

R Mandeville-Norden et al. Child Abuse Review (2006) Vol.15 p 257 – 272
Risk Assessment of Sex Offenders: The Current Position in the UK

The review weighs up the various approaches that have been developed for predicting recidivism in sex offenders. An outright ban on anyone with a conviction from having involvement with children may be the surest way of protecting children but is it proportionate in every case? A 100% accurate assessment tool could make other options available.

The authors propose that relying on clinical judgement may not be as reliable as other methods because of the adoption of defensive approaches. A false positive runs no risk of harming a child, harm to the offender is assumed to be of lower importance.

On a scale from 0.5 (no predictive value) to 1.0 100% accuracy of prediction various approaches to risk assessment can be compared.

One review found that an actuarial approach measured 0.68 on this scale, compared with 0.58 for unstructured clinical judgement. Another review found an actuarial approach to reach a score as high as 0.8.

The actuarial approach based on a systematic recording of several key indicators. Indicators include: prior sex offences, prior sentencing occasions, convictions for non-contact sex offences, non-sexual violence, stranger victims, male victims, lack of long term close relationships and age. A weakness of this approach is that it is unresponsive to the effects of therapy. Another weakness, as with all probabilistic tools is the low rate of recidivism, estimated at 13%. The less common an event, the harder it is to make an accurate prediction.

Refinements to the list of risk factors include, employment status, drug abuse, expressions of remorse, mood stability and change in deviancy scores.

Comment

Not considered in the review were questions such as the acceptable degree of risk and the acceptable accuracy of a risk prediction.

The UK probation services uses a risk assessment based on history and recent factors which respond to change in the characteristics of the offender. Other institutions with control over sex offenders might want to use a risk assessment tool of that sort. Each would have to work out the appropriate degree of accuracy of the tool and the degree of risk acceptable.

Unstructured clinical assessment is no more predictive than tossing a coin. In this case, the policy of excluding contact with children would seem to be the only option.

