

Offenders' risk of serious harm: a literature review

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Executive summary

The Home Office has developed a new joint prison/probation offender assessment system (OASys). OASys will include components to measure risk of re-offending, criminogenic needs and risk of harm. This literature review was commissioned to inform the introduction of a risk of harm framework into OASys. It draws on research predominantly from the UK and USA and summarises factors consistently found to be associated with risk of serious harm.

'Risk of serious harm' refers to offenders' risk of causing serious harm either to themselves or others. Offenders at risk of causing serious harm to others are not a homogenous group (Kemshall, 2000). They include offenders who have committed a variety of offences and those who cause harm to themselves either by deliberate self-injury or suicide. The present review covers risk factors identified in the literature that are associated with increased risk of causing serious harm by the following offenders:

- violent offenders;
- domestic violence offenders;
- stalking offenders;
- sex offenders (including offenders who select child victims, adult victims and non-contact sex offenders);
- arson offenders;
- offenders at risk of deliberately self-harming;
- offenders at risk of committing suicide.

Harmful behaviour has been reported to reflect a complex interaction of psychological, situational and disinhibitory factors (Pollock et al, 1995). The following factors have been identified, in the review of the literature conducted for this study, as being important in predicting risk of serious harm. It is difficult to weight their relative importance but it has been shown that an accumulation of these factors increases the risk of harmful re-offending¹.

Main factors

The six factors below have been identified as being important in predicting risk of harm, in many different studies, across *all* categories of offenders.

● **Previous offending**

Generally the best predictor of future offending is a previous history of offending. This is also true for offences that cause high levels of harm to their victims. Similarly, offenders who harm themselves often have prior convictions and often have a history of self-injury or suicide attempts.

1. It should be noted that much of the literature refers to 'risk of re-offending'. However, re-offending is often identified by reconvictions not actual offences committed. Therefore, some studies may be underestimating levels of re-offending.

- **Being male**

Men are more likely than women to commit crimes in all categories of offences that cause serious harm to their victims. They are also more likely to commit suicide while incarcerated, although women are more likely to self-harm and attempt suicide.

- **Unemployment**

Many studies have shown an association between recidivist offending, that causes high levels of harm to its victims, and unemployment. However, it should be noted that the literature on general offending is unclear about the causal nature of this link (Jones, 1998).

- **Drug and alcohol abuse**

Research consistently indicates a relationship between risk of harm to others and to self and using illicit drugs and alcohol. Substance misuse, if combined with another risk factor such as mental illness or low victim empathy can increase risk of harm considerably. The combined use of alcohol and illicit drugs also presents a greater risk of violence.

- **Family background**

There are many aspects of an offender's childhood and family background that have been found to increase their risk of causing harm to others. These include family violence, deviant family environments, poor relationship with parents, being socially and emotionally isolated, family deprivation and being abused as a child. Offenders who attempt or commit suicide are also more likely to have had problematic childhoods including family breakdown, isolation, abuse, problems in school and a family history of suicide.

- **Mental disorder**

The term 'mental disorder' should also not be taken as a homogenous concept. Studies that suggest the mentally disordered population, as a whole, are at high risk of serious offending are not accounting for the fact that 'mental disorder' covers a wide spectrum of diverse forms of psychopathology, and that different forms of mental disorder represent differing levels of re-offending. The evidence from both England and Wales and North America suggests that, among mentally disordered offenders, personality disordered or psychopathic offenders pose the greatest risk of serious harm to the public.

Mental illness This is a complex issue. There is some debate over the importance of mental illness in risk of harm but substantial evidence exists showing that there is a link. The literature suggests that offenders who have symptoms of mental illness are more likely to commit acts that cause serious harm to others, especially those who show symptoms of schizophrenia. Offenders who harm themselves often show symptoms of psychiatric disturbance. However when compared to other offender populations, mentally disordered offenders appear to pose a relatively low risk (Bonta et al, 1998). It is only a small sub-group of the mentally ill that represent a risk to others.

Personality disorder Many studies have shown that those offenders who have personality disorders are more likely to be recidivist offenders who cause high levels of harm. This is especially true for psychopathic offenders. Those offenders who have sadistic tendencies have also been shown to cause high levels of harm

to their victims. The Government White Paper, 'Reform of the Mental Health Act' 1983 (Home Office, 2000) concludes that "...there are a number of individuals who pose a risk of serious harm to others as a result of their severe personality disorder..."

Other Factors

In addition, the literature identified the following risk factors across all categories of harmful offending, although these were less frequently cited as those listed above.

- ***Lack of insight/remorse***

Those offenders who show a 'lack of insight' into their offences or a lack of remorse for their behaviour are likely to become recidivist offenders who cause high levels of harm to their victims.

- ***Low victim empathy***

Offenders who cause high levels of harm to their victims and are recidivist offenders often show an inability to empathise with their victims. Their inability to empathise may be aggravated by specific situations, for example when under the influence of alcohol or drugs.

- ***IQ***

Many authors have found low levels of intelligence to be associated with most types of recidivist harmful offending. However, stalkers have been found to have higher levels of intelligence than other types of offenders.

- ***Impulsive behaviour***

Harmful offending and risk of self-harm have been found to be associated with impulsive behaviour.

- ***Situational factors***

Re-offending amongst offenders who cause high levels of harm to their victims may be triggered by certain situational factors, such as being given the opportunity to offend. For example: having access and proximity to potential victims or the availability of weapons increase the potential for re-offending.

- ***Lifestyle factors***

Particular lifestyle factors may place added stress on the offender and increase their chances of reoffending such as poor housing conditions and financial difficulties. Situational stressors while in prison may increase the chances of self-injury and suicide, such as social isolation and lack of engagement in activities. The first month in custody, especially the first 24 hours, is the highest risk period for prisoner suicide.

- ***Failure to complete treatment***

The risk of causing future harm is increased among offenders who fail to complete a course of treatment. Those who drop out of treatment often have a lower motivation to change their behaviour.

Protective Factors

A number of factors that protect individuals from causing serious harm have been identified in the literature. These are generally the reverse of risk factors, such as: marriage, employment, adequate housing, and victim empathy. Factors that protect juveniles from delinquency and future offending, which may be related to risk of committing offences that cause high levels of harm include: high IQ, parental expectations of high educational achievement, non-delinquent friends, resilient temperament, positive social orientation and supportive relationships with peers, parents and other adults.

Management

The form of successful management of offenders at risk of causing high levels of harm varies according to the type of offence they have committed. However, there are elements of management that are similar for types of harmful offenders. It is important to recognise that they are not a homogenous group. Their management should include a thorough assessment to identify their needs, motivations for offending and level of risk they present. Intensive supervision and management should be offered. Current research suggests that treatment should include a cognitive-behavioural element and encourage offenders to take responsibility for their behaviour and behavioural change. A multi-disciplinary approach may be effective for most offenders who are at risk of causing serious harm, including intervention from both criminal justice and mental health care workers.

1.

Introduction

A new joint prison/probation offender assessment system (OASys) has been developed by the Home Office. OASys will include components to measure risk of re-offending, criminogenic needs and risk of harm. This literature review aims to inform the introduction of a risk of harm framework into OASys. It draws predominantly on research from the UK and USA and summarises factors consistently found to be associated with risk of serious harm.

'Risk of serious harm' refers to offenders' risk of causing serious harm either to themselves or others. It is the risk of committing an offence that is life threatening and/or traumatic and from which recovery can be expected to be difficult. Offenders at risk of causing serious harm to others are not a homogenous group (Kemshall, 2000). They include offenders who have committed a variety of offences including violence, sex offences on adults or children, stalking and arson. Offenders can also cause harm to themselves either by deliberate self-injury or suicide. The present review covers risk factors identified in the literature that are associated with increased risk of causing serious harm by the following offenders:

- violent offenders;
- domestic violence offenders;
- stalking offenders;
- sex offenders (including offenders who select child victims, adult victims and non-contact sex offenders);
- arson offenders;
- offenders at risk of deliberately self-harming;
- offenders at risk of committing suicide.

The literature review also briefly covers assessment of risk and management of these offenders. In addition, a number of factors are identified that have been reported to protect against risk of causing serious harm.

Predicting the risk of serious harm that offenders are likely to cause to themselves and others is not easy. However, there are a number of factors that are clearly associated with an increased risk of harmful re-offending and that need to be taken into account in developing a prediction tool. In particular, an accumulation of several risk factors should be seen as an indicator of increasing risk of serious harm. The review highlights the main factors identified in the literature as being associated with increased risk of causing serious harm to others or themselves.

2.

Violent offending

Violent behaviour is the result of interactions between the situation, the thoughts, feelings and actions of the individual and the impact of these on others. Scott (1977) reported that the quality of violence is a better indicator of dangerousness than the quantity.

Risk factors for violent offending

There are a number of factors, identified in the literature, as being associated with risk of committing violent offences. These are summarised below.

Previous offences

Many studies have found that the best predictor of overall violent offending is a history of previous aggression and violent offending (Scott, 1977; Tardiff, 1984; Walker, 1996). Lattimore et al (1995) conducted a large-scale study in California of 1,949 young offenders and found that violent recidivism was associated with a history of violent behaviour. Studies have also found that a history of general offending may be linked to violent re-offending. For example, Taylor (1999) found that violent offenders who have a history of burglary have been found to be more likely to re-offend.

Demographics

Sex

Men are more likely to show violent behaviour than women (Genders and Morrison, 1996; Greenland, 1985; Kay et al, 1988; Scott, 1977; Tardiff, 1984). Swanson et al (1990) studied violent behaviour, in a sample of over 10,000 individuals and found that violent behaviour was twice as prevalent among men as women.

Age

Youth has been consistently associated with violent offending. Violent offenders are more likely to be young (Genders and Morrison, 1996; Greenland, 1985; Scott, 1977; Tardiff, 1984; Tardiff and Sweillam, 1982). Swanson et al (1990), in their study of over 10,000 individuals found that violent behaviour was seven times as prevalent in the young (defined as those between 18 and 29 years old) as in the old (those over age 65).

Social class

Swanson et al (1990) found a strong relationship between violence and social class. Those from the lowest social class were more violent than those from the highest social class, especially among those aged under 45. Violent offending has also been associated with living in poverty and having little social control (Greenland, 1985; Tardiff, 1984).

Employment status

Unemployment has been found to be associated with violence (Klassen and O'Connor, 1988) and recidivist violent offending (Menzies and Webster, 1995).

IQ

Low IQ, particularly in combination with the presence of psychopathy, has been found to be associated with violent re-offending (Heilbrun, 1982).

Family background

There is an association between violent offending and childhood family experiences. For example, Lattimore et al (1995) studied 1,949 paroled youth in California to identify factors associated with violent re-offending. They found re-arrest for violent crimes was associated with evidence of family violence and parental criminality. Robins (1966) reported an association between persistent violent offending and aggressive fathers and siblings in childhood. The same study also reported violence being more frequent if an individual has grown up in a violent neighbourhood (Robins, 1966). Other authors have reported an association between parental violence, mental illness and violent offspring (Tehrani et al, 1998). Extreme levels of violence have also been found to be related to family violence. For example, Duncan and Duncan (1971) found that murderers often come from families where the parents were violent.

Violence is also associated with poor relationships with parents during childhood and childhood deprivation (Scott, 1977), as has being abused as a child (Tardiff, 1984). It has also been reported that violent patients often come from deviant family environments, where family violence and offending are common (Tardiff and Sweillam, 1982). Assessment instruments, based on the empirical literature, that measure the risk of violent re-offending, also recognise the importance of addressing childhood and family problems (Webster et al, 1994; 1997).

Drug and alcohol use

The extensive use of illicit drugs and alcohol has been found, in many studies, to be associated with violent offending (Pernanen, 1976; Reiss and Roth, 1993; Sanitila and Haapasalo, 1997; Swanson, 1994; Swanson and Holzer, 1991). Steadman et al (1999) conducted a large-scale study of 1,000 acute admissions to psychiatric services and found a relationship between substance misuse and violent behaviour. Similarly, Murdoch et al (1990) examined over 9,000 cases from eleven countries of violent offenders. They found that sixty two percent of offenders had been drinking when they committed the violent crime. Re-occurring violence has also been associated with substance misuse (Kay et al, 1988; Tardiff, 1984). Many studies have found that violent offenders, who have alcohol and drug problems, are more likely to commit repeat acts of violence than those who do not have such problems (Chaiken and Chaiken, 1990; Chaiken and Johnson, 1988; Nurco et al, 1988; Rhodes, 1985). Greenland (1985) has reported that alcohol reduces the ability to control impulses in violent offenders, making them more prone to re-offending. Because of the strong evidence to suggest an association between substance misuse and violent offending, many assessment instruments designed to measure the risk of violent re-offending address this issue (Webster et al, 1994; 1997).

Studies have found that substance misuse and the presence of mental illness increase the risk of violence. Swanson et al (1996) analysed data from a community survey of 10,066 residents of three states in the US to examine the association between psychotic symptoms and violent behaviour. They found that substance

misuse in combination with psychotic symptoms significantly increased the risk of violent behaviour. Similar findings have also been reported by the MacArthur Violence Risk Assessment Study (Steadman et al, 1999) and by Mulvey (1994). Lindqvist and Allebeck (1989) conducted a longitudinal study of 644 inpatients with a diagnosis of schizophrenia over a 14-year period. They found that those patients with a history of substance misuse were more likely to have committed violent crimes. Swanson et al (1990) also found that violent offenders, who are abusers of alcohol and/or drugs and have a mental illness, are more likely to commit more violent crimes, with more diverse victims and commit more serious acts of violence, such as the use of weapons.

Using a combination of substances may increase levels of violence. Greenland (1985) reported that violent offenders often show extreme levels of rage when using alcohol and benzodiazepines together. Miller and Welte (1986) studied a sample of prisoners and found that those who used a combination of alcohol and drugs were the most likely to have committed violent offences. Those who only used alcohol were second most likely to have committed crimes of violence, followed by those who only used illicit drugs.

Situational factors and stressors

Situational factors such as availability of weapons, proximity to victims and levels of environmental stress are important predictors of the likelihood that a violent offender will re-offend (Kemshall, 1998; Megargee, 1976; Mulvey and Lidz, 1984). It has been suggested that assessment procedures for predicting the risk of violent re-offending should consider situational factors such as the antecedents to past violent behaviours, motivations for violent behaviour, availability of weapons, proximity of victims and situational triggers that have contributed to violent offences occurring in the past (Kemshall, 2000). Some factors have been consistently identified that may increase the chances of a violent offender re-offending. These include: little contact with mental health care professions (Estroff and Zimmer, 1994), experiencing problems in social areas such as housing, daily activities and finances (Bartels et al, 1991), frequent family arguments (Klassen and O'Connor, 1989) and increased levels of stress (Felson, 1992). Hall (1987) has also reported stressors such as the ending of a relationship or financial difficulties as good predictors of future violence occurring. He concludes that considering situational stressors, along with a history of violent behaviour, are among the best predictors of future violence re-occurring.

Biological factors

Aggressive behaviour has been found to be associated with biological factors such as: decreased serotonin levels (Brown et al, 1994), central nervous system disorders such as traumatic brain injury (Miller, 1994; Tardiff, 1984) and other brain abnormalities (Mills and Raine, 1994), Alzheimer's disease (Tardiff, 1984), seizure disorders (Tardiff, 1984) and high levels of testosterone (Dabbs et al, 1991).

Mental disorder

Mental illness

The relationship between violence and mental illness is complex. Studies have found significant links between mental disorder and violence, but it appears to be only a modest risk factor in violent offending (Swanson et al, 1990; Swanson, 1994). Mulvey (1994) has suggested that the absolute risk of violence amongst people with mental illness is small and only a minority of violent incidents can be attributed to those who are mentally ill. However, in a review of the literature, Monahan (1992) concludes that the link between mental disorder

and violence is significant and should not be ignored. Those who have committed a violent offence and have mental illness are more likely to re-offend. Violent offences that use excessive levels of violence often indicate mental illness (Scott, 1977). Cote and Hodgins (1992) studied 495 prison inmates. They found that those who had been convicted of murder were significantly more likely to have been diagnosed with a mental disorder than those who had never had a conviction of murder.

Research would suggest that violence is associated with the type of mental illness diagnosed. Those with functional psychoses, such as schizophrenia, have been found to be at greater risk of committing a serious violent assault than those suffering from other types of mental disorder (Gunn, 1992; Monahan, 1992; Swanson et al, 1990). Many studies have found that murderers are more likely to suffer from schizophrenia than other types of psychosis (Hafner and Boker, 1982; Taylor and Gunn, 1984). Lindqvist and Allebeck (1990), in their 14-year follow-up study of schizophrenic patients, found that their sample committed four times as many violent offences as the general population over the study period. Tardiff (1984) also found that paranoid schizophrenics have increased levels of violent behaviour. It has been reported that those who suffer from delusions are more likely to engage in violent behaviour (Taylor, 1995; Prins, 1999). Those suffering from a mental disorder who are also the abusers of alcohol and drugs have been found to be at increased risk of committing serious acts of violence (Steadman et al, 1998; Swanson et al, 1990). However, a meta-analysis conducted by Bonta et al (1998) of studies of violent offenders found that psychosis and schizophrenia were related to lower levels of violent recidivism.

Personality disorders

Violent behaviour is often associated with personality disorders. Using excessive levels of violence often indicates severe degrees of personality disorder (Scott, 1977; Tardiff, 1984). Some of the personality disorders and symptoms that have been associated with the risk of violent behaviour are listed below:

Psychopathy

Violent offending has been found to be more frequent in psychopaths (Hart et al, 1994; Swanson et al, 1990; Swanson, 1994). Anti-social personality disorder or psychopathy is also a predictor of violent recidivism (Bailey and MacCulloch, 1992; Bonta et al, 1998; Hemphill et al, 1998). Harris et al (1991) conducted a long-term follow-up study of 169 mentally disordered offenders released from psychiatric hospitals and concluded that psychopathy was a significant risk factor in violent offending. Psychopaths have also been found to recidivate more often and more quickly than non-psychopathic violent offenders (Hart et al, 1988; Serin and Amos, 1995). They are more likely to continue violent offending to an older age than non-psychopathic offenders (Harris et al, 1991). The presence of psychopathy in violent offenders has been seen as such a good predictor of future re-offending that the PCL-R, a measure that assesses psychopathy (Hare, 1991; Hemphill et al, 1998), is frequently used when predictions of future re-offending are required.

Hostility and anger

Hostility and a predisposition to anger have been reported to have strong links to violent behaviour (Menzies and Webster, 1995; Novaco, 1994). Studies of psychiatric patients have found that violent patients tend to have a disposition towards anger and be more excitable than non-violent patients. Kay et al (1988), in a study of 208 psychiatric inpatients, found that violent patients tended to show greater hostility.

Delaying gratification

Kay et al (1988) in their study of 208 psychiatric inpatients found that violent offenders have difficulty in delaying gratification.

Impulsive behaviour

It has been reported that a past history of impulsive behaviour is often predictive of future violence (Tardiff, 1984).

Lack of insight and remorse

A person is considered more dangerous if they have a 'lack of insight' into their violent crimes, that is, they are unable to understand their own violent behaviour and appreciate the consequences of this behaviour (Webster et al, 1997). A lack of remorse has been associated with violent recidivism among psychopaths (Serin, 1996).

Victim empathy

A lack of empathy for the victim has been linked to violent offending and to an increased probability of re-offending (Bandura et al, 1975). Violent crime offenders are the most dangerous if they do not show empathy with their victims or remorse for their past crimes (Scott, 1977).

Callousness and lying

Callousness and pathological lying have been associated with violent recidivism among psychopaths (Serin, 1996).

Recognising emotions

Violent offenders have been found to have deficits in recognising emotions such as fear, disgust and anger (Williams, 1999).

Under-controlled/over-controlled

Megaree (1966) identified two types of violent offenders, those who are under-controlled and those who are over-controlled. He reported that under-controlled individuals are more likely to respond in an aggressive manner to situations where they feel threatened. These individuals are likely to have histories of minor assaults. However, those who are over-controlled, although less frequently provoked to aggression, are more likely to act with extreme intensity, when violently aroused. Support for this typology has been found in studies conducted by Blackburn (1968, 1971), although research conducted by Crawford (1977) did not produce such findings.

Sado-masochism

Sado-masochistic tendencies often manifest in early childhood and remain throughout adult life. These traits can be exaggerated if the individual suffers from anxiety and depression (Scott, 1977). A sadistic tendency is sometimes revealed through an individual's fascination with such things as dictators, Nazi atrocities and horror films. Sadistic children often show a morbid interest in sick animals and will often kill animals (Scott, 1977). Sanitila and Haapasalo (1997) compared murderers, violent offenders and non-violent offenders in prison. They found that murderers were more likely to show cruelty to animals than violent and non-violent offenders. Offenders with sadistic fantasies and a past history of violence are potentially very dangerous, especially if they show no remorse for their violence (Scott, 1977).

Assessment of violent offenders

Assessing the risk of a person using violence is likely to be more accurate if both individual and situational factors are taken into consideration (Monahan, 1981). Many assessment instruments recognise the importance of understanding any mental health problems an offender may have and seek to establish the presence of schizophrenia, psychopathy or other personality disorders (Webster et al, 1994; 1997). Other important factors include past offending, substance misuse and childhood experiences.

A number of assessment instruments have been developed which predict the risk of violent offending. Three such instruments are detailed below. These instruments have been found to have relatively strong predictive powers of risk of violent re-offending (Borum, 1996; Grann et al, in press; Quinsey et al, 1998).

- *Violence Risk Assessment Guide (VRAG)* (Quinsey et al, 1998). The VRAG is an actuarial instrument with a twelve-item scale including factors such as psychopathy, schizophrenia, personality disorder, separation from parents in childhood, age at time of index offence, failure on prior conditional release, victim injury in index offence, female victim in index offence, never married, primary school maladjustment, history of alcohol abuse.
- *Violence Prediction Scheme* (Webster et al, 1994). This instrument combines actuarial and clinical factors. The actuarial component is from the VRAG (see above). The clinical component of the instrument is from the ASESS-LIST. This covers antecedent history, self-presentation, social and psychosocial adjustment and treatment progress.
- *HCR-20* (Webster et al, 1997). The HCR-20 consists of ten historical items, five clinical items and five risk management items. The historical variables include previous violence, age of first violent offence, relationship stability, employment stability, alcohol or drug abuse, mental disorder, psychopathy, personality disorder, early home and school maladjustment and prior release or detention failure. Clinical variables include insight, attitude, symptomatology, stability and treatability. The risk variables include plan feasibility, access, support and supervision, compliance and stress.

In addition to the instruments listed above, the *Psychopathy Check-List Revised PCL-R* (Hare, 1990) is commonly used to identify psychopathy in offenders, which is consistently associated with increased risk of violent recidivism.

Violence in prisons

Violence in prisons is a result of the interaction between prisoner characteristics and the environment in which they are placed. The most effective ways of reducing violence in prisons is to alter the situational factors that may trigger offenders to become violent (Cooke, 1992). Situational factors that may trigger violence are: staffing problems such as poor staff-inmate communication, inexperienced staff, low staff morale (Cooke, 1992); overcrowding (Toch, 1977), high inmate turnover (Porporino, 1986), few activities provided and high levels of security (Cooke, 1992). Personality characteristics that have been found to be associated with violence in prisons are, impulsivity (Toch, 1989), psychopathy (Hart and Hare, 1996) and low self-esteem (Toch, 1989). Violence in prisons has also been associated with young offenders (Flanagan, 1983).

Managing violent offenders

Violent offender programmes that have a cognitive behavioural approach tend to be the most successful (Baldock, 1998; Kemshall, 2000; Motiuk et al, 1996). Treatment should address the cycle of crime and concentrate upon behavioural, cognitive, interpersonal and affective components of violent offending (Motiuk et al, 1996). Cognitive self-change programmes have been developed that challenge violent offenders to take control of their own violent behaviour. Offenders are taught how to make changes in their behaviour by targeting attitudes, beliefs and thinking patterns that support it (Bush, 1995). Effective management should combine intensive supervision, monitoring and enforcement of rules and sanctions with cognitive behavioural interventions (Kemshall, 2000).

3.

Domestic violence offending

The definition of domestic violence used in studies varies widely, depending on the how the relationship and what constitutes violence are measured. The wider the definition of domestic violence, the higher the recorded levels will be. However, estimates of the prevalence of domestic violence are generally high. The British Crime Survey, which uses a fairly narrow definition that includes only 'those who are or have been in an intimate relationship', found that 23 per cent of women and 15 per cent of men had been the victims of domestic violence at some time (Mirrlees-Black, 1999). Levels of physical and emotional harm to the victims are often high. Below are listed the factors, suggested in the literature to increase the risk of domestic violence. Most of the literature reviewed generally focuses upon male violence towards female partners. Although male partners are also the victims of domestic violence, much of the research concentrates on that perpetrated by males against women.

Developing a typology of domestic violence offenders

Several authors have suggested that male domestic violence perpetrators are not a homogenous group but have different characteristics and patterns of abusive behaviour (Brandl, 1990; Hamberger et al, 1996; Holtzworth-Munroe and Stuart, 1994; Tolman and Bennett, 1990; Tweed and Dutton, 1998). Saunders (1992) suggested that wife batterers can be divided into three main groups:

- *Family only batterers*: These are the least severely violent spousal assaulters and abuse only in their own homes. They report little abuse in childhood and tend not to abuse alcohol. They are described as having more liberal sex role attitudes and have compulsive and conforming personalities.
- *Emotionally volatile batterers*: This group is the most psychologically abusive to their partners. They display high levels of anger, jealousy and depression and are at higher risk of suicide. They are sometimes violent outside their homes.
- *Generally violent batterer*: These spouse abusers are the most severely violent. They are most likely to have been severely abused in childhood and tend to be violent outside of the home as well. They are more likely to abuse alcohol and drugs than the other groups of domestic violence offenders. They often have rigid sex-role attitudes and high levels of anger, depression, jealousy and anti-social behaviours.

Other typologies have been suggested. These include the following categories:

- family only offenders;
- borderline offenders;
- generally violent offenders.

Holtzworth-Munroe and Stuart, 1994

and

- instrumental offenders;
- impulsive offenders.

Waltz et al, 2000

Risk factors for domestic violence offending

There are a number of factors, identified in the literature, as being associated with risk of committing domestic violence offences. These are summarised below.

Previous offences

A history of previous domestic violence has been found to be one of the most predictive factors in the re-occurrence of spousal assaults (Goldkamp, 1996). Just over a third (35%) of households will have a repeat incident within five weeks of the first offence (Walby and Myhill, 2000).

Demographics

Sex

Most people arrested for domestic violence offences are heterosexual males (Healey et al, 1998). Women are significantly more likely to be the victims of repeat domestic violence assaults (Mirrlees-Black, 1999).

Age

Younger people are at greater risk of domestic violence occurring within their relationships (Mirrlees-Black, 1999).

Social class

Domestic violence occurs in all different types of households and is not restricted to certain social classes (Mirrlees-Black, 1999). Gelles (1987) reports that spousal abuse is a response to a stressful situation and is not confined to families in lower socio-economic groups. However, stressors such as poor housing, overcrowding and low wages can contribute to domestic violence (Mirrlees-Black, 1999; O'Brien, 1971). Some studies have also reported occupational differences among abusive and non-abusive male partners. Hotaling and Sugarman (1986) reported that domestic violence perpetrators tend to have lower occupational and educational attainments than non-perpetrators. Howell and Pugliesi (1988) followed up nearly 1,000 men who had committed a violent assault against their partners for one year. They found that those men who were blue-collar workers were more likely to repeat the assault than those who were white-collar workers.

Financial problems

Several authors have reported that financial pressures increase the risk of spousal abuse (Mirrlees-Black, 1999; O'Brien, 1971).

Unemployment

Domestic violence has been found to be associated with male unemployment (Howell and Pugliesi, 1988; O'Brien, 1971; Straus et al, 1980) and with unemployment of the spouse (Walby and Myhill, 2000).

Marital separation

Marital separation increases the risk of domestic violence. Mirrlees-Black (1999) studied data from the British Crime Survey and found that women who reported being separated from their partner were more likely to have experienced domestic violence. However, this data did not distinguish whether the assault happened before or after the separation. Other studies have found that violence is most likely to occur immediately after separation (Hart et al, 1990).

Children

Domestic violence is more likely to occur in households with children (Mirrlees-Black, 1999).

Pregnancy

Some authors have suggested a relationship between pregnancy and domestic violence. However, it is unclear whether this is a factor in itself or whether it is a result of pregnant women being young, given that age has been found to be risk factor (Walby and Myhill, 2000).

Family structure

Social structures within the family appear to have an influence over the occurrence of domestic violence, particularly where there is an unequal relationship between the man and woman. For example, some studies report levels of violence to be higher in households where the female partner is dominant in decision-making (Giles-Sims, 1983; Straus, 1980). The British Crime Survey found women who are unemployed or housewives experience higher levels of domestic violence than in relationships where both partners are working (Mirrlees-Black, 1999).

Drug and alcohol abuse

Studies have consistently found a link between domestic violence and the abuse of drugs and alcohol (Dobash and Dobash, 1998; Edleson et al, 1985; Gayford, 1975; Gelles, 1987; Greening, 1996; Hanson et al, 1997; Hotaling and Sugarman, 1986; Mirrlees-Black, 1999). Roberts (1987), in a study of 234 male perpetrators of domestic violence, found 60 per cent had an alcohol problem and 21 per cent had a drug problem. High levels of marital conflict over issues of male alcohol use have also been found to be a risk factor for domestic violence (Sugarman and Hotaling, 1989). Recidivism has also been linked to substance misuse. Goldkamp (1996) reported that domestic violence perpetrators who were drug misusers were more likely to re-offend.

Family background and childhood

A lot of research suggests that those who have experienced violent and abusive childhoods (Roy, 1982; Straus, 1979; Walby and Myhill, 2000) and those who have grown up in physically aggressive households (Buzawa and Buzawa, 1996; Hanson et al, 1997; Hotaling and Sugarman, 1986;) are more likely to become spouse abusers. There is a lot of evidence that those who have witnessed violence between their parents have been found to be more likely to become wife abusers (Gayford, 1975; Lewis, 1987; O'Leary, Malone and Tyree, 1994; Rosenbaum and O'Leary, 1981; Straus, 1979). Roy (1982), in a study of 4,000 abusive men, found strong links between witnessing domestic violence among parents and then going on to be a wife abuser themselves. Domestic violence perpetrators whose parents were also violent are more likely to be recidivist offenders (Howell and Pugliesi, 1988).

Research evidence suggests that domestic violence perpetrators display more violent behaviour as children than those who do not assault their partners. Hanson et al (1997) also reported, from a study of nearly 1,000 men, that male wife abusers are more likely to have had symptoms of conduct disorder as children and to have been more violent during childhood than non-abusers.

Social isolation

It has been reported that men who feel socially isolated and have a lack of social support are more likely to become wife abusers (Browne, 1989).

Mental disorder

Mental illness

There seems to be a link between domestic violence and psychiatric disorder (Faulk, 1974; Bland and Orn, 1986; Jacob, 1987). For example, spousal abuse has been found to be associated with anxiety (Browne, 1989), depression (Browne, 1989; Gondolf, 1997; Steinmetz, 1980;) and schizophrenia (Steinmetz, 1980).

Personality disorder

Perpetrators of domestic violence often have a range of personality disorders (Gondolf, 1997; Hamberger and Hastings, 1993; Steinmetz, 1980;). They are more likely to display impulsive behaviour, defensiveness, a tendency to take offence easily (Riggs and O'Leary, 1989), pathological jealousy (Scott, 1977) and immaturity (Steinmetz, 1980).

Self-esteem

It has frequently been reported that domestic violence perpetrators often have low levels of self-esteem (Goldstein and Rosenbaum, 1985; Green, 1984; Hanson et al, 1997; Kantor and Jasinski, 1998). O'Brien (1971) reports that perpetrators of domestic violence have low self-esteem because the male views himself as having lower status than his partner, through either employment or educational achievements and will use violence as a means to assert his status.

Relationship security and assertiveness

Some studies have shown that male wife abusers are less assertive than non-abusing men (Telch and Lindquist, 1984). They often feel insecure within their relationships and use violence to assert power and control over their wives (Walker, 1983).

Lack of responsibility and attitude towards domestic violence

Wife abusers often externalise blame for their own violence to the victim, claiming diminished responsibility due to provocation (Dobash and Dobash, 1979). Men who hold patriarchal attitudes and believe wife abuse is legitimate are more likely to become perpetrators (Dobash et al, 1996a).

Assessment of domestic violence offenders

The Spousal Assault Risk Assessment Guide SARA (Kropp et al, 1994) is a clinical guide for assessing the risk of future violence in men arrested for spousal assault. This measure was developed based on the identification of risk factors from the empirical literature. It has four main sections:

- *Criminal history*: Includes previous assaults of family members and others and any violations of conditional release or community supervision.
- *Psychosocial adjustment*: This includes recent relationship problems, employment problems, victim of and/or witness to family violence as a child, substance abuse, suicidal or homicidal ideation or intent, psychotic and/or manic symptoms and personality disorder with anger, impulsivity or behavioural instability
- *Spousal assault*: This includes past physical/sexual assault, use of weapons and credible death threats, recent escalation in frequency and severity of assaults, violation of 'no contact' orders, denial or minimisation of spousal assault history and attitudes that condone spousal assault
- *Current offence*: Includes severity of assault, sexual assault, use of weapons and/or credible death threats and violation of a 'no contact' order.

Managing domestic violence offenders

The effectiveness of perpetrator programmes is unclear (Brandl, 1990; Edleson, 1989; Hamberger and Hastings, 1993; Tolman and Edleson, 1995). Tolman and Bennett (1990) conducted a review of evaluations of domestic violence perpetrator programmes. They reported that most programmes had relative success in preventing future spousal physical violence over the follow-up time period (the follow-up periods ranged from four months to 26 months). The success of programmes reviewed ranged from 53 per cent to 85 per cent of participants not re-offending over the follow-up period. However, the studies do not compare the effectiveness of the programmes against re-offending rates of domestic violence perpetrators who do not attend a programme. Brandl (1990) has also commented that, after treatment many men will still continue emotionally abusive behaviours towards their spouse, even if their violent behaviour has ceased.

Studies have found high levels of drop-out from domestic violence perpetrator programmes. Gondolf and Foster (1991) found the drop-out rate was often greater than 90 per cent between initial contact with programme deliverers and programme completion.

Many authors argue that treatment programmes should not view perpetrators as a homogenous group, but should consider the suitability of different programmes for different types of offenders (Brandl, 1990; Hamberger and Hastings, 1993; Tolman and Edleson, 1995). It is generally recognised that the most effective models of intervention for domestic violence perpetrators are those that combine a cognitive-behavioural approach with gender analysis (addressing perpetrators' belief systems relating to women, in particular their partner). In such programmes, perpetrators are encouraged to take responsibility for their violence and their own change in behaviour (Dobash et al, 1996b; Mullender and Burton, 2000).

4.

Stalking

Stalking behaviour is surprisingly common. The 1998 British Crime Survey questioned a sample of nearly 10,000 adults about their experiences of being a victim of stalking (defined as: 'persistent and unwanted attention'). The survey found that 12 per cent of respondents had been a victim of stalkers (Budd et al, 2000). Although stalking is often assumed to be little more than a nuisance, the reality of the effects on the victim can be much more severe (Buzawa and Buzawa, 1996) and have been described as 'psychological war' (Geberth, 1992). Stalking has preceded the majority of murders of women by ex-sexual partners (National Victim Centre, 1993) and has often resulted in stalkers inflicting violence on their victim, especially when a man is stalking a female (Pathe and Mullen, 1997). In fact Buzawa and Buzawa (1996) reported that 'domestic violence stalkers are likely to constitute among the most persistent and potentially dangerous offenders'.

Developing a typology of stalkers

Research on stalking behaviour is at an early stage (Westrup, 1998). However, researchers have begun to identify typologies of stalkers based on existing evidence. Buzawa and Buzawa (1996) identified two types of stalkers:

- *The psychotic:* They tend to stalk someone they consider to be successful but who they delude themselves into believing needs them – often a celebrity. They generally suffer from schizophrenia, paranoia or other personality disorders. They tend to become dangerous when their victim rejects them. They may be either male or female
- *The psychopathological:* These stalkers are more common and are often men stalking their female sexual partners, or ex-partners. They try to control their victims by using fear of violence. It has been suggested that this type of stalker tends to come from an abusive, violent home. They are obsessed with control and have a deep resentment towards women.

Budd et al (2000) identified a stalking typology based on the sex of the victim and their relationship to the offender. They identified the following four groups:

- Female victim who has intimate relationship with the stalker (i.e. partner, former partner, relative).
- Female victim who has a non-intimate relationship with the stalker (i.e. acquaintance or stranger).
- Male victim who has intimate relationship with the stalker.
- Male victim who has a non-intimate relationship with the stalker.

They found that the majority of stalking offences involving an intimate were committed by a member of the opposite sex, although this was less marked for male victims. The majority of offences committed on non-intimate victims were perpetrated by men, regardless of the sex of the victim.

Wright et al (1996) have identified a similar classification for stalking offenders based on a number of factors including the relationship with the victim, the content of communication, level of aggression and motive of stalker. They divide relationship classifications into domestic (i.e. someone with whom the offender has had an intimate relationship and non domestic (i.e. someone who has not had an intimate relationship with the offender). Content of communication is divided into two typologies: non-delusional and delusional. Risk level to victim is divided into low, medium and high and motivation includes infatuation, possession and anger/retaliation.

However, it has been suggested that problems exist in identifying typologies of stalkers, usually because the definitions used to distinguish between groups of stalkers is unclear or questionable (Westrup, 1998).

Risk factors for stalking

A number of risk factors associated with committing stalking offences have been identified in the literature. These are listed below.

Previous offences

Studies have found that stalkers often have previous criminal histories (Harmon et al, 1995; Meloy and Gothard, 1995; Mullen and Pathe, 1994). The risk of a stalker inflicting serious harm to their victim increases with increasing numbers of previous stalking incidents (Wright et al, 1996). Where they have had a previous relationship with the victim, there is often a history of domestic violence offences in that relationship (Wright et al, 1996).

Demographics

Sex

Stalking is more common among men (Budd et al, 2000; Buzawa and Buzawa, 1996; Coleman, 1997; Hall, 1998).

Age

Stalkers tend to be young, in their 20s and 30s (Budd et al, 2000; Buzawa and Buzawa, 1996).

Intelligence

Levels of intelligence have been found to be higher amongst stalkers than amongst other offenders (Hall, 1998; Meloy and Gothard, 1995).

Employment

Meloy and Gothard (1995) reported that stalkers are more likely to be unemployed.

Mental disorder

Mental illness

It has been reported that stalkers often suffer from mental disorders, most commonly, schizophrenia (Buzawa and Buzawa, 1996; Meloy and Gothard, 1995; Mullen and Pathe, 1994). Such disorders are particularly common among stalkers who display delusional behaviour (Wright et al, 1996). Delusional behaviour among stalkers is when no actual relationship exists between the offender and the victim, but the offender imagines they have a relationship. Delusional stalkers are more likely to cause high levels of harm to their victims (Wright et al, 1996).

Personality disorders

Personality disorders have been found to be common amongst those who engage in stalking behaviour (Buzawa and Buzawa, 1996; Meloy and Gothard, 1995). These disorders can include narcissism, paranoia and, less commonly, antisocial personality.

Substance misuse

An association has been found, in a number of studies, between stalking offences and substance misuse (Burgess et al, 1997; Meloy and Gothard, 1995; Zona et al, 1993).

Recent loss and childhood experience

Stalkers have often experienced a loss prior to the onset of their stalking behaviour, perhaps the breakdown of a relationship, loss of a job, or death of someone close to them (Kienlen et al, 1997). They are often unable to cope with the loss so they engage in an obsessive pattern in pursuit of another person (Keinlen, 1998). Keinlen (1998) reported that stalkers tend to have early attachment disturbances and suggested that treatment of stalkers should focus on issues around coping with loss and grief.

Managing stalking offenders

Little research has been conducted on effective interventions with stalkers. One of the main ways of managing stalking offenders is to place a restraining order upon them. However, the evidence of the effectiveness of such orders is inconclusive. Much research has found that perpetrators still stalk their victims despite the restraining order, often using violence or threats of violence (Harrell and Smith, 1996; Nicastro et al, 2000; Tjaden and Thoennes, 1998). However, research by Meloy et al (1998) found that mutual restraining orders were associated with reduced risk of re-arrest of the stalking perpetrator. It has been suggested that the long-term case management of stalkers should involve a thorough assessment of risk and have a multi-disciplinary approach involving a number of agencies with different perspectives and goals, such as the criminal justice system, mental health professionals and victim-related agencies (White and Cawood, 1998).

5.

Sex offending

In general, rates of reconviction among sex offenders are low. A meta-analysis of 61 follow-up studies of sex offenders found recidivism rates of 13 per cent for child sex abusers and 19 per cent for rapists (Hanson and Bussiere, 1998). It is important to differentiate between sex offences as some categories of sex offenders re-offend at higher rates. Marshall and Barbaree, (1990) found:

- Rapists – reconviction rates ranged between 7 per cent and 35 per cent.
- Incest offenders – reconviction rates ranged between 4 per cent and 10 per cent.
- Child abusers selecting female victims – reconviction rates ranged between 10 per cent and 29 per cent.
- Child abusers selecting male victims – reconviction rates ranged between 13 per cent and 40 per cent.
- Non-contact exhibitionists – reconviction rates ranged between 41 per cent and 71 per cent.

However, it should be noted that recidivism rates based on reconviction data often underestimate the actual number of offences being committed (Friendship and Thornton, 2001). It has been suggested that only 20 per cent of sexual offences are reported to the police (Mayhew et al, 1989) and, of these, only 17 per cent result in a conviction (Friendship and Thornton, 2001). For some sexual offences, reported crimes that result in a conviction are even lower. Harris and Grace (1999) found that convictions were made on only 9 per cent of reported rape offences. It is important to consider the factors that may increase the likelihood of re-offending among sex offenders, not only because any repeat crimes can cause high levels of harm to the victims, but also because re-offending is likely to be considerably more frequent than reconviction data would suggest.

The first section of this chapter gives an overview of risk factors associated with sex offending in general. The second section addresses risk factors associated with rape, the third section covers child sexual abuse and the fourth non-contact sex offending.

General sex offending

Risk factors for general sex offending

Listed below are factors identified as increasing the risk of sexual offences being committed.

Previous offences

Sex offenders with a previous history of sexual offending are more likely to be recidivists (Hanson and Bussiere, 1996; Hanson and Bussiere, 1998). Marshall (1994) followed-up nearly 13,000 offenders released from prison and found that those with a history of sex offending were more likely to be convicted of a sex offence than those with no such history. The greater the number of previous sexual offences an individual has committed, the greater the likelihood that they will re-offend (Mann, 1995). Hanson and Bussiere (1998) found that early onset of sex offending was also a predictive factor in sex offender recidivism.

Sex offenders who also have a history of convictions for violence are more likely to sexually re-offend (Quinsey et al, 1995; Thornton and Travers, 1991). Also, it has been reported that sex offenders who have a history of burglary have been found to be more likely to re-offend (Taylor, in press).

Demographics

Sex

Most sex offenders are male (Grubin, 1998; Grunfeld and Noreik, 1986).

Age

Many studies have suggested that sex offenders who commit their first offence at a young age are more likely to become recidivist offenders, although in their meta-analysis of sex offender studies, Hanson and Bussiere (1998) found age to be a weak predictive factor in recidivism.

Marital status

Sexual offenders who are unmarried are more likely to re-offend (Hanson et al, 1993; Quinsey et al, 1995). Eisenberg (1997), in a study of 722 sex offenders released from prison in the US, found that those who were married were significantly less likely to re-offend than those who had never married. This was also found in the Hanson and Bussiere (1998) meta-analysis of 61 sex offender studies.

Employment

Several authors have reported that sex offenders who are unemployed are more likely to re-offend than those who are in employment (Eisenberg, 1997; Hanson and Harris, 1998; Kruttschnitt et al, 2000; Marques et al, 1994). However, Grubin and Wingate (1996) have questioned whether this variable can be causally linked to re-offending. They suggest it may be a risk factor because it is a symptom of another factor in the sex-offender's life that is the root of the problem. Similarly, the meta-analysis by Hanson and Bussiere (1998) only found a relationship between unemployment and sex offender recidivism in one of the studies it reviewed.

Education

Some studies have found a link between sex offending recidivism and educational achievements. Eisenberg (1997) found that among 722 sex offenders released from prison, those who were more educated were less likely to re-offend. However, this was not found to be a significant factor in sex offender recidivism in the Hanson and Bussiere (1998) meta-analysis.

Childhood experiences

The meta-analysis of 61 sex offender research studies conducted by Hanson and Bussiere (1998) did not identify that being sexually abused as a child was related to sexual offence recidivism.

Substance misuse

Hanson and Harris (1998) reported that substance misuse is related to recidivism among sex offenders.

Choice of victim and type of crime

Likelihood of sex offenders re-offending is dependent upon the type of crime they commit. Rapists are more likely to re-offend than child abusers (Quinsey et al, 1995). Grunfeld and Noreik (1986), in a long-term follow-up study of over 500 sex offenders in Norway found that rapists are more likely to re-offend than other types of sex offenders. Interestingly, the meta-analysis of sex offender studies conducted by Hanson and Bussiere (1998) found no relationship between recidivism and the degree of sexual contact, the amount of force used on the victim or the extent of the injuries suffered by the victim.

Studies have found that choice of victim among sex offenders is related to recidivism. Sex offenders whose victims are strangers are more likely to become recidivist offenders (Hanson and Bussiere, 1998). Child abusers who select victims outside of their own family are more likely to re-offend (Eisenberg, 1997; Hanson et al, 1993; Hanson and Bussiere, 1998; West, 1996) as are those who select boy victims or both sex victims (Hanson et al, 1993; Hanson and Bussiere, 1998; West, 1996). The relationship between the gender of the victim and their relationship to the perpetrator are considered to be good predictors of future re-offending and, as such, are included in many of the risk of re-offending assessment instruments (Epperson et al, 1999; Hanson, 1997; Thornton, 1998).

Victim empathy

Low victim empathy is linked to sexual re-offending (Hanson and Harris, 1998; Marshall and Barbaree, 1990; Pithers et al, 1988). Sexual sadists and sexual murderers have been found to have an inability to empathise with their victims. Their inability to empathise may be particularly hampered by specific situations such as when under the influence of drugs or alcohol or when they are feeling angry (Hanson, in press).

Personality disorder

It has been reported in several studies that sex offending is associated with the presence of a personality disorder. Sex offenders have frequently been shown to have high levels of impulsivity (Grubin, 1999; Hall, 1988; Prentky and Knight, 1986). This is especially so among recidivist sex-offenders. Prentky et al (1995) conducted a 25-year follow-up study of 106 rapists released from a high security treatment unit and found that the risk of re-offending was considerably higher among those who were impulsive. Repeat sex offenders often show anti-social personality traits (Prentky, 1995) especially where violence is used when offending (West, 1996). Hanson and Bussiere (1998), in their meta-analysis of sex offender studies, found anti-social personality disorder to be a predictor of sex offence recidivism. High levels of anger and low self-esteem have also been linked to sexual re-offending (Pithers et al, 1988).

Many studies have shown that sex offenders who display signs of psychopathy are more likely to re-offend (Grubin, 1999; Knight and Prentky, 1990; Quinsey et al, 1995; Rice et al, 1990). Some studies have found that the presence of deviant sexual preferences and psychopathy increase the likelihood of re-offending (Gretton et al, 1995; Prentky, 1995; Rice and Harris, 1997). It should be noted, however, that this was not found in the meta-analysis of sex offender studies conducted by Hanson and Bussiere (1998).

Sexual arousal and use of pornography

Research into sex offenders has consistently shown that those who have deviant sexual arousal are more likely to re-offend (Mann, 1995) and are more likely to cause high levels of harm to their victims (Brittain, 1970). Hanson and Bussiere (1998), in their meta-analysis of sex offender recidivism studies, found that the strongest

predictor of re-offending was sexual deviancy. Studies measured sexual deviancy by phallometric assessment. They found that sexual interest in children was the strongest predictor of sex offending recidivism.

Sexual arousal to non-sexual violence has been associated with sex offence recidivism (Rice et al, 1990). It has been found that exposure to 'hard-core' pornography, including depictions of rape or child sexual abuse disinhibits sexual arousal to these depictions (Marshall and Barbaree, 1989). Some rapists and child abusers will use pornography to incite themselves to commit offences (Marshall and Barbaree, 1989). Although Hanson and Bussiere (1998) were unable to find a relationship between sexual arousal to rape and recidivism in their meta-analysis.

Treatment completion

Studies have found that sex offenders who drop out of treatment early are more likely to re-offend (Gordon et al, 1996; Hanson and Bussiere, 1998). It has been suggested that this is related to levels of motivation to change their behaviour (Mann, 1995).

Sadistic sex offenders

It has been found, in the literature, that sadistic sex offenders tend to have personality disorders, in particular displaying narcissistic and antisocial traits. They are also more aggressive and show high levels of anger (Grubin, 1999). They often have difficulties in social relationships and are socially isolated (Brittain, 1970; MacCulloch et al, 1983). Sadistic sex offenders often have sadistic sexual fantasies prior to their offending and their offending behaviour is based on them acting out these fantasies (MacCulloch et al, 1983). They are more likely to become aroused to images of non-sexual violence (Abel et al, 1979). Sadistic sex offenders who murder their victims have been described as being introverted, timid, socially isolated and having low self-esteem. They are likely to be over-dependent upon their mothers and show a strong interest in violence (Brittain, 1970). Sexual offenders who murder their victims and engage in sexual fantasy behaviour such as voyeurism are more likely to become serial killers (Prentky et al, 1989).

Assessment of sex offenders

A number of instruments have been developed to assess the risk of re-offending among perpetrators of sex crimes. The most widely used instruments include:

- *Rapid Risk Assessment for Sex Offence Recidivism RRASOR* (Hanson, 1997).
This scale identifies the following risk factors: number of previous sex offence convictions, age (whether under 25), gender of victim (whether male) and relationship to victim (whether not related).
- *Minnesota Sex Offender Screening Tool – Revised MnSOST-R* (Epperson et al., 1999).
This instrument contains 16 items of both static and dynamic variables. The static variables include: previous sex offence convictions, length of sex offending history, supervision of offender, offences committed in public places, force used in offences, offences involving multiple acts on a single victim, age of victims, victim aged 13-15, relationship to victim (whether stranger), adolescent anti-social behaviour, drug or alcohol abuse and employment history. The dynamic variables include: discipline while incarcerated, drug dependency treatment while incarcerated, sex offender treatment while incarcerated and age of offender at time of release.

- *Sex Offender Risk Appraisal Guide SORAG* (Quinsey et al, 1998).
This instrument is an adaptation of the Violence Risk Appraisal Guide (VRAG). It comprises 14 items that include: psychopathy, violent, non-violent and sex offence criminal history, age of index offence, marital status, previous response to conditional release, sexual deviance, alcohol abuse and presence of personality disorder.
- *Structured Anchored Clinical Judgement SACJ* (Thornton, 1998).
The SACJ is based on a three-step process of identifying risk. The first step identifies the presence of the following variables: current sex offence, past conviction for a sex offence, non-sexual violent offence in current conviction, past conviction for non-sexual violence and more than three past convictions. The second step identifies the presence of the following aggravating factors: male victim, stranger victim, non-contact sex offences, substance abuse, having been in care, never married, deviant sexual arousal and a score of 25 or more on the PCL-R. The third step is based on the offender's progress in prison. It identifies whether they have complied in offending behaviour programmes and examines their behaviour while in prison, to see if they have decreased or increased on any of the risk variables. SACJ 2000 is the most recent version of the instrument, which also gives a score for the risk of violent offences.

Of these assessment instruments, the RRASOR and the SACJ have been the most extensively evaluated. STATIC 2000 is a risk assessment tool which is currently under development, which combines elements from RRASOR and SACJ. The Risk Matrix 2000 is an assessment instrument that is also being developed to replace the SACJ.

Managing sex offenders

The most effective interventions for sex offenders are those that include cognitive-behavioural approaches (Gendreau and Andrews, 1990; Grubin and Thornton, 1994). Successful treatment programmes tend also to teach relapse prevention skills, where the sex offender is taught to recognise thoughts, behaviours and situations that may prompt them to offend and taught coping strategies to resist re-offending (Grubin and Thornton, 1994; Mann, 1995; Williams, 1996). Anger management techniques should also be taught to sex-offenders (Prentky, 1995; Williams, 1996). Programmes should teach offenders to take full responsibility for their offences and show empathy for their victims (Grubin and Thornton, 1994; Williams, 1996). However, studies of sex offender treatment programmes have shown they generally have limited success (Nagayama Hall, 1995). In particular, treatment is often least successful for those who have committed violent penetrative sex on their victims (Kemshall, 1998). It has been reported that the most effective management of sex offenders is one that uses a 'comprehensive and cohesive network of interventions' where criminal justice agencies and community organisations work in partnership with each other (Centre for Sex Offender Management, 2000). These organisations should work collaboratively to provide cognitive behavioural treatment, intensive supervision, monitoring and enforcement of rules and sanctions (Centre for Sex Offender Management, 2000; Kemshall, 2000).

Rape

Rape can be conceptualised as the sexual expression of aggression (Groth, 1990). In some cases the aggression is expressed in the form of anger and violence; in other cases, in the form of control and domination. Most research does not differentiate between the relationship of the victim to the rapist, in terms of being an intimate, an acquaintance or a stranger. It also focuses upon male perpetrators who rape female victims. There is little information about rape of adult male victims.

Risk factors for rape

Listed below are factors associated with the risk of committing rape offences.

Previous offences

One of the clearest indicators of committing rape is a previous history of rape. In particular, previous convictions for rape and sexual deviance have been found to be more frequent among murdering rapists than non-murdering rapists (Grubin, 1994; Hanson and Bussiere, 1996). Thornton and Travers (1991) have also reported that recidivism amongst rapists is associated with a current or previous conviction for violence.

Employment

Hanson and Harris (1998), in a five-year follow up study of over 400 sex offenders found that rapists who were unemployed were more likely to be recidivist than those who were employed.

Personality traits and disorders

Rapists have often been shown to have low self-esteem. Pithers et al (1988) reported that self-esteem in recidivist rapists tends to decrease around the time of their re-offending. Rapists feel they have little control over their lives and feel vulnerable and helpless (Groth, 1990). They often lack assertive skills (Abel et al., 1979). It has been suggested that rapists have an inadequate sense of masculine identity resulting in feeling threatened and in conflict over their sexuality (Groth, 1990). Their mental states, often characterised by personal inadequacy and feelings of rejection, may lead to feelings of anxiety which manifest in aggression. This aggression is then channeled into attacks on other people, to assert their power. Rapists, because of these feelings, rarely appear happy, but instead appear filled with distress, frustration and resentment (Groth, 1990).

Many authors have found that rapists who display symptoms of psychopathy are more likely to re-offend (Malamuth et al, 1991; Quinsey et al, 1990; Rice et al, 1990). It has also been reported that rapists who display impulsive behaviour (Prentky et al, 1995) and anti-social personalities (Prentky, 1995) are more likely to re-offend.

Violence and arousal to violence

Rapists who use extreme violence are not only being the most dangerous, but also the most likely to re-offend (Quinsey et al, 1990; West, 1996). In addition, several authors have reported that rapists who are sexually aroused by scenes of non-sexual violence are more likely to re-offend (Ressler, 1991; Rice et al, 1990). Malamuth et al conducted a ten-year follow-up of university students and found that sex offending recidivism towards an adult female was associated with sexual arousal to aggression (Malamuth, 1986; Malamuth et al, 1991). It has also been found that inflicting sadistic acts on victims is associated with recidivism among rapists (Quinsey et al, 1990; Ressler, 1991). Ressler (1991) has reported that sadistic rapists are more likely to be resistant to treatment.

Social skills and social isolation

Rapists often lack social skills and have few successful interpersonal relationships (Abel et al, 1979; Groth, 1990). In a study of 142 rapists, Grubin(1994) found that those who murder their victims are more socially and emotionally isolated than non-murdering rapists. They are more likely to live alone, with few interpersonal contacts and few intimate relationships with women (Grubin, 1994).

Victim empathy and attitudes towards women

Low victim empathy has been linked to rape (Abel et al, 1979; Prentky, 1995). Pithers et al (1988) reported that immediately prior to a rapist re-offending, victim empathy is likely to decrease. It has also been found that rapists who hold misogynistic attitudes are particularly dangerous (West, 1996) and more likely to re-offend (Malamuth et al, 1991). Malamuth et al (1991) also found that acceptance of violence towards women was associated with recidivism among rapists. A study by Grubin (1994) of rapists found that those who murder their victims often have higher levels of hostility towards women.

Drug and alcohol misuse

Rape is frequently associated with alcohol and drug misuse (Groth, 1990). Grunfeld and Noreik (1986), in their follow-up study of over 500 sex offenders, found that those who had raped their victims had often consumed large amounts of alcohol prior to the offence being committed. Substance misuse has also been associated with levels of violence inflicted on victims. Prentky et al (1985) found that use of alcohol or drugs increased the levels of violence inflicted on rape victims.

Childhood experiences

Studies of sex offenders tend to show that men who have been the victims of child sexual abuse are more likely to go on to rape in adulthood, although the strength of this relationship varies considerably amongst studies (Hanson and Bussiere, 1998). It has been shown that they are more likely to become rapists if they have also experienced neglect and abandonment in childhood. (Groth, 1990). Rapists who murder their victims have been found to be more socially and emotionally isolated as children than non-murdering rapists (Grubin, 1999).

Child sex offending

Child sexual abusers are not a homogenous group and wide variations exist in their characteristics and patterns of offending (Grubin, 1998). It has been reported that there are a small group of male child sex offenders who display the most sexually deviant behaviour, offend the most frequently and indiscriminately, and who are the most dangerous (Grubin, 1998).

Risk factors for child sex offending

Below are listed factors associated with increased risk of committing child sex offences.

Previous offences

Child sex offenders who have a history of child sex abuse are the most likely to re-offend (Hanson et al, 1993; Hanson and Bussiere, 1998; Rice et al, 1991). In fact, this has been reported to be the best predictor of future re-offending (Grubin, 1998).

Demographics

Sex

Most child sex offenders are male (Grubin, 1998; Grunfeld and Noreik, 1986).

Marital status

Unmarried child sex offenders are more likely to re-offend than those who are married (Hanson and Bussiere, 1998; Rice et al, 1991). This is especially so among men who have never had an adult sexual relationship (West, 1996).

Employment

Child sex offenders who are unemployed are more likely to re-offend (West, 1996).

Childhood experiences

The relationship between being abused as a child and subsequent adult sex offending against children is complex (Grubin, 1998). Studies report conflicting evidence for the assertion that those who have been abused themselves in childhood will go on to abuse as an adult. However, Hanson and Slater (1988) conducted a meta-analysis of all the studies conducted in this area and found that typically 28 per cent of adult sex offenders describe being sexually abused in childhood. This level is higher than that found among non-offender populations. However, the authors suggested that non-sex offenders tend to under report childhood experiences of sexual abuse, whereas sex offenders will over report such experiences. Hanson and Slater (1988) also found that those who chose male victims were more likely to have been abused as children than those who chose female victims. Skuse et al (1998) suggest that, if a male victim of child sex abuse is exposed to familial violence, he will have a greater chance of becoming a child sex abuser as an adult.

Other childhood experiences that have been found to be factors in child sex offending are neglect, family instability and problematic parenting (Craissati and McClurg, 1996; James and Neil, 1996; Seghorn et al, 1987).

Choice of victim

Studies of child sex abusers tend to identify two groups of abusers, depending on their choice of victim:

- *Familial child sex abusers* often live in the same home as their victim and are more likely to select female victims (Waterhouse et al, 1994). They tend to commit offences on fewer children than those who select non-familial victims (Abel and Rouleau, 1990). They also tend not to show deviant sexual arousal to child stimuli (Barker and Morgan, 1993).
- *Non familial child sex abusers* select victims outside their family. They are more likely to have poor relationships with their parents (Howard League, 1985) and to have experienced violent, disruptive childhoods, including periods of separation from their parents and being placed in care of the local authorities (Waterhouse et al, 1994). They are also more likely to have been sexually abused during childhood, have committed previous offences, to have been sexually attracted to children from a young age and find child pornography sexually arousing (Murphy et al, 1991). They are more likely to be living alone at the time of the offence and use physical force during assaults (Waterhouse et al, 1994).

Child abusers who select victims outside of their own family are more likely to re-offend (Eisenberg, 1997; Hanson et al, 1993; Hanson and Bussiere, 1996; West, 1996), as are those who select boy victims or both sex victims (Hanson et al, 1993; Quinsey et al, 1995; West, 1996). Those who only chose victims from within their own family have also been found to have the lowest rates of re-offending (Quinsey et al, 1995). Some studies, however, have found no association between choice of sex of victim and recidivism (Prentky et al., 1997).

The most dangerous child sex offenders, in terms of harm caused to the victims, are those who know and are trusted by the victim. Grubin (1998) reported that protracted or frequent child sexual abuse, particularly involving genital contact and/or the use of force, and abuse carried out by a family member or someone else in a position of trust are all associated with the most serious, long-term consequences in the victims.

Sexual preferences

Hanson and Bussiere (1998) found that those with deviant sexual preferences were more likely to re-offend in a review of 61 follow-up studies of sex offenders. Child abusers who are only sexually aroused by children are more likely to re-offend than those who are aroused by adults and children (West, 1996). Such child sex abusers are also more likely to inflict high levels of harm to their victims, including violence and sadistic acts (Quinsey et al, 1988). Quinsey et al (1991) studied 136 extra-familial child abusers and found that recidivism was associated with violence and sadism inflicted on the victims, although Hanson and Bussiere (1998) did not find such an association in their meta-analysis of sex offenders.

Social isolation

Male child sex abusers tend to have a lack of intimacy with adults and high levels of emotional loneliness. They therefore experience difficulties in maintaining normal relationships with adults and gain emotional intimacy from children who are less demanding and easier to control (Lanning, 1994; Ward et al, 1995). Those convicted of child sex offences are more likely to re-offend if they live a socially isolated lifestyle (West, 1996).

Personality traits and disorders

Several studies have shown that child sex offenders have poor social skills, lack assertiveness and have low self-esteem (see Grubin, 1998 for review). In fact, Pithers et al (1989) reported a drop in child sex offenders' self-esteem around the moment of offending. Rice et al (1991) reported that child sex abusers are more likely to re-offend if they suffer from personality disorders.

Victim empathy

It has been reported that child sex abusers have low levels of victim empathy and high levels of cognitive distortions regarding women and children (Abel et al, 1994).

Female child sex offenders

Females who sexually abuse children are reportedly rare (Grubin, 1998; Rogers and Roberts, 1995). Saradjian (1996) identified three types of female child sex offenders:

- those who target young children
- those who target adolescents
- those who are coerced into offending by men.

Women who commit sex offences against young children are more likely to select male victims (Finkelhor et al, 1990). Those who select adolescent victims will choose their victim according to their own sexual orientation (Saradjian, 1996). Women who commit sexual assaults on children in partnership with a man have no gender difference in their choice of victim (Mathews et al, 1997). It has been reported that women who commit sex offences against children tend to select victims who are known to them (Grubin, 1998).

Managing child sex offenders

The effectiveness of treatment programmes targeting child sex offenders is unclear (Grubin, 1998). Programmes aimed at high-risk males, that seek to change thoughts and behaviours contributing to offending and have long-term after-care are the most effective in reducing re-offending (Marques et al, 1994; Grubin, 1998; Marshall et al, 1991). Intensive supervision and enforcement of sanctions are also important in reducing re-offending (Kemshall, 2000).

It is particularly important to ensure treatment is completed. Hanson and Bussiere (1998) in a review of 61 follow-up studies of sex offenders found that those child sex offenders who had dropped out of treatment were more likely to re-offend than those who completed the treatment programme.

Non-contact sex offending

It has been reported that indecent exposers are more likely to continue re-offending than other sex offenders (Marshall and Barbaree, 1990), especially if they are untreated (West, 1996). Their offending behaviour is often part of compulsive and repetitive behaviour patterns (Daniel, 1987). Convicted exposers tend to be older than other types of sex offenders (West, 1987). Although many recidivist exposers may not be considered to be dangerous, a minority will go on to commit more serious sexual offences (Abel and Rouleau, 1990; Marshall and Barbaree, 1989). It has been found that many rapists have had previous convictions for exhibitionism (West, 1996). Sugarman et al (1994) found indecent exposers who go on to commit contact sex crimes tend to have childhood conduct disorder, early first conviction, criminal history, personality disorder and relationship difficulties.

Recidivist arsonists are included among those who cause high levels of harm because their fire-setting has the potential to endanger lives. Motives for committing arson vary but have been broadly divided into the following categories (Arson Scoping Study, Home Office, 1999):

- *Youth disorder and nuisance* – motivation being vandalism and boredom.
- *Malicious* – motivations including revenge, racism, clashes of beliefs/rivalries, personal animosities.
- *Psychological* – motivations being mental illness and suicide.
- *Criminal* – motivations include financial gain, fraud and concealment of other crimes such as murder or theft.

Other authors have suggested alternative ways of classifying motivations for committing arson. For example, Faulk (1988) identifies two broad groupings of arson offences:

- Those where the offence has been committed as a means to an end, for example, revenge, fraud or a plea for help.
- Those where the offence has been committed because the fire is of interest in itself.

Predicting which of these groups are most likely to be recidivist arsonists is difficult. Many follow-up studies of arsonists actually report low levels of repeat offending (Sapsford et al, 1978; Soothill and Pope 1973), although this may be due to low rates of detection and conviction for arson offences (Barker, 1994). Inciardi (1970) conducted a follow-up study of 138 arsonists on parole, over a five-year period, and examined which groups of arsonists are most likely to be recidivist offenders. He found arsonists who were most likely to re-offend were those who committed arson for revenge.

Risk factors for arson

The factors below have been found to be associated with risk of committing arson.

Age of first offending

Arson is associated with youth (Barker, 1994; Prins, 1994). Home Office statistics show that over three-quarters of those found guilty of arson were under 21 (Home Office, 1980). Recidivism among arsonists is also associated with the age of first fire setting. A study of 208 male arsonists found that those who started fire-setting at a younger age were more likely to be repeat offenders (Rice and Harris, 1996).

Sex

It has been reported that arsonists are more likely to be male (Prins, 1994; Barnett and Spitzer, 1994).

Unemployment

Arsonists tend to have poor work records and long periods of unemployment (Barker, 1994; Prins et al, 1985). Hill et al (1982) found that only 37 per cent of adult arsonists were employed at the time of the offence. Similarly high levels of unemployment have been found in other studies of adult arsonists (Rix, 1994; Bradford, 1982). Arsonists who are currently in employment are often unskilled, manual workers (Hill et al, 1982; Inciardi, 1970).

History of offending

Although most offenders who have been convicted of arson do not become repeat fire-setters, a minority do (Barker, 1994). Recidivism among arsonists has been found to be associated with a history of fire setting (Rice and Harris, 1996). Sapsford et al (1978) conducted a five-year follow-up study of 147 male arsonists and found that the best predictor of future offending for arsonists was a past history of arson. They also found that those who had served long prison sentences for arson were more likely to re-offend than those who had served short sentences. Kolko and Kazdin (1992) reported that adolescents who are repeat arsonists have a fascination with fire.

Mental disorder

Personality disorder

Several authors have found many fire-setters have personality disorders (Geller, 1987; Wilkins and Coid, 1991), especially those that are recidivist arsonists (Bradford, 1982; Koson and Dvoskin, 1982). High levels of anti-social behaviours have been associated with fire-setting and, in particular, recidivist arson. Stewart and Culver (1982) studied 32 child arsonists and found that recidivist, fire-setting children engage in more anti-social behaviour than non-recidivist arsonists. High levels of hostility, carelessness and impulsivity have all been associated with repeat fire setting in adolescents (Kolko and Kazdin, 1992).

Mental illness

A minority of fire-setters have been found to have a mental illness. Studies have found rates of mental illness among fire-setters to range from 8 per cent (Rix, 1994) to 20 – 30 per cent (Taylor and Gunn, 1984). The most common form of mental illness among arsonists is schizophrenia (Bradford, 1982; Koson and Dvoskin, 1982). Soothill and Pope (1973) found that those with mental disorder were more likely to be repeat offenders in a 20-year follow-up study of 67 arsonists.

Learning difficulties

Several authors have reported an association between learning difficulties and fire-setting (Barker, 1994; Hunter, 1979; Inciardi, 1970; Prins, 1994). Rice and Harris (1996), in their study of 208 arsonists, found that low levels of intelligence were associated with recidivism.

Family background

A deprived family background and poor parental relationships have been identified as a risk factor for committing arson (Barker, 1994; Smith and Short, 1995). Stewart and Culver (1982) found, in their study of 32 child arsonists, that recidivist, fire-setting children came from less stable homes. Kolko and Kazdin (1992)

also reported that repeat fire-setting in adolescents was associated with high levels of family conflict. Puri et al (1995) found a history of sexual abuse in 18 per cent of male arsonists and 44 per cent of female arsonists.

Biological factors

Several studies have found that arsonists have been found to be biochemically similar to violent offenders, having lower levels of serotonin (Linnoila et al, 1989; Virkkunen et al, 1987; Virkkunen et al, 1989).

Alcohol use

A substantial body of research has shown an association between alcohol use and arson (Barker, 1994; Hill et al, 1982; Inciardi, 1970; Koson and Dvoskin, 1982; Molnar et al, 1984; Prins, 1994). A study by Hurley and Monohan (1969) of offenders in prison for arson found that 46 per cent had been drinking prior to committing arson and 44 per cent were suffering from alcoholism.

Lone offenders

Rice and Harris (1996) found that arsonists who act alone and do not have criminal charges for offences other than arson are more likely to re-offend.

Risk of self-harm

It has been reported that arsonists are at increased risk of attempting suicide and self-mutilation (Hurley and Monohan, 1969; McKerracher and Dacre; 1966; O'Sullivan and Kelleher, 1987).

Assessment and management of arsonists

Very little research has been conducted into the effectiveness of treatment for adult arson offenders. There has been some debate over the use of psychotherapy to treat arsonists, but it is unclear whether this form of treatment is effective (Barnett and Spitzer, 1994). It has been suggested that the form of management of arsonists will depend upon their motivations for fire-setting (Prins, 1994). As motivations are often very diverse, it is important to conduct a full assessment of each offender. Any assessment should cover the following areas: past criminal and non-criminal behaviours, full details of index and previous offences, trigger factors, presence of mental disorder, whether offender is in a vulnerable situation, self-perceptions, ability to cope with provocation, accepting responsibility for offence, ability to form a relationship with a therapist or other (Prins, 1994). Once a full assessment has been conducted, a management plan can be made. This should include a multi-disciplinary approach (Prins, 1994).

7.

Risk of suicide and self-harm among offenders

Some offenders are not only at risk of causing serious harm to others, but are also at risk of causing harm to themselves, either through deliberate self-injury or suicide. Levels of suicide and self-harm amongst offenders in prison or on probation are high and are increasing. A report by Her Majesty's Inspectorate of Prisons (1999) noted that suicide rates in prisons in England and Wales doubled between 1982 and 1998. This chapter summarises the factors that have been shown to increase the risk of self-harm.

Suicide

Little research exists into the risk of suicide amongst offenders who are supervised in the community. A study by Pritchard et al (1997) found that rates of suicide were nine times higher among male offenders supervised by the probation service than for males in the local population. Suicides amongst male probationers were found to be higher than amongst prison populations. Similarly, Akhurst et al (1994) found high levels of suicide attempts in a study of offenders on probation in West Yorkshire. A study of deaths of 1,267 offenders under community supervision and of deaths of 236 prisoners in England and Wales found a higher mortality rate amongst community-supervised offenders. A third of community offender deaths and almost half prisoner deaths were the result of suicide/self-inflicted death (Sattar, 2001).

A greater body of research exists into suicide amongst offenders in custody. Suicide rates have been found to be considerably higher amongst prisoners, than those amongst the general population (Bogue and Power, 1995; Dooley, 1990). Suicide has also been found to be more common among un-sentenced than sentenced prisoners (Bogue and Power, 1995; Crighton and Towl, 1997; Dooley, 1990). Un-sentenced prisoners are reported to be more likely to have ideations of suicide and to have attempted suicide than sentenced prisoners (Bogue and Power, 1995; Liebling, 1992). This is often reported to be because it is a particularly stressful time for prisoners (Bogue and Power, 1995; Dooley, 1990). However, it has been noted that, using figures based on the average daily population of prisoners may not be reliable when comparing suicides among remand and sentenced prisoners, as this methodology over-estimates suicides among remand prisoners (Towl and Crighton, 2000). In fact, Bogue and Power (1995), in their study of suicides in the Scottish Prison Service, found that, when using reception figures to calculate suicide rates, there were no differences in rates of suicide between remand and sentenced prisoners. Similar findings were also noted by Towl and Crighton (1998), in their study of 377 prison suicides.

Three groups of prisoners have been identified who are at increased risk of attempting suicide. These are the following:

- *Psychiatrically ill* : These are prisoners who have a history of psychiatric problems. They are often un-married and homeless.
- *Long-sentence*: These offenders have been sentenced to a long prison term. They often attempt suicide shortly after being convicted, usually after midnight. They tend to have low previous histories of self-injury.

- *Poor copers:* Poor copers tend to be young offenders (under 26) who have committed acquisitive crimes. They tend to have characteristics similar to those at risk of suicide in the community, including previous histories of self-injury. They have a poor coping ability to being in prison.

Liebling and Krarup, 1993; Liebling, 1995

Liebling (1995) has suggested that interventions to reduce the risk of prisoners attempting suicide should take account of these differences, as responses are likely to be different for each group. However, it should be noted that some authors have questioned whether suicides resulting from a reduced ability to cope are actually the result of a number of other 'interacting and intervening variables' (Crighton, 2000).

Risk factors for suicide

The following factors have all been associated with increased risk of offenders attempting suicide.

Type of offence

Violent and sex offenders are at greater risk of suicide than offenders convicted of other offences (Blanchette, 1997; Bogue and Power, 1995; Liebling, 1992). Dooley (1990) examined 295 prison suicides and found a high proportion of murderers among suicide records. Stack (1997) found that the likelihood of the offender completing suicide varied according to the victim: those who had killed a spouse or a child were more likely to complete suicide. However, it has also been found that suicides in police custody often occur amongst offenders who have been arrested for a relatively, non-serious, non-violent offence (Danto, 1989).

Prior convictions

Suicide attempts in prisons are more frequent among those who have had prior convictions (Griffiths, 1990). Dooley (1990) in a study of 295 unnatural deaths in prisons in England and Wales, found that over 73 per cent of the sample had previous convictions. Those prisoners who have had frequent periods in custody are also more likely to attempt suicide (Liebling, 1992).

Time in custody and length of sentence

It has been reported that one of the greatest risk factors for suicide amongst prisoners is the length of time in custody. Studies have found that one of the highest risk times for suicide is the first 24 hours of custody (Crighton and Towl, 1997; Liebling, 1992). McKee (1998) studied 665 male and 89 female jail inmates who had attempted suicide, and found that the majority of suicides occurred during the first day in jail. Other studies have found that those who complete suicide in prison usually do so in the first month of imprisonment; many having previously been seen by psychiatric staff (Backett, 1987; Crighton and Towl, 1997; Dooley, 1990; Liebling and Ward, 1994; Topp, 1979). Danto (1989) found that those who complete suicide in police custody usually do so within the first three hours of being placed in the cells, often by hanging.

It has been found, in many studies, that prisoners serving longer sentences, especially those serving life-sentences, are at greater risk of suicide (Crighton and Towl, 1997; Dooley, 1990; Hatty and Walker, 1986; Topp, 1979).

The study of community supervised offenders found that suicide rates were high amongst those who had been released from prison. Ten per cent of all ex-prisoner suicides had occurred within the first week of release and 50 per cent by the fourth week of release (Sattar, 2001).

Prison environment

Prison suicides have been found to be more likely to occur in local prisons (Towl and Crighton, 1998). It has been suggested that this may be due to the higher throughput of prisoners in local prisons, which creates a less stable, more stressful environment. Also many prisoners are placed in local prisons at an early stage of custody, which is likely to be a vulnerable time for them (Towl and Crighton, 1998).

Those who attempt suicide while in prison are more socially isolated. They have little contact with people outside and do not communicate with other prisoners or staff. They are less likely to do anything to occupy them during the day (Kleinjan and Smidt, 1994; Liebling, 1992). Prison suicides are more likely to occur among prisoners in isolation or who are segregated from other inmates (Hayes, 1983) and placed in a single cell (Towl and Crighton, 1998). Wool and Dooley (1987) studied suicide attempts in prison and found that prisoners who were unable to tolerate the prison conditions were more likely to attempt suicide.

Demographics

Sex

Studies of prison samples have found that risk of suicide is greater amongst males than females (Bogue and Power, 1995; Crighton and Towl, 1997; Dooley, 1990). However, a higher proportion of women than men report suicide ideations when in prison. This has been reported to be associated with high levels of abuse and broken relationships in many cases (HM Inspectorate of Prisons, 1999). It has also been reported that more women than men attempt suicide, although more men actually kill themselves (Kreitman, 1977). Suicides in police custody have also been found, typically, to be male (Danto, 1989). However, it has been noted that findings from studies examining sex differences should be interpreted with caution, due to the small number of female prisoner suicides, which limits the reliability of results (Sattar, 2000).

Age

Studies of suicides among prison populations have reported suicide to be related to age. Many studies have found that those who complete suicide are usually young, in their twenties (Backett, 1987; Danto, 1989; Topp, 1979) and early thirties (Liebling, 1992). High levels of suicide have also been found amongst juvenile offenders (Kempton and Forehand, 1992). However, the relationship between prison suicides and age appears to be uncertain and complex (Sattar, 2000). Some studies have failed to find that young prisoners, in their twenties, are at greater risk of suicide (HM Inspectorate of Prisons, 1999; Towl and Crighton, 1998). Hatty and Walker (1986) found that older prisoners are at greater risk of suicide.

The study by Sattar (2001) of deaths of offenders under community supervision, found that the largest proportion of deaths by suicide occurred amongst the 25-34 year olds.

Marital status

Studies of suicides among prison populations have found that those who complete suicide are usually unmarried (Backett, 1987; Burtch and Ericson, 1979; Topp, 1979) or have experienced a marriage breakdown (Griffiths, 1990). It has been suggested that being unmarried may not be a risk factor to suicide in itself, but may be an indicator of a wider lack of social support, which can be seen as a risk factor (Liebling, 1992).

Drug and alcohol misuse

Drug and alcohol misuse is a risk factor for suicide among offenders (Bogue and Power, 1995; Griffiths, 1990; Kleinjan and Smidt, 1994; Kullgren et al, 1998; Polvi, 1997; Putnins, 1995). Liebling (1992) found that three quarters of prison suicides have a history of substance misuse. A study of suicides in Scottish prisons found that a history of substance abuse was present in 45 per cent of suicides. This study also found that 60 per cent of suicides with substance abuse problems killed themselves within the first week of custody, almost a third were suffering from withdrawal symptoms at the time (Backett, 1987). It has also been found that those who complete suicide in police custody are often intoxicated while in custody (Danto, 1989). However, it should be noted that drug and alcohol problems are common amongst all offender populations, not just those who attempt suicide (Singleton et al, 1998).

Previous suicide attempts and self-harm

A risk factor frequently associated with suicide among offenders is prior suicide attempts (Burtch and Ericson, 1979; Dooley, 1990; Polvi, 1997) and a history of self-harm (Dooley, 1990; H.M. Inspectorate of Prisons, 1999; Liebling, 1992). Studies have found that nearly half of all prisoner suicides have a history of suicide attempts and self-harming behaviour (Backett, 1987; Dooley, 1990; Liebling, 1992).

Mental disorder

Mental disorders have been reported to be associated with 'increased lifetime risk' of suicide amongst prisoners (Towl and Crighton, 2000). However, it should be noted that mental disorders are higher amongst the prison population than amongst the general population but are less marked amongst prison suicides. Studies of suicides frequently use different definitions of mental disorder, making comparisons of studies difficult (Towl and Crighton, 2000; Sattar, 2001). Criticisms have also been made of the accuracy of the identification of mental disorder in prisoners, making the observation of their relationship to suicide more difficult (Towl and Crighton, 2000).

Mental illness

Suicide amongst prison inmates is associated with psychiatric disturbance in approximately a third of cases in the UK (Bogue and Power, 1995; Dooley, 1990; Liebling and Ward, 1994; Lloyd, 1990). Depression, anxiety and feelings of hopelessness have all been associated with suicide (Holden et al, 1989; Polvi, 1997).

Personality disorder

It has been reported that those who complete suicide in prison are more likely to have personality disorders (Liebling, 1992). A history of impulsive behaviour and poor coping mechanisms for stress have been associated with the risk of offender suicides (Favazza, 1989; Kullgren et al, 1998; Polvi, 1997). Hillbrand (1995), in a study of 103 male forensic inpatients, concluded that aggression against others was associated with an increased risk of suicide.

Social support

A lack of social support has been found to be associated with suicide (Favazza, 1989; Polvi, 1997). Wool and Dooley (1987) found that prisoners who were experiencing emotional stresses due to poor communication with friends and family were more likely to attempt suicide.

Family background and childhood

Potential suicide victims often feel they do not have the capacity to improve their situation often because of early life experiences such as loss, abandonment and hurt (Williams, 1997). Those who attempt suicide, while in prison, are more likely to have experienced multiple family breakdown and family problems (Liebling, 1992), including having family members with psychiatric problems and criminal records (Griffiths, 1990), sexual abuse (Liebling, 1992), being socially isolated as a child (Griffiths, 1990), school problems and being bullied at school (Griffiths, 1990; Liebling, 1992). A family history of suicide has also been identified as a risk factor for suicide among offenders (Polvi, 1997).

Self-harm

Some authors have reported that self-harm differs from suicide in that it is used as means of enabling the person to continue living rather than ending their life (Babiker and Arnold, 1996; Ross and McKay, 1979). It has been described as a way of helping the person to cope with difficult feelings (Mental Health Foundation, 1997) and as the turning inward of anger and self-punishment (Favazza and Rosenthal, 1993). However, studies of self-harming in both prison and community samples, have been criticised due to problems in identifying what behaviours should be classified as 'self-harming' and when self-harm is actually a suicide attempt (Crighton and Towl, 2000; Livingston, 1997). Studies of self-harming in prisons report the most common forms of self-harm to be self-mutilation such as self-cutting, burning and abrasions (Crighton and Towl, 2000; Liebling and Krarup, 1993).

There is limited research into self-harm by offenders, but authors have reported that individuals who self-harm in prison are at greater risk of suicide (Dooley, 1990; 1987; Harding, 1994; Hillbrand et al, 1994; Liebling, 1992; NACRO, 1990). It has been suggested that this should be seen as a possible indicator of suicide (HM Inspectorate of Prisons, 1999).

Risk factors for risk of self-harm

Risk factors associated with offenders harming themselves are summarised below.

Previous self-harm

It has been reported that offenders who self-harm while in prison are more likely to have a history of previous self-harming (Inch et al, 1995; Liebling, 1991; Wilkins and Coid, 1991).

Demographics

Sex

A higher proportion of women than men self-harm when in prison (Singleton et al, 1998; Social Work Services and Prisons Inspectorates for Scotland, 1998; Wool and Dooley, 1987). This is often associated with high levels of abuse and broken relationships (HM Inspectorate of Prisons, 1999).

Age

It has been reported that young offenders often have a history of self-harm (Liebling, 1994; Thornton, 1990; Vaughan, 1985; Winkler, 1992). However, it is less certain whether there is any relationship between self-harm and being young amongst adult offenders (Crighton and Towl, 2000; Livingston, 1997).

Mental disorder

It has been reported that a minority of those who self-harm have a history of mental disorder (Liebling, 1992; Liebling and Krarup, 1993; Office for National Statistics, 1999; Power and Spencer, 1987). Male self-harmers have been found to frequently suffer from depression (Favazza and Rosenthal, 1993; Haycock, 1989). Depression was not found to be a factor in self-harm among female prisoners in a study by Wilkins and Coid (1991), although a very narrow definition of depression was used. Low self-esteem (Liebling, 1992), high levels of anxiety (Mental Health Foundation, 1997; Wilkins and Coid, 1991) and a reduced ability to cope with stress (deCatanzaro, 1981) have all been associated with self-harming behaviour. Poor coping mechanisms and neuroticism have been found to be especially frequent in young offenders who self-harm (Liebling and Krarup, 1994; Thornton, 1990). Older offenders are more likely to report their motivations for self-harming as being feelings of guilt for their offence and feelings of frustration and anger (Liebling and Krarup, 1994). Feelings of hopelessness about the future have also been associated with self-harm (Haycock, 1989; Liebling, 1991; MacLeod et al, 1992). Hillbrand (1995) in a study of 103 male forensic inpatients found that aggressive behaviour directed towards others was associated with an increased risk of self-harming. Women who self-harm in prison have been reported to have greater feelings of guilt, self-criticism and self-directed hostility than non self-harmers (Cookson, 1977).

Substance Misuse

Studies have found an association between substance misuse and self-harming behaviour amongst both male and female prison populations (Haycock, 1989; Karp et al, 1991; Wilkins and Coid, 1991). However, the importance of this finding has been questioned, due to the high number of prisoners who have drug and alcohol problems (Livingston, 1997).

Family background and childhood

Studies of prisoners who self-harm have found they have often had dysfunctional childhoods, involving separation from their mothers (Rieger, 1971) and histories of physical (Liebling, 1991; Wilkins and Coid, 1991) and sexual (Wilkins and Coid, 1991) abuse.

Prison conditions

Several studies have found links between prison conditions and self-harm among inmates. Coid et al (1992), in a study of female remand prisoners, suggested that self-harm was a mechanism used to cope with stress related to being imprisoned. Prisoners who are locked up for long periods or have been transferred to another prison against their wishes are more likely to self-harm (Dear et al, 2001; Liebling and Krarup, 1993). Power and Spencer (1987), in a study of young prisoners in Scotland, found that those who self-harmed frequently reported conflicts with other inmates. Those who have been bullied or intimidated by other prisoners are more likely to self-harm (Dear et al, 2001; Liebling and Krarup, 1993). Conflicts with prison staff, such as prisoners reporting inconsistent or unfair handling by staff often precipitate self-harming (Dear et al, 2001). It has also been reported that self-harm is more likely to occur in prisons where staff and prisoner morale is low (Harding, 1994). Self-harm in prisons is also more likely to occur when the prisoner is alone (Liebling, 1992, 1993).

Managing risk of suicide and self-harm

Measures that have been identified that reduce the risk of suicide and self-harm among prisoners include the following:

- providing adequate staff training and support in dealing with suicidal prisoners and those that self-injure
- ensuring continuity of care and communication between staff working with suicidal prisoners
- conducting a detailed assessment of risk of suicide and self-harm on all prisoners
- regularly observing and monitoring those who are considered at risk
- ensuring the prison regime includes regular activities and social opportunities
- encouraging regular contact with families
- employing a multi-disciplinary response involving external expertise

Dooley, 1990; HM Inspectorate of Prisons, 1999; HM Prison Service, 1986; Liebling and Krarup, 1993; Liebling, 1995; Towl and Forbes, 2000.

8. Protective factors for offenders at risk of causing serious harm

Studies have shown that dangerous offenders who are taught skills to avoid and control temptations to re-offend are less likely to become recidivist. For example, risk can be reduced by teaching offenders to recognise thoughts, behaviours and situations that may tempt them to re-offend and to develop coping mechanisms (Mann, 1995).

Much of the research examining factors that protect an individual from causing serious harm describe protective factors that are the reverse of the risk factors. For example, social support such as a secure marriage, stable employment and decent housing have been reported to be important protective factors in risk of re-offending for sex offenders (Centre for Sex Offender Management, 2001; Marquees et al. 1994; Pritchard, 1979; West, 1996). Marriage, it has been suggested, has a protective effect because it provides emotional support, reducing feelings of loneliness or inadequacy and a legitimate sexual partner (Grubbing and Widget, 1996). Factors such as employment and housing have also been found to protect against harmful re-offending amongst other categories of dangerous offenders. Also, many authors have reported that showing empathic concern for their victims will inhibit dangerous offenders from re-offending (Feshbach, 1987; Hildebran and Pithers, 1989; Parke and Slaby, 1983). Many treatment programmes often include a component to teach victim empathy (Knopp et al, 1992).

There is little research on protective factors that are not the reverse of risk factors. Most focuses upon factors that protect juveniles from delinquency and future offending. These include: high IQ, (Catalano et al, 1998; Farrington, 1994; Howell et al, 1995), parental expectations of high educational achievement (Farrington, 1994), non-delinquent friends (Farrington, 1994; Stouthamer-Loeber et al, 1993), resilient temperament i.e. low irritability, sociability, flexibility and positive mood (Cowen et al, 1990; Losel and Bliesener, 1994), positive social orientation (Catalano et al, 1998; Howell et al, 1995;) and supportive relationships and bonding with parents and other adults (Catalano et al, 1998; Howell et al, 1995; Losel, 1994; Pianta et al, 1990).

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