



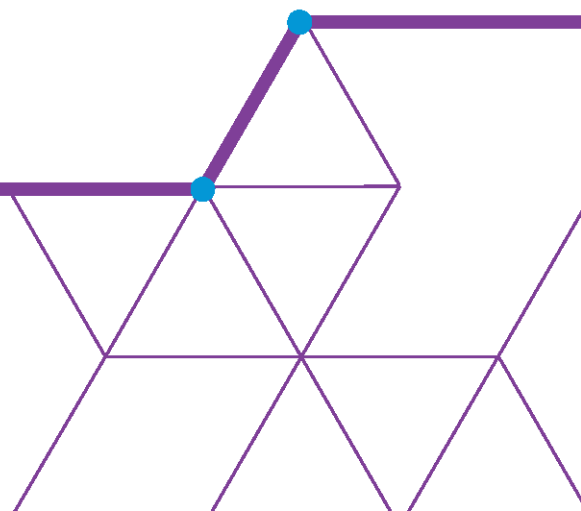
HM Prison &  
Probation Service

# The Development of a Scale for General Paraphilia

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Preventing victims by changing lives



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# Contents

## List of tables

<b>1. Summary</b>	<b>1</b>
<b>2. Introduction</b>	<b>2</b>
<b>3. Method</b>	<b>5</b>
3.1 Sample	5
3.2 Measures	6
3.3 Procedure	7
<b>4. Results</b>	<b>10</b>
4.1 SGP Item Frequencies	10
4.2 Factor Analysis of SGP Items	11
4.3 Inter Rater Reliability of SGP	12
4.4 Criterion Validity of SGP	12
4.5 Exploration of versions and cut offs	15
4.6 Methodological limitations	15
<b>5. Conclusions</b>	<b>18</b>
5.1 Applications for research, policy and practice	19
5.2 Issues for practitioners and researchers	20
5.3 Next Steps	20
<b>References</b>	<b>22</b>
<b>Appendix 1</b>	<b>25</b>
<b>Appendix 2</b>	<b>28</b>

## List of tables

Table 1: SGP Item Frequencies	10
Table 2: SARN Treatment Need Analysis (TNA) Distributions and SGP Mean Scores	13
Table 3: Items in the Original SGP	25
Table 4: Final Blank Version of the SGP	28

# 1. Summary

A paraphilia can be defined as persistent, intense, and atypical sexual arousal pattern. Some paraphilia result in a crime if acted on, for example acting on persistent arousal to pre-pubescent children (paedophilia). Other paraphilia can be satiated with consenting partners (e.g. sexual masochism). Accurate assessment of paraphilia is essential in order to support sentence planning for men convicted of sexual offences, to support robust evaluation and to develop our understanding of how the organisation responds to the causes and influences of sexual offending.

This study aimed to develop and validate a rating scale of general paraphilia, which could be easily scored from routine or easily accessible background and offence details. The term 'general paraphilia' is used to refer to the presence of one or more distinct atypical sexual interests, rather than assuming or attempting to measure a single underlying factor for different paraphilia. A 16-item scale (Scale of General Paraphilia; SGP) was produced after examination of the literature to identify factors associated with the presence of general paraphilia. This initial scale was further refined with the use of exploratory factor analytical techniques with a sample of 188 men who had all been convicted of at least one sexual offence, and who were serving a prison sentence. The scale was further validated with the use of a range of statistical analyses. The SGP significantly correlated with scores on the sexual interests domain of a structured professional judgement tool, which itself has good predictive validity. SGP scores significantly differed by presence of general paraphilia, and predicted general paraphilia in a regression model. The SGP had excellent predictive validity according to AUC statistics. The implications of the SGP are discussed, along with limitations and suggestions for further research.

## 2. Introduction

The term 'paraphilia' refers to "an intense and persistent sexual interest other than a sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners" (American Psychiatric Association, 2013, p.685). "Phenotypically normal" in this definition refers to the '*normal*' characteristics of adults. Paraphilia are diverse, representing an intense and persistent arousal pattern in distinct stimuli, sets of stimuli or specific acts. Such a pattern should be equal to, or greater than, the capacity to become aroused to consenting sex with phenotypically normal adults, and in this case, it can be thought of as 'preferential'. Some paraphilia result in a crime if acted on, for example, acting on a sexual interest in pre-pubescent children (paedophilia), or secretly watching an unsuspecting individual(s) naked, undressing or engaging in sexual activity (voyeurism), or the exposure of one's genitals in public (exhibitionism). These are regarded as offence-related paraphilia. Other paraphilia such as a sexual interest in inanimate objects or non-genital body parts (fetishism), the suffering or humiliation of others (sexual sadism), or one's own pain (masochism), can and often are, achieved with consenting partners. An example would be two consenting adults engaging in sadistic and masochistic role-play. This is called 'BDSM' ('Bondage and Discipline, Domination, Submission, Sadism and Masochism'). It is important to note that a paraphilic interest itself does not constitute a mental disorder. Only where it causes distress, impairment or acts of harm is the diagnosis of a disorder appropriate (APA, 2013). For this, the APA (2013) reserves the term 'Paraphilic Disorder'. For example, this could include a person with an offence-related paraphilia(s), acting on it and perpetrating sexual offences (i.e., inflicting abuse and causing harm to victims). However, this should not be taken to assume that all those who sexually offend do so because of a persistent arousal pattern in harmful sex, and are thereby exhibiting a Paraphilic Disorder. Sexual offending behaviour should only be regarded as indicative of a paraphilia if it can be established that it is driven by a persistent and intense atypical arousal pattern. This is because behaviour, including sexual offending behaviour, is only one possible manifestation of paraphilic arousal, and it is intense and persistent atypical arousal, not behaviour, that constitutes paraphilia.

Research indicates that paraphilia, such as paedophilia, sexual sadism and multiple paraphilia are associated with sexual recidivism (Hanson & Morton-Bourgon, 2005; Mann, Hanson & Thornton, 2010). Given this association, the accurate assessment of paraphilia is important to public protection agendas. Accurate assessment should help guide individual rehabilitative planning, and inform effective risk assessment, as well as provide broader level data about the demand for interventions that target paraphilia. In addition, an accurate

paraphilia assessment would help with the rigorous evaluation of such interventions. Such accurate assessment is however, difficult (Thornton, Ambroziaki, Kahn & Mundt, 2018). Firstly, individuals have a self-serving motive to conceal paraphilia, not only because most paraphilia are stigmatised (e.g. Jahnke, 2018; Imhoff, 2015), meaning marginalisation is likely, but because acknowledgement can create an obstacle in sentence progression. Secondly, individuals may have limited insight into their paraphilia, especially if they have not recently been exposed to relevant stimuli. Thirdly, sexual interest is complex involving multiple phenomena, such as arousability, specificity of interest, and sexual self-regulation (Hanson, 2010). Ideally, assessments would be hard to fake, would not rely on insight, and would assess multiple aspects of sexual response (Thornton et al., 2018).

The best validated assessment tool for assessing several paraphilia, is laboratory-based phallometry (Thornton et al., 2018; McPhail et al., 2019). Phallometry measures changes in penile circumference or volume while stimuli depicting different ages, sexes, and sexual activities are presented. However, there are a number of issues with the use of phallometry; it is costly, intrusive, lacks standardisation and is associated with several ethical objections (see Laws, 2009). Indirect measures, for example implicit association and viewing time tasks, show utility as newly emerging alternatives (Babchishin, Nunes & Hermann, 2013; Schmidt, Babchishin, & Lehmann, 2017), but rating scales remain the most pragmatic option (Thornton et al., 2018). As with all measures, however, they need to be reliable to be of benefit. Rating scales allow clinicians to draw on available file details of offending history to rate the presence of certain items indicative of specific paraphilia. Scales sum the number of items present to achieve a total score. The most well-validated rating scale is the Screening Scale for Pedophilic Interests (SSPI; Seto & Lalumière 2001), and the revised SSPI-2 (Seto, Stephens, Lalumière & Cantor, 2017). Another well-used rating scale is the Severe Sexual Sadism Scale (SeSaS; Nitschke, Osterheider & Mokros, 2009) which combines items to do with crime-scene behaviour, offence planning and previous sadistic behaviour, and is considered to be a valid diagnostic aid for assessing forensically-relevant severe sexual sadism (Nitschke, Mokros, Osterheider & Marshall, 2013). To our knowledge, no clinician rating scales for other forensically-relevant paraphilia exist.

A generic paraphilia rating scale would be useful in HMPPS, where volumes of individuals who access programmes for sexual offending are high. In HMPPS, the SSPI-2 is used in programme pathway planning. Assessment of other paraphilia is subject to self-report and signs of intuitively relevant indicators across time and context. The Ministry of Justice (MoJ), in collaboration with HMPPS, in the United Kingdom also has a responsibility to undertake robust programme evaluations that can support effective policy. Programme evaluation is



challenging, and minimally-informative standards of scientific rigour are only occasionally reached (Walton & Chou, 2015; Walton, 2018). Screens and scales of selection variables, such as paraphilia, that confound outcomes if left unmatched, are extremely valuable to researchers who attempt to establish equivalent groups and provide evaluation data that is least compromised by systematic error. A recent example, includes a large-scale evaluation of the HMPPS' Sex Offender Treatment Programme, published by the MoJ (Mews, Di Bella & Purver, 2017). The authors caveated an overall non-positive outcome based on a comparison group that included individuals irrespective of their willingness to engage, and on the lack of available information to match groups on an overall aggregate measure of sexual deviancy (including paraphilia).

The aim of this preliminary research was to develop and validate a general paraphilia rating scale primarily for evaluation purposes in HMPPS and the MoJ. The rating scale was designed for use with men aged 18 or older, who have been convicted of at least one sexual offence. As outlined above, paraphilia represented different sexual interests, manifest in arousal to specific stimuli (e.g. children, violence, publicly exposing one's genitals to non-consenting individuals etc.). Therefore, the term 'general paraphilia' is used to refer to the presence of one or more distinct offence-related sexual interests, rather than assuming or attempting to measure a single shared underlying factor for different paraphilia. The scale needed to be quick and easy to code, using easily accessible information such as that stored on the Offender Assessment System (OASys) and existing file documentation relevant to offence details and life history.

## 3. Method

### 3.1 Sample

A total of 188 adult males formed the final sample. All had been serving a prison sentence and were assessed using the Treatment Needs Analysis (TNA; a structured risk assessment tool) between 2000 and 2010, the period during which TNA data was routinely centrally collated. All had committed at least one sexual offence or an offence with a sexual element (this could be any offence in their history, not just the index offence or offence for which they were currently serving their sentence). This final sample was generated from a series of steps. Initially the HMPPS Interventions Services (IS) TNA database was scrutinised. This contained TNA data for men who had participated in a programme in prison and who were assessed with a TNA between 2000 and 2010, and for whom TNA data was gathered locally and sent in to HMPPS IS for entry onto a central database. This dataset contained a total of 3616 entries and was selected as the starting point for this research due to the fact that TNA data was needed in order to examine the validity of the tool created. After a process of data cleaning, which involved removing duplicates and only retaining those with full and complete data, 2724 men remained (75% of total entries).<sup>1</sup> A random 20% of this sample was then selected (using SPSS random sample generator),<sup>2</sup> which resulted in a sample of 523 men. Of these, only 188 (35.9%) were found on the central OASys database, and had full OASys data which enabled scoring of the variables of interest for the scale. The majority of the sample were lost due to individuals moving prisons and difficulties with searching for people without knowing the prison they reside in (this difficulty was due to the access restrictions the researchers had to the database). It is also likely that a small proportion did not have full OASys assessments.

The average age of the final sample of 188 was 38.0 (age was calculated at the time of the generation of the TNA data). Just over seventy percent of the sample were not in a relationship at the time of the assessment, and 85.1% of the sample reported themselves as white in ethnicity. At the time of the initial TNA, the men were residing in one of 25 prisons across England and Wales. The demographics of this sample (in terms of age and ethnicity) are broadly similar to a large sample of men convicted of sexual offences in England and Wales used for a study to validate a risk assessment tool, which was gathered at around the

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<sup>1</sup> Case-wise deletion was used over imputation methods here due to the large starting sample size meaning that there was sufficient power regardless of the loss of part of the dataset at this point. From examination of the data it also appeared that missing variables were random.

<sup>2</sup> 20% of the sample were randomly selected as a way to generate a reasonable sample size that was feasible for the researchers to score a new rating scale on.

same time (Barnett, Wakeling & Howard, 2010). This indicates that the sample were largely representative of the wider population of men convicted of sexual offences residing in prison at this time, in terms of these variables.

### 3.2 Measures

*SARN Treatment Needs Analysis (TNA)*. The Structured Risk Assessment instrument (Thornton, 2002), which was later renamed the Structured Assessment of Risk and Need (SARN) is a clinical framework for evaluating static risk, and then structuring clinical judgement about dynamic risk and pro-social change. The first part of the SARN is the static risk assessment, which uses the RM2000 (Thornton et al., 2003). The second part of the SARN, is the TNA. The TNA asks assessors to examine sixteen dynamic risk factors or treatment needs clustered within four domains for their relevance to the individual. All treatment needs within the SARN have been linked, to varying degrees, via published empirical research to recidivism (e.g., see Mann et al. 2010). The four domains of SARN are: 'sexual interests', 'pro-offending attitudes', 'social and emotional functioning', and 'self-management'. Only the TNA sexual interests domain (and associated treatment needs) was used to examine the criterion validity of the SGP, as research has found that it is associated with sexual recidivism (Tully, Browne & Craig, 2014). The sexual interests domain contains the following treatment needs: sexual preoccupation, sexual preference for children, sexual preference for sexualised violence, and other offence-related sexual interests. Three of these needs were used as the marker of paraphilia within TNA; sexual preoccupation was not included as the literature does not suggest that this is a paraphilia.

The SARN uses a scoring protocol that examines the relevance of each dynamic risk factor as present both in the proximal lead-up to the sexual offence (the "offence chain"), and/or in the offender's life generally ("generality"). Each risk factor is scored 0 (not present), 1 (present but not a central characteristic) or 2 (a central characteristic). Any factor scored as "2" in both offence chain and generality is defined as a relevant treatment need area for the individual. The SARN TNA has been found to be valid and reliable (Thornton, 2002; Thornton & Beech, 2002; Webster et al., 2006) as a means of identifying treatment need.

*Offender Assessment System (OASys: Home Office, 2006)*. OASys is a structured assessment of static and dynamic reoffending risk factors used to aid the management of individuals convicted of crime. OASys is used throughout HMPPS with individuals aged 18 and over, who are convicted and awaiting sentence, serving custodial sentences of at least 12 months or serving probation sentences involving supervision. The main part of the assessment is an examination of offending-related factors which includes 13 sections

covering criminal history, analysis of (current) offences, assessment of 10 dynamic risk factors and suitability to undertake sentence-related activities (e.g. unpaid work, offending behaviour programmes). There are also sections summarising the offences committed. Three of the authors had access to OASys records centrally, and this was used to score the items of the SGP.

### 3.3 Procedure

A literature review of paraphilia was first conducted, in order to identify critical variables or markers of paraphilia. These markers were then operationalised into a list of simple items, which produced the initial version of the Scale for General Paraphilia (SGP). The initial list of items is shown in appendix 1. All of these items were found in the literature to be related to paraphilia and sexual arousal. This list was further refined through consultation and review a number of times, to ensure ease of scoring, clarity of scoring guidance and optimal length attempting to avoid too much duplication between items. For example, the original items 'different age groups victimized' and items relating to different age categories of victims, was turned into one item examining age of victims with categories. If individuals then had victims in more than one age category this would indicate the presence of the victimization of different age groups. The items 'more than one victim' and 'more than one child victim' were also combined into one item 'more than one victim'. Additionally, the items related to multiple sexual offences (having more than one sexual offence against one victim, and having multiple offences against more than one victim) were also combined into one item. Items were clustered and refined in this way until a final refined version of the SGP was created, and which was then examined further using statistical analyses. This refined version had 19 questions containing 16 items (some items, such as the age of the victims, had several sub-questions). All items were clearly defined behavioural markers, offence characteristics or offence history markers which were relevant or shown to be related to forensically relevant paraphilia from examination of theory, expert opinion and evidence. For example items 11 and 12 relate to extensive sexualised violence, and share some overlap with those found on the SeSaS (e.g., extreme and gratuitous acts of violence, humiliation and mutilation – see appendix 1 for item descriptions). Items consisted of the following:

- presence of an intrafamilial victim,
- having more than one victim,
- multiple sexual offences against victim(s),
- having a male child victim,
- having an unrelated victim,
- having an unrelated child victim,

- having a stranger victim,
- presence of a non-contact sexual offence,
- any possession of indecent images of children,
- all offences related to the internet,
- presence of extreme violence or sadistic violence,
- use of a weapon,
- persistence after punishment,
- offending for 5 years or more without punishment
- age of victims (in four separate categories), and
- total number of convictions for sexual offences (in four categories).

Within the initial version of the tool, a description of each item was presented, with some guidance for how to score the items. All items were scored for presence/absence: item responses were yes (presence), no (absence) or unable to score. Those items scored as present were initially given a score of 1, items scored as absent were given a score of 0 and items unable to be scored were counted as missing. For all of these items, a full exploration of the entire criminal history was examined. As such, all items referred to previous offences and/or the index offence.

Three of the authors systematically searched within OASys for each individual in the sample. If found, the full records on OASys (an individual's entire criminal history) were scrutinised and then the SGP items were examined, and scored. A total of 188 men were found to have complete OASys assessments on which the SGP could be scored (335 could not be found – see sample section above for more details). The length of time taken to complete an initial SGP varied, dependent on the quality and quantity of information within OASys, but on average took about 15 minutes per individual. Ten percent of the final sample (n=18) were double scored to examine agreement rate of scoring the SGP. The average percentage agreement and Cohen's Kappa (Cohen, 1960) statistic for each item and overall were used as an estimate of reliability.

An exploratory factor analysis using Maximum likelihood with oblique rotation was conducted to examine the structure of the SGP and to test its construct validity. Criterion validity was examined by comparing the SGP score with the TNA sexual interests domain scores. Initially correlations were conducted, along with t-tests and ANOVAS, but logistic regression was also used to explore the predictive power of the SGP in identifying those who were rated as having greater issues in terms of general paraphilia via the TNA. An area under the curve

(AUC) was also computed to examine the SGP's ability to correctly identify people with general paraphilia (as identified by the SARN TNA).

## 4. Results

### 4.1 SGP Item Frequencies

Table 1 below shows the frequencies of the SGP items on the 188 men in the sample. The item with the highest frequency was having an unrelated victim (almost 90%). The item present with the least frequency was all offences related to the internet (only 2%).

**Table 1: SGP Item Frequencies**

Item	Frequency (N)			Percent (%)		
	Yes	No	Unable to score	Yes	No	Unable to score
1. Intrafamilial victim	35	152	1	18.6	80.9	0.5
2. More than one victim even if only one conviction	111	76	1	59.0	40.4	0.5
3. Multiple sexual offences against victim(s)	113	67	7	60.1	35.6	3.7
4. Male child victim	30	157	1	16.0	83.5	0.5
5. Unrelated victim	169	19	0	89.9	10.1	0
6. Unrelated child victim	87	101	0	46.3	53.7	0
7. Stranger victim	105	80	3	55.9	42.6	1.6
8. Non-contact sex offence	48	140	0	25.5	74.5	0
9. Any possession of indecent images of children	35	151	2	18.6	80.3	1.1
10. All offences related to the internet	4	183	1	2.1	97.3	0.5
11. Extreme violence / Sadistic violence associated with sexual offence	47	139	2	25.0	73.9	1.1
12. Use of weapon	55	130	3	29.3	69.1	1.6
13. Persistence after punishment	84	103	1	44.7	54.8	0.5
14. Offending 5 years plus without punishment	16	165	7	8.5	87.8	3.7
15 (a). Any victim under 5 years	17	168	3	9.0	89.4	1.6
15 (b). Any victim 5–12 years	78	107	3	41.5	56.9	1.6
15 (c). Any victim 13–15 years	55	130	3	29.3	69.1	1.6
15 (d). Any victim 16+ years	104	81	3	55.3	43.1	1.6

	Frequency (N)	Percentage (%)
16 (a). Number of convictions for sexual offences – One	57	30.3
16 (a). Number of convictions for sexual offences – Two	24	12.8
16 (a). Number of convictions for sexual offences – 3–5	43	22.9
16 (a). Number of convictions for sexual offences – 6+	63	33.5

N.B. All items take into account previous and index offences.

## 4.2 Factor Analysis of SGP Items

The initial exploratory factor analysis produced six factors with Eigenvalues greater than one, explaining 66.4% of the variance. However, the examination of the scree plot suggested fewer factors (between 1 and 5). Additionally, three items had loadings of less than 0.3: male child victim, offending 5 years or more without punishment, and any victim under 5 years. As such, a further factor analyses was conducted combining any victim under 5 with victims 5–12 in to one variable (any victim under 12 years old), and omitting offending for 5 years or more without punishment. Male child victim was retained due to the established importance of this item. This additional analysis resulted in omitting the item ‘all offences are related to the internet’ due to a very low loading (< 0.3). The final factor analysis had 16 input variables. A three-factor solution was most appropriate according to the scree plot, and it explained 56.7% of the variance. Factor 1: ‘Offence Type’ contained 10 items, which all related to distinguishing features of adult vs child offending. The items positively loading onto factor 1 were items related to offending against children ( $n = 6$ ), whilst the items negatively loading onto factor 1 were more likely to be associated with having an adult victim ( $n = 4$ ). Factor 2: ‘Relationship to Victim’ contained two items, relating to the individual’s relationship to the victim; being unrelated (positively loading) or intrafamilial (negatively loading). Factor 3: ‘Persistence and Extent’ contained four items relating to the persistence and magnitude of offending: having more than one victim, multiple offences against the same victim, total number of convictions for sexual offences, and persistence after punishment. All loadings were greater than .3. The Velicer MAP test indicated that a one-factor solution was most appropriate. As such, a final exploratory analysis was conducted enforcing a one-factor solution, which explained 34.4% of the variance. For ease of interpretation and use, the researchers decided to proceed using the one-factor solution with one overall score for most of the analyses (though we do produce subscale scores for some analyses). The overall score can be described as measuring behaviour indicative of one or more paraphilia.



### 4.3 Inter Rater Reliability of SGP

Of the 18 cases which were double scored, 10 (55.6%) were scored identically. In 5 cases, one item was scored differently by the two raters (27.8%) and in 3 cases, two items were scored differently by two raters (16.7%). Of a total of 19 items per case, this meant that 331 out of 342 items were the same which provides an excellent average agreement rate of 96.8%,  $k = 0.89$ . Only 11 items were scored differently across the 342 items scored by the two raters. Cohen's Kappa was lowest for an item around 'offending for 5 years+ without punishment' ( $k = 0.44$ ), representing only moderate inter-rater reliability, but for all other items ranged from 0.64 to 1.00, indicating good or excellent reliability (Fleiss, 1981).

### 4.4 Criterion Validity of SGP

An overall SGP score was created for each individual in the sample using the final SGP scale (see appendix 2 for final version). Initially a total score was computed by summing up the 16 items within the SGP (omitting the three that were discarded from the analytical procedures described above: offending 5+ years without punishment, victim aged under 5, and all offences are related to the internet), giving each item rated as present a score of 1, and each item rated as absent a score of 0. The final item, total number of convictions for a sexual offence, was transformed into a dichotomous variable, with 3 or more offences given a score of 1, and fewer a score of 0. This was done to facilitate an easier scoring system and to ensure that this item was not given more weight in a final score than other items. The total SGP score could range from 0 to 16. The mean score for the sample was 6.50 ( $SD = 2.75$ ). Up to 10% of the items ( $n = 2$ ) were allowed to be missing to still compute a total score. This meant that a total score for almost the whole sample was computed ( $n = 184$ ).

The final factor analysis solution helped determine how the variables may differ for men with different types of sexual offences. Factor 1, particularly, and factor 2 seemed to be distinguishing those offending against children, and those offending against adults, potentially. As such, three separate scores for each individual were also computed based on the findings from these factors. A child score was created, based on the scores from the six positive loading items onto Factor 1 as well as the intrafamilial item from factor 2. A violence score was created, based on the scores from the four negative loading items onto Factor 1 as well as the unrelated item from Factor 2. Finally a persistence score was created based on the scores from the four items making up factor 3. The child subscale had a mean of 1.95 ( $SD = 1.97$ ), the Violence subscale had a mean of 2.57 ( $SD = 1.47$ ), and the persistence subscale had a mean of 2.20 ( $SD = 1.55$ ).

A range of variables were computed for the TNA data. To assess general paraphilia three of the four treatment areas within the Sexual Interests Domain were used: Sexual Preference for Children, Sexual Preference for Violence, and Other Offence-related Paraphilia. Sexual preoccupation was not used as this is not a clear paraphilia. The following variables were computed (and shown in Table 2 below):

- Categorical variable (0 or 1) based on whether an individual scored a 2 (indicating strong need) on the offence chain *and* a 2 on generality in any one of the three offence-related sexual interests treatment need areas.
- Score relating to the number of strong treatment needs areas in the three offence-related sexual interests treatment need areas. This could range from 0 to 3 (again based on how many of the three treatment needs scored a 2 on both offence chain *and* generality).
- An overall general paraphilia variable was created, representing those who had 1 or more offence-related sexual interest treatment needs identified.

These scoring techniques mirrored those used by Treatment Managers and other staff assessing need and programme prioritisation for men convicted of sexual offences in the lifetime of SARN TNA. Table 2 below shows the distributions as well as mean SGP scores by TNA grouping.

**Table 2: SARN Treatment Need Analysis (TNA) Distributions and SGP Mean Scores**

<b>Treatment Needs</b>	<b>N (%)</b>	<b>SGP Mean Score (SD)</b>
<b>Sexual Preference for Children</b>		
Need present	46 (24.5)	9.07 (2.09)
Need not present	142 (75.5)	6.03 (2.59)
<b>Sexualised Violence</b>		
Need present	21 (11.2)	7.71 (2.75)
Need not present	167 (88.8)	6.61 (2.99)
<b>Other Paraphilias</b>		
Need present	21 (11.2)	8.90 (2.61)
Need not present	167 (88.8)	6.46 (2.70)
<b>Number of Treatment Needs</b>		
0	112 (59.6)	5.51 (2.31)
1	65 (34.6)	8.53 (2.32)
2	10 (5.3)	8.70 (2.98)
3	1 (0.5)	12.00 (0.00)
<b>General paraphilia</b>		
Present	76 (40.4)	8.60 (2.42)
Not present	112 (59.6)	5.51 (2.31)

A Pearson's correlation between the total SGP score and the total TNA score was significant and positive ( $r = .57, p < .01, n = 184$ ), as was the correlation between the total number of TNA treatment need areas (between 0 and 3) and the total SGP score ( $r = .52, p < .01, n = 184$ ). As scores on the total SGP increase so do TNA scores. Significant correlations were also found between the Child subscale and both the total TNA score ( $r = .47, p < .01$ ) and the number of treatment needs (0–3;  $r = .47, p < .01$ ), and between the Persistence subscale and the TNA score ( $r = .48, p < .01$ ) and the number of treatment needs (0–3;  $r = .45, p < .01$ ). The correlations between the Violence subscale and the TNA score and the number of treatment needs were non-significant.

Independent samples t-tests were conducted to examine differences in SGP scores between TNA groups and Bonferroni corrections were applied to account for Type II errors. SGP scores differed between those classed as having general paraphilia (one or more offence-related sexual interests) according to TNA ( $t(182) = -8.71, p < .001$ , equal variances not assumed,  $d=1.28$ ), with them scoring significantly higher on the SGP than those not classified as having general paraphilia. Scores on the Child and the Persistence subscales also significantly differed between TNA groups (having general paraphilia or not): Child,  $t(121.20) = -7.56, p < .001$ , variances not assumed  $d=1.16$ ; Persistence,  $t(173.50) = -7.51, p < .001$ , variances not assumed,  $d=1.09$ . Those identified as having general paraphilia according to the TNA scored higher on these subscales (Child:  $M = 3.19, SD = 2.03$ ; Persistence:  $M = 3.09, SD = 1.24$ ) than those not identified as having general paraphilia according to the TNA (Child:  $M = 1.14, SD = 1.44$ ; Persistence:  $M = 1.62, SD = 1.44$ ). There were no differences in scores on the Violence subscale between groups.

Three separate independent sample t-tests were conducted to compare SGP scores for those who have treatment needs in the three Sexual Interests Treatment Areas (again using Bonferroni corrections, but separately from the corrections made previously). For all three areas, those identified as having a treatment need scored higher on the SGP than those not identified as having a treatment need. Significant differences were observed for those with a treatment need around sexual preference for children ( $t(85.16) = -7.03, p < .001$ , variances not assumed,  $d=1.29$ ), and those with a treatment need in the paraphilia area of the TNA ( $t(185) = -3.92, p < .001, d=0.92$ ). There was no significant difference in SGP scores between those identified as having a treatment need in sexualised violence and those not identified as having a treatment need in sexualised violence.

A one-way ANOVA found that SGP total scores varied significantly by the number of Sexual Interests Treatment Need areas rated as having a strong treatment need ranging from one to

three ( $F(3,183) = 26.06, p < .001$ ). SGP total scores increased with increasing number of treatment needs (0–3). Post hoc comparisons (Bonferroni comparisons all  $< .05$ ) found that there were significant differences between those with no treatment needs and those with one or two treatment needs (there was only one person in the sample with three treatment needs so comparisons here could not be computed).

A binary logistic regression found that the total SGP score significantly predicted membership in the TNA deviancy group (model summary:  $-2 \text{ Log Likelihood} = 186.03, p < .001$ ). An increase in one on the SGP scale increases the odds of having general paraphilia by 0.51. An AUC for the SGP tool of .82 was produced, indicating the scale has excellent predictive validity of having a general paraphilia (one or more offence-related sexual interests) as assessed via the SARN TNA.

#### **4.5 Exploration of versions and cut offs**

When exploring weighting the SGP items differently, a slightly revised version in which the child items were given greater weight on the scoring (2 instead of 1), produced a higher AUC of .83. This child weighted version was the only amended scale to produce a higher AUC than the original unweighted version.

Using this weighted version of the scale, various cut offs were explored to examine whether there is a score which best indicates when someone crosses the threshold into 'general paraphilia'. Examination of the true positive (number of individuals correctly identified as having general paraphilia), false positive (number of individuals without general paraphilia who are incorrectly classified as having general paraphilia), true negative (number of individuals correctly identified as having general paraphilia) and false negative (number of individuals with general paraphilia but scoring low on SGP) rates for all possible scores of the tool, was produced to explore various cut-offs for the tool. Scores on the weighted version of the scale could range from 0 to 22. A cut-off of 9 or more provided the best balance between false positives and true positives, and could therefore potentially be used as a cut-off score on the SGP to indicate general paraphilia; that is, the likely presence of at least one or more one or more offence-related sexual interest. 73.9 percent of the non- general paraphilia group scored less than 9, and 74.0% of the general paraphilia group scored 9 or more.

#### **4.6 Methodological limitations**

There are a number of limitations to this research which must be outlined. First, the current research used OASys assessments to obtain the information to score the SGP on individuals

in the sample. As such, the accuracy of the information obtained also relies on the validity of the OASys and the quality of the information input into the system. Second, the sample used in the present research were all men who had undergone assessment for programmes for people with sexual offence convictions. The SGP is therefore valid to be used with such samples. Although there is little reason to theorise that the scale would be less reliable with a non-treatment sample, further research would be warranted to confirm this. Related to this is the issue that the TNA data was gathered pre 2010 (due to the fact that data was centrally collated up until this time), which raises questions as to whether the findings would still be relevant for more recent data collection. Although there is no reason to suppose it wouldn't be the same, this cannot be determined for sure, and as such it is recommended that this research is replicated in the future. Third, the use of TNA information as the validity check is limited. The TNA was the best available information for the sample as to whether they were deemed to have a general paraphilia. However, although the TNA sexual interests domain has been found to significantly predict sexual recidivism (Tully et al., 2014), a more robust measure to use would be sexual arousal. It would therefore be worthwhile validating the SGP in future research with sexual arousal. Fourth, it was also possible that some groups were missing from the research sample or in small numbers, making it difficult to confirm reliability with these specific groups. This includes people who had committed a sexual homicide, transgender individuals and females. Fifth, due to difficulties with the researchers' access to OASys records, only a proportion of OASys records of those in the final sample could be found (35.9%). There was also relatively high levels of attrition throughout the various stages of data extraction and cleaning. This could have resulted in a final sample which was biased in some way. Although such accidental bias would likely be apparent to some extent in routine practice, it is still worth bearing in mind the fact that the sampling process resulted in data loss and consequently the use of a small sample compared to the original sample pool. It was not possible to examine the differences between the final sample and the initial sample, to fully examine representativeness, but this should be borne in mind when considering the findings. Another issue was that the size of the sample was quite small in terms of scale development. Replicating this research with a larger sample in the future would be recommended particularly to check the structure and reliability of the scale with a further sample. Sixth, the items making up the scale were dependent on the current state of the literature, which may not yet have identified all variables, which could later be incorporated into the measure to improve its use. The scale will need to be refined as the literature around sexual deviancy expands.

Finally, it would be worthwhile for future research to examine whether a separate scale for sexualised violence would be warranted; the current research indicated that sexualised

violence was perhaps less well picked up by the scale than paedophilia and exhibitionism. But it could also be that sexualised violence was just much less common than sexual interest in children in the current sample. Further exploration of this would be particularly valuable. Although items which were available and easily accessible to score within OASys were identified and used in the current research, there is possibility that other items relating to violence could be further explored.

It must also be borne in mind that even with the development of a good measure of general paraphilia, the obstacle of getting individuals to accept assessment as accurate, and supporting people to talk about their paraphilia remains problematic. Reassuring people that they can access help and support (including medication in some cases if appropriate) so that disclosing paraphilia or accepting assessments as accurate does not lead to delays or lack of progression, would help with this.

## 5. Conclusions

The present research set out to produce a scale for general paraphilia, using information that is easily obtainable from OASys records which should be completed for all individuals convicted of a sexual offence or an offence with a sexual element serving a prison or community sentence in England and Wales. Such a scale could be completed more quickly and easily than the professional judgement tool (TNA) typically used with interventions for men convicted of sexual offences, and also has the advantage that it can be calculated on individuals who are not undergoing an intervention. An initial scale for general paraphilia (SGP) was produced after examining the literature to include items that were selected based on the fact that evidence and theory indicate that their presence increases the likelihood of presence of forensically relevant paraphilia. It was intended that the SGP provide an initial indication of the likely presence of at least one or more of such paraphilia. The initial scale consisted of 16 questions with a total of 19 items (generated from examination of evidence and theory), and was scored on a sample of 188 men convicted of sexual offences serving a prison sentence. Following factor analyses a final scale was generated consisting of 16 items (three items were omitted). Scores produced on the final version of the SGP correlated significantly with scores on a structured professional judgment tool (TNA). SGP scores also significantly differed between those identified as having general (one or more) paraphilia with the TNA and those without general paraphilia, and SGP scores significantly increased with number of treatment needs in the TNA Sexual Interests Domain. The SGP significantly predicted general paraphilia (as identified via the TNA) in a regression model, and the scale had excellent predictive validity according to AUC statistics. Various other variations of the SGP tool were examined, and a version weighting six items relating to offending against children more heavily improved the AUC by .01. This version created a possible score range of 0–22. On this revised scale a score of 9 or more seemed to best identify those with general paraphilia. The research has therefore been successful in producing a valid and reliable scale for general paraphilia.

This research has contributed to the field by developing a reasonably accurate assessment of general paraphilia which can be used for research and evaluation purposes. The SGP has not been designed and should not be used as a diagnostic measure of paraphilia. Rather, it is designed to be used as a tool which can broadly identify those who are more likely to have one or more offence-related paraphilia (what we have referred to as 'general paraphilia'). The SGP does not rely on self-report; rather, it uses factual information about an individual's proven offence and recorded life history. Although recorded information also has its limitations, it is arguably more reliable than self-report, as it does not suffer from potential

issues of individuals' under-reporting or possessing a lack of insight into paraphilia. Unlike phallometry, it is also not an intrusive or costly measure. In fact it has been designed to be easy to score, using easily available information from files or other assessment, such as the OASys. The SGP is a *general* measure of paraphilia, which means it screens for the likely presence of one or more distinct offence-related sexual interests. It differs from the SSPI and SSPI-2, and the SeSaS as it is not just a measure of interest in children alone, or a measure of severe sadism alone; it is designed to be a general measure of sexual interest, including sexual interest in children, sexual interest in violence, offending against adults as well as other non-paedophilic specific interests. Further research to further explore and cross-validate the SGP is warranted. Further research is certainly needed before any use of the tool in a clinical context (and even then should only be used as one part of a planning/formulation process rather than a stand-alone assessment).

## 5.1 Applications for research, policy and practice

The primary application of this tool sits with policy makers and commissioners who stand to benefit by having an easily applicable tool that provides indicative information about the extent of paraphilia amongst prison and probation populations. This enables public service providers such as HMPPS to provide programmes targeting paraphilia in sufficient proportion to meet demand. Even more importantly, the SGP has potential to be used in future evaluations of programmes delivered across prison and probation contexts. The inability of measuring and identifying general paraphilia in programme and comparison samples for evaluation has remained a significant concern. In a recent major MoJ evaluation (e.g. Mews et al., 2017), one of the limitations was just this, the lack of an aggregate measure of sexual deviancy (including paraphilia). In this evaluation, Mews et al. had information on *some* variables relating to sexual deviancy for *some* of the sample (e.g. age of victim, gender of victim, number of offences, non-contact offences and presence of stranger victim), but there was no information on persistence after punishment, on the presence of extreme violence/sadism, whether there were multiple sexual offences against a victim, whether there was more than one victim, and whether a weapon was used in the offending. As such, not all aspects of sexual deviancy were measured, and not in a manner which combines variables to determine a potential level of deviancy. If government researchers are able to match programme and comparison samples in future evaluations using the SGP, it will enable greater confidence that the evaluation process is comparing the outcomes of equivalent groups. Future research could also usefully examine the incremental validity of the SGP over the variables typically used in other research evaluations (for example in Mews et al.).



The SGP should be considered primarily as an organisational and evaluation tool; a broad triage tool for matching people, rather than a clinical tool to be used on an individual basis.

## **5.2 Issues for practitioners and researchers**

The analyses identified a number of scoring issues, which warrant discussion. Specifically, these analyses indicated that there were a few variables which were less reliably scored. These included the relationship of the victim to the perpetrator, extreme violence, use of weapon and 5+ years of offending without punishment. Knowing that these items may be harder to score reliably means that the scale instructions for users about these specific items can be more descriptive. Training and guidance is fundamental to any future use of this scale, as is improving guidance on how OASys (or similar assessment tools) are completed. Whilst the SGP was scored from OASys entries online, it is also possible to score the SGP from file information. Although this arguably would take longer, there is still potential for the scale to be used with individuals in HMPPS who do not have an OASys assessment. Additionally, it is worth noting, that the most predictive version of the SGP was a version with weighted scores. Although this does not pose significant difficulties, it is worth noting that in order to prevent any potential errors in scoring, that an automated scoring system would be worthwhile, rather than relying on scorers to enter and add up scores when/if this scale is used more routinely for evaluation and organisational purposes.

## **5.3 Next Steps**

A rating scale for general paraphilia amongst men convicted of sexual offences was developed and validated. The scale had good predictive validity when examined against a structured professional judgement tool. The tool requires further research. It has been developed pragmatically using a small sample. The next steps would be to investigate the value of the SGP using a large validation sample. Future research would also usefully examine the correlation between the SGP and the SSPI-2, and specifically whether the SGP improves upon the SSPI-2. The benefits of adopting use of a well-established tool such as the SSPI-2 are certainly acknowledged, but the researchers assert that the addition of the items assessing violence and sadism within the SGP may provide a more global assessment of general paraphilia. At this point, the SGP represents a step towards better enabling commissioners of interventions to understand the need for programmes that address paraphilia and the ability for researchers to more easily and better match programme and comparison groups in evaluation studies. Although this tool has been specifically designed and validated for use with prison samples in England and Wales, pending, and as part of

further validation, there is scope for wider use, across other populations of men convicted of sexual offences and across jurisdictions.

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## Appendix 1

The following table provides the original listing of items identified from the literature along with their descriptions.

**Table 3: Items in the Original SGP**

Item	Label	Description
<b>Victim Characteristics</b>		
1	Intrafamilial	Occurring within the family where the victim and perpetrator are related e.g. parents, siblings, grandparents, uncle including step parents, step grandparents etc.
2	More than one victim	Score if there are more than one victim even if there is only one conviction and regardless of age of victim
3	Pre-pubescent female	A female victim aged 12 years or younger
4	Male victim	Male victim regardless of age
5	Male child victim	A male child victim aged 14 years or younger
6	Offended against 13–15 year old	Victim aged 13–15 regardless of gender
7	Different age groups victimised	Those who have both adult victims and child victims. Also include those who have offended against children from different age groups e.g. a child of 4 years old and a child of 14 years old.
8	More than one child victim	Anyone who has offended against more than one child victim (i.e. a child would be 14 years or younger)
9	Unrelated child victim	Victim is a child aged 14 years or younger and is not related to the perpetrator e.g. not a family member
10	Unrelated victim	Victim who is not related to the perpetrator e.g. not a family member
11	Any victim under 12	Any victim regardless of gender who is under 12 years old
12	Stranger victim	The victim was unknown to the perpetrator prior to the offence

<b>Item</b>	<b>Label</b>	<b>Description</b>
<b>Offence Characteristics</b>		
13	Violence during sexual offence	Any use of physical violence during the sexual assault which is not just for compliance
14	Extreme violence/sadistic violence associated with the sexual offence	Any use of extreme physical violence during the sexual assault which is not just for compliance. The use of extreme and gratuitous cruelty/humiliation or violence for sexual gratification e.g. severely biting their victim, shaving of body hair, urinating on their victim, severely beating their victims or mutilation.
15	Non-contact sex offence	Where the perpetrator has no physical contact with the victim e.g. internet offending, indecent exposure, voyeurism, child pornography, obscene telephone call
16	Use of weapon	Weapon used during the assault including threat to use and weapons that were not carried by the perpetrator but were subsequently used in the assault e.g. taking a knife from the victim's kitchen
17	Sexual assault in a public place	Sexual assault that takes place in an area indoors or outdoors which the public have access to e.g. street, park, alley, train station
18	Multiple sexual offences	More than one sexual offence against the victim e.g. both oral and vaginal rape
19	Multiple sexual offences	Sexual offences against more than one victim
<b>Criminal History</b>		
20	Any previous violence sexual offence against a stranger	Any use of physical violence during the sexual assault against a stranger victim who was unknown to the perpetrator prior to the offence and was not just for compliance
21	Evidence of history of violence in relationships	Any evidence that the perpetrator was violent in their relationships including verbal/threat of violence and physical violence
22	No of convictions for sexual offences prior to the current offence	Only include convictions, do not include pending convictions or those that they have not been prosecuted for. If yes then please specify how many previous convictions
23	No of charges which have not been prosecuted for (lie on file)	Do not include pending convictions. If yes then please specify how many

<b>Item</b>	<b>Label</b>	<b>Description</b>
24	Length of sexual offending history	If possible calculate the time spent offending beginning from when the individual started to offend until when their offending ended. This is the total length of offending and is not limited to one victim only e.g. for those who have numerous victims spanning over many years the length of offending would be from their first victim till their last. For historical offences do not calculate the length from when the offence took place till when the individual was convicted unless there is evidence that the individual was still offending during that period
25	Multiple convictions for sexual offences	Those with more than one sexual conviction
26	Started sexual offending in childhood	There is evidence that they committed a sexual offence when they were 14 years old or younger
27	History of non-sexual offences with possible sexual elements	For example stealing underwear
28	Persistence after punishment	The offender continues to sexually offend despite previous punishments. This would include non-custodial punishment
29	Any other comments/information	Include anything that appears to be important in regards to their offending, sexual interest that is not covered in the items, if there are any evidence of paraphilias etc. Any comments relating to an item, indicate the item and provide comments.



## Appendix 2

Final version of the SGP tool, developed via the analyses within this report.

**Table 4: Final Blank Version of the SGP**

<b>PNC No:</b>				<b>Rater:</b>	
<b>DOB:</b>		<b>FULL NAME:</b>			
<b>Current Marital Status:</b>		<b>Ethnicity:</b>			
<b>Date of TNA/RSFA:</b>		<b>Only include offences/convictions which occurred before the TNA/RSFA date</b>			
<i>For all items below consider all offences (not just the current offence). Also include non-sexual offences with a sexual element (e.g. murder with sexual element, theft of underwear).</i>				<b>Yes</b>	<b>No</b>
<b>1. Intrafamilial victim</b> Occurring within the family where the victim and offender are related e.g. parents, siblings, grandparents, uncle including step parents, step grandparents. Do not score solely on the basis of indecent image offences.					<b>Unable to score</b>
<b>2. More than one victim (even if only one conviction)</b> Score if there are more than one victim even if there is only one conviction and regardless of age of victim. Do not score solely on the basis of indecent image offences.					
<b>3. Multiple sexual offences against victim(s)</b> More than one sexual offence against a victim or victims e.g. both oral and vaginal rape, multiple indecent assaults etc. Do not score solely on the basis of indecent image offences.					
<b>4. Male child victim</b> A sexual offence against a male child of 14 years or younger. Includes non-contact offences involving male victims if the sexual behaviour was clearly and deliberately directed at males (e.g. indecent image offences if there is evidence that images of male children were deliberately sought).					
<b>5. Unrelated victim</b> Any victim who is not related to the perpetrator e.g. not a family member. Do not score solely on the basis of indecent image offences.					
<b>6. Unrelated child victim</b> Any victim who is not related to the perpetrator e.g. not a family member, and is aged 14 years or younger. Do not score solely on the basis of indecent image offences.					
<b>7. Stranger victim</b> The victim was unknown to the perpetrator prior to the offence. A victim counts as a stranger if either the victim did not know the offender 24 hours before the offence or the offender did not know the victim 24 hours before the offence. Do not score solely on the basis of indecent image offences.					
<b>8. Non-contact sex offence</b> Where the individual has an offence which involves no physical contact with the victim e.g. internet offending, indecent exposure, voyeurism, child pornography, obscene telephone call.					
<b>9. Any possession of indecent images of children?</b> Scored as yes if the individual admits to or has an offence which involves the possession of indecent images of children.					

<i>For all items below consider all offences (not just the current offence). Also include non-sexual offences with a sexual element (e.g. murder with sexual element, theft of underwear).</i>	<b>Yes</b>	<b>No</b>	<b>Unable to score</b>
<b>10. Extreme violence/sadistic violence associated with the sexual offence</b> Any use of extreme physical violence during the sexual assault which is not just for compliance. The use of extreme and gratuitous cruelty/humiliation or violence for sexual gratification e.g. severely biting their victim, shaving of body hair, urinating on their victim, severely beating their victims or mutilation.			
<b>11. Use of weapon</b> Weapon used during the assault including threat to use and weapons that were not carried by the offender but were subsequently used in the assault e.g. taking a knife from the victim's kitchen.			
<b>12. Persistence after punishment</b> Score Yes if the individual persisted in offending after a conviction for a sexual offence. Do not score on the basis of convictions for historical offences that occurred before the punishment.			
<b>13. Victim Under 12 years</b> Score Yes if any victim within this age group.			
<b>14. Victim 13–15 years</b> Score Yes if any victim within this age group.			
<b>15. Victim 16+</b> Score Yes if any victim within this age group.			
<b>Ages of all victims</b>			
<b>16. Total number of convictions for sexual offences</b> No of convictions for sexual offences including the current offence. Only include convictions, do not include pending convictions or those that they have not been prosecuted for. Write the total number and then tick one of the categories below that corresponds with the total number.			
1 or 2			
3 or more			
<b>Total</b>			
<b>Any other comments/information:</b>			