

CHAPTER THREE

3. INTERNATIONAL AND NATIONAL RESEARCH ON OFFENDER ASSESSMENT: OFFENDER NEEDS ASSESSMENT

3.1 Introduction

International research on offender assessment distinguishes between need and risk assessment. Offender needs assessment is addressed in Chapter Three, while risk assessment is examined in Chapter Four of this study. While assessment is the key function of both these assessment practices, overlapping assessment targets (such as demographic details, employment, offence analysis, cognitive dysfunction, substance abuse and attitudes) exist for both need and risk assessments. Some of the assessment targets (for instance antisocial personality disorder, depression, mental illness, anger and hostile behaviour) concern an in-depth knowledge of psychology and psychiatry, assessment of which is beyond the expertise of the criminologist.

This does not mean that criminologists are unaware of the psychological and psychiatric indicators associated with criminal behaviour. The function of the criminologist here is to merely identify these possible factors and refer such individuals for an in-depth specialised assessment and intervention by clinical professionals (Joubert, personal interview 20 January 2004; Monacks, personal interview 1 October 2004; McGuire, personal interview 18 October 2004; Motiuk, personal interview 13 February 2004; Prinsloo, personal interview 20 January 2004; Snyders, personal interview 30 September 2004). This underscores the distinct limitations of criminological assessment and enhances a multi-disciplinary assessment approach.

In support of this argument, Alexander (2000:119) and Myer (2001:xiii-xiv) propose that practitioners such as criminologists who assess offenders should have the necessary skills, background and knowledge to conduct a general assessment of dual diagnosis (which involves a mental disorder such as antisocial personality disorder and a substance abuse disorder), mental and psychological problems, and to recognise when a referral to a specialist is warranted. This preliminary assessment

will assist psychologists and psychiatrists to focus on clinical analysis and reduce their workload (Alexander 2000:119).

Chapter Three provides a brief outline of the relevant principles associated with offender assessment, and examines a variety of assessment practices relating to criminal behaviour. It underpins the essence of needs assessment of criminal behaviour and explains what this practice entails. This highlights the importance of examining the plethora of international research on offender assessment in order to aggregate the findings into practice, and to highlight offender assessment as a specialised, scientific and recognised field.

The following section examines the assessment process in its totality; that is, offender assessment is discussed as it occurs in practice. It describes the purpose of offender assessment, risk and needs assessment (with special reference to needs assessment), general assessment targets and the assessment of specific types of offenders. It explains why it is vital to have a consistent assessment procedure and provides an overview of the international research evidence. Specific attention is paid to the Canadian and the British offender assessment structures. Although Chapter Four addresses risk assessment, an overview of both needs and risk assessment is given in Chapter Three. The reason for this joint introduction is to:

- Illustrate the strong link and reciprocal function between need and risk assessment;
- Highlight the joint purposes of needs and risk assessment;
- Avoid an overflow of information;
- Ensure that important factors associated with need and risk assessment is not lost in the abundance of data;
- Clarify the difference between need and risk assessment;
- Highlight possible overlapping assessment targets / criteria;
- Simplify the interpretation of need and risk assessment;
- Reduce and limit the volume of the study.

3.2 Developments in offender assessment

One can readily be overwhelmed by the copious amount of empirical studies on offender assessment. As a result of this, the researcher can easily lose sight of the advances achieved in the practice of assessment (Bonta & Cormier 1999:236). An increased understanding of which interventions do work and which do not has been developed. Conducting an offender assessment has always been the first, and

arguably the most important, stage in any attempt to change a person's behaviour (Simourd 2004:306-307). In this regard, Myer (2001:xiii) claims that:

“Assessment is the most critical aspect of crisis intervention because it guides the intervention and tells you what you need to know to help your clients. Without accurate assessment, you are left to fumble around using trial and error until you find an effective method of helping clients.”

3.3 The need for accurate assessment

It has long been recognised that intervention has different effects depending on the type of offender (Bonta *et al* 2000:324). This means that correctional clients cannot be lumped into a common category in terms of type of offence, motives, offence seriousness, causes of criminal behaviour, or risk posed to others. There are rapists, murderers, serial predators, thieves, robbers, terrorists, gang members, drug dealers, ex-stock market inside-traders, embezzlers, con artists, pimps, infant rapists and child sexual abusers (Andrews & Bonta 1998:243, 35, 48; Bonta 2001:26-27; Bonta & Cormier 1999:235; Champion 1994:53).

Additionally, the differences among them include, but are not limited to, the nature and seriousness of their conviction, age, personality traits, personal and environmental influences, intelligence, and psychological or medical problems. In order to cope more effectively with meeting the needs of such diverse offenders, individual risk and needs assessments can guide prison authorities, custodial officers and therapists in prisoner classification, treatment, intervention, risk management and in decision-making processes (Andrews 2001:10; Andrews & Bonta 1998:244; Bonta *et al* 2000:314; Benda, Corwyn & Toombs 2001:590; Champion 1994:53-54; Hollin 2001:200; Serin & Kennedy 1997:3; Toch 2002:120).

One of the earliest examples of assessment (an actuarial method) comes from Burgess (1928) who examined more than 3 000 parolees, found 21 factors that differentiated parole successes from parole failures. This approach of summing items has since been the preferred choice in assessment methodology, and has been found to be accurate in determining offender needs and risks (Andrews & Bonta 1998:220).

During the past 20 years, there have been significant developments in the area of offender assessment. International research literature is sufficiently robust to offer general suggestions about what should constitute good correctional assessment

(Bonta 2002c:356; Ferguson 2002:474; Simourd 2004:306-309). Advances have been made in learning what is needed for effective correctional intervention, and what type of assessment should be conducted to assist with the delivery of effective treatment programmes (Ferguson 2002:474; Simourd 2004:306-309).

Bonta (1996) has identified different generations of assessment to highlight the advances that have been made (Andrews & Bonta 1998:219). The first generation of correctional assessments was primarily based on the professional judgment, informal, intuition, and gut-feelings of the individual conducting the assessment. The information collected, and the way that information was interpreted, varied from person to person (Ferguson 2002:474; Simourd 2004:307).

The second generation of assessment moved towards a more standardised, theoretically based assessment (Andrews & Bonta 1998:221). Good examples of second-generation assessment, specifically for risk prediction, can be found in the United States, Canada and the United Kingdom (Andrews & Bonta 1998:223; Simourd 2004:307). Specific criteria are identified to be included in each assessment. However, the focus is primarily on static risk factors, such as criminal history and age, which are factors that contribute to an individual's risk to reoffend, but cannot be changed. During this generation of assessment, the information provided by the risk assessment (risk to reoffend) is primarily used to determine appropriate levels of supervision (Ferguson 2002:474). The second generation of assessment also pays attention to assessing an individual's needs to identify potential targets for treatment. These assessments are conducted independently of the risk assessment, and risk and needs are viewed as separate concepts (Ferguson 2002:474-475; Simourd 2004:307).

Building on the second generation of assessment, a third generation of risk and needs assessment has been identified. In the third generation of assessment, risk and needs are viewed as related concepts that should be included in a single assessment tool (Andrews & Bonta 1998:226; Ferguson 2002:475; Simourd 2004:307). Needs are recognised as dynamic risk factors (changeable factors) that contribute to an individual's overall risk to reoffend. When both static (historic and unchangeable factors) and dynamic risk factors are included within a single assessment tool, the assessment is strengthened. This assessment directs offenders to the type and appropriate level of services needed for rehabilitation (Ferguson 2002:475; Simourd 2004:307). The focus of this chapter is on both the second and

third generation of assessment, although the outlay addresses offender needs and risk separately.

In the latter 1990's, interest in structured approaches to offender assessment snowballed within international probation services. However, calls for a more structured, consistent and objective approach to offender assessments encouraged the articulation of offender assessment in terms of risk and needs, as a basis for decisions for resource allocation (Robinson 2003:30). Comprehensive assessment currently relies as much on professional experience and tradition as it does on the empirical literature, and there is a dearth of standardised assessment measures. Foci are diverse, ranging from early developmental issues to the details of the current offence (Bonta & Cormier 1999:236; Hollin 2001:416; Simourd 2004:306-309).

An accurate assessment facilitates the fair, efficient and ethical classification of offenders. For those who have to deal with offenders, either directly or indirectly, conducting assessments should be part of their regular work routine. Any intervention with an offender requires an assessment of how the characteristics of the offender and the situation are related to a relevant outcome (Bonta 2001:22; 2002c:355-356; Simourd 2004:307-308).

Myer (2001:105) postulates that an accurate assessment depends on the practitioner's ability to judge the intent of the behaviour in question. This author further states that clients "bombard" practitioners with material that is sometimes relevant and sometimes not, and practitioners must be able to sift through the information, glean that which is pertinent, to accurately assess clients' intentions and reactions (Myer 2001:109).

This means that the practitioner should assess the "whole person", and failure to do so may result in the ineffective treatment of offenders (McMurran & Hodge 1994:35; Myer 2001:7, 9). The more accurate the information that is gathered, the clearer the therapist's understanding becomes regarding the circumstances under which the behaviour occurs (Repp & Horner 1999:291). That is, assessment should be conducted with care in order to determine the targets for treatment, such as the needs and risks, and the inmate's reactions (responsivity) to treatment (Myer 2001:9; Simourd 2004:307-308). Failure to correctly assess an offender's needs and risks may lead to poor or inadequate services and recidivism (Myer 2001:7, 16). Furthermore, assessment should be a process that continues throughout a

correctional client's sentence – an ongoing monitoring an offender's needs and reactions, to determine which level of intervention is needed (Mann, Clark, Wincote, Garnham, Tunbridge, Dodgson, Stephens-Row, Davis, Borrows, Foote, McPhillips, Hall, Kuipers, Askwith, Lusted & Mohammed 2002:4; Myer 2001:2).

An inmate can be placed within an inadequate security setting and subsequently escape; a correctional officer may need to judge whether a depressed inmate is suicidal; correctional workers may be interested in whether the client is likely to reoffend or be a management problem in prison; Parole Board members consider the likelihood of an inmate adjusting to life in the community; or a Parole Board mistakenly releases an offender who was thought not to present a danger to society (Bonta 2001:22; Bonta 2002c:355, 360). These are but a few examples that demonstrate the importance of offender assessment and how the results of these evaluations are important to correctional staff, offenders and the community (Bonta 2002c:355-356; Myer 2001:105).

Both Champion (1994:213) and Petherick (2001b:4) are of the opinion that there is a high level of disagreement between professionals and researchers regarding assessment targets for general and specific offenders, and the specific criteria applicable to assessments. McMurrin and Hodge (1994:53) state that the assessment of clients in secure settings is an activity fraught with difficulty. Issues of the reliability and validity of assessment techniques are crucial, since much of importance rests upon assessment decisions (McMurrin & Hodge 1994:53). The reason for this is that offenders come to counselling and treatment under pressure by the legal system, or expressed, or implied coercion by Parole Boards (Alexander 2000:13). Offenders are either unaware or under aware of their problems therefore, practitioners, custodial staff, assessors and professionals will have to deal with various denial and minimisation techniques applied by them. Some offenders might also question and minimise the practitioner / professional's credentials, education, training and experience. They may even question the motivation of the practitioner / therapist, and some offenders might indirectly try to seduce or threaten professionals in order to intimidate and/or manipulate them (Alexander 2000:13).

3.4 The purpose of offender assessment

Offender assessments have a wide variety of purposes. The most important purposes are to:

- Determine the causes of criminal conduct;

- ❑ Generate predictions about future behaviour (risk assessment);
- ❑ Develop individual case formulations (for reviewing);
- ❑ Guide the management of offenders;
- ❑ Develop an assessment structure that will serve as the first and basic step in offender rehabilitation, intervention and pre-parole assessment;
- ❑ Reduce criminal behaviour (Bonta 2002c:355-356; Duguid 2000:197; Hollin 2001:416; McMurrin & Hodge 1994:18; Myer 2001:13; Sexual Offender Programmes: Internet site; Simourd 2004:306-323).

Important questions to ask are: “What resources are needed for offenders to correct their behaviour?” and “Which approach and intervention strategy will be most effective for a particular offender? Myer (2001:2) concedes that the answers to these questions are found in the practitioner’s ability to apply reliable assessment procedures across a wide range of situations.

For most practitioners working with offenders, the key purpose of assessment is to provide an explanation of the individual presenting problems. This process of identifying those factors relevant to explaining the offence, and to preventing relapse, is necessary for selecting relevant treatment targets, appropriate interventions and indications of change (Andrews & Bonta 1998:80; Bonta 2001:22, 28; Hollin 2001:24, 365; Lowenkamp *et al* 2001:544; McMurrin & Hodge 1994:6; Toch & Adams 1994:201).

To achieve this goal, conducting a multi-factored assessment is mandatory. This consists of the following types of evaluation (Alexander 2000:102; Andrews & Bonta 1998:80; Champion 1994:25; Diversion Programmes for Juveniles: Internet site; MacAulay 2001:8; Lowenkamp *et al* 2001:544; Simourd 2004:306-307):

- An evaluation of the general intelligence, educational level, vocational training, employment history, and the need for training or skills in order to help the offender become a productive, socially adjusted, physically and mentally healthy, and law-abiding citizen upon release from confinement.
- An inter-disciplinary (educational, criminological, sociological, psychological and psychiatric) evaluation of the inmate, including but not limited to personal, family and developmental information, criminal history, offence analysis, causes and triggers of criminal conduct, motive(s) for crime, an evaluation of the inmate’s adaptive behaviour, a determination of the client’s cognitive functioning (mental illness and personality disorders), substance abuse,

psychological problems (anger-hostility and childhood abuse), support structure, attitude and associations (MacAulay 2001:8).

- Any other evaluation that the assessor, practitioner and/or professional considers necessary to achieve the objectives of a multi-factored assessment.

The above criteria underscore a balanced assessment of an offender's needs.

Alexander (2000:118-119) and Birgden and McLachlan (2002:6) suggest that the process for assessment throughout sentence should include:

- *Initial assessment.* This assessment should include among other things offence type, personal history, causes, motives, triggers and background information of the offender. Birgden and McLachlan (2002:6) suggest that an "Exit Plan" (to identify possible problems from compounding upon release), and an Offender Management Plan (how the offender should be managed by staff and management), should also be included here.
- *Pre-intervention assessment.* The purpose of this type of assessment is to determine individualised risk/needs and responsivity (treatability) of offenders for treatment, intervention and management purposes.
- *Post-intervention assessment.* This process includes offender management, coping and adaptation reviews and criminal behaviour evaluation. This is conducted in order to compile a relapse prevention plan.
- *Pre-parole assessment.* To assess the individual's programme commitment, progress in intervention and risk of reoffending. This assessment is of great value to the Parole Board and probation officers.

This underlines the importance of an ongoing assessment process, as well as related outcomes (such as offender risk, needs and responsivity) to determine individualised treatment targets, therapeutic intervention, offender management and recidivism (Bonta & Cormier 1999:238; Hollin 2001:22-23).

3.5 Needs and risk assessment

In general, the assessment of offenders has centred on issues related to security and release. However, from the previous discussion (Section 3.4, page 88) it is clear that offender risk and needs assessment is also related to effective treatment and offender management issues (Bonta 1997a:1-2; 1997b:2).

It was not until the 1980s, that state corrections (such as Canada and America) began to create and apply risk and needs assessment schemes with some regularity (Champion 1994:25). In 1990, Andrews, Bonta and Hoge described the common characteristics of offender assessments that reduced recidivism. They are the *risk principle* (Section 4.4, page 147), the *need principle* (Section 3.6.1, page 93), and the *responsivity principle* (Section 3.6.2, page 95) (Bonta 1997b:3). Today, many existing scales and indices are tailored on these principles for male, female, juvenile and mentally disturbed offenders, and many jurisdictions have accordingly revised their risk and needs instruments (Champion 1994:26).

Intervention and treatment programmes that attend to offender risk, needs, and responsivity factors (based on assessment) have been associated with reduced recidivism (Simourd & Hoge 2000:258; Simourd 2004:306-307). As a result, this knowledge has placed researchers, practitioners and therapists in a position to construct guidelines as to what should characterise useful and effective offender assessment instruments (Bonta 2002c:355; Bonta *et al* 2000:312; Lowenkamp *et al* 2001:543). When offender needs and risks are assessed and appropriate treatment programmes are provided, offenders, correctional staff, and the community at large all benefit (Bonta 1999b:1; Bonta & Cormier 1999:235).

Literature (Andrews 2001:10; Andrews & Bonta 1998:244; Bonta *et al* 2000:314; Bonta *et al* 2001:590; Champion 1994:26-28; Hollin 2001:200; Serin & Kennedy 1997:3; Simourd & Hoge 2000:258; Simourd 2004:306-309) demonstrates that offender needs / risk assessments can be applied for:

- ❑ Individual intervention and programme planning;
- ❑ Budgeting and deployment of resources;
- ❑ Evaluating services, programmes, procedures, and inmate and therapeutic performances;
- ❑ Measuring the potential impact of legislative and policy changes;
- ❑ Enhancing accountability through standardisation;
- ❑ Distributing the workload equally;
- ❑ Improving service delivery to clients;
- ❑ Targeting high-risk and high-need offenders for particular custody levels, programmes, and services without endangering the safety of others (in order to secure management and/or programme resources);
- ❑ Promoting greater understanding of offender management and the parole release process;

- ❑ Improving predictive accuracy and addressing offender needs as they relate to reoffending in the community;
- ❑ Providing for public protection by not releasing those inmates who represent a high-risk of repeating violent or other serious crimes;
- ❑ Cooperating with correctional management in providing safe, secure and humane conditions in state correctional institutions;
- ❑ Recognising the achievements of those inmates with special identifiable problems relating to their criminal behaviour;
- ❑ Making the decision-making process of the Parole Authority more open, equitable, and understandable both to the public and to the inmate.

International examples of empirical and theory based risk and needs instruments include the Wisconsin Risk and Needs assessment instrument, the Community Risk-Needs Management Scale, and the Level of Service Inventory-Revised. These instruments list the number of address changes in the last 12 months, the percentage of time employed in the last 12 months, substance abuse problems, attitude, age at first conviction, number of prior probations and parole supervisions, number of prior probation and parole revocations, and convictions or juvenile adjudications as important risk items (Andrews & Bonta 1998:227-231). The needs instruments include items such as academic and vocational skills, financial management, marital and family relationships, companions, emotional stability, mental ability and health issues (Andrews & Bonta 1998:227-231).

Although most professionals use both risk and needs assessment measures simultaneously (Champion 1994:22), needs and risk assessment are discussed separately in this study. The reason for this is that the bulk of information necessitates a discussion in the separate chapters, which will facilitate the absorption of the comprehensive material.

3.6 Offender needs assessment

Needs instruments enable corrections personnel and administrative staff to highlight client weaknesses or problems, which may contribute to offensive behaviour. Once problem areas have been targeted, specific and individualised services can be scheduled and provided (Champion 1994:23). Important needs assessments include but are not limited to: An offender's personal / social skills, health, wellbeing and emotional stability, educational level and vocational strengths and weaknesses, alcohol / drug dependencies, mental ability, and other relevant life factors which may

highlight areas for intervention (Champion 1994:19; Simourd 2004:306-307). Needs assessment devices may also be indicators of offender propensity to recidivate and of potential programme failure (Champion 1994:22).

Needs assessments identify the types of services offenders might require if incarcerated. If some offenders are illiterate, they may be placed, either voluntarily or not, into an educational programme at some level, depending upon the amount of remedial work deemed necessary. Psychologically disturbed or mentally ill offenders may require some type of counselling or in-depth therapy. If offenders are to be paroled, the Paroling Authority may assess their needs and target them for placement in the most appropriate community programmes where they can receive assistance deemed vital to their successfulness on parole (Champion 1994:20-21).

3.6.1 The need principle

Offender needs consist of a variety of factors. An important aspect of offender needs is that they can change to improve problems in order to promote pro-criminal conduct (Dell & Boe 2000:4). Many offenders, especially high-risk offenders have a variety of needs. For example, some offenders may need accommodation, vocational training, and employment. Others might suffer from poor self-esteem, anger-hostility problems and substance abuse - these are all needs (Andrews & Bonta 1998:243).

The need principle concerns the type of treatment targets and suggests that interventions should be geared toward those factors that are most closely related to criminal offending (Bonta 2002c:368; Ferguson 2002:474; Simourd & Hoge 2000:258). That is, once an offender has been assessed and certain needs have been identified, then the facility must intervene to prevent harm and promote stability. Responses to offender needs include custodial intervention, treatment intervention and/or administering medication, if indicated (Sabbatine 2003:69). Indicators of need are extracted from several sources such as official documents, the official version of the offence (court, police and pre-sentence reports), criminal history (Finger Print System, Police Information Centre), pre-sentence evaluation reports and intake assessments (Dell & Boe 2000:4-5).

Offender needs of particular relevance include: Social interaction, substance abuse, community functioning, personal / emotional orientation, attitudes, medical factors (chronic diseases, HIV/Aids and diabetes), functional factors (support structure), psychological factors (obsessive-compulsive behaviour), personal factors (childhood

trauma), employment, education, mental health factors (suicide threat and mental disabilities), academic / vocational issues, financial management, marital / family relationships, companions / associates and living arrangements (Gillis *et al* 1998:5, 12; Motiuk & Porporino 1989:10-11; Sabbatine 2003:67).

3.6.1.1 Criminogenic needs

The need principle makes a distinction between criminogenic and non-criminogenic needs. The factors placing the offender at future risk, often described as “criminogenic”, can be social or personal. They have a causal or contributory role in offending acts and should thus, be the target of intervention (Andrews 2001:10; Bonta 1997b:2; Bonta *et al* 2000:314; Hollin 2001:22; Labuschagne 2004:2; Toch 2002:120).

The identification of criminogenic needs is determined both by theory and research (Bonta *et al* 1998:138). Criminogenic needs too are changeable (dynamic), though treatment and change are known to reduce recidivism (Andrews & Bonta 1998:244; Bonta *et al* 2001:590; Bonta 2001:27-29; Bonta 2002c:367, 368; Ferguson 2002:474; Mann *et al* 2002:2; Serin & Kennedy 1997:2). In contrast, non-criminogenic needs, which are derived from personality variables, such as personal distress and self-esteem, are considered less relevant targets for treatment since their resolution have a lesser impact on recidivism (Andrews & Bonta 1998:243; Bonta 1997b:3; Serin & Kennedy 1997:2; Simourd & Hoge 2000:258).

Criminogenic needs include pro-offending attitudes, criminal associates, antisocial personality, weak motivation, feelings of hostility, substance abuse, unemployment, a lack of motivation, aggression, antisocial thinking, delinquent behaviour, risk to escape, self-harm, bullying, violent behaviour towards staff and fellow inmates and poor problem-solving skills (Andrews 2001:10; Andrews & Bonta 1998:243; Simourd & Hoge 2000:258; Barriga *et al* 2000:38; Bonta *et al* 2001:590; Birgden 2002:181, 182; Bonta 1997a:1-2; Bonta & Cormier 1999:237; Dowden, Blanchette & Serin 1999:10-11; Hollin 2001:22; Mann *et al* 2002:1-2; Simourd & Hoge 2000:258). For instance, correctional clients can change their attitudes and friends, find or lose a job, stop taking drugs or begin to drink heavily (Bonta 2001:26). According to Gendreau, Goggin and Little (1996:6), an assessment of criminogenic needs might enhance the prediction of criminal behaviour (risk assessment).

3.6.2 The responsivity principle

The *responsivity principle* refers to delivering treatment programmes and intervention in a style and mode that is consistent with the ability and learning style of the offender (Andrews & Bonta 1998:245). According to this principle, offenders will only benefit from interventions, which are meaningful to them and are delivered in a way which is appropriate to the learning style of the offender (Birgden 2002:181; Bonta & Cormier 1999:240; Bonta *et al* 2000:314; Gendreau *et al* 1996:3; Hollin 2001:22-23; Mann *et al* 2002:2; Serin & Kennedy 1997:2; Simourd & Hoge 2000:258).

Treatment responsivity comprises of two related constructs, namely *treatability*, a term used in forensic settings, and *treatment effectiveness*. The former describes aspects of motivation and treatment compliance, while the latter considers the assessment of treatment gain and the generalisation of treatment effects (Serin & Kennedy 1997:1, 6). Treatment includes reinforcement, modeling, and skills acquisition through reinforced practice in the context of role-playing and graduated approximations, extinction and cognitive restructuring. Structuring activities include anticriminal modeling and reinforcement, skill building through structured learning, problem solving, advocacy and brokerage, and the effective use of authority (Andrews 2001:11).

Offender characteristics such as personality and learning style influence how an individual would respond to different types of treatment (Ferguson 2002:474). From a correctional perspective, there are various offender characteristics which also influence treatment responsivity. These are mostly dynamic factors (changeable factors) such as anger, personality style, impulsiveness, psychopathy, cognitive impairment, prior treatment compliance, psychiatric symptoms (nature and severity), violent fantasies and substance abuse (Andrews & Bonta 1998:245; Bonta 2001:27; Serin & Kennedy 1997:6). Therefore, for treatment to be more effective, the style and mode of services should be matched to the individual.

Two offenders may be of equal risk to reoffend and have the same criminogenic needs, but they can differ in their cognitive level and style. One may be more verbally skilled and quicker to grasp complex ideas, while the other may be less cognitively skilled. The goals of treatment are the same, but how one reaches that goal will be influenced by the client's cognitive responsivity factors. For the more cognitively skilled client, a programme that is highly verbal and requires abstract reasoning skills

may be effective. However, this same approach would present a serious challenge for the less cognitively sophisticated offender (Bonta 2001:26-27).

Examples of responsivity factors include: A grandiose sense of self-worth, shallow affect, personality characteristics (psychopathy, anxiety, depression, mental illness, self-esteem and poor social skills), cognitive intellectual deficits (low intelligence, concrete oriented thinking, inadequate problem solving skills and poor verbal skills), demographic variables (age, gender, race and ethnicity), ability, motivation and language (Andrews 2001:11; Bonta 2002c:372; Serin & Kennedy 1997:3, 6).

Serin and Kennedy (1997:3) suggest that to assess treatability, practitioners should consider the following four key aspects:

- (a) Appropriateness (Do the treatment goals accommodate offender deficits?);
- (b) Response history (previous experience with a particular form of treatment);
- (c) Motivation;
- (d) Contra-indications. Individual items are organised into the following areas:
 - i) Biological (appropriate disorder, history of response, physical contra-indications and motivation);
 - ii) Educational / training (lacking in relevant skills, response to past educational / training interventions, likelihood that training will be productive, and motivation for specific training). These four items are rated separately for vocational skills, social skills, living skills, anger management, medication management and communications skills;
 - iii) Management (frequency of threatening or aggressive behaviour, past response to management interventions and the likelihood that management will be effective);
 - iv) Psychotherapy (extent of discontent or ineffectiveness, past response to psychotherapy, contra-indications and motivation) (Serin & Kennedy 1997:3).

3.7 Assessment targets for criminal behaviour

The following section explores and examines the general assessment targets applicable to non-specific, sexual, and other violent offenders that are utilised in international assessment tools.

Research suggests that the following targets form the basis of offender assessments for general (non-specific), sex and other violent offenders (Barriga *et al* 2000:37-38; Dell & Boe 2000:5, 9, 10-11; Dowden *et al* 1999:22-25; Gillis *et al* 1998:10, 12; Goggin, Gendreau & Gray 1998:2; Långström & Grann 2000:867; Gretton, McBride, Hare, O'Shaughnessy & Kumka 2001:428; Harer & Langan 2001:515; Loza 2003:191; McGuire 2001:213; Motiuk & Porporino 1989:4, 6; 10-11, 12, 13; Need Indicators, Correctional Service of Canada: Internet site; Serin & Kennedy 1997:12; Simourd 2002:353; Simourd 2004:306-323; Stanz & Tewksbury 2000:334; Williams 2003:84-85, 89):

- *Demographic details*: Age, gender, ethnic group, socio-economic status, health and religion (Corrado, Cohen, Glackman & Odgers 2003:180).
- *Criminal history*: Juvenile convictions, adult convictions, military convictions, convictions pardoned, convictions reversed, diversion (deferred prosecution and probation without plea), present conviction, intervening probation (when a new conviction occurs while on probation), merged convictions (merged convictions at the time of sentence), parole violations (misconduct while the offender was on parole), and escape (escape from custody following an arrest, conviction or sentencing) (Haapasalo & Moilanen 2004:124).
- *Level of intelligence*: Intelligence estimation (Motiuk & Serin 2001:152).
- *Offence analysis*: Admission date, offence behaviour (namely violence, espionage, terrorism and crimes against children), offence dynamics (such as motives and *modus operandi*), nature and causes of offending behaviour, sentence length, region where crime(s) was committed, criminal history, age at first conviction, sentencing history, organisational affiliations (such as prison gangs), institutional adjustment, pre-release performance, release date, the risk an individual poses to fellow inmates, staff and the public, and the action to be taken to reduce the likelihood of reoffending (Benda & Tollett 1999:111; Hollin 2001:421).
- *Victim characteristics*: Male or female victim(s); adult or child victim(s); relationship of offender to victim(s): Family, stepfamily, foster children, acquaintance, stranger (not family, personal friends or household members), and mentally or physically disabled victims (Alexander 2000:125; McGrath *et al* 2003:7; Prentky & Righthand 2003:6; Schlesinger 2000:30).
- *Family background*: A lack of childhood family ties, an absent parent during childhood, negative attachment styles, dysfunctional parental relationships, spousal abuse during childhood, negative sibling relations during childhood,

family members involved in crime, parents separated, divorced, the death of a parent, problems of family members who were living in the household, out-of-home and shelter care placements, runaways or times “kicked” out of home, type of parental love, family members the offender feels close to or has a good relationship with, available opportunities to participate in family activities and decisions, level of conflict between parents and between offender and siblings, parental supervision, discipline-punishment styles, unemployment of parents, substance abuse of parents and/or family members, family annual income, and support network for family (extended family and friends who can provide additional support) (Haapasalo & Moilanen 2004:141; Markowitz 2003:146; Schiff & Louw 2000:119-124; Siegel 2004:323-333).

- *Developmental history:* Childhood abuse (emotional, physical and sexual) or childhood trauma, school attendance and achievements.
- *Cognitive functioning:* Behavioural problems and cognitive distortions, depression, aggression, errors of thinking (rationalisation of criminal behaviour), emotional stability, difficulties in solving interpersonal problems, unable to generate choices, unaware of consequences of behaviour, unrealistic goals, socially unaware, impulsiveness, incapable of understanding the feelings of others, narrow and rigid thinking, copes with stress poorly, poor conflict resolution, gambling problems, low frustration tolerance, hostile, unable to recognise problem areas, poor problem-solving skills, takes risks inappropriately, not conscientious, manipulative, low mental functioning, diagnosed as disordered in the past and/or currently, prescribed medication in the past or currently, past and current hospitalisation, sexual identity problem, and inappropriate sexual preference(s). Hodge, McMurran and Hollin (1997:78) hold that how offenders control their emotions play a pivotal role in determining criminal behaviour.
- *Education:* Level of education, qualifications, employment history, learning disabilities, memory and concentration problems, problems with reading, writing and numeracy and vocational skills.
- *Employment:* Area of trade and profession, unemployed, unstable employment history, poor attendance record, difficulty meeting workload requirements, lacks initiative, has been fired from a job and has difficulty with co-workers and supervisors, dissatisfied with skill area / trade / profession, physical problems that interfere with work, quit a job without another and lack of job security.

- *Associates / companions*: Socially isolated, criminal associates, an affiliation with a gang, resides in a criminogenic area, unattached to any community groups, easily influenced by others, pro-criminal views, pro-criminal associations, antisocial peer influence, and loyalty to, and influence of peers.
- *Substance abuse*: Abuses alcohol and drugs, prior substance abuse assessments, substance abuse played a role in committing crime, substance abuse interferes with employment, marital / family relations and social relations and abuses substances due to an inability to cope with stress. The goals and purposes of the assessment are to determine the extent and severity of the alcohol and drug abuse problem, to determine the offender's level of maturation and readiness for treatment, and the type(s), patterns, impact, and duration of substance abuse (Alexander 2000:116). Furthermore, an assessment should include prisoners' use of drugs and alcohol inside correctional institutions. Substance abuse involved in sexual offending behaviour, a history of drug abuse and types of drugs used should also be considered (Alexander 2000:117; Hollin 2001:339; Prentky & Righthand 2003:6; Sumner 2004:222). Toch and Adams (1994:111, 145) perceive addicted offenders to be unreliable persons, and state that persons with substance abuse histories are overrepresented among offenders who commit sexual assaults.
- *Attitude*: An assessment of the extent to which offenders hold criminal attitudes is important theoretically, empirically and practically (Alexander 2000:115). The foci are on: Negative attitudes towards the law, the police, the courts, corrections, community supervision and rehabilitation, employment has no value, marital / family relations have no value, interpersonal relations have no value, values substance abuse, basic life skills have no value, personal / emotional stability has no value, elderly have no value, women / men roles are unequal, ethnically intolerant, intolerant of other religions, intolerant of disabled persons, disrespectful of personal belongings, public and commercial property, supportive of domestic violence, supportive of instrumental violence, lacks direction, non-conforming attitude, sexual attitudes are problematic and attitude of the offender to the victim (Alexander 2000:115-116).
- *Victim empathy*: Four components of empathy are measured, namely perspective taking (the ability to cognitively assume the role of another), empathic concern (feelings of warmth, compassion and concern for another), fantasy (the ability to identify with fictional characters), and personal distress

(anxiety and negative emotions resulting from feelings of distress and the inability to cope with negative feelings) (Fisher, Beech & Browne 1999:478). In addition, McMurrin and Hodge (1994:64) distinguish between cognitive empathy (an intellectual understanding of the feelings of others without necessarily experiencing any emotional change oneself), and emotional empathy (vicariously experiencing the emotion of others in response to their situation and feelings).

- *Skills*: Critical thinking skills (sees two sides to an argument or a situation), problem-solving skills (identify and describe problem behaviours), self-monitoring skills for triggers - identifies external (peers and drug use) and internal (thoughts and emotions like anger) triggers that lead to trouble, interpersonal skills (expression of needs and emotions), aggressive, impulsive, socially unaware, incapable of understanding the feelings of others, narrow and rigid thinking, poor conflict resolution, low frustration tolerance, hostile, takes risks inappropriately and manipulative.
- *Financial management*: Financial problems that affect relationship(s) past and present, difficulty meeting bill payments, outstanding debts and no bank accounts and no credit.
- *Leisure and recreation*: Hobbies and sport and/or uplifting activities (such as library and church activities or participation).
- *Psychopathy / antisocial personality*: Alexander (2000:109-110), Hollin (2001:339) and Sumner (2004:221-223) posit that roughly 25 percent of prisoners are psychopaths, and these offenders tend to commit the most heinous crimes. Research (Gretton *et al* 2001:428-429) indicates that psychopathy generally ranges from about ten to 15 percent of child molesters to about 40 to 50 percent of rapists. Also, Porter, Fairweather, Drugge, Hervé, Birt and Boer (2000:218) cite that psychopaths comprise about 15 percent to 25 percent of offenders in correctional settings. Bonta, Harman, Hann and Cormier (1996a:61) found a psychiatric diagnosis of antisocial personality disorder in 72.9 percent of sex offenders - impulsiveness, egocentrism, lack of empathy and thrill seeking include some of these characteristics. This indicates a high prevalence of antisocial personality disorders among sex offenders (MacAulay 2001:6). Psychopaths commit an extensive variety of crimes; they reoffend faster, perpetrate a greater degree of violence and show lower motivation in treatment programmes (Porter *et al* 2000:219). A study of sex offenders showed that offenders diagnosed as psychopaths were not likely to complete the treatment and should be screened out before

wasting valuable time and space (Roberts 2003:83). Therefore, the assessment of psychopathy (or antisocial personality disorder) is important because it is strongly linked to treatment outcome (Hildebrand, De Ruiter & Nijman 2004:13-15).

- *Mental illness*: According to Alexander (2000:310), the percentage of prisoners with serious mental illness is between six and 14 percent and these percentages may be on the increase. Sumner (2004:220-221) purports that approximately 15 percent of prisoners in the United States have severe and persistent mental illnesses. Schizophrenia, bipolar disorder, paranoid delusions (something routine that is interpreted as sinister or harmful), cognitive dissonance (having two dissonant beliefs at the same time which may result in feelings of tension and uneasiness), depression, antisocial personality disorder and dual diagnosis (both depression and schizophrenia) are among the common mental and personality disorders found in the offending population (Alexander 2000:310-312). Alexander (2000:106) postulates that: "In the offender population, a number of mental disorders are present, such as substance-related disorders, which are quite abundant, and sleep disorders, which may be rarer. Other disorders found in corrections are schizophrenia and other psychotic disorders, mood disorders and mental retardation. For the older offender population, dementia may be an issue. Within the juvenile population, one might find childhood disorders, such as attention-deficit / hyperactivity disorder, but conduct disorder and oppositional defiant disorder are probably the most prevalent". Other research confirms that roughly 75 percent of prisoners suffer from dual diagnosis - specifically schizophrenia and substance abuse (Alexander 2000:313).
- *Previous therapy*: History of contact with welfare services or other agencies, the response to previous supervision, previous therapy received, hospital commitments for psychiatric, psychological or medical observation, are important factors to consider.
- *Support system*: Family, friends, or other support systems available. Whether friends and/or family support the offender's claim of innocence, justify or enable his behaviour and minimise the offender's need for treatment, and the type of contact with family or friends.
- *Identifying high-risk situations*: This implies identifying the specific circumstances under which an offender is most likely to offend and the opportunities to offend. According to Roberts (2003:83), offenders often make

irrelevant decisions that bring them closer to high-risk situations and possible relapse. These decisions are mostly supported by rationalisation and denial.

- *Offender needs*: Offender needs may include, amongst other things, academic / vocational skills, employment, attitude, marital / family relationships, emotional stability and substance abuse.
- *Responsivity*: Treatment readiness, poor treatment motivation, denial, minimisation (victim blame), prior treatment failures, level of participation in previous therapy, lack of progress in previous treatment, court ordered treatment, treatment termination, withdrawal from professional recommendation and/or unsatisfactory treatment participation. Included here are the individual's ability to change and an understanding of the offence (McGrath *et al* 2003:12-13).
- *Community functioning*: Unstable accommodation, residence is poorly maintained, unaware of social services, prior social assistance, participated in, and/or completed community skills programmes.

The foregoing assessment targets are utilised internationally to conduct offender assessments for non-specific, sexual and other violent offenders.

3.8 Assessment targets for specific types of offenders

Andrews and Bonta (1998:291) state that mentally disordered, psychopathic offenders (antisocial personality), and human predators such as sex offenders, stalkers, repetitive killers, and other violent offenders are synonymous to "exceptional offenders". Many sex offenders commit sexual and non-sexual crimes and some of their offences (such as house breaking) are committed during the commission of a sexual offence. This argument is also applicable to violent and dangerous offenders (serial killers) (Andrews & Bonta 1998:310). For this reason, it is deemed necessary to individually assess, analyse, evaluate and explain sexual, other violent and aggressive offenders.

An important question to ask is: "Are sex and violent offenders so different from other offenders that a fundamentally different approach to theory, assessment and treatment is required?" Burdon and Gallagher (2002:87), Hanson and Brussière (1998:348) and Sumner (2004:222) concur that sexual and other violent offending are different from other types of crime and therefore, needs to be assessed separately. According to these authors, separate processes appear to contribute to sexual and violent offending, and consequently, risk assessments should consider

the probability of sexual and non-sexual recidivism separately (Hanson & Brussière 1998:357; Sumner 2004:222-223).

The commonly held view is that these offenders are “specialists”. That is, they stand out through behaviour considered by most people to be bizarre and abhorrent, and violence is often seen as one of their most frightful characteristics (Andrews & Bonta 1998:291, 309; Guay, Quimet & Proulx 2004:330). In support of Hanson and Brussière (1998) and Andrews and Bonta’s (1998) argument, other research literature (Barbaree *et al* 2001:511-512; Labuschagne 2004:1-14; Lin, Maxwell & Barclay 2000:222; Lea, Auburn & Kibblewhite 1999:103; Motiuk & Brown 1996:1, 7; Serin, Barbaree, Seto, Malcolm & Peacock 1997:1, 4-5) demonstrates the need and importance to assess sex and other violent and aggressive offenders separately. This is done to guide therapists and correctional officials in therapeutic intervention and offender management in order to determine the risk of reoffending, and to prevent recidivism.

The following section addresses specific assessment targets for sex, other violent and dangerous offenders.

3.8.1 Needs assessment for sex offenders

Sexual offending is a complex and multi-faceted socially pertinent problem and has been recognised as such by the public, the criminal justice system and the psychiatric community (Lee, Pattison & Ward 2001:227; Guay *et al* 2004:330; Schlesinger 2000:103; Sumner 2004:222). In the 1980s and 1990s, the attention of the public and the criminal justice system was increasingly focused on sex offenders and their victims (Andrews & Bonta 1998:308; Bonta 1999a:1; Lin *et al* 2000:222; Roberts 2003:80; Schlesinger 2000:103; Williams, Marcoux-Galarneau, Bernier, Malcolm, Holden, Smiley, Motiuk & Deurloo 1996:2). Recent years have witnessed growing public and professional awareness of the prevalence of sexual offending (Lea *et al* 1999:103).

Andrews and Bonta (1998:308) state that sex offenders, along with other violent offenders, elicit a great deal of public apprehension and fear because of media attention given to the escalating number of sensational sex crimes, mostly committed by sexual predators. This is due to the violent nature of their acts, involving rape and the use of force, because their victims are mostly women and children (those who are considered to be especially vulnerable), and the psychological impact of the

crime is very traumatising (Andrews & Bonta 1998:308). Such attention promotes the mistaken view that all sex offenders and violent offenders are alike (Serin *et al* 1997:1).

Worldwide, the proportion of sex offenders, relative to the total offender population, has increased over the past few years (Blanchette 1996:1). In America, approximately 1 in 10 state prisoners were incarcerated for committing a sex offence during 1994 (Roberts 2003:80). It is estimated that on a given day, 234 000 offenders convicted of rape or sexual assaults are under the care, custody, or control of corrections (Alexander 2000:271). In addition, Bonta, Harris, Zinger and Carriere (1996b:1) report that the majority of dangerous offenders are sex offenders, and MacAulay (2001:6) states that over 90 percent of dangerous offenders are sex offenders. In England and Wales, the prison service reports that convicted sex offenders form an increasing percentage of the prison population (Lea *et al* 1999:103).

In South Africa, media fascination and interest in sex crimes and sexual perpetrators have intensified. According to the South African Police Service (SAPS) Docket Analysis on Crimes Against Children (Internet site), rape and attempted rape are two of the most prominent types of crime in South Africa. In the period 1994 to 2001 rape was one of the five most commonly committed crimes in South Africa, and convicted offenders were most likely to receive a seven-year or longer sentence (Dissel & Kollapen 2002:55). During April 2002 to March 2003, 52 425 incidents of rape and 8 825 incidents of indecent assault were reported to the South African Police Services (SAPS Crime Statistics: Internet site).

Smit (2003:18-19) reports that South Africa has the highest incidence of rape in the world. The statistical chances of a South African woman being raped at least once by the age of 65 is one in two – and a rape is estimated on average to occur every 20 seconds in South Africa (Smit 2003:19). A survey conducted in Johannesburg exposed a distressing picture of sexual violence. According to this survey, one in three of the 4 000 women questioned confessed that they had been raped (BBC News: Internet site). In a related study conducted among 1 500 schoolchildren in Soweto township, a quarter of all the boys interviewed contended that “jackrolling”, a South African term for recreational gang rape, was “fun” (BBC News: Internet site).

In South Africa, the rate of incarceration for sexual offences has been steadily rising (Draft White Paper on Corrections in South Africa 2003:7). According to Bergh, (Personal interview 23 April 2003) and Dissel and Kollapen (2002:53), incarcerated sex offenders represent approximately 12 percent of the total prison population. An article in the Sunday Times (13 October 2002:1) reports that "More than 23 000 people, 3 345 of them children, are languishing in South African prisons awaiting trial or serving sentences for sex offences". The Department of Correctional Services housed 16 608 sentenced sex offenders (approximately 13 percent of the sentenced prison population) during March 2003, while 15 086 sentenced sex offenders were under the care of Correctional Services during 2002. This figure has risen with 1 522 sex offenders between 2002 and 2003 (Department of Correctional Services, Annual Report for 1 April 2002 to 31 March 2003:49).

In response to these worldwide increases, official agencies have instituted various initiatives for the treatment of sex offenders. Academic research, social services and the general public have responded to the steady rise in these crimes by subjecting them to increased scrutiny and address. Professionals responsible for the assessment, processing, supervision, and treatment of sex offenders are also under increasing pressure (Lea *et al* 1999:103; Schlesinger 2000:103). Given the prevalence of sex offenders, the community concern, and the resources invested in this particular population, it is not surprising that views abound regarding preferred assessment, intervention and management strategies (Porter *et al* 2000:217; Serin *et al* 1997:2).

This escalation emphasises the need for a better understanding of sexual offending and for developing an accurate assessment structure to direct offence-specific programmes to treat sexual offenders effectively (Porter *et al* 2000:217; Serin *et al* 1997:1; Singh 1997:1).

3.8.1.1 The purpose of sex offender assessment

Internationally, the assessment of sexual offenders is a systematic and dynamic process where accurate information is gathered to enhance the practitioner's understanding regarding the circumstances under which the sexual behaviour occurs (Repp & Horner 1999:291; Williams *et al* 1996:6; Wrightsman & Fulero 2005:132-133).

Important goals in assessing sex offenders in secure settings include that of obtaining the nature, pattern, developing strategies (that influence the risk for reoffending), dangerousness, therapeutic targets and evaluation outcome (Guay *et al* 2004:330-331; Sexual Offender Programmes: Internet site; Sumner 2004:222). For those offenders to be released from incarceration, assessment is used to set an agenda for their rehabilitation in the community (McMurrin & Hodge 1994:53). This means that offender needs, risk and responsivity should be considered to accurately assess sex offenders (Roberts 2003:81; Williams *et al* 1996:3). Therefore, it is important that a valid and accurate assessment strategy exists to determine who among convicted sex offenders merit severe restrictions of liberty (Serin *et al* 1997:2). In addition, Williams *et al* (1996:6) propose that the assessment of sex offenders should ideally occur at admission, pre-treatment, in-treatment, post treatment, follow-up, pre-release and post-release phases in corrections.

For this study, fundamental components, judged essential to effective sexual behaviour variables, are selected from international research. These variables are represented in various assessment strategies, either partially or fully, and reflect a multi-factorial assessment structure for sex offenders. Variables from various empirical actuarial scales are also included to assess general and specific dimensions of sexual functioning.

3.8.1.2 International findings with regard to sex offenders

There is a growing recognition that sexual offenders are heterogeneous in their risk, criminal diversity, treatment needs and personality profiles (Blanchette 1996:2; Hudson & Ward 1997:326; Fisher *et al* 1999:482; Guay *et al* 2004:330; Lin *et al* 2000:222; Looman, Gauthier & Boer 2001:753; Porter *et al* 2000:217; Repp & Horner 1999:282; Veneziano, Veneziano & LeGrand 2000:364; Wrightsman & Fulero 2005:132-133).

Perpetrators of sexual crimes differ in their risk of reoffending, personal and criminal histories, the circumstance preceding their offences, their victim age and gender preferences, the attitudes and beliefs that support their deviant behaviour, their response to treatment and the degree to which they have used force or brutality or caused physical harm to their victims (Blanchette 1996:2). This supports the fact that sexual predators are a heterogeneous group of individuals, with diverse evaluative and treatment needs (Serin *et al* 1997:2).

Schlesinger (2000:23) suggests that it is time to expand our thinking about the sex offender population. He says that: "They are not all old, male, or mentally ill. They come in all shapes, sizes, ages and sexes. They are found in all occupations, around the world, and on the Internet. Most have multiple victims".

3.8.1.3 Sex offender characteristics

A number of researchers have attempted to examine the nature of the pattern (repetitive behaviour or 'one-off' situational offending) of sex offending behaviour and to define specific features, which suggest an increasing engagement in offending behaviour. Practitioners and researchers have also attempted to produce typologies of sex offenders which relate to the behaviours in which they engage (Andrews & Bonta 1998:311; Hodge *et al* 1997:119-121). The aim of this section is not to explore the different typologies or offending patterns, but to give a general overview of the most common characteristics associated with sex offenders.

Hodge *et al* (1997:119) assert that the most common distinction which has been made with reference to sexual offenders, has been that of enduring preference. Sex offenders exhibit distinctive victim (such as children) and offence types, such as molesting or rape preferences. Research on adult sex offenders revealed that at least half of the offenders had begun to have deviant sexual thoughts or to engage in sexual misconduct during adolescence. These offenders may engage in serious sexual crimes, have multiple victims, exhibit deviant sexual preferences, have cognitive distortions and lack victim empathy (Berliner 1998:645; Schlesinger 2000:28; Sumner 2004:222). Other research (Bonta *et al* 1996b:15) found that 96.6 percent of sex offenders showed early deviant sexual interests and evidence of forcible sexual activity prior to the age of 16 years. In addition, Hodge *et al* (1997:120) believe that sex offenders may be viewed as having a range of developmental and psychosocial problems to a greater extent than the normal population, regardless of the specific offence type.

According to Hollin (2001:336), Hudson and Ward (1997:326), Hudson, Ward and McCormack (1999:780-781), Marshall, Cripps, Anderson and Cortoni (1999:955) and Veneziano *et al* (2000:364), sexual offenders have problems with regard to assertiveness, intimacy, loneliness, empathy, low self-esteem, cognitive distortions, sexual preferences, a weak personality, a lack of willpower, seeking of immediate gratification, substance abuse, anger, a history of severe family problems, separation from parents, placement away from home during childhood, sexual, emotional and

physical abuse, isolation, social incompetence, emotional distrust of adults and learning problems at school.

Prior sexual victimisation of sex offenders has been a consistent finding across adult and juvenile literature (Schlesinger 2000:31; Starzyk & Marshall 2003:93). Many sex offenders have themselves been victims of molestation as children (Andrews & Bonta 1998:312; Hodge *et al* 1997:91). A history of victimisation is therefore perceived to be an antecedent to sexual violence as an adult, and being sexually victimised as a child can lead to a maladjusted adult who might repeat history by sexually abusing others (Andrews & Bonta 1998:312). Some professionals (Alexander 2000:123) have speculated that childhood sexual abuse is associated with sexual dysfunction, depression and low self-esteem.

According to Schlesinger (2000:31), sex offenders may or may not be targets of sexual abuse, but all have been abused in some way: Emotionally, physically, sexually or through neglect. Most come from families with manifold problems, such as a lack of sexual boundaries, exposure to sex and pornography, substance abuse, and conflictive and abusive family interactions (Schlesinger 2000:31). In support of this, Veneziano *et al* (2000:368) found that 92 percent of sex offenders in their study have been sexually abused. The results indicate that the men who had been subjected to anal intercourse were 15 times more likely to abuse their victims in this fashion, which may be a re-enactment of their own sexual abuse (Veneziano *et al* 2000:370).

Starzyk and Marshall (2003:93) report that childhood family characteristics including poor parent-child bonding, parental neglect and deviance, discontinued parental care, physical and sexual abuse, and childhood personal characteristics are associated with sex offenders. According to Hodge *et al* (1997:120), personal victimisation and an acceptance of abusive behaviour as a means of improving personal control are perceived to be important causal factors in the onset of sex offending, accumulating to a “cycle of offending”. However, Schlesinger (2000:42) warns that many paedophiles and sex offenders falsely claim they have been victims of sexual abuse, which casts doubt on the “molestation theory of sexual abuse”.

Researchers in the field of sexual offences have learned that these behaviours seem to result from common motivations including aggressiveness, anger, male socialisation, social learning, or even a perceived threat (Siegel 2004:333-334). High-

risk circumstances have been identified in respect of the occurrence of sexual offending. These high-risk situations include negative emotional states, interpersonal conflict and external situations, such as baby-sitting and substance abuse. The failure to cope effectively with these factors can lead to a lapse, or to reoffending (Hudson *et al* 1999:781). Other motives for deviant sexual behaviour include the release of feelings of anger, fear, loneliness and the need for power and control (Schlesinger 2000:29). Sexual perpetrators' actions may therefore be spontaneous, opportunistic, or calculated and predatory. Victims are selected because they are available and/or vulnerable (Schlesinger 2000 29-31).

Hodge *et al* (1997:121, 124) note that different stages of sex offending are identified, including factors relevant to pre-offence, actual offence and post-offence stages. The pre-offence stage is triggered by factors such as self-esteem threats, deficits in self-perception, actual social competence, social anxiety and the expectation of rejection, which might lead to social avoidance as a coping mechanism. Social or relationship difficulties may have a specific effect on self-esteem, triggering a range of dysfunctional beliefs culminating in offending and progressing to the actual offence stage (Hodge *et al* 1997:121). The post-offence stage might be associated with immediate gratification and/or feelings of guilt and remorse.

The following figure illustrates an example of the different stages of sex offending.

Figure 3.1 The different stages of sex offending

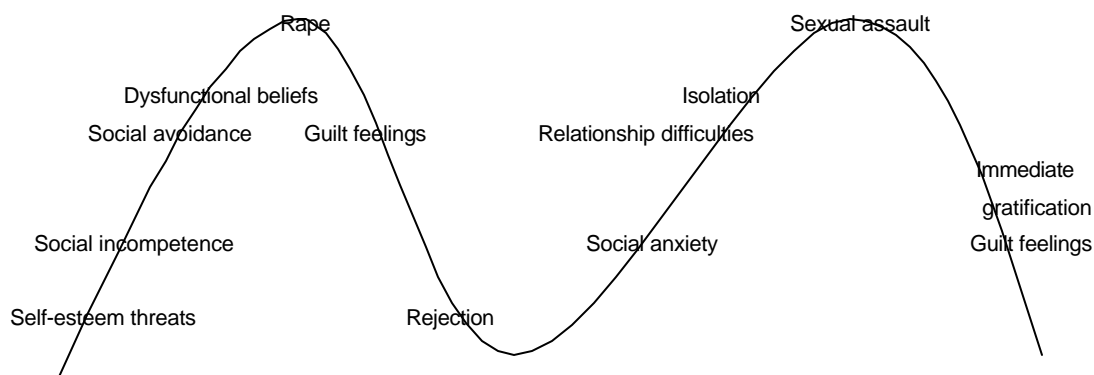


Figure 3.1 highlights the triggers to the pre-offence, the cumulating factors associated with the offence, and the feelings associated with the aftermath and/or post-offence.

The literature regarding sex offenders cites a number of characteristics or circumstances that prevail among many sex offenders. Research indicates that practitioners and treatment personnel should consider the following (Blanchette 1996:7; Bonta *et al* 1996a:61; 1996b:1, 15; Hodge *et al* 1997:122-128; Repp & Horner 1999:291-293):

1. *A history of childhood abuse.* The connection between being sexually abused and sex offending is well established. Kamsner and McCabe (2000:1244) are of the opinion that childhood abuse and trauma are positively related to sexual offending.
2. *Functional deficits* in the areas of *sexual knowledge* and *social skills*. Many sex offenders have a tendency not to think clearly about their own sexuality and the sexuality of others. Functional deficits refer mainly to a lack of sexual knowledge or experience and poor social skills, specifically with regard to relationships, sexuality, assertiveness and self-esteem. Hodge *et al* (1997:124) report that sex offenders probably encounter difficulties in maintaining satisfactory adult and peer relationships, which may make them more likely to engage in inappropriate sexual contact with their victims. In this regard, Hodge *et al* (1997:124-125) found that 62 percent of sex offenders have experienced relationship and/or marital dysfunctions.
3. *Thinking errors.* This is found in most sex offenders regardless of intellectual ability. The most common thinking errors include:
 - ❑ (a) Lying and making evasive statements;
 - ❑ (b) Blaming others for the offence, such as poor upbringing by parents or sexual abuse suffered as a child;
 - ❑ (c) Indicating that the victim wanted the sexual act to occur;
 - ❑ (d) Making excuses or justifying why the behaviour occurred;
 - ❑ (e) Indicating that he deserves to have sex;
 - ❑ (f) Minimising the effects of the offence;
4. *Motivation.* Included here are: The emotional need to offend, the specific meaning of the victim(s) to the offender, the need to feel powerful and in control, to increase self-esteem, to overcome personal trauma and/or stress, and the distinctive processes by which sexual arousal becomes associated with the victim(s), rather than being expressed in more appropriate ways (Hodge *et al* 1997:122-123).
5. *Sexual arousal and fantasies.* An individual may become motivated to engage in sexual contact with a specific victim (such as a child) by means of sexual arousal in which the victim is viewed as a source of sexual gratification

(Hodge *et al* 1997:123). Sexual fantasies related to both the victim and the offence are also important here. Research (Hodge *et al* 1997:124) demonstrates that 58 percent of 400 sex offenders had developed a deviant arousal response, including deviant sexual fantasies which were related to their offending behaviour.

6. *Internal inhibitions*. Internal inhibitions refer to social, legal and cognitive constraints (Hodge *et al* 1997:125). Examples of internal inhibitors include anxiety, guilt, denial, substance abuse, mental illness, socio-cultural influences (such as social tolerance of behaviour), the influence of pornography and weak sanctions against offenders. These cognitive mechanisms mediate the offender's control over their impulses.
7. *External blocks*. External inhibitors refer to factors external to the offender, which will determine whether or not an offence will occur (Hodge *et al* 1997:126). Examples of external blocks are the level and quality of supervision, the opportunity to offend, overcoming the resistance of a victim (the use of physical force) and "grooming" (victim luring tactics) behaviour.

3.8.1.4 Needs assessment criteria for sex offenders

There is consensus among researchers, practitioners, clinicians and treatment providers that all offender assessments should converge on the principles of risk, need and responsivity (Blanchette 1996:8). Individuals convicted of sexual offences must be assessed and evaluated to determine whether the individual appears to be a repetitive and compulsive sexual offender (Sex Offender Evaluations: Internet site; Sumner 2004:222).

This means that effective assessment needs to be based on an understanding of the variables related to the sexual abuse of victims (Hollin 2001:349-350). A comprehensive professional formulation of sexually aggressive behaviour should consider an individual's background, personal / psychological vulnerabilities, current stresses and the problem behaviour itself. A comprehensive coverage of the important content areas as identified in the empirical literature and with professional experience, will enable the decisions that arise from assessment to be based on the most accurate and scientific information (Hollin 2001:350). The processes associated with sexual offending, such as deviant sexuality, fantasies, past abuse experiences that may be linked to sexual knowledge and attitudes, and issues around victim harm, are critical assessment targets. Furthermore, the characteristics of the victim

include issues such as age, gender, physical characteristics, vulnerabilities, personal judgments regarding preferences and motivational issues (Hollin 2001:369).

Assessment criteria such as criminal history, offence analysis, developmental history, attitudes, skills, cognitive functioning and victim empathy are included in the general and non-specific assessment targets discussed in Section 3.7 (pages 96-102) of this chapter. These assessment criteria are included to highlight the different focus and meaning of these targets with regard to sex offenders (Prentky & Righthand 2003:4; Sumner 2004:222-223; White & Smith 2004:183-184; Lee *et al* 2001:230).

Research demonstrates that practitioners should consider the following criteria to accurately assess sexual offenders (Barbaree *et al* 2001:495; Blanchette 1996:3, 12, 23, 28; Barlow & Durand 1995:446; Canadian Correctional Service - Sex Offender Program, 1996; Fisher *et al* 1999:474-478, 486; Gretton *et al* 2001:427-429; Hollin 2001:336, 338, 350, 356; Långström & Grann 2000:867; Laws, Hanson, Osborn & Greenbaum 2000:1297; Lea *et al* 1999:110-113; Lee *et al* 2001:228-229; Looman *et al* 2001:755, 759; Hanson & Harris 2000:1, 6; Hudson & Ward 1997:324-325; Marshall, Fernandez, Serran, Mulloy, Thornton, Mann & Anderson 2003:205-234; McMurrin & Hodge 1994:53-67; Motiuk & Porporino 1989:4, 11; Nebraska Sex Offender Risk Assessment Instrument 2002:1-3; Repp & Horner 1999:280, 282, 294-296; Porter *et al* 2000:216-217, 218-219, 230; Schlesinger 2000:10, 13, 14-15, 104-105, 229; Serin *et al* 1997:4-5; Sex Offender Evaluations: Internet site; Williams *et al* 1996:8-14):

- *Criminal history*: A history of sexual crimes in terms of the number of convictions for sex related offences, including the current offence, as well as convictions for other offences (Alexander 2000:275; McGrath *et al* 2003:7; Prentky & Righthand 2003:4; Schlesinger 2000:30; White & Smith 2004:183-184, 199). Other important aspects include early onset of sex offences, offences committed which have not resulted in conviction / adjudication and the completion of prior sentences (Alexander 2000:125).
- *Offence analysis*: Nature of sexual assault behaviour; diverse sex crimes; offence planning and grooming; possession or manufacturing sexually explicit material of a victim; fondling; manipulation; seduction; coercion; threats of violence; displaying of a weapon; victim tortured or acts resulting in death; victim abducted and forcibly transported to another location; offender providing or encouraging the use of drugs and chemicals to control the victim;

physical force or violence; restrained victim; threatened with a weapon or a dangerous object; seriously bodily harm and time between arrest(s) – for instance more than 24 months, or 24 months or less - should be taken cognisance of (Alexander 2000:125; Sumner 2004:222-223). Research (MacAulay 2001:6) indicates that brutality was evident in 70 percent of sex offending cases.

- *Disciplinary history* (while incarcerated): Behaviour in prison related to disciplinary reports; disciplined for violent acts; and disciplined for sexual exploitations should be considered.
- *Developmental history*: Childhood trauma and abuse (physical, sexual and emotional abuse), attachment to parents, parent-child relationships, dysfunctional family life, absence of parent(s), placed outside of the home before the age of 16 years, family criminality, juvenile delinquency, fighting and truancy should be considered (Alexander 2000:223, 224; Haapasalo & Moilanen 2004:141; White & Smith 2004:183-184, 199). Alexander (2000:123), McMurrin and Hodge (1994:56), Roberts (2003:83) and Schlesinger (2000:30-31) believe that sex offenders' childhood relationships may be characterised by physical and/or sexual abuse, emotional detachment or abuse, or an unemotional, rigid, distant, or an absent parent. Lea *et al* (1999:111) found in their study that 61 percent of the sex offenders themselves have frequently been victims of abuse, *albeit* not necessarily sexual abuse.
- *Attitudes and associations*: Victim-blaming attitudes, attitudes tolerant of sex offending, association with criminal peers (such as pro-paedophilia organisations), and/or gangs are of importance here. Andrews and Bonta (1998:311) and McMurrin and Hodge (1994:56-57) suggest that professionals should explore among other things: Attitudes toward sex roles, intimacy, developing relationships and 'dating', sexual health (and a knowledge of safe sex) and sexual fantasy. According to Hollin (2001:338), sex offenders have been found to harbor attitudes toward women, violence, and rape that are offence-supportive. Examples of this include distorted attitudes and beliefs such as "children initiate sexual activity" and "fondling does not constitute sexual abuse".
- *Sexual deviancy and the arousal patterns* of offenders. Research suggests that professionals should focus on the following factors (before and while incarcerated): The access and use of pornography, collections of images of children, an interest in photographs of children (found in the office or cell), an

interest in sexual violence in the media, conversations which have a sexual motive, serving to titillate the offender, and swapping details of their offending with other inmates. The offender may even enjoy watching childrens' programmes on television (Alexander 2000:125, 219; Andrews & Bonta 1998:311; Marshall & Fernandez 2003:135; McMurrin & Hodge 1994:57-58).

- *Sexual fantasy*: Early-developed deviant sexual fantasies and sexual preoccupation (fantasy drive). In general, sex offenders display inadequate sexual functioning and sexual fantasies play an important role in their offending (Alexander 2000:125, 219, 221; Burdon & Gallagher 2002:92; Lee *et al* 2001:231). According to Alexander (2000:222), Hodge *et al* (1997:142) and McMurrin and Hodge (1994:59), sexual fantasies are mental events that provide both a pleasurable sensation and relief from aversive emotional states during times of stress and strong negative emotions. Roberts (2003:82) is of the opinion that some sex offenders develop a habit of using fantasies to manage emotional needs not met through healthy connectedness with others, sometimes along the lines of wealth, power, control or revenge. At some point, deviant sexual fantasies become part of this repertoire. Roberts (2003:82-83) further states that sex offenders may begin to incorporate into their fantasy a pattern of rationalisation and justification that further disinhibit them and desensitise them to the nature of the behaviour. Escaping to their fantasies place them in control of their taboo fantasies.
- *Anger and hostility*: Rape has also been linked to anger (Loza & Loza-Fanous 1999:492). Some theories of rape identify anger as a fixed disposition of the offender. Researchers have found anger to be an immediate precursor to a sexual offence (Hollin 2001:339). Lee *et al* (2001:228) explain that various theories and models have suggested that anger and hostility are salient features of psychopathology for different types of sexual offending. Hodge *et al* (1997:68, 74) maintain that anger is reported as being associated with the offence by 94 percent of rapists, and by almost 90 percent of other types of sex offenders. Alexander (2000:221, 274) cites that most sex offenders have difficulty in managing or controlling their anger. Important factors to consider include assault, violent fantasies, how the offender describes situations that make him angry, physical aggression, verbal aggression, hostility, a lack of anger and impulse control and resentment.
- *Power, control and impulsivity*: The offender's perception of a situation that results in him feeling without control and helpless can lead to a sexual assault. According to the sexual assault cycle (understanding the connections

among situations, thoughts, feelings, and behaviours that precipitate sexual offending), a sex offender counteracts his feeling of helplessness and lack of control by taking control of another person (Alexander 2000:221-222, 277). Sexual compulsivity such as obsessive-compulsive sexual “urges” is associated with a lack of self-control (Alexander 2000:125). Both Alexander (2000:224) and Hodge *et al* (1997:68) hold that impulsiveness is an important characteristic in sex offending. In addition, poor control and poor emotional impulses are positively linked to sex offending (Hodge *et al* 1997:78).

- *Skills, intimacy, loneliness and attachment styles*: These include lifestyle problems, such as marital problems and relationship skills (inadequate intimate skills). Sex offenders are frequently regarded as socially inadequate people who offend because they are unable to form appropriate and intimate relationships (Lee *et al* 2001:230). Most sex offenders are believed to experience social incompetence regarding their interpersonal, relationship and communication skills. Lea *et al* (1999:111) hold that sex offenders are incapable of establishing normal relationships, and that they are perceived to commit acts of sexual violence as a consequence of their inability to relate to others in a meaningful way. Stress can also contribute to sex offending, and sexual offenders have an inability to cope (dysfunctional coping strategies) with problematic situations (Alexander 2000:221; Hodge *et al* 1997:68-69, 74; Marshall *et al* 2003:205-234). Some sex offenders fail to acquire the capacity for intimacy as a result of their poor childhood relationships with their parents and, as a consequence, did not develop the skills and confidence necessary to form satisfactory relationships as adults (Hollin 2001:336). Failure to attain intimacy results in emotional loneliness that leads to an aggressive disposition and a tendency to pursue sex with diverse partners in the hope of finding intimacy through sexuality and through less threatening partners (such as children). Often, sexual offenders report little satisfaction from their intimate relationships, and pursue sex in uncommitted relationships. Emotional loneliness and lack of intimacy are related to low self-esteem, shyness, external *locus* of control and feelings of alienation. Some sex offenders also have difficulty in establishing successful adult relationships - this may lead to hostile attitudes toward women and children, while the need for emotional closeness can lead to sexual preoccupation. An insecure attachment style is likely to be a vulnerability factor for offending behaviour. Research (Roberts 2003:83) examined the role of intimacy deficits and lack of attachment in the development of sex offenders. It is hypothesised that one

consequence of a lack of intimacy skills and the subsequent experience of emotional loneliness, is that sexual offenders may indirectly seek intimacy through sex, even if they have to force a partner to participate (Roberts 2003:83). Sex offenders fail to learn how to relate to women and can only do so through experiencing feelings of power and control during rape. Similarly, some paedophiles escape from the world of adult relationships into the “safer” world of children (Lea *et al* 1999:111).

- *Reinforcers, triggers and precursors*: Examples of these include: Loneliness, sexual anxiety, low self-esteem, substance abuse, unassertiveness, depression, isolation and/or exposure to pornography. These behavioural characteristics contribute to a sex offender’s conduct (Alexander 2000:125-126, 219, 221). Bonta (1998:1-2) identifies poor social support, sexual preoccupation, attitudes tolerant of sexual assault, antisocial lifestyles, poor self-management strategies, difficulties in cooperating with community supervision, negative peer influences and sexual fantasies as important triggers for sexual offenders.
- *Paraphilias*: Paraphilias, or known bizarre, abnormal sexual practices (Burdon & Gallagher 2002:90; Siegel 2004:436) could include frottage (physical contact through clothing, mostly the genital region), bestiality (sexual intercourse with an animal), voyeurism (the act of looking as a way of achieving sexual excitement), compulsive masturbation, necrophilia (intercourse with an inert body - a corpse), urophilia (sexual arousal associated with urinating on a person), cannibalism (eating human flesh), paedophilia (recurrent, intense sexual fantasies of sexual activities involving pre-pubescent children), hebophilia (sexually aroused by pubescent rather than prepubescent children), telephone scatologia (obscene phone calls), exhibitionism (indecent exposure of the sexual organs), fetishism (sexual arousal involving the use of non-living objects), sadism (sexual arousal from physical suffering, humiliation and control of the victim), and transvestic fetishism (sexual arousal associated with cross-dressing). Most paraphilias are associated with compulsive-obsessive behaviour patterns and criminogenic needs (deviant sexual interests) (Alexander 2000:220; Siegel 2004:436-437). Roberts (2003:81) found that offenders who had been identified with only one paraphilia, were found to have engaged in an average of 3.5 additional paraphilias, including exhibitionism, voyeurism, obscene phone calls, child molestation and bestiality.

- *Assertiveness*: Sex offenders are frequently regarded as lacking in assertion skills (Hollin 2001:336). Assertiveness is a multi-dimensional concept covering areas, such as an individual's ability to generally express feelings, stand up for his rights in public situations, initiate and maintain interaction with others, deal with criticism and pressure and make requests and appropriate demands. Research (Fisher *et al* 1999:475) indicates that sex offenders have an inability to be appropriately assertive, and unassertiveness is a precursor to offending. Unassertive behaviour is linked to offending due to the feelings of injustice, frustration, resentment, depression and vulnerability that it can give rise to (Fisher *et al* 1999:475).
- *Denial, minimisation and rationalisation*: This deals with an individual's ability to take responsibility for his offending behaviour (Alexander 2000:223). Important questions to ask are: "Can sex offenders acknowledge complete responsibility for sex offending behaviour without using cognitive distortions to minimise the behaviour and its impact on the victim?", "Do they make excuses for their behaviour by saying that they were under the influence of alcohol or drugs?", "Do they display a clear understanding of sexual assault and can they apply the concept to their own triggers and sexually offending behaviour?", and "Do they realise the damaging consequences of their behaviour, and that they are responsible for their own treatment?" (Fisher *et al* 1999:475). Andrews and Bonta (1998:211) cite that cognitive distortions are similar to neutralisation and rationalisation (such as: "Sometimes having sex with a child can be a way of showing love for the child") practices found in sex offenders.
- *Low self-esteem*: A low self-esteem is an important factor in the etiology and maintenance of sexual offending, and must be addressed if treatment is to be effective (Alexander 2000:125-126, 221; Lea *et al* 1999:111; Marshall *et al* 1999:955). Research (Fisher *et al* 1999:474; Hollin 2001:336-337) has confirmed that sexual offenders are indeed lacking in self-esteem, and that this deficit can be modified with treatment. Low self-esteem makes sexual offenders afraid to deal with problematic situations, so they learn early in life to adopt dysfunctional ways of coping with stress. Fisher *et al* (1999:474) report that a low self-esteem in sex offenders is a precursor to offending and contributes to offending. A low self-esteem is a common consequence of having been sexually abused as a child. However, Hollin (2001:337) warns that sexual offenders have low self-esteem and that this is related to their offending and is problematic for engaging their cooperation in treatment.

- *Victim empathy*: Sex offenders are generally regarded as having deficits in victim empathy (Alexander 2000:222; Hollin 2001:336-337; Schlesinger 2000:31). Hollin (2001:337) suggests that the particular emotions that sex offenders confuse include anger, disgust, and fear; that is, the sort of emotions that one might expect victims to display. The individual's understanding of the effects that sexual abuse have on a victim; his beliefs about how the victim felt about such sexual contact; the extent to which offenders believe victims enjoy such sexual contact; encourage it; are able to stop it; experience fear and guilt; and whether victims wish to have similar experiences in the future, are questioned here.
- *Sexual preferences*: Burdon and Gallagher (2002:92) and Marshall and Fernandez (2003:131) view sexual preferences as an integral part of the assessment of sex offenders. The preference for a specific type of victim, sex style, or the use of sexually arousing material that reinforces deviant sexual arousal, is important here (Alexander 2000:275; Haapasalo & Moilanen 2004:132; Hollin 2001:338). A history of written, printed, video, computer, or any other media and pornography should be considered. Roberts (2003:82) notes that an obsession with pornography, voyeurism, obscene phone calls, and acts of indecent exposure, are all examples of "hands-off" behaviours that sometimes lead to more serious "hands-on" invasive attacks of child molestation, rape and sexual assaults.

It is clear from the foregoing assessment targets that a comprehensive assessment framework for sex offenders should include, but is not limited to:

Social, criminal and sexual history, family of origin, medical and psychiatric records, behavioural history, the age and gender of victims, details of the offence, sexual preference, sexual fantasies, the use of sexually arousing materials, multiple paraphilias, the "grooming-process" of the victim, violent and aggressive behaviour, alcohol and drug abuse, support structure, education level, employment record, triggers responsible for the behaviour (precursors or antecedents), cognitive abilities, inter-personal skills, personality traits, coping skills, impulse control, procriminal attitudes, stress and anger management, self-esteem, conflict resolution skills, childhood abuse / trauma (emotional, sexual or physical), attachment to parents and significant others, and treatment susceptibility (Fisher *et al* 1999:473, 474; Firestone, Bradford, McCoy, Greenberg, Curry & Larose 2000:205-206, 217-222; Lee *et al* 2001:228-229; Lin *et al* 2000:226-227; Loza & Loza-Fanous 1999:494, 498; NCS

Assessments: Internet site; Repp & Horner 1999: 281-290; Serin *et al* 1997:1; 5-6; Serin & Kennedy 1997:10; Wrightsman & Fulero 2005:132-133).

3.8.2 Needs assessment of violent and dangerous offenders

Assessment of violent offenders has always been given high priority in secure settings because of the potential danger that these inmates pose to society, staff and fellow inmates in the establishment (Matthews & Pitts 1998:390, 403; McMurrin & Hodge 1994:68; Motiuk & Serin 2001:145). A violent crime can be a symptom of a person's psychological difficulties. Violent offenders often have multiple problems and present similar dilemmas to service providers (Siegel 2004:321; Toch & Adams 1994:97, 129). Violent offending is considered by many to be on the increase (Hollin 2001:415; Seiter 2002:234). Non-sexual violence constitutes an extensive category of human behaviours, which despite its seriousness, has not received the level of attention afforded to sexual offending by clinicians and correctional practitioners (Hollin 2001:415).

Violent behaviour has a low base rate in Canada and the United States - in the ten percent range (Andrews & Bonta 1998:219). Despite media portrayals of violence, such behaviour is relatively infrequent (Andrews & Bonta 1998:219). Violent crime is however more severe than other forms of criminal activity because of the harm to the victim as well as the greater costs to society (Dowden *et al* 1999:4).

Excluding countries at war, South Africa has the highest *per capita* violent crime rate in the world, and is faced with extraordinary high levels of violent crime (Draft White Paper on Corrections in South Africa 2003:6, 40; Ross 2004:1; Schiff & Louw 2000:116; Smit 2003:18). Stated reasons for the high violent crime rate include: Apartheid, poor economic circumstances, political transition, the reopening of South African borders to trade, poverty, low educational levels, urbanisation, the availability of firearms and unemployment (Nomoyi 2000:67-69; Pelsner & De Kock 2000:80-88; Ross 2004:1-2). Since 1994, recorded violent crime has been escalating faster than any other crime category (Smit 2003:18). In 1998, there were 59 recorded murders in South Africa per 100 000 of the population, followed by Columbia with 56 murders per 100 000 of the population (Masuku: 2001:2). The South Africa murder rate is nine times the international average (Smit 2003:18). In addition, Ross (2004:1) states that a murder is attempted every 12 seconds in South Africa, while Smit (2003:18) concedes that in the past seven years, violent crime has increased by 33 percent.

In South Africa, violent crime statistics for the financial year 2002 / 2003 comprises of (SAPS Crime Statistics: Internet site):

Violent crime category	April 2002 to March 2003
Murder	21,533
Attempted murder	35,861
Culpable homicide	11,202
Robbery with aggravating circumstances	126,905
Public violence	1,049
Kidnapping	3,071
Abduction	4,210
Assault with the intent to inflict grievous bodily harm	266,321
Common assault	282,526
Arson	9,186
Malicious damage to property	157,070
Carjacking	14,691
Truck hijacking	986
Cash-in-transit robbery	374

An analysis of these crimes (except for kidnapping, carjacking and truck hijacking) reveals a significant increase from the April 2001 crime figures (SAPS Crime Statistics: Internet site).

Currently, more than half of the South African prison population consists of violent offenders (Kriek, 2004). The incarceration rate for aggressive offenders for 2003 is 48,2 percent (of the total prison population) and this rate has increased with 5191 incarcerations since 2002 (with 58 189 aggressive offenders) (Department of Correctional Services, Annual Report for 1 April 2002 to 31 March 2003:49). During April 2004, it was estimated that 66 percent of the offender population are aggressive and violent offenders (Kriek, 2004).

3.8.2.1 The purpose of assessing violent offenders

The purpose of assessing violent offenders is to identify emotional problems, as these problems may differ from the description of the offence. Violent crime can be the result of a person's psychological difficulties, a loss of control, irrationality or impulsivity (Siegel 2004:321; Toch & Adams 1994:129, 175; Wrightsman & Fulero

2005:128-132). This indicates that violent offenders are a diverse a group of individuals (McMurran & Hodge 1994:68; Motiuk & Serin 2001:147). Violence in itself cannot, therefore, be considered a unifying factor and these offenders must all be evaluated, analysed and assessed individually (McMurran & Hodge 1994:68-69).

Another purpose of assessing violent offenders is to develop a sophisticated conceptual model of the offender, his offence characteristics and personal vulnerabilities, to determine which of these are criminogenic, and then to match the offender with a programme that addresses these issues (Hollin 2001:415-416).

3.8.2.2 Characteristics of violent offenders

Empirical findings on the personal characteristics associated with violent behaviour are accumulating at an impressive rate. There are so many factors empirically related to violence that it seems impossible to integrate all of them in a theoretically sensible manner (Harris, Rice & Lalumière 2001:402; Siegel 2004:321-327). It almost seems as though any disruption, perturbation, or individual difference, whether psychological or physical in nature, is related to violence (Harris *et al* 2001:402-403).

The most common characteristics associated with violent and aggressive offenders include: An interpretation of ambiguous sentences as threatening, childhood trauma (such as brutal beatings, abandonment, bedwetting and frequent exposure to violence), childhood abuse and neglect, a pervasive sense of isolation and alienation, a lack of acquired inhibitions against violence, a belief that violence against others is legitimate, taking pleasure in the inflicting of pain, humiliation of victims, the advent of symptoms or behaviour problems at an early age, early institutional placement, emotional problems, substance abuse, dense arrest histories, long-term violence problems, violent parents, parental alcohol abuse, neurodevelopmental damage (to temporal lobe structures, especially the amygdala and other parts of the limbic system) and brain damage (Haapasalo & Moilanen 2004:127; Harris *et al* 2001:403; Hodge *et al* 1997:90-91, 141; Hollin 2001:417; Schiff, Louw & Ascione 1999:77, 79; Siegel 2004:323-327; Toch & Adams 1994:126).

A study of 309 4-year-old children indicated that physical abuse is a risk factor for later aggressive behaviour. Furthermore, Hodge *et al* (1997:91) found that men who had been abused as children were three times more likely than non-abused men to engage in violent acts as adults. Being abused or neglected as a child increased the likelihood of delinquency, adult criminal behaviour and violent criminal behaviour

(Haapasalo & Moilanen 2004:127, 129; Hodge *et al* 1997:91). This suggests that victims model their behaviour on that of their parents and abusers (Hodge *et al* 1997:92). There is consistent evidence overall that violent adults have often been abused as children. However, it has become recognised that only a relatively small proportion of abused children later become abusers or violent offenders themselves. It seems therefore, that while many violent adults have been abused as children, most abused children do not become violent adults (Hodge *et al* 1997:91).

In addition, many studies have examined the role of family and parenting variables in the development of violence and aggression (Motiuk & Serin 2001:146). These studies have, in general, demonstrated that most violent adults were also violent and aggressive children and that the earlier and more severe the onset of childhood violence, the more persistent and severe the adult aggression and antisociality (Haapasalo & Moilanen 2004:127, 129, 141; Motiuk & Serin 2001:146). Early and severe childhood aggression is related to inconsistent, inept parenting and maternal rejection. More generally, an array of parental variables has been associated with juvenile aggression, including spousal conflict, divorce, substance abuse, antisociality, crime and psychiatric problems (Harris *et al* 2001:405).

Toch and Adams (1994:126) found that 25 percent of the violent offenders in their study were mentally deficient, while 32 percent were intoxicated when they committed crimes. Bonta *et al* (1996b:14) are of the opinion that brutality is one of the criteria for dangerous / violent offenders. These researchers found that nearly 70 percent of violent offenders showed evidence of brutality.

3.8.2.3 Needs assessment targets for violent offenders

Hollin (2001:417) suggests that areas for assessment of violent offenders include a range of factors found to be common to frequent offenders, as well as issues that are thought to be relevant to violence. Because of the heterogeneity of the violent offender group, the list of assessment topics should be wide ranging.

Needs assessment targets such as socio-economic status, family and personal background, school experiences, skills, and high-risk situations are included in the needs assessment criteria for violent offenders to underline the different meaning and focus of these targets for violent offenders.

Existing literature suggests that the following areas are important targets for needs assessment of violent offenders (Bonta *et al* 1996b:17, 21, 23, 28; Corrado *et al* 2003:180-181, 185; Dowden *et al* 1999:4, 15-16; Haapasalo & Moilanen 2004:127, 129, 141; Hyatt-Williams 1998:63; Hollin 2001:75-77, 418-422; Loza 2003:193; Matthews & Pitts 1998:393; MacAulay 2001:5, 50; Markowitz 2003:145-146; Motiuk & Serin 2001:146-152; Wrightsman & Fulero 2005:129-132):

- *Socio-economic status*: According to Markowitz (2003:145-146), there is an overrepresentation of violence in lower-class, non-white, young males because the motivations underlying the use of coercion are stronger among these individuals. Violence among low status persons is often a form of informal “self-help” in the perceived absence of assistance from authorities in resolving disputes (Markowitz 2003:147; Siegel 2004:326-327).
- *Cultural perspectives*: Markowitz (2003:147) and Siegel (2004:326-327) assert that among members of some social groups, coercion may be a preferred method for handling disputes, and violence may be a preferred method of coercion. Also, the notion of a “code of the streets” emphasises maintaining the respect of others, being tough and exacting retribution through physical violence if necessary. It emerges as an adaptation to adverse economic conditions, and as a means of acquiring status and self-worth in lower class areas (Markowitz 2003:148).
- *Family / personal background*: Important factors include: Childhood exposure to violence and aggressive behaviour, separation from parents, parental crimes, spousal abuse, onset of behavioural difficulties, childhood trauma and abuse (emotional, physical and sexual), parental conflict, early childhood maladjustment, negative father-child relationship, and separation from parents before the age of 16 years (Benda & Tollett 1999:111; Haapasalo & Moilanen 2004:141; Hollin 2001:77; Schiff & Louw 2000:119-124; Siegel 2004:323-333). Studies of family violence found that lower socio-economic status parents (in terms of education and income) are more likely to use physical means to punish their children, as well as to engage in violence against their spouses (Markowitz 2003:146). According to Schiff and Louw (2000:119-120), a significant proportion of violent offenders rated the relationships with their fathers as more distant; 53 percent of these offenders rated their relationships with their fathers as “not at all close”; and a large proportion of violent offenders had been involved in verbal and physical conflict with their siblings. Corrado *et al* (2003:190) report that 39 percent of

the violent offenders in their study were victims of physical abuse; 12 percent reported having been a victim of sexual abuse; 70 percent had a family member with a criminal record; 72 percent reported a family member with an alcohol problem and 60 percent mentioned a family member with a drug problem.

- *School maladjustment*: Hollin (2001:78) and Loza (2003:193) found that violent offenders are likely to have experienced adjustment problems at school. Markowitz (2003:145-146) and Schiff and Louw (2000:118) report that the majority of violent offenders had only obtained a primary school qualification.
- *High-risk situations*: Certain physical (alcohol and/or drug consumption) and emotional (anger, anxiety, depression, provocation and rejection) high-risk situations are associated with violent offending patterns (Siegel 2004:322).
- *Impulsivity and self-regulation deficits*: According to Hollin (2001:418), self-regulation refers to self-initiated, well-organised, goal-directed activity, self-control, restraint, the ability to delay gratification and tolerate tension when there are significant benefits in doing so. Hollin (2001:418) and Motiuk and Serin (2001:146) state that most often self-regulatory failure in violent offenders has been viewed as a failure to inhibit responding to immediate cues. Typically, such offenders appear to respond violently to the many cues they interpret as provoking, without consideration of the costs. Impulsiveness is viewed as being responsible for aggression, which is associated with a “hair-trigger” temper, that results in thoughtless violence, often followed by guilt and remorse and a resolution not to aggress again, which is not adhered to (Hollin 2001:418; Siegel 2004:322). Motiuk and Serin (2001:146) note that violent offenders often display arousal that is related to feelings of anger. Armed robbers are also considered to have deficits in terms of competence and self-regulation (Motiuk & Serin 2001:146).
- *Anger, aggression and anxiety*: Although anger is neither necessary nor sufficient for violence to occur, a causal relationship exists between anger and violent behaviour. The reason for this is that anger operates as a mediator between subjectively aversive events and behaviour intended to harm (Dowden *et al* 1999:4, 15-16; Hollin 2001:418; Siegel 2004:322). Violent offenders often appear to “overlabel” arousal, so that their predominant emotional experience is anger. Some violent offenders find anger very satisfying, and may deliberately expose themselves to situations and cues that will arouse them. Such individuals may display pathways to violence, in

which by getting angry they are justified / satisfied by acting violently (Haapasalo & Moilanen 2004:127, 129, 141; Hollin 2001:419). Aggression consists of the use of force (action) to express feelings and to achieve aims, to intimidate, impress, manipulate, and sometimes to subjugate individuals and the environment (Hyatt-Williams 1998:63). In support of this, Hyatt-Williams (1998:65) postulates that the use of violence and destructiveness beyond the need of the task is known as “pathological aggression”. Such individuals are normally neither tolerant of differences, nor espousal of a democratic interaction with the aim of achieving a negotiated solution acceptable to both sides (Hyatt-Williams 1998:66). According to Loza and Loza-Fanous (1999:492), the relationship between anger and aggressive / assaultive behaviour among criminal offenders has been controversial - some researchers report the existence of a link between anger and violent behaviour, while others dispute this link.

- ❑ *Violent fantasies*: Violent fantasies are most often associated with individuals who “hold grudges” and plan revenge, sometimes over extended periods of time (Hollin 2001:421). According to Hyatt-Williams (1998:155), murder occurs concretely in most cases concerning serious and repetitive violent offenders. That is, the act has been committed many times previously in daydreams, night dreams and sometimes in unconscious fantasy.
- ❑ *Skills*: Most violent offenders experience difficulties with problem-solving skills, conflict resolution skills, assertiveness, decision-making skills, coping abilities, social competence and stress (Corrado *et al* 2003:180-181; Hollin 2001: 78, 422; Motiuk & Serin 2001:147; Siegel 2004:322).
- ❑ *Breach of parole and supervision*: Bonta *et al* (1996b:28) found that 24 percent of violent offenders reoffended while on parole, while Hollin (2001:78) states that prior supervision failure is a common characteristic associated with violent offenders.

MacAulay (2001:9) suggests that an assessment of violent and dangerous offenders should encompass factors such as:

- ❑ The extent to which the offender thinks in a criminal manner;
- ❑ The extent to which the offender, in his environment, is surrounded by individuals involved in criminal activity;
- ❑ The offender’s temperamental disposition as it relates to antisocial tendencies and criminal propensities;
- ❑ The offender’s level of social support systems within the community;

- ❑ Problems the offender experiences, such as substance abuse or having a deviant sexual preference;
- ❑ The offender's general ability to access community resources;
- ❑ The offender's criminal history, focusing on the presence or absence of serious personal injury offences;
- ❑ The offender's treatment and counselling history;
- ❑ The offender's level of social competence;
- ❑ The offender's problem-resolution skills;
- ❑ Whether the offender has a sufficient level of life-skills to function in the community;
- ❑ The mechanisms the offender uses to cope with stress and the perceived efficacy of these mechanisms.

The aforementioned assessment targets are consistent with the well-known empirical Violent Risk Appraisal Guide (VRAG - Harris, Rice & Quinsey 1993) for violent offenders. According to this assessment tool, factors such as psychopathy and/or antisocial personality disorder, school maladjustment, parental support, marital status, age, failure on a prior conditional release, victim injury, schizophrenia, female victim, and alcohol abuse history should be considered when violent offenders are assessed (Loza 2003:193).

3.8.3 Overlapping needs assessment targets for general, sex and violent offenders

An evaluation of the needs assessment targets for general, sex, and other violent offenders correspond to various overlapping / similar assessment targets and/or areas. Some of these overlapping targets are inconsistent in their general description as well as the focus area, and/or important factors associated with these targets. For example, offender skills are explained by the various assessments as follow:

Skills assessment of the various offenders

General offenders

Skills

- Critical thinking
- Problem-solving skills
- Self-monitoring
- Narrow and rigid thinking
- Conflict resolution
- Low frustration tolerance

Sex offenders

Skills and Lifestyle problems

- Marital problems
- Intimate relationship skills
- Social incompetence
- Stress

Violent offenders

Skills

- Problem-solving skills
- Coping abilities
- Social incompetence
- Stress
- Assertiveness
- Decision making skills

For all three types of offenders (general, sex and other violent offenders), factors such as age, marital situation, intelligence, criminal history, offence analysis, victim characteristics, family and personal background / history, employment, education, associates, substance abuse, attitudes, cognitive functioning, skills, associates, support system, mental illness, victim empathy, impulsivity problems, high-risk situations, previous treatment and psychopathy (or antisocial personality disorder) are addressed.

A more focused approach to sex offenders lies in related issues (such as sexual deviance, arousal patterns, habits, preferences, paraphilia). Furthermore, special attention should be given to the sex offender's level of intelligence, disciplinary history (in custody), and emotional orientation (power, control, impulsive-compulsive behaviour, intimacy, loneliness, assertiveness and low self-esteem). All these factors are empirically associated with sex offenders (Barbaree *et al* 2001:495; Canadian Correctional Service - Sex Offender Program, 1996; Fisher *et al* 1999:474-478, 486; Gretton *et al* 2001:427, 428-429; Hollin 2001:336, 338, 350, 356; Laws *et al* 2000:1297; Lea *et al* 1999:110-113; Lee *et al* 2001:228-229; Looman *et al* 2001:755, 759; Hanson & Harris 2000:1, 6; Hudson & Ward 1997:324-325; Repp & Horner 1999:280, 282, 294-296; Porter *et al* 2000:216-217, 218-219, 230; Schlesinger 2000:10, 13, 14-15, 104-105, 229; Williams *et al* 1996:8-14).

Specific assessment targets for violent offenders include socio-economic status, cultural perspectives, school maladjustment, violent fantasies, high-risk situations, impulsivity and self-regulation deficits, anger and aggression, violent fantasies, skills and breach of parole and supervision. Research indicates that these variables are consistent with violent offenders (Bonta *et al* 1996b:17, 21, 23, 28; Dowden *et al* 1999:4, 15-16; Hyatt-Williams 1998:63; Hollin 2001:75-77, 418-422; Loza 2003:193; MacAulay 2001:5, 50; Markowitz 2003:145-146).

3.9 Offender assessment in Canada and Great Britain

Offender assessment structures in Canada and Great Britain are examined and discussed in this section. Canada is perceived to be the developer and forerunner of offender assessment and related practices (Bonta 1999b:1; Bonta 2002a:1). The Canadians developed the Level of Service Inventory – Revised (LSI-R) assessment framework. This assessment structure has been empirically tested over a period of 15 years and can be utilised for various groups of offenders (male, female, juvenile and mentally ill), different cultures as well as, different types of offences (violent and

aggressive offenders and economic offenders) (Andrews & Bonta 2002:35; Bonta & Cormier 1999:235). The United Kingdom has developed an **Offender Assessment System** (OASys). This empirical assessment framework focuses on different categories of offenders and different types of offences. Both these offender assessment frameworks are utilised to direct and guide this study. Both systems are reliable, scientifically proven and comprehensive assessment guidelines (Mann *et al* 2002:4; Robinson 2003:33).

3.9.1 Canada: Level of Service Inventory - Revised

The Canadian research has had the greatest impact on shaping policy, practice and intervention in corrections in Canada, as well as in other countries (Bonta & Cormier 1999:235). The Level of Service Inventory - Revised (hereafter referred to as LSI-R) was developed by Andrews and Bonta (1995) and can be traced to probation and parole officers in the late 1970s, who became more explicit about how decisions were made regarding the level of supervision and the type of services their clients required (Andrews & Bonta 1998:229; Bonta & Cormier 1999:239).

The research for the LSI-R involved thousands of offenders and is based upon the social learning theory of criminal behaviour, which explains criminal conduct regardless of the setting (such as prison or probation), the offence (for instance violent offenders and white collar criminals), and the person (male, female, and juvenile offenders) (Andrews & Bonta 2002:35,48; Simourd 2004:306-323).

The LSI-R is an empirically based actuarial instrument. It is utilised to aid in the assessment of levels of risks; in determining the criminogenic needs of offenders; in classifying offenders; determining treatment targets; and making decisions regarding supervision requirements for probation or parole (Andrews & Bonta 2002:1). This tool samples many of the major and minor risk factors in order to provide a comprehensive risk / needs assessment (Andrews & Bonta 2002:1; Simourd 2004:306-309).

This instrument is to be administered using a semi-structured interview, although investigation and review of all relevant collateral information (such as official records), are strongly encouraged (Andrews & Bonta 2002:3). The LSI-R has been found to be predictive of recidivism for many types of offenders including females, young offenders, for parolees and probationers (Gillis *et al* 1998:4; Mann *et al* 2002:8; Simourd 2002:353). It performed in the top ten percent, with an expected

reduction in recidivism in the range of 15 to 25 percent (Bonta *et al* 2000:322; Lowenkamp *et al* 2001:545).

The LSI-R is a quantitative survey of the attributes of offenders and their situation relevant to level of service decisions. The instrument comprises 54 items that assess ten areas of risk and needs. These subcomponents include: Criminal history, education / employment, financial, family situation / marital, accommodation, leisure / recreation, companions, alcohol / drugs, emotional / personal and attitudes / orientation (Andrews & Bonta 1998:229; 2002:1-3; Lowenkamp *et al* 2001:545; Loza 2003:190; Oklahoma Offender Assessment Data 1999:2; Simourd & Hoge 2000:260). The subcomponents are indicators of the major risk factors identified by theory and research (Andrews & Bonta 2002:1).

Several studies have demonstrated the reliability and validity of the LSI-R as a tool for assessing the risk of recidivism (Andrews, Kiessling, Mickus, & Robinson, 1986; Bonta & Motiuk, 1987; Loza & Simourd, 1994; Stevenson & Wormith, 1987). Other reports have indicated that the tool has the potential for assessment of violent recidivism (Loza & Simourd, 1994; Rowe, 1995) and sex offender recidivism (Simourd & Malcolm, 1998) (Bonta & Cormier 1999:238).

This assessment tool can be completed in less than one hour, is multi-dimensional and includes many variables (Andrews & Bonta 1998:229-230; 2002:3; Bonta *et al* 2000:321; Loza 2003:190).

3.9.1.1 Subcomponents of the LSI-R

The subcomponents represent the following areas (Andrews & Bonta 2002:5-11; Gendreau *et al* 1996:23; Simourd & Hoge 2000:260; Simourd 2004:306-323):

- *Criminal history*: Prior criminal record, charges, serving a sentence in an institution or in the community, any outstanding charges, the number of present offences, arrest under age 16, escape history from a correctional facility, attempted escape from a youth or adult correctional facility, institutional misconduct, probation / parole suspended and a record of assault / violence.
- *Education / employment*: Employment record before incarceration, the possibility of returning to their jobs after incarceration, unemployment record (currently unemployed, frequently unemployed, never employed for a full

year, ever fired, “job-hopping” or pensioners), level of interest in job, pride in abilities and performance, attendance at work, do they want to stay in the same line of work, unsatisfactory work - boring, dangerous, unpleasant, or cannot perform well, and problems with co-workers and management.

- ❑ *School*: Achievement in education, suspended or expelled at school, history of truancy, participation / performance in school activities and school attendance record.
- ❑ *Peer interactions*: Whether the client gets along with fellow students (school and current peers), problems in adapting and poor peer socialising skills, are considered.
- ❑ *Authority interactions*: Respect for teachers, the law and other figures of authority.
- ❑ *Financial problems*: Factors such as financial management pattern, financial difficulties, means of support, current financial situation, source of income (including criminal activities), reliance upon social assistance, workers' compensation, unemployment insurance, and pension or disability pension.
- ❑ *Family / marital*: Satisfaction / dissatisfaction with marital or equivalent relationship(s), level of relationship (rewarding, caring, satisfied, single or unattached), and the level of violence and conflict in the relationship.
- ❑ *Parental relationships*: Establish whether the parent-child relationship was rewarding, satisfying, punishing, unpleasant, uncaring, hostile, or indifferent. Considering whether both parents are alive, married, divorced, absent, deceased, negative child-parent bond / attachment, contact with parents, and the type of contact with parents (conflicting and hostile or warm and close).
- ❑ *Non-rewarding (not significant others) other relatives*: Positive and/or negative relationship with other relatives such as siblings, grandparents, aunts, uncles, cousins or in-laws.
- ❑ *Criminal-family / spouse*: Whether a parent, sibling, spouse or close relative have a criminal record.
- ❑ *Accommodation*: Fixed address, social status of neighbourhood (such as slum areas), happiness or dissatisfaction with accommodation situation, changing address regularly and high crime neighbourhoods.
- ❑ *Leisure / recreation*: When the offender was in the community - absence of participation in positive organised activities (for instance union, a sports club or church activities), participation in group social activities (such as dances and weekend barbecues), hobbies (for example stamp collecting, weight

lifting and car repairs) and the impact of leisure time on education, employment and personal relationships should be considered.

- *Companions*: When in the community - social isolation, lack of a significant, intimate and mutual relationship with a non-relative, inability to get along with others, presenting self as shy, withdrawn, and having unlined social skills, a chronic inability to form a bond or to interact with someone as a friend, expectations of others, engagement in solitary activities, and criminal acquaintances and friends should be taken cognisance of.
- *Alcohol / drug problem*: Excluding nicotine and caffeine. Includes alcohol problem (previous and current), alcohol consumption (heavy consumption or a social drinker), drug problem (nature, extent and types of drugs used), substance abuse law violations, alcohol or drugs contributing to criminal and/or problem behaviour to support a habit, effect of substance abuse on employment, personal functioning, family, marital and other relationships, medical problems associated with substance abuse, financial difficulties due to use, and the use of a substance to avoid hang-over or withdrawal.
- *Emotional / personal*: Responses to life stressors, quality of functioning in the real world, psychological or psychiatric problems, level of adaptive functioning, emotional distress, anxiety, signs of depression, cognitive and emotional functioning, personality disorders, mental-health treatment (past and present), intellectual functioning, academic / vocational potential, academic / vocational interests, excessive fears, negative attitudes toward self, hostility, anger, potential for aggressive behaviour, impulse control, self-management skills, interpersonal skills, contact with reality, withdrawal, over-activity, disregard for the feelings of others, reduced ability, or inability, to feel guilt / shame, and criminal acts that appear irrational.
- *Attitudes / orientation*: This need area is concerned with what and how a person thinks about himself, others and the world. Important factors include attitudes, values, beliefs and thinking (pro-criminal, antisocial, supportive of crime), taking responsibility for actions and the consequences thereof, rationalisations or justifications of law violations, emphasis on the usefulness of criminal activity, ability to empathise, or to be sensitive to the feelings, wishes, and expectation of others (including the victim(s)), hostility toward the criminal justice system, supportive of society's institutions (namely government, business, labour, service systems, home and family,) and underlying values (such as a belief in order, peace, justice and security). Attitude and feelings toward conventional non-criminal others (peers, parents,

siblings, spouse, teachers and employers) and interactions with these others. Aggression, selfish, narcissistic antisocial behaviour and criminal sentiments should also be considered.

Andrews and Bonta (1998:229) are of the opinion that criminal history, companions, attitudes / orientation, and emotional / personal subcomponents are categorised as the “Big Four” assessment items / targets in corrections. Any assessment strategy should include these “big four” components according to these researchers.

3.9.1.2 Evaluation of the LSI-R

Hollin, Palmer and Clark (2003:422, 434, 436) found that the LSI-R could be successfully utilised within English prisons. The LSI-R is regarded as a “professional boon” in many ways. It has a scientific basis and is associated with increased credibility and a heightened sense of professionalism. However, there is also evidence of a counter-perception according to which the instrument is associated with de-skilling, the erosion of professional discretion and a process of de-professionalisation (Robinson 2003:33). According to Simourd (2004:306-309, 318), the LSRI-R can be successfully employed as a classification / management tool among an array of offender groups including probationers, male inmates, female offenders, juvenile offenders, sexual offenders, long-term offenders and psychopathic and violent offenders.

In theoretical terms, the introduction of a structured approach to assessment was linked with a reduction in the amount of “indeterminacy” in corrections. Indeterminacy refers to the component of practice which is based on specialist knowledge, its interpretation, and the exercise of professional discretion. Professional status is also associated with the capacity of occupations to maintain indeterminacy in practice. It is argued that, as practice becomes increasingly technical (standardised, ‘programmable’ or subject to routine practices), indeterminacy is reduced and professional status is undermined. Although existing research has only hinted at the possible negative implications of an increasingly ‘technical’ approach to offender assessment, defensive stance in the mid-1990s was indicative of a growing sense of professional insecurity concerning reduced levels of indeterminacy (Robinson 2003:33).

Other criticisms of the LSI-R include a failure to consider physical and sexual abuse as risk factors, and failure to modify the instrument for the assessment of female

offenders (Lowenkamp *et al* 2001:543). Several researchers (Chesney-Lind, 1989, 1997; Funk, 1999; Mazerolle, 1998) are of the opinion that the risk factors are only used to predict antisocial behaviour in male offenders (Lowenkamp *et al* 2001:546). In recent years, a number of criminologists (Brennan, 1998; Burke & Adams, 1991; Farr, 2000) have called for empirical research addressing their suspicions that prisoner risk classification systems originally designed for men, are less accurate in predicting female violent misconduct (Harer & Langan 2001:513, 522, 529).

Research conducted by Lowenkamp *et al* (2001:543, 546, 554) indicated that the LSI-R is a valid (predictive) instrument for female offenders, making the LSI-R a valid instrument for both males and females (particularly concerning recidivism). Harer and Langan (2001:513, 530) found that the same classification instrument predicts violent behaviour equally well for women and men.

3.9.2 The United Kingdom: Offender Assessment System

The British **Offender Assessment System** (hereafter referred to as OASys) is a national system for assessing risk and needs of offenders, designed by the Prison and Probation Services (Mann *et al* 2002:3). OASys is a central part of evidence-based practice. It forms an integral part of the work of practitioners in assessing offenders, identifying the risks they pose, and deciding how to minimise those risks and tackle offending behaviour effectively (Mann *et al* 2002:3).

OASys is based on the latest research evidence. It has been piloted extensively by prison and probation staff and is subject to ongoing validation against re-conviction and other data. This assessment system does not replace an assessor's judgement, but helps to ensure that the assessment is comprehensive and evidence based (Mann *et al* 2002:8; National Probation Service Briefing: March 2002:1).

The aim of OASys is to deliver a common, efficient and effective offender risk and needs assessment system that targets a reduction in reoffending / reconviction rates and subsequently guarantees increased protection to the public (Mann & Wincote 2001:1; National Probation Service Briefing: March 2002:1).

OASys is designed to help practitioners to make sound and justifiable decisions. It has the capacity to provide valuable management information, to develop profiles of the offenders, to identify relevant risk and need factors, to evaluate overall outcomes, and help to produce supervision plans (Mann *et al* 2002:4, 20, 124; National

Probation Service Briefing: March 2002:1). In sum, the purpose of OASys is to: (Mann *et al* 2002:3, 8):

- ❑ Assess the likelihood of reconviction;
- ❑ Identify and classify offender related needs for intervention;
- ❑ Measure changes in offenders' risk levels and needs over time;
- ❑ Assess levels of risk (self-harm; suicide, vulnerability, escape, control issues, and breach of trust);
- ❑ Link assessments with offender sentence and supervision plans;
- ❑ Trigger appropriate further assessments for specific risks and intervention needs
- ❑ Transfer assessment records with offenders as they move between establishments and the two services;
- ❑ Provide management information: To analyse assessment results, help plan interventions, effectively utilise resources, demonstrate delivery of objectives against targets, and to evaluate the effectiveness of interventions;
- ❑ Provide aggregated offender assessment data for research analysis;
- ❑ Provide an efficient computer-based system for assessments to be recorded consistently and accurately, with results of assessments easily recallable for review or update whenever required.

3.9.2.1 Components of the OASys

The different sections of OASys examine (Mann *et al* 2002:5, 8, 10-12, 25-26, 35; National Probation Service Briefing 2002:2-3):

- ❑ *Offending history and current offence*: The Offending Information Section examines current and previous offences. Research confirms criminal history to be the best predictor of future conviction. Current offence(s) are analysed to identify risk of serious harm, risks to the individual and other risks (National Probation Service Briefing 2002:2).
- ❑ *Social and economic factors*: This heading applies to factors such as accommodation, education / employability, financial management, relationships, lifestyle / associates, and substance abuse. These factors are assessed separately as is indicated in this discussion.

- ❑ *Accommodation*: Whether accommodation is available, the quality of accommodation and whether the location encourages reoffending or creates a risk of harm.
- ❑ *Education / training and employment*: Research demonstrates that offenders are generally less well educated and trained than other groups in society. They are more likely to be unemployed, have a poor history of employment and express a dislike to the work ethic (National Probation Service Briefing 2002:2).
- ❑ *Financial management and income*: Income is directly related to reoffending. How income is managed (an indicator of general ability to cope), which is also related to reoffending, is also considered (National Probation Service Briefing 2002:2).
- ❑ *Relationships*: Assesses whether the offenders' satisfaction with their relationships and their stability relate to their offending behaviour.
- ❑ *Lifestyle and associates*: Examines aspects of the offender's current lifestyle. A clear link exists between how offenders spend their time, with whom they associate and the likelihood of reconviction (National Probation Service Briefing 2002:3).
- ❑ *Drug misuse*: Identifies the extent and type of drug misuse and its effects on an offender's life. Research consistently links misuse of drugs with reoffending.
- ❑ *Alcohol misuse*: Alcohol abuse is a significant factor in previous or current offending and is often linked with the risk of harm (National Probation Service Briefing 2002:3).
- ❑ *Personal factors*: Of importance here are emotional functioning, thinking and behaviour and attitudes of offenders. These factors are also assessed separately.
- ❑ *Emotional wellbeing*: Examines the extent to which emotional problems interfere with the offender's functioning, or create the risk of harm to themselves or others. Mental health problems such as anxiety and depression relate to offending for certain groups (National Probation Service Briefing 2002:3).
- ❑ *Thinking and behaviour*: Assesses the offender's application of reasoning, especially in terms of social problems. Research indicates that offenders tend not to think things through, plan or consider the consequences of their behaviour and not see things from other people's perspectives.

Those with a number of such 'cognitive deficits' will be more likely to reoffend (National Probation Service Briefing 2002:3).

- ❑ *Attitudes*: Considers the offender's attitude towards their offending and towards supervision. A growing body of research demonstrates that pro-criminal attitudes are predictive of reconviction. Addressing attitudes can reduce the likelihood of reconviction (National Probation Service Briefing 2002:3).
- ❑ *Health and other*: Assessors use this section when considering suitability for community punishments (which may involve physical work), electronic monitoring and programmes. This information will mainly be used by the probation service, but also assists the prison service to determine suitable allocations to work and in sentence planning (National Probation Service Briefing 2002:3).
- ❑ *Self-assessment*: An opportunity for the offender to record their views and comment on how they perceive their life. Evidence suggests that offenders recognise their own problems. The level of difficulties they report is linked with reconviction (National Probation Service Briefing 2002:3). According to Mann *et al* (2002:25), the self-assessment may be completed either before or after the interview, and can also be used as a further guide to the offender's ability to read and write. The following factors could indicate a basic skills need (Mann *et al* 2002:25-26): "Did the offender need help in completing the form?", "Is the address correctly written and with the appropriate postal code?", and "Is the date of birth completed accurately?"
- ❑ *Risk evaluation*: Risk of serious harm (harm to the public, known adults, staff, fellow inmates or children), to the individual (suicide, self-harm, coping in custody or own vulnerability), and other risks (escape / abscond, control issues, breach of trust) should be considered (National Probation Service Briefing 2002:3).
- ❑ *Confidential*: This section is for information that cannot be disclosed to the offenders and includes a form for requesting information from anyone contributing to an OASys assessment (Mann *et al* 2002:10).
- ❑ *Summary sheet*: The summary sheet draws together key information from the assessment of the offender. It summarises offending-related factors, risk of reconviction, likelihood of serious harm to others and concerns about suicide and escape (Mann *et al* 2002:11).

- *Supervision and sentence planning*: Outline plan, initial plan, review plan, and transfer and termination are important factors to consider.

3.9.2.2 Evaluation of the OASys

OASys can be used to reassess offenders at various points during their sentence, and to measure how they have changed (Mann *et al* 2002:4). Similar to other 'technical' practice initiatives, risk / needs assessment instruments are associated with conflicting implications for 'professionalism'. On the one hand, a more structured, standardised approach to assessment is claimed, which is associated with enhanced consistency, fairness, accuracy and effectiveness. On the other hand, the role of 'indeterminacy' in practice is de-emphasised and consequently generate fears about de-professionalisation. This apparent 'professional paradox' is also applicable to the LSI-R assessment structure, and is associated with a collective ambivalence around the move toward structured approaches to assessment (Robinson 2003:35).

According to Mann *et al* (2002:156), OASys cannot provide an in-depth assessment of all specialist areas, but is designed to trigger further assessments in some areas (such as sex offenders). It is therefore utilised as a general assessment framework for all types of offenders. Robinson (2003:36) believes that as prediction and assessment methods become more sophisticated, the instruments themselves tend to become lengthier and place greater demands on practitioners' time.

3.10 Offender assessment in Africa and South Africa

This section evaluates the development and/or existence of offender assessment practices in Africa and in South Africa.

3.10.1 Africa

According to Bonta (Personal interview 25 August 2003), there is no African country that uses an evidence-based assessment structure for offender risk prediction and treatment planning. However, Motiuk (Personal interview 2 September 2003) notes that the Namibian Correctional Service is in the process of implementing offender risk and needs assessments. This assessment structure was developed and piloted by the Canadians and is a Correctional Intervention System (CIS), which is a risk / needs assessment protocol combined with a sentence plan. According to Motiuk

(Personal interview 13 February 2004), this initiative has, however, been on hold since the implementation thereof.

3.10.2 South Africa

Labuschagne is considered as a pioneer in the practice of criminology and forensic criminology (collecting, analysing and presenting evidence in the interest of objective proceedings in the judicial process) pertaining to pre-sentence evaluation reports (an aspect of offender assessment) in South African criminal courts (Labuschagne 2001:v, 106). This criminologist examined the importance, practical relevance and professional assistance of criminological offender assessments (including personal background of the offender, personality and social circumstances) or pre-sentence evaluation reports for South African criminal courts, in determining individualised sentencing options (Labuschagne 1992:6; 2004:1-26).

The purpose of Labuschagne's (1992:21) study was to:

- Evaluate the relevance and importance of a criminological pre-sentence evaluation report for South African criminal courts and judicial persona;
- Enhance the contribution of criminology and/or criminologists in terms of expert witnessing in South African criminal courts;
- Determine the nature of criminological pre-sentence evaluation reports regarding the offender's moral blame;
- Evaluate the relevant norms associated with the professionalisation of forensic criminologists / criminology;
- Stipulate the important contribution of criminology / criminologists in practice and in the criminal justice system in South Africa.

The aim of Labuschagne's (1992) pre-sentence assessment is to assist jurists in a specialised manner to apply a just, appropriate and individualised sentence (Labuschagne 2001:113). This means that forensic criminologists compile pre-sentence evaluation reports of accused persons to assist the court in personal and individual information, a criminological explanation, specialised analysis, evaluation and assessment of criminal conduct. This is done to promote individualised punishment and to (Labuschagne 2001:109; 2004:1):

- Provide the court with an overview of the offender and his problems (offender profile);

- Assist the court in decision-making regarding suitable measures for specific circumstances (such as determining motivation, causes, triggers and personal influences of criminal conduct);
- Develop a sound structure or framework for the further treatment of the offender;
- Prepare the report in such a format that it can be utilised as an important source of information for offender management and programme planning.

Labuschagne (2001:106) argues that the trial court should be informed about the particular and individual factors of the offender and the composition of the offender's personality as a whole. Other important factors addressed by Labuschagne (1992:314, 393, 402-470; 2001:106-107, 110-111; 2004:1-26) include:

- ❑ Particulars of identity (biographic details such as date of birth, age, race, physical address, national service, health, religion and gender of the accused);
- ❑ Criminal history;
- ❑ Family background details;
- ❑ Marital status;
- ❑ Occupation / employment;
- ❑ Nature and extent of the crime;
- ❑ The victim(s) of the crime;
- ❑ Racial attitude;
- ❑ A scientific explanation of crime (theories of crime causation);
- ❑ The character (personality traits) of the accused;
- ❑ Childhood experiences (such as childhood trauma and abuse);
- ❑ School experiences;
- ❑ Peer and subculture influences (for instance gang involvement);
- ❑ Estimation of dangerousness (for sentencing purposes);
- ❑ The state of physical appearance (including health) of the accused;
- ❑ Responsibility towards family / dependants;
- ❑ Mental health;
- ❑ Substance use / abuse;
- ❑ Motivation leading to the action;
- ❑ Group dynamics;
- ❑ Possible provocations (the role of the victim);
- ❑ Possible emotional conflict;
- ❑ Intelligence;

- ❑ The possibility of coercion or intimidation;
- ❑ Remorse;
- ❑ Ignorance of the law;
- ❑ Belief in sorcery;
- ❑ Leisure activities;
- ❑ Compensation / reparation by the accused;
- ❑ Degree of participation by the accused;
- ❑ The degree of reconcilability;
- ❑ The prospects of rehabilitation of the accused;
- ❑ Any other relevant personal factors;
- ❑ Alternatives to imprisonment;
- ❑ Conclusions / recommendations concerning a suitable sentence.

The abovementioned factors capture important aggravating (factors to be considered for a heavier sentence, such as previous convictions, a premeditated offence and the loss of a human life) and mitigating (factors to be considered for a lighter sentence, such as no previous criminal record, youthful age of the offender, low intellect, and mental illness) factors considered for sentencing purposes (Labuschagne 2001:107-110; 2004:1-26).

Labuschagne's study (1992) supplies a specialised needs assessment to the court and ensures an appropriate and individualised sentence for an accused person (Labuschagne 2001:113; 2004:1-14). This can be utilised to direct correctional officials on further in-depth assessments for custodial and intervention purposes. For this reason, the African and South African research on offender assessment are included in this chapter.

3.11 Conclusion

Numerous research findings pertaining to the preponderance of offender needs were evaluated in this chapter. Various needs and/or targets relating to *demographic details* (for example age, marital status and socio-economic status), *personal* (for instance family and personal background and childhood abuse), *social* (such as social support, environmental and family influences), *criminological and/or criminality-related* (such as criminal history, triggers and criminal associates) and *emotional and/or psychological* (namely personality disorder, cognitive functioning and paraphilias) were examined.

These targets address the 'totality' of an offender's functioning within determined social settings. Overlapping assessment targets for various types of offenders were identified that stress the importance of a multi-disciplinary approach. Lastly, existing assessment structures of Canada, Great Britain, Africa and South Africa were extensively evaluated in this chapter.