

**RISK ASSESSMENT AS A TOOL FOR PREVENTION OF SEXUAL OFFENCES-  
AN UNTRIED OPTION IN KENYA.**

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**Abstract**

Sexual violence is a common phenomenon in Kenya posing serious challenges to the society in the effort to maintain public safety. Risk factors for sexual offending have been studied and described in various jurisdictions. However, how those factors translate into actual offending, developing ways of predicting risk and doing something to prevent offending before it occurs is still work in progress. In Kenya there is a big gap in understanding Sexual offenders and developing risk assessment capability that can help refine responses towards sexual violence. Various types of risk assessment instruments have been developed in other jurisdictions, but none has been developed or adopted from elsewhere and validated for use on Kenyan forensic populations. This paper gives an overview of the sexual violence situation in Kenya, examines examples of risk assessment approaches and instruments in other countries that help improve the quality of that assessment. It also presents a summary of a risk assessment study conducted on Sexual offenders in Kenya and attempts to elicit challenges that may stand in the way of incorporating Risk Assessment in Sexual Offender Management settings and what may help to address these challenges.

**Keywords:** Sexual Offending, Recidivism, Risk Assessment, Risk Assessment instruments Prevention of sexual offences.

## **1. Introduction**

Risk assessment as one way of understanding violent crime is an acknowledged tool in the prevention of crimes including those of a sexual nature. It is based on the premise that certain factors in an individual have a relationship to the likelihood that an individual will engage in offending behaviour. In many countries various methods of predicting the likely occurrence of offending in the future of an individual have been deployed as part of management of offenders by relevant agencies usually as part of the post-sentence care of offenders in order to reduce likelihood of future offending. This prediction involves some form of risk assessment as an integral part of the process. While some of these methods have depended on the professional judgement of trained forensic clinicians others depend on some form of Risk Assessment instrument developed for this purpose. Such instruments are used to quantify the level of risk of re-offending and are administered to individuals who meet the criteria for such assessment.

The results of this assessment can then be used to make decisions on how best to manage the individual in order to minimise the risk they cause to others. To the best knowledge of these authors no risk assessment instruments have been developed or adopted in Kenya for use on individuals who have an identifiable likelihood of offending or re-offending. Only one study on risk assessment of sexual recidivism was encountered in the literature search relating to the sex offender population in Kenya (Kimiti, Kathuku & Mburu, 2008) and which is discussed later in this paper. To the extent that risk assessment has been found to be useful in reducing occurrence of crime, neglecting this option could be exposing more individuals to violent crime in general and sexual assault in particular, that could possibly be prevented through identifying high risk individuals and managing them more diligently.

### **1.1 Background**

Sexual offences are a common occurrence in Kenya and sexual offenders make up a significant percentage of the total prison population. For instance, data from a study done in one of the Maximum Security Prisons in Central Kenya (Nyeri) reported that out of a total population of 831 convicted offenders 203 (24.42%) were Sexual Offenders (Kimiti, Kathuku & Mburu, 2008). Subsequent reports from the Kenya Prison's Headquarters show that in 2012 out of a total population of 12,315 prisoners held in six of the main prisons in Kenya 3350 of them (27.2%) were serving sentences as a result of sexual offending (Mutsotso, 2014). There is research evidence that many sexual offences in Kenya go unreported. Findings of a study conducted by the National Crime Research Centre (NCRC) in Kenya showed that of those interviewed and reported having experienced some form of Sexual violence only 15.6% of females and 16.7 % of males had reported or had somebody report the sexual violence incidence( NCRC,2014, Clause xi)

In addition to this under-reporting is the fact that even for those offences that are reported and a suspect arrested, only a fraction of them will result in a conviction. This is due to many challenges that may stand in the way of a successful trial such as late reporting which hampers collection of evidence, lack of witnesses to collaborate the testimony of victims, negative attitudes of members of various law enforcement agencies towards complainants and even technical inadequacies in the handling and presenting evidence. This is compounded even further by the fact that some offenders are strangers to the victim and will thus be difficult to identify and apprehend. All these facts make it apparent that this type of offending is a significant problem for society in Kenya with the attendant social, economic and health implications.

## 1.2 Types of Offences Encountered In Kenya

Sexual Violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim in any setting including but not limited to home or work (World Health Organisation, 2002 cited in National guide lines for Medical Management of Rape and Sexual Violence, Ministry of Health Kenya).

In Kenya Sexual Crimes are defined by the Sexual Offences Act of 2006 though prior to that there were crimes stipulated in the older laws some of which may not have been repealed. The 2006 Act defines crimes such as Rape, attempted rape and Gang Rape, Sexual Assault, defilement or attempted defilement, Indecent Acts with Child or adult, Child trafficking and Child Sex tourism, Child prostitution, Child pornography, Incest by males and females to mention but a few. For clarity a child in Kenya for purposes of the Act is an individual below 18 years of age.

Data from the two studies conducted in Kenya on Sexual offenders encountered in the literature show that the commonest type of offending in Kenya is sexual assault of underage victims an offence described legally as “defilement” and makes up approximately two thirds of total offences. The next most common type of offence is rape and the rest of the cases are taken up by offences such as incest, indecent assault and unnatural offences. This last category was used to hold practices such as homosexuality, and sex with animals but does not appear in the more recent Sexual Offences, Act of 2006.

The table below summarises the findings from the two studies Kanyanya, Othieno and Ndeti 2007 (Study A) and Kimiti, Kathuku and Mburu, 2008 (Study B).

| Type of offence   | Percentage in study A | Percentage in study B |
|---|-----------------------|-----------------------|
| Defilement  | 61.8                  | 60.76                 |
| Rape  | 30.3                  | 24.05                 |
| Others such as incest, indecent assault, unnatural offences | 7.9                   | 15.19                 |
| Total   | 100                   | 100                   |

Table 1. Types of Sexual Offences in two Kenyan studies

## 2. Factors that contribute to Sexual Offending

In spite of the rampant nature of sexual crimes in Kenya, very few studies have been conducted on Sexual offenders in Kenya with a view to enhancing the understanding of this forensic group, what drives them towards offending and the type of offending that they are likely to engage in. Yet studies conducted in other jurisdictions show that Sexual Offenders are a not a homogenous population and exhibit different motivations for offending behaviour, different patterns of offending and they differ in how offending behaviour manifests in particular situations. The potential for harm to those on the receiving end of offending

behaviour is also varied with some types of offenders showing a higher propensity for more violent acts than others.

Recidivism rates are also different with some types of offender such as those showing sexual interest in children, showing a higher likelihood of reoffending than others.( Hanson and Busiere ,2004)

Researchers have postulated various factors and pathways that lead to sexual offending. For instance, Knight's Theory of Sexual Coercion involving two underlying drives. The first pathway involves Sexual deviance; preoccupation and interest in actions of a sexual nature that are legally prohibited, as well as preoccupation with sexual behavior in general. The second pathway involves hyper- or negative masculinity which is characterized by a hostile attitude towards women, aggression directed at them, being gratified by dominance and an attitude that holds violence against women as appropriate (Roberts, Doren & Thornton, 2002.

On their part, Hudson and co-workers identified multiple pathways to offending with the most common pathway involving positive feelings in the offender before engaging in the offending behavior. In this type of offender there was evidence of planning in advance of the offending behaviour, positive feelings resulting from the sexual contact ( an egosyntonic experience), a sense in the perpetrator that the victim is party to the offending behavior(mutuality) and a positive evaluation by the offender about the sexual contact.

The other pathway to offending involved negative feelings in the perpetrator and characterized by implicit planning, negative affect during the sexual contact, being self focused about the affective outcome and an ultimate negative outcome from the sexual contact ( Robert, Doren & Thornton, 2002)

### ***2.1 Typology of Offenders***

Another approach to the understanding of offenders is found in the work of Nicholas Groth in what are referred to as Groth's typologies. Groth's typology on offending behaviour distinguishes between the Regressed and the Fixated type of child molester two distinct groups whose motivation for offending, their experience of the offending situation and also the likelihood of re-offending is different. On those who rape women, Groth's typology distinguishes three categories; Anger Rapists, Power rapists and Sadistic rapists who differ in their motivation and behaviour as well as the impact their offending may have on the victim with the Sadistic rapist being the one most likely to inflict more harm as well as enjoy the experience. Further work done by researchers such as Knight and Prentky has facilitated the development of sex offender categorisation approaches such as the Massachusetts's Treatment Centre typologies. (US department of Justice, Center for Sex Offender management)

By examining the various theories advanced to explain the occurrence of Sexual offending, Ward & Beech 2006 proposed a theory seeking to integrate the various theories into one. In their view, the existing theories on offending have the common flaw of focusing at the surface level of symptoms and thereby failing to consider the fact that human being have a "biological, embodied" side to them. The authors see a failure to give due attention to probable neuropsychological and biological causal factors that may underlie behaviors such as rape and child sexual abuse.

In their Integrated Theories of Sexual offending, the authors recognize four Categories of risk factors comprising of **Static Risk factors** which cannot be changed such as

developmental experiences and dispositional factors. The other group of factors is referred to as **dynamic risk factors** which can be modified such as an intoxicated state. A third category of risk factors are the **contextual antecedents** which comprise of factors such as peer influence or deviant social networks. Finally there are factors that are of a **Clinical nature** such as emotional difficulties and, Substance abuse disorder (Ward and Beech 2006).

The Integrated Theory of Sexual offending take the position that three sets of features interact continuously to result in offending behaviour. These are the biological factors as exemplified by genetic factors and brain development, ecological features which are about social, cultural and personal circumstances and” neuropsychological factors such as motivation, emotions, perception, memory; as well as action selection and control” (Ward and Beech, 2006)

The authors efforts were aimed at unifying the various theories that had been postulated earlier based on one perspective or other in seeking to explain what it is that motivates sexual offending and interrogate factors with a causal relevance to the behaviour. They bring out the position that biological, cultural, and social factors as well as individual learning and psychological traits are all contributory to sexual offending in one way or the other.

### 3. The Concept of Risk

Parson observes that the term “risk” has been traditionally seen as a neutral term meaning a chance of gain or loss a term that later came to be associated with notions of hazard, danger or loss. In dealing with individuals deemed to have a propensity to cause harm to others the term ‘dangerousness’ was previously used in assessing their potential to offend but subsequently the term was replaced with the term ‘risk’. This latter term was favoured as being better able to incorporate a wider consideration of contextual and circumstantial factors as well as dispositional traits. ( Scottish executive, 2000).

Risk assessment requires that a calculation be made on the probability that a given harmful behavior will occur. The exercise is meant to calculate the likelihood or frequency with which a certain harmful event is likely to occur, who the likely victim is and the likely impact on the affected person.

Scott offers another way of conceptualizing risk assessment as featuring three components namely a behavior of concern, the potential danger or harm likely from that behavior and the probability that it will occur and under what circumstances (Scottish executive, 2000)

There has also been a recommendation that Sexual offending be approached as a Public Health hazard just like other occupational, meteorological or health hazards. This allows Sexual Violence to be operationalized as a Diagnostic Related Group DRG) an approach which creates a linkage between by Medicare in the USA in health care provision. The approach creates a linkage between the severity of a diagnosis and the resources required for optimal intervention( Prentky 2003) .The author further suggests that such an approach to sexual offending would allow the marching of severity of risk and intensiveness of remedial interventions. Where a sexual offender is assessed as posing a high risk to others then there is justification in deploying more resources in order to contain the risk as compared to those allocated a low risk individual.

For such an approach to work it is therefore necessary that a reliable risk assessment tool is available to be able to distinguish between an individual with minimal risk of further offending from one with higher risk.

### 3.1 Assessing the risk of sexual violence

For psychologists working with forensic populations Risk Assessment of sexual offenders is considered an important part of their duties. (Vogel et al, 2004) On account of the very harmful consequences of sexual violence to those exposed to it, the authors emphasize the importance of undertaking a careful risk assessment at crucial points of contact with offenders such as when preparing probationary reports, making decisions to release offenders on parole or at the conclusion of mandatory treatment. Ensuring a comprehensive risk appraisal helps to prevent serious sexual crimes especially because many such violent crimes are perpetrated by offenders who have offended sexually in the past.

Follow-up studies conducted in different jurisdictions have demonstrated that re-offending adds significantly to the number of sexual offences. For instances one sample of 395 adult males with a mean age of 34.2year, (SD 12.9) released from prisons in England and Wales showed a reconviction rate of 29 per cent over 19 years of follow-up ( Roberts, Doren & Thornton, 2002. Another report from the US Department of Justice reporting a follow-up of untreated sexual offenders found that the rate of reoffending among this group was 60% within 3 years of release from incarceration.( MacGrath 1994 cited in West, 1994 . A third example cited in Hanson, Morton & Harris, 2003 reported findings of follow-up studies of offenders released from diverse jurisdictions in California, Washington, Quebec, Ontario, Manitoba, Alberta, England and Wales aggregated to a sample of n= 4724 which showed cumulative reoffending rates as summarized in the table below.

| Follow-up years | recidivism rate% | 95% confidence interval |
|-----------------|------------------|-------------------------|
| 5               | 14               | 13-15                   |
| 10              | 20               | 19-21                   |
| 15              | 24               | 22-26                   |
| 20              | 27               | 24-30                   |

Table 2. Recidivism rates of Sexual offenders over time ( after Hanson, Morton & Harris, 2003)

This demonstrates that there is significant risk of individuals who have shown offending behavior in the past, perpetrating more violent crime when opportunity arises. By carrying out a comprehensive risk assessment at appropriate times, measures can be instituted that will mitigate the risk.

### 3.2 Assessing Risk of Recidivism

Risk assessment depends on the identification of factors that have been associated with the behavior in question. These factors can then be used to develop instruments that can be used to assess individuals considered to be at risk of further offending. The outcome of this assessment can then be used to guide decision makers on the level of care needed to mitigate this risk.

Where risk assessment is undertaken, different approaches are used to determine an individual's risk of offending. Over time different methods have been used to undertake this assessment. They include the use of Unstructured Clinical Judgement where a trained professional assesses an individual and determines the level of risk he poses. The next approach uses Actuarial Risk Assessment Instruments which assess risk based on the scores one get using a particular validated actuarial instrument. The third approach uses Structured



Clinical judgement where an instrument may be used but the final conclusion depends on the judgement of a trained professional not just the score on the instrument. There is also the option of using a combination or a combination of these approaches. The factors that are relevant to risk assessment with regard to sexual offending have been divided into two main groups- As noted earlier the factors relevant to the risk of offending has been divided into Static Risk Factors and the Dynamic risk factors.

### **3.2.1.Static Risk Factors**

Static Risk Factors are those factors of a historical nature that have been found in various studies to be predictive of the risk of sexual re-offending. These factors include the number of prior sexual offences, prior sentencing dates, conviction for non- contact sexual offences, index non-sexual violence, offending against unrelated and stranger victims' age and being single. (Vogel et al, 2004)

These factors are considered static because they cannot be altered in any interventions that may be offered. They have been used to develop what are referred to as Actuarial Risk Assessment instruments such as the Static-99 a widely used tool for risk assessment.(Hanson & Thornton, 2002)

### **3.2.2.Dynamic Risk Factors**

Dynamic Risk factors are the next group of factors that have been used in developing risk assessment instruments. These are factors that change over time or which can be made to change through treatment or other intervention. They are divided into Acute Dynamic Risk factors and Stable Dynamic risk Factors

Acute Dynamic Risk factors in an individual that tend to change within a short time frame such as a state of Substance-induced intoxication. In community supervision of offenders or potential offenders such states can be markers of imminent offending and early intervention in such situations may help to prevent an offence.

Stable Dynamic Risk Factors are problematic characteristics that are relevant to sexual offending and which can be changed to prevent re-offending. These include "intimacy deficits, attitudes tolerant of sexual assault and deviant sexual preferences" (Hanson, Morton & Harris 2003).

These dynamic risk factors sometimes referred to as Criminogenic Needs have been used to construct risk assessment instruments such as the Sexual Offender Needs Assessment Rating (SONAR).

Some examples of Risk Assessment Tools used in other Jurisdictions

Various risk assessment instruments are in use in jurisdictions such as Canada, the United Kingdom and United States.

### **3.3.1.Rapid Risk Assessment Sexual Offender Recidivism (RRASOR) (Hanson 1997)**

Developed by Karl Hanson the The Rapid Risk Assessment for Sexual Offence Recidivism was developed with the aim of enabling prediction of sexual offending recidivism using a few easily measurable variables. The initial seven items were whittled down to those four that correlated at least .11 with sexual recidivism. The seven variables were: "prior sexual offences, any prior non-sexual offences, any male victims, any stranger victims, any unrelated victims, never married and age less than 25". Out of these, four were selected using meta-analysis and regression techniques that were found to contribute most to a regression equation (beta greater than 0.09). These were prior: sexual offences, any unrelated victims,

any male victims and age less than 25. The scale resulting from the combination of the four variables showed a predictive accuracy of average  $r=27$ , Average ROC area = .71. (Hanson & Thornton, 2002)

### **3.3.2 Structured Anchored Clinical Judgement (Grubin, 1998)**

Assesses an offender's level of risk by looking at an offender's official convictions specifically: "any current sexual offences, any prior sexual offences, any current non-sexual violent offences, any prior non-sexual violent offences and four or more prior sentencing occasions. Offenders with four or more of these initial factors is considered High risk, those with two or three factors are considered medium risk and zero to one factors are considered to have Low initial risk". (Hanson and Thornton 2002.)

### **3.3.3. The Static 99 (Hanson and Thornton 2002.)**

The Static 99 was developed by Hanson and Thornton by combining the predictive variables of the RRASSOR and the SACJ Mini. The combined instrument was found in studies to have a better predictive value for both sexual and non-sexual violence. Overall its accuracy in predicting sexual recidivism was rated as moderate with an  $r= .33$  and an ROC = .71. Of note was that the instrument was able to identify a high risk groups with a 50 % plus chance of future offending (Hanson and Thornton, 2002).

### **3.3.4. Sexual Violence Recidivism 20 (SVR 20)**

The SVR 20 was emerged out of a thorough analysis of empirical data evaluated by expert clinicians. It is an example of a Structured clinical judgment instrument. The risk factors that were considered for inclusion were those that were "supported by research, were consistent with theory and professional recommendations and were legally acceptable and did not contravene human or civil rights provisions" (Rettenberger et al 2009) It is comprised of three domains that cover the areas of Psychological adjustment, History of Sexual Offending and Future plans.

Assessment using the SVR20 follows a three step approach where Step 1 involves coding the 20 point scale and any other specific risk factor, Step 2 involves assessing any changes on the specific risk factors on a three point ordinal scale where a factor is assessed for exacerbation, stability or amelioration.

At step 3, the later will make a determination of risk of future violence again on a three point ordinal scale as Low Risk, Moderate Risk or High Risk. This rating is then using to determine the level and intensity of intervention needed to manage the risk. (Rettenberger et al 2009)

### **3.3.5 Requirements For Effective Risk Assessment Practices.**

After a review of the state of Risk assessment at the international level Rettenberger et al 2009 made the observation that probably the best approach to Risk assessment would be the concurrent use of Actuarial Risk Assessment methods and Structured Clinical evaluation. The first would then provide a numerical baseline to be used as an anchor for the second.

The authors further made observations pertinent to the Kenyan situation that in order to use Actuarial Risk Assessment Instruments effectively at the international level three prerequisite factors need to be addressed. To start with, original manuals in English may need to be translated into local languages to better suit local assessment contexts. The next requirement is that relevant national institutions undertake their own studies to establish whether they are applicable to other jurisdictions (cross validation). Such jurisdictions should collect their own recidivism data which can be related to risk levels established by an instrument such as the Static-99 (Rettenberger et al 2009)



#### **4. Studies on Sexual Offenders In Kenya**

The magnitude of sexual offences as one form of gender based violence is well recognized in Kenya as a report from the Kenya Crime Research Center cited earlier on acknowledges (KCRC, 2014). The few studies cited above have given a very broad picture of the type of offences encountered. One of the studies, Kanyanya, Othieno & Ndetei (2006) examined the element of psychiatric morbidity among sexual offenders. The confirmation of significant levels of psychiatric morbidity offers relevant input to risk assessment as some disorders such as antisocial personality disorders, substance abuse disorders and sexual deviance are known to contribute to sexual offending. The other study Kimiti, Kathuku & Mburu (2008) is the only study conducted in Kenya that attempted to use a Risk assessment instrument to quantify the possible Risk of Recidivism. The study used the Static 99 (Hanson & Thornton 2002) an instrument chosen because of its statistical properties as well as the fact that there was literature showing its use in jurisdictions outside the one in which it was developed and validated such as Vogel et al (2004) and Ducro & Pharm (2006). The findings of that study are summarized below.

##### **4.1 Brief Summary of Findings of Only Risk Assessment Report Carried Out In Kenya**

Only one risk assessment study has ever been conducted on Sexual Offenders in a Kenyan Prison facility. The study, Kimiti, Kathuku and Mburu, 2008, was conducted in a Maximum Security Prison (Nyeri) in Central part of the country and involved 79 participants selected through convenience sampling out of a population of 203 inmates then serving prison terms for sexual offences. The study aimed to describe the levels of risk of recidivism in convicted sexual offenders as recidivism has been known to contribute to sexual crime as assessed using the **Static 99** Risk assessment instrument. It is important to note that no validation studies had been carried out for the instrument with local sex offender populations.

The study found that perpetrators of sexual offences can be found in all age groups although the majority are in the younger age groups aged below forty years. This concurred with the findings of a study done with sexual offenders in another Kenyan prison, Kanyanya, Othieno & Ndetei (2006). Age has been found to correlate with sexual recidivism (Scottish Executive 2000,) and the study found a relationship between age and risk scores for recidivism. The mean age of the subjects decreased as one moved from a lower risk category to a higher one. Marital status was found to be associated with assessed scores of recidivism risk. Intimacy deficits have been postulated as contributing factors to sexual recidivism and may be one of the factors that would increase risk of recidivism in the current sample.

This study likewise found a significant association between religion and the scores. This finding differs from other studies that found no such relationships between the religion/risk of sexual offending or re-offending (Hanson, Morton & Harris (2004), Kanyanya, Othieno and Ndetei 2007). No statistical relationship was found between the scores and other socio-demographic variables.

The study found a significant relationship between the type of offence and the scores. Defilement cases formed the bulk of the offences a finding that concurs with other studies. (Hanson, Morton & Harris (2004) Kanyanya, Othieno & Ndetei 2006). Sexual interest in children has been found to be a predictor of sexual recidivism (Hanson & Busiere, 1998) and these findings point to a factor that would increase risk of recidivism in the current sample.

The 79 subjects scored between 0-5 on the Static-99 Risk Assessment instruments translating to a risk of re-offending of a low of 5% to a high of 40% in the long term for the 0 score and

5 score respectively. Other subjects fall in between. Age, marital status, religion and type of offence showed a statistically significant association with the risk scores obtained

The mean score obtained in this study was quite low as compared to the findings of Vogel et al 2004 for example (2.06, SD 1.18 compared to 6.0, SD 1.7 respectively).

The tables table below summarize the mean score by age of offender, the interpretation of the Static 99 scores in terms of risk of re-offending.

| Score | Mean Age    |
|-------|-------------|
| 0     | 47.5 years  |
| 1     | 44.42 years |
| 2     | 38.27 years |
| 3     | 28.63 years |
| 4     | 27.29 years |
| 5     | 21.5 years  |

Table 3: Mean age for subjects in the various risk scores

|     |                  |
|-----|------------------|
| 0-1 | Low Risk         |
| 2-3 | Medium Low Risk  |
| 4-5 | Medium High Risk |
| 6+  | High             |

Table 4: Risk categories for the Static 99 scores

| Risk Category    | Percentage (%) |
|------------------|----------------|
| Low Risk         | 36.70(N=29)    |
| Medium Low Risk  | 51.90(N=41)    |
| Medium High Risk | 11.40(N=9)     |
| High Risk        | 0.00           |
|                  | 100.00         |

Table 5: Percentage of subjects in the various risk categories.

Disparity is due, at least in part, to inadequate data in the study site of the the study. In addition some types of offences such as non-contact sexual offences which appear on the research instrument were not defined in the previous Kenyan Laws on sexual offences under which most of the subjects were charged. Data relevant to the scoring such as the records of

previous convictions was found to be inadequate leading to possible underestimation of risk of recidivism. Such inadequacy of data relevant to risk assessment, disparities in defining sexual crimes in one Jurisdiction as compared to another, and possible variations of other relevant parameters between one group of offenders and another may pose challenges for risk assessment professionals in a country like Kenya.

## **5. Recommendations**

1. More information relevant to risk assessment should be obtained as an individual moves through the justice system and made available to those caring for this group and managing the risk associated with their behaviour. Documents likely to provide useful information include records of Court Proceedings, Certificates of Previous Convictions, probation reports and treatment records. Computerised record-keeping would improve data collection and storage.

2. Studies aiming at developing and/or validating risk assessment instruments better suited to local sexual offender populations should be encouraged and supported by the government as these can be used to help to manage the problem of Sexual Recidivism if used within a comprehensive care framework for sexual offenders.

3. Training of Forensic professionals in Risk Assessment techniques who can spearhead the efforts to introduce Risk Assessment as one component of a broader harm reduction strategy.

4. Risk assessment should be incorporated into the planning of care –treatment, rehabilitation and even community based approaches to sex offender care so as to manage the risk.

5. There should be policy support for implementation of Risk Assessment strategy.

### **5.1 Conclusion**

In a country like Kenya where violent crime, including sexual violence is common every available option of prevention ought to be exploited to the full. As the Sexual Offences Act, 2006 of the Laws of Kenya of 2006 introduced the option of Medical treatment of sexual offenders and post- sentence supervision as ways of dealing with dangerous offenders (Sections 35 & 39 respectively) once they are back to their communities, it would enhance this effort to introduce Risk Assessment as part of these services. Indeed the same can be extended to the management of all types of violent offenders as an additional tool in the reduction of violent crime.

## **References**

Ducro, C., Pharm, T.(2006). Evaluation of the SORAG and the Static-99 on Belgian sex offenders committed to a forensic facility. Springer *Sex Abuse: Research and Treatment*. Vol 18 number 1 January 2006.

Hanson, R.K., Bussiere, M. T.(2004) *Predictors of Sexual Offender Recidivism: A Meta-analysis 1996-2004*. Ministry of the Solicitor General of Canada. Retrieved on 28<sup>th</sup> March 2007. <http://home.wanadoo.nl/iceh/library>

Hanson, R.K., Morton K.E., Harris, A.J.R.( 2003). *Sexual Offender Recidivism Risk*. Annals of The New York Academy of Sciences. Vol 989 pp 154- 166. <http://www.defenseforsvp.com> downloaded on 14 March 2016

Hanson, R.K. *The Development of a Brief Actuarial Risk Scale for Sexual Offence Recidivism 1997-2004*. Department of the Solicitor General of Canada.

Hanson, R.K., Thornton, D. (2002). *Static 99: Improving Actuarial Risk Assessment for Sexual Offenders 1992-2002*. Department of the Solicitor General of Canada & Her Majesty Prison London.

Kanyanya I.M., Othieno C.,J., Ndeti D.,M.(2007) Psychiatric Morbidity Among Convicted Sexual Offenders at Kamiti Prison, Kenya. *East Afri.Med.J.*2007; 84:151-155.

Kimiti, P.,M., Kathuku, D.,M.,Mburu J.,M.( 2008). An Assessment of the Risk of Recidivism in Convicted Sexual Offenders in Nyeri Maximum Security Prison, Kenya. Nairobi. <http://www.researchkenya.or.ke> downloaded on 13<sup>th</sup> March 2016

Lievore, D. (2004) *Recidivism of Sexual Assault Offenders: Rates, Risk factors and Treatment Efficacy*. Australian Institute of Criminology. <https://www.aic.gov.au/recidivism> Downloaded on 5<sup>th</sup> April2016.

McGrath, R.J.(1994) *Sex Offender Risk Assessment and Dispositional Planning*. In West, D. Eds.( 1994) Sex Crimes. Cambridge. Institute of Criminology, University of Cambridge.

Ministry of Health, Kenya(2004). *National Guidelines: Medical Management of Rape and Sexual Violence*. Nairobi. Division of Reproductive Health. MOH Kenya .

Mutsotso, B., M., 2014.*The reality of Sexual Offending in Kenya: Are Sexual Offenders Finally cornered?* American,Research Institute for Policy Development Dec 2014. Vol. 2 No 2 pp 59-71.

National Crime Research Centre, 2014. Gender Based Violence in Kenya. Nairobi. National Crime Research Institute. website:[crimeresearch.go.ke](http://crimeresearch.go.ke) Downloaded March 16<sup>th</sup> 2016.

Scottish Executive 2000. *Risk Assessment and Management of Serious Violent and Sexual Offenders: A Review of Current issues*. Online Publications.Retrieved 22/11/2006.

Roberts, C. F., Doren, D. M., Thornton, D. *Dimensions Associated with Sex Offender Recidivism Risk*. American Association of Correctional Psychology. Criminal Justice and Behavior Vol. 29 No 5 Oct 2002 569- 589.

Republic of Kenya (2006). *The Sexual Offences Act, 2006*. Kenya Gazette Supplement. No.52 (Acts No.3). Government Printers.2006

Rettenberger M.,Hucker S J., Boer D.,P., Eher R.( 2009)The Reliability and Vallidity of the SVR 20. An International Review of Sexual Offender Treatment Vol. 4. Issue 2-2009 online website:[www.Sex-offender-treatment.org](http://www.Sex-offender-treatment.org) Downloaded on 18<sup>th</sup> March 2016.

US Department of Jutice,Center for Sex Offender Management.(2016). Understanding Sexual Offender: Training Curriculum. US Department of Justice.

Vogel, V., Ruiter C., Beek D., Mead G. *Predictive Validity of the SVR-20 and Static-99 in Dutch Sample of treated Sex Offenders*. American Psychology-Law Society –Division of the American Psychological Association. Law & Human Behavior Vol 28 No 3 June 2004. pg 236-249

Ward, T., Beech, A., 2006. *An integrated Theory of Sexual Offending. Aggressive and Violent Behaviour* 11 pp 44-63 online Elsevier <http://www.bvsde.paho.org/bvsacd/cd42/ward.pdf>.  
Downloaded on 11<sup>th</sup> April 2016