police checked her phone, they found she had sent nude pictures of herself to the victim and in return asked for some, which the victim sent. Miss Evans has no previous convictions and the victim stated that they were consenting. However according to the Sexual Offences Act 1956, no-one under the age of 16 can consent in law, therefore despite the victim stating they consented to the sexual relationship, the law does not allow it to be an effective consent (The Crown Prosecution Service, 2019).

Gredecki and Hocken (2018) state that sexual offending causes a significant amount of harm, therefore the topic is one of importance. Among those convicted of sexual offences, assessment and interventions are vital, in order to identify, understand and manage risk factors related to this group. The general principles around assessing risk in sexual offenders requires practitioners to consider both static and dynamic risk factors which lead to the development of treatment and intervention plans. According to Craig,

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Browne and Beech (2008) any assessments related to sexual offending should be broad and ultimately provide information that can guide risk management, such as factors that are likely to reduce the risk of an offence being committed alongside the probability of an offence occurring (Heilbrun, 1997).

The majority of research related to the assessment and intervention of sexual offending focuses on the adult male population and many risk assessment tools (Actuarial risk assessment instruments (ARAI) and Structured Professional Judgement (SPJ)), have been tested and evaluated using this population (Gredecki & Hocken, 2018; Beech, Fisher, & Thornton, 2003; Beech, Friendship, Erikson, & Hanson, 2002) such as the Static-99 (Hanson & Thornton, 2000), Risk Matrix 2000 – Sexual/Violence (Thornton et al., 2003), Sexual Violence Risk-20 (SVR-20) (Boer, Hart, Kropp, & Webster, 1997, cited in Ireland, Ireland, & Birch, 2018) and the Risk for Sexual Violence Protocol (RSVP) (Hart et al., 2003, cited in Ireland et al., 2018). However, a limitation to these assessment tools are that they have not been validated on specialist populations. Specialist populations are clients who have characteristics, which may include gender status, having a disability or ethnic background that are different from the general population. Such populations may have different base rates of violence, risk factors and protective factors (Heilbrun, YasuHara, & Shah, 2008) and since there is a lack research related to standardised risk assessments on specialist populations, it can leave room for potential negative implications for the clients and public safety (Gredecki & Hocken, 2018). Nonetheless, in recent

years, more research has been focused on establishing assessment tools for females who are convicted of sexual offences.

Research suggests that recognising an individual's gender is very important when it comes to engaging, assessing and working with them, in terms of their criminal behaviour (Bloom, Owen, & Covington, 2003). The client at hand is a female, therefore it is proposed that the assessment and intervention of Miss Evans is taken in the context of a gender responsive approach. Research identifies that women who sexually offend often have experienced high levels of emotional, physical and sexual abuse in childhood, adolescence and adulthood (Cortoni & Gannon, 2013). These can range from exploitative and/or abusive relationships, some may be ongoing, low self worth, depression, trauma symptoms, some may be un-diagnosed and poor emotional regulation. Furthermore, a study conducted by Giguere and Bumby (2007) found that women's sexual victimisation histories is far more common, extensive and severe. Many of these experiences faced by women may become motives for abuse, for example, revenge for own abuse or rejection, jealousy, desire for affection, closeness and intimacy, sexual gratification or deviant arousal, and desire for power and control (Pflugrad, & Allen, 2012; Bourke, Doherty, McBride, Morgan, & McGee, 2013; Ford, 2006; Gannon, Rose & Ward, 2008). Using the gender responsive approach with the client, should help them understand the circumstances in which they became to sexually offend and how to establish and manage a life where they do not abuse others nor experience abuse themselves, as "women who commit sexual offences are women first and foremost rather

than sex offender's who just happen to be female" (Eldridge, Elliot, Gillespie, Bailey & Beech, 2018, p. 128).

Cortoni, Hanson, and Coache (2010) state that approximately 5% of all sexual offender's are female and re-conviction rates are less than 3%. Therefore, there is insufficient data to establish risk assessment tools for women and using risk assessments which are validated for male populations may exaggerate the risk levels of recidivism. By taking a gender responsive approach and focusing on a comprehensive individualised assessment, will allow practitioners to learn about the clients history, such as attachment history, developmental experiences and trauma, mental health issues and personality factors, such as personality disorders or styles, their psychological vulnerabilities and beliefs, and the contextual risk factors such as, social relationships and support, relationship status, education, employment, sexual functioning and fantasy and coping styles which led them to sexually offend (Elliott, Eldridge, Ashfield, & Beech, 2010). Also included are sexual development and history, sexual functioning, relationship history, and domestic abuse. Another approach that may be considered alongside this, is a strength based approach known as The Good Lives Model (Ward and Stewart, 2003) which alongside managing risk, encourages the offender's goals by focusing on their strengths and positive qualities. By adopting a strength based approach, it can reduce the negative feelings and views that the client experiences such as shame and low self worth and increase motivation to change (Ashfield, Brotherston, Eldridge and Elliott, 2010). Furthermore, a holistic approach to assessment can provide in-

depth understanding of the risk factors prior and at the time of the sexual offences along with helping the formulation of treatment and interventions.

Among female sexual offender's, there is now systematic empirically validated knowledge about sexual offending risk factors, which permits the establishment of gender informed empirically based assessment tools to use with female sexual offender's (Gannon and Cortoni, 2010). This is also suggested as an assessment for Miss Evans. A framework known as the Assessment Framework for Female Sexual Abusers (AFFSA 2), was developed by Elliott et al., (2010). The theoretical foundation was based on the Beech and Ward (2004) etiological model of risk along with protective and treatment factors adapted from a framework developed by Carr (1999). The etiological model identifies theories of risk and links them into a model with four categories of risk: (1) development factors, (2) acute (state) factors, (3) contextual triggering factors and (4) vulnerability factors such as psychological vulnerabilities (dynamic factors) and historical markers (static factors). This framework provides an understanding to problematic human behaviour for both males and females. The protective and treatment factors adapted from the Carr (1999) Framework, allowed the AFFSA 2 to incorporate factors that could assess the role of resilience, strengths and focus on reducing the risk.

Elliott et al., (2010) created AFFSA 2 as a accessible and case formulation framework to be used in conjunction with a clinical assessment. Elliott and his colleagues, had a sample of 43 women who had sexually abused children. Specific factors that were identified in the clinical histories of these women became a preliminary guide for AFFSA 2. Within the sample, when

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known or alleged abuse began, the age of the offender's ranged from 18 to 42 years. Twelve percent of the women had previous non-sexual, non-violent convictions and only two percent had previous violent convictions. The convictions consisted of family court legal findings and/ or confirmations related to sexual abuse (n= 19) and criminal convictions (n= 24), which included offences such as indecent assault of children, gross indecency, allowing abuse of children by others, and grooming adolescent boys for sexual contact. The offender's within the sample had an average of 1.7 victims, with 16% against both male and female victims, 40% alleged against female victims and 44% against male victims. The age of the victim when the abuse began, when data was available (n= 41), was an average of 9.0 years, ranged from six months to fifteen years. Furthermore out of the entire sample, fifty one percent offended against their own children, 35% against children outside of the family, 7% offended against other children within their families and 7% against both intra and extra familial victims. The sample was then divided into four categories and anonymised, so that an extensive coding framework could be developed to analyse the data. Further items and dimensions were added within frame, as there was only 43 women in the sample. There are five sections in AFFSA 2 which are Developmental factors, psychological dispositions, environmental niche factors, offence - preceding (acute) factors and positive protective factors (Eldridge et al., 2018).

When it comes to effective treatment and intervention plans for sexual offender's, Andrews and Bonta's (2010) rehabilitation model is a basic premise, which includes the risk - need - reponsivity (RNR) principles. This

framework proposes that interventions should focus and target both dynamic and criminogenic factors which are specific to the offender's risk (Ireland & Worthington, 2018). Within female sexual offending populations, to target both dynamic and criminogenic factors for treatment and have an effective engagement with women, it is vital to take a gender responsive approach. According to Benedict (2005), at a minimum, there are five core components to integrate within a good intervention. These include, A relational approach, A strengths-based approach, A trauma-informed approach, A culturally competent approach and A holistic approach.

By adopting a model that focuses on meeting a women's basic human needs positively promotes a women's psychological well being, thus strengthening their protective factors and motivating them to change (Eldridge, Bailey, & Brotherston, 2018). Ward and Stewart, (2003), developed a model known as the Good Lives Model of offender rehabilitation (GLM) which is a positive psychological approach to the intervention and treatment of sexual offender's. The principles underpinning the model, are that everyone is goal directed and predisposed to seeking primary goods, such as personal characteristics, activities, or experiences and states of mind and affairs, which can increase psychological well-being. The Good Life model focuses on identifying and promoting strengths and protective factors that can aid the treatment process and planning for the future. Furthermore, It provides an effective foundation for formulation and identifying priorities for the client, which are fulfilling their primary goods in a positive non abusive manner (Ward & Marshall, 2004; Ward & Stewart, 2003; Eldridge et al., 2018).

In addition to taking a holistic approach to the treatment and intervention, other effective treatment approaches may need to be considered for an effective intervention. These can include the style of a practitioner or therapist. For example it is imperative to establish a therapeutic relationship with the client and continue building rapport throughout the process (Ashfield et al., 2010). Practitioners must enforce a clear professional boundary which is appropriately directive, however must also remain warm, allowing the client to feel safe (Eldridge et al., 2018). Other considerations could be managing negative emotions, feelings and fears, as well as learning problem focused coping strategies, and controlling sexual thoughts and deviant fantasies, to name a few (Saradjian, 1996; Matthews, 1993; Ford, 2006; Eldridge et al., 2018).

In conclusion, it is proposed that the most effective way to assess Miss Evans risks and support treatment and intervention is through a gender responsive approach, alongside a strength based and holistic approach. As a practitioner, it is vital to identify assessment tools which will be appropriate for the client, therefore in the case of Miss Evans, the Assessment Framework for Female Sexual Abusers together with a fully comprehensive assessment will be most effective in understanding and identifying her risk factors. Furthermore the GLM provides a helpful structure to focus intervention on, by allowing Miss Evans to achieve her primary goods and goals through a positive pathway. However, practitioners must recognise that each individual is unique and they may bring new and valuable information to the field of female sexual offending.

2000 words

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