

# Recidivism of Sexual Assault Offenders: Rates, Risk Factors and Treatment Efficacy

Denise Lievore



A report prepared for the Office of the Status of Women  
by the Australian Institute of Criminology

May 2004

---

# Acknowledgments

As always, staff at the Australian Institute of Criminology have been unstinting in their assistance. Jenny Mouzos, Natalie Taylor and the staff of the J.V. Barry Library deserve particular mention for their input to this project, but the support of others who were not directly involved was much appreciated. Researchers from a range of agencies, and corrective services staff in Australia and New Zealand, responded to various fact-finding requests. Their contributions were most welcomed and invaluable for elucidating key issues in this field.

Funding for this report was provided through the National Initiative to Combat Sexual Assault—An Australian Government Initiative administered by the Office of the Status of Women

## Disclaimer

This research paper does not necessarily reflect the policy position of the Australian Government.

---

# Contents

<b>Executive Summary</b> .....	7
<b>1 Introduction</b> .....	9
The Focus of the Present Study .....	11
Research Definitions .....	13
<b>2 Sexual Assault, Repeat Victimisation and the Prevalence of Sexual Offenders</b> .....	15
Repeat Victimisation .....	16
Sex Offenders .....	16
Police Apprehensions .....	17
Criminal Courts .....	21
Annual Prison Census .....	23
Summary .....	24
<b>3 What is Recidivism and How is it Measured?</b> .....	25
Defining and Measuring Recidivism .....	25
Reconviction versus Re-arrest .....	26
Data Sources .....	27
Sample Characteristics .....	27
Follow-up Periods .....	28
Recording Practices .....	28
Generalist versus Specialist Offenders .....	29
Recidivism Rates .....	29
Recidivism Rates and Victim/Offence Type .....	29
Risk of Recidivism Over Time .....	36
Summary: Patterns in Recidivism .....	36
<b>4 Predicting the Risk of Sexual Recidivism</b> .....	38
Risk Assessment Techniques .....	39
Sociodemographic Characteristics of Sex Offenders .....	42
Sexual Deviance .....	45
Criminal History .....	46
Substance Use .....	49
Cognitive and Affective Deficits .....	50
Psychiatric Disorder .....	51
Age and Sexual Offending .....	52
Early Onset of Offending .....	54

---

Victim to Victimiser Cycle .....	58
Summary: Risk Factors for Sexual Recidivism .....	60
<b>5 Sexual Recidivism in Victoria .....</b>	<b>62</b>
Method .....	62
Results .....	64
Summary and Conclusions .....	72
<b>6 Corrections-based Treatment Programs .....</b>	<b>74</b>
A Framework for Reducing Sexual Reoffending .....	74
Principles and Practices of Cognitive-behavioural Therapy .....	78
Overview of Treatment Programs in Australia .....	80
<b>7 The Impact of Interventions on Sexual Recidivism .....</b>	<b>89</b>
Evaluations of Sex Offender Treatment Programs .....	90
Programs for Indigenous Offenders .....	97
Interventions for Adolescents .....	99
Summary: Assessment of Evaluation Studies .....	102
<b>8 Discussion .....</b>	<b>107</b>
<b>9 Conclusion: Implications for Policy and Research .....</b>	<b>113</b>
References .....	117
Appendix: Definitions of Sexual Assault and Violent Crime .....	124

---

## List of Tables and Figures

Table 1:	Comparison of number and rate of sexual and physical assault victims by gender, Australia 2001 .....	15
Table 2:	Proportion of adjudication type and penalty for sex offences, Australian higher courts 2000–01 .....	22
Table 3:	Recidivism rates across a sample of follow-up studies .....	30
Table 4:	Characteristics of rapists and child molesters referred to treatment programs in Western Australia .....	44
Table 5:	Profile of sexual and violent offenders compared with other offenders .....	47
Table 6:	Sexual and violent recidivism for first offence or any time during the follow-up period .....	52
Table 7:	Age, recidivism rates and predictors of recidivism for sex offenders .....	54
Table 8:	Index, previous and subsequent offences among Western Australian juvenile sex offenders .....	57
Table 9:	Sociodemographic characteristics and method of apprehension .....	64
Table 10:	Offender age group by victim age group .....	66
Table 11:	Victim age group and relationship to offender .....	67
Table 12:	Apprehensions for sexual, violent and other offences, July 1993–December 2001 .....	67
Table 13:	Additional apprehensions for sexual offences by age group .....	69
Table 14:	Treatment needs of offenders .....	77
Table 15:	Selected recidivism rates for treated sex offenders and control groups .....	92
Table 16:	Two-year expected and observed reconviction rates for treatment and comparison groups by level of risk .....	94
Figure 1:	Average cost per incident for selected offences .....	11
Figure 2:	Male sexual assault offenders by age, rate per 100,000 persons, Australia 1995–96 and 2000–01 .....	17
Figure 3:	Distribution of alleged rapists by age group, South Australia 2001 .....	18
Figure 4:	Distribution of alleged indecent assault offenders, South Australia 2001 .....	19
Figure 5:	Age distribution of alleged rapists, Victoria 2000–01 .....	19
Figure 6:	Age distribution of alleged sex (non-rape) offenders, Victoria 2000–01 .....	20
Figure 7:	Rate of male sex offenders per 100,000 population by age group, Queensland 2000–01 .....	20
Figure 8:	Distribution of male sex offenders by age, Western Australia, 2001 .....	21

---

Figure 9:	Finalisations for all offence types in Australian higher courts 2000–01 .....	22
Figure 10:	Sexual assaults recorded by police, 1993–2001, per 100,000 .....	23
Figure 11:	Increases in imprisonment rates per 100,000 population, 1991–2001 .....	24
Figure 12:	Percentage of prisoners sentenced for sexual assault, 1996–2001 .....	24
Figure 13:	Outcome of risk predictions .....	38
Figure 14:	Offender age group at time of offence and at apprehension .....	64
Figure 15:	Sexual assault victims by age group .....	65
Figure 16:	Victim–offender relationship .....	65
Figure 17:	Age distribution of alleged offenders by the number of sexual offences ....	68
Figure 18:	Number of sexual offences by offender age group .....	69
Figure 19:	Number of other offences by offender age group .....	70
Figure 20:	Number of violent offences by offender age group .....	70
Figure 21:	Time between index apprehension and the most recent prior apprehension .....	70
Figure 22:	Time between index apprehension and the earliest prior apprehension .....	71
Figure 23:	Time between the earliest and most recent prior apprehension .....	71
Figure 24:	Therapeutic jurisprudence framework .....	76

---

# Executive Summary

Persistent sex offenders have a substantial impact on social policy and women's feelings of vulnerability, but little research on recidivism rates and the characteristics of sexual offenders has been conducted in Australia. To fill this gap, this report reviews the international literature on recidivism rates and risk factors that predict sexual, violent and general reoffending. It then analyses Victorian police data on persons apprehended for sexual assault of adults in 2001. Finally, the report provides an overview of sex offender treatment programs offered through corrective services in Australian jurisdictions and summarises literature that assesses the efficacy of sex offender treatment programs.

Women's fear of sexual victimisation is often based on the notion that sex crimes are perpetrated by a small number of habitual, sexually deviant offenders, but their fears are sometimes out of proportion with their real levels of risk. Most victims are sexually assaulted by someone they know, and official recidivism rates are relatively low. Therefore it is difficult to ascertain the prevalence of sex offenders in the community, or the number of sex offenders who have been convicted and/or incarcerated.

Although the notion of recidivism is conceptually clear, it is difficult to operationalise and a number of methodological issues impact on recidivism estimates. A review of the international literature revealed that rates of sexual recidivism varied from as low as two per cent in some studies, to as high as 35 per cent in others. Most sex offenders are not reconvicted or reimprisoned for sex crimes, although many are highly versatile criminals, who continue to engage in a variety of offences. General and violent recidivism are usually higher than sexual recidivism among offenders who sexually assault adults.

Follow-up studies of sex offenders are known to undercount the actual extent of sexual recidivism, but they are a useful source of information on offenders and a valuable tool for assessing future risk of offending. Risk assessment has become a core practice within correctional systems, but accurate prediction of future offending is difficult for events such as sexual assault. Overall, the characteristics of sexual offenders are similar to those of the general offender population: they tend to be young, single, white males from all socioeconomic strata, with a disproportionate number of offenders from Indigenous and other socially marginalised groups. A small number of specific predictors of sexual recidivism have been identified, although they are not present for all types of sexual offenders. These include:

- sexual deviance;
- criminal history, especially a prior history of sexual offending;
- age;
- early onset of offending;

- 
- childhood victimisation; and
  - psychological maladjustment (although few sex offenders are diagnosed with a major psychiatric illness).

The current research included a small-scale study of Victorian police data pertaining to persons apprehended for sexual assault in 2001. Although these offences are not proven, the analysis was useful for various reasons, especially given the paucity of Australian studies. The data revealed that 14 per cent of alleged offenders had previously been apprehended for sexual offences, but that 35 per cent of the sample had been processed for multiple sexual offences. A large percentage had also been apprehended for violent (35 per cent) and other (55 per cent) offences during the reference period. Trends for juveniles mirrored those of their adult counterparts.

All but three Australian jurisdictions offer sex offender treatment programs. The primary objective of these programs is to protect the community by reducing the likelihood that offenders will commit further sex crimes. While it is assumed that treatment will reduce the risk of sexual recidivism, the evidence is ambiguous. There have been few systematic evaluations of treatment programs and no definitive results regarding treatment efficacy. A general consensus is emerging on the characteristics of programs that are likely to lead to rehabilitation, but it is not clear whether the current delivery model is effective for all offenders.

The incidence of violent behaviour among sexual offenders who sexually assault women has led some authors to conclude that these are predominantly violent offenders who also offend sexually. There are grounds for this view, but current knowledge indicates that a somewhat different set of processes contributes to sexual and violent recidivism. Moreover, analysis of a range of structural and interpersonal contexts suggests that the two categories should not be conflated. Sexual violence against women is supported by processes ranging from the macro to the micro levels of social life. It reflects prevalent social attitudes that condone male sexual aggression and are mediated by a range of practices, such as violent pornography. Policy, criminal justice and therapeutic strategies to prevent and reduce sexual offending should take into consideration the social contexts and practices that legitimate sexual violence, even in “appropriate” sexual relationships. This requires a thorough critique of cultural constructions of gender, particularly of practices that promote dominance and aggression as ways of meeting personal needs or solving interpersonal differences.

---

# 1 Introduction

In post-industrial societies, personal assessments of safety and risk increasingly draw on mass media communications. Sexual violence against women has become a form of entertainment through a range of visual media, including sensationalised news reports about brutal sex crimes committed by serial and gang rapists. Sexual assault now impacts far beyond the grief caused to victims, their friends and families, fuelling women's anxieties, sometimes out of proportion with their real levels of risk, given that some groups of females are more vulnerable than others. Nonetheless, women's fears about sexual victimisation are neither unfounded nor irrational, as sex crimes are not randomly distributed: females of all ages are disproportionately more likely to be sexually assaulted than males (Lievore, 2003).

Women's fear of sexual victimisation is often based on the notion that sex crimes are perpetrated by a small number of habitual offenders—usually strangers—who may be identifiable by their deviant sexual preferences or pathological characteristics. Yet the notion of “stranger danger” is at odds with reality, as most victims of sexual assault know the offender. While persistent sex offenders are thought to comprise a small proportion of the total sex offender population, their impact upon women's feelings of safety is nevertheless substantial, as they are often associated with more severe and highly publicised sexual assaults. Moreover, many women experience high levels of what are deemed to be less serious sexual offences. The conceptualisation of sexual violence as a continuum, bounded by rape at one end and sexual harassment at the other, operates on the assumption that penile penetration or physical injury is more harmful than other types of physical or emotional violence or threat. Yet the consequences of seemingly less serious acts are highly negative, as they contribute to women's feelings of vulnerability (Bennett, Manderson & Astbury 2000). The distinction between more and less serious sexual offences does not reflect the injurious effects of persistent experiences such as unwanted sexual touching, derogatory sexualised remarks, or implicitly threatening behaviours and body language.

Added to this, cultural constructions of gender give rise to myths that have come to be accepted as conventional wisdom by large parts of the community. These “rape myths” send a message that, among other things, women enjoy sexual violence and secretly ask for it, or that men are unable to control their sexual urges and are entitled to sexual satisfaction. The beliefs perpetuated by these myths include:

- women must be aware of men's advances and take steps to protect themselves;
- victims are responsible for their own victimisation; and
- men are not accountable for their offending behaviour.

The effect of such myths is to protect offenders from the consequences of their actions and to reinforce women's vulnerability and ambiguous status (Standing Committee on

---

Social Issues 1996). This state of affairs reflects the attitudes of a society in which the primacy of male sexual desires is accepted, to a greater or lesser degree, as a part of daily life (Kelly, Burton & Regan 1992).

The relative risk of being sexually assaulted by a deranged serial offender and recorded rates of sexual recidivism are low. The disparity between low rates of sexual recidivism and public perceptions of danger may arise for two reasons: first, as a result of confusion between the severity and frequency of reoffending; and second, because higher risks *are* associated with some, but not all, offenders. While large numbers of offenders offend at low rates, the reoffences of a minority are both frequent and severe. The latter are more likely to attract policy and media attention, particularly when they offend against strangers.

Sexual assault exacts a range of tangible and intangible costs for individuals, families and communities. Evidence points to the association of sexual victimisation with increased short- and long-term physical and psychological morbidity, including gynaecological problems, substance dependence, depression and suicidality, as well as relationship difficulties and female criminality (Lievore, 2003). Tangible costs include expenditures by society and individuals on medical and psychological care, policing and incarceration and lost output for paid and unpaid work that victims are unable to carry out. Intangible costs encompass the emotional pain, suffering and losses of victims and their families, including lost quality of life, and the risk that some victims will become abusers (Donato & Shanahan 1999; Mayhew & Adkins 2003).

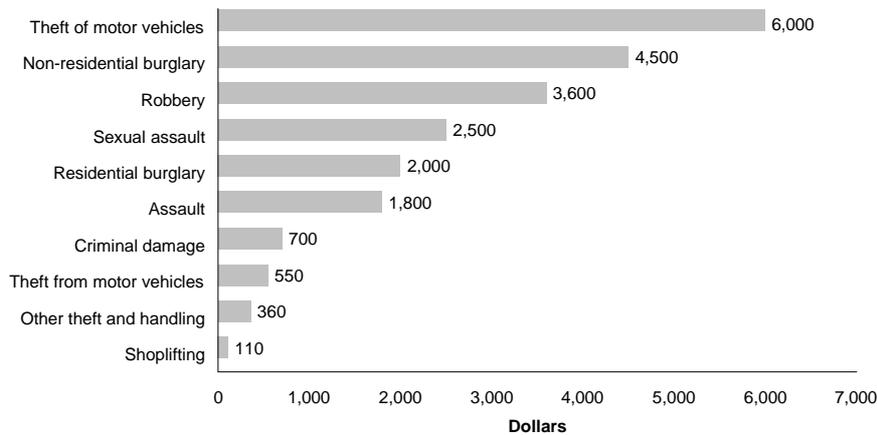
A recent study estimated medical and lost output costs and assigned a monetary value to intangible costs of various offences in Australia in 2001 (Mayhew & Adkins 2003). While violent offences (homicide, assault and sexual assault) account for six per cent of all crime, they account for substantially more in cost terms, amounting to just over a quarter of the total. The costs of sexual assault totalled \$230 million, or \$2,500 per incident, which is higher than the cost for physical assault, as sexual victimisation takes a heavier emotional toll and inflates lost output and intangible costs of crime (see Figure 1). This costing for sexual assault is likely to be an underestimate for a number of reasons:

- the “dark figure” of unreported crime means that it is difficult to ascertain how many sex crimes should be costed;
- costings of intangibles were approached conservatively; and
- the estimate does not include costs incurred for mental health, criminal justice and victim assistance services, for security and deterrent measures, or for crime prevention and community safety programs implemented by jurisdictions and local governments.

Given the costs of sexual victimisation, even low rates of sexual recidivism are of great concern.

Policy decisions in relation to sexual assault must be seen to be aimed at reducing crime, to be using public funds wisely and effectively, and to be tough on offenders.

**Figure 1: Average cost per incident for selected offences**



Source: Mayhew & Adkins 2003

Traditionally, criminal justice responses to sexual offending have served a punitive and retributive function. Courts are responsible for determining sanctions commensurate with the seriousness of the offence and correctional systems for administering these sentences. Incarceration may also deter further offending and provide protection to the community by depriving offenders of liberty.

As punishment alone does not always reduce offending, the function of the criminal justice system has been gradually revised to include offender rehabilitation. Governments in many developed countries have supported the move to combine retribution, crime reduction, community protection and offender rehabilitation. This melding of divergent therapeutic (healing) and justice (punishment) principles has led to the delivery of interventions designed to change offender behaviour during custodial sentences (Glaser 2003). However, it is necessary to determine whether this approach does in fact constitute the most appropriate policy response and use of public funds and, if so, whether some sex offenders are more likely than others to benefit from interventions.

## The Focus of the Present Study

This report was commissioned by the Commonwealth Office of the Status of Women to inform the evidence base of the National Initiative to Combat Sexual Assault. The major objectives of the report are to:

- establish rates of recidivism among offenders who sexually assault adult females—the majority of sex offenders are males and most victims are women, so this report focuses on male offenders who sexually victimise women over the legal age of consent, which is 16 in most Australian jurisdictions;
- determine the key sociodemographic and background characteristics of sex assault offenders; and
- provide an overview of sex offender treatment programs available through Australian corrective services.

---

The framework of the report follows the objectives set out above, with the inclusion of a review of studies that evaluate the efficacy of sex offender treatment programs. As the significance of reoffence rates and patterns is more easily understood within the context of other types of offences and offenders, this study analyses a range of recidivistic activities, including sexual recidivism, violent non-sexual recidivism and general recidivism (for example, drugs or property offences). It also includes, where relevant, comparisons with child molesters.

The remainder of this introductory chapter sets out the parameters of the report and defines key terms used in recidivism research.

Chapter 2 outlines recent police recorded statistics for sexual assault, as well as information provided by crime victimisation surveys on repeat sexual victimisation. An examination of police, courts and prison data highlights the difficulty of establishing the size of the sex offender population.

In Chapter 3 some of the complexities and key issues in designing and interpreting recidivism studies are discussed. The results of studies from Australia, Canada, New Zealand, the United Kingdom and the United States are presented. The implications of differing patterns of sexual, violent and general recidivism for subgroups of sex offenders are briefly examined.

In Chapter 4 the concept of “risk” and methods for predicting offenders’ risk of recidivism are discussed. Sociodemographic, psychological and criminal history predictors of sexual recidivism are detailed.

Chapter 5 reports on a small-scale study of recidivism in Victoria, which was conducted as a part of this project.

The principles of cognitive-behavioural therapy, widely considered to be best practice in sex offender rehabilitation, are presented in Chapter 6. The chapter also provides an overview of sex offender treatment programs available through Australian corrective services departments.

Chapter 7 examines evaluations of the efficacy of sex offender programs. While it appears that treatment is effective for some groups of offenders, the chapter raises a number of questions in relation to rapists.

Chapter 8 discusses the findings of the report, situating sexual recidivism within social practices that tacitly support sexual violence against women.

Policy and research implications are considered in Chapter 9.

The report offers a comprehensive overview and analysis of the major issues relating to recidivism among sexual assault offenders. Literature was located by using a range of key terms to search online criminological databases and web sites. Few Australian studies on sexual recidivism or evaluations of sex offender treatment programs have been

---

published. Published studies that were relevant to the report were included,<sup>1</sup> as well as conference presentations and unpublished studies where the authors could be contacted for permission to cite the work. Overseas studies were usually selected on the basis of relevance, recency, or authorship by well-known researchers in the field. A number of studies were extensively cited in the literature reviews of these reports and were not included here.

## Research Definitions

### Sexual Assault

In this report, sexual assault refers to a range of acts of a sexual nature, from aggravated sexual assault and indecent assault to rape, penetration with an object and other forced activities that did not end in penetration, including attempts to force a person into sexual activity. The key feature is that the sexual act was carried out against the victim's will through physical force, intimidation or coercion (Australian Bureau of Statistics [ABS] 1996). The definition of sexual assault excludes non-assaultive or non-hands-on sexual offences such as indecent exposure or voyeurism. The term "sexual violence" has a somewhat broader meaning than "sexual assault", but the two are used interchangeably in this report.

### Violent Offences/Offences against the Person

Both sexual and violent offending cover a range of acts and levels of harm and the categories are neither conceptually nor substantively distinct. Sexual offending is a form of violent offending and some sex offenders are motivated by a desire for dominance and control, rather than by sexual desire *per se*. In this paper, violent offences refer to a range of non-sexual offences against the person, from homicide, manslaughter and abduction/kidnap, to robbery, assault and threatening to do grievous bodily harm.

### Dangerousness

Dangerous offenders are the subject of concern for policy-makers and the public. They may be defined as those likely to inflict serious psychological trauma or physical harm on others and/or those who pose a high risk to the wellbeing of the community by repeatedly committing serious offences. Dangerousness is not a static concept, as the possibility of relapse can fluctuate, contingent on a variety of circumstances. In other words, treatability and dangerousness are not mutually exclusive concepts. The term "dangerousness" has been criticised for its lack of precision, but is widely used in penal policy. Sex offenders exhibit some of the characteristics of dangerousness, such as inflicting physical and psychological harm, but when dangerousness is used in conjunction with sexual offenders it has moral overtones and produces images of evil and incurable offenders, and fears that are at odds with criminological knowledge about sex offenders (Glaser 1991).

---

<sup>1</sup> Examples of studies not included were evaluations of community-based sex offender programs, as these were not part of the brief and are likely to differ from prison-based programs in various ways.

---

## Sexual versus Violent Offenders

The term “sex offender” is a legalistic term that refers to involvement in an illegal sexual act. It is not a diagnostic term, as many sex offenders do not meet the criteria of psychiatric illnesses. There is no single motivation for sex offending or a single typology of sex offenders or offences. For example, men who sexually assault women may be motivated by power, anger or sadism, among other factors. Often the only thing they have in common—aside from perpetrating sex crimes—is their derogatory attitude towards women (Standing Committee on Social Issues 1996).

Sexual offenders come from all sectors of society and sex offences vary widely in nature, characteristics, seriousness and risk to the public. A number of typologies have been developed to account for the varieties of sexual offenders. While differentiation between types and sub-types of sex offenders is important for clinical purposes, it is less important for this report.

The most common typology categorises offenders who sexually assault adult victims as “rapists”, although the label does not usually signify this specific offence only. Offenders who victimise children are usually referred to as “child molesters” or “paedophiles”, even though the latter term is a diagnostic description of a subset of offenders who display particular characteristics. Offenders whose victims are related to them are commonly referred to as “incest” or “intra-familial” offenders, while those whose victims are unrelated to them are known as “extra-familial” offenders. Offenders who commit non-contact sex offences are commonly termed “exhibitionists” (Greenberg, Da Silva & Loh 2002). While not all offenders target one type of victim exclusively, or are involved in only one type of sexual offending, this report maintains consistency with the broader literature by using “rapist” to refer to offenders who sexually violate adults and to distinguish this group of offenders from intra- and extra-familial child molesters/paedophiles.

Legislation in many Western countries delineates sex offenders as a distinct category of offenders, although in many respects (personality, social skills, antisocial attitudes) they are no different from other offenders. On the one hand, it may be appropriate to distinguish between sex offenders and other offenders, when it is considered that most other crimes do not involve a violation of intimate and physical boundaries (see Kelly & Regan 2001). On the other hand, this practice implies that sex offenders differ from the larger criminal population, when in many cases sexual offending is simply one of a repertoire of criminal behaviours in which offenders engage. It also creates the impression that sex offenders are more dangerous than other offenders and are more likely to recidivate or to commit increasingly dangerous crimes. Some sex offenders are at high risk of violent, general and sexual reoffending, so separating sexual from violent offenders makes it more difficult to identify those who pose the highest danger to the community (Lieb et al. 1998). While this is a valid point, it will be argued that sexual violence should be understood as a distinct offence type, given the gendered nature of most sex crimes and the underlying structural issues of power, dominance and inequality.

## 2 Sexual Assault, Repeat Victimization and the Prevalence of Sexual Offenders

The rate of sexual assault victimisation in the population is one of the lowest of all crimes recorded by Australian police. Of all violent offences, only homicide has a lower rate. Females are far more likely to be sexually victimised than males, while the reverse is true for physical assault (see Table 1). While police statistics are known to underestimate the extent of sexual assault due to under-reporting, under-recording and under-counting, it is not possible to determine with certainty the magnitude of the “dark figure” of unreported sex crimes (Lievore, 2003).

**Table 1: Comparison of number<sup>a</sup> and rate<sup>b</sup> of sexual and physical assault victims by gender, Australia 2001**

	Total		Female		Male	
	Number	Rate	Number	Rate	Number	Rate
Sexual assault	16,744	86	13,520	139	2,760	29
Assault	151,753	783	60,213	619	85,625	887

a Includes victims whose gender was not specified

b Rate per 100,000 population

Source: ABS 2002c

Crime victimisation surveys, particularly “bespoke” surveys that investigate women’s experiences of criminal victimisation, include both reported and unreported sexual assaults, and so yield a higher estimate of the prevalence and incidence of sexual violence than police statistics. The 1996 Australian Women’s Safety Survey found that, in the year prior to the survey, just under two per cent of Australian women aged 18 years and over (n=100,000) were victims of sexual assault, and approximately 16 per cent (n=1,064,900) had been sexually assaulted since age 15. Of those sexually assaulted in the previous year, only 15 per cent reported the most recent incident to police (ABS 1996).

Crime victim surveys do not provide estimates of the prevalence of offenders but they indirectly shed light on recidivist sex offenders who may never be brought into the criminal justice system because of their relationship to the victim. Survey findings indicate that some women are vulnerable to repeat sexual victimisation over the life span by perpetrators who are family members or intimate partners. Yet the odds of women reporting sexual assault to police decrease with the closeness of the victim–offender relationship. At the same time, the high level of under-reporting suggests that even when perpetrators are strangers, some offences may be committed by previously convicted sex offenders, or serial sex offenders who have never been convicted, but it is not possible to estimate what this proportion might be.

---

## Repeat Victimization

Crime victim surveys reveal that women who have been previously sexually victimised, or who have existing relationships with offenders, are at risk of repeat sexual victimisation. Below are selected findings from Australia, Canada, the United Kingdom and the United States:

- The Australian Women's Safety Survey found that sexual abuse was more prevalent among women who had experienced childhood sexual abuse or prior adult abuse. The results provide evidence for a cycle of violence, in which people who are sexually victimised as children may be at greater risk of abusing their own children and may also be more vulnerable to sexual violence as adults (ABS 1996).
- The Australian Crime and Safety Survey found that 54 per cent of all sexual incidents in the previous year were accounted for by 27 per cent of respondents who were sexually victimised. Women who experienced two or more incidents of sexual victimisation in the previous year were aged 35 years and over (49 per cent), were married/cohabiting with a male (47 per cent), or separated/divorced (27 per cent), and not in the labour force (42 per cent) (ABS 1999).
- The British Crime Survey found that 41 per cent of women who had been sexually victimised were subject to multiple incidents of sexual violence. Repeat victimisation was highest among women whose last incident involved a partner, an ex-partner, or another intimate. Forty-two per cent of women whose last sexual victimisation involved a current partner reported experiencing three or more incidents (Myhill & Allen 2002).
- The US National Violence Against Women Survey found that just over half of all women raped by an intimate partner were repeatedly victimised by the same partner (an average of 4.5 rapes) (Tjaden & Thoennes 2000).
- Sexual violence may represent the greatest risk of repeat victimisation for unmarried women. Among Women's Safety Survey respondents, 45 per cent of women who had been sexually victimised since the age of 15 experienced more than one incident, compared to one-third of victims of physical violence (ABS 1996).
- In the Canadian Violence Against Women Survey, 57 per cent of respondents who reported being sexually assaulted by a man other than a spouse were subjected to more than one incident (Johnson & Sacco 1995).

Taken together, findings about repeat victimisation indicate that a potentially large proportion of repeat sexual offending is facilitated by the privacy of the home and the family. At present, recidivism studies do not distinguish what proportion of offenders fall into this category.

## Sex Offenders

The problems caused by the under-reporting of sexual assault are matched by the difficulty of ascertaining the number of known sexual offenders in the community. Studies based on mainly white, male, convicted and incarcerated sex offenders reflect

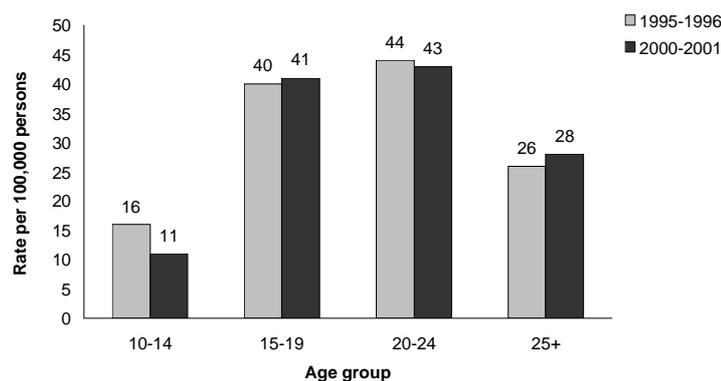
neither the incidence nor the frequency of sex offending in the population as a whole. There are several official sources of information about sex offenders, but the data tend to be incomplete and subject to different counting and recording rules.

## Police Apprehensions

Police apprehension records and associated criminal histories provide some information about the numbers of potential sex offenders who come to the attention of the criminal justice system. Statistics on apprehensions of alleged sex offenders are published by the South Australian, Victorian and Queensland police services and the Western Australian Crime and Research Centre. Data are not available from the other jurisdictions or from the Australian Bureau of Statistics, although the ABS is currently developing the Offender Based Statistics collection, which will include details of persons apprehended for sexual assault (ABS 2003a). The number of apprehensions does not necessarily equate to the number of offences cleared during a counting period, nor to the number of distinct persons apprehended. Depending on jurisdictional counting rules, an apprehension involving more than one offence may be counted once only, or as several records (one for each separate offence). In addition, the same individual may be apprehended on multiple occasions.

Males aged 15 to 19 years are most likely to be apprehended for the commission of any crime. In 2000–01 the offending rate for this age group was more than five times the rate for the rest of the population. While the peak age of male sex offenders is 15 to 24 years, juveniles are less likely than adults to commit sexual assaults (see Figure 2). The proportion of juvenile sex offenders in South Australia, Victoria and Queensland has been stable since 1995–96, with young offenders comprising eight per cent of the sex offender population in 2000–01 (Australian Institute of Criminology 2002).

**Figure 2: Male sexual assault offenders by age, rate per 100,000 persons, Australia 1995–96 and 2000–01**



Note: Figures may not total 100% due to rounding

Source: Australian Institute of Criminology 2002

---

Some differences emerge when data published by the jurisdictions are examined separately and are disaggregated by type of sex offender, as discussed in the following sections. However, some variables remain constant. Across the jurisdictions:

- between 97 and 99 per cent of alleged offenders were males;
- where information was available on racial appearance, the majority of alleged offenders were assessed as Caucasian (76 to 85 per cent);
- between two and nine per cent of alleged offenders were categorised as being of Aboriginal appearance; and
- juvenile offenders usually comprised around 10 per cent of alleged offenders.

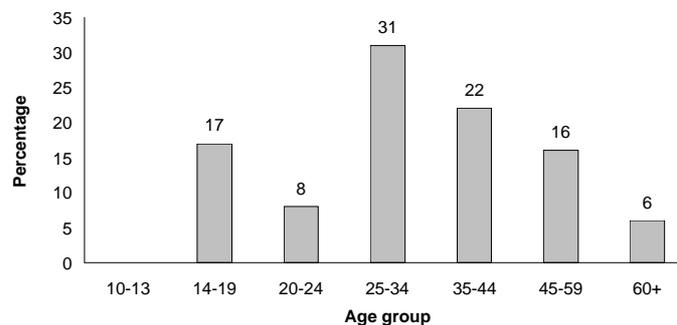
### South Australia

Between 1 January and 31 December 2001, South Australia Police cleared 740 sexual offences by way of an apprehension. The actual number of offences is likely to be higher, as multiple offences of the same type listed on the apprehension record are counted only once. Over half of all alleged offenders (59 per cent) were apprehended for rape and indecent assault. Almost three-quarters (65 per cent) were aged between 25 and 59 years at the time of apprehension (Office of Crime Statistics and Research 2002).

Figure 3 shows the distribution of alleged rapists by age group at the time of apprehension. Slightly fewer than nine per cent were juveniles (17 years or younger). A similar distribution is observed for alleged indecent assaulters in Figure 4, with 11 per cent aged 17 years or younger. It should be noted that the age groups represented by the upright bars do not correspond to equal intervals. Findings include:

- around a quarter of all alleged sex offenders were aged 24 years or younger;
- the percentage of young offenders was higher for indecent assault; and
- an age-related decline in offending was more noticeable among alleged rapists than alleged indecent assaulters.

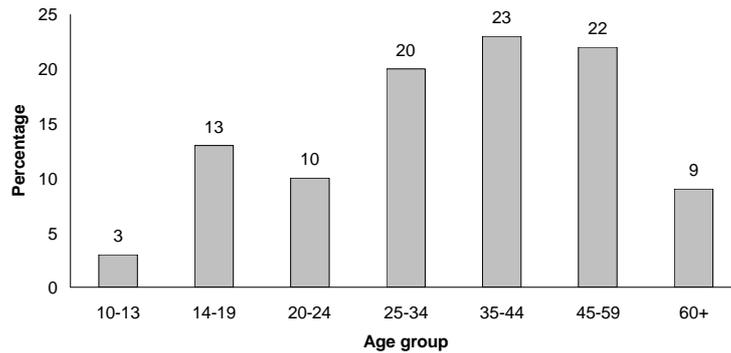
**Figure 3: Distribution of alleged rapists by age group, South Australia 2001**



Note: Figures may not total 100% due to rounding

Source: Office of Crime Statistics 2002

**Figure 4: Distribution of alleged indecent assault offenders, South Australia 2001**



Note: Figures may not total 100% due to rounding

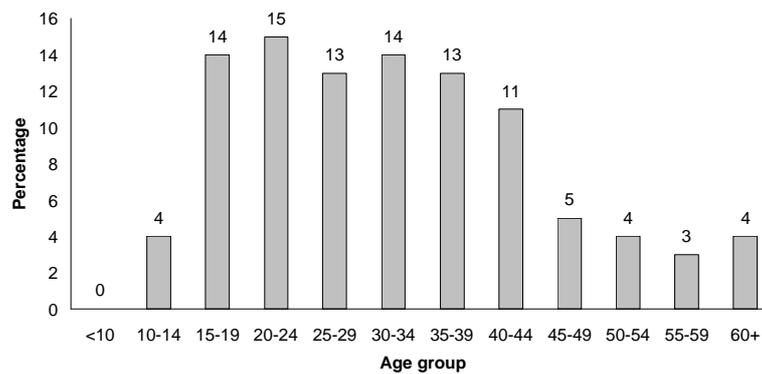
Source: Office of Crime Statistics 2002

## Victoria

For the fiscal year ending 30 June 2001, Victoria Police processed 3,439 alleged sex offenders, 528 for rape and 2,911 for non-rape sex offences. The method of processing includes arrest, caution, summons, or other (for example, complaint withdrawn, alleged offender is underage, insane or deceased, warrant issued). Ten per cent of persons apprehended were under 17 years of age, including 39 alleged rapists and 310 alleged non-rape sex offenders (Victoria Police 2002).

As shown in Figures 5 and 6, peak ages for sexual offending are similar to those in South Australia. The age-related decline in offending is observed in both Victorian groups.

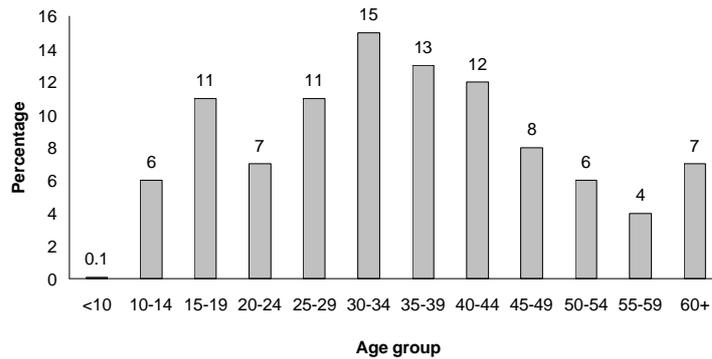
**Figure 5: Age distribution of alleged rapists, Victoria 2000–01**



Note: Figures may not total 100% due to rounding

Source: Victoria Police 2002

**Figure 6: Age distribution of alleged sex (non-rape) offenders, Victoria 2000–01**



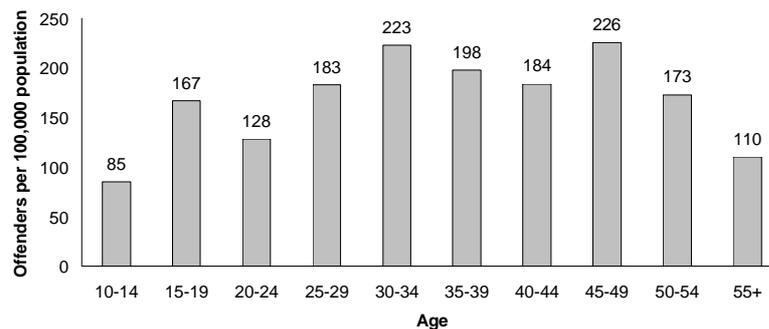
Note: Figures may not total 100% due to rounding

Source: Victoria Police 2002

## Queensland

During the 2000–01 financial year, Queensland Police cleared over three-quarters of the 5,816 sexual offences recorded (1,076 rapes and attempted rapes and 4,740 other sexual offences). An additional 696 sexual offences cleared in the reference period had been reported previously. Actions leading to an offence being cleared include arrest, caution, warrant, being summonsed or issued with a notice to appear before a court or attend a community conference, and obstacles to proceeding, such as the offender’s death, or the complainant refusing to prosecute. Males aged 45 to 49 were most likely to be proceeded against. When the incidence of offenders is calculated, the rate is almost uniform across age groups, decreasing slightly for younger and older age groups (see Figure 7) (Queensland Police Service 2001).

**Figure 7: Rate of male sex offenders per 100,000 population by age group, Queensland 2000–01**



Note: Figures may not total 100% due to rounding

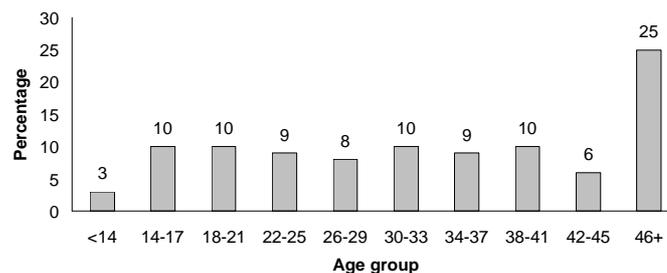
Source: Queensland Police Service 2001

---

## Western Australia

In Western Australia in 2001, 516 distinct persons were arrested for sexual offences (Fernandez & Loh 2001). As shown in Figure 8, the distribution of male sex offenders is relatively uniform across age groups, although it should be noted that the data are not presented in equal intervals. Juveniles (17 years and under) comprised 13 per cent (n=66) of male sex offenders, with almost three per cent aged under 14 (n=14). These statistics should be interpreted with caution, as the numbers are quite low.

**Figure 8: Distribution of male sex offenders by age, Western Australia, 2001**



Note: Figures may not total 100% due to rounding

Source: Fernandez & Loh 2001

## Criminal Courts

Researchers in other developed countries report that although recorded rates of sexual assault are increasing, convictions are falling (Lievore, 2003). It is difficult to determine if this is occurring in Australia, as the ABS did not publish national data on principal offences<sup>2</sup> handed down in Australia's higher courts prior to 2000–01. Principal offences related to sexual assault accounted for 10 per cent of adjudicated defendants in the higher courts in 2000–01 and 2001–02. In 2000–01, a principal offence could not be determined for a total of 17 per cent of adjudicated defendants, ranging from two per cent in the Northern Territory to 29 per cent in Victoria and Tasmania, so the available statistics may understate the proportion to some extent (ABS 2002a, 2003b).

Figure 9 depicts the process through which finalised defendants either proceed to trial and sentencing, or to non-adjudication. If a defendant enters an initial plea of “not guilty”, the case may proceed to a trial, while an initial plea of “guilty” negates the need for a trial and results in a sentencing hearing.

For those states and territories where data were available, the adjudication types and penalty type are detailed in Table 2. Defendants who had a principal offence related to sexual offences tended to have a high proportion of trial outcomes (48 per cent) relative to guilty pleas, although the overall total of guilty pleas is less than 50 per cent in most jurisdictions (ABS 2002a).

---

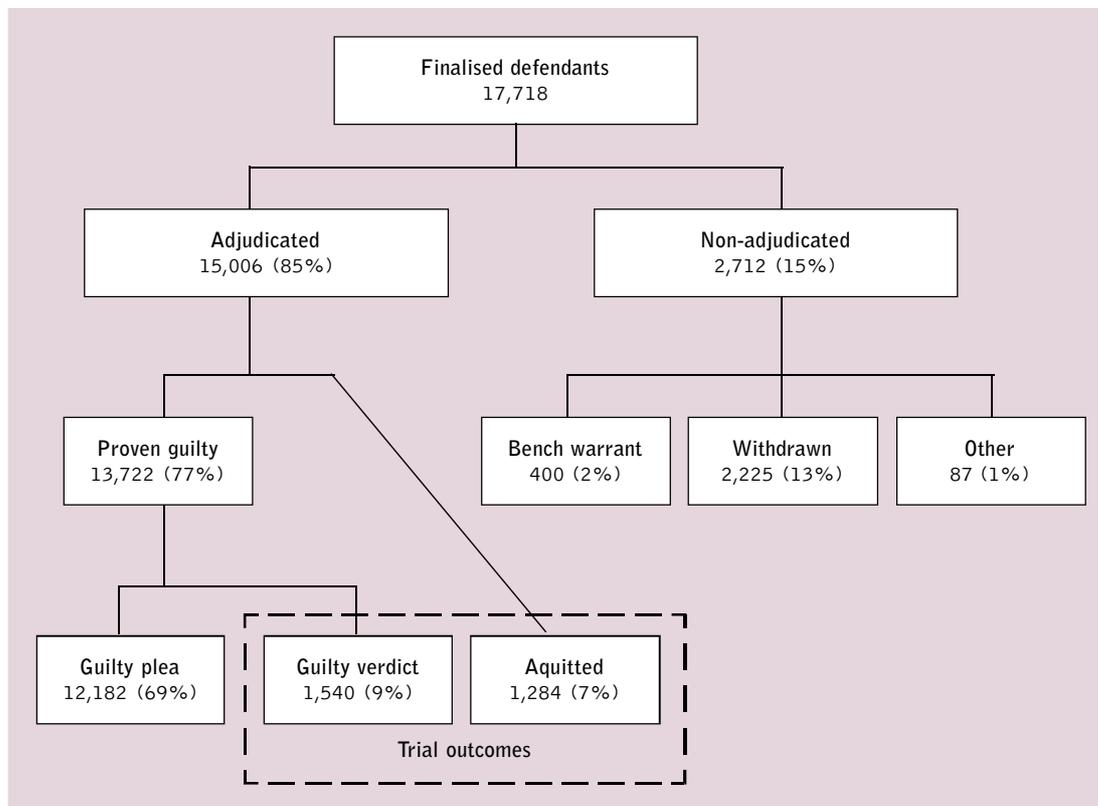
<sup>2</sup> The principal offence is the offence that received the highest penalty. It does not reflect penalties for ancillary offences, either sexual or non-sexual.

**Table 2: Proportion of adjudication type and penalty for sex offences, Australian higher courts 2000–01**

	NSW	Qld	SA	WA	Tas.	NT
Adjudication type (%)						
Acquitted	35.9	18.7	34.3	26.2	21.2	18.2
Guilty verdict	19.8	16.5	19.4	29.9	33.3	18.2
Guilty plea	44.3	64.8	46.3	43.9	45.5	63.6
Type of penalty (%)						
Imprisonment	65.3	58.5	66.8	50.0	81.4	46.2
Other penalty type	34.0	41.0	33.2	na	16.0	na
Unknown penalty type	0.8	0.5	–	na	2.5	na

Source: ABS 2002a

**Figure 9: Finalisations for all offence types in Australian higher courts 2000–01**



Source: ABS 2002a

---

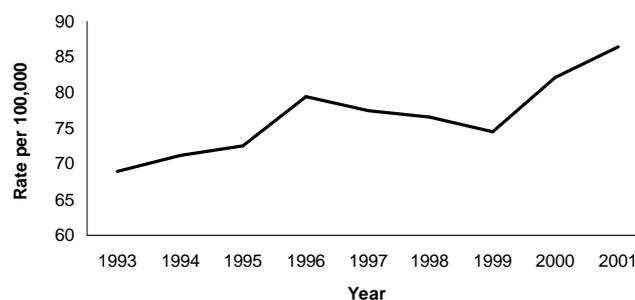
## Annual Prison Census

The annual prison census counts the number of prisoners on the last day of the financial year. On 30 June 2001, the total Australian prison population comprised 22,458 inmates, of whom 18,123 had been sentenced (ABS 2002b). Of these:

- 11 per cent of sentenced male prisoners had a most serious offence involving sexual assault (n=1,873). This does not include prisoners who were convicted of sexual assault on ancillary charges only.
- Less than half of these (40 per cent) had served prior sentences, although it is not possible to determine whether prior sentences involved sexual assault. This is less than the proportion of the total male prison population with known prior adult imprisonments (59 per cent).
- Approximately 10 per cent of Indigenous offenders were sentenced for a most serious offence involving sexual assault. Three-quarters (67 per cent) had served prior adult prison terms.
- The proportion of males sentenced for sexual assault was highest in Western Australia (16 per cent) and lowest in the Northern Territory (just under eight per cent).

The proportion of males sentenced for sex crimes in recent years does not reflect trends in reporting or overall imprisonment rates. Between 1993 and 2001, the overall sexual victimisation rate recorded by police in Australian states and territories increased by 37 per cent (Figure 10, ABS 2002c). This does not necessarily represent an increase in the occurrence of sexual assault, but may reflect increased reporting by victims and changes in police recording practices (Lievore, in press).

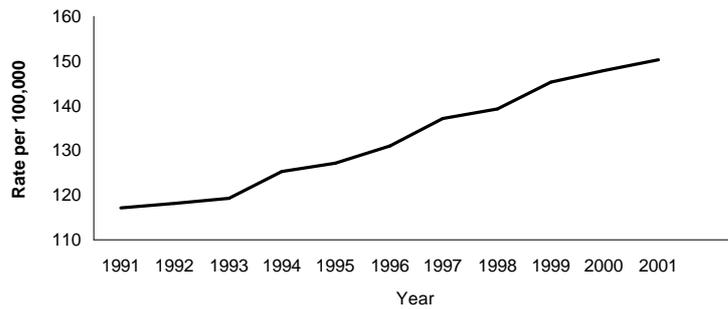
**Figure 10: Sexual assaults recorded by police 1993–2001, per 100,000**



Source: ABS 2002c

As shown in Figure 11, from 1991 to 2001 the total prisoner population increased by 50 per cent (ABS 2002b).

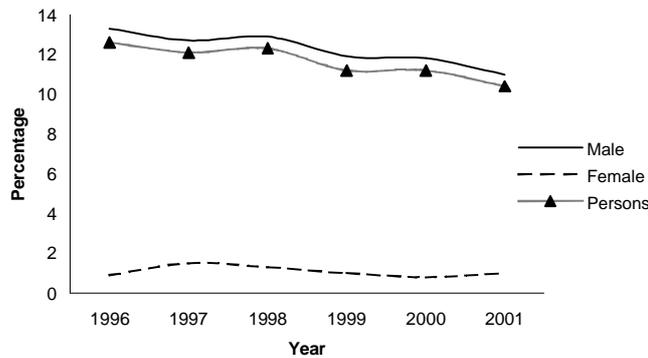
**Figure 11: Increases in imprisonment rates per 100,000 population, 1991–2001**



Source: ABS 2002b

Between 1996 and 2001, the percentage of prisoners sentenced for sexual assault decreased slightly.<sup>3</sup> For all persons sentenced for sexual assault, the proportion declined from just under 13 per cent in 1996, to 10 per cent in 2001 (Figure 12).

**Figure 12: Percentage of prisoners sentenced for sexual assault, 1996–2001**



Source: ABS 2002b

## Summary

Official statistics indicate that the base rate for sexual assault is one of the lowest across all crime categories, but it is difficult to gain an accurate picture of the prevalence and incidence of sex offences and sex offenders. Although sexual victimisation is not a rare occurrence and some women are at risk of repeated attacks, police are notified of only a minority of sexual assaults. Official statistics on apprehensions, convictions and incarcerations for sexual assault therefore represent only the tip of the iceberg of all sex crimes perpetrated. It is even more difficult to estimate how many sex offenders recidivate sexually. Similarly, official data give some indications of the sociodemographic characteristics of sex offenders who are most likely to be apprehended, convicted and incarcerated, but it cannot be stated with any degree of certainty that this group resembles sex offenders who never come to the attention of the criminal justice system. The implications of these findings are discussed in following chapters.

<sup>3</sup> The ABS does not provide the rate of imprisonment per 100,000 population for offender types.

---

## 3 What is Recidivism and How is it Measured?

Despite the assumption that sex offenders are particularly prone to reoffend, reconviction rates for sexual crimes are relatively low. This does not necessarily mean that sex offenders do not recidivate, or that women's fears about repeat sexual offenders are unfounded. While small in number, visible or known sex offenders—those who are convicted or incarcerated—have an inordinate impact on public attitudes and policy. Therefore, it is necessary to understand what predicts sexual recidivism, why it occurs, and at what rates. Studies of visible sex offenders comprise the bulk of recidivism research, although it is not clear whether they are representative of the sex offender population. Nevertheless, recidivism studies are a useful source of information and a valuable tool for assessing future risk and evaluating the efficacy of interventions.

While the notion of recidivism is conceptually clear, it is difficult to operationalise for research purposes. Methodological issues that impact on recidivism rates include differing definitions and measures of recidivistic activity, varying data sources, small samples with different characteristics, differing follow-up periods and other methodological pitfalls. The following section outlines some of the key issues to be considered and highlights the complexities of designing and interpreting follow-up studies.

### Defining and Measuring Recidivism

Estimates of recidivism rates are impacted by how and when reoffending is measured. For example, the definition of recidivism may encompass sexual reoffending, violent non-sexual reoffending, and any/general reoffending (non-sexual, non-violent crimes). At the same time, recidivism may be measured at different points of a known offender's re-entry into the criminal justice system. In the studies reviewed for this report, the defining criteria for recidivism included:

- warrant, re-arrest or investigation for a subsequent sexual offence, of the same type (homologous) or any other type;
- reconviction for a sexual offence, homologous or other;
- return to prison for a sexual offence, homologous or other;
- warrant, re-arrest, reconviction or reincarceration for violent offences;
- warrant, re-arrest, reconviction or reincarceration for any other type of offence;
- any new arrest resulting in conviction; and
- technical violations of parole or probation conditions that result in a return to prison, although no new offence has been committed.

---

Many studies use release from prison as the starting point for investigating prior or subsequent offending. The offence leading to this period of incarceration is referred to as the index or target offence. A variety of statistical methods are used to calculate recidivism rates, including:

- “Frozen time” method, which reports the cumulative percentage of offenders who have recidivated after a designated follow-up period.
- “Survival” or “failure” rate analysis, which takes into account the bias produced by “censored” follow-up periods (see “Follow-up Periods”, below) and varying follow-ups for individual offenders. This method estimates the ultimate probability and rate or speed of recidivism.
- “Life-table” method, which estimates the probability of recidivism in specified time intervals by comparing the numbers who fail with the numbers at risk in each interval. Not all offenders are at equal risk of reoffending sexually during the follow-up period, as some may be hospitalised or incarcerated for varying periods (Broadhurst 2000; Broadhurst & Maller 1991).

## Reconviction versus Re-arrest

The most common and conservative measure of recidivism is based on reconviction, as this is a more certain indicator of guilt than re-arrest and possibly points to more serious reasons for re-entry into the criminal justice system. Reconviction is defined as conviction for a subsequent criminal offence during a specified follow-up period. Reconviction rates are usually expressed as the proportion of a sample that is reconvicted, but they do not reflect the severity or frequency of recidivistic activities (Friendship, Beech & Browne 2002). Most studies count reconvictions for all crimes committed during the study period, then examine recidivism rates by offence type. The importance of taking other offence types into account is that sexual charges may be dropped in court proceedings or through plea bargaining. Recidivism rates based on reconviction rely on detection, arrest and successful prosecution of the offender, while reconviction rates sometimes refer only to the first reconviction in the follow-up period. If this were a non-sexual offence, subsequent sexual reconvictions would not be reflected in the statistics. As a result, these rates underestimate and are not necessarily correlated with actual reoffence rates.

These methodological problems call into question the use of sexual reconviction rates as the sole measure for evaluating treatment programs (see Chapter 7). However, the strength of reconviction data is that they are adequately recorded and accessible, especially with the advent of computerised databases. These shortcomings can be overcome to some extent by using supplementary outcome measures and information from a variety of sources, such as police records, probation files and sex offender registers, where these exist (Friendship & Thornton 2001).

The problem of underestimating recidivism by using reconviction rates can be further addressed by basing reoffending rates on arrests. This results in substantially increased estimates of reoffending, although rates of homologous sex offending remain low. At the

---

same time, estimates based on arrests continue to rely on detection of offences, but risk incorrectly labelling innocent people as offenders. They may also overstate individual rates of offending, as well as the magnitude of age, sex and race differences (Broadhurst & Loh 1997).

## Data Sources

Different data sources yield varying recidivism rates. Falshaw, Friendship and Bates (2003) supplemented official reconviction data on 173 sex offenders who participated in a community-based treatment program, with unofficial data from a range of sources which were collected by program administrators. Each of the data sources found evidence of offence-related behaviour that was not identified by any other method. The sexual recidivism rate obtained through combined sources (21 per cent) was between two and five times greater than the rate established through official sources.

Self-report studies generate larger estimates than reconvictions, but they rely on informants' memory and honesty. As most incarcerated sex offenders admit to at least one undetected sex crime, this group may be responsible for a large proportion of sex offences. Yet sexual offending by hidden offenders can be a high-frequency behaviour. In a self-report study of 561 non-incarcerated sex offenders who were guaranteed confidentiality, the informants disclosed over a quarter of a million completed sexual assaults (Abel et al. 1987, cited in McGregor & Howells 1997).

## Sample Characteristics

Most estimates of reoffending are based on small samples of incarcerated sex offenders, which are often insufficient to yield reliable statistical estimates. This is further complicated by the heterogeneity of sex offenders and variable probabilities of reoffending for different sex offender groups. One of the problems of follow-up studies is that sample characteristics may differ widely, as they often include offenders who differ in terms of offence/victim type, sociodemographic and personal characteristics, frequency and severity of offending and so on. Some studies do not differentiate recidivism rates for different offender types, while others do not distinguish between sexual and non-sexual violent recidivism, sometimes because violent recidivism includes sexual offending. The implications of small samples with variable characteristics are at least two-fold. First, findings may not be directly comparable across studies. Second, the results of a given study may not be a reliable indicator of the likelihood of recidivism for subgroups of sex offenders.

Analysis is further confounded by the fact that some types of offences are more likely to be reported, are more easily detected, or are more likely to obtain a conviction. This underscores the desirability of distinguishing between types of sexual offenders (although it should be noted that some offenders commit various types of offences against multiple victim categories). For example, reconviction rates against child molesters are low due to difficulties in obtaining convictions, while indecent exposure

---

has a relatively high conviction rate. Combining the two types of offences into a single category would overestimate the probability of reconviction for child sex offenders and underestimate it for indecent exposure (Taylor 1999).

## Follow-up Periods

The duration of follow-up studies is important for a variety of reasons. Recidivism estimates face a potential bias associated with “censoring”, which refers to the fact that recidivism of released prisoners can only be traced to the cut-off date of the follow-up period. Many studies indicate that sexual recidivism usually occurs within two to three years following release from prison, so follow-up periods of five to 10 years are generally regarded as adequate. However, longer periods yield more reliable results for sex offences. While the base rate for sexual recidivism is not high, it is persistent for some groups. Studies with long follow-up periods have found that, among some groups of sex offenders, reconvictions for sexual offences continue to occur many years—even decades—after release, albeit in substantially reduced numbers (Grubin & Wingate 1996; Loucks 2002).

Offenders who are likely to reoffend but have not done so by the cut-off date will not be counted as recidivists, while other offences fall outside the follow-up period due to the length of time taken for cases to be tried in court. Longer follow-up periods compensate for delays between charging and conviction and make more efficient use of data in samples where the observation period or time at risk differs widely (Friendship, Beech & Browne 2002). Most studies acknowledge the need for a long follow-up, but few are able to implement this measure (Broadhurst & Maller 1992).

## Recording Practices

Researchers who do not take into account various recording practices in criminal justice agencies may fail to detect some recidivist sex offenders. For example, sexual offenders may be identified by the principal offence for which they were convicted. An offender with a non-sexual principal offence may not be identified as a sex offender, even if he has subsidiary convictions for sexual assault. In addition, some violent and non-violent crimes have sexual motivations that are not apparent from conviction records.

Studies that do not examine previous convictions will also underestimate the extent of sexual recidivism. In a sample of 402 British prisoners serving sentences for sex offences, 28 were reconvicted for a further sexual offence within four years of release. When previous sexual convictions were taken into account, 27 per cent (n=107) of the 402 sex offenders were found to have at least one previous conviction for a sexual offence. This group included the 28 reconvicted offenders. Various recidivism rates can be calculated for this sample, including:

- seven per cent of all prisoners serving current sentences for sexual offences were reconvicted for a further sexual offence within four years of release from prison;
- 12 per cent of prisoners with current *and* previous sexual offences reoffended within four years of release;

- 
- six per cent of prisoners with previous but not current convictions for sexual offences were reconvicted; and
  - five per cent of prisoners with current but not previous convictions for sexual offences were reconvicted (Marshall 1996).

## Generalist versus Specialist Offenders

Another salient issue is whether sex offenders are generalist or specialist offenders; that is, whether they commit other types of crime or only sex crimes. The preferred view is that sex offenders are versatile offenders: they are both generalists and specialists and the index offence often does not predict future offence types. A large proportion of sex offenders have prior convictions for violent and general offences, and they are more likely to have prior convictions for these offence types than for sex offences. At the same time, there may be a small number of sexual recidivists who commit a disproportionate number of sex crimes. Within their general criminal careers, the latter may specialise in sexual offending and, within their sexual criminal careers, they may specialise in particular types of sexual offences. Thus, offenders with similar criminal histories may commit distinct types of sex offences, or vice versa (Broadhurst & Maller 1992; Soothill et al. 2000). In the main, those who recidivate sexually tend to repeat the same type of offence, with the same type of victim and so on. Therefore, categorising sex offenders in subgroups has important implications for predicting the likelihood of recidivism.

## Recidivism Rates

To gain a general idea of what is known about levels of sexual recidivism, studies from Australia, New Zealand, Canada, England and Wales, and the United States were reviewed. This provides a comprehensive but not exhaustive overview of the literature. Table 3 summarises the key features of all studies reviewed and points to the low base rate of sexual recidivism. A number of studies report sexual recidivism rates below 10 per cent and relatively few are higher than 20 per cent. However, findings across studies are often inconsistent, with some reporting higher recidivism rates among rapists than child molesters, or vice versa. These inconsistencies reflect the nature of the research, particularly in light of the methodological issues detailed in the previous section. More detailed findings of selected studies are outlined below.

Additional observations from selected studies point to different recidivism rates and patterns of generalisation/specialisation for rapists and child molesters.

## Recidivism Rates and Victim/Offence Type

Broadhurst & Maller (1991, 1992) investigated the question of whether sex offenders are specialists. They followed 502 sex offenders released from Western Australian prisons between 1975 and 1987 for up to 12 years. The majority (n=284) were imprisoned for serious sex offences such as rape and carnal knowledge of girls under 13, with a further 113 incarcerated for indecent dealings, 63 for carnal knowledge and 31 for incest. Aboriginal offenders were more than twice as likely to return to prison for any offence

**Table 3: Recidivism rates across a sample of follow-up studies**

Study	Sample (n)	Index sex offence	Definition of recidivism	Follow-up period	Sex offences	Violent offences	Sex and/or violent offences	Any offence
Burgoyne 1979 Australia	115	Rape (62%) Attempted rape	Reconviction	4–9 years	Rape/attempted rape 2% Other 5%	31% (may have included sex offences)		58%
Broadhurst & Mailer 1992 Australia	502	Rape, carnal knowledge, incest, indecent dealings	Reincarceration	Up to 12 years	Homologous 5.2% Other 3.2%	20.9%	27.1%	36.2%
Broadhurst & Loh 1997 Australia	2,785	Not specified	Re-arrest	Average 6 years, maximum 11 years	10%		20%	41%
Greenberg, Da Silva & Loh 2002 Australia	2,165 referred for sex offender treatment	Child molesters and rapists	Re-arrest*	Up to 7 years	Overall 15.5% Treated rapists 7% Untreated rapists 4.5% Treated child molesters 16% Untreated child molesters 5.6%		Overall 28.3% Treated rapists 21.2% Untreated rapists 15.7% Treated child molesters 18.6% Untreated child molesters 10.5%	Overall 49.7% Treated rapists 60.8% Untreated rapists 60.1% Treated child molesters 43.3% Untreated child molesters 41%
Southey, Braybrook & Spier 1994 New Zealand	273 in two groups	Not specified	Reconviction	5 years and 10 years	Rape within five years 6% Various other sexual offences 4%–13%	33% of each group within five years		Overall 72% over 10 years Within 5 years: 59% of 10-year group 64% of 5-year group
Spier 2002 New Zealand	1,556	Not specified	Reconviction	Up to 5 years	3% within 2 years 7% within 5 years 4% within 5 years for serious violations	12% within 2 years 23% within 5 years		30% within 2 years 47% within 5 years

\* A variety of measures was used. Only selected results are reported here.

**Table 3 (con't): Recidivism rates across a sample of follow-up studies**

Study	Sample (n)	Index sex offence	Definition of recidivism	Follow-up period	Sex offences	Violent offences	Sex and/or violent offences	Any offence
Motiuk & Brown 1996 Canada	570	Federally sentenced rapists (n=118) Paedophiles (n=114) Incest offenders (n=46)	Reconviction	Average 3.5 years; 52 months for 329 under community supervision; 1-3 years for 241 newly released	Overall 5% <u>Under community supervision</u> Rapists 6% Paedophiles 10% Incest 4% <u>New release</u> Rapists 8% Paedophiles 4% Incest 3%	Overall 20% <u>Under community supervision</u> Rapists 21% Paedophiles 18% Incest 9% <u>New release</u> Rapists 25% Paedophiles 11% Incest 11%	Sex and/or violent offences	Overall 34%
Proulx et al. 1998 Canada	172	70 rapists & 102 child molesters taking part in 2-year treatment program (Dropouts <12 months; Completed treatment 12-24 months; Extended treatment >24 months)	Reconviction	1 month to 155 months Mean of 56 months	<u>Child molesters</u> Dropout 21% Completed 6% Extended 27% <u>Rapists</u> Dropout 21% Completed 35% Extended 23%	<u>Child molesters</u> Dropout 21% Completed 6% Extended 27% <u>Rapists</u> Dropout 54% Completed 50% Extended 27%		<u>Child molesters</u> Dropout 33% Completed 6% Extended 32% <u>Rapists</u> Dropout 71% Completed 65% Extended 39%
Soothill & colleagues 1998, 1999, 2000 England & Wales	3,596	Cohort of male sex offenders convicted in 1973	Reconviction	32 years 1963 to 1994	<u>Rapists</u> For any sexual offence 17% within 20 years For serious sexual offences 10% within 20 years		<u>Rapists</u> 38% within 20 years	<u>Rapists</u> 61% within 20 years
Marshall 1997a England & Wales	Men born in 1953	Not specified	Reconviction	Calculated in relation to estimated sex offender population	10% within five years of first conviction	12% within five years of first conviction	22% within five years of first conviction	

Table 3 (con't): Recidivism rates across a sample of follow-up studies

Study	Sample (n)	Index sex offence	Definition of recidivism	Follow-up period	Sex offences	Violent offences	Sex and/or violent offences	Any offence
Friendship & Thornton 2001 England & Wales	1,090 two cohorts released from prison 1992 (n=555) & 1993 (n=535)	Not specified	Reconviction	4 years	1992—5% 1993—5%			
Hood et al. 2002 England & Wales	174 convicted of serious sexual offences	Rapists and child molesters	Reconviction/ reimprisonment	2 to 6 years	<u>Reimprisoned after 6 years:</u> Overall 8.5% Non-stranger rapists 9.5% Stranger rapists 5.3% Extra-familial child molesters 26.3% Intra-familial child molesters 0%	<u>Reimprisoned after 6 years:</u> Overall 12.8% Non-stranger rapists 14.3% Stranger rapists 15.8% Extra-familial child molesters 31.6% Intra-familial child molesters 0%	<u>Reimprisoned after 6 years:</u> Overall 5.3% <u>Reconvicted after six years:</u> Overall 30.9%	
Bureau of Planning & Evaluation 1996 Ohio USA	826	Rapists and child molesters	Reincarceration	5 years	Overall 8% New offences 5%		Overall 28% New offences 14%	
Greenfield 1997 United States	Unknown	Rapists and sexual assaulters	Re-arrest	3 years	3% of rapists re- arrested for rape versus 1.5% of other felons arrested for rape	20% of rapists and sexual assaulters versus 41% of other violent offenders		52% of rapists
Langan & Levin 2002 United States	3,138	Rapists	Re-arrest	3 years	New rape 3%	19%		46% of rapists versus 79% of motor vehicle thieves

**Table 3 (con't): Recidivism rates across a sample of follow-up studies**

Study	Sample (n)	Index sex offence	Definition of recidivism	Follow-up period	Sex offences	Violent offences	Sex and/or violent offences	Any offence
Hanson & Busière 1998 Meta analysis of 61 studies from 6 countries	23,393	Mixed	Arrest, reconviction, self-report, parole violation	Average 4–5 years	Average 13.4% Rapists 18.9% Child molesters 12.7%	Average 12.2% Rapists 22.1% Child molesters 9.9%		Average 36.3% Rapists 46.2% Child molesters 36.9%
Hanson 2002 Secondary analysis of 10 studies from Canada, UK and US	4,673	Mixed	Charges or convictions for new sexual offences		Overall 17.5% Rapists 17% Incest offenders 8% overall (31% in 18-24 age group) Extra-familial child molesters 20%			

---

than non-Aboriginal sex offenders (80 per cent compared to 35 per cent). Offenders were reincarcerated for a range of criminal activities, but rates of sexual recidivism were low. In particular, the researchers observed a widespread pattern of violent behaviour, which offers little support for the view that sexual offending is an aberrant behaviour with a unique cause.

More recently Broadhurst and Loh (1997) followed up 2,785 males arrested for sex offending for the first time in Western Australia between 1984 and 1994. Aboriginals were over-represented at 13 per cent of the sample. Just over half of all offenders and three-quarters of Aboriginal offenders had sexually assaulted adult females. A large number of offenders desisted from offending or, at the very least, were not re-arrested, but the risk of re-arrest varied according to the definition of recidivism (re-arrest for any offence, sexual offence, offence against the person). Operationalising recidivism as re-arrest rather than a return to prison substantially increases the rate of reoffending, while defining recidivism only as a repeat sex offence considerably underestimates the risk of dangerous or general re-offending. The likelihood of re-arrest for homologous sex offences was low, but those who were re-arrested for sex offences were equally likely to be re-arrested for a violent offence. Irrespective of the type of index sex offence, younger offenders and Aboriginals were most likely to be re-arrested for any crime and for offences against the person.

A Canadian study followed 570 federally sentenced<sup>4</sup> paedophiles, rapists and incest offenders for an average of 3.5 years post-release. Paedophiles had the highest rates of sexual recidivism, but rapists had the highest recidivism rates across the three offence categories. This suggests that rapists have more generalised criminal careers, while paedophiles may be more specialised (Motiuk & Brown 1996).

Analyses by Soothill and colleagues revealed that the general crime patterns of sex offenders varied according to the victim type, but that offenders specialise in their sexual offending behaviour. They found that most rapists did not reoffend sexually, but that their criminal repertoires were more generalised than those of other sexual offenders. Rapists were twice as likely to be reconvicted of a violent crime (47 per cent) than a sexual offence (23 per cent). The data support the view that rapists are violent offenders who also offend sexually and that offenders tend to be fairly specialised in terms of the sex offence categories in which they engage. While 21 per cent of those convicted of indecent assault against a female were reconvicted on the same offence, fewer than three per cent were convicted on sex crimes such as gross indecency with a child or indecent assault on a man. The range and level of activity of offenders committing sexual assaults against males indicates that they may be the most serious sexual offenders, caring least about the gender and age of the victim, or the nature of the offending behaviour (Ackerley, Soothill & Francis 1998; Soothill et al. 2000; Soothill & Francis 1999).

---

<sup>4</sup> Sentenced for two years or more.

---

Hood et al. (2002) also found that reconviction rates varied according to the type of victim. Among a sample of 174 male sex offenders, 40 per cent perpetrated offences against adult women. Half were unknown to their victims and nine out of 10 perpetrated rapes and attempted rapes. One-quarter of rapists and one-fifth of child molesters had a previous conviction for sexual assault. Sexual reoffending was largely homologous, with 62 per cent of rapists reoffending against adults only and 71 per cent of child molesters repeating their offences against children only. While the results show a degree of specialisation, a sizeable proportion of each group nevertheless switched between child and adult victims. No intra-familial child sex offenders were reconvicted of sexual or violent offences during the follow-up period.

In the United States, 826 sex offenders released from Ohio prisons in 1989 were followed up for five years. Around 15 per cent of the sample had previously been incarcerated, with slightly fewer than two per cent having served prior sentences for sex offences. Almost half of the victims of the most recent sex offences were aged less than 13 years (47 per cent), with a further 23 per cent aged between 13 and 17 years. Most offenders victimised only females (87 per cent) and knew their victims (80 per cent). Offenders who had previously victimised adults and strangers were more likely to recidivate sexually (13 per cent and nine per cent respectively). Recidivism rates were lower for offenders who participated in treatment programs (Bureau of Planning and Evaluation 1996).

Langan and Levin (2002) traced re-arrest, reconviction and reincarceration rates of 272,111 United States prisoners in 15 states. The data show that many sex offenders perpetrate multiple offences: approximately one per cent (n=3,138) of all released offenders had been imprisoned for 21,600 rapes and just over two per cent had committed 22,800 other sexual assaults. The follow-up found lower recidivism rates for sex offenders than for most other violent offenders. The study provides evidence of some degree of specialisation and a high degree of criminality among sex offenders:

- rapists were over four times more likely to be re-arrested for rape than non-rapists;
- the odds of non-rape sex offenders being re-arrested for homologous offences were almost six times that of a non-sexual offender being arrested for sexual assault; and
- just over one-quarter of prisoners re-arrested for rape were convicted, slightly less than those arrested for other sexual offences.

Finally, a meta-analysis of 61 recidivism studies with over 23,000 subjects from six countries did not support the popular view that sexual offenders always commit further sex crimes. In a meta-analysis, the findings of numerous small studies were aggregated, resulting in sample sizes that were large enough to detect even small effects. On average, just over 13 per cent of sex offenders were known to have recidivated sexually, with rapists showing higher rates of sexual, violent and general recidivism than child molesters. While these averages must be interpreted cautiously due to methodological differences between the studies, sexual recidivism rates across the studies rarely exceeded 40 per cent, even with follow-up periods of 15 to 20 years (Hanson & Bussière 1998).

---

## Risk of Recidivism Over Time

Other studies highlight that there is an elevated risk of repeat offending soon after release from prison, although some offenders are at risk of sexual recidivism for many years.

Burgoyne (1979) examined recidivism among 115 men who were incarcerated for rape or attempted rape in Victorian prisons or youth training centres. Almost half (48 per cent) were convicted of other offences at the same time as the rape conviction, with rape or other sexual offences the most common second offence. During the four- to nine-year follow-up period, over half of the sample was convicted of at least one new offence, most often in the two years following release. Assault was the most common violent offence leading to conviction within five years following release (20 per cent).

In New Zealand, Southey, Braybrook & Spier (1994) followed two groups of rapists for five and 10 years following release from prison. The average time between release from prison to the first subsequent charge resulting in conviction was 14 months for both groups. The highest risk was in the first year following release, when half of all recidivists reoffended. Offenders continued to be at risk of offending for a number of years, with 13 per cent of those who did not reoffend after five years doing so within the next five years. Only 28 per cent had not reoffended after 10 years.

In England and Wales, the prior and subsequent criminal records of sex offenders convicted in 1973 were examined over the 32 years from 1963 to 1994. The majority of reconvictions occurred within the first 10 years of the follow-up. On average, only five per cent of first reconvictions for a violent or sexual offence occurred after 10 years (Ackerley, Soothill & Francis 1998; Soothill et al. 2000; Soothill & Francis 1999). While this provides some evidence that most sex offenders are unlikely to be reconvicted after this period, Loucks (2002) reports that some offenders have been reconvicted over 20 years after serving their last prison sentence.

Hood et al. (2002) found that reconvictions for sexual and sexual/violent offences accumulated slowly over time, but remained comparatively low six years after release from prison. Total reconviction rates leading to reimprisonment for sex offences increased from one per cent two years after release, to four per cent after four years and just under nine per cent after six years. Reconviction rates for sexual or violent offences leading to reimprisonment almost trebled between the two- and four-year follow-ups (five per cent to 13 per cent).

### Summary: Patterns in Recidivism

Despite varying methodologies and results, the international literature broadly concurs on several points:

- Rates of sexual recidivism are low relative to other offence types. Most sex offenders are not reconvicted or reimprisoned for sex crimes, although a sizeable group continues a general criminal career.

- 
- There is considerable continuity between sexual and violent offending, particularly among rapists, many of whom have extensive general criminal histories.
  - Subgroups of sex offenders recidivate at different rates. In general, incest offenders are least likely to reoffend and extra-familial child molesters are most likely to be reconvicted.
  - Sexual recidivists often specialise in their choice of victims or behaviours and the likelihood of reoffending is contingent to some extent upon the offender's particular sexual criminal career.
  - While most sex offenders recidivate within two to three years of release from prison, the risk of sexual recidivism remains long after.

It is not clear whether low rates of sexual recidivism point to a lack of opportunity to reoffend, to rehabilitation, or to non-detection of subsequent sex crimes. Assuming that it was possible to measure the actual rate of sexual recidivism, the figures are likely to be much higher than those found in most studies. This is a problem for all recidivism studies, as undetected offences for crimes with higher base rates, such as theft, may be even greater. On balance, however, the accumulation of evidence indicates that follow-up studies give a reasonable, if conservative, estimate of sexual recidivism among offenders who come to the attention of the criminal justice system.

As previously noted, visible sex offenders often admit to committing multiple offences over long periods of time. Because there is a strong relationship between the frequency of offending and the likelihood of being reconvicted at some point, it is not possible to assume that most released sex offenders who are not reconvicted are also hidden multiple offenders. In addition, while many sex offenders have histories of violence, many others do not. This suggests that in many cases the causes of offending cannot be attributed solely to individual psychological variables. Sexual recidivism is also a product of contextual factors, such as associating with criminal peers and leading antisocial lifestyles, and sociocultural factors, including a dominant male culture that tolerates force to resolve interpersonal problems. Each of these dimensions must be addressed in crime prevention and reduction strategies.

While most sex offenders are not at risk of sexual recidivism, it is necessary to identify those who are. Therefore, an alternative focus for researchers, policy-makers, the criminal justice system and other stakeholders may be to elucidate the relationship between reoffending, re-arrest and reconviction, the circumstances that lead to reoffending and factors that might reduce the propensity to reoffend (Grubin & Wingate 1996; Hood et al. 2002). Variables that predict the risk of sexual and general recidivism are considered in the next chapter.

## 4 Predicting the Risk of Sexual Recidivism

Given the risk that sex offenders pose to the community, effective tools for assessing the probability of recidivism are crucial. In criminal justice, the notion of risk centres on the likelihood of offenders inflicting harm on others at some future time. Risk assessment usually refers to:

- an uncertain prediction about a future harmful behaviour; and
- an assessment of the frequency, impact and likely victim(s) of the behaviour (Kemshall 2001).

Risk assessment of sex offenders has become a core practice within correctional systems. Reliable means of distinguishing between high- and low-risk individuals and the circumstances under which they are likely to reoffend are crucial for decisions about allocating program and human resources, the best point at which to release offenders, and subsequent supervisory processes (Hudson et al. 2002). The difficulty and accuracy of prediction are impacted by the way that risk and recidivism are defined. For example, predictions of the probability of re-arrest are often valid when based on general groupings such as sex, age, race and broad category of offending, but less precise as the group and offence type become more specific (Broadhurst 2000). At the same time, re-arrests constitute an indeterminate proportion of actual reoffences, so that variables predicting re-arrest are not necessarily correlated with recidivism. As imperfect as these measures are, they constitute valuable tools in combating sexual assault and formulating prevention and intervention strategies.

Accurate prediction of future offending is difficult for events such as sexual assault, given the heterogeneity of offenders and the relatively low frequency of sex offending in the general population. One of the key issues in risk assessment is avoiding under-prediction and over-prediction of offending. The four possible outcomes of risk assessment are presented in Figure 13. The most desirable outcome is an accurate prediction that sexual assault will occur (Box A), or a correct prediction that it will not occur (Box D).

**Figure 13: Outcomes of risk predictions**

		Prediction	
		Yes	No
Outcome	Yes	A True positive prediction	B False negative prediction
	No	C False positive prediction	D True negative prediction

Source: Kemshall 2001

---

The low base rate of sexual offending means that the most accurate prediction is always that no offenders will recidivate. However, the consequences of a false negative prediction (Box B, when a risk of harm is not identified but does occur) include a heightened risk of harm to future victims, as potential repeat offenders may not receive appropriate treatment or surveillance. Conversely, false positive predictions (Box C, when harm is predicted but does not occur) wastes resources, impacts on civil liberties and results in over-intervention (Kemshall 2001).

## Risk Assessment Techniques

Accurate estimations of risk are maximised through the use of two distinct methods—actuarial techniques and clinical judgment—both of which have shortcomings and benefits.

- Actuarial models statistically estimate the probability of offending for particular groups of offenders, based on the criminal histories of similar groups. These techniques minimise the problem of low base rates and have been successful in identifying offenders at low risk of relapse, but have been less helpful in identifying high-risk offenders. Actuarial instruments fail to capture the complexity of processes leading to sexual recidivism, as they tell us little about individual men, or the situational risk factors associated with reoffending. Questions have also been raised about their predictive validity across different groups of offenders (such as ethnic groups) or over time.
- Clinical diagnoses of dangerousness utilise subjective judgments based on professional experience, training and observations. These individualised assessments are often unreliable, due to imprecise definitions of dangerousness and errors in subjective inference. The latter include a limited ability to judge probabilities, which can result in risk assessments being matched to information that is most easily recalled, even though no causal connection exists (for example, some individuals are remembered more vividly than others). However, structured clinical judgment, particularly through the use of behavioural rating scales, can be an important component in establishing treatment regimes and risk management strategies, as it provides information on individual cycles of offending, environmental stressors, and precursors to sexual offending.

The combined use of clinical and actuarial methods provides the most reliable means of assessing risk and understanding the aetiology of sex offending (Grubin 1999).

The propensity to reoffend sexually is mediated by a combination of aetiological and maintenance processes that can include biological influences, neurological anomalies, developmental experiences and psychological and sociocultural variables (see for example Marshall & Barbaree 1990a). In risk assessment, these variables are often categorised as static and dynamic factors.

- Static risk factors are relatively fixed and include variables such as the offender's sex, race/ethnicity, age, marital status, criminal history, relationship to victim and parental instability.

- 
- Dynamic risk factors are those that change naturally over time or are open to change (sometimes with difficulty) through treatment and intervention. They may be situational and intangible. Dynamic risk factors are known as criminogenic needs and include variables as diverse as:
    - substance use and abuse;
    - financial management skills;
    - motivation;
    - procriminal/antisocial attitudes;
    - the quality of personal relationships;
    - the social environment and social networks;
    - sexual arousal patterns; and
    - general social skills.
  - Dynamic risk factors may be further categorised as:
    - stable dynamic (changeable, but generally enduring); and
    - acute dynamic (predictive of the timing of an offence).

While static and dynamic risk factors are associated with recidivism, they do not *cause* future offending and there is debate about their relative importance in predicting sexual recidivism. On the one hand, static variables are easier to collect than dynamic variables and are often more reliable predictors of general recidivism. On the other hand, dynamic factors may be of greater value in assessing the risk of sexual recidivism over time, determining whether an intervention has generated sufficient change to prevent reoffending, or in planning risk management strategies. However, dynamic risk factors are difficult to measure, open to interpretation and can vary between offender types (Dempster & Hart 2002; Hudson et al. 2002). Two recent studies demonstrate that, in combination, stable and dynamic risk factors provide useful indicators of dangerousness and risk.

Hanson and Harris (2000) conducted a retrospective analysis of static and dynamic risk factors for 208 recidivist and 201 non-recidivist sex offenders in Canada.<sup>5</sup> Offender types were evenly divided between rapists, child molesters who victimised boys and molesters of girls. There were few differences between recidivists and non-recidivists on static variables, although the recidivist group was more likely to report maladjusted family backgrounds and was somewhat more sexually deviant, in terms of being more likely to sexually assault strangers or victims of either sex. Dynamic variables related to criminal lifestyles were the strongest predictors of sexual recidivism:

- stable dynamic risk factors included failing to acknowledge the risk of reoffending, poor social influences, negative attitudes and cognitive distortions, such as a belief in sexual entitlement;

---

5 Two main research designs are utilised to investigate recidivism. Most studies adopt a prospective design, following a sample of convicted sex offenders over a specified period, usually on release from prison. The researcher examines their subsequent criminal histories and notes which ones commit new sexual assaults. Retrospective designs follow a group of offenders back in time, from a conviction for a sexual offence, and examine the presence of predictive risk factors for recidivism in their prior criminal histories. This methodology may be more reliable for offences that are relatively rare (Soothill et al. 2002).

- 
- acute predictors included access to potential victims, a marked increase in psychological symptoms such as anger, and deteriorating compliance with supervision.

Dempster and Hart (2002) compared risk factors for 29 violent recidivists, 24 sexual recidivists and 42 non-recidivists over an average follow-up time of five years. Fixed variables related to offence history were predictive of both violent and sexual recidivism. The study provided some evidence that the validity of risk assessments is increased through a multi-factorial model. Together, the following variables increased the validity of risk predictions:

- static offence history variables (past supervision failure, high density sex offending, use of weapons or death threats and harm to victims during sex offences);
- static psychosocial variables (major mental illness, suicidal/homicidal ideation); and
- dynamic psychosocial variables (negative attitudes towards intervention).

While criminal histories are often the best predictors of general recidivism, dynamic variables may be more useful in predicting sexual recidivism, as well as the seriousness and imminence of sexual reoffending.

Narrative reviews of the sex offender literature indicate that the criminal histories, psychosocial and sociodemographic characteristics of most sex offenders do not differ greatly from the general offender population. As noted, at least some sexual recidivists have general criminal careers as well as specialised sexual offending careers and there is a degree of continuity between sexual and violent offending, particularly among rapists. Common variables correlated with the probability of general recidivism include age, race, offence type, criminal history, time and number of terms of incarceration, and type of release. As sex offenders are not a homogeneous group, it is clear that multiple behavioural routes and background characteristics contribute to the risk of sexual recidivism. At the same time, a small number of factors are emerging that might be part of underlying causal processes leading to sexual reoffending.

A meta-analysis of studies from six countries found that sexual recidivism was best predicted by either static or highly stable dynamic factors (Hanson & Bussière 1998).

- The strongest predictors were related to deviant sexual interests and victim choices, such as boys and strangers.
- The risk of recidivism increased for offenders who had committed prior sexual offences, engaged in a range of sexual crimes, and began offending sexually at a young age.
- General criminality, or a criminal lifestyle, was a modest but reliable predictor.
- There was a small but consistent effect across many studies for age (youth) and marital status (single).
- Failure to complete treatment indicated an increased risk of both sexual and non-sexual recidivism. It is not clear whether treatment effectiveness lowers the risk for

---

offenders who complete programs or whether attrition from programs is more likely among high-risk offenders.

Prentky (1995, cited in Kemshall 2001) outlined a similar range of dynamic risk factors that are common among sex offenders, although not all factors are present for all offenders. These were:

- sexual fantasy and deviant sexual arousal;
- lack of victim empathy;
- cognitive distortions (discussed more fully below);
- impaired relationships with adults;
- extent and nature of anger;
- antisocial personality; and
- impulsivity.

Findings such as these give rise to the notion that sex offenders are pathological individuals and that sexual crimes are aberrations. However, while some persistent sex offenders do exhibit deviant sexual preferences and pathological behaviours, they may be atypical.

## Sociodemographic Characteristics of Sex Offenders

There is broad consensus on a number of common sociodemographic characteristics of sex offenders. In general they tend to be:

- males;
- single;
- young;
- from all socioeconomic backgrounds; and
- white.

In Australia and elsewhere, sex offenders from racial and ethnic minorities comprise a smaller number than those of European descent, but minority groups are often over-represented among visible sex offenders. For example, while Aboriginal and Torres Strait Islander peoples comprise less than three per cent of the total population, Broadhurst and Loh (1997) found that slightly less than 13 per cent of a sample of incarcerated sex offenders in Western Australia was Aboriginal. Aboriginal youths comprised 29 per cent of a Western Australian sample of juvenile sex offenders (Allan et al. 2002a, 2002b).

These factors are not necessarily causally linked to sexual reoffending, as they may be associated with other background factors. For example, while it is possible that males from ethnic minorities commit similar numbers of sexual offences as those from the dominant culture, they may also be more likely to be charged when apprehended. Some studies have found an increased risk of sexual recidivism for men who are unemployed and less educated. Rapists often tend to be socioeconomically disadvantaged, have low

---

levels of education, and unstable employment histories in unskilled work. However, given that categories of social marginalisation often intersect, it is possible that lower socioeconomic status increases the likelihood of arrest and prosecution, rather than the risk of reoffending (see Loucks 2002; Powis 2002).

The following Australian studies, while demonstrating that rapists are likely to be violent and general offenders, demonstrate consistency of offender characteristics across time and samples.

In Burgoyne's (1979) profile of potential sexual recidivists, based on offenders convicted of rape and attempted rape, few of the predictor variables for sexual recidivism are specifically related to sexual offending. They include:

- born in Australia;
- single;
- without children;
- left school before age 16;
- occupationally unskilled;
- worked intermittently;
- short period of employment in the job at the time of the offence;
- at least one prior conviction for a variety of crimes;
- several prior sentences for offences;
- early onset of offending (before 16);
- ward of the state;
- used alcohol;
- convicted of rape (versus attempted rape);
- age at time of conviction for rape (under 21);
- convicted of ancillary offences and offences against multiple victims; and
- victims were strangers.

Broadhurst and Maller (1991, 1992) also found that characteristics of incarcerated sex offenders were similar to those of the general prison population, except that rapists were more likely than other offenders to be single:

- predictive factors for sexual and general recidivism were age (younger), Aboriginality and prior generalist histories of offending;
- almost 12 per cent of Aboriginal offenders recidivated sexually, compared to almost six per cent of non-Aboriginals;
- the probability of Aboriginal offenders returning to prison for any offence was around 75 per cent, compared to 45 per cent for non-Aboriginals;
- most offenders had not completed junior high school (80 per cent of Aboriginals and 55 per cent of non-Aboriginals); and

- contrary to other studies, sexual recidivists were more likely to be employed at time of arrest than the general offender population.

More recently, Broadhurst (2000) found higher probabilities of re-arrest, especially for violent offences, in marginal socioeconomic groups, including young offenders, Aboriginals, the unemployed, blue-collar workers and those with prior arrest records.

The heterogeneity of sex offenders and conflicting findings about the characteristics of sex offender types has led some researchers to investigate sex offenders as a single category. Other researchers have found that sociodemographic characteristics and criminal histories vary somewhat for subgroups of sexual offenders. A Western Australian study of sex offenders who had been referred to prison-based and community treatment programs found that offender, offence and victim characteristics differed for rapists and child molesters, as shown in Table 4. Rapists were primarily single (32 per cent) and, compared with child molesters, tended to be younger, with more extensive criminal histories and higher levels of substance abuse, antisocial and psychopathic characteristics (Greenberg, Da Silva & Loh 2002).

**Table 4: Characteristics of rapists and child molesters referred to treatment programs in Western Australia\***

Variable	Rapists	Child molesters
Mean age at time of offence	30 years	35 years
		Per cent
Aboriginal	36	16
Physical disability	5	10
Illiterate	14	7
Substance abuse		
History	81	58
Current	69	42
At time of index offence	22	6
Childhood sexual abuse	17	34
Parental abandonment	12	8
Childhood behavioural problems	28	18
Contact sex offences	89	93
Coerced victim by force or threat	63	15
Coerced victim by manipulation or bribery	3	32
Opportunistic coercion	34	53
Premeditated offence	43	51
Physical violence	18	4
Use of weapon	14	2
Use of physical restraint	40	12
Used pornography at time of index offence	1	5
Female victims	94	81
Family victims	2	34
Stranger victims	44	11
In breach of current court order	14	6
Criminal history		
Prior sexual arrests	23	24
Prior violent arrests	43	21
Prior criminal arrests	78	53

\*All differences between rapists and child molesters are statistically significant except for prior sexual offences.

Source: Greenberg, Da Silva & Loh 2002

---

Based on their criminal lifestyles and their violent and opportunistic sexual offences against strangers, rapists in this sample could be classified as dangerous offenders who pose a considerable risk to the community. At least some of these characteristics have been identified as predictors of sexual recidivism.

## Sexual Deviance

Sexual deviance may be the strongest predictor of sexual recidivism, particularly as it relates to the choice of victim. Increased risk of sexual recidivism is indicated for:

- rapists vis-à-vis incest offenders;
- extra-familial child molesters;
- offenders who victimise strangers;
- offenders who violate males;
- offenders who choose victims of different ages;
- offenders who sexually assault victims of both genders; and
- offenders who use overt force (Hanson & Bussière 1998; Loucks 2002).

While sex offending is undeniably socially deviant, not all sex offenders have sexually deviant preferences and interests. For example, paedophiles show sexually deviant tendencies when they fantasise about and plan the abuse, and manipulate environments and people to facilitate access to the victim and an opportunity to perpetrate the assault.

Most rapists do not exhibit sexual deviance, although a minority of rapists are habitual sex offenders, which may point to deviant sexual interests. A large proportion of rapists show a propensity towards general criminality and some towards violent behaviour that is more widespread than sexual violence towards women. Because sexual interests exist on a continuum, it is difficult to distinguish between sexual interest in violence and violence *per se*. For example, men who have a belief in male sexual entitlement commit sexual offences by forcing unwilling partners to comply with their sexual demands, but they do not necessarily find erotic pleasure in coercion. At the same time, at least some rapists show deviant sexual interests, particularly those who have aggressive or sadistic fantasies, or respond more to depictions of violent sexual activities than to consensual erotic stimuli (Glaser 1991; Hanson 2002).

Low rates of sexual recidivism compared to general or violent reoffending undermine the hypothesis that sex offending is motivated by sexual preference alone. Sexual recidivism, as a form of criminal activity, is related to antisociality, which is evidenced by higher recidivism rates among young men with prior criminal records, or offenders who are socially marginalised in various ways. This suggests that sex offending “is a form of aggression driven by ‘hyper-masculinities’, low status, chronic and multiple adversity, rather than deviant sexual preferences” (Broadhurst 2000, p. 116).

Statistical analyses offer further support that aggression is an important indicator of sexual recidivism for some groups of offenders. A technique known as correspondence analysis depicts broad crime categories and specific offences in a two-dimensional map.

---

The output of one such analysis showed three main types of offenders whose crimes are of a sexual nature.

- The first group comprised offenders who are deceptive and commit bigamy.
- The criminal profile and recidivistic activities of the second group are essentially organised around violence. Specific offences clustered under the broad category of violent offending included rape, sexual offences against females, abduction and procurement. The criminal repertoires of these offenders are more general than those of other sexual offenders.
- The final group includes those who engage in illicit sexual behaviour but little other criminal activity. Offences in this category comprise incest, sexual offences between males, and gross indecency with a child. Sex crimes are the predominant feature of this group's criminal profile and they are more likely than violent offenders to recidivate sexually (Soothill & Francis 1999).

While correspondence analysis cannot account for dynamic factors that influence offending, the perspective offered by this categorisation indicates that generalist/specialist and deviant/non-deviant dichotomies fail to account for the complexity of factors leading to sexual recidivism (Soothill & Francis 1999). Overall, the incidence of non-sexual violence among rapists suggests that violence and antisocial attitudes, rather than sexual deviance, may be the salient features of this group.

## Criminal History

While convictions prior to and following the index sex offence are often low, a history of offending consistently figures in profiles of sexual recidivists. Prior histories and high rates of sex offending, as well as histories of violent or unusual offending, are notable risk factors for sexual recidivism.

From the United States, Greenfeld (1997) reports that sex offenders accounted for about 10 per cent of the 1994 inmate population in state prisons and one in five violent offenders.

- Six out of 10 had been convicted for sexual assault and four out of 10 for rape.<sup>6</sup>
- Sex offenders accounted for 20 per cent of all violent offenders.
- They comprised 66 per cent of all violent offenders with previous histories of sex offences.
- They were less likely than other violent offenders to have a prior conviction history or a history of violence, but more likely to have previous convictions for violent sex offences.

---

6 In this instance, rape refers to forcible sexual intercourse with a male or female and is differentiated from sexual assault, which includes completed or attempted statutory rape, forcible sodomy, lewd acts with children, and other offences related to fondling, molestation, or indecent practices.

Langan & Levin (2002) found that predictors of re-arrest for new sex offences included previous arrest and imprisonment history.

- Prisoners with more than 15 prior arrests were twice as likely to be re-arrested within three years than prisoners with one prior arrest (82 per cent and 41 per cent).
- Prior arrest predicts how quickly an offender will resume criminal activity following release. Almost three-quarters (74 per cent) of those with 16 or more prior arrests were re-arrested within the first year of release, compared to 51 per cent of prisoners with one prior arrest.
- Just under two-thirds (64 per cent) of released “first-timers” were rearrested following release, compared to 74 per cent of those who had been in prison at least once before.

The link between violent and sexual criminality may be further understood by considering a number of intersecting variables. Based on a sample of 30,000 UK offenders, Taylor (1999) compared sexual and violent offenders with other offenders (see Table 5). Findings include:

- On average, sexual and violent offenders had twice as many convictions for burglary as other offenders. This indicates that at least some offenders commit opportunistic sexual offences during the course of a burglary. A further possibility not considered by Taylor is that these figures may underestimate the rate of sexual and violent reoffending, as some burglaries may have been sexually motivated, without the sexual offence being completed.
- Sexual and violent offenders recorded more convictions for all offence types, which is partially explained by age in this sample, as they were older than other offenders at the time of release, but began their criminal careers at a younger age.
- The high frequency of offending in relation to the length of the criminal career, as measured by the rate of convictions, indicates that sexual and violent offenders are highly criminal individuals.
- Their average reconviction rate of 20 per cent is a function of the relatively short follow-up period of two years, but is double that of other offenders.

**Table 5: Profile of sexual and violent offenders compared with other offenders**

Offender profile	Sexual/violent offenders	Other offenders
Number of previous convictions for burglary	2.2	1.1
Rate of convictions	53.6	45.1
Age at sentence	28.5	27.9
Age at first conviction	18.7	22.3
Number of convictions for all offence types	7.3	3.3
Number of reconvictions for sex/violent offences	0.2	0.1

Source: Taylor 1999

A retrospective study in the UK found that routine criminal activities are not good predictors of future serious sexual offending (Soothill et al. 2002). Data were collected for 678 male sexual offenders on the occasion of their first conviction for a serious

---

sexual assault of an adult female (rape and serious indecent assault). Their previous criminal histories were compared with a matched control group of offenders with convictions for non-violent crimes (72 per cent), non-sexual violence (50 per cent), and minor sexual offences (seven per cent). Among sex offenders, criminal history variables pointing to a significantly increased risk of serious sexual offending included:

- a previous custodial sentence, particularly at the sentencing occasion immediately prior to the target conviction;
- previous convictions for offences such as wounding, robbery, arson and stealing in a dwelling; sexual assault is as much about violence and power—central elements of many of these offences—as about sexual activity;
- almost half of the predictors of increased relative risk were unusual or rare events, which included cruelty to or neglect of children, kidnapping, and various types of previous sexual convictions, from minor indecent assault of an adult female, to unlawful sexual intercourse with a girl under 16 and 13, and attempted rape; and
- decreased risk of sexual offending was predicted by variables such as theft, receiving stolen goods and drug offences, which point to the generalist criminal background of convicted sex offenders.

The results highlight that at least some serious sex offenders are unlike the general criminal population and that criminal histories that include violent or unusual crimes are better predictors of relative risk. Findings supporting this contention include:

- some offenders previously charged with kidnapping were concurrently charged with sexual offences. This suggests that the kidnapping was the precursor to the sexual assault; and
- some offender histories show a definite link between previous and subsequent sexual offending. The likelihood of being convicted for a serious sexual assault increased by up to twelve times when there was a history of less serious sexual offences.

The nature of the association between previous, present and future offending is not clear. General criminal indicators show something about prior or present circumstances that may or may not lead to future sexual offending. Precursors such as unusual criminal activities point towards an increased likelihood of future sexual offending, but are not necessarily causal. At the same time, many offenders do not commit further serious offences and the absolute risk of a future conviction is low, even for those with unusual previous convictions (Soothill et al. 2002).

Not all sex offenders have previous criminal histories at the time of the index offence. In some cases the index sex offence signals the first conviction or period of incarceration for any offence, but a number of first-time offenders will subsequently be reconvicted for sexual or violent crimes.

A Western Australian study that followed 238 rape offenders found that while a substantial number (n=96) returned to prison at least once following the index offence, over half of these (n=59) had not served prior prison sentences. Of the 51 who

---

committed violent offences either before or after the index sex offence, most (n=42) had completed a prison term for violence prior to incarceration for rape (Broadhurst & Maller 1992).

Forty-one per cent of a UK sample (n=30,000) had no previous history of sexual or violent offences, but 10 per cent of these were reconvicted for similar offences within two years. Reconviction was almost twice as likely for those with histories of sexual or violent offending (19 per cent) (Taylor 1999).

In another UK prison sample (n=192), three-quarters of rapists and 79 per cent of child molesters did not have previous convictions for sexual offences, but 42 per cent of those with prior sexual convictions had more than one. During the six-year follow-up period, approximately 31 per cent of the sample was reconvicted for a sexual, violent or other offence (Hood et al. 2002).

A New Zealand study found that 82 per cent of a sample of incarcerated sex offenders had no prior convictions for sex offences. Less than three per cent were reconvicted of sexual offences within two years of release, but inmates who had one to five previous convictions for sex offences were more likely to be reconvicted of further sexual offences within this time (six per cent). One-fifth of those with more than five prior convictions for sex offences were reconvicted of similar offences within two years (Spier 2002).

In these cases, it is not possible to tell whether the index offence was related to the first commission of a sexual offence, or whether the behaviour was already ingrained but previously undetected. It is also unclear whether incarceration had negative effects on first-time inmates and increased the likelihood of sexual/violent reoffending, or whether subsequent offences were simply more likely to be detected following release.

## Substance Use

In general, sexual recidivists do not meet the diagnostic criteria of major mental disorders, but many exhibit signs of psychological maladjustment. Substantial numbers misuse drugs and alcohol. A Canadian study found that adult drug abuse, age at release (younger) and sex offending history were significant predictors of recidivism (Motiuk & Brown 1996). Among a Western Australian sample of rapists:

- 81 per cent had a history of substance abuse;
- 69 per cent had a current substance abuse problem; and
- 37 per cent were under the influence of alcohol and 15 per cent were under the influence of another substance at the time of the index offence (Greenberg, Da Silva & Loh 2002).

Alcohol use in particular is closely associated with sexual offending. Some studies have found that as many as half of all offenders had consumed alcohol at the time of the offence and that half of all sex offenders may be alcoholic. However, it is unlikely that alcohol causes offending. While it may facilitate sexual aggression by reducing

---

inhibitions and increasing sexual arousal, alcohol use may be also be used to justify or rationalise the offending behaviour. Sex offenders may prefer to be regarded as alcoholics than as sexual deviants (McGrath 1994; McGregor & Howells 1997).

## Cognitive and Affective Deficits

Many sex offenders exhibit other signs of psychological maladjustment, such as anger problems or low self-esteem and assertiveness deficits (Loucks 2002; Hanson & Bussière 1998).

A common pattern among sex offenders is that they hold a set of self-serving beliefs, assumptions and attitudes known as cognitive distortions. These are not necessarily indicators of psychiatric illness, but they are one of the most important predictors of the risk of sexual recidivism. Cognitive distortions play an important role in facilitating sexual assault and maintaining the cycle of offending by influencing the offender's interpretation of the victim's behaviour, overcoming inhibitions to offending and minimising awareness of the seriousness and impact of the offending behaviour.

The content of cognitive distortions varies according to the type of offender. Rapists' attitudes towards women tend to be conservative or hostile and are consistent with notions about male sexual entitlement and with rape mythology. Their beliefs often centre on the victim's responsibility for the attack, and are linked with an acceptance of interpersonal violence, dominance and general aggression. Thus, rapists often justify their actions by blaming the victim, or denying, excusing or rationalising the sexual assault in some way. One researcher has labelled this particular pathway to reoffending as "hypermasculinity" or negative masculinity (Knight 1999 cited in Roberts, Doren & Thornton 2002). Other studies have found that non-offenders and non-sexual offenders hold similar beliefs about male dominance or tolerance of interpersonal violence. Rapists reflect a set of a set of negatively stereotypic and hostile views of women, which condone violence against women and gratification through dominance. They use the same excuses as other men to justify violence, but are simply more extreme in their views (Murphy 1990; Ward 2000; Ward, Keenan & Hudson 2000).

Cognitive distortions may also be linked with deficits in intimacy and empathy. An absence of empathy with victims is a fundamental deficit in sexual offenders (Pithers 1999). The inability to recognise a victim's distress and to emotionally respond to it allows an offender to overcome anxiety, guilt, and other consequences of his assaultive behaviour. Empathic deficits may be linked to other socio-cognitive factors that are believed to mediate sexually assaultive behaviour. These include deficits in social competence and skills, in interpersonal intimacy and in cognitive processes integral to emotional stability and regulation, and appropriate social behaviour. Conceptual ambiguity around the construct of empathy has yielded inconsistent research results, but theoretical developments in this field may have important ramifications for treating empathic deficits, especially in offenders who exhibit traits of psychopathy.

---

A small study by Anderson (2002) highlights differences in maladjusted interpersonal styles associated with sexual offending, as measured on a self-rating scale. The findings indicate that the interpersonal styles of rapists (n=39) and violent offenders (n=41), differ from those of child molesters (n=42) and general offenders (n=26).

- The average profile of general offenders was described as “warm-agreeable”. This interpersonal style becomes problematic when individuals try too hard to please others and are too trusting and permissive of others.
- Child molesters were more likely to be described as “unassured submissive”, lacking confidence, timid in social interactions and low in self-esteem. They may be unassertive and have difficulty making their needs known to others.
- The average profile for rapists and violent offenders indicates a type described as “cold-hearted”. These individuals deny being kind, warm or sympathetic and, at an extreme, have difficulty getting along with others, expressing affection or forgiving others.

Interpersonal behaviours are manifested on a continuum and the more extreme the behaviour, the more rigid the interpersonal style. Extreme rigidity is associated with severe interpersonal difficulties and psychopathology.

## Psychiatric Disorder

Elevated levels of psychopathy and antisocial personality disorder have been noted among sex offenders and in rapists in particular. However, the use of these terms can be problematic, particularly as diagnostic manuals for classifying psychiatric disorders vary internationally and the definition of the terms is not always clear.

The term “psychopathy” is used in a number of different ways and researchers rarely define their understanding of the concept. While it is used legally as a category of mental disorder in some countries, it does not appear in all major classificatory manuals of mental disorders (Connelly & Williamson 2000). Psychopathy encompasses maladaptive affective, interpersonal and behavioural characteristics, which are not necessarily diagnosable mental illnesses in themselves (Covell & Scalora 2002). The concept incorporates lack of empathy, impulsivity, poor interpersonal relationships and social skills, and criminal and/or antisocial behaviours. While most psychopaths are antisocial personalities, not all antisocial personalities are psychopaths. The diagnostic criteria for antisocial personality disorder include failure to conform to social norms and lawful behaviours, persistent disregard for and violations of the rights of others, deceitfulness, aggressiveness, impulsivity, disregard for safety, and irresponsibility in various life domains (Long 2003). Many rapists have a history of antisocial behaviour, but because the term has been liberally applied to people who offend regularly, caution is recommended in interpreting research reports.

Porter et al. (2000) found that psychopathy varied in different groups of sex offenders. In general, levels of psychopathy in incarcerated sex offenders were relatively low: the lowest levels, observed among child molesters, were less common than in the general

prison population. Psychopathy was significantly higher among offenders who had raped adults, those who had sexually victimised both adults and children, and among non-sexual offenders. Offenders who victimised both children and adults were between two and 10 times more likely than other offenders to be psychopaths. They were characterised as dangerous offenders with a very high rate of violent reoffending. Overall, the results point to a more generalised criminal or antisocial lifestyle for these groups relative to child molesters.

Psychopathy may be associated with escalating offence patterns among exhibitionists, from hands-off sexual offences to hands-on sexual assault (Rabinowitz Greenberg et al. 2002). While Exhibitionism Disorder has a high prevalence and high recidivism rates, exhibitionists are generally regarded as harmless offenders. A Canadian study followed 221 men who had not been charged or convicted for a hands-on sexual offence, but were receiving treatment because they had been diagnosed, convicted or self-referred for exhibitionism. The findings indicate that exhibitionists are neither harmless nor “nuisance” offenders. New offences were incurred rapidly during the first five years of the follow-up, after which recidivism rates tapered off. By the fifteenth year of the study a significant proportion was charged or convicted for sexual offences, either as the first or any offence during the follow-up period of up to 15 years (Table 6).

**Table 6: Sexual and violent recidivism for first offence or any time during the follow-up period**

	First offence during follow-up (%)	Any time during follow up (%)
Sexual offences	11.7	18.1
Hands-on sexual offences	3.6	6.1
Hands-off sexual offences	8.1	12.0
Violent offences	17.6	24.5

Source: Rabinowitz Greenberg et al. 2002

Sexual recidivists were less educated and had more prior sexual and criminal offences than violent and criminal recidivists. Hands-on sexual recidivists, who are considered a more dangerous category, differed significantly from hands-off sexual recidivists on a number of dimensions including:

- more extensive criminal histories (sexual, violent and other);
- higher psychopathy scores; and
- higher deviant sexual arousal in response to stimuli depicting paedophile activities and rape of an adult female.

The results indicate that the offences of a small but substantial group escalate in seriousness and that psychopathy and sexual deviance are more prevalent among this group.

## Age and Sexual Offending

The association between youth and offending is well established, although violent offenders tend to be slightly older than non-violent offenders. Less is known about the link between age and sex crimes. While rapists tend to be younger than child molesters,

---

it is unclear whether sex offenders remain at risk of offending throughout their lives. Australian police data presented in Chapter 2 of this report indicate that age-related declines in sexual offending are not as rapid as in other offence categories, which tend to show a relatively sharp decrease in offending after ages 19 to 24. In general, the likelihood of sexual offending peaks in the early 20s and decreases slowly with age, but the age distribution does not reflect whether the severity of the offences varies with age, or the relative risk of recidivism, as older and younger offenders may differ in persistence.

Findings of a New Zealand study point to a high degree of criminal activity among adolescent and young adult males. Southey et al. (1994) followed two groups of rapists for 10 years and five years respectively after release from prison. Age at the time of release ranged from 15 to 53 years, with almost three-quarters aged between 20 and 30 years. Sixteen per cent of offenders in the first group and nine per cent of the second group were younger than 20 years of age. Four out of five offenders had criminal records prior to the index offence. In both groups, up to six per cent had prior convictions for rape. Six per cent were reconvicted for rape within five years. Sexual recidivists tended to have a number of prior convictions for various offences, particularly violent and property offences. Only one had not been previously imprisoned.

Secondary analysis of 10 samples of adult male sex offenders from Canada, the UK and the US showed a number of statistically significant differences in the relationship between age and sexual recidivism for rapists ( $n=1,133$ ), extra-familial child molesters ( $n=1,411$ ) and incest offenders ( $n=1,207$ ) (Hanson 2002):

- rapists were younger than extra-familial child molesters and incest offenders;
- while sexual offending decreased with age, the rate of decline was gradual and differed among the groups; and
- there was no recidivism among rapists or incest offenders released from prison after the age of 60 and rates were low for extra-familial child molesters (two of 45).

The decline of recidivism in late adulthood may reflect decreased sexual interest and opportunity, as well as ill health. The age distribution of offenders and variations in recidivism rates may be explained through three broad factors that predict recidivism. As shown in Table 7, declines in recidivism may be explained by an interaction between deviant sexual interests, decreased opportunity to reoffend, and increased self-control. This does not fully explain age-related patterns in sexual recidivism; other factors must be considered. For example, sexual recidivism among older men may point to an entrenched and deviant behavioural pattern, but recidivist juveniles may lack self-restraint across a range of areas. Alternatively, they may not have learned to avoid detection as well as their older counterparts.

**Table 7: Age, recidivism rates and predictors of recidivism for sex offenders**

	Age	Recidivism rate	Deviant sexual interests	Opportunity	Low-self control
Incest offenders	M = 38.9 SD = 9.9	8% overall 31% in 18–24 age group	Most sex offenders do not have an ongoing preference for deviant sexual behaviour, so offending behaviour is likely to decrease with time.	Increases in middle adult years, as offenders, family and friends become parents. Decreases thereafter.	Self-control increases with age. Young incest offenders most likely victimise siblings or other relatives and may be distinct from father-daughter incest offenders.
Rapists	M = 32.1 SD = 8.9	17%	As above. However, rapists who respond to violent erotic stimuli more than to depictions of consensual sex may have deviant sexual interests.	Decreases with age. Older offenders encounter fewer potential victims and are less likely to be in situations that facilitate sexual assault, e.g. nightclubs.	Self-control should increase in young adulthood, decreasing the risk of recidivism.
Extra-familial child molesters	M = 37.1 SD = 11.5	20% Highest risk age 25–35, little decline until after 50	Persistence of sex offending reflects ongoing deviant sexual interests. Male sex drive declines gradually, especially after age 50, coinciding with decreased opportunity.	Opportunities for molestation increase in young adulthood and do not decline until late adulthood.	Self-control should improve during adulthood, but the opportunity for offending increases.

Source: Hanson 2002

## Early Onset of Offending

There is substantial evidence that early onset of sex offending predicts the likelihood of future (adult) offending and that patterns of sexual offending begun in adolescence may escalate. As many sex offenders are multiple offenders, a large number of victims are likely to be affected by a single perpetrator. However, adolescent sexual offending may be even more likely to be under-reported or prosecuted than adult sexual violence.

The victims of most juvenile offenders tend to be younger siblings or acquaintances, who may be less likely than older children to report sexual abuse. As victims' families often trust the offender, the possibility of the offending behaviour may be dismissed, particularly because of their age, or they may be reluctant to press charges. Offenders and their families may also minimise the extent and nature of offending to avoid stigma and a criminal record, while many young sex offenders are informally cautioned but never charged by police (Grant 2000).

At the same time, the prosecution of young offenders is governed by legal mechanisms that reflect presumptions about childhood innocence versus maturity and responsibility. While studies of sexually abusive youth often focus on 12–18-year-olds, sexually aggressive behaviour does occur in younger children, but establishing intent may prove difficult. In Australia, the minimum age of criminal responsibility is 10 years, although an additional rebuttable presumption deems children between 10 and 14 years of age

---

incapable of committing criminal acts. Offenders between 14 and 17 or 18 years (the upper age limit varies between jurisdictions) may be held fully accountable for their offences, but are subject to different criminal sanctions than adults who commit the same offences (Urbas 2000).

Juvenile sex offenders show the same variations in sexually offending behaviour as adult sex offenders. In the United States, juveniles are estimated to perpetrate approximately 20 per cent of all rapes and as many as 50 per cent of child molestations. Some studies have found that up to half of all adult sex offenders admit to beginning sexual offending as adolescents, although few have official records documenting their juvenile sex offences. Adolescent sex offenders are more likely than other juvenile offenders to accrue adult criminal records for sex offending but, in general, juvenile sexual offenders tend to recidivate non-sexually, as do their adult counterparts. Offender characteristics that have been empirically correlated with juvenile sexual recidivism include psychopathy, deviant arousal, cognitive distortions, truancy, a prior detected sex offence, blaming the victim and use of threat or force (Hagan et al. 2001; Righthand & Welch 2001).

Divergent research findings point to the need for additional research on juvenile sex offenders. For example, in a sample of 86 juvenile sex offenders participating in a corrections-based treatment program, increased risk of future offending was associated with a preoccupation with much younger children, impulsivity, younger age at first offence and shorter time in treatment. Contrary to most other findings, decreased risk was associated with having been sexually victimised, having a male victim and with multiple paraphilias (promiscuity, transvestism and fetishism). These findings should be interpreted cautiously: with an overall recidivism rate of 55 per cent, this was a particularly treatment-resistant and conduct-disordered group of offenders (Miner 2002).

There are few Australian studies of juvenile sex offenders, but they indicate that the demographic profile and offending histories are similar to overseas studies and adult sex offenders. While juvenile sex offenders are a heterogeneous group:

- most are males;
- Aboriginals are over-represented;
- some have previous convictions for sexual offences;
- repeat sexual offending tends to be homologous; and
- substantial numbers are convicted of violent and general offences prior to, concurrent with or subsequent to the index offence.

Kenny and colleagues (2000) examined the pre-sentence reports of 70 juvenile sex offenders in New South Wales. Major findings included:

- 43 per cent had committed the same offence on a previous occasion, 30 per cent had been charged and 10 per cent had received a custodial sentence;
- 21 per cent had committed previous or concurrent non-sexual offences;

- 
- for index offences in which victim age was available, 75 per cent of victims were younger than the offender, with 17 per cent the same age as and nine per cent older than the offender;
  - a serious level of coercive threat was used in 24 per cent of offences;
  - cognitive distortions were reported in more than half of all cases;
  - offenders had problems in the psychological, interpersonal, social and educational domains;
  - multiple family risk factors, including domestic violence, alcoholism and unemployment, were present in the developmental histories and current situations of many offenders;
  - 43 per cent had recorded histories of abuse—57 per cent of those had two to five types of abuse in their profiles and some were current victims; and
  - 20 per cent had recorded histories of sexual victimisation and 21 per cent had been exposed to pornographic material.

A Western Australian study of 326 male juvenile sex offenders collated information on the index sex offence, concurrent sexual and non-sexual offences, and all prior and subsequent sexual and non-sexual offences. The demographic profile of the sample is similar to reports from other countries, but the number of convictions for penetrative offences was relatively high, while the number of offenders with prior sexual offences is lower. A high number of victims aged 16 years and over contrasts with other studies that have found most victims to be younger than offenders. While the results are not generalisable, they suggest that interventions used in other jurisdictions are appropriate for Western Australian juvenile sex offenders (Allan, Allan & Kraszlan 2001; Allan et al. 2002a, 2002b). The study found that:

- on the date of sentencing, juvenile sex offenders were younger than juvenile offenders in general—72 per cent of the sex offenders in the sample were aged 16 or younger, compared to 53 per cent of juvenile offenders sentenced for non-sexual offences;
- rapists were more likely than other sex offenders to be convicted for violent offences at some stage; and
- a generalist pattern of offending began at an early age—despite having less than six years to accumulate convictions, the sample had a total of 4,386 offences by the date of sentencing.

Table 8 details further findings in relation to index sex offences, previous convictions and new offences during the follow-up period.

**Table 8: Index, previous and subsequent offences among Western Australian juvenile sex offenders**

Index sex offences	Prior convictions	New offences
326 offenders were convicted of 716 sex offences	Seven offenders (2%), all Aboriginals, had a total of 10 previous sex convictions, eight of which were for rape	Around 10% (n=31) were reconvicted for sex offences; six of the reconvicted sex offenders were reconvicted on two to four occasions
Rape was the most common type of sex offence (59%)	Previous sex offences and index sex offences tended to be homologous	Rape was the most common new sex offence
71% of Aboriginal offenders and 45% of non-Aboriginal offenders committed rape	48% had prior convictions for non-sex crimes, most commonly burglary	The general recidivism rate for rapists was 74%. Rapists were more likely than other offenders to be convicted of a new sexual offence, particularly a rape, and new violent offences
A small number of offenders were convicted of offences in two (n=17) or three categories (n=4) of sex offences	17% had prior convictions for violent offences, although this constituted only 5% of all prior non-sexual offences	Sexual and non-sexual recidivism was more prevalent among Aboriginal youths (16% and 78% respectively) than non-Aboriginal juveniles (5% and 57%)
28% had convictions for concurrent non-sexual offences, most commonly property offences, although some of these may have been sexually motivated	More Aboriginal offenders (63% than non-Aboriginal offenders (37%) had been convicted of prior non-sex offences	Most offenders reconvicted for sex offences received additional convictions for new non-sexual offences
Offenders convicted of rape or indecent acts (against a non-family member aged 16 or over) had more convictions for concurrent non-sex offences, previous sex and non-sex offences and subsequent sex and non-sex offences		Two-thirds of all offenders were convicted for new non-sex offences
The mean number of convictions was lower for Aboriginal offenders (1.7 versus 2.5)		

Source: Allan et al. 2001, 2002a, 2002b

A Victorian sex offender treatment program for juvenile offenders found that sociodemographic characteristics, victim choice, relationship to victim, and offence types, were similar to juvenile sex offenders in overseas treatment programs. At the same time, their self-reports revealed earlier onset and higher levels of offending than was revealed in court charges (Curnow, Streker & Williams 1998). Between 1996 and 1997, 54 adolescent sex offenders completed the Male Adolescent Program for Positive Sexuality (MAPPS). Major findings included:

- Court charges indicated that 58 per cent were aged 15 or 16 years at the time of the offence, with a further 15 per cent aged 17 or 18 years. During the treatment program, 67 per cent admitted that they had begun offending at age 14 or younger and almost half of these of these reported committing sexual offences between the ages of eight and 12 years.
- Self-reports of undetected sex offences increased the total of sex offences by 63 per cent. One-third of the clients were convicted of a single sexual offence and less than 10 per cent were convicted of more than five offences. During treatment

---

58 per cent admitted to more than six undetected offences and 30 per cent reported committing more than 30 sex offences.

- Twice as many rapes and attempted rapes were revealed during treatment.
- More than half of the offenders used violence or physical restraint to force compliance.
- Most offenders (64 per cent) sexually assaulted female victims only.
- Of the 36 per cent who offended against males, half offended against both sexes. The proportion of male victims decreased as the age of victims rose.
- Most offenders were unemployed or not attending school.
- Approximately 40 per cent reported childhood physical, sexual or emotional abuse.
- Half were diagnosed with conditions ranging from conduct disorder to depression and substance abuse.
- Almost half (45 per cent) were convicted of property offences and a further 17 per cent of violent offences.

While each of these studies is limited in size and generalisability, together they point to a high level of varied and serious criminal activity among juvenile males. Various forms of marginalisation and family dysfunction are associated with the early onset of offending.

## Victim to Victimiser Cycle

There is some support for the existence of a cycle of abuse in which childhood victims of sexual abuse become sexual offenders. Various overseas studies have found that the rate of childhood sexual victimisation among incarcerated adult sex offenders ranges from approximately 20 per cent to 70 per cent, compared to 15 per cent for the general community (see Lambie et al. 2002; Simons, Wurtele & Heil 2002; Starzyk & Marshall 2003). Greenfeld (1997) found that sex offenders in US state prisons were substantially more likely than other offenders to report childhood physical or sexual abuse, although over two-thirds had not been physically or sexually abused as children. A study of juvenile sex offenders found that 86 per cent reported being sexually victimised (Miner 2002). However, higher proportions of sexual victimisation may be a feature specific to incarcerated offenders. They may also use previous abuse to justify their actions.

The cycle of abuse does not in itself explain why some victims become victimisers. However, the concept of the victim–offender cycle offers a framework for theorising about ways in which psychological and social variables mediate the association between current offending and previous victimisation.

Deviant sexual activity may be a learned response to easing the pain of childhood sexual abuse, as the emotional trauma of sexual victimisation may reduce the child's ability to cope and to meet his needs in a prosocial manner (Starzyk & Marshall 2003).

---

Alternatively, a causal mechanism in the onset of offending may be the victim's belief that sexual offending is a means of increasing personal control. A cycle of offending that is triggered by a variety of factors may be established, in which the importance and frequency of offending escalates and declines through various stages prior to, during and following the offence (McGregor & Howells 1997).

Environmental contingencies, the child's resilience and the specifics of the abuse also determine whether or not the victim-offender cycle continues. Dhawan and Marshall (1996) compared the family lives and childhood sexual abuse histories of non-sex offending prisoners and prisoners undergoing treatment for sex offending. Sex offenders were significantly more likely to report sexual victimisation than non-sexual offenders (58 per cent versus 46 per cent). The majority of abused offenders reported repeat sexual victimisation (83 per cent), multiple abusers (69 per cent), and multiple forms of abuse, including neglect, physical and verbal abuse. Compared to the non-abused group, they had poorer family support and family relations during childhood and had less support from people outside their families. Forty-two per cent reported that the subjective impact of the abuse was high.

The finding that social support and friendships may buffer the cycle for boys who are sexually victimised is supported by other studies. Lambie et al. (2002) interviewed two groups of male survivors of childhood sexual abuse, including 41 who had become child molesters and 47 men in the "resilient" group, who had not become offenders. The victim-offender group reported more fantasising and masturbating about the experience subsequent to the victimisation, and reported that adverse home conditions acted as a barrier to receiving emotional support. Compared to the offender group, the resilient group received more emotional comfort, such as friendship and kindness. During childhood they had a higher level of education, more peer friendships, and higher levels of emotional support, including verbal and physical displays of affection from parents, relatives and other adults.

Simons, Wurtele and Heil (2002) found that adverse childhood experiences alone do not predict the number and type of victims. Developmental factors mediate the abuse cycle indirectly, particularly through a failure to develop empathy. Most child molesters (70 per cent) reported childhood sexual victimisation, with a minority reporting physical abuse (43 per cent). By contrast 32 per cent of rapists reported childhood sexual abuse, but 70 per cent were physically abused. The majority of the sample also reported early exposure to pornography (86 per cent and 65 per cent respectively). Paedophiles who were sexually abused and exposed to pornography during childhood displayed less empathy for abused children and admitted to a greater number of child victims than offenders who were not abused. Rapists who were physically abused during childhood were less empathetic towards women in abusive situations and reported more adult victims than their non-abused counterparts.

It is important to note that most victims of childhood sexual abuse do not go on to become sexual offenders and not all offenders have been sexually victimised. At best, sexual victimisation (and/or exposure to pornography) may be a sufficient but not necessary precursor to sexual offending.

---

## Summary: Risk Factors for Sexual Recidivism

The risk of sexual recidivism varies according to offender type. Sex offenders who recidivate are generally not re-arrested, reconvicted or re-imprisoned for a further sexual assault. Rapists tend to be more criminally versatile than child molesters and are more likely to reoffend non-sexually than sexually. Among child molesters, the risk of sexual recidivism is higher for homosexual and extra-familial sex offenders than for heterosexual and incest offenders.

Predictors of criminal recidivism include sociodemographic characteristics and criminal history variables, such as:

- gender, age, race and marital status;
- socioeconomic, educational and occupational marginalisation;
- criminal lifestyle—extensive offending history and more serious offences; and
- prior convictions and prison sentences.

Recidivist sexual offenders exhibit many of these characteristics, but specific predictors of sexual recidivism may include:

- sexual deviancy;
- a history of sex offending, especially early onset of offending and engaging in a range of sexual crimes;
- diversity in offending, including violent and general crimes;
- psychological maladjustment, including substance use or abuse, antisocial attitudes and personality disorders;
- prior sexual victimisation; and
- failure to complete treatment (discussed in Chapter 7).

Single variables are clearly limited in their predictive ability, while general criminogenic needs, such as addiction, stability of employment and stable family life, are correlative rather than causal variables. As such, they may not always have the same meaning in the context of individual lives and do not explain offending behaviour. Any explanations they do offer are circular:

*youth, marital status, psychopathy, criminal history, failure or prior conditional release, alcohol use and antisocial conduct in childhood have been demonstrated consistently to be good predictor variables. But what does this mean other than that young, single, impulsive, violent men, particularly when they drink, tend to behave in impulsive and violent ways?* (Grubin & Wingate 1996, p. 354)

The interaction between and recursive impact of static and dynamic, social and psychological risk factors, signifies a process of considerable complexity. Age is likely to be correlated with partner status to some extent and youthful offenders are known to commit substantial proportions of all offences. People from particular social

---

backgrounds, who may not commit proportionally more sex crimes, have an increased likelihood of apprehension or imprisonment. For example, Indigenous men are educationally, occupationally and socially marginalised, with disadvantaged backgrounds that often include poverty, alcohol abuse and violence. They are over-represented at all stages of the criminal justice system, particularly for violent offences, and their criminal careers often begin at a young age. High levels of sexual and family violence against Indigenous women and children in post-colonial societies are associated with alcohol abuse, the breakdown of traditional family forms and social control mechanisms, cultural marginalisation and disempowerment. Many Indigenous offenders were victims of sexual or other types of abuse during childhood or adolescence. Children who are maltreated tend to be aggressive and withdrawn and to have difficulty forming friendships or practicing interpersonal skills. Boys who are alienated and lonely may grow into lonely men, a state that is predictive of hostility towards women. Some forms of parental abuse, such as neglect, are associated with depression, antisocial behaviour and low self-esteem, which together impede interpersonal and personal development (Lees 2001; Lievore 2003; Starzyk & Marshall 2003).

This confluence of predisposing risk factors does not justify, excuse or rationalise sexual violence. However, this analysis does point to the difficulty of predicting who is likely to offend, against whom, when and with what frequency and severity. Identifying those at high or low risk of reoffending is essential, but for practitioners who are responsible for implementing treatment and risk management plans, it is also necessary to understand why some variables have the effects they do. Adequate prediction requires a fuller understanding of how personal and situational characteristics interact and relate to sexual offending (Grubin & Wingate 1996).

## 5 Sexual Recidivism in Victoria

As there is a paucity of Australian follow-up studies of sexual offenders, the current research project included a small-scale investigation of recidivism. The study was conducted using data on sex offenders in Victoria, as there is a gap in knowledge about the recidivistic activities of sex offenders in this jurisdiction. No recent research on sexual recidivism in Victoria was located during the literature search for this report, while information on offenders is systematically recorded and accessible through criminal justice agencies. This study goes some way to improving knowledge about the number and activities of possible sexual recidivists in this jurisdiction. In 2001 the police-recorded rate of sexual assault in Victoria (54 per 100,000 persons) was one of the lowest in the states and territories, behind the Australian Capital Territory and Tasmania (44 and 43 per 100,000 persons, respectively), and lower than the national rate (86 per 100,000 persons).

The brief for the study stipulated that the data should be de-identified. This meant that it was not possible to follow convicted offenders from the date of release from prison through to re-arrest, reconviction and reincarceration. As with most Australian jurisdictions, Victoria does not have an integrated criminal justice system that allows offenders to be tracked across time and agencies (such as police, courts and corrective services) following the removal of identifying information. This also means that recidivism estimates could not be adjusted to account for the actual amount of time offenders were at risk of re-offending, as it was not possible to determine periods of incarceration. Police apprehension records were used for the analysis, as they provide information on a small number of sociodemographic, criminal history and victim variables, can be delivered in a de-identified format, and overcome the problem of attrition (see below).

### Method

#### Procedure

In most follow-up studies, recidivism is defined as reconviction for a new offence during the follow-up period. Given the substantial attrition of sexual assault cases that enter the criminal justice system, reconvicted offenders are unlikely to be representative of all sex offenders. Broadhurst & Loh (1997) note that estimated risks for reoffending vary according to the definition of recidivism and the subgroups analysed (for example, Aboriginality, age group, prior imprisonment, type of offence). They suggest that the reliability of recidivism estimates could be improved by:

- using larger databases, such as national statistics rather than jurisdictional data;
- using re-arrests as the measure of reoffending; and

- 
- operationalising recidivism as a re-arrest for any further offence, for a further sexual offence, or for a further offence against the person.

At present, national statistics are not available, although a national offender database is being developed (ABS 2003a). Persons apprehended for committing sexual assaults cannot be labelled sex offenders, as the offences are not proven, but apprehension rates are a useful measure of sexual recidivism for three main reasons:

- they provide a comprehensive overview of the potential sex offender population that comes into contact with the criminal justice system;
- they track alleged offenders from their earliest point of entry into the criminal justice system, which compensates for later processes that may result in the systematic attrition of persons or offence types with particular characteristics; and
- they maximise the available data for sexual offenders, who have the lowest homologous re-arrest rates for all offenders aside from murderers. Any over-estimation of reoffending rates is likely to be balanced by attrition.

Findings based on apprehensions should be regarded only as broadly indicative of reoffending rates for this sample.

### Definitions

In this study, recidivism was defined as an apprehension for a sexual assault against a victim aged 16 years and over, where the alleged offender had previously been apprehended for a sexual offence, a non-sexual violent offence, or any other offence.

A sexual assault was defined as one of a number of offences belonging to the set of Victoria Police offence codes, including rape and a range of non-rape sex offences. A violent offence was defined as robbery, murder, manslaughter, assault and abduction/kidnap (see Appendix for relevant categories and codes used to define sexual and violent offences). An “other” offence is any offence not classified as a sex or violent offence.

### Sample

De-identified police unit records were provided by the Statistical Services Branch, Victoria Police, and were extracted from the Law Enforcement Assistance Program (LEAP) database on 24 April 2003.

The sample comprised 629 persons who were apprehended for sexual assault in 2001, where the victim was known to be 16 years or older. The data refer to distinct individuals who were processed in 2001 for allegedly committing a sexual assault, regardless of when the offence(s) occurred. When an offender was processed for multiple offences on one day, only the most recent offence was included in the analysis. Previous sexual, violent and other offences were traced back to July 1993, when the LEAP database was introduced.

This follow-up period allows an adequate time period for reoffending, given that individuals within the sample may not have been at equal risk of offending over the reference period. Retrospective designs, which follow a group of offenders back in time from an index offence, examining the presence of predictive risk factors for recidivism in their prior criminal histories, may be more reliable than prospective studies for offences with relatively low base rates (Soothill et al. 2002).

## Results

### Sociodemographic Characteristics and Method of Apprehension

The majority of alleged offenders were males of non-Aboriginal appearance who were either summonsed or arrested for sexual assault (Table 9). As racial appearance is based on the police officer’s subjective assessment, the data are not necessarily a reliable guide to racial or ethnic group. Apprehensions in the “Other” category represent those that were later withdrawn, or in which the offender was under-age, insane or deceased, or other rare circumstances.

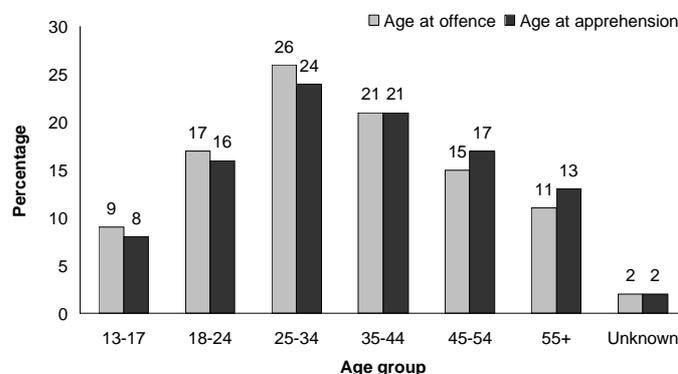
**Table 9: Sociodemographic characteristics and method of apprehension**

	Sex		Racial appearance		Method of apprehension			
	N	%	N	%	N	%		
Male	617	98.1	Non-Aboriginal/TSI	533	84.7	Arrest	123	19.6
Female	10	1.6	Aboriginal/TSI	73	11.6	Caution	3	0.5
Unknown	2	0.3	Unspecified	23	3.7	Summons	250	39.7
						Other	253	40.2

Source: AIC, adapted from Victoria Police LEAP database

The age of alleged offenders was known in 98 per cent of cases. At the time of apprehension, age ranged between 13 and 83 years, with a mean of 37 years (SD=15.0). The age range at the time of the offence was the same, but the mean age was younger (M=35.6, SD=14.5). This is consistent with delays between the commission of and apprehension for sex offences. Figure 14 shows the proportion of alleged offenders by age at the time of the offence and at apprehension.

**Figure 14: Offender age group at time of offence and at apprehension**



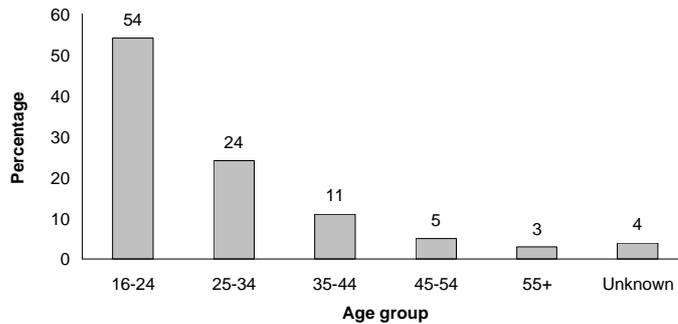
Note: Figures may not total 100% due to rounding

Source: AIC, adapted from Victoria Police LEAP database

## Victim Characteristics

Almost 87 per cent of victims were females (n=545). The age of four per cent of victims was unknown. The remainder ranged from 16 to 87 years, with a mean of 26 years (SD=11.9). Both males and females aged 24 years or younger were at greatest risk of victimisation (Figure 15).

**Figure 15: Sexual assault victims by age group**



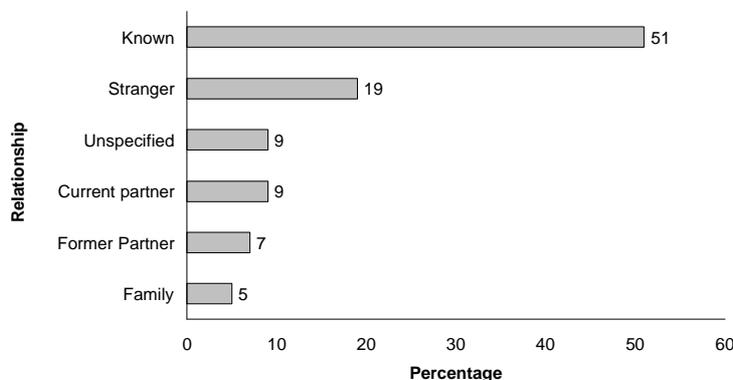
Note: Total may not equal 100% due to rounding

Source: AIC, adapted from Victoria Police LEAP database

## Victim–Offender Relationship

Information on the relationship between the victim and the alleged offender was available for 74 per cent of cases (n=464) and is summarised in Figure 16. Almost three-quarters of alleged offenders were known to their victims. The largest category comprised acquaintances, work colleagues, co-residents, neighbours and other known offenders. All cases involving current or former partners related to heterosexual relationships. Nineteen per cent of alleged offenders were unknown to the victim, while the relationship between a further nine per cent was not specified. The distribution of victim–offender relationships did not change when the data were analysed for all alleged offenders, those processed for one sexual offence and those processed for multiple sexual offences.

**Figure 16: Victim–offender relationship (%)**



Note: Total may not equal 100% due to rounding

Source: AIC, adapted from Victoria Police LEAP database

Table 10 shows that the proportion of victims in older age groups increased with the offender age group. Within each offender age group, the largest proportion of apprehensions was for sexual assaults against 16–24-year-olds. Alleged offenders aged between 13 and 24 years were particularly likely to be apprehended in relation to victims aged 24 years or younger. The percentage of victims and alleged offenders aged 25 to 34 was roughly equal.

**Table 10: Offender age group by victim age group**

Offender age group	Victim age group					Unknown	Total offenders
	16-24	25-34	35-44	45-54	55+		
<b>13-17</b>							
N	44	2	1	2	5	2	56
% within offender age group	78.6	3.6	1.8	3.6	8.9	3.6	
% within victim age group	13.0	1.3	1.5	6.1	31.3	8.3	
<b>18-24</b>							
N	76	18	5	3	1	1	104
% within offender age group	73.1	17.3	4.8	2.9	1.0	1.0	
% within victim age group	22.4	11.9	7.6	9.1	6.3	4.2	
<b>25-34</b>							
N	76	59	13	3	0	10	161
% within offender age group	47.2	36.6	8.1	1.9	0.0	6.2	
% within victim age group	22.4	39.1	19.7	9.1	0.0	41.7	
<b>35-44</b>							
N	60	33	23	8	1	5	130
% within offender age group	46.2	25.4	17.7	6.2	0.8	3.8	
% within victim age group	17.7	21.9	34.8	24.2	6.3	20.8	
<b>45-54</b>							
N	44	20	15	10	5	2	96
% within offender age group	45.8	20.8	15.6	10.4	5.2	2.1	
% within victim age group	13.0	13.2	22.7	30.3	31.3	8.3	
<b>55+</b>							
N	31	18	9	7	2	4	71
% within offender age group	43.7	24.4	12.7	9.9	2.8	5.6	
% within victim age group	9.1	11.9	13.6	21.2	12.5	16.7	
<b>Unknown</b>							
N	8	1	0	0	2	0	11
% within offender age group	72.7	9.1	0.0	0.0	18.2	0.0	
% within victim age group	2.4	0.7	0.0	0.0	12.5	0.0	
Total victims	339	151	66	33	16	24	629

Source: AIC, adapted from Victoria Police LEAP database

Victims aged 55 years and over were equally likely to be sexually assaulted by juveniles and by alleged offenders aged between 45 and 54 (Table 10). Attacks against victims in this age group were more often perpetrated by strangers than by known offenders (Table 11), which may suggest that older victims were subject to opportunistic sexual offending by juveniles engaged in other crimes. However, this is speculative and, as there are a small number of victims in this age group, the results may not be reliable. For all other victims' age groups, offenders were more likely to be known to the victim than strangers.

**Table 11: Victim age group and relationship to offender**

Relationship	Victim age group						Total
	16-24	25-34	35-44	45-54	55+	Unknown	
Known							
N	128	58	22	17	3	8	236
% within victim age group	52.3	49.2	44.0	68.0	27.3	53.3	
Stranger/unspecified							
N	78	25	13	3	7	5	131
% within victim age group	31.8	21.2	26.0	16.0	63.6	33.3	
Current partner							
N	15	17	7	2	0	1	42
% within victim age group	6.1	14.4	14.0	8.0	0.0	6.7	
Former partner							
N	10	13	5	2	0	1	31
% within victim age group	4.1	11.0	10.0	8.0	0.0	6.7	
Family							
N	14	5	3	1	1	0	24
% within victim age group	5.7	4.2	6.0	4.0	9.1	0.0	
Total	245	118	50	25	11	15	464

Source: AIC, adapted from Victoria Police LEAP database

## Patterns of Offending

Table 12 provides information on apprehensions for sexual, violent and other offences during the reference period. Features include:

- The mean number of other (column 1) and violent offences (column 2) was higher than for sexual offences (column 3) and the number of other and violent offences was more variable.
- In addition to the current apprehension for sexual assault, 14 per cent of alleged sex offenders had been *apprehended* for sexual assault on between one and five occasions since July 1993 (column 4).
- Slightly more than one-third of alleged offenders were processed for two or more separate sexual *offences* during the reference period (column 5). Twenty-seven per cent were processed for between two and five offences and just over one per cent for 19 or more offences. The 629 alleged offenders were processed for a total of 1,603 sexual offences.

**Table 12: Apprehensions for sexual, violent and other offences, July 1993–December 2001**

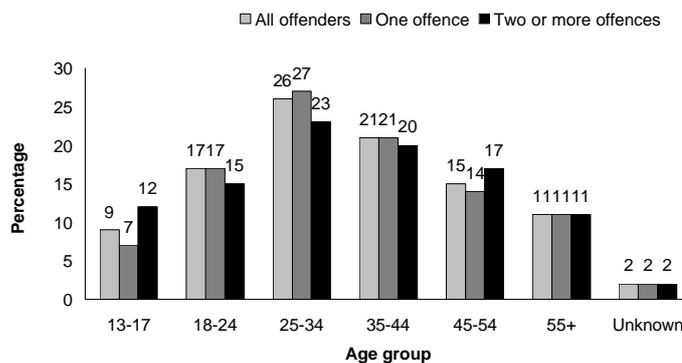
	1 Other offences	2 Violent offences	3 Sexual offences	4 Additional apprehensions for sexual offences	5 Processed for 2 or more sexual offences
Number of offenders	348	222	629	90	222
%	55.3	35.3	100.0	14.3	35.3
Minimum no. of offences	1	1	1	1 (n=65)	2 (n=90)
Maximum no. of offences	165	140	165	5 (n=1)	165 (n=1)
Total number of offences	4,378	1,069	1,603	NA	1,196
Mean number of offences	12.6	4.8	2.6	1.47	5.39
Standard deviation	20.0	10.2	7.5	0.9	12.1

Source: AIC, adapted from Victoria Police LEAP database

Given that the minimum age of alleged offenders was 13 years, not all of the sample was at the same risk of apprehension over the reference period: those who were less than 21 years of age in 2001 would have been pre-adolescents or very young children for some of the reference period. Even if they had offended sexually and those offences were detected, they may simply have been cautioned by police and it is unlikely that they would have been held criminally responsible due to their age. The number of additional sexual apprehensions and the number of alleged offenders processed for multiple sexual offences were analysed to exclude alleged offenders aged less than 21 years and less than 25 years in 2001. There was little variation in percentage apprehended on additional occasions or processed for more than two sexual assaults (15 per cent and 34 per cent respectively), or for multiple sexual offences, as the majority of recidivistic sexual activity occurred in the older age groups. Eighty-five per cent of those apprehended on more than one occasion were 21 years or over in 2001 and 77 per cent were 25 years or over. For multiple offences, 81 per cent were 21 years and over and 73 per cent were 25 and over. Similar trends were observed for violent and other offences.

Figure 17 shows that when the number of sexual offences is taken into account, the proportion of juveniles and 45–54-year-olds processed for multiple sexual offences was slightly higher than for all offenders in each age group. Overall, juveniles were processed for fewer sexual offences than other age groups, which reflects the relative length of their offending careers, and none were processed for more than eight sexual offences. The data were analysed to determine whether individuals who were processed for two or more sexual offences had been processed for a greater number of violent and other offences than those processed for one sexual offence. There were no significant differences between the groups.

**Figure 17: Age distribution of alleged offenders by the number of sexual offences**



Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

Most alleged offenders with additional apprehensions for sexual offences were apprehended on one occasion only (72 per cent). Older age groups could be expected to have a greater proportion of additional apprehensions due to their longer criminal careers, and this was the case overall and for alleged offenders aged 45 years and older with one additional apprehension (Table 13).

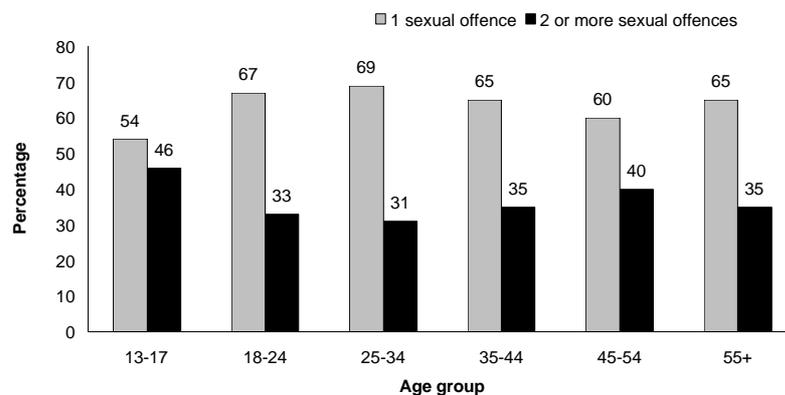
**Table 13: Additional apprehensions for sexual offences by age group**

Additional apprehensions	Offender age group						Unknown	Total
	13-17	18-24	25-34	35-44	45-54	55+		
1								
N	5	7	10	18	17	6	2	65
% within offender age group	8.9	6.7	6.2	13.8	17.7	87.3	81.8	
2								
N	2	2	3	1	1	2	0	11
% within offender age group	3.6	1.9	1.9	0.8	1.0	2.8	0.0	
3								
N	2	3	1	3	2	1	0	12
% within offender age group	3.6	2.9	0.6	2.3	2.1	1.4	0.0	
4								
N	0	0	0	1	0	0	0	1
% within offender age group	0.0	0.0	0.0	0.8	0.0	0.0	0.0	
5								
N	0	0	1	0	0	0	0	1
% within offender age group	0.0	0.0	0.6	0.0	0.0	0.0	0.0	
Total	9	12	15	23	20	9	2	90
% of total	10.0	13.3	16.7	25.6	22.2	10.0	2.2	100.0

Source: AIC, adapted from Victoria Police LEAP database

Within each offender age group, the majority of alleged offenders were processed for one sexual offence or one “other” offence during the reference period (Figures 18 and 19). This pattern was reversed for alleged violent offenders aged between 13 and 34 years (Figure 20).

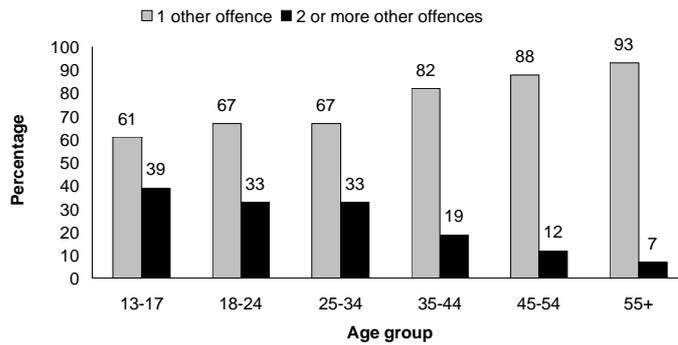
**Figure 18: Number of sexual offences by offender age group**



Note: Total may not equal 100% due to rounding

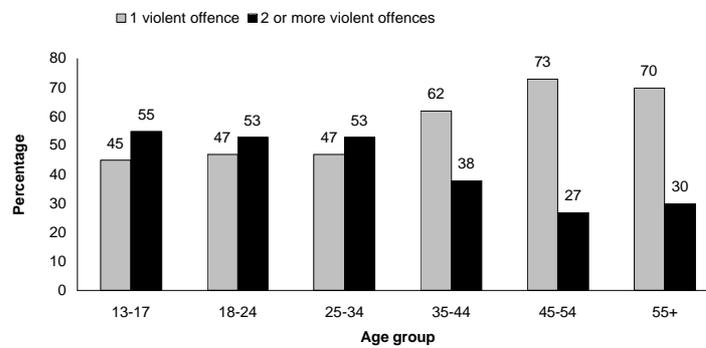
Source: AIC, adapted from Victoria Police LEAP database

**Figure 19: Number of other offences by offender age group**



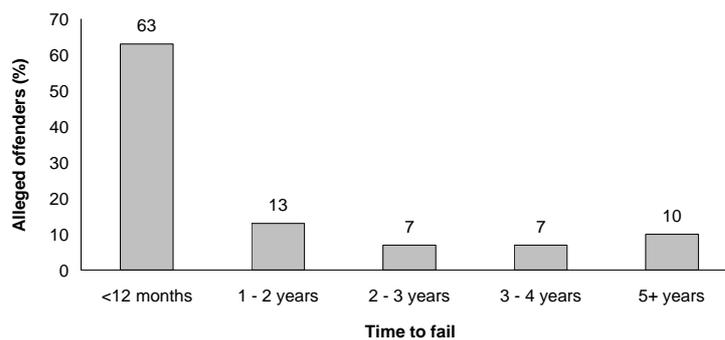
Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

**Figure 20: Number of violent offences by offender age group**



Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

**Figure 21: Time between index apprehension and the most recent prior apprehension**



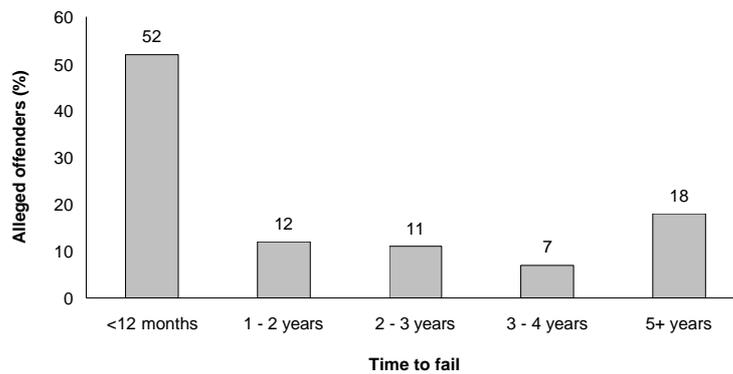
Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

Information was available on the time between apprehensions for the 90 individuals who were apprehended on more than one occasion for sex offences. In some instances the date of the index apprehension coincides with the date of the most recent apprehension and/or with the date of the earliest apprehension. The time between the

index apprehension in 2001 and the most recent prior apprehension ranged from approximately one week to slightly less than seven and a half years. The time to fail was less than 12 months for 63 per cent of alleged offenders and three years in over 80 per cent of cases (Figure 21).

The time between the index apprehension and the date of the earliest prior apprehension (since July 1993) ranged from approximately one week to just over eight years. Slightly fewer than one-fifth were first apprehended over five years earlier (Figure 22).

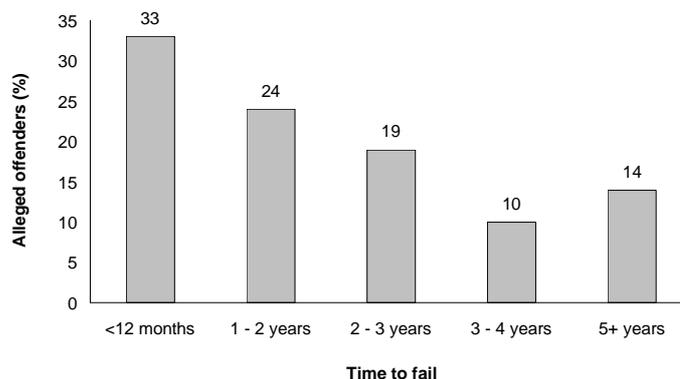
**Figure 22: Time between index apprehension and the earliest prior apprehension**



Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

The time between the earliest apprehension and the most recent prior apprehension ranged from one month to seven and a half years, although these dates coincided for all but 21 cases. The time lapse was more than three years for only a quarter of these 21 cases (Figure 23).

**Figure 23: Time between the earliest and most recent prior apprehension**



Note: Total may not equal 100% due to rounding  
 Source: AIC, adapted from Victoria Police LEAP database

---

## Summary and Conclusions

This analysis was valuable in a number of ways, especially as the findings highlight areas for future research. The results are consistent with the literature, as demonstrated by the sociodemographic characteristics of alleged offenders and victims, the pattern of victim–offender relationships, time to fail and the criminal histories of persons apprehended in 2001, particularly the number of sexual, violent and other offences for which they were apprehended during the reference period. The data point to a potentially considerable degree of criminal activity among this sample. In particular, they support previous findings regarding high levels of violence among sex offenders.

While the number of apprehensions and the number of offences for which the sample was processed do not refer to proven charges, the degree of recidivistic activity is comparable to recidivism rates found in other studies reviewed in this report. These rates will decrease substantially due to attrition of cases. Even at this early stage of processing in the criminal justice system, it is clear that a considerable proportion of these 629 cases will not proceed. In the 40 per cent of cases where the method of processing is labelled “other”, the cases would be finalised without an offender being charged, as the category indicates either that the complaint has been withdrawn, or that the alleged offender is under-age, deceased or insane, or that some other rare circumstance is involved. Research that traces alleged offenders from the point of apprehension to the outcome of the case, detailing processing decisions and reasons for attrition, is required to evaluate whether attrition varies systematically with offender, offence or victim characteristics.

The findings also provide information about different types of associations between victims and offenders. The majority of offenders of all ages were apprehended for sexual assaults against victims aged 16 to 24 years of age. This is consistent with knowledge that, aside from gender, age is the most robust predictor of sexual victimisation. Victims (particularly females) under the age of 24 are at the highest risk of sexual assault, prompting the description of sexual violence as “a crime against youth” (Tjaden & Thoennes 1998, p. 6). In this sample, the age of victims and offenders co-varies to some extent, as the proportion of victims in older age groups increases with offender age. These findings support the contention that, in many cases, the key demographic characteristics to be considered in relation to age and the risk of sexual assault are those of offenders, who are primarily men. Women tend to socialise and have relationships with men from similar age cohorts, and motivated offenders target young women, whose routine social, work and educational activities and lifestyles place them at greater risk of victimisation. Thus, younger offenders were more likely to be apprehended for sexual assaults against victims of their own age group, while the proportion of offenders and victims aged 25 to 34 was almost equal. At the same time, age is correlated with marital status to some extent, which is reflected in the finding that the proportion of apprehensions of current and former partners increased with victim and offender age and was highest for victims and offenders aged between 25 and 44 years. Descriptions of the nature and circumstances of the offences and offenders’ motivations would help to elucidate the dynamics of sexual assault within different contexts and victim–offender relationships.

---

The findings also suggest that further consideration should be given to patterns and levels of offending among juveniles. Again, the data are consistent with the wider literature, in that juveniles' general and sexual criminal activities mirror those of their adult counterparts. The elevated level of violent offences among younger age groups is congruent with the known association between age and offending. However, it is of concern that a somewhat larger proportion of this age group was processed for two or more sexual offences than for one sexual offence. In addition, the relatively high proportion of apprehensions among this age group for sexual offences against victims aged 55 years signals an additional area for investigation, although the numbers are small (n=5). While the circumstances of the sexual assaults are not known, it is possible that these were stranger attacks, possibly perpetrated opportunistically within the commission of another offence. This scenario signals the presence of several risk factors for sexual recidivism (for example, early onset and diversity of offending, stranger attacks and possibly violence), but it is not clear whether the youngest individuals in this sample were previously involved in undetected or unrecorded offences. Further research into the criminal activities and patterns of offending among juveniles would help in planning intervention and prevention strategies and in allocating resources for a range of agencies, including police services and treatment programs.

## 6 Corrections-based Treatment Programs

Policy and criminal justice responses to sexual offending generally focus on anticipating and minimising opportunities for reoffending, often through long periods of incarceration. The courts' recognition of the seriousness of sexual offences is reflected in selective incapacitation and punishment of sex offenders, but punishment for antisocial acts is ineffective without the development of prosocial skills to address offending behaviour. Ideally, penal sanctions should deter future offending, but some studies have found that imprisonment increases recidivism, particularly among lower risk offenders. The possibility of increased recidivism following incarceration may be especially germane to sex offenders, who are often vilified and victimised by other offenders because of the nature of their crimes: the brutality of the prison environment can exacerbate sex offenders' problems and cognitive distortions. An exclusively punitive approach does not address the factors that lead to reoffending and some factors, such as sexual deviance, are not easily amenable to change without intervention.

An alternative community perspective suggests that sexual recidivism can be prevented through psychological treatment provided within the mental health system. It is increasingly understood that neither punishment nor treatment alone is likely to effect change, and that reduced risk of reoffending is most likely to occur when law and psychology interact; that is, when punishment takes place within a rehabilitative framework and in environments that offer therapeutic regimes, rather than those that serve a purely custodial function (Birgden & McLachlan 2002; McGregor & Howells 1997). In most Australian jurisdictions, convicted sex offenders who meet eligibility criteria are offered opportunities to participate in dedicated treatment programs, often offered through correctional institutions. Treatment may also be provided through health care agencies, community-based organisations, or individualised therapy and counselling. As this report is primarily concerned with criminal justice responses to sex offending, this chapter focuses on programs provided by corrective services departments.

### A Framework for Reducing Sexual Reoffending

The primary objective of sex offender programs is to protect the community and potential victims by reducing the likelihood that offenders will recidivate sexually. Therefore, treatment and management of sex offenders takes a victim-centred approach, with offenders' welfare secondary to community interests. This stance is at odds with clinicians' traditional codes of conduct, as offenders' interests are not at the heart of treatment programs, but interventions nevertheless aim to develop healthy, offence-free lifestyles by focusing on offender behaviour and psychological processes. Most sex offenders are reluctant to undertake treatment, often because they are labelled as deviant

---

within the correctional system when the nature of their crimes becomes apparent. Alternative means must be found to motivate sex offenders to change a behaviour from which they derive pleasure or other rewards. Yet incarceration and therapeutic interventions can have detrimental as well as beneficial effects (Birgden & Vincent 2000; Matson 2002).

Therapeutic jurisprudence is the study of the law's function as a therapeutic agent, particularly as it influences psychological wellbeing. It emphasises ways in which mental health interventions can modify the negative impacts of the criminal justice system. This perspective suggests that the law can have both therapeutic and unintended anti-therapeutic consequences. On the one hand, legal procedures may facilitate rehabilitation through effective interventions and may mitigate harsh sanctions, such as prolonged incarceration, through justifying extended community supervision. On the other hand, the law may contribute to psychological dysfunction. For example, labelling of convicted sex offenders can become self-fulfilling prophecies as offenders come to see themselves as unable to change or to take responsibility for their actions. In addition, sex offender treatment that is mandated by a parole board may be anti-therapeutic because it becomes part of the punishment and because denial of choice can produce dissonance, conflict and ambivalence. Alternatively, treatment may be undertaken to accrue favourable parole outcomes. In both cases offenders may simply satisfy the requirements of the program without going through real change (Birgden & Vincent 2000; Glaser 2003).

Treatments for sex offending are informed by theories of the aetiology and maintenance of offending behaviour. The most comprehensive models view a broad range of developmental, psychosocial, environmental and physiological influences as functionally interdependent processes (Marshall & Barbaree 1990a). Sex offences are committed for reasons that include anger, power and dominance, inappropriate sexual attraction, or inadequate social skills that preclude forming and maintaining intimate and social relationships (Matson 2002). As there is no single cause of sex offending, it is viewed as a learned behaviour that is subject to control, rather than a biological condition that can be cured (Curnow, Streker & Williams 1998).

There is no support for the view that sex offenders are unable to control their sexual urges, as many sexual offences are carefully planned. One of the principles underlying therapeutic interventions is that offenders are competent adults who choose to offend and they can be helped to develop strategies to control illegal behaviours. However, internal controls established through treatment may not prevent sexual recidivism unless supplemented by adequate external support and monitoring. The most progressive approaches to sex offender treatment ensure complementarity and continuity between institutional and community-based programs (Birgden & Vincent 2000; Matson 2002).

Cyclical formulations of offending, which view offending as a process involving a problem behaviour that occurs over time, have been influential in developing treatment models for adult offenders (McGregor & Howells 1997). Many offenders have described offending behaviour in terms of its repetitive nature and it appears that repeated

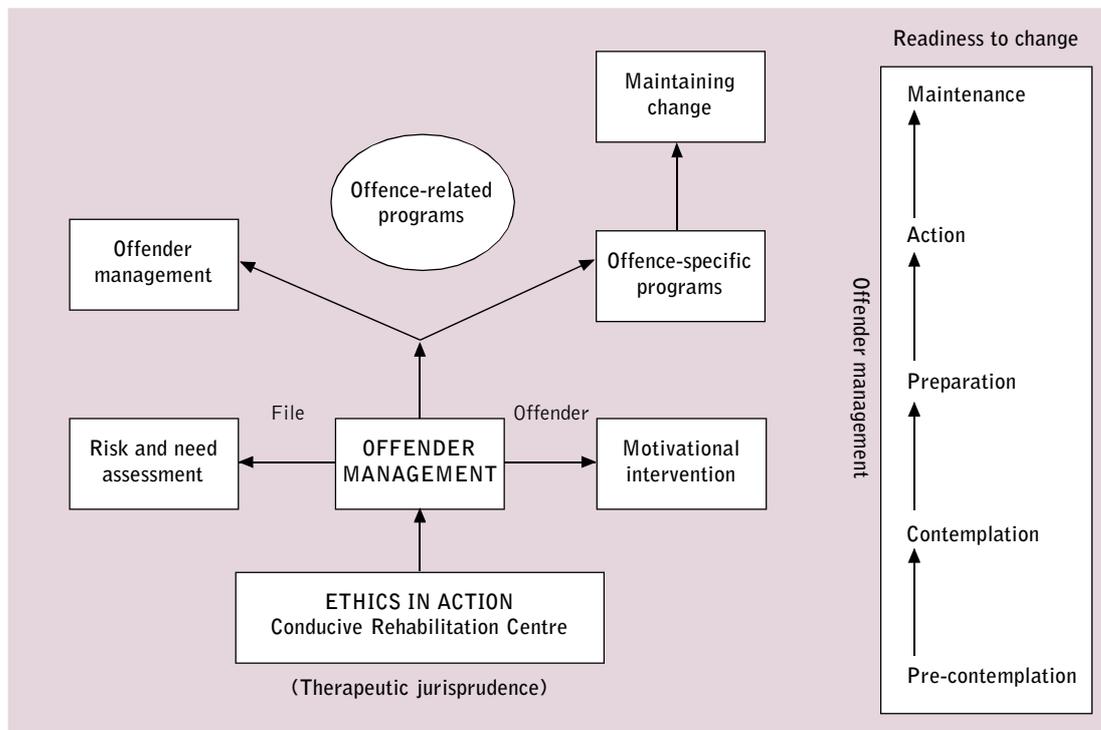
offending reinforces the pattern. Within the offence cycle, offenders follow different pathways to relapse, but there is a relatively predictable sequence of precursors leading up to offending. The cycle originates in negative emotions, moves to fantasy and cognitive distortions, progresses to planning the offence and finally results in acting out the fantasy or implementing the plan (Hudson, Ward & McCormack 1999).

As the offences of some sexual recidivists are both frequent and severe, risk management is aimed at reducing factors that lead to the risk occurring and/or mitigating the impact of a risk that has occurred (Kemshall 2001). Any reduction in the frequency of sex offending is a gain, as it reduces the number of victims. Changes that lessen the impact of offending behaviours on others are also seen as gains. Frameworks to reduce reoffending have the dual rehabilitative goals of:

- managing offender risk through offence-specific or offence-related programs—offence-specific programs address criminogenic needs specifically related to sexual offending, while offence-related programs address areas that are often associated with offending, such as drug use, problem-solving and employment; and
- increasing offender capabilities by meeting non-criminogenic needs such as low self-esteem or psychological distress (Birgden & McLachlan 2002).

Figure 24 presents essential elements of a therapeutic jurisprudence framework to reduce recidivism. The most effective intervention programs are based on the three primary principles of risk, need and responsivity (Shomaker & Gornik 2002).

**Figure 24: Therapeutic jurisprudence framework**



Source: Birgden & McLachlan 2002

---

## The Risk Principle

The relative likelihood of an offender committing new offences can be predicted through assessment of static and dynamic risk factors. Maximum treatment benefits are derived when the intensity or level of treatment is matched with the offender's risk level.

## The Needs Principle

Offending behaviour is directly linked with criminogenic needs (dynamic risk factors), which are open to change. Examples of criminogenic and non-criminogenic needs are outlined in Table 14.

## The Responsivity Principle

Responsivity to treatment is maximised when programs are delivered in a way that is consistent with the offender's cognitive ability, learning style, maturity, ethnicity, gender and so on.

**Table 14: Treatment needs of offenders**

Criminogenic	Non-criminogenic
Pro-criminal attitudes	Self-esteem
Criminal associates	Anxiety
Substance abuse	Feelings of alienation
Antisocial personality	Psychological discomfort
Problem-solving skills	Group cohesion
Hostility/anger	Neighbourhood improvement

Source: Howells & Day 1999

Thus:

- the risk principle identifies who should receive treatment;
- the needs principle specifies what should be treated; and
- the responsivity principle highlights the importance of the way treatments are delivered.

In line with these principles, sex offender treatment programs are delivered at different levels or intensities. The most effective programs target a range of criminogenic needs and teach relevant skills in ways that are appropriate to the offender's learning style.

Other authors include professional discretion and program integrity as additional principles contributing to program success. Professional discretion allows therapists to make decisions based on situations and characteristics not covered by the other principles. Program integrity means that the program should be delivered as intended in theory and design (Howells & Day 1999).

---

## Principles and Practices of Cognitive-behavioural Therapy

International best practice standards for the treatment of sex offenders centre on cognitive behavioural therapy (CBT) within a relapse prevention framework. Pharmacological interventions are effective supplements in some cases. CBT offers an empirically based approach to assessing and treating sex offenders, as current models have developed through evaluations conducted by researchers and clinicians. While the specific content of the programs varies, most are in agreement on the overall framework, and some treatment targets are invariant (Marshall 1999).

Cognitive-behavioural interventions for sex offenders focus on changing sexual behaviours and interests, modifying cognitive distortions, and addressing a range of social difficulties (Marshall & Barbaree 1990b). Relapse prevention is an outcome of integrative theories, which posit that the interaction of a variety of factors affects the probability of relapse, and that offenders can document a pattern of decisions and behaviours that lead to reoffending. Relapse prevention provides offenders with ways of enhancing internal self-management skills for coping with high-risk situations, helping them to make decisions to control the offending behaviour (Pithers 1990).<sup>7</sup> Following release from prison, offenders are helped to maintain the internal controls gained through treatment by external controls provided through monitoring and other management strategies.

Sex offender treatment programs aim to provide comprehensive and integrated systems of assessment, management and intervention. In general, programs are facilitated by psychologists and/or multi-disciplinary teams that include psychological, legal and correctional staff. The core issues common to sex offender programs are listed below.

### 1 Challenging Beliefs that Support Offending

Offenders are required to:

- identify and challenge cognitive distortions and affective factors associated with offending;
- acknowledge and take responsibility for the offending behaviour—this requires full and open disclosure of sexual offending; and
- understand offending in the broader life context and gain insight into the cycle of offending—the precise nature of the problem, its antecedents and consequences are identified.

---

<sup>7</sup> Recent criticisms and suggested revisions of the relapse prevention model are not discussed here, but see Laws (2003), for one discussion of the issues involved.

---

## 2 Developing Empathy

As affective deficits facilitate offending, it is essential that offenders:

- understand the impact of sexual offending and its consequences for victims, offenders and the community; and
- develop victim empathy.

## 3 Relapse Prevention

To control offending behaviour, offenders must:

- learn to manage inappropriate sexual fantasies, thoughts and arousal patterns; and
- develop relapse prevention plans to manage the risk of future offending. This is a highly individualised approach to therapy that involves identifying high-risk situations and offence precursors and forestalling the threat of relapse by implementing coping responses or avoidance strategies. It may also entail post-release supervision and establishing a support network to help with supervision.

A range of additional, non-core issues and skills may be addressed on a prescriptive basis. These may range from anger management, gender relations, social skills and assertiveness, to developing behavioural management skills and interpersonal skills required for successful intimate relationships. Improving personal relationships is promoted as a means of maintaining an offence-free lifestyle. Participants are often able to take part in educational courses that promote general life skills but are not rehabilitative in nature.

Most programs run in a group format, although individual counselling may be available for dealing with issues such as deviant arousal patterns. Group therapy is less costly and more effective than individual therapy in a number of respects.

- much of the content of therapy sessions is better presented to groups by more than one therapist;
- where possible, interactions between male and female therapists can model desirable ways of relating and facilitate attitude changes;
- if the therapist ensures a prosocial setting, groups provide a richly therapeutic environment in which members provide insight into each other's problems and take up opportunities to implement new modes of thinking and interacting; and
- the secrecy surrounding sexual assault is broken—offenders learn that their behaviours and problems are not unique and that they can no longer justify their offending behaviour, as others are aware of their distortions.

The emphasis of group therapy is on supportively challenging offenders, respecting their dignity and reinforcing their strengths, while encouraging change and growth (Marshall 1999; Marshall & Barbaree 1990b).

---

## Overview of Treatment Programs in Australia

This section provides an overview of elements common to most sex offender treatment programs in Australian jurisdictions. The information was provided by corrective services departments in each state and territory and in most cases was detailed in a brochure, email, or other informal layout.

All but three Australian jurisdictions offer prison-based sex offender treatment programs for offenders against adults. At the time the research was conducted, the Northern Territory, Tasmania and South Australia had no programs operating through the criminal justice system, but were actively lobbying for government support to implement programs.

- Northern Territory Correctional Services had recently investigated programs operating in other jurisdictions and had submitted an application for funding. An earlier treatment program for Aboriginal sex offenders had been discontinued due to staffing and other matters (personal communication, Marcus Schmidt, Department of Justice, Northern Territory Correctional Services, Prisoner Rehabilitation Team, 10/12/02).
- The Corrective Services Division of the Tasmanian Department of Justice was lobbying for funding, but had not been successful to date (email communication, Sandra Trajdos, State Manager, Community Corrections, Tasmania Department of Justice and Industrial Relations, 31/03/03).
- The South Australian Department for Correctional Services was planning to implement two programs during the coming fiscal year. At present the only program offered is for paedophiles and this is run by an external agency (email communication, Dr Manasse Bambonye, Principal Psychologist, South Australia Department for Correctional Services, 28/02/03).

### Voluntary Participation

Participation in sex offender treatment programs is open to all eligible offenders. Treatment is voluntary in most jurisdictions and requires the prisoner's informed consent. Parole boards in some jurisdictions can insist on treatment, although informed consent is still desirable. Refusal to participate is taken into consideration when determining parole, and release authorities take a favourable view of program completion. While this coercive approach conflicts with the motivational approach of therapeutic staff and may have an anti-therapeutic effect, the harm inflicted by sexual assault is considered to justify mandated intervention. In reality, many prisoners participate for the extrinsic motivation of obtaining parole, so the criterion of voluntariness is often not met. While it is assumed that offenders are likely to be more receptive to interventions when they participate through choice, group therapy aims to increase the offender's intrinsic motivation to stay in the program and avoid relapse. One meta-analysis found little difference in recidivism rates between prisoners undergoing mandated (10 per cent) and voluntary (12 per cent) treatment (Birgden & Vincent 2000).

---

## Eligibility Criteria

To be accepted into a program offenders must have a recent history of behavioural stability. Prisoners are usually excluded if they deny the offence, have psychiatric diagnoses or below-functional intelligence, although Western Australia provides programs for intellectually disabled offenders. Inmates may be dismissed from programs if they fail to acknowledge and take responsibility for the offending behaviour, breach group confidentiality, or display aggressive or violent behaviour towards staff or other offenders. Participation is scheduled just prior to the end of the sentence to ensure maximum therapeutic effects on release, but the remaining sentence length must be sufficient to allow completion of the program.

## Assessment

The offender's risk of sexual recidivism, treatment needs and cognitive capacity to participate are thoroughly assessed by program staff through clinical interviews and psychometric tests. Treatment needs are based on factors such as attitudes towards own offending and criminality in general, relationship skills, prosocial behaviour and sexual self-regulation. On the basis of this assessment, staff recommend appropriate intervention services. Programs are usually multi-tiered to meet varying needs and levels of risk. As maximum treatment benefits are achieved when programs are matched to offenders' risk/needs, offenders must attend the program for which they are recommended.

Further assessments may be undertaken on completion of various modules, as admission into progressive levels may depend on meeting entry criteria. On completion of a program, a report evaluating the offender's progress (and in some cases an updated risk assessment and recommendations for future management) is forwarded to the parole board.

## Prison-based and Community Programs

Different types of programs are often available and it is assumed that more serious offenders are referred to prison-based programs. During prison-based residential programs, high risk/needs offenders live in a self-contained unit that provides a therapeutic environment designed to encourage intensive work on changing cognitive and behavioural patterns. Lower risk/needs offenders may be placed in non-residential programs, during which they continue their daily institutional activities.

The skills learned during institutional programs are acquired in environments that bear no resemblance to the social contexts facing offenders when they are released into the community. Therefore, post-release supervision and community-based maintenance programs are provided to reinforce treatment gains and establish support networks and supervision.

---

Offenders who are referred to community-based treatment programs (as distinct from maintenance programs) are assumed to have committed relatively non-serious principal offences, such as indecent assault. However, this may be an erroneous assumption in some cases, given the practice of downgrading charges due to plea-bargaining and the fact that many sex offenders are convicted of ancillary sex offences, or have previous convictions for sexual and violent offences.

## New South Wales

(Booklets provided by Anne Young, Statewide Clinical Co-ordinator, Sex Offender Programs, Department of Corrective Services: “Institutional Treatment Programs for Sexual Offenders: CUBIT and CORE” and “Community Programs For Sexual Offender Treatment and Maintenance”.)

The New South Wales Department of Corrective Services offers a range of custodial and community-based treatment programs to male rapists and child molesters, or offenders whose crimes were sexually motivated. Participation is voluntary. Programs comprise modules of varying lengths, addressing offence-specific and offence-related issues, such as managing anger, coping with stress and building a balanced lifestyle.

### Institutional Programs

#### *1. CUBIT (Custody-based Intensive Treatment)*

During this residential therapy program, offenders are accommodated in a self-contained unit at Long Bay Correctional Centre. The therapeutic environment helps offenders to work intensively on changing thoughts, attitudes and feelings that led to the offending behaviour. The program is administered by a multi-disciplinary clinical team, including psychologists, trained custodial staff, welfare workers and education staff. It is offered to moderate and high risk/needs offenders and runs for approximately eight months (moderate intensity program) to 10 months (high intensity program).

The CUBIT program primarily runs in a group format. Process groups are the key forum for meeting therapeutic goals. They address topics such as denial, victimisation and cognitive distortions. Issues groups focus on knowledge and skills required to achieve therapeutic goals, such as arousal and anger management, relationships and communication.

The CUBIT Adapted program is essentially the same as other CUBIT programs, but is more responsive to special-needs sexual offenders, such as those with literacy problems or borderline intellectual disabilities. Offenders remain in the program for approximately 12 months.

#### *2. CORE (CUBIT Out Reach)*

This non-residential program is conducted by psychologists and is offered to lower risk/needs prisoners. It targets the same issues as the CUBIT program, but involves two half-days per week of group sessions over approximately five months. Process and issues

---

groups are combined. Inmates continue regular institutional activities such as work duties and education.

### *3. Custodial Maintenance Program*

On completion of the CUBIT or CORE program, graduates finish their terms in centres that run a Custodial Maintenance Program. The program maintains and reinforces treatment gains by focusing on relapse prevention issues specific to the individual. Eligible graduates may undertake temporary leave programs, during which they implement what they have learned while reintegrating into the community. Post-release follow-up services are available through Forensic Psychological Services.

## **Community Programs**

Forensic Psychology Services, City Branch, offers two community-based programs for sex offenders.

### *1. Maintenance*

This program is designed for offenders who have previously completed an appropriate treatment program. It helps reinforce therapeutic gains and monitors and adapts the relapse prevention plan in response to contextual demands. The maintenance program has two levels of intensity, based on the client's adjustment to the environment, which involve either a weekly or a fortnightly/monthly two-hour session, usually for at least six months post-release.

### *2. Treatment*

The treatment program is designed for offenders who have not received a prison sentence, or who were unable to participate in a treatment program while in prison. It is suitable for lower risk and low to moderate needs offenders. Group sessions are conducted on two half-days per week over six months, or one session per week over one year for men who are employed.

## **Victoria**

(Pamphlets, CORE Operating Procedures Manual, published articles and newspaper articles supplied by Malcolm Feiner, Department of Justice, Office of the Correctional Services Commissioner, Resource Centre.)

The Sex Offender Strategy was developed by the Public Correctional Enterprise (CORE) and is implemented by a multi-disciplinary team within publicly managed prisons and community correctional services. External providers may be appointed in some instances. The program is aimed at convicted rapists and child molesters, or inmates whose offences contained a sexual element. Participation is voluntary and offenders can withdraw from the program at any time, although the parole board may mandate treatment. Programs are available through Ararat Prison and at Carlton Community Correctional Services, Melbourne, aside from Level 3 (see below), which is

---

only available at Ararat Prison. The Ararat program was rated among the world's best for its continuum of care treatment program and received a Certificate of Merit in the 2000 Australian Violence Prevention Awards (Wilkinson 2001). Four levels of programs are available. Programs for special needs offenders may be delivered on occasion.

*Level 1: Skills Programs*

All offender categories may participate in skills programs, which target general offence-related issues such as aggressive behaviour management, social skills, adult relationships and gender attitudes, practical living skills, drug and alcohol awareness, assertiveness training, and managing stress. Sex offenders must complete the first four modules before continuing to programs on other levels. Completion of other modules is desirable.

*Level 2: Management and Intervention Program*

This program is for offenders on short sentences, serving a community-based disposition, or repeating an intervention. It is an offence-specific program that aims to develop a relapse prevention plan. Prison-based programs comprise four sessions a week over four months. Community Correctional Services offer one session per week for six months. The programs are co-facilitated by prisons and community corrections staff to ensure consistency of delivery.

*Level 3: Intensive Sex Offender Program*

The Wimmera Treatment Unit at Ararat Prison is a residential unit offering intensive therapy. Two groups of 12 offenders participate at any one time. A one-month assessment period is followed by an eight-month intervention. The program builds on skills developed in previous levels and aims to develop insight into offending behaviours, victim empathy, management of sexual fantasies and a more detailed relapse prevention plan. On completion offenders may be released on parole or moved to another prison to await release on parole or unconditional release.

*Level 4: Maintenance Group*

Offenders exiting Level 2 or Level 3 are recommended for participation in prison-based and community-based maintenance programs. Fortnightly group meetings assist in implementing the relapse prevention plan.

## Queensland

(Primary sources of information provided by Keiren Bennett [email communication 24/01/03] and John Murray [email communication 08/01/03]. See also Lees 2001 and Murray 2003.)

The Queensland Department of Corrective Services delivers a number of sex offender programs, including an Indigenous Sex Offender Treatment Program. Most programs require a functional level of literacy, as some core modules are based on reading and writing tasks.

---

## Institutional Programs

### *1. Sex Offender Intervention Program (SOIP)*

This group program comprises 30 sessions of two hours duration each. Eligible offenders include those with a current conviction for a sexual offence, who are willing to participate in the program and whose cognitive and mental functioning is stable and organically unimpaired. The program objectives include establishing ongoing community support for each offender and increasing behavioural management skills. Participants must apply the concepts underlying the relapse prevention model to their own situations. Levels of cognitive distortions in relation to offending behaviour are assessed pre- and post-intervention. Learning outcomes are assessed quantitatively. Evaluation also includes a progress report and an exit report.

### *2. Preparation for Intervention Program (PIP)*

This program is designed for sexual offenders who display considerable levels of offence-related distortions and are willing to engage in treatment, but whose long sentences render them ineligible to undertake other programs. It is completed early in the sentence in preparation for the Sexual Offender Treatment Program (see below) prior to release. The program provides an opportunity to begin the treatment process prior to eligibility for intensive intervention programs. Thirty group sessions over a 15-week period are supplemented by regular individual sessions.

### *3. Sexual Offender Treatment Program (SOTP)*

This program is offered in Brisbane and is available for serious sex offenders (convicted of rape and sexual offences against children) who are eligible for parole within six to 18 months. Given diversity among sex offenders, the program provides flexible and individualised treatment within a semi-structured group-based core program. It has a strong relapse prevention focus. Participants are required to disclose developmental factors related to the offending behaviour, as well as childhood, adolescent and adult relationship and psychosexual histories. This is an open-ended, self-paced program that usually requires between eight and 18 months to complete. Completion time depends on factors such as the seriousness of the offence history and the offender's level of honesty and commitment to achieving therapeutic goals. The central activity involves seven hours of group contact weekly. Time-limited, goal-specific counselling is available on an individual basis. Functional literacy is necessary for this program, as the core modules involve writing a comprehensive autobiography that is discussed in a group context and keeping a daily journal of responses to everyday events. Journaling may also be used for specific purposes, such as tracking anger or sexual fantasies.

### *4. Indigenous Sex Offender Treatment Program (ISOTP)*

This program is currently offered at the Townsville Correctional Centre, where the majority of Indigenous offenders are incarcerated. Participants live in a dedicated unit within the centre, together with four members of a peer support group. These are Indigenous prisoners who have participated in a program aimed at acquiring skills to help other prisoners experiencing difficulties or at risk of self-harm. A second program was due to commence in Capricornia Correctional Centre in Rockhampton in early 2003.

---

The Indigenous program was developed in response to the need for culturally appropriate programs for Aboriginal and Torres Strait Islander offenders. It is premised on the recognition that pathways to sexual offending often differ for Indigenous and non-Indigenous offenders and that the cultural and social experiences of Indigenous offenders are not always addressed in existing programs. These factors deterred many offenders from attending existing programs, while those with poor literacy skills were ineligible to attend. The program is designed for serious offenders and is delivered in a group format of three therapy sessions per week, plus individual counselling. Most participants complete the program in 12 months. The program delivers state-of-the-art interventions in a culturally sensitive manner; for example, by explaining concepts in appropriate language and using visual and auditory presentations rather than written handouts, or through the use of cultural art, music, dance and narratives. The program comprises one cultural and three intervention modules. Modules 2 to 4 are based on a relapse-prevention model of intervention, but have been modified in a culturally appropriate manner.

- Module 1: The objectives of the cultural module include identifying Indigenous history, the impact of colonisation and the family and coping skills employed to deal with European history. Participants also undertake a life review of their families and communities.
- Module 2: Participants are encouraged to disclose their history of sexual offending, describe its antecedents and consequences and accept responsibility for the offending behaviour.
- Module 3: Thinking patterns that facilitated the development and maintenance of offending behaviour are identified and challenged. Negative consequences of sexual offending are identified.
- Module 4: Offenders identify future situations that increase the risk of reoffending and plan risk-management strategies.

### **Community Corrections Sex Offender Program**

This is not a comprehensive treatment program, therefore participants' offending behaviours are not of the most serious or entrenched types. Candidates are excluded if they deny responsibility for the offending behaviour, are not prepared to complete the requirements of the program, or have a psychiatric illness or cognitive skill deficits. One of the objectives of the program is to establish an ongoing community support group for each offender. Participants' progress is assessed qualitatively and through pre- and post-program questionnaires. The program has two components and runs for a total of 58 hours over six months.

#### *1. Intervention Program*

The intervention program comprises 14 weekly sessions of three to five hours duration. The modules focus on a range of issues, from denial and victimology, to recognising risk factors and relapse prevention.

---

## *2. Maintenance Program*

The maintenance program consists of six fortnightly sessions of two hours duration. The program focuses on providing feedback on relapse prevention plans and self-monitoring skills, which are targeted through journaling.

### Western Australia

(Program Directory and Service Guide provided by Audrey Baker, Offender Services Branch, Department of Justice.)

The Department of Justice's Sex Offender Treatment Unit (SOTU) offers prison-based and community-based programs in Perth and major regional centres. It provides programs tailored to Indigenous and intellectually disabled offenders.

## **Institutional Programs**

### *1. Medium Program*

This program targets medium-risk offenders whose offences may have involved significant levels of aggression and repeated sex offences against a small number of victims. It is a 16-week program, available in regional prisons, comprising two group sessions of six hours duration each per week, with a maximum of 10 participants.

### *2. Indigenous Medium Program*

The Indigenous program is available in Greenough Regional Prison. The content and delivery of the program are similar to the mainstream medium program (above), but are adapted to ensure cultural relevance. More emphasis is placed on issues such as Tribal Law, shame, and the interaction of violence, alcohol and inappropriate sexuality.

### *3. Intellectually Disabled Program*

This program is available in metropolitan prisons when numbers permit. Groups usually comprise six to eight medium-risk offenders with low levels of intellectual functioning. The format is the same as the previous programs, but the content is adjusted to ensure comprehension. In addition to core issues such as relapse prevention and victim empathy, it also addresses social skills, relationships and sexuality.

### *4. Intensive Program*

Offenders who are at highest risk of reoffending and likely to cause the greatest amount of harm to victims are admitted to this residential program. The program has therapeutic communities in the maximum-security metropolitan Casuarina prison and the Bunbury Regional Prison. Group work runs for six hours per day, three days per week, over six months. Individual counselling is also provided. The program content includes issues relating to fantasies around offending behaviour, trust and consent, and problem-solving.

---

### *5. Reasoning and Rehabilitation Cognitive Skills Program*

Offenders who deny their offence or refuse sex offender treatment are referred to this generic 78-hour program. It addresses issues from victim empathy to critical reasoning and can have a significant impact on reoffending. It provides participants with the insights and skills to accept responsibility for their offending behaviour, allowing them to move into a sex offender program.

## **Community Programs**

### *1. Community-based Maintenance Program*

This program is available to offenders who have completed a prison-based program but represent some risk of reoffending. Fortnightly open-ended meetings target issues related to the day-to-day management of offending behaviour.

### *2. Community-based Program*

This program is designed for sex offenders who have a low to medium risk of reoffending and have a community-based order such as probation or parole. It is available in Perth and Bunbury and runs for three hours per week over six months. The four core modules are relapse prevention, victim empathy, sexuality, relationships and anger management.

### *3. Community-based Intellectually Disabled Program*

The program has the same content as the prison-based program. Intellectually disabled sex offenders who live in the Perth community meet for three hours per week over six months.

## **Australian Capital Territory**

(Information provided by Lea Huber, Manager Rehabilitation Programs, ACT Corrective Services.)

ACT Corrective Services offers adult and juvenile Sex Offender Programs. At the time of writing, a final draft of rehabilitation programs had not been approved.

---

## 7 The Impact of Interventions on Sexual Recidivism

Crime-reduction policies and practices are increasingly evidence-based, as limited resources must be allocated efficiently and in a way that maximises social welfare. As institutional programs are usually more expensive to run than community-based programs, the effectiveness of sex offender treatment programs offered through corrective services has important implications for policy decisions. As previously noted, sexual assault exacts a range of tangible and intangible costs. Correspondingly, reduced recidivism as a result of treatment accrues tangible benefits through costs avoided, as well as intangible benefits by preventing further victimisation. By assigning monetary values to tangible and intangible factors, a conservative cost-benefit analysis indicates that the net economic benefits of intensive prison-based treatment programs for sex offenders potentially amount to several million dollars per 100 treated prisoners (Donato & Shanahan 1999).

While it is assumed that treatment will reduce the risk of sexual recidivism, allowing for the safe return of offenders to the community, the evidence supporting this assumption is ambiguous. There have been few systematic evaluations of treatment programs and no definitive results regarding treatment efficacy. At the same time, a general consensus is emerging on the characteristics of programs that are likely to lead to rehabilitation. To evaluate the success of interventions, demonstrable and measurable changes in behaviour must be in evidence. Treatment outcomes can be measured in two ways.

- Recidivism rates, and reconviction rates in particular, are the primary measure for evaluating program success. As the data are recorded at the individual level, offenders can be allocated to a treated or untreated group and differences in reconviction rates between the groups statistically analysed. However, reconviction does not necessarily reflect the level of reoffending and the low base rate of sexual reconviction means that it is difficult to demonstrate statistically that decreases in reconvictions are due to treatment rather than chance. This problem can be overcome with very large treatment samples, but the sample size is inevitably limited by the number of prisoners who complete treatment programs. Long follow-up periods would yield a higher rate of sexual reconviction, but may be politically difficult.
- Clinical evaluations of changes in dynamic risk factors provide additional indicators of therapeutic change. They also increase understanding of the mechanisms through which interventions work.

Before discussing evaluation studies, two points should be noted. First, there is less statistical evidence about treatment efficacy for rapists than for child molesters. The predominance of research on the latter group suggests that they may be viewed as the

---

generic “sex offender” and that rapists may be considered to be simply an additional minority for whom treatment programs require modifying (Polaschek & King 2002). Second, few Australian programs have been evaluated. This situation is not unique to sex offender programs and has not changed since researchers reviewed a range of rehabilitation programs in Australian correctional systems several years ago (Howells & Day 1999).

## Evaluations of Sex Offender Treatment Programs

Early studies found little evidence that treatment reduces sexual recidivism, but more recent analyses have boosted confidence in treatment efficacy. In part, this is attributable to the development of new intervention practices over the past two decades. The inconclusiveness of results also reflects the inherent difficulties of both recidivism research and evaluating sex offender programs. Factors that impact on judgments about the success or failure of treatment include:

- the measure of recidivism (or criteria for failure);
- definitional differences;
- measurement error in criminal justice data;
- variability between official and unofficial data sources;
- ensuring that comparison groups do not differ on important predictor variables, including offence and offender characteristics;
- the duration and context of treatment provision; and
- the use of appropriate statistical methods to account for differences in time at risk.

Methodological differences can lead to variability in recidivism rates, but well-designed controlled experiments, which would account for extraneous variables, are rare in treatment evaluations. The ideal research design would randomly assign offenders who were willing to undertake therapy to a treatment group and an untreated control group. This is usually not possible, as it is considered unethical to deny treatment to offenders who desire and need it. As a result, outcome data for treatment groups are typically compared with recidivism rates of untreated offenders, offenders who commenced but did not complete programs, or non-sexual offenders. Membership in these groups is often self-selected, or determined by factors such as behavioural instability, aggression, or type of offence, which may constitute the basis for treatment refusal by correctional authorities. Inmates who are ineligible for, choose not to participate, drop out, or are terminated from a program, are likely to differ from treatment completers in terms of motivation to change or other important variables. At the same time, high levels of unreported sexual offences mean that control groups of non-sex offenders may contain undetected sex offenders. Evaluations of treatment effectiveness should, therefore, provide information on treatment refusers and other controls, account for attrition of non-completers and provide data on the success and failure rates of these groups (Marques 1999; Marshall & Barbaree 1990b).

---

A longitudinal evaluation of treatment efficacy that incorporates elements of best practice research design has been implemented in California. The treatment subjects are child molesters and rapists. Matched pairs of volunteers were randomly assigned to an intensive two-year treatment program, followed by a one-year post-release program (n=172), or to an untreated control group (n=184). Post-release results for sexual, violent and general recidivism over a five-year follow-up period were compared with recidivism rates among a non-volunteer control group (n=185). To account for attrition, analyses were conducted to include and exclude treatment dropouts. Preliminary findings for new sexual offences showed that:

- treatment dropouts had the highest rate of re-arrest (18 per cent) and treatment completers had the lowest rate (13 per cent), although differences were not statistically significant;
- following further analyses that controlled for the finding that more high-risk offenders had been assigned to the treatment group, a significant treatment effect was found for treatment completers compared to the non-volunteer control group (see Table 15);
- there was some evidence that treated participants' subsequent offences were less serious;
- there was no evidence of a treatment effect for violent offences. Rapists were more likely than child molesters to commit new violent offences, but treated rapists showed the highest rate of violent reoffending; and
- treatment changes in dynamic risk factors that pointed toward a lower risk of reoffending included:
  - an increased sense of personal responsibility;
  - a decreased level of cognitive distortion;
  - a decrease in deviant sexual interests; and
  - mastery of the concepts of relapse prevention (Marques 1999).

Table 15 provides selected results of this and other evaluation studies that generally point to reduced recidivism rates among treated sex offenders.

A recent study evaluated a variety of post-release measures for sex offenders who had been through the Western Australian Sex Offender Treatment Unit (SOTU) between 1987 and 1999. By the seventh year of the follow-up there were no significant differences in recidivism rates between untreated offenders, offenders who received prison-based treatment and community-treated offenders (see Table 15). This does not necessarily imply that treatment was ineffective, as methodological limitations may have resulted in the evaluation being insensitive to smaller treatment effects. Furthermore, the treatment selection process may have resulted in systematic differences between the treated and untreated groups. The treatment group was more likely to include high-risk offenders and treated rapists were significantly more likely to have longer sentences, be of Aboriginal origin, have used a weapon and physical restraint, or to have been under the influence of alcohol or drugs during the index offence. Notably, however, the survival time varied between groups (that is, the time from release to the first subsequent

**Table 15: Selected recidivism rates for treated sex offenders and control groups**

Study	Sample	Sexual recidivism		Other recidivism	
		Treatment	Control	Treatment	Control
Greenberg et al. 2002 Australia	2,165	Overall 14% Rapists 7%	Overall 7% Untreated rapists 4.5%	Rapists 60.8% (all offences)	Rapists 60.1% (all offences)
Gordon et al. 1991 Canada	250	14%	Dropout 24%	32%	Dropout 53%
Proulx et al. 1998 Canada	70 rapists & 102 child molesters	<u>Child molesters</u> Completed treatment 6% Extended treatment 21% <u>Rapists</u> Completed treatment 35% Extended treatment 23%	<u>Child molesters</u> Dropout 21% <u>Rapists</u> Dropout 21%	<u>Child molesters</u> Completed treatment 6% Extended treatment 32% <u>Rapists</u> Completed treatment 65% Extended treatment 39%	<u>Child molesters</u> Dropout 33% <u>Rapists</u> Dropout 71%
Taylor 2000 United Kingdom	700 sex and violent offenders	20%	Untreated 43%	38%	Untreated 72%
Marques 1999	172 child molesters and rapists (22% of treatment group)	Rapists 11% Child molesters 14 %	Non-volunteer rapists 10% Volunteer control group rapists 18%		
McGrath et al. 2003 United States	195 child molesters and rapists (30%)	5%	Dropouts 31% Untreated 30%		
Hanson et al. 2002 Meta-analysis of studies from 43 countries	9,454	12.3%	16.8%	27.9%	39.2%

re-arrest or reconviction). Untreated offenders recidivated sooner than prison-treated offenders, who in turn reoffended sooner than community-treated offenders. These findings point to the likely beneficial effects of treatment and the importance of intensive community-based treatment and maintenance programs (Greenberg, Da Silva & Loh 2002).

In Canada, Proulx et al. (1998) assessed recidivism rates of rapists and child molesters who took part in a cognitive-behavioural therapy (CBT) program. Offenders were categorised into three groups:

- dropouts were treated for less than 12 months;
- completers were treated for between 12 and 24 months; and
- a third group underwent extended treatment of more than 24 months.

Recidivism rates for sexual, violent and general criminality partially support the efficacy of the interventions (see Table 15).

- Among child molesters, recidivism rates for violent, sexual and general offences were significantly higher in dropouts than in treatment completers.

- 
- Violent and sexual recidivism rates were highest among child molesters who received extended treatment. This suggests that these offenders were more deviant in terms of sexual preferences and cognitive distortions than treatment completers and dropouts. Additional strategies may be required, such as medications to reduce sexual arousal.
  - The high base rate of sexual recidivism among rapists indicates that extended programs of more than two years duration may be necessary to reduce reoffending for this group.
  - Among rapists, violent and general criminal recidivism rates were highest among dropouts and lowest among the extended treatment group, although the differences between the groups were not statistically significant.

An earlier Canadian study of 250 sex offenders found significant treatment gains for treatment completers, compared to the 15 per cent who left the program within four months or were asked to leave because of aggressive behaviour. However, no significant differences in recidivism rates were observed when the entire treatment group was compared with a national sample of untreated sex offenders (recidivism rates of seven per cent and six per cent respectively). At the same time, for the subgroup of offenders with a previous history of sex offences, there were fewer sexual reconvictions among the treatment group (nine per cent) than the national sample (14 per cent). Additional findings are congruent with other studies, including that bisexual paedophiles had the highest rate of sexual recidivism, incest offenders had the lowest rate, and rapists were more likely to be reconvicted for non-sexual offences. These results indicate that not all sex offenders require the same levels or types of treatment, as some pose greater risks to the community than others (Gordon, Holden & Leis 1991).

Marshall (1997b) evaluated the impact of treatment on just over 700 high-risk violent and sexual offenders admitted to HMP Grendon, which is run on the lines of a therapeutic community. Reconviction rates were lower for Grendon prisoners than for similar prisoners from the general inmate population. The four-year follow-up provided some evidence that reduced reconviction rates for Grendon prisoners were associated with longer stays of at least 18 months. The following statistically significant results were observed:

- 18 per cent of treated offenders with two or more previous convictions for sexual offences were reconvicted, compared to 43 per cent of untreated offenders; and
- 31 per cent of treated prisoners who had committed sexual or violent offences were reconvicted, compared to 72 per cent of untreated offenders.

Taylor (2000) followed up the sample at seven years and found broadly similar trends, including statistically significant reductions in levels of reimprisonment and violent offences for prisoners staying in Grendon for more than 18 months. Untreated prisoners with two or more convictions for sexual offences were more likely to be reconvicted for sexual offences and significantly more likely to be reconvicted of sexual or violent offences (see Table 15). Marshall's (1997b) finding that incarceration and/or treatment

had a negative effect on the post-release behaviour of once-only offenders was replicated in the second study: treated once-only sexual/violent prisoners (36 per cent) were significantly more likely to be reconvicted than untreated offenders (13 per cent).

One of the largest outcome studies conducted in England and Wales provides further support for research pointing to the efficacy of CBT programs (Friendship et al. 2002). Reconviction rates of 670 sex offenders who participated in one of two cognitive skills programs, including 66 dropouts, were compared with a matched sample of 1,801 untreated offenders. When the probability of reconviction within two years was calculated for each group, the expected reconviction rates were similar across four risk levels (see Table 16). The observed two-year reconviction rates were lower than expected for all levels of both groups, but significant differences were found for medium-low and medium-high offenders. Trends in the low- and high-risk groups were not statistically significant, but were in the expected direction. This reduction represents almost 21,000 crimes prevented.

**Table 16: Two-year expected and observed reconviction rates for treatment and comparison groups by level of risk**

Risk level	Treatment group		Comparison group		Percentage points reduction %
	Expected reconviction rate %	Observed reconviction rate %	Expected reconviction rate %	Observed reconviction rate %	
Low	14	5	12	8	3
Medium-low	39	18	37	32	14
Medium-high	64	43	64	54	11
High	88	75	85	80	5

Source: Friendship et al. 2002

McGrath et al. (2003) found statistically and clinically significant differences in recidivism rates among 195 incarcerated sex offenders (see Table 15). The sample included:

- 56 offenders who completed a CBT program. Most were referred to post-release aftercare services such as community supervision or outpatient aftercare;
- 49 offenders who dropped out or were terminated from the program; and
- 90 offenders who declined or were refused program services.

During the follow-up period:

- 23 per cent committed new sexual offences;
- five per cent of treatment completers were charged with sex offences, compared to approximately 30 per cent of dropouts and untreated offenders—a similar pattern was observed for violent offences;
- among treated offenders, sexual recidivists were significantly less likely to have received aftercare services than non-recidivists; and
- only nine per cent of sexual recidivists reoffended during the aftercare period.

---

The contention that treatment had a positive effect in reducing recidivism is bolstered by the finding that the three groups did not differ significantly on actuarial risk instruments and that the completed treatment group was at risk in the community for between 10 and 16 months longer than the other groups. However, it is possible that dynamic risk factors may have contributed to the differential results, while the relative effects of institutional treatment, aftercare and community supervision are not clear (McGrath et al. 2003).

Because sexual recidivism rates are low even among untreated offenders, treatment programs provide interventions to relatively few offenders. Therefore, most studies lack sufficient statistical power to distinguish between treatment effects and differences resulting from random processes. This problem has been overcome to some extent by the increased sophistication of analytic techniques, particularly through meta-analysis of outcome studies. While some meta-analyses have found that treated offenders are no less likely to recidivate than untreated offenders, others have found that failure to complete treatment represents an increased risk of sexual and non-sexual recidivism (see Hanson & Bussière 1998). However, it is not clear whether this is due to high-risk offenders being more likely to leave treatment programs, or whether treatment lowers the risk for offenders who complete programs.

Initial reports from a more recent meta-analysis point to an overall positive effect of treatment on both sexual and general recidivism, although there was considerable variability across studies (Hanson et al. 2002; see Table 15). Failure to complete treatment emerged as a robust predictor of sexual recidivism, although treatment refusers were at no higher risk for sexual recidivism than treatment dropouts. Hypotheses about the link between recidivism and failing to complete treatment include:

- some characteristics of dropouts, such as impulsivity and unstable lifestyle, and factors motivating dropouts to terminate treatment, such as noncompliance, are in themselves predictive of recidivism;
- interrupted treatment may exacerbate deviance and cognitive distortions;
- refusing treatment may point to a generally antisocial lifestyle; and
- treatment refusal may reflect an offender's realistic assessment of his need for treatment.

While CBT for adults and systemic treatments for adolescents (see below) appeared to be effective, the analysis provided little in the way of directions for improving current treatment practices. As different sex offenders could be expected to benefit from different interventions, further research is needed to elucidate distinctions between types of treatment that are appropriate for subgroups of offenders (Hanson et al. 2002).

One of the limitations of meta-analytic techniques is that they shed little light on treatment efficacy for rapists. Polaschek and King (2002) concluded that four meta-analyses conducted in the last decade provided little evidence that treatment improves outcomes for rapists. Results could be impacted by the fact that many studies included in meta-analyses contain mixed samples of offenders with few rapists. As a result, they

---

either lack power to conduct analyses of rapists alone, or the researchers fail to disaggregate the results by offender type. Moreover, meta-analyses are not particularly useful for distinguishing the interactive effects of variables, which is problematic given the complexity of factors leading to sexual recidivism. Added to this, complex outcome measures are often categorised simplistically to facilitate comparisons, and findings from one population are not necessarily generalisable to others (Kemshall 2001).

Clinical assessments of changes in dynamic risk factors provide an additional gauge of therapeutic change and some of the studies cited in this chapter noted post-treatment changes in dynamic risk factors. Few such evaluations of prison-based programs have been published in Australia and New Zealand. The two studies discussed below are limited in generalisability due to small sample sizes or program differences that cannot be controlled for. However, they demonstrate that evaluating changes in criminogenic needs can elucidate which components of treatment programs work and whether these elements are transferable to other settings.

Mammone et al. (2002) report on the impact of therapeutic interventions on the cognitive distortions of 55 sex offenders who completed the New South Wales CUBIT and CORE programs between 1999 and 2002. Both programs directly target cognitive distortions and offenders complete a battery of psychometric tests on entering and leaving the program to facilitate program evaluation. The results showed statistically significant post-treatment reductions in both general and offence-specific cognitive distortions. For moderate to high-risk offenders in the residential CUBIT program, the therapeutic environment was deemed to be important to treatment outcomes and supportive of changes in everyday interactions. Significant reductions in cognitive distortions were also observed among low-risk offenders in the non-residential CORE program, even though these inmates remain in the general prison environment, which does not necessarily support change. The results suggest that the risk of reoffending may decrease if offenders' reductions in cognitive distortions can be maintained over time. Treatment gains for offenders going through maintenance programs while on parole need to be monitored to establish whether this is the case.

In New Zealand, evaluations of the Kia Marama treatment program for child molesters examined both sexual recidivism rates and changes in stable dynamic risk factors (variables that are amenable to change, but with difficulty). Reconviction rates were significantly lower for the 238 treated offenders than for the control group of 283 untreated sex offenders (eight per cent versus 21 per cent). The risk of reoffending increased in the presence of static risk factors such as a greater number of prior convictions and sentences for sex offences, early onset of offending and victim characteristics (male, both genders, unrelated). Post-treatment measures of dynamic risk factors suggested that changes in attitudes towards offending were integral to reducing recidivism. Sexual recidivists showed less change in attitudes supportive of offending, more acceptance of cognitive distortions and rape myths, and higher levels of deviance. Non-recidivists showed prosocial changes such as an increased ability to empathise with and take the perspective of others (Bakker et al. 1998; Hudson et al. 2002).

---

## Programs for Indigenous Offenders

Levels of sexual violence are disproportionately high in post-colonial Indigenous peoples. While there is no single cause, there is a general consensus that European contact has contributed to the undermining of traditional values and practices that upheld respect, equity and justice. Boys are affected as victims, witnesses and perpetrators of sexual violence. Most sexual assaults are not reported to police, as Aboriginal peoples regard the criminal justice system as an inappropriate response to sexual violence—as part of the problem, rather than a solution to it. In Australia, this is compounded by the fear that the perpetrator, if jailed, will be the next Indigenous death in custody (Hylton 2002; Lievore 2003).

Indigenous men are over-represented in prison populations, are more likely than non-Indigenous offenders to be convicted of violent and sexual offences, but are less likely to reintegrate into the community or successfully complete a conditional release. It has become increasingly clear that mainstream intervention programs are not only failing to address the treatment needs of Indigenous offenders, but that the ideologies, values and beliefs underlying the programs disadvantage Indigenous inmates.

Cultural factors can impede accurate assessment of Indigenous offenders' recidivism risk and treatment needs in various ways. For example, gender differences between therapist and inmate may inhibit discussion during the clinical interview and offenders who are incarcerated outside of their communities are likely to feel abandoned, displaced and confused. Poor English language skills or literacy skills may impact on assessments of functional intelligence, hinder the offender's ability to participate in group discussions, or to comprehend concepts explained verbally or through written material. As a result, some Indigenous offenders may be assessed as ineligible to attend, while others who do gain admission may be unable to achieve treatment goals. Some Indigenous offenders are deterred from treatment due to other participants' racism and others because programs do not take into account the distinctiveness of their cultural backgrounds, or because they are fearful and distrustful of professionals following experiences of government interventions into family life. A longer-term consequence is that failure to participate in treatment programs or to achieve satisfactory results impacts on the outcomes of parole reviews.

As the cultural and social experiences of Indigenous offenders are not always addressed in existing programs, corrective services in Queensland and Western Australia have implemented culturally relevant treatment programs. These programs retain most elements of the cognitive-behavioural relapse prevention model, as it is assumed that the process of delivery impacts treatment success more than the content of the programs. However, some elements of the dominant framework are foreign to Aboriginal peoples' experiences and understandings. The content of programs designed by non-Aboriginal practitioners may continue to omit crucial cultural elements that facilitate healing, while the individualistic focus and modularised format of the programs is at odds with Aboriginal peoples' holistic and collectivist understandings of dysfunction, healing and identity. As non-Aboriginal clinicians often lack cross-cultural communication abilities

---

and understandings, offenders may continue to be deterred from engaging in treatment, while practitioners may misjudge offenders' criminogenic needs and misinterpret their motivations and engagement in the program (Yavu-Kama-Harathunian 2002).

Little information was located on evaluations of Australian programs for Indigenous sex offenders. This more than likely reflects the comparative recency of the programs' implementation. A major evaluation of the Queensland program is expected to take place within five years of its commencement (Lees 2001). The small amount of information available does appear to show encouraging results, despite the concerns stated in the previous paragraph, although more extensive evaluations are required.

A 1997 evaluation of the Western Australian pre-release program for Indigenous offenders estimated that prior to the program the general recidivism rate for Aboriginal sex offenders was around 80 per cent. Evaluation of program participants showed an overall recidivism rate of 38 per cent after two years, which includes breach of parole, new sex offences and new violent offences. Recidivism rates for new sex offences and violent offences were five per cent each and seven per cent for breach of parole. The reduced recidivism rate and ongoing willingness of Indigenous offenders to participate in the program were cautiously interpreted as signifying a positive move towards meeting the needs of incarcerated Indigenous offenders (Davies 1999). A more recent evaluation of the program found that the likelihood of sexual recidivism increased with each prior sexual arrest, but that Aboriginal offenders were almost 93 per cent less likely than non-Aboriginal offenders to recidivate sexually. This difference was not attributable to treatment effects, however—Aboriginality appears to be a protective factor in itself (Greenberg, Da Silva & Loh 2002).

A four-year Alaskan study found that treatment reduced both the incidence of reoffending and the survival time for 411 rapists and child molesters, compared to 260 controls. All treated offenders, regardless of how long they participated in the program, lasted longer in the community without reoffending and none of the 41 offenders who completed the advanced stages of the program reoffended during the study period. However, Alaska Native sex offenders did not progress as well through the program, with older, more educated Natives and those with a history of alcohol and drug abuse, tending to leave the program early. This is the first study conducted among the Alaska Native sex offender population and results appear to be comparable to Australian and Canadian findings (below). Further research is needed to establish the specific problems leading to early withdrawal from the program, but it is likely that cultural issues are implicated (Mander et al. 1996).

The Correctional Service of Canada has also adopted a holistic approach to treating Indigenous sex offenders. Interventions encompass mental, physical, emotional and spiritual dimensions, rather than focusing on problems within the individual. Reintegration with the family and community is emphasised, as interpersonal relationships have traditionally played a major role in maintaining harmony. In addition to cognitive-behavioural therapy and relapse prevention, the programs address cultural and spiritual requirements, focusing on healing, achieving balance, and developing a

---

clearer sense of identity, which are more in keeping with Aboriginal beliefs than “treatment” and “rehabilitation”. First Nations Elders play key roles in intervention programs, provide counselling, and lead offenders in traditional ceremonies, which help them engage with the treatment process and develop cultural awareness, pride and belonging (Williams 1997).

Hylton (2002) reports that Canadian healing lodges appear to be more successful in reducing Indigenous recidivism than conventional programs, although dropout rates continue to be higher among Indigenous sex offenders, even in programs that make specific commitments to providing culturally relevant interventions. As in Australia, evaluations of Indigenous programs are scarce and limited by methodological problems. Long-term, meaningful solutions are more likely to be achieved through community-based solutions, which include early intervention and crime prevention programs, as traditional criminal justice sanctions tend to be ineffective and to have iatrogenic effects.

## Interventions for Adolescents

In Australia most therapeutic interventions for juvenile sex offenders are administered by non-justice agencies and so do not strictly fall within the parameters of this report. Rather than not addressing the topic, the results of a United States study are contrasted with an evaluation of an Australian treatment program.

While there are a number of programs operating for juvenile sex offenders in the United States, evaluation has been limited and the evidence is inconsistent. Some studies find low recidivism rates, with little difference between treated and untreated offenders. While other results appear more encouraging, extraneous variables confound interpretation of results (Righthand & Welch 2001). Nevertheless, early intervention and treatment of juvenile sex offenders is increasingly recognised as a vital component of strategies to reduce sexual recidivism. Interventions for juvenile sex offenders developed from the literature on the treatment of adult offenders, but the best outcomes are achieved with treatments that differ somewhat in approach from adult treatments. Some issues, such as cognitive distortions or lack of empathy, are similar for adult and adolescent offenders, but there are also important differences between the two groups.

Juveniles are influenced by a range of systems, including school, peers, family, welfare and other government agencies, some of which support intervention and cessation of offending, while others reinforce minimisation and denial of the offence. Early in their sex offending careers, young offenders are often unaware of the deviance and seriousness of their behaviour. Those who are aware are often extremely uncomfortable about it, but still do not feel responsible for the harm they cause. Avoidance of responsibility is often assisted by the view that adolescents’ sexually offending behaviour is “exploratory” and transitory. However, sex offending is not a developmental stage that all adolescents “grow out” of. Rather, some “grow into” recidivist sex offending throughout the life span unless their behaviour and beliefs are corrected (Adolescent Forensic Health Service 1998; Grant 2000; Ryan 1999).

---

Because of the multiple developmental changes occurring in adolescence, the cycle of sexual offending is more open to change before the behaviour becomes chronic. Adolescents are less likely to hold ingrained views of themselves as sexual offenders and early intervention can act as a preventive mechanism against sexual recidivism, as well as preventing future victims (Adolescent Forensic Health Service 1998). The most effective treatments are likely to be those that address the juvenile's needs, maximise his existing strengths, motivate positive change and facilitate change through responsiveness to individual characteristics.

A longitudinal United States study compared sexual recidivism rates for 50 juvenile rapists, 50 juvenile child molesters and a randomly selected control group of 50 juvenile non-sex offenders, all of who were incarcerated at a secure juvenile correctional facility. The sexual offenders were participating in a mandatory serious sex offender treatment program and had either been convicted of a serious sexual assault or had been convicted of a non-sex offence but had a record of serious sexual assault. Had they been adults, they could have been sentenced to 10 or more years of incarceration, as their sexual offences would have been classed as felonies (Hagan et al. 2001).

In the eight-year follow up, the risk of sexual recidivism was not significantly different between the groups, but it is likely that the analysis did not have sufficient statistical power to detect smaller treatment effects due to the small size of the groups.

Convictions for sexual assault were:

- non-sex offenders 10 per cent (n=5);
- rapists 16 per cent (n=8); and
- child molesters 20 per cent (n=10).

When the two groups of sex offenders were combined, they were significantly more likely than non-sex offenders to recidivate sexually. Moreover, when the results for each group were compared to estimates of the risk of conviction for sexual assault for the adult male population, all of the juvenile offenders were significantly more likely to be convicted of sexual assault.

The findings do not indicate whether treatment reduced sex offenders' risk of sexual recidivism. However, they demonstrate that, as with adult offenders, most juvenile sex offenders are not reconvicted for sexual offences, that general delinquency is a predictive factor for future sexual offending and that juvenile sex offending is an additional risk for sexual recidivism. Even following treatment, adolescent sex offenders remain at a higher risk of sexual recidivism compared to other offenders and to the general population of men (Hagan et al. 2001).

The results raise a number of questions, particularly given the small sample size and low base rates of sexual recidivism. As conviction rates are known to underestimate sexual reoffending, it is possible that non-sex offenders may have committed undetected sexual offences, so that the characteristics of non-sex offenders may have been more similar to the sex offender groups than was thought. It also seems that the control and treatment groups were not matched for sociodemographic characteristics or criminal history

---

variables that commonly predict recidivism, which calls into question the comparability of the groups. While the sex offenders were known to have committed serious sexual offences, it is not clear whether incarceration of non-sexual offenders implies that they had also committed serious crimes. Lack of detail about criminal history makes it difficult to determine the frequency of offending, or whether any of the juvenile offenders were already entrenched in criminal lifestyles. Information about violent and general recidivism would also assist interpretation of the results. While the goals of the sex offender treatment program sounded similar to best practice cognitive-behavioural principles, it is not clear whether provisions for community supervision and follow-up were in place. Finally, as with some adult offenders, incarceration may have had a negative impact on some sex offenders, resulting in increased recidivism.

Alternatives to incarceration for adolescent sex offenders are being explored in Australia. One such program, the Male Adolescent Program for Positive Sexuality (MAPPS), was established by the Victorian Department of Human Services in 1993. The program reflects a diversionary approach to juvenile justice, with a focus on rehabilitation and reducing violence in the community. It is premised on the recognition that while incarcerating adolescent offenders is unlikely to effect a prosocial change in attitudes and behaviours, releasing them into the community with only a warning is also ineffective. The program emphasises the importance of the offender taking responsibility and making the necessary changes for controlling his behaviour, with the goal of building an offence-free future. Learning new ways of thinking and behaving give the offender hope for change.

Offenders referred to the program have been found guilty of a sexual offence and are on court orders supervised by Juvenile Justice. Most are aged 14 to 17. Participation is voluntary, but most offenders are required to attend as a condition of their court order. Those who are unable to function in a group setting, or to participate in interventions due to severe psychiatric illness or disability, are referred to agencies that are equipped to meet their needs.

MAPPS is based on a CBT and relapse prevention model. The treatment stages move through assessment, basic group, transition program, advanced group and relapse prevention, to voluntary participation in follow-up programs. Participation is usually for the duration of the court order, averaging around 11 months of weekly attendance. Group therapy is the preferred treatment mode, although individual and family sessions are conducted when appropriate.

To account for adolescents' developmental needs and deficits, interventions tend to be multi-systemic and holistic. For example, to facilitate emotional development, the Transition Program is based on drama and art therapy and reinforces hope for a non-offending future. As ongoing community supervision maximises the offender's long-term success, so attempts are made to establish a support network with good communication channels between MAPPS staff, case workers and families or caregivers, who can provide support and supervision when the offender re-enters the community. Services for parents and caregivers include information nights, seminars, support groups and regular attendance at the group therapy program. These events help families to

---

understand crucial developmental issues faced by offenders and to take an active role in relapse prevention. They also provide support for families dealing with the emotional and practical issues arising from their son's offending. Family participation in group therapy sessions is vital for helping offenders recognise the "ripple effect" of sexual offending on the family and the wider community and to see possibilities for non-abusive, positive future relationships.

An evaluation of MAPPS outcomes was conducted four and a half years after its inception. The evaluation established that treatment was associated with a reduction in sexual recidivism. Based on Victoria Police statistics and Juvenile Justice information:

- only five per cent of the 138 offenders treated between 1993 and 1998 committed further sexual offences;
- treatment completers were over eight times less likely than non-completers to reoffend sexually (0.7 per cent versus four per cent);
- treatment completers were six times less likely to recidivate non-sexually (32 per cent versus five per cent);
- treatment completers were twice as likely not to reoffend at all (27 per cent versus 14 per cent); and
- over half (53 per cent) of all clients had no recorded offences.

Other measurable treatment outcomes included increased numbers of adolescents accepting responsibility for sexual offending and acknowledging the extent of their offending behaviour (Curnow, Streker & Williams 1998).

While the results are encouraging, it is not possible to draw a causal link between treatment and low offence rates, due to the methodological reasons outlined at the beginning of this chapter. Future evaluations could be strengthened through a longer follow-up period, by comparing recidivism rates with those of a matched control group and by examining differences between treatment completers and non-completers.

## Summary: Assessment of Evaluation Studies

Based on recidivism studies, the question, "Does sex offender treatment work?" appears to warrant a cautious "Yes". Programs that select appropriate candidates for treatment and are delivered in optimal conditions provide grounds for optimism that interventions have a positive effect in reducing recidivism (Howells & Day 1999). However, Marques (1999) argues that this question is neither simple nor particularly useful, given the diversity of offenders and treatments. Questions about the effects of sex offender treatment may be of greater value if they are applied to demonstrating which treatments work best for different types of offenders, or how treatments can be improved.

Overall, the evidence points to small but significant reductions in sexual recidivism and improvements in offenders' attitudes following prison-based CBT, particularly when treatment gains are reinforced by maintenance programs in the community. Evaluations of community treatment programs point to similar beneficial effects on offenders'

---

attitudes and reconviction rates (Hedderman & Sugg 1996). However, relatively few attempts have been made to analyse the impact of specific components of programs on treatment outcomes.

At the same time, treatment programs vary in efficacy and none are totally effective. Factors that impact on the effectiveness of interventions include:

- Not all offenders are amenable to treatment, particularly those whose offending behaviours are serious and well-established, or who suffer from psychological disturbances. Factors indicating treatability include:
  - the nature of the offence—the highest recidivism rates are often observed for sexually deviant offences;
  - type of offender—the characteristics of very high-risk offenders are associated with poor treatment compliance and outcomes;
  - accepting responsibility—low levels of denial among participants in sex offender treatment programs are positively correlated with treatment success; and
  - motivation to change—the offender must consider sexual offending a problem behaviour that he wants to stop, either for the sake of future victims or for self-serving reasons.
- The timing of interventions is important, as intensive challenging during denial can be counter-productive.
- Attention must be paid to program integrity. Programs must be delivered as specified and offenders' self-management and relapse prevention skills must be adequate when they leave the program (Kemshall 2001; McGrath 1994).

Each of these factors raises further questions in relation to gaps in knowledge about offenders and treatment programs.

One of the more serious issues for consideration is that there are clear differences between sex offenders who are unwilling or unable to be treated and those who are both willing to undertake treatment and have the personal resources to complete the program and maintain change. Psychotherapy dropouts in general tend to be young, uneducated and exhibit characteristics of antisocial personalities, but terminating treatment may also point to a lack of motivation to change (Hanson & Bussière 1998). While it is useful to know which categories of sex offenders are most or least likely to reoffend sexually, it may be more informative to understand the nature of differences between treatable and untreatable sex offenders, how those unwilling to participate in treatment might be encouraged to view change as both a positive option and an achievable goal, “what works” in treatment programs and whether all sex offenders require treatment.

In particular, “what works” for some sex offenders may not work for rapists. Some features of rapists' interpersonal styles comprise treatment needs, but they simultaneously decrease responsivity to current treatment delivery modes. For example, psychopathy is more common among rapists than child molesters and is associated with a higher risk of recidivism, so addressing the underlying psychological problem may

---

reduce future sex offending. At the same time, psychopathy decreases rapists' responsivity to treatment and is higher among treatment dropouts. A variety of factors may mediate higher dropout rates in the presence of psychopathy, but it is not clear what they are (Polaschek & King 2002).

A component of psychopathy is an interpersonal style that encompasses lack of empathy and poor interpersonal relationships and social skills. These characteristics are also observed in rapists who do not necessarily show signs of psychopathology. Rapists' interpersonal styles include additional risk factors for rape, such as antisocial attitudes and exaggerated masculine self-concepts that embrace violence and callousness towards women. These characteristics are likely to be accompanied by resistance towards the reflexivity and group collaboration required for effective treatment, as these activities are at odds with hypermasculinity. At the same time, these characteristics mean that rapists are difficult and unrewarding to work with, so therapists may be less likely to persist than with more engaging offenders. This may act as a further disincentive for rapists to participate in therapeutic encounters. As these features are more prevalent among, but not confined to rapists, sex offender treatment programs could benefit from a closer examination of rapists' treatment needs. Alternatively, it may be that rapists require specialised programs (Polaschek & King 2002).

The problem of understanding and evaluating treatment efficacy is compounded by the fact that many follow-up samples contain small numbers of rapists, whose violent recidivism rates are often higher than their sexual recidivism rates and are consistently higher than those of child molesters. It is difficult to establish expected failure rates for violent and sexual recidivism, firstly because of the small numbers of rapists in the samples and secondly, because both sexual and violent recidivism are likely to result in incarceration. Rapists who are incarcerated for violent recidivism have a reduced opportunity to offend sexually. Reductions in sexual offending may therefore be attributable either to treatment or to incapacitation. In addition, outcome measures such as decreased recidivism rates, delayed onset of offending, decreases in violence, or decreased costs to the community, overlook variables such as offender satisfaction with the program, even though idiographic or unique variables such as increased self-esteem are key to reducing recidivism (Glaser 2003).

Given the intersection between violent and sexual reoffending, some authors argue that interventions should focus on preventing violent rather than sexual recidivism (Broadhurst & Maller 1992). As sex offender treatment programs distinguish between offence-specific and offence-related treatment targets, general criminogenic needs may appear to be incidental to reducing the risk of sexual recidivism. Yet the causes of sexual offending may lie both in factors specific to sexual offending and in factors that are common to serious criminal behaviour. As aggression and antisocial attitudes are likely to be better predictors of sexual recidivism for rapists than factors such as deviant arousal, interventions for this group might benefit from a broader focus on variables such as anger, interpersonal conflict, and attitudes and peer influences supportive of antisocial behaviour. Evaluations of program outcomes could then take a more comprehensive approach to measuring treatment outcomes.

---

Although treatment completion has often been found to be a significant predictor of the risk of recidivism, non-completion is common due to voluntary withdrawal, parole, or termination from a program. Yet few studies have examined predictors of treatment completion. A study of 179 incarcerated sex offenders who voluntarily participated in a sex offender treatment program found little variation in the age, race and previous number of convictions of completers (n=95) and non-completers (n=84). The four significant predictors of treatment completion were:

- More years of education. This may be directly related to the cognitive orientation of the program, which included a great deal of reading and the use of workbooks. Less educated individuals may have found the program too challenging or frustrating.
- Not having a history of sexual victimisation. Childhood sexual abuse may impede development of appropriate sexual relationships or may be used to justify the offending behaviour. Alternatively, a program focus on victim issues may engender painful memories of the offender's own victimisation, which can be avoided through ending treatment.
- Fewer previous incarcerations. One theory suggests that offenders suffer from low-self control. Those with fewer incarcerations may have a higher level of self-control, which underpins the commitment and responsibility to complete the program.
- Lower levels of minimisation or justification of the offending behaviour. As cognitive-behavioural programs aim to eliminate excuses for the offending behaviour, they may lead to cognitive dissonance in some deniers (Geer et al. 2001).

As the researchers did not take into account offender heterogeneity or reasons for non-completion, the results may not apply to other populations. Moreover, predictors of completion are only useful if it has been clearly established that the program benefits offenders by reducing recidivism rates. Yet the results point to the importance of determining reasons for completion and non-completion. The findings are also indicative of ways of addressing these issues; for example, by dealing with offenders' victimisation issues or educational levels prior to treatment. The report also raises questions about current treatment delivery modes.

While the cognitive-behavioural model represents current best practice, a generic approach to treatment cannot cater to individualised needs. The selection criteria implied by the risk/needs/responsivity principles may result in relatively low-risk, motivated, articulate (white) offenders participating in programs regardless of whether they need or are likely to benefit from treatment. Attempts to develop culturally appropriate programs for Indigenous offenders are laudable, but programs requiring relatively high standards of English literacy and language skills may exclude other offenders who are willing to undergo treatment. Similarly, the Western principles underlying cognitive-behavioural models may be at odds with the worldviews of some cultural groups and not all offenders are willing or able to express emotions and share experiences in groups, with female therapists, and so on. Criticisms have also been

---

levelled at particular practices for delivering interventions. Given the emphasis on program integrity, many practitioners adhere closely to a treatment manual that sets out a pre-determined number of sessions, set exercises and specific treatment targets. This programmatic approach is at odds with the principle that interventions should be tailored to the needs of individual clients (Glaser 2003). This is particularly important given that therapy groups are likely to comprise rapists and child molesters, whose offence cycles and aetiologies are likely to differ.

As previously noted, the effects of interventions are not entirely beneficial: participation is often imposed and offenders are denied the right to self-determination, as the therapist is in control of the process. Failure to comply may result in expulsion from the program or in an unfavourable report, both of which have negative consequences for parole considerations. Nevertheless, there are important reasons for continuing treatment programs. First, reduced recidivism rates result in enormous savings to communities and potential victims. Second, the presence of mental health professionals in correctional institutions has a humanising effect, as offenders and correctional officers come to realise that criminals can and do change and that punitive measures are only partial solutions at best (Glaser 2003).

---

## 8 Discussion

Official estimates of sexual assault are substantially impacted by the hidden nature of sex offending, low rates of reporting and high attrition of cases that enter the criminal justice system. Rates of sexual recidivism are known to underestimate the prevalence and incidence of repeat offending due to these factors and because estimates are largely based on the recidivistic activities of previously incarcerated sex offenders. The extent of under-counting remains open to speculation, but the frequency of reoffending is not the only concern. The degree of harm inflicted on victims by repeat sex offenders lowers public tolerance for accepting the risks posed when incarcerated sex offenders are released into the community.

Australian studies have found that rates of sexual recidivism range from as low as two per cent in some samples to as high as 16 per cent in others. In Australia, as elsewhere, rates vary according to the subgroup of offender, sample characteristics and research methodology. While evaluation studies of treatment efficacy increasingly point to small but significant treatment gains for some sex offenders, the evidence is inconsistent and it is not clear whether all sex offenders require treatment, which components of treatment programs are effective, or whether current best practice interventions are appropriate for all subgroups of offenders. Despite this variability, a number of findings are consistent, particularly in relation to the general profile and risk factors for sexual recidivism. However, it is important to reiterate that current knowledge is primarily based on those sex offenders who have been convicted and incarcerated. It is not clear whether or how hidden sex offenders resemble or differ from visible sex offenders.

Overall, sex offenders are similar to the general offender population in terms of sociodemographic, psychosocial and criminal history variables. Most are young, single, white males, although Indigenous Australian men are over-represented among visible sex offenders. Sex offenders come from all socioeconomic backgrounds, but rapists are often socially, economically, educationally and occupationally disadvantaged. It is possible that the disproportionate representation of socially marginalised groups reflects their higher probability of arrest and incarceration.

Specific risk factors for sexual recidivism include sexual deviance, cognitive distortions, psychological maladjustment, psychopathy, antisociality, early onset of offending and, in some cases, childhood sexual and physical victimisation. A prior generalist history of offending also points to the likelihood of sexual recidivism, while a specific history of sex offending substantially increases the risk. Many rapists have versatile criminal careers and their rates of violent and general recidivism are often considerably higher than sexual recidivism. Sexual deviance is less salient than aggression for this group, which leads some authors to conclude that rapists are predominantly violent offenders who also offend sexually.

---

There are grounds for advancing this view: sexual and non-sexual violence are associated in many cases, as evidenced by the notion of hypermasculinity. Yet current knowledge indicates that a somewhat different set of processes contributes to sexual versus violent recidivism. Therefore, risk assessment methods should consider separately the likelihood of non-sexual and sexual reoffending, rather than minimising differences between types of offenders (Hanson & Bussière 1998). This chapter also argues that analysis of a range of structural and interpersonal conditions strongly indicates that the two categories should not be conflated. To advance this argument, the following discussion firstly considers the implications of the way that knowledge is fragmented by disciplinary boundaries. This is necessarily a brief and simplified overview of the issues (see Klein 1996, or Doise 1986, 1997 for other discussions).

The conceptual split between the individual and society is broadly reflected in the disciplinary division between psychology, which focuses on individuals, and other disciplines that focus on structural and cultural dimensions of human life, such as sociology, criminology, and so on. The legal discipline arguably sits somewhere between these two extremes, as it is concerned both with processes that protect society and with upholding individual rights where these do not violate the rights of the collective. The criminal justice system is activated when both societal and individual rights are threatened, as in the case of dangerous sexual offenders. A second conceptual split, the dichotomy between the mind and the body, manifests in corresponding disciplinary boundaries between the social and natural sciences. The former largely concern themselves with the intangible processes of the mind, society and culture, while the latter study the workings of the material body. Theories of the aetiology of sex offending take into account a spectrum of biological, psychological, cultural, systemic and institutionalised factors that culminate in offending behaviour. Yet in general, legal judgments and treatment interventions individualise the offence, failing to consider that sexual assault is one way in which power is deployed to subjugate women (for example, see French 1992; Gavey 1997; Graycar & Morgan 1990).<sup>8</sup> Sexual violence is not perpetrated solely by individuals. It is supported by a range of social practices, at multiple social locations and on a continuum that spans the macro- and micro-levels of social life.

Oppositions between individualised and societal perspectives fail to reflect the complexity of processes that mediate behavioural outcomes. These processes operate at varying levels and contexts, from psychological processes to social structures and institutions. The first level centres on the intra-individual processes through which explanations of the world, people's places in it and appropriate behaviours, are organised. Analysis at the inter-individual level makes explicit situational processes and relations between individual men and women, family members, peers and so on. The positional level refers to power and status differences between groups, premised on variables such as class, race, gender and sexuality. Finally, the ideological level refers to

---

<sup>8</sup> It is acknowledged that boys and men are also sexually victimised, although to a much lesser extent than women and girls, and that women also perpetrate sexual assault. Analysis of these situations is outside the scope of this report, but it is maintained that sexual violence is inextricably associated with the exercise of power, control and dominance.

---

the ways in which social structures, institutions and discourses, shape and are shaped by processes at the other levels. These levels are not distinct, as constructions of gender, rape myths, and the unequal distribution of power permeate all levels, although it is not clear how structural elements come to be internalised by individuals (Doise 1986, 1997). Offering complementary explanations at different levels of analysis has the potential to increase the validity of socio-psychological analyses and to inform policy decisions.

Analysis of the aetiology of sexual offending underpins policy responses, because without an understanding of the causes, interventions have no focus. As noted, the predominant theories underpinning current treatment models recognise the multi-factorial causes of sexual offending, but are less eclectic in the way they are implemented. Interventions focus on changing individual “deviations” from normality—even though crime victim surveys indicate that sexual violence against women is relatively commonplace and that many offenders who are not sexually deviant admit to substantially more offences than are detected. The disparity between recorded and actual levels of sexual violence begs the question of whether recidivism rates—however defined and measured—are useful for assessing either an offender’s risk of reoffending sexually or of rehabilitation. They do not shed light on the likely frequency and severity of future offending. Moreover, post-treatment evaluations of recidivism and even of changes in dynamic risk factors tell us little of the longevity or permanence of treatment gains. In terms of risk, this question is especially pertinent to assessments of which offenders pose the most danger to the community—strangers, partners, intra-familial offenders (fathers, sons, brothers, etcetera), or other known offenders. The distinction between strangers and male partners is especially problematic, not least because it is not clear whether men who sexually assault strangers also offend against partners and other known victims and vice versa.

Societal perceptions of sexual assault have resulted in some forms of sexual coercion being viewed as normative and others as transgressive. Even in “appropriate” or “legitimate” relationships, sexual coercion has been normalised to the extent that a woman can *appear* to consent to unwanted sexual activity, when she has submitted because of pressure, threat and so on. Sexual offences committed by strangers, while the least common form of sexual assault, have been the priority for policy-makers for a number of reasons, including:

- stranger violence is viewed by the community as more serious than violence between people known to each other;<sup>9</sup>
- sexual assaults perpetrated by strangers may be more likely to result in injury;
- some of the more persistent visible sex offenders are found in this group and it is assumed that they offend against many more victims than men who sexually assault partners or other family members;

---

9 The perceived risk to the community of other known offenders—such as neighbours, work colleagues and acquaintances—probably lies somewhere between the extremes of known versus stranger sex offenders, perhaps being seen as more opportunistic than predatory.

- 
- stranger attacks are more likely to be reported to police and proceed to trial and conviction (see Lievore 2003, for an analysis of reporting decisions); and
  - these cases are more likely to attract sensationalist media attention.

In combination, these factors weigh heavily in public assessments of the severity of sex crimes, but they obscure understanding the more widespread dynamics and risk of sexual assault. As a result, intra-familial offenders are regarded as posing less danger to the community than those who sexually assault strangers or non-family members and it is easier to supervise intra-familial offenders and what is assumed to be a small number of potential victims (Lieb, Quinsey & Berliner 1998).

The dichotomy between “the community” and “the family” positions men who sexually assault members of their own households as a special case. It is a legacy of a time in which women and children were defined as men’s property and in which the privacy of the family sanctioned abusive behaviour. Yet large numbers of undetected sexual assaults are committed in families and relationships. Sexual assaults perpetrated by partners or other family members are likely to be brutal, repeated, and result in significant psychological harm to victims (Lieb et al. 1998). It is indefensible to argue that “the public good” or “the community” are not adversely affected by the sexual assault of women in their own homes. These harms are compounded when sexual assault is individualised and the contribution of social processes to the maintenance of sexual violence is discounted.

The extent of sexual violence against women—and the extent to which men in relationships and families offend with impunity—reflects attitudes held by some sectors of society, which at the very least do not discourage male sexual aggression and, in some instances, may even condone it. These attitudes are most visible in rape myths, rapists’ cognitive distortions, the concept of hypermasculinity and in sexually offending behaviours, each of which is mediated by a range of social practices. A brief discussion of pornography that depicts women is used to illustrate the adverse psychological and interpersonal effects of social practices. It not suggested that pornography featuring other categories of victims is not equally damaging, or that this is the only social practice that contributes to sexual and non-sexual aggression.

It was established in earlier chapters that at least some sex offenders were victimised sexually, physically and in other ways. Some victim-offenders who were exposed to pornography at an early age show little empathy for their victims. This is also the case for offenders who were not victimised, but the extent of pornography use among sex offenders is unknown. A recent Australian study on the exposure of youths to pornography concluded that regular consumption of pornography, particularly violent pornography, is a risk factor for the perpetration of sexual assault by boys and young men (Flood & Hamilton 2003). Regular viewing of pornography may also foster greater tolerance of sexual violence by others, with the result that societal discourses and practices that promote or support sexual violence against women are reflected in peer group cultures, family relationships and individual men’s constructions of masculinity, sexuality, interpersonal relationships and so on.

---

*Although it is not the only source of sexist and violence-supportive imagery and ideas, pornography clearly plays a role in helping foster the kinds of attitudes and values which may predispose some men to rape women...*

*While further research is needed to draw definitive conclusions about the impacts on children of exposure to pornography, in our view the evidence available provides grounds for serious concern about exposure of children to particular types of pornography, notably pornography involving violence and extreme behaviours.*  
(Flood & Hamilton 2003)

Other researchers have also noted unequivocal links between exposure to violent pornography, an increased acceptance of rape myths and the self-reported likelihood of aggressive behaviour, including rape. The aggression incited is directed specifically *at women* and is particularly aroused by pornography that depicts women gaining pleasure out of rape (Cowburn 1992).

Aside from its impact on consumers, the wider societal issue concerns the effect of a pornographic culture on non-consumers and, specifically, its effects on women.

First, the link between pornography and sexual violence is mediated by a complex and dynamic intersection of variables: not all men who consume pornography sexually assault women, and presumably, not all sexual assaulters use pornography. But is it the case that men who do *not* consume pornography nevertheless regard it as a “natural”, relatively harmless and therefore acceptable expression of male sexuality—an attitude that tacitly condones and reinforces sexual violence against women?

Second, pornographic, dehumanising representations of women impact on all females, not simply those depicted in pornographic material, or those who associate with consumers. Yet the collective of women is defined out of the public debate, which tends to focus on issues such as censorship or freedom of expression (Cowburn 1992). The problem with this debate is that it ignores a pertinent question. At what point does men’s “right” to view gratuitous sexual violence against women override women’s rights to be depicted and treated as humans, not as objects?

Finally, no other crime has comparable effects for victims. Sex crimes are unique because:

- they violate intimate physical and psychological boundaries and have enormous emotional impacts;
- they are associated with pervasive cultural myths and stereotypes, which have considerable consequences for the victims’ reputation and honour;
- they often involve a betrayal of trust by a perpetrator known to the victim;
- victims often have to cope with debilitating self-blame;
- they carry specific mental, physical and reproductive health risks;
- pursuing justice often leads to feelings of revictimisation (Lievore 2003).

---

The crucial point of this discussion is that policy, criminal justice and therapeutic efforts to prevent and reduce sexual offending must take into consideration the continuum of *social* contexts and practices that legitimate sexual violence in ways that are often uncritically accepted as “natural” or “normal”. This requires a public critique of cultural constructions of masculinity and femininity, particularly of practices that promote rape myths, notions of male dominance, and aggression as a way of meeting personal needs or solving interpersonal differences. Distinctions between private and public harms, extra-familial and intra-familial offenders, dangerous and non-dangerous offenders, and the individual and society, disguise the complexity and breadth of the problem. The conflation of sexual and non-sexual violence, along with other attempts to construct sexual assault as a gender-neutral crime, further injure women by obscuring the fact that these offences “happen to women because they are women. For that reason, they are group or social injuries” (Graycar & Morgan 1990, p. 308).

---

## 9 Conclusion: Implications for Policy and Research

Empirically informed policy has the potential to be socially sensitive and to reduce the risk of sexual recidivism to the community. To date, sexual assault research has largely focused on women's experiences and there are considerable gaps in knowledge about perpetrators. One of the main implications for policy, therefore, is that more research is needed on offender issues.

To date, policy responses to sex offending have been primarily concerned with the most dangerous offenders, that is, those who perpetrate sexual assault against strangers and/or who recidivate sexually. This focus is warranted to some extent, but there is a notable gap in information about the extent and nature of sexual assault by partners or other family members.

Crime victim surveys indicate that a considerable amount of repeat sexual victimisation takes place in heterosexual relationships, so addressing the problem in this group could substantially mitigate social and personal costs. Further information about the dynamics of sexual violence in intimate relationships is required to formulate appropriate policy responses, including:

- whether there are predictable triggers for sexual violence in relationships;
- whether there are patterns in the frequency and severity of attacks over the course of relationships;
- the extent to which sexual violence occurs alone, or as a component of domestic violence;
- further exploration of the links between sexual and non-sexual violence; and
- whether men who perpetrate partner or intra-familial sexual violence also offend against strangers or other known victims, and vice versa.

Not all people recognise that women in relationships have a right to refuse consent to sex and that forced sex within relationships is a crime. It is vital that this message is conveyed to all Australian men and women and that all cultural groups are made aware that sexual violence will not be tolerated.

The policy response to sex offenders often consists of strict sentencing, and the punitive philosophy of the justice system is increasingly combined with the therapeutic philosophy of psychological interventions. Risk assessment of the dangerousness of sex offenders is integral to reducing the likelihood of sexual recidivism. For incarcerated offenders, information about undetected sex offences, which may come to light during treatment, should be taken into account when assessing the risk of recidivism and

---

timing of release into the community. Support and treatment options should also be made available for hidden offenders who want to desist but do not know where to turn for help, or are afraid to come forward due to fear of criminalisation or incarceration.

Treatment of sex offenders should take as its starting point the needs of women who have been or are at risk of being sexually assaulted. Treatment models should be based on current knowledge about the causes, prevalence and consequences of sexual violence. Understanding the intersections between violence, sexual assault, power and gender would be assisted by situating psychological theories of sexual offending within socio-cultural frameworks. This suggests that social measures are required to reduce sexual offending. Potential applications of complementary explanations about the development and maintenance of sex offenders' attitudes and behaviours are diverse.

- Public campaigns could promote awareness about the ways in which sexual violence is supported in a multiplicity of contexts, from the media to peer and family relationships.
- In line with this perspective, a continuum of responses and a range of prevention and intervention strategies are required, including:
  - challenging rape myths and the construction of masculinity as aggressive and femininity as passive;
  - promoting positive models of gender and healthy attitudes towards sexuality and interpersonal relationships to help overcome the effects of conflicted and abusive family environments;
  - protecting children from the excesses of hypermasculinity and witnessing or being subjected to sexual victimisation;
  - adopting a more contextualised approach to interventions for adult offenders. Offending behaviour should be analysed in terms of a widening scope that extends from the perpetrator to intimate, family and peer relationships, group memberships, social structures and discourses, and so on. The aim is to raise awareness of the subtle and varied ways in which offending is supported, as well as elucidating possibilities for change at each point.
  - incorporating this perspective into evaluations of interventions.

Policy initiatives aimed at raising awareness that sexual violence is not simply an individualised issue do not imply that offenders' responsibility for the violence is diminished. Behaviour is influenced but not determined by society and some element of choice is always available.

Discussion and research on the aetiology of sexual offending and risk factors for sexual recidivism should be balanced by developmental studies that shed light on resilience, or the protective factors that influence healthy outcomes (Powis 2002; Starzyk & Marshall 2003). Protective factors are often the opposite of risk factors and include:

- social support, such as a stable marriage, employment and adequate housing—marriage may provide emotional support, reduce loneliness and provide a legitimate sexual partner;

- 
- among juveniles, non-delinquent friends, parental expectations of educational achievement, positive social orientation and supportive relationships;
  - teaching offenders to recognise, avoid and control thoughts, situations and behaviours that may lead them to recidivate reduces the risk of offending; and
  - helping offenders to develop caring mechanisms such as empathy for the victim—in some cases, empathic deficits may stem from early years of parental neglect or abuse, so it is necessary to deal with the origins of empathic deficits and help offenders to recognise the harm they inflict on others.

Policies promoting environments and systems that facilitate resilience are integral to intervention and prevention strategies, both prior to and after the onset of offending. However, knowledge is relatively limited about factors that increase resilience, beyond those that are the opposite of risk factors. Research in this area could begin by asking offenders what would have helped them to avoid embarking on sexual offending and, once begun, what would have helped them to resist reoffending, or encouraged them to seek help.

It is in the interests of society and offenders to provide comprehensive evaluations of sex offender treatment efficacy. Evidence suggests that correctional treatment programs are most effective for moderate-risk offenders and some high-risk offenders. However, evaluating treatment efficacy requires that dangerous offenders be given an opportunity to reoffend—that is, that they be released into the community after a suitable sentence has been served and treatment has been undertaken. An uninformed public may be reluctant to take this chance, particularly in highly publicised cases, even though most offenders are eventually released into the community and harsh sentences are not appropriate in all cases. Reliable and valid assessments of treatment programs should therefore be a priority, as this will assist both in allocating treatment resources and in informing the public about sex offenders' prospects of rehabilitation or the likelihood of recidivism.

Even if treatment does reduce sexual recidivism, a number of areas require further clarification, including:

- whether all sex offenders have an equal need for specialised treatment;
- how current treatment modes affect subgroups of sex offenders;
- which components of treatment programs contribute most to change;
- “what works” for different cultural groups; and
- whether institutional programs are necessary or sufficient for all offenders.

It is also desirable to learn more about those offenders who do not complete treatment. Do dropout rates simply reflect a lack of motivation to change and/or untreatability, or does attrition occur because programs fail to engage offenders and address their needs?

---

Some offenders cannot be treated due to factors such as deviance or psychopathology. This has several implications.

- Accurate charging decisions are required to ensure the imposition of appropriate criminal sanctions. For high-risk and dangerous offenders, plea-bargaining resulting in fewer and less serious charges may lead to inadequate sentencing and conditions that are conducive to recidivism and treatment failure (Lieb et al. 1998).
- Incapacitation of high-risk and dangerous offenders who are not amenable to treatment continues to be necessary, particularly for those who have committed many offences, including violent offences. Any system of preventive detention and lengthy sentencing should be carefully controlled and limited, as the need to protect the community infringes on sex offenders' civil liberties. In addition, harsh sentences may deter some offenders from seeking help.
- While psychopathy is an important indicator of sexual recidivism, especially among rapists, no treatments are currently known to reduce recidivism rates of psychopaths. Further research and clinical work would indicate whether different treatments or delivery modes could have beneficial effects for psychopaths.

Finally, this report has advanced the argument that sexual and non-sexual violence should not be conflated. While both reflect the worst aspects of masculine culture, sexual violence is a unique offence that in most cases is grounded in hierarchical gendered relations of power. Sexual violence is an institutionalised form of discrimination against women and an instrument of oppression, which has profound effects for all women's sense of safety in their homes and in society. Women's perceptions of vulnerability are reinforced, sometimes out of proportion to their actual level of risk, by sensationalised coverage of sexual assault trials and media that turn sexual assault into a form of entertainment. For many women, life in the twenty-first century simultaneously offers unprecedented freedoms and age-old restrictions: "In a world in which everything now seems possible, nowhere now seems safe" (Pratt 1999, p. 12). To the extent that the National Initiative to Combat Sexual Assault can meet its goal of promoting cultural change in attitudes and behaviours, it may also begin to undermine cultural myths that take away men's sense of control over their own behaviours and make women responsible for sexual assault.

---

# References

- Ackerley, E., Soothill, K. & Francis, B. 1998, "When do sex offenders stop offending?" *Research Bulletin*, vol. 39, pp. 51–7.
- Adolescent Forensic Health Service 1998, *Male Adolescent Program for Positive Sexuality—MAPPS—Interventions in Sexually Abusive Behaviours: Ethos, Information and Program Content*, Adolescent Forensic Health Service, Department of Human Services, Victoria.
- Allan, A., Allan, M.M. & Kraszlan, K. 2001, *Juvenile Sex Offenders In Western Australia: Offence History, Treatment and Recidivism*, Edith Cowan University, Western Australia (unpublished).
- Allan, A., Allan, M.M., Marshall, P. & Kraszlan, K. 2002a, "Juvenile sexual offenders in Western Australia: Demographic characteristics and offence histories", *Psychiatry, Psychology and Law*, vol. 9, no. 2, pp. 200–13.
- 2002b, "Juvenile sexual offenders compared to juvenile offenders in general in Western Australia", *Psychiatry, Psychology and Law*, vol. 9, no. 2, pp. 214–33.
- Anderson, D. 2002, "The utility of interpersonal circumplex theory in research and treatment of sex offenders", *Forum on Corrections Research*, vol. 14, no. 1, [www.csc-scc.gc.ca/text/pblct/forum/v14n1/v14n1a7e.pdf](http://www.csc-scc.gc.ca/text/pblct/forum/v14n1/v14n1a7e.pdf) (viewed 28/03/03).
- Australian Bureau of Statistics (ABS) 2003a, *Crime and Justice News*, Issue 14, National Centre for Crime and Justice Statistics, Melbourne.
- 2003b, *Criminal Courts*, cat. no. 4513.0, Australian Bureau of Statistics, Canberra.
- 2002a, *Higher Criminal Courts Australia*, cat. no. 4513.0, Australian Bureau of Statistics, Canberra.
- 2002b, *Prisoners in Australia*, cat. no. 4517.0, Australian Bureau of Statistics, Canberra.
- 2002c, *Recorded Crime Australia 2001*, cat. no. 4510.0, Australian Bureau of Statistics, Canberra.
- 1999, *Crime and Safety Australia, April 1998*, cat. no. 4509.0, Australian Bureau of Statistics, Canberra.
- 1996, *Women's Safety Australia 1996*, cat. no. 4128.0, Australian Bureau of Statistics, Canberra.
- Australian Institute of Criminology 2002, *Facts and Figures 2002*, Australian Institute of Criminology, Canberra.
- Bakker, L., Hudson, S., Wales, D. & Riley, D. 1998, *And There Was Light... Evaluating the Kia Marama Treatment Programme For New Zealand Sex Offenders Against Children*, Department of Corrections, Christchurch.
- Bennett, L.R., Manderson, L. & Astbury, J. 2000, *Mapping a Global Pandemic: Review of Current Literature on Rape, Sexual Assault and Sexual Harassment of Women*, Global Forum for Health Research, Key Centre for Women's Health in Society, Melbourne, [www.globalforumhealth.org/Non\\_compliant\\_pages/vaw.litrev.htm](http://www.globalforumhealth.org/Non_compliant_pages/vaw.litrev.htm) (viewed 25/04/02).
- Birgden, A. & McLachlan, C. 2002, *Reducing Re-offending Framework: Setting the Scene: Paper No. 1*, Office of the Correctional Services Commissioner, Melbourne, [www.justice.vic.gov.au](http://www.justice.vic.gov.au) (viewed 14/01/03)
- Birgden, A. & Vincent F. 2000, "Maximising therapeutic effects in treating sexual offenders in an Australian correctional system", *Behavioral Sciences and the Law*, vol. 18, pp. 479–88.
- Broadhurst, R. 2000, "Criminal careers, sex offending and dangerousness", in M. Brown & J. Pratt (eds), *Dangerous Offenders: Punishment & Social Order*, Routledge, London, pp. 109–26.

- 
- Broadhurst, R. & Loh, N. 1997, "Careers of sex offenders: The probabilities of re-arrest", paper presented at *Second National Outlook Symposium: Violent Crime, Property Crime and Public Policy*, 3–4 March, Hyatt Hotel, Canberra, [www.aic.gov.au/conferences/outlook97/broad.html](http://www.aic.gov.au/conferences/outlook97/broad.html) (viewed 08/01/03)
- Broadhurst, R.G. & Maller, R.A. 1992, "The recidivism of sex offenders in the Western Australian prison population", *British Journal of Criminology*, vol. 32, no. 1, pp. 54–80.
- 1991, *Sex Offending and Recidivism*, Crime Research Centre, The University of Western Australia, Perth.
- Bureau of Planning and Evaluation 1996, *Five-Year Recidivism Follow-up of 1989 Sex Offender Releases*, Department of Rehabilitation and Correction, Ohio.
- Burgoyne, P.H. 1979, *Recidivism Among Rapists: A Study of Men Released From Custody After Having Served Sentences for Rape or Attempted Rape*, Government Printer, Melbourne.
- Connelly, C. & Williamson, S. 2000, *A Review of the Research Literature on Serious Violent and Sexual Offenders*, The Scottish Executive Central Research Unit, Edinburgh.
- Covell, C.N. & Scalora, M.J. 2002, "Empathic deficits in sexual offenders: An integration of affective, social and cognitive constructs", *Aggression and Violent Behavior*, vol. 7, pp. 251–70.
- Cowburn, M. 1992, "Pornography in prison", in *Beyond Containment: The Penal Response to Sex Offending*, Prison Reform Trust, London, pp. 37–46.
- Curnow, R., Streker, P. & Williams, E. 1998, *Juvenile Justice Evaluation Report: Male Adolescent Program for Positive Sexuality*, Department of Human Services, Victoria.
- Davies, J. 1999, "Aboriginal sex offender treatment program Greenough Regional Prison", paper presented at the *Best Practice Interventions in Corrections for Indigenous People Conference*, 3–15 October, Adelaide, [www.aic.gov.au/conferences/indigenous/davies.html](http://www.aic.gov.au/conferences/indigenous/davies.html) (viewed 07/03/03).
- Dempster, R.J. & Hart, S.D. 2002, "The relative utility of fixed and variable risk factors in discriminating sexual recidivists and non-recidivists", *Sexual Abuse: A Journal of Research and Treatment*, vol. 14, no. 2, pp. 121–38.
- Dhawan, S. & Marshall, W.L. 1996, "Sexual abuse histories of sexual offenders", *Sexual Abuse: A Journal of Research and Treatment*, vol. 8, no. 1, pp. 7–15.
- Doise, W. 1997, "Organising social-psychological explanations", in C. McCarty & S.A. Haslam (eds), *The Message of Social Psychology: Perspectives on Mind in Society*, Blackwell Publishers, Cambridge, Massachusetts, pp. 63–76.
- 1986, *Levels of Explanation in Social Psychology* (translation by E. Mapstone), Cambridge University Press, Cambridge.
- Donato, R. & Shanahan, M. 1999, "The economics of implementing intensive in-prison sex-offender treatment programs", *Trends and Issues In Crime and Criminal Justice*, no. 134, Australian Institute of Criminology, Canberra.
- Falshaw, L. Friendship, C. & Bates, A. 2003, *Sexual Offenders—Measuring Reconviction, Reoffending and Recidivism*, Research Findings No. 183, Home Office, London.
- Fernandez, J.A. & Loh, N. 2001, *Crime and Justice Statistics for Western Australia: 2001*, Crime Research Centre, The University of Western Australia.
- Flood, M. & Hamilton, C. 2003. *Youth and Pornography in Australia: Evidence On the Extent of Exposure and Likely Effects*, Discussion Paper Number 52, The Australia Institute, Canberra, [www.tai.org.au](http://www.tai.org.au) (viewed 04/03/03).
- French, M. 1992, *The War Against Women*, Penguin, London.
- Friendship, C., Beech, A.R. & Browne, K.D. 2002, "Reconviction as an outcome measure in research: A methodological note", *British Journal of Criminology*, vol. 42, no. 2, pp. 442–4.

- 
- Friendship, C., Blud, L., Erikson, M. & Travers, R. 2002, *An Evaluation of Cognitive Behavioural Treatment for Prisoners*, Findings 161, Home Office, London.
- Friendship, C. & Thornton, D. 2001, "Sexual reconviction for sexual offenders discharged from prison in England and Wales", *British Journal of Criminology*, vol. 41, no. 2, pp. 285–92.
- Gavey, N. 1997, "Feminist poststructuralism and discourse analysis", in M.M. Gergen & S.N. Davis (eds), *Toward a New Psychology of Gender: A Reader*, Routledge, New York, pp. 49–64.
- Geer, T.M., Becker, J.V., Gray, S.R. & Krauss, D. 2001, "Predictors of treatment completion in a correctional sex offender treatment program", *International Journal of Offender Therapy and Comparative Criminology*, vol. 45, no. 3, pp. 302–13.
- Glaser, B. 2003, "Therapeutic jurisprudence: An ethical paradigm for therapists in sex offender treatment programs", *Western Criminology Review*, vol. 4, no. 2, pp. 143–54.
- Glaser, W. 1991, "Assessing the dangerousness and treatability of sex offenders in the community", paper presented at the *Serious Violent Offenders: Sentencing, Psychiatry and Law Reform Conference*, 29-31 October, Melbourne, [www.aic.gov.au/publications/proceedings/19/glaser.pdf](http://www.aic.gov.au/publications/proceedings/19/glaser.pdf) (viewed 24/04/03).
- Gordon, A., Holden, R. & Leis, T. 1991, "Managing and treating sex offenders: Matching risk and needs with programming", *Forum on Corrections Research*, vol. 3, no. 4, [www.csc-scc.gc.ca/test/pblct/forum/e034/e034c.shtml](http://www.csc-scc.gc.ca/test/pblct/forum/e034/e034c.shtml) (viewed 01/10/02).
- Grant, A. 2000, "The historical development of treatment for adolescent sex offenders", *Trends and Issues in Crime and Criminal Justice*, no. 145, Australian Institute of Criminology, Canberra.
- Graycar, R. & Morgan, J. 1990, *The Hidden Gender of Law*, The Federation Press, Leichhardt, Sydney.
- Greenberg, D.M., Da Silva, J. & Loh, N. 2002, *Evaluation of the Western Australian Sex Offender Treatment Unit (1987–1999): A Quantitative Analysis*, Forensic Research Unit, Department of Psychiatry and Behavioural Sciences and the Crime Research Centre, The University of Western Australia.
- Greenfeld, L.A. 1997, *Sex Offences and Offenders: An Analysis of Data on Rape and Sexual Assault*, US Department of Justice, Washington DC.
- Grubin, D. 1999, "Actuarial and clinical assessment of risk in sex offenders", *Journal of Interpersonal Violence*, vol. 14, no. 3, pp. 331–43.
- Grubin, D. & Wingate, S. 1996, "Sexual offence recidivism: Prediction versus understanding", *Criminal Behaviour and Mental Health*, vol. 6, pp. 349–59.
- Hagan, M.P., Gust-Brey, K.L., Cho, M.E. & Dow, E. 2001, "Eight-year comparative analyses of adolescent rapists, adolescent child molesters, other adolescent delinquents, and the general population", *International Journal of Offender Therapy and Comparative Criminology*, vol. 45, no. 3, pp. 314–24.
- Hanson, R.K. 2002, "Recidivism and age: Follow-up data from 4,673 sexual offenders", *Journal of Interpersonal Violence*, vol. 17, no. 10, pp. 1046–62.
- Hanson, R.K. & Bussière, M.T. 1998, "Predicting relapse: A meta-analysis of sexual offender recidivism studies", *Journal of Consulting and Clinical Studies*, vol. 66, no. 2, pp. 348–62.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L. & Seto, M.C. 2002, "First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders", *Sexual Abuse: A Journal of Research and Treatment*, vol. 14, pp. 169–94.
- Hanson, R.K. & Harris, A.J.R. 2000, "Where should we intervene? Dynamic predictors of sexual offence recidivism", *Criminal Justice and Behavior*, vol. 27, no. 1, pp. 6–35.
- Hedderman, C. & Sugg, D. 1996, *Does Treating Sex Offenders Reduce Reoffending? Research Findings*, no. 45, Home Office, London.

- 
- Hood, R., Shute, S., Feilzer, M. & Wilcox, 2002, "Sex offenders emerging from long-term imprisonment: A study of their long-term reconviction rates and of parole board members' judgements of their risk", *British Journal of Criminology*, vol. 42, no. 2, pp. 371–94.
- Howells, K. & Day, A. 1999, "The rehabilitation of offenders: International perspectives applied to Australian correctional systems", *Trends and Issues in Crime and Criminal Justice*, no. 112, Australian Institute of Criminology, Canberra.
- Hudson, S.M., Wales, D.S., Bakker, L. & Ward, T. 2002, "Dynamic risk factors: The Kia Marama evaluation", *Sexual Abuse: A Journal of Research and Treatment*, vol. 14, no. 2, pp. 103–19.
- Hudson, S.N., Ward, T. & McCormack, J.C. 1999, "Offence pathways in sexual offenders", *Journal of Interpersonal Violence*, vol. 14, no. 8, pp. 779–98.
- Hylton, J.H. 2002, *Aboriginal Sexual Offending in Canada*, The Aboriginal Healing Foundation, Ottawa.
- Johnson, H. & Sacco, V.F. 1995, "Researching violence against women: Statistics Canada's national survey", *Canadian Journal of Criminology*, vol. 37, no. 3, pp. 281–304.
- Kelly, L., Burton, S. & Regan, L. 1992, "And what happened to him?": Policy on sex offenders from the survivor's perspective", in *Beyond Containment: The Penal Response to Sex Offending*, Prison Reform Trust, London, pp. 14–27.
- Kelly, L. & Regan, L. 2001, *Rape: The Forgotten Issue?* Child and Woman Abuse Studies Unit, University of North London, London.
- Kemshall, H. 2001, *Risk Assessment and Management of Known Sexual and Violent Offenders: A Review of Current Issues*, Police Research Series Paper 140, Home Office, London.
- Kenny, D., Keogh, T., Seidler, K. & Blaszczyński, A. 2000, "Offence and clinical characteristics of Australian juvenile sex offenders", *Psychiatry, Psychology and Law*, vol. 7, no. 2, pp. 212–26.
- Klein, J.T. 1996, *Crossing Boundaries: Knowledge, Disciplinarity, and Interdisciplinarity*, University Press of Virginia, Charlottesville.
- Lambie, I., Seymour, F., Lee, A. & Adams, P. 2002, "Resiliency in the victim–offender cycle in male sexual abuse", *Sexual Abuse: A Journal of Research and Treatment*, vol. 14, no. 1, pp. 31–48.
- Langan, P.A. & Levin, D.J. 2002, *Recidivism of Prisoners Released in 1994*, Bureau of Justice Statistics, Washington DC.
- Laws, D.R. 2003, "The rise and fall of relapse prevention", *Australian Psychologist*, vol. 38, no. 1, pp. 22–30.
- Lees, M. 2001, "Indigenous sex offender treatment program", paper presented at the *Best Practice Interventions in Corrections for Indigenous People Conference*, 8–9 October, Sydney, [www.aic.gov.au/conferences/indigenous2/lees.html](http://www.aic.gov.au/conferences/indigenous2/lees.html) (viewed 26/02/03).
- Lieb, R., Quinsey, V. & Berliner, L. 1998, "Sexual predators and social policy", in M. Tonry (ed.), *Crime and Justice: A Review of Research*, volume 23, The University of Chicago Press, Chicago, pp. 43–114.
- Lievore, D. 2003, *Non-reporting and Hidden Recording of Sexual Assault: An International Literature Review*, Commonwealth Office of the Status of Women, Canberra.
- Long, P.W. 2003, *Internet Mental Health*, [www.mentalhealth.com](http://www.mentalhealth.com) (viewed 22/04/03).
- Loucks, N. 2002, *Recidivism Amongst Serious Violent and Sexual Offenders*, Scottish Executive Social Research, Edinburgh.
- Mammone, N., Keeling, J., Sleeman, V. & McElhone, M. 2002, "A preliminary evaluation of the impact of an intensive treatment programme on the cognitive distortions of sexual offenders", paper presented at the *Second Biennial International Conference of The Australian and New Zealand Association for the Treatment of Sexual Abusers (ANZATSA)*, 4–6 April, Sydney.

- 
- Mander, A.M., Atrops, M.E., Barnes, A.R. & Munafo, R. 1996, *Sex Offender Treatment Program: Initial Recidivism Study Executive Summary*, Justice Center web site, University of Alaska Anchorage, [www.uaa.alaska.edu/just/publications/9602sotp.html](http://www.uaa.alaska.edu/just/publications/9602sotp.html) (viewed 17/01/03).
- Marques, J.K. 1999, "How to answer the question 'Does sex offender treatment work?'" *Journal of Interpersonal Violence*, vol. 14, no. 4, pp. 437–51.
- Marshall, P. 1997a, *The Prevalence of Convictions For Sexual Offending*, Research Findings No. 55, Home Office, London.
- 1997b, *A Reconviction Study of HMP Grendon Therapeutic Community*, Research Findings No. 53, Home Office, London.
- 1996, *Reconviction of Imprisoned Sexual Offenders*, Research Bulletin No. 36, Home Office, London.
- Marshall, W.L. 1999, "Current status of North American assessment and treatment programs for sexual offenders", *Journal of Interpersonal Violence*, vol. 14, no. 3, pp. 221–39.
- Marshall, W.L. & Barbaree, H.E. 1990a, "An integrated theory of the etiology of sexual offending", in W.L. Marshall, D.R. Laws & H.E. Barbaree (eds), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, Plenum Press, New York, pp. 257–75.
- 1990b, "Outcome of comprehensive cognitive-behavioral treatment programs", in W.L. Marshall, D.R. Laws & H.E. Barbaree (eds), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, Plenum Press, New York, pp. 363–85.
- Matson, S. 2002, "Sex offender treatment: A critical management tool", *Corrections Today*, October, pp. 114–7.
- Mayhew, P. & Adkins, G. 2003, "Counting the costs of crime in Australia", *Trends and Issues in Crime and Criminal Justice*, no. 247, Australian Institute of Criminology, Canberra.
- McGrath, R.J. 1994, "Sex offender risk assessment and disposition planning: A review of empirical and clinical findings", in D. West (ed.), *Sex Crimes*, Dartmouth, Aldershot, pp. 221–43.
- McGrath, R.J., Cumming, G., Livingston, J.A. & Hoke, S.E. 2003, "Outcome of a treatment program for adult sex offenders", *Journal of Interpersonal Violence*, vol. 18, no. 1, pp. 3–17.
- McGregor, G. & Howells, K. 1997, "Addiction models of sexual offending", in J.E. Hodge, M. McMurrin & C.R. Hollin (eds), *Addicted to Crime?* John Wiley & Sons, West Sussex, pp. 107–37.
- Miner, M. 2002, "Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders", *Journal of Research in Crime and Delinquency*, vol. 39, no. 4, pp. 421–36.
- Motiuk, L.L. & Brown, S.L. 1996, *Factors Related to Recidivism Among Released Federal Sex Offenders*, Correctional Service Canada, Ottawa.
- Murphy, W.D. 1990, "Assessment and modification of cognitive distortions in sex offenders", in W.L. Marshall, D.R. Laws & H.E. Barbaree (eds), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, Plenum Press, New York, pp. 331–42.
- Murray, J. 2003, "Indigenous sex offender treatment program", *Offender Programs Newsletter*, January/February, [www.justice.wa.gov.au/content/files/opn\\_jan-feb\\_03.pdf](http://www.justice.wa.gov.au/content/files/opn_jan-feb_03.pdf) (viewed 28/02/03).
- Myhill, A. & Allen, J. 2002, *Rape and Sexual Assault of Women: The Extent and Nature of the Problem: Findings from the British Crime Survey*, Home Office, London.
- Office of Crime Statistics and Research 2002, *Crime and Justice in South Australia 2001: Offences Reported to Police, the Victims and Alleged Perpetrators—A Statistical Report*, Attorney-General's Department, Adelaide.
- Pithers, W.D. 1999, "Empathy: definition, enhancement, and relevance to the treatment of sexual abusers", *Journal of Interpersonal Violence*, vol. 14, no. 3, pp. 257–84.

- 
- 1990, “Relapse prevention with sexual aggressors: A method for maintaining therapeutic gain and enhancing external supervision”, in W.L. Marshall, D.R. Laws & H.E. Barbaree (eds), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*, Plenum Press, New York, pp. 343–61.
- Polaschek, D.L.L. & King, L.L. 2002, “Rehabilitating rapists: Reconsidering the issues”, *Australian Psychologist*, vol. 37, no. 3, pp. 215–21.
- Porter, S., Fairweather, D., Drugge, J., Hervé, H., Biurt, A. & Boer, D.P. 2000, “Profiles of psychopathy in incarcerated sexual offenders”, *Criminal Justice and Behavior*, vol. 27, no. 2, pp. 216–33.
- Powis, B. 2002, *Offenders’ Risk of Serious Harm*, RDS Occasional Paper No. 81, Home Office, London.
- Pratt, J. 1999, “Sex, crime and the new punitiveness”, paper presented at the *History of Crime, Policing and Punishment Conference*, 9–10 December, Canberra, <http://www.aic.gov.au/conferences/hcppp/pratt.pdf> (viewed 24/04/03).
- Proulx, J., Ouimet, M., Pellerin, B., Paradis, Y., McKibben, A. & Aubut, J. 1998, *Post-treatment Recidivism Rates in Sexual Aggressors: A Comparison Between Dropout and Nondropout Subjects*, University of Montreal.
- Queensland Police Service 2001, *Annual Statistical Review 2000–2001*, Queensland Police Service, Brisbane.
- Rabinowitz Greenberg, S.R., Firestone, P., Bradford, J.M. & Greenberg, D.M. 2002, “Prediction of recidivism in exhibitionists: psychological, phallometric, and offence factors”, *Sexual Abuse: A Journal of Research and Treatment*, vol. 14, no. 4, pp. 329–47.
- Righthand, S. & Welch, C. 2001, *Juveniles Who Have Sexually Offended: A Review of the Professional Literature*, US Department of Justice, Washington DC.
- Roberts, C.F., Doren, D.M. & Thornton, D. 2002, “Dimensions associated with assessments of sex offender recidivism risk”, *Criminal Justice and Behavior*, vol. 29, no. 5, pp. 569–89.
- Ryan, G. 1999, “Treatment of sexually abusive youth: The evolving consensus”, *Journal of Interpersonal Violence*, vol. 14, no. 4, pp. 422–36.
- Shomaker, N. & Gornik, M. 2002, “Youthful offenders in adult corrections: A systemic approach using effective interventions”, *Corrections Today*, October, pp. 112–13, 123.
- Simons, D., Wurtele, S.K. & Heil, P. 2002, “Childhood victimization and lack of empathy as predictors of sexual offending against women and children”, *Journal of Interpersonal Violence*, vol. 17, no. 12, pp. 1291–307.
- Soothill, K. & Francis, B. 1999, “Reviewing the pantheon of sexual offending”, *Amicus Curiae*, vol. 17, pp. 4–8.
- Soothill, K., Francis, B., Ackerley, E. & Fligelstone, R. 2002, *Murder and Serious Sexual Assault: What Criminal Histories Can Reveal About Future Serious Offending*, Police Research Series Paper 144, Home Office, London.
- Soothill, K., Francis, B., Sanderson, B. & Ackerley, E. 2000, “Sex offenders: specialists, generalists—or both? A 32-year criminological study”, *British Journal of Criminology*, vol. 40, pp. 56–67.
- Southey, P., Braybrook, B. & Spier, P. 1994, *Rape Recidivism and Sexual Violation*, Department of Justice New Zealand, Wellington.
- Spier, P. 2002, *Reconvictions and Reimprisonment Rates For Released Prisoners*, Ministry of Justice, Wellington, [www.justice.govt.nz/pubs/reports/2002/reconviction-imprison-rates/index.html](http://www.justice.govt.nz/pubs/reports/2002/reconviction-imprison-rates/index.html) (viewed 18/12/02).
- Standing Committee on Social Issues 1996, *Sexual Violence: Addressing the Crime—Inquiry Into the Incidence of Sexual Offences in New South Wales, Part II*, Standing Committee on Social Issues, Legislative Council, Parliament of New South Wales.
- Starzyk, K.B. & Marshall, W.L. 2003, “Childhood family and personological risk factors for sexual offending”, *Aggression and Violent Behavior*, vol. 8, no. 1, pp. 93–105.

- 
- Taylor, R. 2000, *A Seven-Year Reconviction Study of HMP Grendon Therapeutic Community*, Research Findings No. 115, Home Office, London.
- Taylor, R. 1999, *Predicting Reconvictions for Sexual and Violent Offences Using the Revised Offender Group Reconviction Scale*, Research Findings No. 104, Home Office, London.
- Tjaden, P. & Thoennes, N. 2000, *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*, National Institute of Justice, Washington DC.
- 1998, *Prevalence, Incidence and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*, National Institute of Justice, Washington DC.
- Urbas, G. 2000, “The age of criminal responsibility”, *Trends and Issues in Crime and Criminal Justice*, no. 181, Australian Institute of Criminology, Canberra.
- Victoria Police 2002, *Crime Statistics 2000–01*, Victoria Police, Melbourne.
- Ward, T. 2000, “Sexual offenders’ cognitive distortions as implicit theories”, *Aggression and Violent Behavior*, vol. 5, no. 5, pp. 491–507.
- Ward, T., Keenan, T. & Hudson, S.M. 2000, “Understanding cognitive, affective, and intimacy deficits in sexual offenders: A developmental perspective”, *Aggression and Violent Behavior*, vol. 5, no. 1, pp. 41–62.
- Wilkinson, G. 2001, “Leaders in sex crime treatment”, *The Herald Sun*, 19 February, p. 10.
- Williams, S. 1997, *Aboriginal Sex Offenders: Melding Spiritual Healing with Cognitive-Behavioural Treatment*, Correctional Service of Canada, [http://collection.nlc-bnc.ca/100/200/301/csc-scc/aboriginal\\_sex-offenders-e/toce.shtml.html](http://collection.nlc-bnc.ca/100/200/301/csc-scc/aboriginal_sex-offenders-e/toce.shtml.html) (viewed 07/03/03).
- Yavu-Kama-Harathunian, C. 2002, “The therapeutic needs of Indigenous violent and sex offending males: How can they be addressed?”, paper presented at the *Probation and Community Corrections: Making the Community Safer Conference*, 23–24 September, Perth, [www.aic.gov.au/conferences/probation/yavu.html](http://www.aic.gov.au/conferences/probation/yavu.html) (viewed 18/12/02).

# Appendix: Definitions of Sexual Assault and Violent Crime

The definitions are based on offence categories and codes published in Appendix A of Victoria Police's *Crime Statistics Manual 2000–01*.

## Sexual Assault

This category includes Rape and Sex (Non-Rape) offences against persons aged 16 years and over. It excludes non-assaultive sexual offences, offences against minors and cases where the age of the victim is unknown. The relevant categories and codes are:

Category/description	Offence code
Rape	All except 139AN
Sex (non-rape)	
Administer drug for sexual penetration	129B
Aggravated rape	136AH
Administer drug for sexual penetration	136A0
Indecent assault	136C
Unlaw/Ind ass female (pre28/2/81) RPLD	136E
Indecent assault on a female	136K
Indecent assault on a female	136L
Unlawfully/indecently assault a woman	136N
Indecent assault	136R
Indecent assault	136S
Aggravated indecent assault	136T
Sexual penetration person 16–17	136CL
Sex pen 16–17 under care/super/auth	137E
Indecent act 16 yr old—care/super/auth	137L
Provider—sex pen mental impaired person	137M
Provider—indecent act w mental impaired	137N
Worker—sex pen with impaired mental psn	137O
Worker—indecent act impaired mental psn	139B

## Violent Crime

This category refers to crimes against the person other than sexual assault. The relevant categories and codes are:

Category/description	Offence code
Homicide	
Murder	111A
Manslaughter	114C
Robbery	All
Assault	All
Abduction/kidnap	All