

Reassessment of Risk of Sexual Offenders Living in the Community:

A Review of the Literature and Practice in Washington State

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Contents

Introduction	3
Aims of the Report	4
Part 1: Empirical Evaluation of Factors Considered in Reassessment of Risk Posed by Sex Offenders in the Community	5
Nature of Sexual Offenses	9
Previous Criminal History and Subsequent Criminal Activities Since Release	9
Compliance With Supervision Requirements	10
Length of Time Since Offense / Time in the Community	10
Input From Treatment Provider and Risk Assessment or Evaluation by a Professional	11
Stability in Employment and Housing	13
Personal and community support	13
Polygraph Examination	14
Sex Offender Treatment	16
Part 2: Sexual Recidivism in Specific Subgroups of Sexual Offenders	17
Juvenile Sexual Offenders	17
Female Sexual Offenders	18
Noncontact Sexual Offenders	18
Sexual Offenders With Early Sexual Onset	20
Kidnapping Offenders	20
Part 3. Methods and Tools to Reassess Risk in Sexual Offenders After Some Time in the Community	21
Limitations of Static-99R to Estimate Reoffending Risk After Time in the Community	21
Validated Risk Assessment Tools to Assess Offenders in the Community	22
Best Practices to Conduct Risk Assessments and Reassessments of Offenders in the Community	27
Conclusion	29
References	33

Introduction

Accurate assessment of the risk posed by sexual offenders at their release is important for both the offender and the general public. If this risk is underestimated, members of the public may face an increased threat to their personal safety. If risk is overestimated, resources are used ineffectively and offenders are required to endure a strict legal regimen that impedes their reintegration into the community (Tewksbury, 2005; Tewksbury & Lees, 2006). The *Adam Walsh Child Protection and Safety Act of 2006* implemented a classification system for convicted sex offenders based on the severity of their offense. Washington State uses instead a risk-based assessment that considers risk of sexual recidivism against the community at large. According to this level classification, offenders who present a higher risk of sexual recidivism have to comply with more stringent supervision conditions (i.e., registration and in-person verifications).

However, an offender's level of risk is not stable over time and there are many factors and circumstances that can reduce or heighten this risk. To account for these changes, counties in Washington State can create and implement a process (i.e., reassessment protocol) allowing registered sex offenders to apply for a level reduction, therefore relaxing their conditions of supervision. In addition, according to sections 9A.44.142 (4) (b) and 9A.44.143 (5) (b) of the Revised Code of Washington, it is possible for adult and juvenile sex offenders to petition the courts for relief of the duty to register based on specific conditions.

The current report reviews the empirical evidence behind the factors that are considered by eight counties (Cowlitz, Island, Lewis, Skagit, Snohomish, Spokane, Thurston, and Yakima) and the courts in the state of Washington to reassess the risk posed by registered sex offenders who are in the community. It also reviews the limitations of using static risk factors to evaluate

risk, specifically over time, and identifies alternative assessment methods and tools, notably those which consider dynamic factors to assess risk of re-offense by offenders in the community.

Aims of the Report

The overall objective of the report is to review the social science, criminal justice, and public policy research regarding risk assessments for sex and kidnapping offenders who are in the community, as well as the methods used for community notification risk level classification. The impact of time in the community on risk reassessment is also considered.

The report has three (3) specific aims:

1. Review the existing reassessment protocols of eight (8) Washington counties and the factors set out in RCW 9A.44.142 (4) (b) and 9A.44.143 (5) (b), and report on which of these criteria are empirically validated by the research for reassessment of risk and which factors are not empirically supported.
2. Review the empirical evidence of reassessment of risk for the following subgroups of sexual offenders:
 - Juvenile sexual offenders;
 - Female sexual offenders;
 - Noncontact sexual offenders;
 - Sexual offenders who started sexual offending as juveniles;
 - Sexual offenders who fail to comply with registration requirements;
 - Kidnapping offenders.
3. Review the methods and tools that can be used to reassess risk after an offender has spent time in the community.

The literature and empirical evidence are reviewed in the next sections. The report is organized around the three aims identified and summarizes the important empirical findings at the end of the report.

Part 1: Empirical Evaluation of Factors Considered in Reassessment of Risk Posed by Sex Offenders in the Community

As explained in the introduction, each county is given the opportunity to create and implement its own reassessment protocol. This protocol specifies the process by which registered sex offenders can apply to have their risk level reduced while also identifying the factors that may be utilized by law enforcement officials when making their determination. In comparison, sections 9A.44.142(4)(b) and 9A.44.143(5)(b) of the Revised Code of Washington (RCW) list the factors that should be considered by the courts evaluating whether an offender should be relieved from the duty to register as a sexual offender. The factors considered by law enforcement for a level reduction and for relief of registration by the courts are of similar nature. Table 1 presents the correspondence between the general factors identified in the RCW statute and the specific ones included in the counties' protocols, while Table 2 summarizes the overlap of these factors in the sources reviewed.

Table 1

Correspondence Between RCW's Factors and Counties' Protocols Factors

RCW factors	Corresponding factors found in counties' reassessment protocol
Nature of the offense	
Subsequent criminal activity	Pending cases
	Any recidivism
	Felony / Qualifying misdemeanor
	Violent recidivism
	Sexual recidivism
Compliance with supervision requirements	Registration requirements
	Court financial responsibilities and duties
Time in the community	Less than 5 years
	5 years and more
	Dependent upon completion of sex offender treatment
Report from a treatment provider	
Risk assessment or evaluation	
Participation in treatment	
Stability	Employment
	Education
	Housing
Support system	Marital status
	Parental support
	Character letters
Polygraph examination	Polygraph
	Criminal history

Table 2

Factors Considered for Reduction of Risk Level by Law Enforcement Agencies and Exemption of Duty to Register by the Courts

Factors	RCW statutes	Cowlitz County	Island County	Lewis County	Skagit County	Spokane County	Snohomish County	Thurston County	Yakima County
Nature of offense	x								
Subsequent criminal history / Any recidivism	x	x	x	x	x	x		x	x
Compliance with supervision requirements	x	x	x	x	x	x		x	
Length of time since offense / Time in the community	x	x	x	x	x	x	x	x	x
Input from Community Correction Officer or treatment provider	x		x	x	x		x	x	x
Participation in treatment or rehabilitative program	x	x	x	x	x	x	x	x	x
Stability in employment/education or housing	x	x	x	x	x	x	x	x	x
Community and personal support system	x	x	x	x	x	x		x	
Risk assessment or evaluation prepared by professional	x								x
Polygraph examination	x	x	x		x	x		x	x
Criminal history				x			x		

Table 3 summarizes the level of empirical support for the various factors considered in reassessment of risk. *Empirical support* indicates that a factor is associated with risk for sexual reoffending. *No empirical support* indicates that the factor under consideration does not significantly predict risk for sexual re-offense. *Insufficient evidence* indicates that there is no conclusive evidence about the significance of the factor in sexual recidivism, either because there is a lack of research, or due to the poor methodological quality of the findings.

Table 3

Summary of Empirical Support for Factors Considered for Reassessment of Registered Sexual Offenders

	Empirical support	No empirical support	Insufficient evidence
Nature of offense	x		
Previous criminal history & subsequent criminal activity/ recidivism	x		
Compliance with supervision requirements		x (failure to register)	x (court financial duties)
Time in the community	x		
Input from treatment provider & Risk assessment by a professional	x (Actuarial risk assessment)	x (unstructured clinical judgment)	
Participation in sexual offender treatment	x		
Stability in employment or housing	x (employment)		x (housing)
Community and personal support	x (spouse)		x (community)
Polygraph examination	x (information)		x (recidivism rates)

Nature of Sexual Offenses

A meta-analysis of 61 studies that followed 23,393 sex offenders for an average of 4-5 years identified specific sexual crime characteristics that were associated with sexual reoffending (Hanson & Bussière, 1998). In addition, it is important to note that offense characteristics are static risk factors, some of which are considered in the STATIC-99R. These characteristics include:

- Unrelated victim: 11% difference in recidivism rates;
- Stranger victim: 15% difference in recidivism rates;
- Male victim: 11% difference in recidivism rates; and
- Diversity in sexual crimes: 10% difference in recidivism rates.

Previous Criminal History and Subsequent Criminal Activities Since Release

Empirical findings indicate that an offender's criminal history is predictive of sexual recidivism in samples of convicted sex offenders. Hanson and Bussière's meta-analysis (1998) identified three criminal history variables predictive of sexual re-offending:

- Total number of prior offenses (not limited to sexual offenses): 13% increase in recidivism rates of offenders with more previous offenses;
- Total number of prior sexual offenses: 19% increase in recidivism rates of offenders with more previous sexual offenses;
- Early onset in sexual offending: 12 % difference in recidivism rates in offenders with an early sexual onset.

Four items on the Static-99R measure criminal history variables: any conviction for nonsexual violent crimes (item 4), number of convictions for sexual crimes (item 5), number of

prior sentencing dates, excluding the index offense (item 6), and any conviction for noncontact sexual crimes (item 7). These items and their emphasis on *convictions* indicate that recidivism after being formally found guilty increases the risk of sexual re-offense. The Static-99R coding manual indicates that it is *only* in the absence of new offenses that recidivism risk declines over time in sexual offenders (Harris, Phenix, Hanson, & Thornton, 2003).

Compliance With Supervision Requirements

There is a lack of empirical evidence supporting the association between compliance with supervision requirements and sexual recidivism. The results of a study published in 2010 that followed 2,970 sexual offenders indicated that there was no significant difference in rates of sexual recidivism (9% versus 11%) or time to sexual recidivism (2.8 years versus 2.9 years) between offenders who registered and those who failed to register (Levenson, Letourneau, Armstrong, & Zgoba, 2010; see also Zgoba & Levenson, 2012). Duwe and Donnay (2010) also found the absence of an association between the failure to register and sexual reoffending. Their results indicated that a conviction for failure to register was only predictive of a subsequent failure to register.

Length of Time Since Offense / Time in the Community

Generally, empirical results have indicated that time in the community diminishes one's risk of sexual reoffending. In a recent study that followed 7,740 convicted sex offenders over a period of 20 years, risk for sexual reoffending was dependent upon time spent in the community (Hanson, Harris, Helmus, & Thornton, 2014). Specifically, in all risk groups, the risk of sexual recidivism was at its highest during the first few years after release, but decreased significantly

for every five years spent in the community living offense-free. This decrease of risk after time in the community was observed for all risk levels, as defined by an offender's Static-99R score, but it was more noticeable in high-risk offenders. Sexual recidivism rates for high-risk offenders were estimated to be 22% at release, but only 4.2% for those who had been in the community for more than 10 years.

The older an offender is, the lower their risk to recidivate becomes (Barbaree & Blanchard, 2008; Barbaree, Langton, Blanchard, & Cantor, 2009; Hanson, 2006; Thornton, 2006). However, it seems that the decrease in offending is not linear with age in child molesters (Langan, Schmitt, & Durose, 2003; Prentky & Lee 2007). Langan et al. (2003) identified that this decrease in risk only appears in child molesters once they reach 45 years old, while Prentky and Lee (2007) identified the period from the late twenties to the mid-forties as presenting the highest risk for this type of sex offender. To account for the effects of age on reoffending risk, the Static-99R adds a point to the risk score of offenders that are aged 18-39, deducts a point for offenders aged 40-59, and deducts three points in offenders older than 60 at release from their sexual offense (Helmus, Thornton, Hanson, & Babchishin, 2012).

Input From Treatment Provider and Risk Assessment or Evaluation by a Professional

There is a potential overlap in input from treatment providers and risk assessments administered by a professional. It is difficult to review the empirical evidence regarding the input of treatment providers without more details about the nature of the information that is provided. If this input aims to assess risk in clients, as it seems to be in the reassessment protocols of some counties, empirical findings indicate that the usefulness of risk assessment in reoffending

prediction depends on the method that is used. Specifically, Hanson (1998) identified four methods to assess risk:

- *Unstructured clinical judgment* is the use of subjective professional experience to estimate risk;
- *Structured clinical judgment* uses a predetermined list of factors that have not all been empirically validated;
- *Pure actuarial approach* uses an existing risk assessment instrument (such as the Static-99R) that comprises empirically validated items that are consistently coded to ensure reliability;
- *Adjusted actuarial approach* combines an existing actuarial instrument to a predetermined list of mitigating or aggravating circumstances that are reviewed to lower or raise the risk estimates.

Empirical results have indicated that actuarial risk assessment tools yield reliable and moderately accurate predictive validity. A recent meta-analysis that compared the accuracy of different risk assessment methods indicated that actuarial assessments were better at predicting recidivism than unstructured clinical judgment (Hanson & Morton-Bourgon, 2009).

Interestingly, the results indicated that the accuracy of actuarial risk assessment was better or similar to some structured clinical judgment, which might indicate that structured clinical judgment may be an appropriate approach in subgroups of sexual offenders for which risk estimates are nonexistent or lacking validation (e.g., juveniles and females).

Stability in Employment and Housing

Empirical findings indicate that stable employment diminishes the risk for reoffending in sex offenders. A study conducted by Kruttschnitt, Uggen, and Shelton (2000) indicated that sex offenders who were steadily employed were 37% less likely to reoffend, while Willis and Grace (2008) found that employment was more frequent in sexual offenders that did not recidivate compared to those who recidivated. In a large meta-analysis which reviewed the findings of 82 recidivism studies comprising 29,450 sexual offenders, employment instability was identified as a promising target for intervention to reduce recidivism in sexual offenders (Hanson & Morton-Bourgon, 2005).

The association between stability in housing and recidivism in sexual offenders is not as clear, and there is a lack of large empirical studies having examined this question. The best evidence linking housing stability and recidivism is found in a study of 81 child molesters (Willis & Grace, 2008): the authors identified housing as a significant predictor of sexual recidivism, even after controlling for other factors. While it has been demonstrated that housing stability facilitates the successful re-entry into society of criminal offenders (Andrews & Bonta, 2003; Colorado Department of Public Safety, 2004), more research is needed before the impact of housing stability on sexual offenders' recidivism can be fully understood.

Personal and community support

Empirical findings indicate that support is a protective factor against sexual recidivism. With regards to marital support, having a spouse or a romantic partner was identified as a protective factor against sexual recidivism (11% difference in sexual recidivism rates) in a meta-analysis of 61 studies that followed 23,393 sexual offenders (Hanson & Bussière, 1998). To

reflect the importance of this type of support, an item of the Static-99R adds a point to an offender's risk score if he has never lived with an intimate partner for two years.

With regards to social support, studies having evaluated the effectiveness of Circles of Support and Accountability (COSA) indicate that social support is associated with decreased recidivism in sexual offenders. COSA started when a pastor and community members organized regular meetings with a high-risk sexual offender released into their community in order to offer their support in his reintegration. The program has since been expanded to more contexts and locations. Evaluations of the effectiveness of COSA seem promising. Wilson et al. (2005) found a reduction in sexual recidivism of 70% in offenders who participated in COSA. In 2009, another study found an 83% reduction of sexual recidivism in COSA participants. Using a randomized controlled trial design, Duwe (2012) found a reduction of 62% in rearrests, a reduction of 72% in technical violations, and a reduction of 84% in reincarceration in COSA participants. Caution should be exercised in the evaluation of these results, however, considering that the samples in these studies were small and the follow-up periods were short.

Polygraph Examination

Empirical findings indicate that polygraph monitoring is useful in gathering additional information about the offenses and victims of sexual offenders. It has been demonstrated that offenders who participate in polygraph examinations admit to more victims (Ahlmeyer, Heil, McKee, & English, 2000; Emerick & Dutton, 1993; English, Jones, Pasini-Hill, & Cooley-Towell, 2000; Hindman & Peters, 2001), more offenses (Ahlmeyer et al., 2000; Emerick & Dutton, 1993; Wilcox, Sosnowski, Warberg, & Beech, 2005), more victim crossover (Heil, Ahlmeyer, & Simons, 2003; English et al., 2000), and earlier onset of sexual offending

(Hindman & Peters, 2001). Because polygraphs can elicit valuable information regarding the characteristics of previous sexual offenses, they can be useful when estimating risk (see previous section on nature of offense on p. 8). Gannon, Beech, and Ward (2008) concluded that there is reasonable evidence supporting in the use of polygraphs in some areas of risk assessment.

The extent to which polygraphs decrease sexual recidivism is yet to be established empirically. In a study of 173 sexual offenders who were required to participate in periodic polygraph examinations, the authors noted a 5% reoffending rate over the 9-year follow-up period. However, the absence of a comparison group does not allow us to conclude that the use of polygraph monitoring explains this low reoffense rate. In a study that included a comparison group, there was no significant difference in sexual reoffending over a 5-year follow-up period (5.8% versus 6.7%) (McGrath, Cumming, Hoke, & Bonn-Miller, 2007).

It is also possible that polygraph monitoring has a deterrent effect on offenders, who will refrain from reoffending, knowing that a polygraph test may detect it. A possible deterrent effect of the use of polygraphs with sexual offenders was tested in a study conducted by Grubin, Madsen, Parsons, Sosnowski and Warberg (2004), in which an experimental group (“polygraph aware”) was compared to a “polygraph unaware” group (see also Madsen, Parsons, & Grubin, 2004). Their results indicated that knowledge of a polygraph examination did not deter sexual offenders from engaging in risky behavior, but that a deterrent effect was present after they had experienced a polygraph test. Although these results might indicate the value of polygraph monitoring, the high attrition rate of participants in the study questions the validity of the results.

Finally, surveys of sexual offenders that were monitored via polygraph tests indicated that 57% of offenders reported engaging in fewer risky behaviors as a result and 56% reported that the polygraph was helpful in preventing them from reoffending (Harrison & Kirkpatrick,

2000; Grubin & Madsen, 2006). Whether these perceptions factually reduced recidivism has not been empirically validated, though it offers some insight into the potential usefulness of polygraph tests.

Sex Offender Treatment

The authors of an article published in 2016 reviewed 11 meta-analyses having examined the effectiveness of sex offender treatment programs and calculated mean effect sizes by type of treatment and age of treatment population (Kim, Benekos, & Merlo, 2016). Generally, the findings indicated that sex offender treatment should be considered at least promising (as indicated by five meta-analyses which found an overall 10% reduction of recidivism). It should be noted that six additional meta-analyses found an overall reduction of 20% in recidivism, which would correspond to the “proven” standard. The results did also indicate variations in effectiveness: treatment with adolescent sexual offenders was found to be more effective than in adult offenders. Effectiveness also varied by type of treatment (psychological, community, institutional, or surgical/chemical). Generally, chemical and surgical treatment were found to be more effective than psychological treatment, although it is important to acknowledge the smaller number of studies having investigated the former and various ethical issues related to administering chemical or surgical castration.

Another meta-analysis published in 2015 focused specifically on measuring the impact of psychological treatment on sexual recidivism (Schmucker & Losel, 2015). The meta-analysis identified 29 studies including comparison groups and compared 4,939 treated to 5,448 untreated sexual offenders. Meta-analytic results indicated that fewer treated offenders recidivated sexually compared to untreated offenders (10.1 % vs. 13.7 %). The results also indicated quite a bit of

heterogeneity in treatment effectiveness depending on offender characteristics, and treatment type and modalities. For example, the impact of treatment was found to be different for high-risk offenders compared to low-risk offenders. These findings indicate that treatment of sexual offenders can be effective, but that it depends on the treatment and the offender. For example, psychological treatment that occurs purely in a group setting (without an individual component) was not found to be effective. In comparison, cognitive-behavioral and multi-systemic treatment or treatment that is tailored to the individual was found to be more effective.

Part 2: Sexual Recidivism in Specific Subgroups of Sexual Offenders

Juvenile Sexual Offenders

Empirical results indicate that juvenile sex offenders are not merely a younger version of their adult counterparts, but are instead a different type of offender (Lussier, Van Den Berg, Bijleveld, & Hendricks, 2012). In a meta-analysis that reviewed the recidivism rates of more than 11,000 male juvenile sex offenders who were followed for an average of 5 years, Caldwell (2010) calculated a 7% sexual recidivism rate. This is lower than risk estimates in adult samples of sexual offenders and indicates that most juveniles charged with a sexual crime stop this type of offending. Risk of sexual recidivism in juvenile sexual offenders is more likely in the first 10 years (Caldwell, 2010). The impact of sex offender treatment on recidivism also appears stronger in samples of juvenile offenders compared to adults. In a prospective study that followed 148 juvenile sexual offenders who received treatment and a comparison group who did not, only 9% of the treated youth had recidivated sexually after 20 years, compared to 21% of the non-treated group. (Worling, Littlejohn, & Bookalam, 2010).

Female Sexual Offenders

There is a scarcity of empirical research on the recidivism rates of female sexual offenders (Poels, 2007), but the few studies available have indicated that there are differences in their rates of sexual recidivism. The pattern observed is that male sex offenders recidivate at higher rates for both sexual and nonsexual offenses when compared to females. Cortoni, Hanson & Coache conducted a meta-analysis of 10 studies that followed 2,490 offenders over a period of 6.5 years on average. Their results indicate that female sex offenders have extremely low rates of sexual recidivism (between 1-3%), compared to 10-15% found in meta-analytic results in male sexual offenders (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005).

With regards to risk factors associated with recidivism in female sexual offenders, Sandler and Freeman (2009) examined 1,466 females that were convicted of a sexual offense in the state of NY between 1986 and 2006 and followed for 5 years. They identified three factors that increased the likelihood of a female offender recidivating sexually:

- More prior child victim convictions;
- More prior misdemeanor convictions;
- Increased offender age.

Noncontact Sexual Offenders

Empirical findings indicate that different types of noncontact sexual offenders have different recidivism rates. Offenders who commit child pornography offenses have low recidivism rates. A meta-analysis examining the rates of sexual recidivism of 2,630 online offenders for up to 6 years indicated that only 2% of offenders recidivated with a contact sexual offense and 3.4% with another child pornography offense (Seto, Hanson, and Babchishin, 2011),

lower than observed in studies of contact offenders (Hanson & Morton-Bourgon, 2005). In his testimony at the US Sentencing Commission in 2012, Seto identified the following factors as predicting sexual recidivism in online offenders:

online offender risk to reoffend is predicted by many of the same factors that predict recidivism among conventional sexual offenders, or even among offenders in general. These factors include age, criminal history, substance use problems, and single/unmarried status. However, there is also research support for some unique risk factors, including self-admitted sexual interest in young adolescents and the ratio of child pornography content depicting boys relative to content depicting girls. (Seto, 2012)

In comparison, exhibitionism and indecent exposure are often viewed as a simple nuisance offense. Although some empirical results had previously indicated that sizeable proportions of exhibitionist offenders reoffended sexually (32 % in Sugarman, Dumughn, Saad, et al., 1994; 57.1% of untreated exhibitionists in Marshall, Eccles, and Barbaree, 1991; 11.7% in Rabinowitz-Greenberg, Firestone, Bradford, et al., 2002 and 23.6% in Firestone, Kingston, Wexler, & Bradford 2006), a review of 12 studies published on the topic since 1981 indicated that 5-10% of exhibitionist offenders escalated to a contact sexual offense (McNally & Fremoux, 2014). Recidivism rates for subsequent exposure offenses were more sizeable (25%). Their review also examined risk factors for subsequent sexual offending and results indicated that antisocial behavior and a history of sexual and nonsexual offenses predicted recidivism.

Sexual Offenders With Early Sexual Onset

Hanson and Bussière's meta-analysis (1998) identified early onset of sexual offending as a predictive factor of sexual reoffending. Notably, their results indicated that offenders who started sexual offending at a younger age were more at risk for sexual recidivism (i.e., recidivism rate was 12% higher). In an analysis of the offending trajectories of juvenile sexual offenders from age 12 to 32, Lussier and colleagues (2012) identified two trajectories: adolescence-limited sexual offenders (90%) and high-rate slow desisters (10%). This last group continued sexual offending in adulthood. Age of sexual onset was different in the two groups: sexual offenders who persisted in sexual offending after adolescence started committing sexual crimes earlier (12 years old) (see also Carpentier, Proulx, & Leclers, 2011, who found similar results).

Kidnapping Offenders

Empirical research on kidnappers is sparse (Crew & Lammers, 2001). The most extensive related study was conducted in the UK and it followed more than 7,000 offenders (males 93% and females 7%) for up to 23 years (Liu, Francis, & Soothill, 2008; see also Soothill, Francis, & Ackerley, 2007). Their results indicated that 4.7% of first-time kidnappers were reconvicted for another kidnapping offense, and 2% for a subsequent rape. Results also indicated that two factors predicted a subsequent kidnapping offense: younger age and higher number of previous convictions. Only one factor increased the likelihood of a subsequent rape: a higher number of previous convictions. Finally, it should also be noted that the risk of reconviction in kidnapping offenders was impacted by time at risk: in the case of a subsequent kidnapping or homicide, the risk of a reconviction was higher in the first 10 years upon release. There were also differences in recidivism rates based on gender: 3.9% of the males and 2.6% of the females recidivated in the follow-up period.

Part 3. Methods and Tools to Reassess Risk in Sexual Offenders After Some Time in the Community

Limitations of Static-99R to Estimate Reoffending Risk After Time in the Community

The Static-99R coding rules identify specific cases in which time in the community renders the risk estimate as unreliable. Such an issue arises when an offender has had a substantial period of time at liberty in the community with the opportunity to re-offend, but has not done so. This can happen if an offender's arrest for a sexual offense is delayed, as can happen if a victim does not report his/her victimization immediately to the authorities. It is also the case if an offender is released for a nonsexual offense, but has committed a sexual offense previously and is now required to register. If this period of time is between 2-10 years, it is recommended that an offender's risk score be adjusted according to the information comprised in Appendix 1 of the coding rules in order to generate risk probabilities that are reliable. If this period of time is more than 10 years, the Static-99R should not be used to assess risk. Therefore, substantial time in prison for nonsexual crimes can also invalidate the Static-99R risk estimate.

The results of Hanson, Harris, Helmus, and Thornton (2014) indicate that offense-free time in the community has to be considered in risk assessment of offenders, and results in markedly lower risk estimates after 10 years, even in high-risk offenders.

Validated Risk Assessment Tools to Assess Offenders in the Community

Actuarial risk assessment is characterized by objectivity, uniformity, and consistency in assessment of risk (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010) and empirical evidence has established that actuarial approaches better predict recidivism compared to other methods (Craig & Beech, 2010; McGrath, Lasher, & Cumming, 2012; Tully, Chou, & Browne, 2013). To overcome the limitations associated with the use of static factors only, the field is moving toward including static and dynamic measures to predict risk.

Adult offenders. The following four (4) risk assessment instruments include static and/or dynamic factors to generate risk estimates for adult sex offenders: STABLE-2007, ACUTE-2007, VRS-SO, and SOTIP. Table 4 summarizes the items included in each instrument. It should be noted that these tools are designed to be used in the context of community supervision and/or to evaluate treatment needs and progress. Therefore, the selection of an instrument should match the appropriate purpose. In addition, some of the tools were developed for use as a dynamic risk assessment only. In such cases, it is recommended to complement the assessment of risk by conducting a static risk assessment as well.

STABLE-2007 & ACUTE-2007. The Stable-2007 and Acute-2007 are dynamic risk assessment instruments that were designed to be used in combination with the Static-99R (Hanson et al., 2007). These tools enable community correction officers and clinical treatment providers to assess changes in risk of sex offenders by considering stable dynamic factors (i.e., those changing over a month period, such as antisocial attitudes) and acute dynamic factors (i.e., those changing over a week or an hour, such as negative mood or alcohol intoxication).

The Stable-2007 requires assessors to code 16 stable dynamic measures. An offender's risk can be determined by using the cutoff scores provided. Predictive validity of the Stable-2007

is moderate (AUC of .67 to .69), but increased when used in combination with the Static-99R (AUC = .73 to .76).

The Acute-2007 comprises seven acute dynamic risk factors and is designed to add to a pre-determined risk level measured on static and stable dynamic items. Thus, instead of computing total scores, assessors track changes in acute dynamic risk scales by comparing an offender's current results on each acute item to those of the last assessment. The Acute-2007 has a moderate degree of accuracy in predicting sexual reoffending (AUC = .65 to .74).

VRS-SO. The VRS-SO (Violence Risk Scale-Sex Offender Version) is a 24-item instrument developed by Olver, Wong, Nicholaichuk, and Gordon (2007). It includes seven static and 17 dynamic risk items. It was designed to generate risk estimates of sexual recidivism and to track treatment needs and progress. An offender's total score of the VRS-SO is classified to a level of risk: low, moderate-low, moderate-high, and high risk (McGrath et al., 2012). The developers of the VRS-SO found that including dynamic risk items increased the predictive validity of the instrument over the use of the static items alone or the Static-99R. An average AUC of .76 was identified in two recent validation studies, indicating that the VRS-SO has moderate predictive validity (Beggs, & Grace, 2010; Olver et al., 2007).

Table 4

Items in Dynamic Risk Instruments for Adult Sex Offenders

STABLE 2007 16 stable dynamic items	ACUTE-2007 7 acute dynamic items	VRS-SO 7 static and 17 dynamic items	SOTIPS 16 dynamic items
Significant Social Influences	(Sex/Violence)	Static Factors	Sexual Offense
Intimacy Deficits	Victim Access	Age at Release	Responsibility
Lovers/Intimate Partners	Hostility	Age at First Sex	Sexual Behavior
Emotional Identification with Children	Sexual Pre-occupation	Offense	Sexual Attitudes
Hostility toward Women	Rejection of Supervision	Sex Offender Type	Sexual Interests
General Social Rejection/Loneliness	(General Recidivism)	Prior Sex Offenses	Sexual Risk Management
Lack of Concern for Others	Emotional Collapse	Unrelated Victims	Criminal and Rule-Breaking Behavior
Sexual Self-regulation	Collapse of Social Support	Victim Gender	Criminal and Rule-Breaking Attitudes
Sex Drive/Pre-occupation	Substance Abuse	Prior Sentencing Dates	Stage of Change
Sex as Coping		Dynamic Factors	Cooperation with Treatment
Deviant Sexual Interests		Sexually deviant lifestyle	Cooperation with Community Supervision
Attitudes Supportive of Sexual Assault		Sexual compulsivity	Emotion Management
Sexual Entitlement		Offense planning	Problem Solving
Rape Attitudes		Criminal personality	Impulsivity
Child Molester Attitudes		Cognitive distortions	Employment
Co-operation with Supervision		Interpersonal aggression	Residence
General Self-regulation		Emotional control	Social Influences
Impulsive Acts		Insight	
Poor Cognitive Problem Solving Skills		Substance abuse	
Negative Emotionality/Hostility		Community support	
		Released to high risk situations	
		Sexual offending cycle	
		Impulsivity	
		Compliance with community supervision	
		Treatment compliance	
		Deviant sexual preference	
		Intimacy Deficits	

SOTIPS. The SOTIPS (Sex Offender Treatment Intervention and Progress Scale) was developed by McGrath et al. (2012). It comprises 16 items that are dynamic in nature. It was designed to be used by clinical treatment providers, correctional caseworkers, and probation and parole officers to generate risk estimates in adult male sexual offenders. SOTIPS scores showed a significant relationship to sexual recidivism in continuous assessments at three different time points (AUC = .60 to .81). Combining SOTIPS’ dynamic assessment with the Static-99R

increased the prediction of sexual recidivism (AUCs = .70 to .89), violent reoffending (AUC = .69 to .78), any recidivism (AUC = .97 to .74), and return to prison (AUC = .74 to .78) It is recommended to assess offenders with the SOTIPS at intake and periodically every six months.

Juvenile offenders. The following three (3) risk assessment instruments include static and dynamic factors to estimate risk in juvenile sex offenders: ERASOR, J-SOAP-II, and JRAS. Table 5 lists the items included in each instrument.

ERASOR. The ERASOR is a 23-item instrument (Estimate of Risk of Adolescent Sexual Offender Recidivism; Worling & Curwen, 2001). It comprises nine static and 16 dynamic factors. It was designed specifically to assess the risk of sexual violence in juveniles aged 12 to 18 years (Hemple, Buck, Cima, & van Marle, 2013). This tool can be used for community supervision or for the assessment of treatment needs and progress (Hemple et al., 2013). The ERASOR does not provide cutoff scores (Viljoen, Elkovitch, Scalora, & Ullman, 2009), but leaves discretion for evaluators to adjust the level of risk by incorporating other sources that indicate risk of recidivism (Viljoen et al., 2009). It is recommended that the ERASOR be used to generate estimates of short-term risk and that juvenile sex offenders be reassessed at 6-month intervals (Hemple et al., 2013; Worling & Curwen, 2001). Studies have revealed that the ERASOR has moderate predictive validity with AUC values of 0.74 (Worling & Curwen, 2001) and 0.64 (Viljoen et al., 2009).

Table 5

Items in Dynamic Risk Instruments for Juvenile Sex Offenders

ERASOR 9 static items and 16 dynamic items	J-SOAP-II 16 static items and 12 dynamic items	JRAS 9 static items and 5 dynamic items
Sexual Interests, Attitudes, and Behaviors Deviant Sexual Interest Obsessive Sexual Interests Attitudes Supportive of Sexual Offending Unwillingness to Alter Deviant Sexual Interests/Attitudes Historical Sexual Assaults Ever Sexually Assaulted 2 or More Victims Ever Sexually Assaulted Same Victim 2 or More Times Prior Adult Sanctions for Sexual Assault(s) Threats of, or Use of, Excessive Violence/Weapons Ever Sexually Assaulted a Child Ever Sexually Assaulted a Stranger Indiscriminate Choice of Victims Ever Sexually Assaulted a Male Victim Diverse Sexual-assault Behaviors Psychosocial Functioning Antisocial Interpersonal Orientation Lack of Intimate Peer Relationships/Social isolation Negative Peer Associations and Influences Interpersonal Aggression Recent Escalation in Anger or Negative Affect Poor Self-regulation of Affect and Behavior (Impulsivity) Family/Environmental Functioning High-stress Family Environment Problematic Parent-offender Relationships/Parental Rejection Parent(s) Not Supporting Sexual-offense-specific Assessment/Treatment Environment Supporting Opportunities to Reoffend Sexually Treatment No Development or Practice of Realistic Prevention Plans/Strategies Incomplete Sexual-offense-specific Treatment	Static Factors Prior Legally Charged Sex Offenses Number of Sexual Abuse Victims Male Child Victim Duration of Sex Offense History Degree of Planning in Sexual Offense(s) Sexualized Aggression Sexual Drive and Preoccupation Sexual Victimization History Caregiver Consistency Pervasive Anger School Behavior Problems History of Conduct Disorder Juvenile Antisocial Behavior Ever Charged or Arrested Before Age 16 Multiple Types of Offenses History of Physical Assault and/or Exposure to Family Violence Dynamic Factors Accepting Responsibility for Offense(s) Internal Motivation for Change Understands Risk Factors Empathy Remorse and Guilt Cognitive Distortions Quality of Peer Relationships Stability of Current Living Situation Stability in School Evidence of Positive Support Systems Management of Sexual Urges and Desire Management of Anger	Static Factors Degree of Force Degree of Contact Age of Victim Victim Selection Number of Offenses/Victims Duration of Offensive Behavior Length of Time Since Last Offense Victim Age History of Anti-social Acts Dynamic Factors Substance Abuse Response to Sex Offender Treatment Sex Offender Specific Therapy Residential Support Educational Stability

J-SOAP-II. The J-SOAP-II (Juvenile Sex Offender Assessment Protocol-II) was developed by Prentky and Righthand (2003). It is one of the juvenile risk assessment tools that is most commonly used. It comprises 28 items (16 static and 12 dynamic risk factors). The J-SOAP-II is designed to assess the risk of sexual and nonsexual re-offense in juveniles aged 12 through 18 who have a history of sexually coercive behavior. This tool can be used in the context of community supervision and assessment of treatment needs and progress. No cutoff scores are provided, and it is recommended to interpret J-SOAP-II scores in combination with other sources of assessment. J-SOAP-II scores have a high degree of predictive accuracy for sexual reoffending (AUC = .78) and general reoffending (AUC = .76).

JRAS. The Juvenile Risk Assessment Scale (JRAS) was developed by Hiscox, Witt, and Haran in 2007. It is a 14-item instrument (nine static and five dynamic risk factors). It was designed specifically to assign a tier level of risk to juvenile sex offenders under New Jersey's registration and community notification law. The predictive accuracy of the JRAS is moderate (AUC = .66).

Best Practices to Conduct Risk Assessments and Reassessments of Offenders in the Community

Conducting assessments in a specific way can improve their utility in the management of sexual offenders in the community (Bumby, 2007). The following steps are recommended to implement a better reassessment practice:

Use criteria and tools supported by research. Many factors predicting sexual recidivism have been identified and included in empirically validated risk assessment instruments. Research has clearly demonstrated that using actuarial approaches improves the

assessment of risk in sexual offenders. The inclusion of dynamic factors appears promising to account for time in the community and to adjust the risk estimates of the traditional tools, which focus on static factors.

It is also important to consider empirically validated risk factors along with clinical judgment in subgroups of sexual offenders for which risk estimates are nonexistent or in need of further validation (such as juveniles and females).

Use a tool that is appropriate for the population and the goal of the assessment. It is important to consider the population in which an instrument has been validated and to examine possible differences in samples that could influence the relevance and applicability of the empirical findings. An example is the inapplicability of adult risk assessment tools to juvenile sexual offenders (Fanniff & Becker, 2006; Prescott, 2006).

Ensure proper training of people responsible for conducting assessments. It is important for those administering the risk assessment tools to be knowledgeable about the risk information provided by the estimates and how it is relevant to their work with the offenders (as treatment providers or community correction officers). Assessors also need to know the applicability and strengths and weaknesses of the assessment tools they use and to be proficient in scoring and in the interpretation of results. It is recommended that assessors receive training and have ample opportunities to practice scoring the risk assessment tools that they use. Finally, it is also useful for those conducting assessments to be able to make recommendations and implement correctional practices according to the information obtained from the assessment (Bumby, 2007).

Conduct risk reassessments periodically and adjust case management accordingly. Contrary to the static approach to risk assessment in which risk estimates are generated at a

specific time and can hardly be adjusted (e.g., Static-99R), the inclusion of dynamic factors in new risk assessment tools warrants the periodic reassessment of offenders in order to capture the changing nature of risk over time. It is common in dynamic risk assessment tools to specify how frequently risk should be assessed. These recommendations should be followed in order to continuously accumulate more accurate information about offenders and their reoffending risk. This practice should also result in more fluidity and responsivity in treatment or case management (Bumby, 2007).

Share information and use common tools. It is also recommended that information be shared across agencies in order for all relevant actors to have a fuller picture of offenders' risk over time. Adopting a common risk assessment tool could facilitate this sharing of information.

Conclusion

Accurate assessment of the risk posed by sexual offenders is important not only at the day of their release but over time in the community. Risk of sexual recidivism at release from prison has typically been assessed with static risk assessment tools, such as the Static-99R. These risk estimates are valid on the day of an offender's release from prison. However, because only *static* factors are used (i.e., ones that are unchangeable because of their historical nature, such as offense history and offender/victim characteristics), they can only limitedly account for an offender's time in the community. This is problematic considering recent empirical results that have indicated that risk estimates diminish greatly in offenders who have been in the community for long periods of time (Hanson et al., 2014). Instead, the consideration of dynamic risk factors (i.e., ones that can change over time) is better suited to accurately evaluating the changing nature

of offenders' risk in the community. Such an approach allows assessors to account for positive changes in offenders' lives, such as therapeutic interventions, lifestyle stability and social support.

To account for these changes occurring in offenders' risk over time in the community, counties in Washington State can create and implement a process (i.e., a reassessment protocol) allowing registered sex offenders to apply for a level reduction. It is also possible for adult and juvenile offenders to petition the courts to be exempted from the duty to register, according to sections 9A.44.142 (4) (b) and 9A.44.143 (5) (b) of the Revised Code of Washington (RCW).

The first part of this report reviewed the existing reassessment protocols of eight (8) Washington counties and the factors set out in RCW 9A.44.142 (4) (b) and 9A.44.143 (5) (b), and evaluated the empirical support for these criteria. Our results indicated that the following criteria are empirically supported as predictive of sexual recidivism:

- The nature of the offense (specifically, an unrelated victim, a stranger victim, a male victim, and diversity in sexual crimes);
- Previous criminal activity (specifically, a prior history of recidivism after legal processing and sanctioning);
- Offense-free time in the community of at least five years;
- Input from treatment providers and risk assessment using measures that involve actuarial approaches;
- Participation in sexual offender treatment;
- Stability in employment;
- Support from a spouse.

It should be noted that two items from that list (i.e., the nature of the offense and previous criminal activity) are static factors; their consideration in reassessment protocols should be supplemented by the inclusion of dynamic factors as well. In addition, a review of the empirical literature indicated that the following criteria were not empirically supported as predictive of sexual recidivism:

- Unstructured clinical judgment;
- Compliance with registration requirements or lack of failure to register offense.

Finally, our review of the literature indicated that the evidence regarding some factors was insufficient but promising:

- Housing stability;
- Community support;
- Polygraph examination as a deterrent to recidivism (although its role for information gathering was validated).

There was no empirical support for the role of compliance with financial court duties.

We also examined recidivism risk factors of specific subgroups of sexual offenders. Empirical evidence suggested that different sets of risk factors might be warranted for the following subgroups of sexual offenders: females, juveniles, noncontact offenders, and kidnapping offenders. These subgroups of offenders have been the subjects of substantially fewer studies, but it appears that they have different rates and risk factors for sexual recidivism (although criminological history appears to be important). It should be noted that those factors are static. Clearly, more research is needed, and it is possible that, similar to the development of risk assessment for adult male offenders, new methods of assessment will emerge by clarifying the static risk factors before including dynamic risk factors.

Because changes in an offender's level of risk have to take dynamic risk into consideration, we identified actuarial risk assessment tools that include dynamic factors as the best current approach to reassessment of risk in sexual offenders in the community. For adult sex offenders under community supervision, several instruments have been recently validated: VRS-SO (Olver, Wong, Nicholaichuk, & Gordon, 2007), SOTIPS (McGrath, Lasher, & Cumming, 2012), and STABLE-2007 & ACUTE-2007 (Hanson, Harris, Scott, & Helmus, 2007). These tools make it possible to assess dynamic risk on an ongoing basis for community supervision. In the case of juvenile sex offenders, ERASOR (Worling & Curwen, 2001), J-SOAP-II (Prentky & Righthand, 2003), and JRAS (Hiscox, Witt, & Haran, 2007) were designed to measure both static and dynamic risk factors. While the ERASOR and J-SOAP-II are for general use in the community, the JRAS was specifically developed to reassess risk under New Jersey's community notification law.

Finally, we identified the following best practices in reassessing the risk of sexual offenders in the community: the use of criteria and tools supported by research, the selection of a tool that is appropriate for the population and the goal of the assessment, the proper training of assessors, the periodic reassessment of offenders, responsive fluidity in case management, and the sharing of information and use of common tools to increase the comprehensiveness of assessment.

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