

Chapter 9: Assessing Sex Offender Risk

David Riley
Alex Skelton
James Vess

No offending creates greater public concern and abhorrence than sexual offending. The sex offender is both feared and reviled, and increasingly their release into the community has been met with public dismay and threats of vigilante action. Sex offenders as a group, and men who offend sexually against children in particular, have been literally drummed out of communities and neighbourhoods by residents who fear for both their own safety and the safety of their children.

A number of high profile (and often atypical) cases of a horrific and lurid nature have prompted special legislation allowing for greater controls over these offenders while in the community, and in New Zealand over recent years the number of sex offenders serving indeterminate terms of imprisonment has risen sharply.

The Parole (Extended Supervision) Amendment Act 2004 allows for those released from prison following convictions for sexual offences against children to be placed on extended periods of supervision of up to 10 years. Notably, the importance placed on such community control as a means of curtailing further sexual offending is underlined by the retrospective nature of that legislation.

Similar laws have been passed in other jurisdictions, and both the United States and Canada have enacted sexual predator legislation which allows for the indefinite retention in prison or in a civilian mental health facility of high risk sex offenders after the completion of their sentences. In the United States, public pressure has resulted in most states having a requirement for the public notification of sex offenders in the community – the so called *Magen's Law* - and there is also provision in Oregon for the compulsory administration of libido suppressant medication for high risk sex offenders in the community.

What is common to all such legislation, and to making sensible decisions about the management of released sex offenders, is a requirement to be able to identify those who pose a greater risk to the public. This requirement has driven considerable research in the area of sex offender risk prediction, both internationally and within New Zealand.

Problems in Risk Prediction

As is the case in the prediction of criminal behaviour generally, the prediction of future sexual offending suffers from a number of weaknesses which have been identified in the literature. These include: the trialling of instruments on data used in their development, the failure of analyses to account for complex interactions between predictor variables, the reliability, completeness, and accuracy of data sources used in scale development is sometimes questionable, small scale studies with limited follow-up times, and predictor variables and outcome measures being classified in different ways.

In addition to the above caveats which apply to many prediction measures used in criminal justice settings, the prediction of further sexual offending is subject to particular methodological and technical difficulties. The following are particularly problematic:

(i) The Tendency to Aggregate Sex Offending

Much of the investigation of risk factors for further sexual offending derives from studies of undifferentiated sex offender populations. There is ample evidence to suggest that there are significant sub groups within this population, yet many studies, and in particular the meta-analyses, take as their starting point undifferentiated groups of sex offenders. Often the make up of the group is not adequately specified, and men who offend sexually against children are considered together with rapists and exhibitionists when considering subsequent sexual offending. Similarly, the outcome may be equally generally defined as “further sexual offending” without clear reference in the data as to whether such offending occurred in relation to adult or child victims. This level of generalisation in much of the published research makes it difficult to gauge which factors may be most relevant to the problem of sexual offending against sub groups of victims (child versus adult) when interpreting the results of published research.

(ii) The Problem of Low Base Rates

When attempting to make assessments about further criminal behaviour of a serious nature, particularly if such predictions have implications as to the level of restrictions which may be placed on any given individual's liberty, a balance always needs to be found between the requirement to protect potential future victims and the restrictions placed on the offender's freedom. This problem is particularly relevant when the behaviour of concern occurs at a very low rate of frequency. A general rule of prediction is that the correct identification of low base rate behaviour results in significant numbers of

individuals being categorised as at high risk of further (sexual) offending who will in fact be misclassified as they subsequently do not go on to reoffend. To the extent that attempts are made to reduce such a high level of “false positives” the number of people who are incorrectly assigned to a lower risk group will increase.

(lii) Lifetime Persistent Behaviour

Subsequent sexual offending, unlike many other forms of offending, is likely to persist over an extended time period. Both overseas treatment programmes and the treatment programmes supported by the New Zealand Department of Corrections emphasise that the risk of further sexual offending continues over the course of an individual’s life-span. What this implies, of course, is that even in cases where the risk of subsequent sexual offending may be judged to be high, for example 30%, if the period over which such offending may occur is extensive (say 10 years), then the actual rate of reoffending in any given year is likely to be extremely low (3%).

(Iv) The Dark Figure of Undetected/unreported Sexual Reoffending

Most work researching prediction of criminal offending suffers from difficulties in relation to undetected and/or unreported criminal activity, and this is particularly the case for sexual offending. Most practitioners agree that those offenders entering treatment programmes have, in addition to those offences for which they have been convicted, committed offences for which they had never been prosecuted. While the rate of such “hidden” offending is unknown, and estimates as to the extent vary substantially, what one can be certain of is that both the extent of further sexual offending and the number of individuals who commit subsequent sexual offences will be substantially greater than the “official” reported rate. Some evidence as to the extent of this phenomenon has been provided by Marshall, (personal communication 1989: 2001), who attempted to enhance the accuracy of the information on which the evaluations of sex offender treatment programmes were based. Utilising data outside of official records of reconviction – a database maintained by the state child protection agency, and a Police database which logged “complaints” and “investigations” which did not result in prosecution and conviction – Marshall came to the conclusion that the actual rate of sexual reoffending for both men treated at the Warkworth Correctional Facility and a community based programme in Ontario, and the control group against which treatment outcome for these offenders was compared, was approximately double the rate recorded in the official records. Marshall acknowledges that this is still probably a substantial under representation

of the actual rates of repetition of sexual offending, but it does give some reassurance concerning the potential (apparent) for misassignment to a high risk category of individuals who may be unlikely to be subject to further investigation and prosecution as a result of their sexual offending.

(V) The Impact of Treatment

There is now an ample body of research which indicates that treatment may substantially reduce further offending of a sexual nature, but this is not matched by a comparable body of work which carefully evaluates variables associated with treatment failure. This is important when making decisions about release on parole, or the level of restriction which should be placed on offenders when released, as some of these men will subsequently continue their offending career. While currently within New Zealand's prison-based special treatment programmes for child sex offenders, the assessment as to future risk, and potential offending precipitants are made on the basis of clinical judgments, there has been comparatively little robust research until very recently supporting the veracity of such assessments. At least one study (Seto and Barbaree; 1999) suggests that assessed treatment progress may in fact be a poor predictor of successful reintegration back into the society.

The Department of Corrections evaluations (Bakker et al, 1999; Nathan et al, 2004) indicate a halving of the rate of sexual reoffending for men who have attended the two prison-based treatment facilities for child sex offenders. While these outcome data are still being subjected to further and increasingly sophisticated statistical analyses, there are already strong indications that a variety of psychometric measures pre treatment, and changes in psychometric measures following treatment may be associated with treatment outcomes.

As can be seen by reference to the table on page 139, reoffending rates vary from a low of 6.4% to a high of almost 49%. Generally, the magnitude of reoffending shows a strong positive relationship to the length of follow-up, and in the Barbaree and Marshall (1988) study, the widening of sources of information which may indicate further sexual reoffending.

The New Zealand Situation

Department of Corrections investigations (Skelton, Riley, Wales, and Vess, 2006) have followed-up all sex offenders released from prison in 1992 and 1993, and 1997 and 1998. Of the 527 offenders released in the years 1992-1993 13% had reoffended sexually after 10 years. For the 527 sex offenders released in 1997-98 the five-year sexual reoffending rate was 7%. These figures are broadly comparable with those found in overseas jurisdictions.

Sex Offender Recidivism Rates

The following table provides information on the sexual and non sexual reoffending rates reported in a sample of overseas investigations (taken from Kawa, 2001).

Study	Recidivism Rates (%)						Sample Size	Length of follow up	Recidivism criteria
	Sexual			Non Sexual					
	Child Mol	Rapist	Child Mol	Rapist	Child Mol	Rapist			
Firestone et al (1999);	6.4*		12.4* (Violent)		26.7*		251*	6-7 yrs (avg)*	Charge or conviction
Firestone (1998)	15.1**		20.3*** (violent)		41.6***		192**	7.8 (avg)**	
Firestone et al (1998)		16		26		53	85	7 yrs (avg)	Charge or conviction
Hanson and Bussiere (1998) (meta-analysis)	12.7	18.9	9.9	22.1	36.9	46.2	23,393	4-5 yrs (avg)	
Prentky et al (1997)	32 25 23	26 15 13	14 6 4	33 20 15	54 39 30	57 45 31	251	25 yrs	Charge Conviction Prison
Proulx et al (1997)	13	21.2	15.2	36.3	21.1	51.3	113 rapists 269 Child Mol	5 yrs	Charge or conviction
Hanson et al. (1995)	35		1 (Viol) 41 (Non Viol).		61.8		191	15-30 yrs	Conviction
Thornton & Travers (1991)	33		15				App. 300	10 yrs (avg)	Conviction
Barbaree & Marshall (1998)	20.7 42.86**						170 35	4 yrs	Conviction charge Unofficial record

* Incest offenders only
 *** Extra familial offenders only

Actuarial vs Clinical Prediction

There are two primary methods applied to the prediction of further sexual offending: Actuarial (statistical) approaches, and clinical predictions. Each of these will be described below.

Clinical Prediction

Traditionally, predictions of risk among sex offenders rested on the clinical judgments of “experts” – psychologists, psychiatrists, social workers, and experienced hospital or correctional staff. This approach rests on the assumption that professional training, experience and a knowledge of this population will make it possible to predict future offending. However, there are a number of problems with such an unstructured clinical approach. These include a lack of consistency among professionals in assessing the risk posed by the same individual, high levels of subjectivity which are applied in unstructured clinical assessments, and potential manipulation of the assessment interview by the client who may have become skilled in impression management. Generally speaking, assessments of risk based on unstructured clinical judgment have a substantially lower level of predictive accuracy than those derived from scales which combine a number of static risk factors which bear a statistical relationship to sexual reoffending (Hanson, 1998).

More recently, however, more structured approaches to the assessment of clinical variables have shown considerable promise in assessing risk for this group. There are also some circumstances where statistical approaches to prediction are subject to major limitations, and it is also sometimes necessary to be able to closely monitor changes in risk. This is where clinical approaches have real value, and this will be discussed later in this chapter.

Actuarial (Statistical) Prediction

Information on which actuarial prediction of sex offender risk is based utilises primarily, although not exclusively, static historical information such as the age of the offender, history of offending, types of offence, etc. Predictive accuracy is usually achieved by combining individual predictor variables, rather than considering each factor in isolation. Scales containing a number of items may assign weights to individual factors indicating the strength of their relationship to subsequent sexual reoffending.

Although statistical risk prediction scales out-perform clinical judgment, they do suffer from a number of weaknesses. These include their heavy reliance on static and demographic factors, and consequently the tendency to ignore changes in risk as a result of treatment, their failure to be sensitive

to individual or idiosyncratic characteristics in special cases, the extent to which they are limited to the specific populations on which they have been developed and validated, and their failure to provide information as to the likely nature, frequency and severity of any further sexual offending.

Specific Predictor Variables

A large number of factors have been identified in research as having a statistical relationship with further sexual offending. Up until quite recently, most of these factors were static, or highly stable dynamic variables such as deviant sexual arousal. Below is a summary of those variables which have been most commonly associated with further reoffending.

Victim Gender Preference

This applies in relation to child sex offending, and although child sex offenders who offend against male children are numerically a smaller group of offenders than those who offend against female children, the rate of reoffending for those with male victims has been found to be higher. An early large scale study of 1,900 offenders (Radzinowicz, 1957) found that those offenders with a male victim were twice as likely to be reconvicted for a sexual offence than those who had a female victim. This finding has subsequently been confirmed in a number of recent investigations (Hanson *et al*, 1993; Quinsey *et al*, 1995). There is also evidence that child sex offenders with male victims offend against a greater number of children (Maletzky, 1990).

Sexual Deviation

In a large scale meta-analysis of factors related to sexual reoffending (Hanson and Bussière, 1998), deviant sexual arousal as measured by phallometric (physiological) assessment was found to be the single factor most strongly associated with further sexual offending. There is also some indication from the published literature that deviant sexual preference may be more common among extra-familial child molesters than among intra-familial offenders. Although the assessment of deviant sexual arousal has been criticised on the basis that it may be subject to faking, and in North America there have also been legal challenges mounted on constitutional grounds, it does remain a viable tool when employed by experienced practitioners working in this field. Unfortunately, the invasiveness of this assessment process, the requirement for expensive equipment and extensive training in this assessment process, and the potential for large numbers of individuals to decline to participate in such assessments, all limit the usefulness of such assessments.

Offending History

A variety of criminal history variables have been found to show some ability to predict further sexual offending. These are:

(a) Past Non Sexual Offences:

Although prior non sexual offences are associated with increased risk of general reoffending, numerous studies have found non sexual offences to be only weakly associated with sexual recidivism, if at all (Hanson and Bussière, 1998). The fact that some studies reveal a weak association between prior non sexual offending and further sexual offending may result from the influence of mediating variables such as psychopathy and/or personality disorder which are indicative of anti-social attitudes and beliefs. Both psychopathy and personality disorder are associated with higher levels of risk for sexual reoffending, but also correlate strongly with more general anti-social behaviour.

(b) Past Sex Offending:

A history of prior sexual offending is one of the stronger predictors of further sex offending. For example, Marshall (1994) analysed a random sample of more than 12,000 offenders and found that previous convictions for sex offences indicated an increased likelihood of further sexual reoffending. Similarly, Thornton and Travers (1991) found that non violent sex offenders who had current convictions for non violent sex offences or past convictions for non violent sex offences or more than four convictions of any kind were more likely to reoffend sexually in the 10 years following release.

(c) Sex Offence Type:

Some researchers have argued that those sex offenders who sexually reoffend have a more diverse history of sex offending in terms of the nature of sexual acts and range of victims than those who do not go on to reoffend (Hanson, 1998). Such findings, in part, contradict findings that most sex offenders who go on to reoffend commit a similar type of offence. A study by Maletzky (1990) revealed that those offenders who sexually offended against more than one victim per offence were eight times more likely to reoffend than those offenders who offended against one victim at any one time.

(d) Escalation in Frequency or Severity of Sex Offending:

Notwithstanding a widespread belief among clinicians, it is still not clear from the available evidence whether a pattern of escalating sexual violence

is related to an increased risk of sexual recidivism. This is mostly because research on the speed of reoffending is lacking, and only a small number of offenders may show this pattern of offence escalation.

Past Supervision Failure

A narrative review by Boer et al (1997) found that past supervision failure and non sexual violence were associated with sexual violence in sex offenders. Failure to comply with conditions on release from prison may reflect a personality disorder and/or attitude tolerant of sex offending. This finding is also supported by preliminary results obtained by Hanson et al (1998).

Degree of Intrusiveness and Physical Harm to the Victim

What little data exist on the possible association between the degree of sexual contact or physical harm to victims and risk of reoffending is largely inconclusive. In their meta-analysis, Hanson and Bussière, (1998) found that the extent of sexual contact, the amount of force employed, or the amount of physical harm to victims did not predict sexual recidivism. However, this meta-analysis included both rapists and child molesters, and did not evaluate the impact of this factor with respect to each group individually. Contrary to the above finding, Barbaree and Marshall (1988) found that the use of force was positively related with further sexual reoffending for child molesters.

Sexual Abuse Victimization

While those working in sex offender treatment programmes observe high rates of sexual abuse victimisation among those offenders entering treatment, there is no evidence that prior sexual victimisation is associated with subsequent reoffending. In the Hanson and Bussière (1998) meta-analysis there was a very small and statistically non-significant negative ($r = -0.01$) correlation between sexual victimisation and further offending. For this reason most treatment programmes do not target prior victimisation, as this may serve only to provide further justification and rationalisation for offending.

Denial of Sexual Offending

There is no evidence that denial of sexual offending *per se* is indicative of a heightened risk of further offending (Hanson and Morton-Bourgon, 2004). Deniers of their sexual offending have comparable sexual reoffending rates to untreated sex offenders in general, and the only impact of denial is its impact as a barrier to treatment.

Age: A Cautionary Note

When Hanson reanalysed an expanded database used in his earlier meta-analysis (Hanson and Bussière, 1998) with respect to age, he reported significant decrement in sexual reoffending as age at release from prison increased, with the recidivism rates almost disappearing after age 60 (Hanson, 2002). While these data are suggestive of significant reductions in reoffending risk with increasing age, it should be noted that no allowance was made in the Hanson analysis for death or serious illness, nor the potential impact on recidivism statistics of those higher risk sex offenders who, by the time they had reached middle age, had received indeterminate sentences. It is possible that the majority of higher risk older sex offenders may simply be prevented from further reoffending by incarceration or involuntary civil commitment. Of the 112 child sex offenders currently serving sentences of preventive detention in New Zealand, 45% are currently aged 50 or over.

New Zealand Studies***McLean and Rush (1990)***

McLean and Rush obtained data from the Law Enforcement System stored on the Government computing facility at Wanganui. They encoded data on all individuals who had committed a sexual offence during the eight year period 1978 to 1985. During this period there were 8173 convictions recorded for sexual offences and this involved 4599 individual offenders. Complete criminal histories were obtained for all these sexual offenders up to the end of 1985. Although the follow-up period over which reconviction was evaluated was constrained, and there was some confounding of the data by an inability to take into account the length of prison sentences, some patterns did emerge. Those convicted of indecent assaults against adults had higher rates of reoffending than rapists; incest offenders had a low rate of reoffending; and of those convicted of sexual offences against children, the highest rates of sexual reoffending were found for those who offended against males. Unfortunately, McLean and Rush (1990) did not undertake further analyses to determine whether other characteristics (e.g. age, prior sexual offending history, etc.) were correlated with further sexual offending.

O'Malley (1996)

In the course of a large scale investigation of the predictors of general reoffending, O'Malley (1996) examined the correlation between a person's

criterion offence (the major offence for which they were convicted and included in the sample) and subsequent offence types. When an intercorrelation matrix of the 10 major offence categories was constructed, a stronger relationship was found between criterion sexual offence and further sexual offending than for other offence types. O'Malley concluded "the effects (correlation) for the sex category is striking. Conviction for sex crimes during the (follow-up) period are proportionately seven times more likely to be received by offenders convicted of sexual offences at their criterion court appearance, than by offenders in any other category. In most cases this ratio exceeds twenty times. A criterion sexual offence would be a very strong predictor in any model of further sexual offending".

Bakker, Hudson, Wales, and Riley (1999)

Analysis of subsequent sexual offending of the 242 men who completed the Department of Correction's Kia Marama programme for child sex offences and a control group of non treated incarcerated child sex offenders who had been released from prison prior to the opening of that facility, indicated a further sexual reoffending rate of 20% for the control group and 10% for the group of sex offenders who had been treated. The only variable showing a positive relationship to survival time in regression analyses other than treatment was the variable "number of previous sexual offences". For the group treated at the facility, significant variables associated with treatment results were: having both male and female victims, having a victim unknown or unrelated to the offender, pre-adult onset of sexual offending, death of a parent/caregiver during childhood, and severe literacy problems. Additionally, treatment failure was associated with scores on some scales of a battery of psychometric measures which were only administered to programme participants.

Kawa (2001)

More detailed New Zealand data which examined correlates of further sexual offending against children have been provided by Kawa (2001). Utilising data from the Law Enforcement System, criminal histories were extracted of men who had sexually offended against children. The criminal histories were separated into two groups, one set of data was analysed to determine factors statistically related to sexual reoffending, and then the resultant "scale" was applied to the second set of data. While a number of demographic and offence variables showed some statistical relationship to reoffending in the initial analysis, when applied to the second set of novel data, only age (younger) ethnicity (non Maori) and the presence of a male victim showed a positive relationship to subsequent sexual recidivism.

Sex Offender Risk Prediction Instruments

There are a number of inventories currently in use which utilise variables previously identified in the literature to predict risk of further sexual offending. The most commonly employed scales are the *Sex Offender Risk Appraisal Guide (SORAG)* (Quinsey, Harris, Rice and Cormier, 1998), *The Rapid Risk Assessment for Sex Offender Recidivism (RRASOR)*, (Hanson, 1997) the *Structured Anchored Clinical Judgment (SACJ)*, Grubin (1998), and the *Static-99* (Hanson and Thornton, 2000).

The Sex Offender Risk Appraisal Guide

The SORAG is a variation of the Violence Risk Appraisal Guide (VRAG) which has enjoyed a degree of popularity and which certainly has a high rate of predictive accuracy on the validation population. However, the research which gave rise to both the VRAG and the SORAG derives from studies of a very specialised incarcerated population at the Penatanguishene Oak Ridge Facility in Ontario. These incarcerates were a mixture of very high risk, high profile offenders, and also offenders who were detained under various psychiatric categories of Canadian Mental Health legislation. Additionally, a primary variable used in the SORAG is the score on the Psychopathy Checklist, a highly specialised measure of personality which can only be administered by specialist clinicians, and which takes three to four hours to administer. Thus, there are fundamental impediments to the widespread use of the SORAG, in addition to potential questions as to its applicability to populations dissimilar to those on which it was developed and validated.

Rapid Risk Assessment for Sex Offender Recidivism

This instrument was developed to predict sex offender recidivism using a small number of easily scored variables. The initial list of seven items were those that showed a correlation of at least 0.11 with sex offender recidivism in the Hanson and Bussière, (1998) meta-analysis and which were commonly recorded on institutional files. The scale items were: prior sex convictions, any prior non sex offence, any male victim, any stranger victims, any unrelated victims, never married, and age less than 25. Trials of these items were conducted in a number of settings in order to determine how best to combine these variables into a prediction scale. This resulted in the four best predictor variables (prior sex offences, any unrelated victims, any male victims, and age less than 25) being selected for inclusion in the scale which was then tested on a different population. Overall the scale showed a reasonable degree of predictive accuracy in both the development and validation samples (average $r = 0.27$; average AUC = .71).

Structured Anchored Clinical Judgment

Unlike many actuarial tools, the scores on the SACJ are not based on simple summation of weighted items. Instead a step-wise approach is adopted. The first step classifies offenders into three risk categories (low, medium, and high) based on their official conviction history. In the next step, offenders can be reclassified (up or down) based on protective or aggravating factors. Each stage in this process incorporates different types of information. The first step considers the following five items: any current sexual offences, type of prior sexual offence, any current non sexual violent offence, and prior non sexual violent offences, and four or more previous sentencing occasions. If offenders have four or more of the initial factors, they are automatically considered high risk. If two or more factors are present, offenders are considered medium risk, and zero or one of these factors indicates low initial risk.

The second step considers the following eight items: any stranger victims, any male victims, never married, convictions for non contact sex offences, substance abuse, placement in residential care as a child, deviant sexual arousal, and psychopathy. If two or more of these factors are present, then the offender's final risk level is increased one category. One obvious limitation of applying the SACJ, is that the second step in this process draws on information which is likely to be available only for sex offenders who enter a specialist treatment programme.

Static-99

Collaborative work undertaken by Karl Hanson in Canada and David Thornton in the United Kingdom suggested that the RRASOR and the SACJ were assessing related but not identical constructs, and that both scales contributed unique information when the relationship between these two scales and sexual offender recidivism was analysed using regression techniques. It was therefore possible that a combination of both these scales would result in more accurate predictions of sexual reoffending than either scale on its own. A new scale was therefore constructed, and this is the widely used *Static-99* (Hanson and Thornton 2000). The name "*Static-99*" was chosen because the variables are static ones, and "99" indicates the year of development and also that it is still a "work in progress". This scale, and brief item descriptions, is reproduced below.

Coding Rules for Static-99

Risk Factor	Codes	Score
Prior sex offences (same rules as in RRASOR)	Charges	Convictions
	None	None 0
	1-2	1 1
	3-5	2-3 2
	6+	4+ 3
Prior sentencing dates (excluding index)	3 or less	0
	4 or more	1
Any convictions for noncontact	No	0
Sex offences	Yes	1
Index nonsexual violence	No	0
	Yes	1
Prior nonsexual violence	No	0
	Yes	1
Any unrelated victims	No	0
	Yes	1
Any stranger victims	No	0
	Yes	1
Any male victims	No	0
	Yes	1
Young	Age 25 or older	0
	Age 18-24.99	1
Single	Ever lived with lover for at least 2 years?	
	Yes	0
	No	1
Total score	Add up scores from individual risk factors	

Hanson and Thornton have compared the predictive accuracy of the Static-99 instrument with the RRASOR and the SACJ over a number of data sets from various sources. This comparison has been very thorough, tracking the predictive accuracy of the three instruments on assorted samples for up to 20 years. Generally speaking, the Static-99 instrument showed enhanced predictive accuracy over the other two instruments, and this, coupled with

its comparative ease of administration as it uses basic information which is easily retrieved from file, render it a particularly useful and usable instrument with the capacity to be applied to very large numbers of offenders at relatively modest cost. Currently, the *Static-99* represents the best single statistical prediction instrument which is capable of routine application by staff without extensive training.

A New Zealand Version of the Static-99

All but three of the items in the *Static-99* can be electronically scored on the basis of New Zealand criminal history information. Three items which cannot be electronically scored on the basis of New Zealand data are: any unrelated victims, any stranger victims, and single.

As part of developing a screening process in order to determine those higher risk offenders who should be assessed in relation to applications for extended periods of supervision pursuant to the Parole (Extended Supervision) Amendment Act 2004, a modified version of the *Static-99* (minus the three items) was applied to sexual offenders released five and 10 years previously. Follow-up of the criminal histories of these subjects indicated the instrument achieved good separation of offenders into four risk categories, and the performance of this instrument was comparable to the results reported for the *Static-99* (Skelton, Riley, Wales and Vess, 2006).

Clinical Assessment of Sex Offender Risk

While the statistical prediction of sex offender risk provides a practitioner with an indispensable tool, it is limited in that it fails to particularise the assessment to the individual, is insensitive to change in risk, which may be necessary in the management of such offenders in the community, and it is extremely limited where offenders have not been prosecuted through the courts and have no offence history against which their risk may be assessed. Such situations arise when offenders are referred to caseworkers as a result of diversion, pressure from various social and child protection agencies, or on their own volition following incidents of sexual abuse.

While the use of dynamic variables in the assessment of sex offender risk is still an area being developed, and some authors (e.g. Campbell, 2003) have gone so far as to argue against the use of dynamic variables in conjunction with static predictors as their lower level of statistical relationship to sexual reoffending could weaken the integrity of the risk assessment, those charged with supervising and monitoring offenders and their families must attend to factors which indicate levels of heightened risk.

Hanson and Harris (2001), utilising data from the earlier meta-analysis, and other published research on clinical risk factors, produced the *Sex Offender Needs Assessment Rating (SONAR)*, designed to be applied by the case worker in community settings where monitoring risk, and changes in risk is a critical and fundamental part of the management regime.

The SONAR, described by Hanson and Harris (2001) as deriving from “social cognitive theory” which has been applied in the treatment of both general criminal and sexual offending has items which are divided into five stable factors, and four acute factors. The stable factors are made up of: intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self regulation, and general self regulation. The four acute factors are: substance abuse, negative mood, anger, and victim access. Each of these factors is discussed in relation to their documentation in the literature, together with guidelines for how they may best be assessed. Use of the SONAR has thus far shown an ability to differentiate between recidivist and non recidivist sexual offenders ($r = 0.43$; AUC .74), and as with the approach employed previously by Hanson and Thornton (2000), regression analysis indicated that this instrument appeared to tap unique variance not measured by the *Static-99*.

Although the additional validation work on the SONAR suffered from the problem that the results used in the validation were obtained from the same sample of offenders which gave rise to the development of the instrument, thereby producing results which are potentially more favourable than when applied to new populations, new work recently conducted by Harris (Personal Communication 2006) provide encouraging support for the ongoing use of this instrument. Currently, a great deal of additional information is being collected in relation to the utility of this measure, as it is being used in a large scale initiative, *The Dynamic Supervision Project*, involving the community management of sex offenders (Harris and Hanson, 2003).