EXPLORING VICTIMISATION AND OFFENDING WITHIN INDECENT EXPOSURE; AN EVALUATION OF REPORTING TO THE POLICE, PERPETRATORS AND PSYCHOMETRIC ASSESSMENT.

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Abstract

This thesis undertakes an investigation into indecent exposure, including understanding female victims' perspectives of exposure and sexual offending overall, perpetrators and its assessment. This work was conducted due to the underreporting of indecent exposure, the prevalence of the offence in the UK and that this area currently contains limited research and statistical data. The thesis is divided into the following parts: an empirical study, a systematic review, a single case study and a critique of a psychometric measure.

The empirical study utilised a mixed methodology design that focused on female victims' and non-victims' experiences and perspectives of indecent exposure. Quantitative findings from women found that reporting indecent exposure was significantly related to potential victim benefit, with further findings of relationships with offender level of threat and likelihood of conviction. Interpretative phenomenological analysis of interviews conducted with six female victims unearthed the six following themes: indecent exposure doesn't fit, the influence of stereotypes, victims' attempts to create rules around what is and isn't offending, offending journey, disclosing to others, and victims doubting their voices. The systematic review evaluated barriers and facilitators of reporting sexual offending to the police for female victims. This involved a thematic synthesis of qualitative studies in this area. Analytical themes that were

found from eight empirical studies included internal and external sexual violence myths, reporting means victim punishment and loss, the perfect victim, victim value systems, police as a barrier, and positive reporting experiences.

The case study detailed an in-depth assessment and formulation of an adult male with schizophrenia, possible personality disorder and a history of sexual and violent offending, most recently that of indecent exposure and sexual assault. The use of the Sexual Violence Risk-20 (SVR-20: Boer, Hart, Knopp, & Webster, 1997) in the case study prompted a critique of the instrument. This was due to the assessment highlighting that denial and minimisation of indecent exposure may be due to a variety of risk and protective factors, which was investigated further in an offence formulation. This inspired further investigation of the SVR-20; particularly its predictive validity, and to what extent its risk factors were led by empirical research.

The critique of the Sexual Violence Risk-20 (SVR-20: Boer, Hart, Knopp, & Webster, 1997) found good inter-rater reliability and concurrent validity, but further examination of face validity and predictive accuracy of the tool is required. Until an adequate update is created, it is not recommended for use of predicting risk of sexual recidivism.

Overall, results found that indecent exposure is an offence that is likely to occur in greater frequency than the current understanding in the UK. Female victims' decisions concerning reporting to the police are similar to that of other sexual offences. The SVR-20 is not recommended for predicting future offences of indecent exposure, and a holistic approach towards assessment of offenders is suggested, including comprehensive and on-going formulation, behavioural observation and file review. This thesis is significant because it creates new work in an area that is greatly under researched. The work contributes to aiding victims of indecent exposure and those who work with them, and gives recommendations for how to work holistically and ethically with perpetrators of the offence.

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CHAPTER ONE

Introduction

This thesis improves current understanding of female victims of indecent exposure and offenders who have been convicted of this offence . The thesis explores the impact of the offending on victims' lives, victims' decision making regarding reporting to the police, offenders who choose to commit indecent exposure and how to conceptualise the offence during their assessment and formulation. This chapter will introduce readers to the areas of research included in the proceeding chapters, and provide a justification for the order for the presentation of said chapters. It will begin by defining indecent exposure and its prevalence. There will be a brief consideration of victimisation of indecent exposure, and how the offence sits within the sphere of overall sexual offending. Literature is discussed to report on common characteristics and comorbidities of perpetrators of indecent exposure and its escalation. Lastly, measures that are used for psychological assessment of sexual violence are considered. The importance of this work is described as well as the rationale behind researching and writing about this topic area.

Defining Indecent Exposure

The Sexual Offences Act categorises exposure in the 'other offences' category, and provides the following definition and consequences following conviction:

"Exposure

A person commits an offence if—

(a) he intentionally exposes his genitals, and

(b) he intends that someone will see them and be caused alarm or distress.

(2) A person guilty of an offence under this section is liable—

(a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;

(b) on conviction on indictment, to imprisonment for a term not exceeding 2 years.**"**

(Legislation.gov.uk, 2020)

Interestingly, within this offence description the perpetrator of the offence should intend to cause "alarm or distress"; the onus is on the perpetrator, not on the actual impact the crime may have on its victims. Perpetrators of indecent exposure may expose for a number of reasons, including that which the two above definitions describe, but also for such motivators as

to induce humour, to gain attention, for victims to enjoy the experience, and to create new romantic relationships with others (Hopkins, Green, Carnes, & Campling, 2016; Lang, Langevin, Checkley, & Pugh, 1987; Turvey, 2012).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5: APA, 2013, p. 689) contains the following diagnostic criteria for exhibitionistic disorder:

"A. Over a period of at least 6 months, recurrent and intense sexual arousal from the exposure of one's genitals to an unsuspecting person, as manifested by fantasies, urges, or behaviours.
B. The individual has acted on these sexual urges with a non consenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning."

Not all exposers may meet the criteria for exhibitionistic disorder due to its inclusion of sexual arousal as a consequence or motivator for exposure.

Prevalence

Data from the Crime Survey for England and Wales (CSEW) shows that despite reporting of sexual offending tripling in recent years, the majority of sexual violence victimisation goes unreported, and victims that do report often find their cases don't result in a conviction or continuation past police investigation (Office for National Statistics: ONS, 2018). There were 11,416 convictions for sexual offending in the 12 months between June 2018 to June 2019; CSEW records around 70000 16 to 59-year olds were victims of sexual offending in 2018 (ONS, 2018; Ministry of Justice, 2019). Approximately 2.1% of the population are victimised, 80% of which are women (ONS, 2018). This thesis focuses purely on female victims due to their higher prevalence (APA, 2013; ONS, 2013; ONS, 2020).

National data from the CSEW shows that 0.5% of its sample have been victims of indecent exposure in the year ending March 2019 (ONS, 2020). Unfortunately there is no national data that specifically identifies reporting and conviction rates for indecent exposure; the offence is usually categorised as under either *other offences* or *non-contact sexual offences*. This adds to the difficulty understanding the prevalence of offending in the UK; the low reporting and disclosure rates is the predominant reason for why it is difficult to get an accurate estimate (ONS, 2018). Internationally, a frequency of 33% to 52% of women experiencing

indecent exposure victimisation has been reported (Clark, Jeglic, Calkins, & Tatar, 2016). Långström and Seto (2006) reported that 3.1% of a large moderate sample of the Swedish population (*n* = 2450) had committed offences of indecent exposure to a stranger. A Canadian study exploring prevalence of experience of paraphilias with a smaller sample showed that 7.8% of male (*n* = 475) and 2.7% of female participants (*n* = 565) had enacted indecent exposure at least once (Joyal & Carpentier, 2017).

This is a topic that requires further investigation in the UK but is likely to be characteristic of females experiencing victimisation internationally. Clark and colleagues' study (2006) reported that in a sample of 342 female undergraduate students in New York City, over 40% of them had been a victim of exhibitionism; 8.9% of those who had been exposed to had reported to the police. The Diagnostic and Statistical Manual of mental disorders (DSM-5; APA, 2013) indicates that the prevalence of exhibitionistic disorder is likely to be 2-4% in the male nonclinical or general population; this however may not include exposers if they do not meet the diagnostic criteria for the disorder. Further to this, a perpetrator may expose to many women, therefore this doesn't add information about how many women may have been victimised. One study found that 140 perpetrators of indecent exposers offended to approximately 530 victims (Murphy & Page, 2006, as cited in Hopkins et al., 2016). Research in the UK is unclear as to how many offences a perpetrator of indecent exposure will commit over their offending career.

In order to add to this field of research, a mixed methods empirical study is presented in Chapter Two of the thesis to investigate what women classify as indecent exposure, how often it occurs, and what might relate to decisions concerning reporting it to the police. Semi-structured interviews of six female victims of indecent exposure also provides a phenomenological insight into the victim experience of the offence, how seriously it is taken, and why they may choose reporting to the police as a viable option.

Victimisation

After the completion of the empirical study, a decision was made to investigate how these victimisation experiences, perspectives and reporting decisions aligned with those of female victims of other sexual offending. This was partly due to interview participants describing indecent exposure within a hierarchy of sexual offending, or as something that was a separate entity. Chapter Three is comprised of a systematic review that conducts a thematic synthesis of qualitative research concerning sexual violence victims' reporting decisions. The aim of this work was to examine what similarities and differences there may be in victimisation experiences and reporting decisions between indecent exposure and other sexual offending.

Victims of sexual offending will choose not to report to the police for a number of reasons; this includes being drunk at the time of the offence, a prior relationship with the offender, a lack of physical injury, the potential impact on others, a desire to move on, and fear of punishment or unsympathetic responses from the criminal justice system (Rape Crisis, 2020a; Reeves & Mulley, 2004). The impact of sexual offending on its victims are wide-ranging, and can incorporate mental health difficulties such as post traumatic stress disorder, and issues with anger, fear and reduced self-esteem (Reeves & Mulley, 2004). Societal sexual violence myths also contribute to misinterpretation of the impact of offending on victims and their experiences (Rape Crisis, 2020a). This in turn stops the reporting process, hence increasing the likelihood of reoffending and further victimisation for others.

Perpetrators of Indecent Exposure

After Chapter Two and Three's focus on victimisation of indecent exposure and other sexual offences, a Case Study was conducted to provide an example of in-depth assessment of a perpetrator of indecent exposure with the aim of adding to the research base regarding those who commit this particular crime. As aforementioned, research about indecent exposure is difficult to unpick due to the lack of data that focuses on it without being grouped alongside other sexual offences. A presumption therefore is that indecent exposure offenders may be similar in some way

to other sexual offenders; this is supported by literature to date as detailed below.

Perpetrators of indecent exposure have been shown to have a number of comorbidities similar to other sexual offenders (Bader, Schoeneman-Morris, Scalora, & Casady, 2008). These include managing anger, social skills deficits, and low mood (Bader et al., 2008). Research has also highlighted comorbidities between indecent exposure and anxiety, depression, bipolar disorder, substance misuse issues, ADHD, antisocial personality disorder and sexually deviant behaviours, such as voyeurism, hyper-sexuality and telephone scatologia (APA, 2013; Bader et al., 2008). The current literature concerning exposers indicates that offending behaviour usually begins in adolescence (APA, 2013; Hopkins et al., 2016). Other factors of interest include lower levels of social skills, later onset of sexual activity, and higher levels of deviant sexual fantasies and other sexual behaviours (Hopkins et al., 2016).

The literature to date is inconclusive about whether indecent exposers are likely to recidivate, and this requires further investigation, particularly as there is a lack of prospective data used in empirical research (Bader et al., 2008; Murphy & Page, 2008). McNally and Fremouw (2014) reviewed 12 papers that showed recidivism of indecent exposure was an estimated 25% of offenders, with 5-10% escalating to more serious sexual offending; the strongest risk factor for predicting future offending was

antisocial behaviour. Exposers who recidivate have been found to be more likely to have achieved lower levels of education, and higher scores on psychometrics measuring alcohol use, psychopathy and paedophilia (Firestone et al., 2006).

Denial

Successful prevention of sexual reoffending needs to be seen in the context of the wider societal views about offenders and its victims. Public perception of sexual offending, as mentioned above, is partly guided by the media's reporting of it (Rape Crisis, 2020a). One can understand why a sexual offender may not want to focus on their previous behaviour, or may refuse to acknowledge their actions if they are to be ridiculed or penalised for it. Denial or cognitive distortion by sexual offenders is relatively common and can result in them being prevented from accessing particular treatment programmes, although this does not necessarily mean that they cannot participate in offence focused treatment (Thakker, Collie, Gannon & Ward, 2008; Ministry of Justice, 2018). Denial is viewed alongside shame in Chapter Four as a way of formulating an offender who has committed indecent exposure.

Sexual Violence Risk Assessment

A pertinent interest of this thesis is how denial fits into clinical risk assessment; in this case the SVR-20, and whether it should also be categorised as a risk factor when calculating a sexual offender's risk management recommendations and plans for intervention (Boer et al., 1997). Due to the findings from using the SVR-20 in the Case Study and issues regarding its utility, Chapter Five presents a critique of the SVR-20 with a particular focus on individual risk factors' predictive validity. Structured professional judgement risk assessments have historically been seen as best practice for assessment of sexual violence risk, and there are a number of tools within this category that are currently being used in the UK (Beech, Craig, & Browne, 2009). Tully, Chou and Browne (2013) conducted a systematic review in which all tools reviewed had a moderate effect size. This thesis argues that a more holistic approach should be taken when assessing perpetrators of indecent exposure. This might encompass in-depth formulation of psychologically meaningful risk and protective factors, alongside observation, file review and regular close conversation with other professionals working with perpetrators.

The Present Thesis

This thesis provides an overview of indecent exposure victimisation, offending and assessment with the aim of contributing new work in an area that has limited research. This topic was chosen because it is an underreported offence, with potentially long-lasting impacts on its victims. Chapter Two begins with an empirical study that investigates female victims' and non-victims' of indecent exposure, and victims' phenomenological understanding of the offence and decisions whether to report to the police. Following this, Chapter Three presents a systematic review utilising a thematic synthesis of qualitative work regarding victims' decision-making concerning reporting sexual violence to the police. The focus of the thesis moves to a perpetrator of indecent exposure in Chapter Four, and details a Case Study of in-depth assessment, formulation, and recommendations for risk management and treatment. Following concerns about the utility of the SVR-20 with sexual offenders in the Case Study, Chapter 5 covers a critique of the tool, and recommendations for future assessment of sexual offenders and those who commit indecent exposure.

Rationale for Chapter Two

Chapter One introduced indecent exposure, including its definition, prevalence, victimisation, offender characteristics, recidivism, and risk assessment. An empirical study utilising a mixed methodology design is presented in Chapter Two to establish women's understanding of indecent exposure, and victims' perspectives concerning the experience of victimisation, its impact, and factors relating to decisions whether to report to the police. This methodology allows for a wider view of women's views concerning exposure due to the fact that they are more likely to experience victimisation, as well as a phenomenological interpretation of female victims' views and accounts (ONS, 2018). This is the first study to utilize a qualitative methodology to explore the victim experience of indecent exposure.

CHAPTER TWO

Research Project

Victims and Non-Victims of Indecent Exposure; Experiences and Perspectives

Abstract

This study investigates female victim and non-victim perspectives of indecent exposure. Its primary research questions concerned defining exposure, understanding its seriousness, and the exploration of decisions concerning reporting indecent exposure. The recruited sample consisted of 129 women over the age of 16 living in the UK: 53 of these self-identified as victims of indecent exposure. The entire sample took part in an online questionnaire using three vignettes differing in severity of indecent exposure examples, and six self-identified victims then took part in semi-structured interviews. The study employed a mixed methods design, utilising quantitative analysis for questionnaire results, and interpretative phenomenological analysis (IPA: Smith, Flowers, & Larkin, 2009) for interview data. Quantitative results found reporting indecent exposure in all vignettes is significantly related to potential victims benefitting from the process, alongside significant relationships in the two more threatening vignettes between offender threat level and likelihood of

conviction with victim benefit. Qualitative analysis revealed that indecent exposure has a broad definition; victims create their own rules about how serious the offence is even when they know the law, and are influenced by the public, those they disclose to, and both expectations and actions of the police. Participants revealed that although cultural shifts have occurred in which sexual offending is taken more seriously, this is generally not the case for indecent exposure, and victims' voices are less confident. This research increases understanding of victim experiences of indecent exposure and suggests further public education on the topic.

Introduction

Indecent exposure is a relatively new offence in the United Kingdom; prior to 2000 it was not listed as a sexual offence and is now classed as a less serious sexual assault (Bancroft, 2009). In studies relating to prevalence of offending, indecent exposure is often listed under general, miscellaneous or 'other' sexual offending, therefore it is difficult to ascertain its frequency and rate of reporting in recent times (ONS, 2019). The Crime Survey for England and Wales (CSEW) statistics showed 6.6% of adults have been victims of indecent exposure since the age of 16, and 0.5% of adults have been victims in the year ending March 2019 (ONS, 2020). Recent figures have shown that victims of indecent exposure tend to be female; women were four times as likely as men to have been a victim of indecent exposure in the year preceding March 2018 (ONS,

2018; ONS, 2020). Victims were also more likely to be women under the age of 25 of mixed, black, or black British ethnicities (ONS, 2018). A New York based study with a large sample size of undergraduate students (*n*=459) showed a victimisation rate of 137 females, and 14 males (Clark et al., 2016). Szumski and Kasparek (2020) surveyed 1075 women in Poland who were recruited online and via social media, in which 58.7% had been a victim of indecent exposure; 7.1% of victims reported the incident to the police. Twenty-nine percent changed their behaviour after their offence to avoid further victimisation (Szumski & Kasparek, 2020). Furthermore, a Korean study of 568 found 109 individuals who had experienced victimisation of indecent exposure, 91.9% of them females (Park et al., 2015).

There is very limited data in the UK concerning how often victims choose to report indecent exposure. There is no research that explains if victims need help or support, what the public think about indecent exposure, and how they will respond as victims. Riordan (1999) explored the frequency, impact and fear elements of indecent exposure in a small-scale UK based study using 72 participants. Results showed 35 women had been exposed to and 52.7% of victims reported the offence to the police (Riordan, 1999). Further findings suggested the majority of the sample perceived exposers to be dangerous, with the most popular reason as the offenders are at risk of escalation of offending (Riordan, 1999). The majority of the

sample would avoid going to places alone such as parks and alleyways, and 63.9% of the sample had a fear of sexual offending (Riordan, 1999). The impact of indecent exposure thus far is unknown. Sexual offending's impact upon victims we know to be potentially all encompassing and traumatic. Sexual offence victims can present with a number of physical, emotional and psychological traumas that can last a lifetime (The Survivors Trust, 2012). It is not unreasonable to hypothesise that the impacts of indecent exposure are likely to encompass some of these characteristics, and may have similar processes to disclosing the offence to law enforcement.

Reporting of indecent exposure is also a very under-researched topic, due to the lack of specificity in recording of the offence and its relative newness. In the UK, it is unclear what percentages of women choose to report sexual offending to the police. Despite the volume of sexual offences recorded by the police having almost tripled, these crimes are still underreported by victims (ONS, 2018). The majority of cases that are reported do not go on to charges or conviction (ONS, 2018). Research about victims' reasons behind reporting sexual offending to law enforcement is also integrated with the topic of disclosure and therefore can be difficult to identify. There are, however, some common reasons women do not report sexual offending. These include fear of further attack, judgment from others, victim blaming, embarrassment, dislike or fear of the police, and a belief that the police would not be able to help

them (ONS, 2018; Reeves & Mulley, 2004). Those that do decide to report generally found the police to be helpful at the start of their contact (ONS, 2018). A recent study reported seven themes concerning why victims didn't report sexual offending. These included results that victims felt that they deserved their victimisation and needed time to process what had happened before considering reporting (Reich, Anderson & Maclin, 2021).

These themes alongside previously mentioned factors that affect females' proclivity to report sexual offending may impact on a person's likelihood to report indecent exposure specifically. This could be due to indecent exposure being further down a hierarchy of risk and dangerousness generally, i.e. indecent exposure is usually given less severe criminal sentences and offenders whose primary offences are of indecent exposure are likely to score lower on sexual violence risk assessment measures, e.g. the RSVP and SVR-20 (Boer et al., 1997; Hart et al., 2003). This hierarchy is then extrapolated to the public sphere of thinking; because of the way indecent exposure is treated by the criminal justice system and media outlets, it is understandably seen as less serious by the general public. This in turn suggests that negative feelings sexual violence victims can experience, such as embarrassment, internal and external victim blaming, and believing that the police will not help them could be substantially higher in victims of indecent exposure. If crimes have a hierarchy of dangerousness and subsequent consequences for the

offender, it follows that public opinion and victims would adhere to this hierarchy in their understanding of the offence and experience of victimisation.

Rationale and Aims

The rationale for conducting this research originated as a personal one; the researcher talked to female friends, colleagues, and family members about the topic after considering their own victimisation. The majority of them described a time in which they had been exposed to, or that someone close to them had. This suggested that indecent exposure possibly frequently occurs to adult females with little knowledge of its impact. This topic is under-researched; therefore studies in this area might help to aid a greater understanding of the impact of indecent exposure on its victims. It will allow professionals to be informed about why individuals may report indecent exposure as a crime or why they choose not to. Furthermore, it will help to unearth how serious indecent exposure is perceived as an offence.

The aim of this research is to aid understanding of female victims' decisions concerning reporting indecent exposure to the police. This is initially investigated through quantitative analysis of victim and non-victim responses to online vignettes. It is hypothesised that more severe

vignettes would prompt higher scores, suggesting more significant potential harm to victims and more reasons to report to the police.

A broader aim of this study is to understand the impact and seriousness of indecent exposure. Qualitative analysis of victim interviews will aim to answer the following questions:-

- What is being a victim of indecent exposure like?
- Why might a victim choose to report or not report indecent exposure to the police, and what is the value of reporting?
- How serious is the offence of indecent exposure?
- What is the impact of indecent exposure on its victims?

Conducting semi-structured interviews allowed victims of indecent exposure to give individualised accounts of their experiences and any long-term after effects and was analysed using a phenomenological approach to ensure the data shows an accurate representation of the victim experience.

Method

Participants

Participants were identified as women over the age of 16 who live in the UK and included subgroups of victims and non-victims of indecent exposure. Participants were recruited by engagement with a study advertisement via social media.

Quantitative Measures

The online questionnaire was developed by the researcher and included three vignettes concerning hypothetical situations. These were created following discussions and thinking about real life experiences of indecent exposure with victims known in the researcher's personal and academic life and were designed to differ in levels of severity. Vignettes were described to encompass a variety of indecent exposure offences; vignette one contained a victim called Katie who saw an old man exposing himself in a busy shopping centre, vignette two showed Sandra, a victim who encountered a male perpetrator who was masturbating, and vignette three describes a victim called Charlotte who witnesses a man urinating outside on the street. After each vignette, questions were asked of participants about both the perpetrator and victim, and given answers on 5-point Likert scales ranging from strongly disagree to strongly agree. A

number of questions were reversed to control for order effects. Topics included: -

- How fearful the victim was
- The illegality of the incident
- How threatening the perpetrator was
- The perpetrator's capacity of understanding his offence and whether he needed help
- If the victim should disclose the offence to others
- If the victim should report to the police
- If the perpetrator will be arrested following reporting
- If the perpetrator will be convicted following reporting
- If the victim will benefit from reporting
- How much at fault the victim was
- If the victim will change her behaviour in the future

It was hypothesised that scores for vignette two (Sandra) would be higher for threat, fear and illegal questions, due to its potentially more serious nature. Similar to this, vignette one (Katie) was hypothesised to have median scores for these items, and scores on vignette three (Charlotte) to have lower scores (see Appendix 1 for online questionnaire).

Qualitative Measures

Semi-structured interviews were conducted with female victims of indecent exposure; the researcher stopped advertising for interviews after completing work with the sixth participant, as a richness of data was met (Smith et al., 2009). Semi-structured interviews began with small talk, and gave participants the choice of how to structure the conversation. All participants chose the order of continuing with open-ended questions regarding participants' perceptions of how to define indecent exposure, and what the public attitude is towards it, followed by a description of their victimisation experiences. Once these were recalled in sufficient depth, further open-ended questions around their perpetrator, experiences with disclosing, and thoughts concerning decisions about reporting were explored (see Appendix 2 for semi-structured interview questions).

Procedures and Ethics

Participants had access to a web address containing an online questionnaire. The questionnaire was accessed by participants at a time to suit them and they were presented with an online participant information form and consent sheet (Appendices 3 and 4). After reading and accepting these, they were invited to complete the first section of the online questionnaire, which took about 20 minutes.

Participants were then asked whether they identify themselves as a previous victim of indecent exposure. If they self-reported that they have not been a victim, they were taken to an online debrief form, and their participation in the study ended at that point (see Appendix 5 for debrief).

If a participant identified herself as a previous victim of indecent exposure, she was then taken to a different online debrief form, which included information about further participation in an online or face-to-face semi-structured interview (see Appendix 7). If the participant decided not to take part in the interview section of the study, their participation ended at this point. If the participant was interested in continuing the study in this way, she was be invited to leave her contact details for the researcher to arrange an appropriate time for meeting and answer any further questions. She was also given the opportunity to state which method of communication would work best for her. The researcher contacted the participant via the means and time specified by her to arrange an interview.

Participants who agreed to interview either attended an online video call at their convenience, or a local office chosen by the researcher and participant. If a participant attended an online interview, a further information sheet and consent form was emailed to them prior to the interview and discussed at the start of the video call. On their arrival for a face-to face interview, the researcher introduced themselves, explained

the structure of the interview, and went through a further information sheet and consent form with the participant (see Appendices 7 and 8). Once these had been completed, participants underwent a 45-minute semi-structured interview related to their experiences and perspectives about indecent exposure. The researcher then went through a final debrief form with the participant, and the study involvement ended for the participant at this point (see Appendix 9). All participants were encouraged to contact the researcher at any point in the recruitment or participation process if they had any questions or concerns relating to the study. They were also given the opportunity to be kept up to date with the findings of the study, and details of publication if applicable.

This study had ethical approval from the University of Nottingham's Faculty of Medicine & Health Sciences Research Ethics Committee (see Appendix 10).

Analysis

This paper uses a mixed methodology design in order to conduct an overview of victim and non-victim views about indecent exposure, reporting, and the decision-making process. For statistical tests, six topics were chosen out of the initial 16 questions to focus the analysis on factors closely related to the severity of the offences, and decisions surrounding reporting to the police. These were illegality, threat,

reporting to the police, arrests, convictions, and benefit to victim. Quantitative analyses included descriptive statistics, three t-tests to compare victim and non-victim scores, and a MANOVA to explore differences between the three vignettes. Three multiple regressions were conducted to analyse the relationship between assumptions about illegality, threat, arrests, convictions and benefit to victim, to the likelihood of reporting incidents to the police. As aforementioned, the study's qualitative data was that of online in-depth questions to victims, and six semi-structured interviews. The online data were analysed using thematic analysis and presented at the British Psychological Society's Division of Forensic Psychology Conference in 2018; further information about the data is available on request. The six semi-structured interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA: Smith, Flowers & Larkin, 2009). This method of analysis was chosen because of the authors' acknowledgment that although our experience is personal to us, it is also the result of the relationships we have with objects outside of ourselves (Smith et al., 2009). IPA also is clear in that researcher's attempts to understand accounts are interpretative and not objective; we attempt to make meaning out of others' experiences (Smith et al., 2009).

The methodology of IPA focuses on the particular, or on small details. The importance of a piece of information is not due to its repetition in the data, but by its significance in relation to finding meaning in the text

(Smith et al., 2009). IPA has a number of stages, which were followed when analysing the semi-structured interview data for this study. Firstly, the data was read and re-read in order to immerse the researcher in the data. Then initial noting was completed in a free textual manner that ensured further familiarisation with the data and understanding of how participants created meaning (Smith et al., 2009). This was done alongside descriptive, linguistic and conceptual comments to explore types of language used and overall potential concepts covered. The development of emergent themes was next, and was then followed by constructing ordinate and super-ordinate themes to represent the meaning of the data as a whole (Smith et al., 2009).

Results – Quantitative

The sample collected for the study comprised 125 participants, 41% of whom self-identified as victims of indecent exposure. All participants were over the age of 16, with 76% of the sample being 40 years old or under. Forty-nine percent of participants were full time employed, 30% were students, 15% were employed part time; the remaining 6% were retired or a homemaker. Sixty-five per-cent of the sample were educated to degree level or above, with 7% of the sample educated to secondary level. The relationship status of the sample showed that 41% of participants were single and the remainder were cohabited or married.

The majority of the sample (64%) did not have children, with 7% having 3 or more children.

Initial descriptive statistics showed victims' mean scores were lower than non-victims for illegality, threat, arrest, conviction, victim benefit, and reporting to the police. An independent-samples t-test was therefore conducted to compare mean vignette scores between victims of indecent exposure and non-victims. The difference between the scores regarding level of illegality for victims (M= 4.07, SD= 0.89) and non-victims (M= 4.45, SD= 0.74) was found to be significant; t(123)= -2.50, p= 0.014. The difference between threat scores for victims (M= 3.35, SD= 1.26) and non-victims (M= 3.86, SD= 1.17) were also found to be significant; t(123)= -2.32, p= 0.022. All other differences between victim and non-victims were found to be not statistically significant. These results show that although non victims scores were higher across all six questions, only level of illegality and threat were potentially impacted by whether a participant was a victim of indecent exposure. This could suggest that females who have not been victims of indecent exposure are likely to see hypothetical situations of indecent exposure as more illegal and more threatening towards its victims than those who have been victimised in reality. It is of note that although no other results were statistically significant, mean scores show that victims tended to score lower than non-victims generally.

Descriptive statistics were also conducted for vignette scores and showed mean scores for level of threat were highest for vignette two (Sandra) (M = 4.7, SD = 0.59), then vignette one (Katie) (M = 3.8, SD = 0.97), and lowest for vignette three (Charlotte) (M = 2.4, SD = 0.75). This is in adherence with the creation of the vignettes and their hypothesised level of seriousness.

A MANOVA was conducted after analysing the required assumptions for the test. The assumption of multivariate normality was met, as the sample was sufficiently large enough to assume that the Multivariate Central Limit Theorem was met (Field, 2013; Zaiontz, 2019). The assumption of homogeneity of covariance matrices was not upheld, but the sample group sizes increased robustness; an alpha level of .001 was also used for evaluation of the univariate ANOVAs to reduce the likelihood of Type I errors (Allen & Bennett, 2007; Field, 2013; Warner, 2013).

Using Pillai's trace there was a significant effect of the vignettes on answers for all questions tested (levels of illegality, threat, reporting to police, arrest rate, conviction rate and benefit to victim after reporting), V = 0698, $F(12, 736) = 32.89$, $p < .001$. Separate univariate ANOVAs on the outcome variables also revealed significant effects (Illegality, $F(2, 372) = 36.69$, $p < .001$; Threat levels, $F(2, 372) = 277.05$, $p < .001$; Reporting to Police, $F(2, 372) = 172.51$, $p < .001$; Arrest rate, $F(2, 372) = 60.07$, $p < .001$; Conviction Rate, $F(2, 372) = 45.44$, $p < .001$; Benefit

to victim after reporting, $F(2, 372 = 74.70, p < .001)$. This suggests that the three vignettes differ significantly to one another for all of the above question items.

In order to understand the relationship between whether participants' results suggest vignette victims should report incidents to the police with other items, three multiple regressions were run. These were conducted in order to test if vignette answers concerning illegality, threat, likelihood of arrest and conviction and benefit to victim were predictors of reporting to the police. Assumptions of no multicollinearity were met by examining each tolerance statistic (.69, .68, .78) and VIF (1.18, 1.60, 1.30) respectively. The assumption of independent errors was met in all three regressions (Durbin-Watson values were 2.31, 1.93 and 1.91).

Table 1: Multiple Regression for Predictors of Reporting to the Police

NB – Bold indicates significant scores

	b	***SE B***	β	***p***
Katie				
Illegal	0.10 (-0.08, 0.29)	0.09	.09	.29
Threat	**0.17** (0.01, 0.33)	**0.08**	**.17**	**.04**
Arrest	-0.19 (-0.42, 0.05)	0.12	-.19	.12
Convict	**0.27** (0.04, 0.50)	**0.12**	**.28**	**.02**
Benefit	**0.34** (0.18, 0.50)	**0.81**	**.37**	**.00**
Sandra				
Illegal	0.03 (-0.08, 0.14)	0.05	.05	.57
Threat	**0.17** (0.02, 0.33)	**0.08**	**.19**	**.03**
Arrest	0.04 (-0.09, 0.17)	0.07	.08	.52
Convict	0.05 (-0.08, 0.19)	0.07	.09	.44
Benefit	**0.19** (0.07, 0.31)	**0.06**	**.31**	**.00**
Charlotte				
Illegal	0.07 (-0.12, 0.25)	0.10	.06	.49
Threat	0.18 (-0.00, 0.36)	0.09	.16	.05
Arrest	0.14 (-0.03, 0.31)	0.09	.16	.10
Convict	0.13 (-0.03, 0.30)	0.08	.15	.11
Benefit	**0.25** (0.08, 0.43)	**0.09**	**.26**	**.01**

The models for each regression were significant:

Vignette two's (Katie) regression was significant ($F(5,119) = 8.917$, $p < .001$, $R^2 = .273$). For this model, threat $t(119) = 2.08$, $p = .040$, conviction $t(119) = 2.29$, $p = .024$, and benefit to victim answers $t(119) = 4.22$, $p < .001$, all significantly predicted reporting scores. Benefit to victim scores contribute most to the model due to its smallest *p*-value and largest *t*-value.

When threat scores increase by one standard deviation, reporting scores increase by 0.171 standard deviations. When conviction scores increase by one standard deviation, reporting scores increase by 0.277 standard deviations. When benefit to victim scores increase by one standard deviation, reporting scores increase by 0.368 standard deviations.

Vignette one's (Sandra) regression was significant ($F(5,119) = 7.530$, $p < .001$, $R^2 = .240$). For this model, threat $t(119) = 2.20$, $p = .030$, and benefit answers $t(119) = 3.29$, $p = .002$, significantly predicted reporting scores. Benefit to victim scores contribute most to the model due to its smallest *p*-value and largest *t*-value. When threat scores increase by one standard deviation, reporting scores increase by 0.185 standard deviations. When benefit to victim scores increase by one standard deviation, reporting scores increase by 0.309 standard deviations.

Vignette three's (Charlotte) regression was significant ($F(5,119) = 9.076$, $p < .001$, $R^2 = .276$). For this model, benefit to victim answers $t(119) = 2.85$, $p = .005$, significantly predicted reporting scores. When benefit to victim scores increase by one standard deviation, reporting scores increase by 0.258 standard deviations.

Results of the regressions indicate that there was a significant relationship across all vignettes between whether the victim would benefit from reporting, and their likelihood of reporting to the police. Across the two more serious vignettes one (Katie) and two (Sandra), threat scores also had a significant relationship with reporting to the police, suggesting that if participants felt the offender was more threatening towards the victim there was inc reased reason to report to the police. Lastly, for vignette one (Katie), conviction scores also had a significant relationship to reporting to the police. These scores therefore indicate that if participants felt that the perpetrator in vignette one was likely to be convicted of an offence after being reported, they believed that Katie should report the crime to the police.

Overall quantitative analyses found significant differences between vignettes, and a consistently strong relationship between participants perceiving a benefit for victims from reporting the crime, and the likelihood of reporting them. Other significant factors that were

dependent on the depicted behaviour were likelihood of conviction, and the level of perceived threat from the perpetrator.

Results – Qualitative

This interpretative phenomenological analysis sets out a model that outlines victims' perceptions of their experience and understanding of indecent exposure from both their own victimisations and their current and past worldview. A description of the superordinate and subordinate themes is outlined below, and depicted by Table 2. These involve victims comparing who they were prior to their victimisation to their reality now, how others have interacted with them around the topic, exploration of public and systemic opinions surrounding indecent exposure, and how they found and are finding the victim role.

Table 2: Superordinate and Subordinate Themes

Superordinate Themes					
Indecent exposure doesn't fit	**The influence of stereotypes**	**Victims attempt to create rules around what is and isn't offending**	**Offending journey**	**The involvement and protection of others**	**Victims doubting their voices**
Subordinate Themes					
Hierarchies of offending	Humour	Contextual factors	Offender history	Children	The strength and weakness of memories
Changing times	Public and private	Impact	Motivation	Disclosing to others	Victim uncertainty
The censored body	Gender	When to report	Offender as victim	Police	Methods of minimisation
		Victim responsibility	What happens next?		Hindsight

Indecent exposure doesn't fit

Six participants examined indecent exposure through varying lenses of the law and other offences, how they see the nude body, and the level of change within societal opinions. A common conclusion from trying to describe the offence was a lack of an overall coherent structure to fit indecent exposure into.

> *"I dunno it depends on the incident I suppose. It depends how much harm it's caused somebody. It depends on the intent, I think it does depend on the situation."*
> *(Participant 1, lines 287-288).*

Indecent exposure was defined as a subjective entity in which 'it depends' upon the victim, the offender, the time of day, the location, and many other contextual factors. This helped to determine whether victims saw indecent exposure as a crime, as serious, and as worth reporting to the police. Pertinent subthemes of this topic also helped to guide these decisions, including looking at indecent exposure in contrast with other crimes, the changing societal views about sexual violence against women, and how we view nudity in day to day and virtual life.

Hierarchies of offending

Indecent exposure was examined through the lens of its place within sexual and general offending. Comparisons were made between exposure and particularly other sexual offences, drawing on the nuances between them.

> *"I could see it having the same effect, not, not, obviously it's not as bad as being raped or something like that but it's that sort of same sort of. Could make you very scared and frightened to go out" (Participant 5, lines 3503-3505).*

One participant in particular drew upon how her victimisation should be treated as an illegal crime due to her feelings of violation.

> *"Well I suppose it would be the same impact as any sort of traumatic event, erm, you know. To me, it felt very similar when I was burgled, my house was burgled about 10 years later" (Participant 5, lines 3489-3491).*

There was a sense, however, of indecent exposure being separate from other offences.

> *"I think, erm, indecent exposure in some respects is […] seen it as a bit of a joke. [They] wouldn't be viewed in the same category as somebody who rapes a woman, […] wouldn't be I don't think viewed in the same way as somebody who opens their coat and flashes their penis, or their breasts. […] I think it's not viewed as being as threatening as crimes that involve violence"*
> *(Participant 2, lines 954-970).*

Indecent exposure was commonly described as a less serious sexual offence that didn't fit into the definition given by the Sexual Offences Act, instead it was described as falling between the concepts of different types of offending and seriousness (Legislation.gov.uk, 2020).

Changing times

Victims highlighted that viewpoints around indecent exposure have been subject to change that has been in line with societal opinions related to how we interpret our interactions.

> *"People thought of it more as just a bit silly, you know a bit of a laugh, whereas now I think maybe people take it more seriously. […] Cos, because I think that attitudes have changed towards it. What was perhaps more acceptable in the 70's is not as acceptable now."*

(Participant 6, lines 4658-4675).

"I think people see it, need to stop laughing about it and thinking it's funny."
(Participant 5, line 4504).

Participants also emphasised that although changes have been made that increased the seriousness of public opinion relating to indecent exposure, this was not enough.

The censored body

Nudity was considered as non-threatening, empowering and healing. Indecent exposure may be seen as a way of censoring the self and inhibiting growth of self-esteem and body acceptance.

"I think […] attitudes to nudity have got to the point where people don't feel comfortable being naked now. It seems almost wrong to be naked, but it shouldn't be really and I think people would feel more comfortable with their bodies if it wasn't"
(Participant 3, lines 1796-1800).

> *"Indecent exposure more broadly, um, would be exposing your private parts to somebody who you shouldn't be exposing your private parts to."*
> *(Participant 2, lines 775-776).*

Participants recognised indecent exposure as separate from public nudity by drawing on victim's consent, whether that be perceived, or actual. This sometimes gave the power of deciding victim consent to the offender or victim.

The influence of stereotypes

In order to make sense of their experience, to rationalise and to compare, victims drew upon common labels concerning humour, the public view versus their internalised experience, and how gender roles within society occur in indecent exposure. They moved between their own feelings to that of the general public, their female experience and how gender constructs operate in exposure, and how measuring seriousness of indecent exposure must include how humorous the offence may potentially be.

Humour

Victims described incidents of indecent exposure as a comedic event, or as an anecdote to be told at an appropriate moment.

> *"Mm, I think it's something that is laughed off quite a lot in the public perception. But I think that's just because people have that stereotypical view of it, that it is something that's funny, that it is something that's not very harmful. […] I think […] that's the um, the approach that I took as a kid. You know it was just to be shocked and then laugh it off."*
> *(Participant 1, lines 681-685).*

> *"But I think I found it quite funny, so I thought it would be a funny anecdote to tell to people later on."*
> *(Participant 3, lines 2020-2021).*

Humour was also seen as a way of reinforcing control and maintaining the power balance of offender over victim.

> *"I guess it kind of feeds into the rape culture, so called, where it's acceptable for men to behave that way and it's just having a bit of a laugh and if a woman doesn't find it funny then she's a stick in the*

mud […] And women should have more sense of humour because men getting their willies out is hilarious obviously."
(Participant 3, lines 1957-1962).

Despite humour being a common way of understanding and describing exposure, its use varied between innocuous and threatening in intention.

Public and private

The public view of indecent exposure was an agreed upon concept between participants. However, this construct's weakness was apparent as soon as victimisation was experienced.

" Bystander, that's it bystander apathy. There's a lot of bystander apathy and I think until people realise that actually these things can affect them or maybe their members of their family erm, then, then maybe it doesn't seem as threatening or as sinister."
(Participant 2, lines 1562-1564).

The lack of public non-victim understanding and knowledge about the offence may mean that victim experience is very much separate from how it is generally viewed. This creates an obstacle to receiving appropriate support and responses.

Gender

Alongside the meaning of male and female nudity in society, both the attribution of victimhood to women, and offender to men was formed.

> *"Interviewer: Can you say that it might be a particular type of person or if there's someone that's more particularly likely to do it? Participant 6: Erm, somebody who doesn't like women."*
> *(lines 4875 - 4881).*

> *"It tends to be so random, er, as long as they're female. I've never heard of a man have it, have it done, perhaps that's because men don't talk about it, but I've never heard of a man being flashed like that."*
> *(Participant 5, lines 3551-3554).*

Offending was described as an attack on women, in which men they disclosed to and police officers who were male gave un-empathic and unhelpful responses.

Victims attempt to create rules around what is and isn't offending

Without a homogenous understanding to fit participants' overall experiences of indecent exposure, victims created their own through a

variety of constructs. These were attempts to highlight exposers and their actions as both serious, and worthy of being an illegal act. This was crucial to aid victims' decisions around reporting to the police in both their own and future hypothetical situations.

> "*I think the context affects it doesn't it? I think if a man, you know ran across a rugby pitch and you could see that he was just doing that as a sort of, I dunno as a bit of fun it wouldn't strike me as being the same as somebody who appeared to have, um, [inaudible], if somebody seemed to be doing it for sexual pleasure, maybe, I dunno. That would seem, that's different. There's a difference in the two things. Not that either of them is ok, but I do think that people's perceptions would be different. And it, and the context."*
> *(Participant 2, lines 904-909).*

Contextual factors

A wide variety of circumstances, including time of day, victim typology, inclusion of masturbation and victim group size were drawn upon to analyse what aspects of indecent exposure were worthy of reporting to the police.

"But in the same respect, it depends again on the context […] yeah, there are so many different things that affect how things are viewed, I think it's not straight forward, you can't just say, I mean, it depends who it is as well."
(Participant 2, lines 960-966).

Impact

From lasting trauma symptoms and changed behaviour to nothing at all, the impact of indecent exposure guided victims' feelings around seriousness of exposure and weighing up the cost of reporting the offence.

"I remember I couldn't get it off my mind that night, I remember […] and just sitting there kind of trying to get rid of it and I couldn't, so then I know with my, my head I need to go through things, so I kept going back over it because I find the more, if something horrible happens, the more I bring it to the front, the more it seems to soothe it round and. But certainly for a week or so it kept, whenever I was on my own I, it kept coming back to me and remembering it. Certainly for a length of time, not for ages, I don't, it didn't affect me that badly but it just, there were moments when, and as I say I found it very difficult driving and I never,

never ever felt particularly happy with that car, which wasn't really the cars fault."

(Participant 5, lines 4092-4101).

Impact also seemed to guide their overall feelings about advising others around victimisation, but not always. Hearing about the impact on others often created similar journeys.

"I think probably having spoken to friends who have experienced sexual violence and then realising how much stuff there is that could trigger them to think about their experiences in the past. Things that I hadn't really thought of before, because I haven't experienced that erm, and just being much more aware of the fact that so many people I know, cos before that there was a sort of tendency, I know it's horrible, a tendency to think that'll never happen to me or anybody like me, it happens to other people and then realising that all of these strong funny women I know have had that in their past, made me realise that a lot of these seemingly innocuous sort of experiences that we all have erm, are actually not quite so innocent, possibly, or harmless as I thought, always thought before."

(Participant 3, lines 2031-2040).

When to report

Unless reporting was done as soon as possible after the event, it was often deemed pointless or much less likely to have a positive outcome.

> *"It was the same night. […] I just phoned the police and said what happened, but by then it was really too late to do anything cos he would have been long gone."*
> *(Participant 5, lines 3886-3889).*

Victim responsibility

Who is a good enough victim, and what is expected of them? There is an aspect of reporting that takes on the belief that victims can stop or reinforce reoffending. On occasion, victims feel a need to undertake a professional role in order to do so. Victims also consider in what way their own characteristics can affect how truthfully others receive their disclosures.

> *"I mean I actually, got to the point where I said, I, you know I work with sex offenders, this will be treated seriously, you need to ring the police, and it was then that they did it. […] so it was sort of things that I suppose usually a victim of an offence wouldn't be doing, but I think that was why I became, it was later on when the*

emotion kicked in, I was actually dealing with all that, which I sort of went into work mode really in terms of risk management, […] which wasn't what I wanted to be doing."
(Participant 4, lines 2793-2801).

If participants experienced victimisation as a child, this responsibility fell to the adults in charge of their care due to a child's lack of contextual understanding of the offence. Alongside this, victims felt they should not fall further into the victim role by choosing to be proactive and report. If victims take offence at something that wasn't intended to be offensive, they may be at fault.

"I think sometimes now, people, no, people are looking for offence when no offence is meant."
(Participant 6, lines 5733-5735).

Offending journey

Much of the victim's journey is taken alongside the offender, but participants showed curiosity about what was hidden from them. They questioned who their offenders were, what motivated them to offend, their past, and what they might do in the future. Empathy, humour and pity were shown towards their offenders, and others whom they had heard of or hypothesized about.

Offender history

Did offenders expose themselves previously, and what are their characteristics? Victims mused upon their offenders' psychological and cognitive makeup and their intelligence.

> *"I don't know erm, and not be, cos with me it was the first time he was arrested […] so he could have done it before and not been arrested, but that, that's the only experience I've got" (Participant 4, lines 2475-2477).*

Motivation

Making sense of offender's motivations included differing victim opinions about their intent, but mainly focused on exposure as an attempt by offenders to seek power and control alongside attention.

> *"Some of it's probably exhibitionism, some of it's probably a sense of power over the person they are exposing themselves to, the kind of they're in control of the situation and the person they are flashing isn't in control. Erm some it's probably to see what that person's reaction is, some of it's for erm, sexual gratification, […] I guess mental health probably comes into it for some people, erm*

some people might just not know any better or not think it's wrong."
(Participant 3, lines 1763-1768).

Victims hypothesised that offenders may or may not have the capacity to get their needs met by alternative ways of behaving.

Offender as victim

Victims commonly mused upon offender's character and often came to the conclusion that they were worth feeling sorry for.

"He's sort of the oddball that lives down the street, that he is harmless. That you just sort of let him, let people get on with their own thing. There are people who, you know might do odd things, but it's ok because we know who they are, we know where they live, we know they don't really mean any harm."
(Participant 1, lines 556-559).

Victims hypothesised that perpetrators of sexual offences often saw themselves as harmless, or that others shared this view. Victims guessed that the general public supported this opinion. Perpetrators were often thought of as needing support rather than punishment as a result of reporting the crime.

What happens next?

Victims were unsure about how offenders would react following exposure in both the long and short term. Would they leave the scene or not, would they reoffend, or escalate their offending? Not knowing the answer to these questions increased fear and the likelihood of reporting the offence.

> *"Erm, there was initially again, when the emotions did come on my mind, was thinking about the what if's"*
> *(Participant 4, lines 2841-2842).*

Noticing that escalation of offending may occur if the offender is not caught allowed victims to reflect on what the repercussions would be if they didn't report to the police.

The involvement and protection of others

Victims brought up questions about the affect other people might have on their behaviour after being victimised. These included how to seek help, whom to ask for it, expectations of others' involvement in disclosure, and the lived realities of both disclosing and reporting. The theme discusses victims' desire to keep children safe from current and future offending, the impact of talking to others about their victimisation, and how this may affect victims' decisions to report to the police. Lastly, the theme ends on

victims' expectations and experiences of the police and wider criminal justice system.

Children

Keeping children safe was a high priority for all interview participants. Victims also revealed that child sex offending is the ultimate immoral crime; this entailed being difficult to think about, the notion that it outdoes all other offences, and needs to be taken seriously and reported at all costs.

> *"Yeah if […] there's a possibility that that could harm somebody else, so erm, a young person who shouldn't really be exposed to non-consensual nudity or somebody who's not comfortable with it, could be affected by […] I think that requires reporting or if that has already happened, so if they've exposed themselves to a child or another vulnerable person, that probably needs reporting." (Participant 3, lines 1868-1875).*

Children who offended were also to be educated about the potential harm their actions could cause, and the illegality of their behaviour.

Disclosing to others

The influence of others upon a participant's decision to report seemed monumental in victims' accounts of what happened post offence. In those who were child victims, they looked to the adult carers in their lives for guidance. As adults, family, friends, and professionals were sought out to disclose to. Victim's motivations to disclose, and to report to the police varied. The actions of the victims disclosing and the subsequent reactions from the people they chose to disclose to prompted victims' decisions concerning reporting to the police.

> *"Um, I suppose as a kid I didn't even think about it. I never thought about reporting it to the police. Um, because, I suppose because my Mum hadn't. If my Mum had suggested reporting it to the police, then I probably would've gone along with that. But she didn't suggest that, or anything."*
> *(Participant 1, lines 473-475).*

Police

Reporting to the police was generally seen as a pointless and potentially negative experience. Victims' decision making about reporting indecent exposure included the following beliefs.

"So yeah priority I think it's quite low down on the police's priority list, yeah."

(Participant 1, lines 264-265).

"Well I didn't know if they'd take it particularly seriously I suppose, when I think about it. I suppose I thought they might not, you know they might say, why are you reporting it now, why didn't you report it then and. And like with any crime, I mean you know what it's, well perhaps you don't, perhaps you're been lucky but, whatever crime you report it's so much of paperwork of filling in and stuff."

(Participant 5, lines 4203-4207).

All reporting experiences aside from one left participants wanting more from the process, whether that be support, communication, or action.

"I know I called them and I know the guy was quite nice, but he just said alright we'll make a note of it. But that was it; they didn't make any big fuss about it. They didn't, I didn't feel like they were going, yes dear, go away, but it wasn't, it was no more than yes ok we'll, we'll make a note of it."

(Participant 5, lines 2897-3900).

Victims doubting their voices

Commonality between participant interviews included feelings of inadequate experience to speak on the subject of indecent exposure, despite being victims of the crime. This displayed itself in them having differing accessibility to memories, repeated uncertainty, and minimisation. However, victims' growth and knowledge was apparent in their reflections on offending and what they would have done differently.

The strength and weakness of memories

The impact of indecent exposure for some gave them lasting and significant trauma, including clear memories, flashbacks, and dreams.

> *"It is very clear yeah, and it has stayed very clear and that's got nothing to do with sort of bringing it back now […] I suppose it was more important than I thought it was at the time. Because you tend to, the clearest memories tend to be the things that are not necessarily nasty but the best things, the sad things, you know it's, the important things are the things that stay clear, aren't they, so. […] It was this headless torso and that's what I used to dream about. I remember having dreams about it for ages afterwards." (Participant 5, lines 4013-4061).*

Others forgot details of their accounts or were able to unlock further experience through the remembering process.

Victim uncertainty

Victims tended not to see themselves as an authority on the topic of indecent exposure; further analysis showed a tendency to undermine their opinions and experiences, sometimes as a precursor to offering them up.

> *"I would probably guess, I don't know, but I'd probably guess it happens to females more than males from my own personal, hearing people talk to me about it. It's been reported more from my female friends rather than male friends. Umm and I don't know I would guess my age range, and sort of 20 to 30 age range. But I don't know whether that's just because, they're my friends and they're the ones that have told me about it the most."*
> *(Participant 1, lines 60-64).*

> *"I don't know why but, er, to me it's a male orientated thing which I think isn't necessarily true."*
> *(Participant 5, lines 3171-3172).*

Participant uncertainty could be due to their perceived and realised lack of power in the victim role, but also points to the argument that indecent exposure is not an easy concept to structuralise, as explored earlier in 'indecent exposure doesn't fit'.

Methods of minimisation

Following on from the previous subordinate theme, victims attempted to justify their lived experiences, minimise their opinions, and claimed that their responses to the researchers' questions were inadequate. On occasion reassurance was given when the researcher thought it was needed in order to validate and support victims' storytelling process.

> *"Participant 2: No. I don't, I don't think I did. Erm, I can't remember if we spoke about it. The problem is I didn't really have anything at the time that I thought would allow them to catch the person that did it. […] you know I didn't get a good enough look at him to give them a good description. Erm, and sort of didn't feel that there was a lot I could do about it about at the time, in terms of catching the culprit […] Erm, but yeah, no I didn't, I don't think I reported it. I definitely spoke to my Mum about it but it's a long time ago, I was only sixteen.*
>
> *Interviewer: No, yeah, totally, I appreciate that. I think you're doing really well"*

(lines 1295-1308).

Hindsight

Despite participants' communication style to underemphasise the depth of thinking they had gone through in relation to their victimisation, their reflections contained a number of learning points.

> *"I wouldn't go to that place to have a picnic again. […] I think afterwards, I thought why did I pack up the picnic, because actually that took time. I could have got it all out and we, we would have to start eating it and I had like a couple of boxes, I had drinks and I had a picnic blanket and I think, when the thing happened and he didn't follow us, actually that gave him opportunity to, erm, if he'd wanted to, to make contact, erm, I should have just left it all. Erm, and it was only afterwards, I thought why did I spend the time doing that, erm, but other than that, I don't think, I don't think I would have done anything differently."*
> *(Participant 4, lines 3019-3027).*

Most participants felt they would change their behaviour, that their views had changed, and that their victimisation changed both their understanding of the topic and its impact on others. Their imagined view of indecent exposure was usually vastly different to their lived reality,

causing them to challenge cognitive dissonance and make lasting changes.

Discussion

Summary

This study investigated female victims' and non-victims' perceptions of indecent exposure, including attempts to understand the impact of the offence, its seriousness, what it's like, and why victims choose to report or not to the police. Following a review of the relevant literature, there is a dearth of research about the impact of indecent exposure on its victims, their decisions to report, public opinion on the topic, and what systemic changes may be needed in this area. Due to this, the issue was explored in the form of a quantitative investigation of women's responses to three online vignettes about hypothetical incidents of indecent exposure. In order to focus further on the victim experience, six qualitative interviews were conducted with self-identified female victims of indecent exposure.

The primary research aims of this study were to explore what perceptions are of indecent exposure, what the experience is like, the perceived value of reporting, and decision-making about reporting. Sub questions asked how victims define exposure, what factors might make them report to the

police, indecent exposure's overall significance, and what attitudes may classify these beliefs.

Forty-one percent of the overall sample self-identified as a victim of indecent exposure, which is much higher than the current understanding of female victimisation in the UK (ONS, 2020). This is concurrent with the researcher's experience of talking to her social circle, and a suggestion that indecent exposure victimisation is greater than currently reported.

A t-test comparing victim and non-victim mean scores showed that non-victims tended to see the vignette perpetrators as more illegal and threatening, the impact on the victim to be more serious, and reporting the crime to the police as important and having a benefit to the victim. This could suggest that the victim sample may not see the benefit of reporting indecent exposure to the police due to the perpetrator not facing arrest or conviction, or victims not experiencing any benefit from reporting; however due to this difference not being statistically significant, this hypothesis is a tentative one. In particular, the differences in scores concerning levels of illegality and perpetrator threat were statistically significant. These scores could suggest that victim's interpretation of hypothetical perpetrators has been shaped by their own victimisation experiences in some way.

From the results of a MANOVA, the three vignettes differed significantly in participant's perception of seriousness. This could suggest that, although all three vignettes are incidents of indecent exposure, the behaviours are nuanced enough to show that the offence is broad both in its description, and its general understanding. It could be argued that indecent exposure may not always be seen as an offence, or treated as one by the study sample.

The results of three multiple regressions imply that there are certain factors that may influence the sample when considering the hypothetical likelihood of reporting indecent exposure. The strongest of these was if the victim will benefit in some way from reporting the offence, followed by if they feel threatened by the offence, and if they believe the perpetrator of the offence will be convicted. This could mean that victims of indecent exposure whom are more likely to report it to the police need to know there will be a result that creates good influence in their lives. At present there is no guarantee of a positive outcome for victims of indecent exposure who report the offence; future research in this area is advised to explore what this might look like for victims.

From the results of the interpretative phenomenological analysis, numerous features of victims' perspectives were drawn out. The superordinate themes that were discovered suggest that indecent exposure doesn't fit as the definition currently stands. Exposure was

compared to other forms of offending, particularly that of a sexual nature, and there was differing responses about how much it can relate to them. Victims expressed that despite changes in society's opinion of sexual offending, particularly against children, it is still not taken seriously enough. Nudity was highlighted as a nuanced construct in which displaying one's body in a public setting could be empowering, but also harmful to others.

Stereotypes were highlighted across victim responses. They divulged that humour is often used as a motivator to offend, and as a way of communicating the offence. However, seeing exposure as funny may mean offenders' attempts to control and maintain power are reinforced. There are vast differences to the public's understanding of the offence, which may change when an individual becomes a victim, or knows one. Gender roles in relation to indecent exposure were discussed, with women being positioned as victims. Men were either seen as offenders, a person that victims regretted disclosing to, or as police officers who gave inadequate or invalidating responses. There was a desire to comprehend the offender's journey, in which perpetrators' pasts were explored alongside their motivation to offend. This exploration was used as a tool to unearth information that was not presented to them during the offending or reporting process. Empathy and compassion were shown to offenders and treatment and support were posited as worthier goals than punishment. Participants also had no information about what happened

next to the perpetrator after offending, and a need to find this out emerged from interviews.

Noteworthy others that affected victim perceptions included children, the people that victims disclosed to, and the police. Three out of six participants were children at the time of their victimisation, and one had their own child present. There was a mutual agreement that if child victims were involved, victim responsibility to report increased, as did offenders' dangerousness. The people whom victims chose to disclose to generally had a strong influence over participants' decision making to report, in which advice was sought and taken on by the victims. The institution of the police was portrayed negatively; they were invalidating, lacked consistency and did not give enough support to victims.
Whilst communicating and making sense of their experiences, victims seemed to hold the belief that their opinions were not valid enough or worthy of investigation. This encompassed forgotten details, lasting traumatic memories, and a lack of confidence in their own narratives. Participants attempted to destabilise their voices with methods of minimisation and justification for their feelings. Despite this, their reflections showed considered thought, changed behaviour and altered opinions about indecent exposure.

Wider implications of these results could point to a large number of women that are silent victims of indecent exposure. They may have

chosen to remain so to avoid a process that may not benefit them, to avoid police interactions, and adhere to other's advice. Victims' voices and stories may be unshared due to beliefs that exposure is funny, not a serious enough offence and the contextual factors in their victimisation resulting in a lack of threat and dangerousness. Female victims could act more proactively if children are involved, or with the support of someone who will validate their memories and uncertainty.

Limitations

A limitation of the current research is that victims were predominantly female. An insight into male victims may investigate further into the seemingly gendered nature of the offence. Victims were also predominantly white British, which is not representative of current victimisation in the UK as previously mentioned. Self-identified victims could not classify themselves as previous child or adult victims of exposure in the online questionnaire; hence results are representative of the victimisation group as a whole. Future research may look at the differences between these victims.

Participants were recruited through online advertisement and social media websites. By advertising the study in this manner, the demographic is only representative of the reach of the study's advertisement, and may not be wholly representative of the national population of women.

Victims of indecent exposure that engaged in both the online questionnaire and the interviews show a pro-active form of engagement. Passive victims or those without access to the study were not catered for in this sample population. Further to this, the prevalence of victimisation across the sample may have been affected by self-selection bias and hence may not be representative of the wider population of female victims of indecent exposure.

Recommendations

Future research could include comparisons of different generations of victim perspectives towards indecent exposure and reporting it. This could unearth any potential fears around discussing what may not be seen as an offence by different age groups. Variations of understanding between different cultures have also not been explored; this could point to diverse understandings of how nudity is understood and whether it is accepted in differing contexts. Finding examples of best police practice and sharing them internationally may benefit the victim reporting experience in the UK.

Lastly, this study could be repeated by exploring both people whom victims have chosen to disclose to and police officers' perspectives about indecent exposure to encourage a more varied understanding. The general public seem to need more education about indecent exposure,

what it is, and when to report it. In order to increase reporting rates, increased presence and public conversation about indecent exposure should occur.

Conclusion

To conclude, indecent exposure is an offence that has little qualitative research surrounding it. Female victims that experience it often do not report and feel there are factors that mean it is not serious, or not an offence at all. This study suggests that future research into indecent exposure is important in continuing the conversation surrounding its seriousness, its definition, and how to reduce offending.

Rationale for Chapter Three

The empirical study presented in Chapter Two analysed the experiences and perspectives of female victims and non-victims of indecent exposure and presented an interpretative phenomenological analysis of six victim interviews encompassing their opinions of indecent exposure, its seriousness, and decisions whether to report to the police. Quantitative analysis found a significant relationship between the likelihood of reporting indecent exposure to the police, and the victim benefitting from doing so across three vignettes. Qualitative analysis found that victims' felt that indecent exposure is not taken seriously enough by the public, or by law enforcement. Victims stated that stereotypes are used to understand the offence, and that it is unclear how indecent exposure relates to other sexual offending in its seriousness and impact. Chapter Three presents a systematic review that seeks to add to and extend understanding about victims of sexual violence and their decisions regarding reporting to the police. It has the further aim of highlighting similarities and differences between victims of indecent exposure and other sexual offending in their reporting decisions.

The review contains a thematic synthesis of qualitative work, and it is the first review to bring together this work and consider victims' voices and their views about negotiating the process of decision-making involved in disclosing sexual violence to criminal justice professionals.

CHAPTER THREE

Systematic Review

A systematic review of barriers and facilitators to disclosing to the police; female victims' experiences of sexual violence

Abstract

Background

Less than a fifth of sexual violence victims report to the police, allowing for re-offending and a lack of support for victims. There is little research surrounding the phenomenological reasons for which factors promote or prevent female victims from reporting sexual violence, particularly that which is qualitative in nature. This review brings this research together, explores the barriers and facilitators to reporting sexual violence, and suggests what can be done to improve victim experiences and reporting rates. There is a lack of studies that investigate victims of indecent exposure and their decision making around reporting to the police. This review therefore also investigates the broader sample of sexual violence victims' experiences as a way of further understanding indecent exposure victims.

Method

1414 initial hits were reduced via inclusion/exclusion criteria and quality assessment methods. Eight studies between 2005 and 2018 that discussed female victims' decisions to disclose sexual violence were reviewed. These remaining studies had relevant data extracted and were analysed using thematic synthesis, involving creation of codes, descriptive themes, and analytical themes.

Findings

Six analytical themes were generated: internal and external sexual violence myths; reporting means victim punishment and loss; the perfect victim; victim value systems; police as a barrier; and positive reporting experiences. All themes were present in varying degrees across the reviewed studies.

Discussion

Review results found that victim experiences can be viewed by themselves and others through the lens of sexual violence myths and victim blaming. Victims must deliberate the strength of their evidence, constitution and support network in order to consider reporting to the police, and to get a positive reporting experience. Research questions are

answered alongside acknowledging the review's limitations. Future research areas include understanding the topic from the police perspective, and with differing samples.

Introduction

There is a need for research investigating female victims' decisions to report sexual offending to the police, particularly that which reports their experiences and perspectives. Sexual offending against women appears to be on the increase; the statistically significant rise in its occurrence is suggested to be due to an increase in indecent exposure and unwanted sexual touching (Office for National Statistics (ONS), 2019). Women are also more likely to fall victim to sexual assault (this category includes rape, unwanted touching, and indecent exposure); 2.5% more of the population were female victims in the two years preceding March 2018 (ONS, 2018). The reasons behind recent increases in female victims reporting crime are varied, and harder to scrutinise. The upsurge in social media campaigns such as #metoo and #whyIdidntreport, and the media's coverage of victims coming forward to report historical sexual offending by public figures has coincided with this change (ONS, 2019). However, victims that have decided to disclose to the police have reported a lack of consistency and quality around both the support they receive, the services that provide it, as well as having to report sexual violence in criminal justice settings instead of more therapeutic

surroundings (NHS England, 2018). The NHS reported that this increases the risk of compound trauma, and that there is a dearth of long time support available for victims (2018). The minimisation and victim blaming in the media may have also compounded victims' unwillingness to come forward about sexual offending. Examples of this include headlines involving describing the victim's clothing, level of inebriation, and acting provocatively increasing victim responsibility (Rape Crisis, 2019).

Police recording of sexual offending has also improved since 2014 (ONS, 2019). Despite these factors, female victims are continuing to not report sexual offending. Only 17% of women who have been a victim of sexual offending have reported the crime to the police as referenced by a recent overview of sexual offending in England and Wales (ONS, 2018). A freedom of information (FOI) request conducted by Channel 4 News and reported on 12th October 2021 highlighted that there was a 31% increase in indecent exposure offences in the years 2015 to Summer 2021. The data was taken from 37 forces in England and Wales and was based on 46883 records of indecent exposure, and the programme also noted that convictions from voyeurism and indecent exposure halved in the last year (Channel 4 News, 2021) This is an on-going problem worth uncovering further, not only in order to prevent further victimisation and encourage justice, but to acknowledge sexual offending's potentially far reaching effect on those who are unlucky enough to experience it.

The impact of sexual offences on victims includes a multitude of factors that can vary between individual experience, vulnerabilities, and comorbidities (NHS England, 2018). Results that are commonly cited are trauma, fear, shame, various mental health problems including suicide, eating disorders, dissociation, anxiety and depression, post-traumatic stress disorder and sleep disorders (NHS England, 2018; The Survivors Trust, n.d.; Victim Support, n.d.). A victim's romantic relationships can also be affected – trust and feelings of guilt may change the relationship dynamic, their sexual function could alter, or they might experience confusion about their sexuality following victimisation (The Survivors Trust, n.d.). Being a victim of sexual violence is akin to a form of trauma, the consequences of which can be detrimental to how an individual may function in their daily lives (NHS, 2018).

Furthermore, the increase of recorded sexual crime may not just be due to victims' willingness to report. Police recording of sexual offending has improved, despite recommendations that developments are still to be made in this area (ONS, 2019). Despite the increase in both recording and reporting of sexual offending, there has been a decrease in resulting criminal proceedings due to increased pressure on police forces and more complex crimes to deal with (ONS, 2018). This in turn could prevent future victims from reporting if they are of the belief that the perpetrator will not be convicted of an offence.

A qualitative systematic review of female victims' decisions to report is needed now in order to provide a comprehensive account of their experiences. This will aid understanding of the female victim's individual accounts of pre, during and post reporting processes, their benefits and flaws, and allow for tentative recommendations for future research and service provision. This research is pertinent in that it is addressing a crime with serious impacts that currently has both low reporting and conviction rates.

Research investigating female victim's reporting to date has mainly been of a quantitative nature. The Crime Survey for England and Wales (CSEW) contained percentage data on why women did and did not report, as seen in Table 3.

Table 3: Crime Survey of England and Wales Results (%): Reasons Why Female Victims Decided to Report Sexual Offending to the Police or Not

Why not told the police	**Did tell the police**
Too trivial/not worth reporting *(16%)*	It was the right thing to do *(42%)*
Private/family matter/not police business *(10%)*	To prevent it happening again *(38%)*
Embarrassment *(44%)*	To prevent it happening to others *(53%)*
Didn't think they could help *(34%)*	Wanted the person/people who did it to be punished *(45%)*
Thought it would be humiliating *(33%)*	Wanted protection *(34%)*
Feared more violence as a result of involving the police *(16%)*	Was told to by someone else *(12%*)
Didn't think they would believe me *(25%)*	Was referred to the police by a support service *(4%)*
Didn't think the police would be sympathetic *(14%)*	Some other reason *(7%)*
Didn't think they would do anything about it *(17%)*	
Didn't want to go to court *(21%)*	
Didn't want the person or people who did it to be punished *(8%)*	
Dislike/fear of the police *(2%)*	
Police did not come when called *(0%)*	
Some other reason *(17%)*	

The most common reason for reporting to the police was to prevent future victimisation of others; this was echoed in other quantitative research (Wolitzky-Taylor et al., 2011). Victims who had the support of victim advocates were also more likely to report to the police, and less likely to have negative reporting experiences (Campbell, 2006).

The Crime Survey for England and Wales also outlines the most likely reason for not reporting was the potential for embarrassment that may be experienced by the victim. Victims also expressed concerns about reporting, the most common of which was victim blaming (Wolitzky-Taylor et al., 2011). Other quantitative research details a number of barriers and facilitators to reporting sexual violence to the police. Racial inequality as a barrier emerged as both a belief and a reality; ethnic minorities such as aboriginal and African American women were offered less support and help than Caucasian female victims (Dylan, Regehr, & Alaggia, 2008; Weist et al., 2014). Victims were more likely to disclose to their social circle than law enforcement, despite often being encouraged by others to report (Lindquist et al., 2016; Muganyizi, Kilewo, & Moshiro, 2005; Paul et al., 2013; Wolitzky-Taylor et al., 2011).

Victims also chose not to report due to worries about the response of those they disclosed to, reservations about the crime going public and losing anonymity, and fear of the potential responses from both the offender, and from law enforcement (Cohn et al., 2012; Haviv, 2016;

Lindquist et al., 2016; Wolitzky-Taylor et al., 2011). Victims' lack of knowledge that what they experienced was sexual violence, or a lack of willingness to acknowledge the incident as a crime also prevented reporting to law enforcement (Cohn et al., 2012; Heath et al., 2013; Lindquist et al., 2016). Victims who experienced physical injury or where a weapon was involved in the crime were also more likely to report, thereby reinforcing that the seriousness of the crime increases likelihood to report (Clay-Warner & McMahon-Howard, 2009).

Review Aims

This review aims to explore the factors that affect female victims' decisions to report both contact and non-contact sexual offending to the police. Through systematic review of the available qualitative literature, this paper will help to further understand the support needed for victims of sexual violence, show how they have experienced victimisation, the process of making decisions to report or not, and the journey after this. This study will qualitatively analyse interview data with the aim of gathering information that may help to assist victims to feel more supported throughout the reporting process.

This review will ask the following questions: -

What barriers and facilitators are present when victims decide whether or not to disclose sexual violence to the police, and how does this affect their likelihood of reporting?

What truths are there that can guide improvements to enable increased reporting of sexual violence by adult women via analysis of victims' experiences?

Despite quantitative data outlining the basic reasons behind disclosure and nondisclosure of sexual offending to the police, a qualitative interpretation of the topic is needed to understand individual victim experiences, and increase the number of female victims reporting. Due to this, a review of the qualitative research available was decided upon. The interpretation of the retrieved study data will be affected by the researcher's preconceived ideas and subjective experiences; hence there is not a way of finding exact and objective results (Ring et al., 2011). However, this review is about analysing the subjective experience of female victims. Although some conclusions will be made about what general themes may emerge, and overall improvements for this area, an acknowledgement of the individual experiences of victims is still paramount to working with them. Qualitative analysis has also been suggested as a worthwhile approach to improve practice and policy, as

well as to discover the reasons behind human behaviour (Marston & King, 2006; Thomas & Harden, 2008).

After an initial scoping exercise no systematic reviews were found that studied factors affecting women's decisions to report sexual violence to the police. The following databases were searched: Cochrane Library, Campbell Collaboration, Medline, Embase, PsycINFO, and CINAHL. One related review was found on Embase concerning children's' disclosure of sexual abuse from a family member or individual close to their family (Morrison, Bruce, & Wilson, 2018). Studies that included qualitative methodologies were reviewed internationally. Results of this review will help to inform professionals about the reasons why victims may choose to report sexual offending or not. It will also be a step towards helping to create tools to improve law enforcement and related services' responses to initial disclosures from women with the aim of increasing reporting, reducing repeated trauma and improving the overall victim experience.

A methodological explanation will be given to describe how inclusion and exclusion criteria were decided upon and carried out. Search strategies and sources will be outlined, followed by a report of the process of quality assessment and data extraction. Justification for the method of qualitative analysis will be given, and then results of the review will be reported in the form of themes related to the sources chosen. This will be followed by a discussion encompassing the review's suggestions for future

research, limitations of the work, and ideas for suggested improvements to help reporting of sexual offending by female victims.

Method

Search sources and study selection

Initial search strategies combined the following terms and synonyms: female victims, sexual offending, reporting, and police (see Appendix 11 for Search Matrix). Searches were then conducted using the following databases: PsycINFO, CINAHL, Embase and Medline. Search terms were the same across all databases but were applied according to each database's requirements. The following search terms were used: (Female* OR Wom#n OR Victim* OR Survivor* OR Casault* OR Sufferer* OR Patient* OR Case*) AND (Sex* offen* OR Sex* violen* OR Sex* crim* OR rape OR sex* assault) AND (Report* OR Disclos* OR Account* OR experienc* OR perspective*) AND (Polic* OR Law enforcement OR Force*OR Constabular* OR law) AND (qualitative* OR phenomenolog* OR grounded theor* OR interview* OR foc* group* OR anthropol* OR ethnograph* OR thematic analysis). Hand searches for studies were conducted in the Violence Against Women Journal from Volume 5, Issue 1 (1999) to Volume 24, Issue 16 in (2018) inclusive. Nine experts in the field were also contacted for further research.

Inclusion/Exclusion Criteria

Inclusion criteria for the review incorporate studies with an adult female population who have been victims of a sexual offence and include information about decisions relating to reporting or not reporting the incident to the police (see Appendix 12). There are no universal rules for how to create inclusion and quality assessment frameworks within qualitative reviews, therefore study inclusion criteria and quality assessment forms were created in line with recommendations from guidelines for qualitative systematic reviews (Ring et al., 2011). Studies were excluded if they meet the following criteria: (1) male victims; (2) child victims; (3) opinion papers; (4) studies that are not in English (unless they are particularly pertinent to the subject area and could be translated); (5) solely quantitative analyses. Only qualitative studies were included in the search due to the subject matter and the depth of experiential results to be found. Studies that were reviewed needed to include details that have affected women's decisions whether to report sexual violence to the police.

Extra consideration was also given after initial inclusion of articles – further exclusion occurred if the sample was asked about a hypothetical sexual violence victimisation or how they would behave in the future. Any case studies were also excluded at this stage. A decision was made to include studies in which the majority of the sample was comprised of

adult female victims of sexual violence in order to keep pertinent data in the review instead of having to remove it. The terms "reporting" and "disclosure" seemed to be interchangeable when reviewing this subject area, therefore articles with both of these terms were initially included, and later excluded if there wasn't data detailing reporting to law enforcement or decisions concerning reporting.

Quality assessment

Studies that were chosen needed to contain clear factors that affected female victims' decisions to report or not to the police (see Appendix 13 for Quality Assessment form). There is no gold standard for assessing the quality of qualitative studies for review purposes, and there remains some debate about the usefulness of the process for the purposes of systematic reviews of qualitative studies (Ring et al., 2011; Thomas & Harden, 2008). A process of quality assessment for the purpose of this review was created using a combination of suggestions from the Critical Appraisal Skills Programme and thematic synthesis theory (CASP, 2018; Thomas & Harden, 2008). This was done in order to evaluate each chosen study's methodological variables such as sampling, process of selection, confounders, attrition, and method of analysis, alongside bias related to them. Examples of reasons articles were excluded include lack of specific data about participants reporting to the police, and lack of discussion about potential confounders.

Data extraction

Following the quality assessment, data were extracted using a Data Extraction Form (see Appendix 14). It includes study aims, research questions, sampling information, design, offence types, factors affecting decisions to report, drop out, results, method of analysis, limitations, and how each study relates to their initial research aims. Results data were included that was specifically related to participant's decision making to disclose or not to law enforcement.

Thematic Synthesis

There are a number of methods for qualitative systematic reviews, none of which are currently seen as the gold standard analogous to synthesis and analysis of quantitative study data. Thematic synthesis is a method of qualitative systematic review that draws upon theory from thematic analysis, and can be appropriately used across all qualitative data (Thomas & Harden, 2008). This method contains three stages: firstly coding of the text, then organising codes into descriptive themes, and lastly generating a new interpretation of the data with the creation of analytical themes (Barnett-Page & Thomas, 2009; Ring et al., 2011; Thomas & Harden, 2008). An example of the process in this paper is detailed below.

Table 4: Thematic Synthesis Extract

Data	**Coding**	**Descriptive themes**	**Analytical Themes**
"I don't think I could have lived with myself if I hadn't, because I have a greater responsibility in life than just to me. I have a greater responsibility to society. […] I had no doubt that it had happened before and nobody else had spoken up. And I also felt that it was going to happen again to somebody else and I had a responsibility to stop it." (Clarke, 2014, p.59)	Responsibility for others Reporting because believed it happened before. Stopping re-offending.	**Motivators to Report -** Reporting as Societal Duty **The Influence of Others -** Other Victims	*Victims feel they are responsible for being the perfect victim*

The stage of generating analytical themes from descriptive themes involves constant comparison and reciprocal translation (Ring et al., 2011). Thematic synthesis was chosen in relation to this review due to its strengths in exploring answers to particular research hypotheses, and its ability to identify pertinent themes and to make inferences from them (Barnett-Page & Thomas, 2009; Ring et al., 2011). This approach was developed in order to assess interventions' effectiveness; this was seen as pertinent by the researcher when addressing how victims of sexual offending view police intervention (Ring et al., 2011). As with methods such as interpretative phenomenological analysis, thematic synthesis is able to draw upon participant's particular experiences and perspectives in order to arrive at conclusions based upon these (Ring et al., 2011; Smith, Flowers, & Larkin, 2009).

Results

The initial search identified 1414 hits. After screening abstracts this was reduced to 217 papers. These were then subjected to inclusion and exclusion criteria as detailed above and repeat articles were removed, leaving a total of 18 articles. No articles from hand-searched journals were included after screening of abstracts. Authors of nine articles were contacted when unable to retrieve articles. These individuals were also contacted about further articles of interest; those that were sent were not used in synthesis as none of them met inclusion and exclusion criteria.

After undergoing quality assessment, eight papers were included in the thematic synthesis of findings, and their relevant data were extracted (see Figure 1). Nine descriptive themes and six analytic themes emerged from the data; these are detailed below (see Table 5).

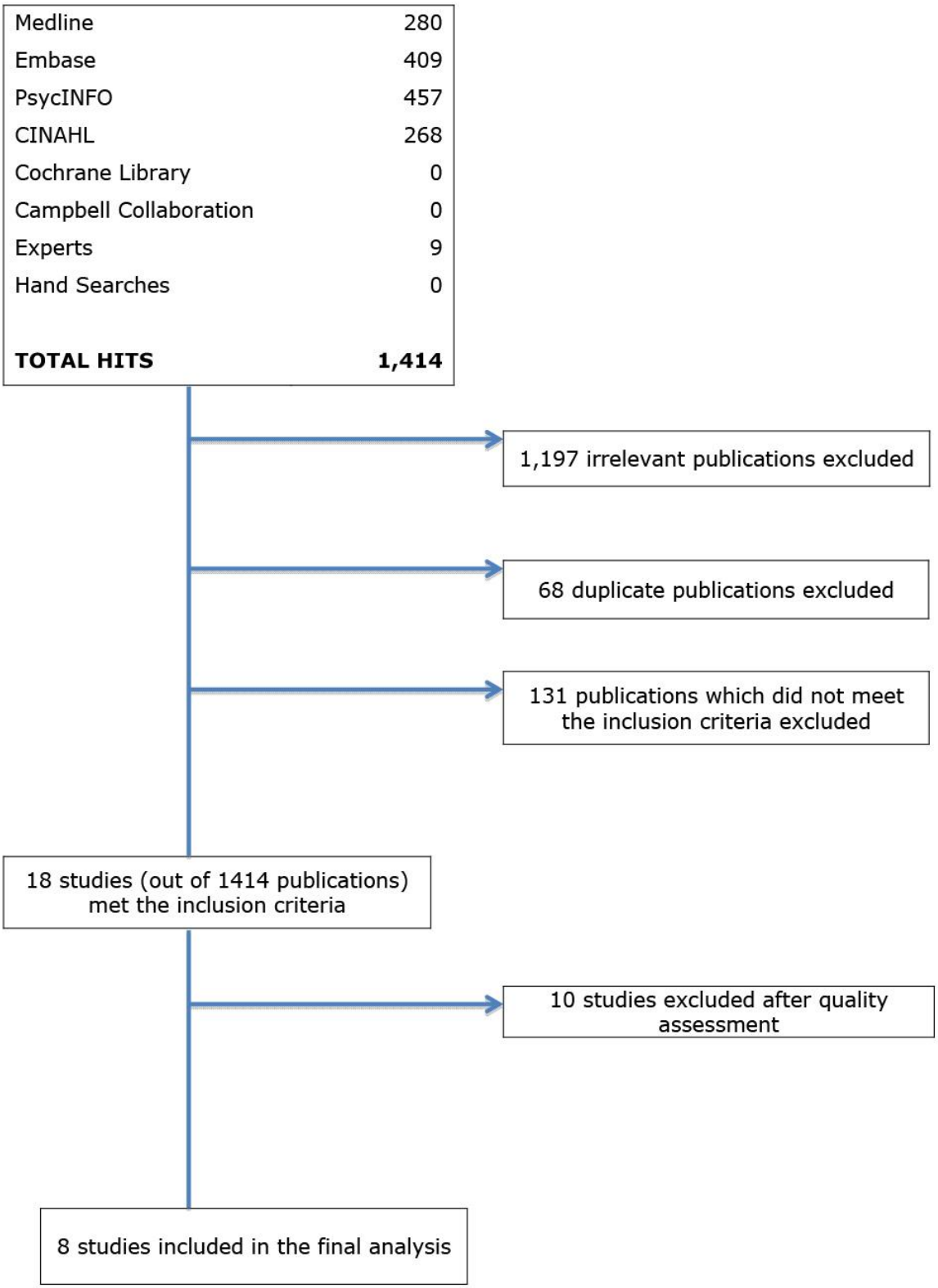

Figure 1: Flowchart of Study Selection Process and Search Results

Table 5: Features of the Eight Qualitative Studies Included in Thematic Synthesis

Paper (*n* = 8)	**Country**	**Recruitment**	**Sample**	**Victim Type**	**Reported?**	**Data Collection**	**Analysis**
			(Age)				
Sabri, B. (2019)	USA	University wide survey	27 (21f)	Mixed	19%	Semi-structured	Thematic Analysis,
Article		with invitation to interview	*(19-30)*			interview	Constructionist Perspective
Lorenz, K. (2018)	USA	Police, agencies,	28 (26f)	Sexual Assault	86%	Semi-structured	Conventional Code
Thesis		community, social media	*(18-40+)*			interview	Analysis, Open Coding
Carbone-Lopez, K. (2016)	USA	2 USA prisons	457	Sexual Assault	28%	Interview	Inductive Coding
Article			*(18-60)*				
Clarke, A. (2016)	Canada	Social media, agencies,	8	Sexual Assault	100%	Semi-structured	Grounded Theory,
Thesis		public spaces	*(22-56)*			interview	Constructivist Approach
Park, C.N. (2015)	USA	Flyers on campus	6	Mixed	100%	Semi-structured	Stevick-Colaizzi-Keen
Thesis			*(19-26)*			interview	analysis (Phenomenological)
Patterson, P. (2010).	USA	Sexual assault nurse examiner	20	Rape	100%	Semi-structured	Open-Coding, Data
Article		program, mailing, local advertising	*(18-53)*			interview	Reduction, Analytic Induction
Ahrens, C.A. (2006)	USA	Adaptive sampling of focal county	8	Rape	Yes but	Semi-structured	Open-Coding,
Article			*(n/a)*		ceased	interview	Narrative Analysis
Logan, T.K. (2005)	USA	Not detailed; held at rape crisis	28 victims,	Rape	Not	Focus groups	Content Analysis
Article		centres	2 mothers		documented		
			(n/a)				

The overall number of female victims of sexual offending in this review was 554; the majority of studies contained fewer than 30 participants. All studies were treated as separate from one another and there was no overlap of samples between studies. The majority of the studies were based in the USA, with one study sample coming from Canada. The type of victim differed; categories of offences included rape, sexual assault, and mixed. Some of these categories were unclear, as both 'mixed' and 'sexual assault' offences could be categorised as contact sexual offending including or not including rape. All participants in the 'mixed' category that were included in the thematic synthesis were victims of contact sexual offending. Victims' decision to report to law enforcement was documented in seven out of the eight studies. Overall, the sample ranged from 18 to 53+ years old across studies. Racial characteristics were documented as predominantly Caucasian in five out of eight studies (Clarke, 2014; Logan et al., 2005; Lorenz, 2017; Patterson & Campbell, 2010; & Sabri et al., 2019). Ahrens (2006) had a study comprising of mainly African American women, Park (2015) that of American America or biracial, and Carbone-Lopez et al. (2016) had a study comprising mainly of Black racial characteristics. One study included a sample that was all students, and one that was comprised solely of female offenders (Sabri et al., 2019; Carbone-Lopez et al., 2016).

Quality of Included Studies

The majority of included studies were found in peer-reviewed journals from 2005 onwards, with three coming from work conducted in the last five years. Remaining studies were published theses (Clarke, 2014; Lorenz, 2017; Park, 2015). All apart from one study reported if victims chose to disclose sexual offending to the police or not. The authors' focus appeared to be on the sample's experience of barriers towards reporting offending; therefore an exception was made to include this paper on the basis of the potential richness of the data (Logan et al., 2005).

Some samples included a mixture of female victims of sexual offending alongside other individuals, although only female victims' results were used for data collection (Logan et al., 2005; Lorenz, 2017; Sabri et al., 2019). One study's participants were students with experiences of "unwanted sexual behaviours", therefore did not solely include contact sexual offending (Sabri et al., 2019). Four of this study's participants also reported sexual harassment but were also victims of contact sexual offending, which may have differences in terms of decisions to report to law enforcement due to the variances in seriousness of crime and illegality. Participants were compensated via payment or given a gift voucher in exchange for participation in a number of studies (Logan et al., 2005; Patterson & Campbell, 2010; Sabri et al., 2019). This may have encouraged participant engagement in the work somewhat. Participant attrition was not documented in the majority of studies (Ahrens, 2006;

Carbone-Lopez et al., 2016; Logan et al., 2005; Lorenz, 2017; Patterson & Campbell, 2010; Sabri et al., 2019). Generally the samples used in included studies were not representative of the general population; this was acknowledged as a limitation in some cases (Ahrens, 2006; Clarke, 2014; Logan et al., 2005; Lorenz, 2017; Park, 2015; Patterson & Campbell, 2010). When interviewing or facilitating focus groups, a small number of studies documented that they had relevantly trained professionals conducting the data collection (Ahrens, 2006; Logan et al., 2005 Park, 2015; Patterson & Campbell, 2010). This is important in looking at the ethics of data collection; due to the sensitive subject matter victims are at risk of re-traumatisation when accessing memories of previous victimisation (Rogers, 2002). If participants did not feel safe or comfortable during data collection, they may not have given honest responses to the research questions.

Strength of studies varied in their transparency in reporting potential confounders. In a number of studies, these were not documented in detail (Carbone-Lopez et al., 2016; Clarke, 2014; Lorenz, 2017; Sabri et al., 2019). Logan et al. (2005) acknowledged that their mixed methods study contained bias due to its small sample size and method of selection. However, if the qualitative section of the study is looked upon separately to the overall work, the sample size was a large number for qualitative work (Creswell, 1998; Morse, 1994). Park (2015) touched upon her strong feminist theoretical stance as being a possible confounder to her

research; she therefore made efforts to ensure external auditing of the work was done. Samples varied in terms of the amount of time that had passed since participants had been a victim of sexual offending, and study authors acknowledged that this affected their methods of recruitment. Ahrens (2006) interviewed individuals who had experienced negative reactions after a disclosure, which then stopped participants from disclosing. Ahrens pointed out that by participating, the sample was no longer 'silenced', and hence was not representative of individuals who chose to continue to remain silent about their experiences. Patterson and Campbell (2010) also pointed out that a self-selected sample that has chosen to come forward and talk about their experiences may differ from those who have not. This raises an interesting question in terms of researching decisions to not disclose offending, as non-disclosers are likely to be underrepresented in research relating to the topic.

Study designs varied between mixed methodologies and purely qualitative research. In terms of assessing the strength and appropriateness of analysis, only qualitative methodology was reviewed. The included research used different types of analysis for each piece of work; there were large variations between authors as to how much they described their reasons behind chosen methods of analysis. As with assessing quality, there is no one approach to qualitative analysis that is considered best practice when approaching a topic of research, it is more useful to question the alignment of the research hypotheses with the authors'

beliefs and chosen approach (Teherani et al., 2015). It is generally acknowledged within qualitative work that a researcher can choose a method of analysis and have it accepted if they appropriately justify the approach in relation to their hypothesis and sample (Varpio & Meyer, 2017). Four out of the eight studies selected here gave a good description of their method of analysis and solid theoretical justification for their utilisation in conjunction with their research questions (Clarke, 2014; Lorenz, 2017; Park, 2015; Sabri et al., 2019). The remaining studies needed more justification, and some methods of analysis were not described at all.

Logan et al. (2005) was the only study in which focus groups instead of interviews were conducted in order to collect data. Their chosen qualitative method was content analysis; this methodology is usually used for analysis of the content of documents, instead of interview or group discussion data (Holloway, 1997). The authors did not justify the use of content analysis, or specify what strand of content analysis was used. Narrative analysis was used by Ahrens (2006); this method is usually used to conduct an analysis of the stories or accounts that people tell, and was therefore a fitting choice of analysis in relation to the study author's outlined research questions, but this was not justified in the paper. Carbone Lopez et al. (2016) chose to use inductive coding, which is a useful approach to start qualitative analysis, but no explanation was given as to the process of coding, how it may have been categorised, or why the

methodology was in alignment with their research aims. Lastly, open coding and analytic induction was used for Patterson and Campbell's (2010) study. The authors described their approach but did not give justification for the approach or the strength of its association with the study's research aims.

Due to the varied and sometimes incomplete nature of the review studies' qualitative methodology, qualitative themes were not found in all studies. Some chose not to categorise and leave the data as a pure discussion of women's experiences (Ahrens, 2006; Clarke, 2014; Logan et al., 2005). Relevant data were extracted from these papers as described by the data extraction process. In studies where themes were present, not all were used. This decision was made in order to make sure that results sections included in the review only encompassed data which were found to be specifically relevant to victims' decisions to report sexual offending to the police or not (see Table 6).

Table 6: Extracted Qualitative Themes related to Female Victims' Initial Disclosure of Sexual Violence

Paper (*n* = 8)	**Qualitative Themes**
Sabri, B. (2019)	*Sense of Futility*
	Personal and social costs of reporting
	Concerns about confidentiality
	Minimisation of the event
Lorenz, K. (2018)	*Concerns of police treatment*
	Previous police experiences
	Reluctance to report due to negative investigation experiences
	Willingness to report future crimes
	The necessity of self-advocacy in future reporting
	Willingness to report despite previous experiences
Carbone-Lopez, K. (2016)	*Didn't need any help/No big deal*
	Didn't want anyone to know about it/Shame/Didn't want to deal with it
	Didn't know where to go/Didn't know who to call
	Couldn't afford services
	Fear of opponent
	Police not helpful/Police wouldn't believe me or do anything
	Police couldn't do anything/Could not identify offender
	Related to offending/Street code
	Didn't want to get offender in trouble
	Dealt with it in another way
Clarke, A. (2016)	N/a - not categorised
Park, C.N. (2015)	*Making the Decision to Report*
	Delays in Reporting
	Encouragement from Others
	Reasons to Report
	Encouragement from Mother
	Seeking Help
Patterson, P. (2010).	*Preventing Additional Rapes*
	Encouraged by Social Support System
	Others made the Choice
Ahrens, C.A. (2006)	N/a - not categorised
Logan, T.K. (2005)	N/a - not categorised

Empirical Study Inclusion

The mixed methods research project outlined in Chapter Two – Victims and Non-Victims of Indecent Exposure; Experiences and Perspectives, involved qualitative research about victims of indecent exposure, their experience of victimisation and decisions about the reporting to the police. Although this study is unpublished and therefore would not have been identified in the searches, its qualitative findings are clearly relevant to the topic of this review. The sample consisted of six female victims of indecent exposure, its data was analysed using Interpretative Phenomenological Analysis (IPA: Smith et al., 2009). The study was not included in the thematic synthesis of the review studies, but the results of this paper will consider how the findings from this piece of work support or add to the review papers, particularly in relation to victims of indecent exposure.

Analysis

Initial descriptive coding of the data resulted in 502 codes, which were categorised and reduced to a final 56 descriptive codes. These were then organised and sorted into nine descriptive themes representative of the content of the data, as seen in Figure 2. After descriptive themes were constructed, the data were considered in relation to the two aforementioned research questions as instructed in guidance concerning thematic synthesis, and six analytic themes were constructed (Ring et al., 2011; Thomas & Harden, 2008). These were Internal and external sexual violence myths, Reporting means victim punishment and loss, The perfect victim, Victim value systems, Police as a barrier and Positive reporting experiences.

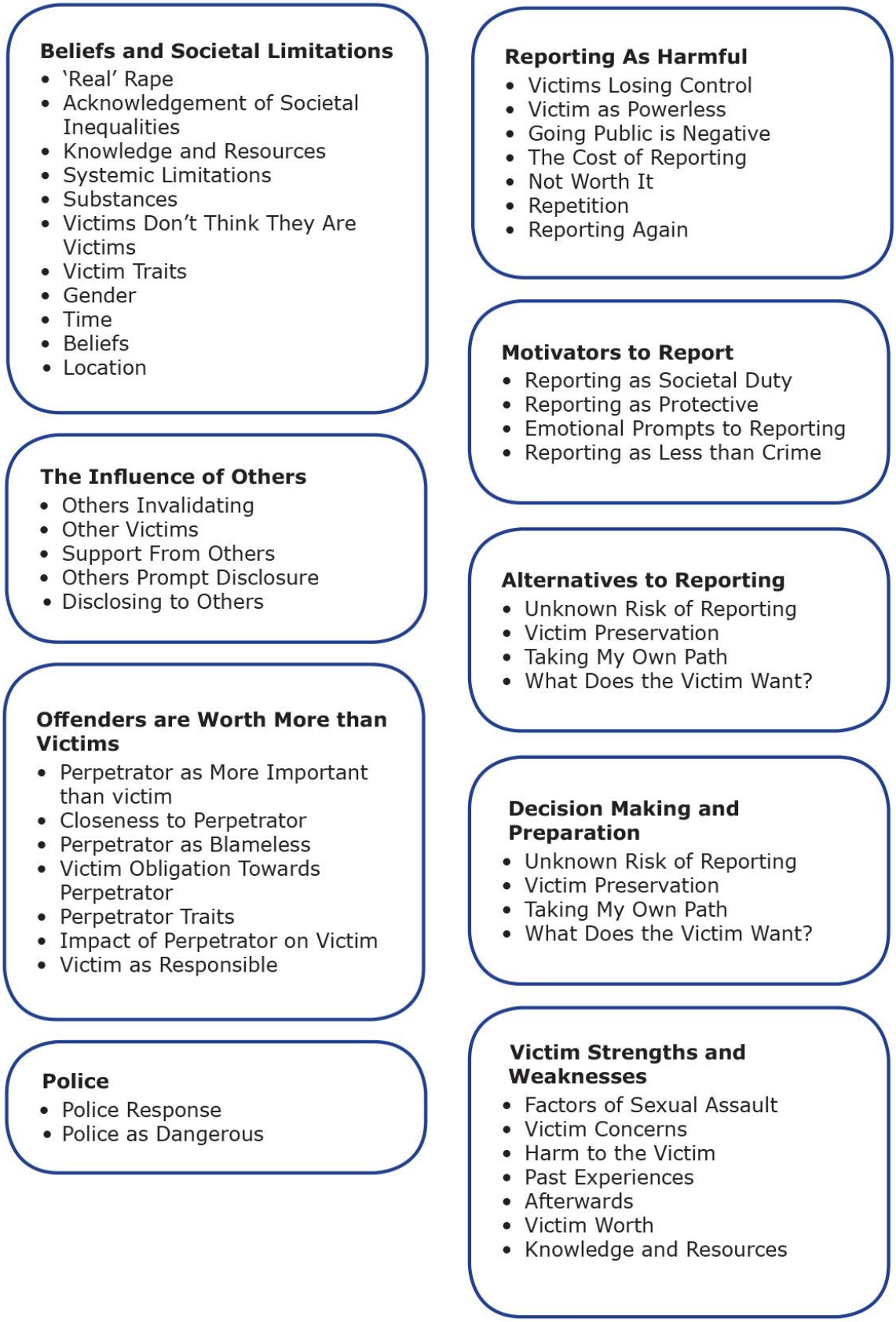

Figure 2: Descriptive Themes and Coding

Analytical Themes

The following section will detail the content and meaning of analytic themes as suggested by Thomas and Harden (2008). For ease of use, a number as identified below will refer to each review paper:

1 Sabri et al. (2019)

2 Lorenz (2017)

3 Carbone-Lopez et al. (2016)

4 Clarke (2014)

5 Park (2015)

6 Patterson & Campbell (2010)

7 Ahrens (2006)

8 Logan et al. (2005)

Internal and external sexual violence myths

Victims in the review displayed beliefs that reinforced those that are commonly held by society. These were comprised of concepts about what rape is, and what it should look like. Victims were affected by people who also upheld these beliefs, including those in their social circle, professionals, and the police. The subordinate theme 'Indecent Exposure Doesn't Fit' in Chapter Two also draws upon this concept in which victims attempt to define sexual violence (in particular, indecent exposure), and

are affected by societal views and their relationships. A commonly expressed myth in the included studies involved the importance of the perpetrator over the victim, and the ways in which systems and individuals maintain this. This was reinforced by the victims and by others that they came into contact with.

Victims were often concerned by their opinions and those other people about what 'real' rape is (1,2,3,4,5,6,7,8). This included myths about how serious the incident is perceived relating to how it is experienced and believed as a criminal act. Common factors that affected a crime's 'seriousness' were the location of the sexual offence, the relationship between the perpetrator and the victim, the level of injury a victim experienced, the time of the offence, and the victim's identity and social standing. Findings from Chapter Two support this in the subordinate theme 'Contextual factors', in which victims also assessed seriousness in this manner. This is in adherence with research into what constitutes real rape; common rape myths cited by the charity Rape Crisis include victims being at fault if they are under the influence of substances, if they are in a relationship with the perpetrator, if they don't fight back when they are victimised, if they are female and are out alone at night, or if they flirt with the perpetrator, or are wearing revealing clothing (2020a). This supports the just world theory, in which individuals can see the world as just and people are treated in a way that they deserve (Hayes, Lorenz & Bell, 2013).

I didn't think it was serious enough. I felt like this isn't a university issue. This is just like an issue in the domestic space. I should just go with it myself (1).

I had this idea in my head that only people who are drugged and raped, who have to go to the hospital were really the people who should be… dragged in all these issues (1).

These internal sexual violence myths may prompt nondisclosure from victims due to the expectation that they will not be taken seriously. More worryingly, review participants' reasons for nondisclosure were sometimes due to a personal belief that they were not victims of a crime (1, 4, 5, 6, 7). The perception of the perpetrator by review participants, their social circle and the criminal justice system also affected participants' decisions to report, as well as a fear that the perpetrator's account of the offence would be believed instead of their own. The perpetrator was often seen as blameless for their offending due to the strength of passion in the relationship with the victim, their social standing, level of intoxication at the time of offending, and lack of acknowledgement from the police concerning the crime (2, 5, 8). The subordinate theme 'Offender as victim' in Chapter Two supports this notion of the perpetrator as potentially blameless. Victims of indecent exposure suggested at times that the crime was harmless, or that perpetrators needed support instead of criminal justice involvement, which hindered reporting.

It wasn't violent. I felt like, oh well, he didn't really mean to rape me, he just loved me a little too much (2).

Victims internalised these beliefs, and therefore did not think of themselves as victims of sexual offending; this involved making excuses for the offender, or blaming themselves in some way. Victim blaming was brought up frequently as both an internal and external construct.

They basically accused her of bringing it on herself and implied that she deserved what happened to her simply for being a girl at a friend's party. Her rapist got a suspended sentence because he had an exemplary academic record and was on the football team, and had a football scholarship at stake. He went free. She killed herself (2).

Victims shed light on society's obligation towards the perpetrator, but also reveal that they too can sometimes believe that they owe something to the person who has offended against them (5). In alignment with the perpetrator's lack of blame, victims instead are seen as responsible for the crimes against them (2, 3, 5, 6, 7, 8).

Since I've been friends with this guy for so long, I didn't want anything happening to him because I guess I would've felt guilty (1).

It was a prostitution act, so I didn't want to go to the police, because if I hadn't been with him in the first place [it would not have occurred] (3).

In some cases, victims feared or experienced threats that they would be convicted of a crime instead of their perpetrator. Internal and external perceptions of victim responsibility seem to increase if a victim is seen as promiscuous or if they are a sex worker. Victim behaviour is under scrutiny during the offence and in their decisions to report. This is echoed in the subordinate theme 'Victim responsibility' in Chapter Two in which victims are seen as needing to present themselves in a professional and respectable manner in order to be believed and for an offender to be convicted. Victims in the selected studies are also scrutinised by the assessment of their relationship with the perpetrator; all of these factors can be used to increase victim responsibility.

The first person Shawna told about the assault was her cousin who told her that she should have known better: "She thought I knew about his, um, past. He was known to do that, take advantage of women" (7).

This is reflected in the theory around female victims of sexual violence; defensive attribution theory argues that the less we identify with the victim, the more culpable or to blame they are for their misfortune (Hayes, Lorenz & Bell, 2013; Pinciotti & Orcutt, 2020).

Invalidating responses from others were examples of external sexual violence myths being perpetuated and decreasing the likelihood of victims reporting offences. Substance use was also a tool that was used to increase perpetrators' innocence and victims' responsibility (1, 2, 3, 7). If either party were intoxicated at the time of the offence, or known as a user of substances, it undermined the credibility of the sexual violence being taken as such.

Nobody is going to believe that after you go to a concert and you're drinking and smoking weed that I have a right to my body anymore (2).

Being a drug, intravenous drug user, then you're like, that's your fault. That's – what you coming here for? I mean, you keep using and you keep going on the streets, that's going to happen (7).

Reporting means victim punishment and loss

The review sample almost unanimously stated negative experiences of reporting sexual violence to law enforcement. This was reinforced in Chapter Two, in particular the subordinate theme of 'Police'. These reports came alongside disclosures about their feelings of fear and re-victimisation, and examples of these coming from prior experiences. Further to this, victims described feeling a loss of ownership and control over the reporting process, and their anonymity as a victim. The entirety

of reports that included incidents of victims' names being publicised by reporting were negative; victims believed that the removal of their anonymity would result in undesirable and adverse consequences. Re-victimisation also came in the form of the repetition of disclosure; victims expressed that they were required to retell their story, thereby contributing to their re-traumatisation. Victims also feared and experienced retaliation from their perpetrators either as a warning not to report, or as a consequence of doing so.

Repeated disclosure and the process of having to remember the crime in detail were things that were commonly understood by victims as behaviours that would hurt them.

When you have to explain the event, you have to go back and relive it… when you have to relive the event it does make you second guess if reporting is really worthwhile… Having to explain the entire event in detail […] is a bit difficult on the victim of the assault (1).

The conclusion from this is that victims may decide that reporting is not worth it, as they may not gain the outcome they desire from reporting, and will end up losing further physical and psychological stability.

People think there's a lot of red tape that you have to go through and that it's more trouble than it's worth (1).

Victims often used previous negative reporting experiences to guide their decision making about reporting current or future crimes (2, 5, 7). They disclosed feelings of re-victimisation, which prompted them to fear future reporting experiences, and worry about their wellbeing.

When I went through the campus judicial system at my college I was victim blamed and retraumatized intensely. After how awful it was with my college, I couldn't handle the likelihood that I would be harassed, blamed, and not believed by the police (2).

Despite victims' desire for perpetrators to be punished and other victims to be safer, their fear of the damage done towards themselves and other victims stopped them from reporting. A number of victims advised against future victims reporting if they felt they didn't have the stability or strength to go through the reporting process and the involvement with the criminal justice system that follows (2).

I would want them [other victims] to have justice. I think like my own desire for justice at this point would influence my decision, you know what I mean? Like I would want, like vicariously want justice through them. But yeah, I would be really hesitant to ever suggest that they would report to the police just because of the interactions that I had and the way that it hurt me made it so much harder to recover. I wouldn't really want that for anybody else (2).

Victims of sexual violence can experience a great deal of negative impacts, including physical, emotional and psychological. If the reporting experience contributes to this, and women are aware of this, they are unlikely to come forward or to suggest others do the same. In order to maintain control, some victims chose to withhold information about their cases during disclosure (2). They spoke about fearing that if their name were to be public in a sexual violence case, they would experience stigma and punishment from others, and lose their anonymity.

It's not a good idea to have police involved… I'm not afraid of not winning or people not believing me, it was just more like I didn't want to be dragged out in front of the public eye and have my entire life examined (1).

Victims stated that unlike in other crimes, the victim is as closely examined as the perpetrator, if not more. They emphasised that going public might lose them credibility.

There's always the dilemma of 'do I want to ruin this person's life who did it to me,' and then the stigma of you are 'that girl'. . . People don't believe you. If I did a report, it would get out. It would be public. There would be a stigma attached to me (1).

Victims feared losing control of their information and not being reliant upon law enforcement to remain confidential in their disclosures. They felt that they would not be believed, and they would experience invalidating and harmful responses from others (1, 3, 5, 6, 7). Victims also experienced loss of control of their narratives by others reporting for them, or without their consent (3, 5, 6).

Victims experienced further punishment and loss from the perpetrator of the offences. Victims described the perpetrator's reaction to being accused of offending as being retaliation, threats, and offending against others. Victims experienced more fear when they had expectations that perpetrators would walk free or not receive appropriate justice for their crimes.

When you live in a neighborhood where you're not sure if the police are going to protect you from retaliation, you're not likely to pick up that phone [to report]. You know? And if you're not going to report a nonviolent crime, then it's not likely you're going to report a more serious crime (2).

The perfect victim

Many of the diverse sample spoke about the deliberation process and effort involved in choosing to disclose to the police or not. This was done

in order to make sure victims were presenting themselves in the most 'believable' way to law enforcement. This included focusing on smaller details such as how victims dress when engaging with criminal justice institutions, to making sure they remembered what they deemed as important parts of their victimisation. Victims deliberated about the amount of evidence that would be needed in order to be credible, and whether or not they could present this. They acknowledged the unknown risk of reporting due to unclear outcomes as well as potential harm towards themselves. If victims decided that they didn't meet the standards necessary for having a positive disclosure experience or outcome, they would sometimes choose to take their own path. Victims suggested taking into account both their own strengths and ability to report to the police, their support system, and the likelihood of the offender being perceived as such. Knowledge of the 'system' was also identified as a helpful thing to possess.

I have had both very good and very bad experiences with police officers and detectives reporting and investigating sexual violence. I think the key is to navigate the system so that you find the officers or are more likely to get the officers who are going to be receptive and sensitive and take your case seriously. You have to self-advocate – which I know a lot of survivors are not in a position to be able to do – or get someone to advocate for you. And unfortunately, often, you don't have any control over who you get and you have to go with the luck of the draw. So, bottom line, I

wouldn't recommend that someone report to the police unless they have a really clear-cut case, they know he's a repeat offender so they want to help establish a pattern, or they aren't hyper-traumatized and aren't easily triggered, and/or they have a phenomenal support system of advocates and friends and people who know the system and can help them navigate and advocate (2).

Victims had an understanding that sexual violence is not viewed in the same way as other crimes, and the law requires a good deal of evidence against a perpetrator in order to gain a conviction.

If a man had stolen my watch or any property, he would have been found and punished because the crime would have been obvious, but in rape what the man takes is not tangible to the court system (8).

In order to do this, victims partook in gathering proof to strengthen their own cases (1, 2, 3, 4, 5, 6, 7, 8). They also did such things as engaging in therapy, considering their outfit choices and cleaning their home environment when law enforcement visited in order to strengthen their case and best present themselves as a believable victim (4). Due to this, victims needed to assess their own strength and support system as part of their decision to report or not. This included looking at whether or not they would be happy with the outcome of reporting the offence, and acknowledging what they wanted from the process. The deliberation that

victims underwent in order to report was complex, and sometimes resulted in them not engaging with the criminal justice system so they could better look after their own needs (2, 3, 4, 5, 6, 7).

You know what, I needed to focus more on building myself back up instead of having that type of experience where they're like, well what were you wearing at this time. You know? Um, why did you choose to go in the car with him? You know, no one witnessed him slap me. Um, I didn't have anything that, you know - Innocent until proven guilty. I had nothing that would prove it beyond a reasonable doubt. So, I took it very logically. I stepped out of my emotions and took it very logically and thought - I wouldn't do it again because it would have just taken up time and money, and he would have won the case. His dad had enough money to hire a lawyer that would be able to easily dismiss any of my claims because they weren't necessarily like, oh your jeans are ripped, well sometimes people have rough sex, you know. So, um, I, uh, I decided against it, and I agree with that decision (5).

In Chapter Two, victims also discussed feeling that unless they reported to the police as soon as possible after the crime occurred, it would not be taken seriously or have a benefit to the victim; this is seen in subordinate theme 'When to report'. As seen above however, the amount of deliberation and preparation that victims felt was needed to ensure reporting was the right decision may prevent them from reporting in a

time that could be seen as prompt enough to warrant a positive outcome. The Office for National Statistics does not report on conviction rates in relation to when sexual offences took place, however historic childhood sexual abuse cases seem to have a much lower likelihood of resulting in a charge or summons (ONS, 2021).

Another alternative if victims did not feel they could live up to criminal justice expectations, or did not think they would be believed, was to take matters into their own hands. Victims described seeking revenge for their crimes by acting outside of the law.

I was trying to find someone to pay to either hurt or kill him. The two times I tried to set this up, he was not home. That was the only reason I didn't report it. I should have reported it. There would have been enough semen or fluids and hair (3).

Victim value systems

Despite fearing the outcome of disclosing sexual offending to the police, the majority of the review sample stated that reporting was the right thing for them to do, even if they didn't end up doing so. A number of victims held the belief that despite having to deal with internal and external rape myths, reporting a sexual offence was in alignment with their overall value system. Motivations to report sexual offending included wanting justice, a

desire to see the perpetrator punished, but more commonly it was suggested that reporting sexual offending was to protect future victimisation to others, and to themselves. This was echoed in Chapter Two's subordinate theme of 'Children' in particular, in which the protection of current and future child victims of indecent exposure was of utmost importance. There was an acknowledgement that even if reporting didn't achieve any of these goals, it was worth doing, and victims could be content in the knowledge that they tried to do what was right. Victims were concerned about societal limitations and injustices to do with sexual violence and treatment of female victims.

A commonly held belief that victims stated was that involving the police in the crimes that happened would result in both a negative experience and outcome (1, 2, 3, 7, 8). This was in contradiction to their belief systems that reporting was the morally correct approach to being a victim of sexual violence.

I had this day where I was going to class, and I was… terrified, and I didn't even want to walk across campus, and I was scared, and in my head I was like, I need to… do something, not only for me but also because this probably isn't the first time this happened and if I don't say anything then they can do it again. And so that was a big motivation for me, was like, I don't want this to happen to anyone else, so I'm going to say something and put myself at risk (5).

Victims suggested that despite previous bad experiences, and the knowledge that they were traumatised, they would report again (2).

I know now that it would suck having to tell them [the police] things again, but you might as well. You don't have anything to lose at this point. And if they [the police] can stop something else from occurring then it's worth it (2).

Some victims thought of reporting as cathartic and useful for their recovery in order to reduce traumatic symptoms of the offence (2, 4, 5). Others feared retaliation from their perpetrator, and hence chose to tell the police in order to protect themselves (4, 5, 6). Victims also feared that the guilt of not reporting would harm them further, and enable future victims to be harmed (2, 3, 4). Despite this, victims who did disclose felt further guilt for future victims if their perpetrator was not convicted.

I know it's not my fault what's happened to those other girls but I cannot help thinking that I played a part in that. I know it's not my fault. Sometimes I think it is because it goes back to how I felt in the very beginning – did I say something that made her [the detective] not believe me? Should I have cooperated when she called me a year later? But you know what, a year later I was still so victimized, I was still being protective of myself and I was not thinking about any other possible

victims. I didn't have it in me to think about anybody else because I was exhausted (2).

The main motivator for reporting even if victims did not do so was prevention of future victimisation (2, 3, 4, 5, 6).

You need to do it for other women! If you don't report something it means that guy actually takes it as permission to do it again. It [reporting] is always about the other women. Always (2).

Female victims however seemed very much aware of the gender inequalities at play when reporting victimisation (2, 8). Alongside these, they pointed out that societal inequalities and problems with the system prevented them from reporting.

The history and relationship between people of color and cops are extremely disturbing. While NOTHING excuses someone perpetrating, I also refuse to be actively complicit in state-sanctioned violence against black and non-White bodies (2).

I'm an autistic, disabled, transgender person. I have never reported to the police because I'm terrified of them. Although I've never been assaulted by police, I know that because of the ways I'm marginalized, it's

quite likely that I would be harmed, assaulted, sexually assaulted, killed, or incarcerated by police simply by reporting – statistically speaking (2).

Victims who didn't understand the system or were offenders themselves or workers in the sex trade feared arrest, hence did not report (2, 3, 7). Discrimination and unequal treatment were not raised as factors that were experienced now and then by victims, but as a systemic overall problem when related to how society views sexual violence.

It's a frustrating world and I think that, getting back to reporting, I think that more people have less faith that society or the system will do anything for them. If you can get elected and have done that [sexual assault and harassment] as a president, nobody is really going to give a shit about 'Josh' at the bar who did more than you wanted him to (2).

There was an acknowledgement across the board that generally sexual violence is not taken seriously, and a disclosure can be easily disregarded by the status of the offender, and victim blaming and discrimination. With the advent of the #metoo movement came the outing of high profile male sex offenders in positions of power; however the repercussions of this was victims knowing that if a male sex offender has power, they may not be convicted of the crimes that they commit. Media reporting of sexual violence cases, in particular those of high profile men reinforces this. There is a focus on the male suspect and the negative implications the

accusation has cast upon him; victims also must deal with being scrutinised throughout the criminal justice process (Rape Crisis, 2020b).

Police as a barrier

The majority of participants had negative experiences of the police, or negative beliefs about them; as aforementioned this is reinforced by descriptions of victims of indecent exposure's involvement with the police in Chapter Two. This was detailed in expected or actual police responses to disclosing sexual offending, including accounts from others and past experiences. Victims actively viewed police involvement as a deterrent to reporting offending, and that police responses were almost unanimously negative. The majority of the review sample discussed incidents in which the police acted in ways that were re-traumatising or even dangerous towards them, or others involved in the case. Their experience of the police was not as a guiding force that would help them to proceed through the criminal justice system, but as a preventative measure to obtaining justice. Police mistreatment was described both towards victims and offenders throughout criminal proceedings. This added to victim's misgivings about disclosing to the police. Although many wanted justice in order for perpetrators to be prevented from re-offending, they were uncomfortable about law enforcement taking matters into their own hands.

Victims often viewed the police as dangerous or harmful towards themselves or others (1, 2, 3, 7, 8). They based this on others' experiences, belief systems, or negative attempts to disclose. Victims stated that they were disbelieved, threatened, and treated like they had committed an offence.

I do not trust law enforcement officers. They do not understand what sexual assault does to those who experience it (2).

They [the police] are not kind, understanding, educated, or careful. I do not feel supported enough (2).

Oh yeah, I was going to call the police; I was angry, but when that policeman said [Officer: "looks like you niggers have been playing in the mud"], I got so very humiliated and insulted and got mad with the policeman. I felt just as abused by him as I did by the rapist (2).

Other participants indicated that it would be very rare for a woman to go to the police. "Part of the problem is their (the police) attitude. It's very cold and unsupportive, they almost always side with the man" (8).

The police's lack of skillset, reinforcement of rape myths, sexism and racism were some of the reasons behind a poor police response to disclosure of sexual violence. Victims experienced potentially

longstanding harm from sexual violence; compounding this with inadequate or harmful police responses increased victim trauma and decreased likelihood of future reporting. Research into reporting of rape has echoed this; institutional racism in the criminal justice system has also meant that victims have had an increased lack of trust in their case being handled appropriately, and therefore were less likely to report in the first place (Rape Crisis, 2020b).

I didn't report it because of the way rape and sexual assault victims are treated by police, the legal system, the media, and the public. Not long before I was raped one of my friends had taken her rapist to court, where I was a witness for the prosecution, as I had been present at the party we were attending just prior to her assault; I had been with her from the very beginning – I was questioned by the police just hours after the incident and supported her through the trial – and I saw how she had been treated and the kinds of questions they asked her. They basically accused her of bringing it on herself and implied that she deserved what happened to her simply for being a girl at a friend's party. Her rapist got a suspended sentence because he had an exemplary academic record and was on the football team, and had a football scholarship at stake. He went free. She killed herself. I didn't want that for me. I felt that being gang raped repeatedly was bad enough without having the disgusting things the police would do to degrade me even more (2).

Victims were clear that if they were to report again, or advise others to report, they wouldn't do so due to negative police experiences.

I don't think so. It was just so damaging the things he [the detective] said. I wouldn't want to go through that again (2).

I mean, if somebody asked my personal opinion, as an advocate I wouldn't want to influence the person, but as a friend then I would just go on and on about how awful [the police] were (2).

Victims suggested that sexual violence was not treated as a priority by law enforcement. Lack of resources also compounded this issue.

If someone called and said they are a manager and need an escort to the bank to deposit money, even something as simple as that would go before a rape crime (8).

Issues that repeatedly occurred as barriers to reporting included lack of equipment to collect evidence, not enough time, inappropriate locations and lack of available staffing (1, 2, 4, 5, 6, 7, 8). The police were seen as gatekeepers to providing justice to victims, and the majority of the victim sample expected or experienced negative and harmful interactions with them.

Positive reporting experiences

The overwhelming response of victims towards the reporting process was negative. Despite this, the reviewer has recognised the small portion of the review sample that experienced what they wanted or needed from both the act of disclosure to law enforcement, and the subsequent outcome of their case. This theme in particular is useful when viewed alongside one of the overall review questions concerning the facilitators to reporting sexual offending to the police. It is worth acknowledging that not enough is known about the differences in these particular victims to the majority of the review sample; it may be that they experienced a better police response due to internal individual differences as well as the external differences reported below.

Victims that described positive police involvement said that generally law enforcement responses were varied, but you may be lucky and get a good experience.

I mean God forbid if it did ever happen again, I would still like reach out to the police and expect them to do just as good of a job and yes there's always room for improvement but if not just as good, then better of a job with me this time around too. […] And to be honest, I would probably contact the same detectives that I had. We had just built this weird family

from this really horrible situation but we trusted each other; we worked with each other so closely for so long (2).

[the police were] Very thankful and very considerate (8).

One factor that helped victims throughout the reporting process was support from others around them, in particular, with prompting them to report crime (5, 6, 7). Victims' support networks were able to remind them about the importance of justice, protecting past and future victims, and themselves.

Everybody wants you to report it, you know, because they want them to be found guilty and be in trouble (5).

Invalidating responses from others however prompted non-disclosure (1, 3, 5, 6, 7). In Chapter Two, disclosure to others influenced victims of indecent exposure's decision to report to the police both by prompting them to report, or to choose a different resulting action, such as avoiding the location or the perpetrator. Generally women in the reviewed studies expected or experienced negative disclosure and reporting processes and outcomes. Lastly, positive reporting experiences were more likely if the victim had more knowledge of the system, how it works, and had more physical evidence that could be brought forward in their cases (2, 3).

Discussion

This review explored factors that affect female victims' decision to disclose sexual offending to law enforcement via a qualitative analysis of available review data. This was achieved from reviewing data from selected studies by searching a number of databases using specific search terms, and reducing the number of studies by inclusion/exclusion criteria and quality assessment tools. Relevant data was then extracted and analysed using thematic synthesis, and six analytical themes were identified and detailed. Where relevant, results of the primary empirical study outlined in Chapter Two were commented upon.

The remainder of the review will now answer the initial review research questions, highlight limitations, and offer suggestions for further research and recommendations in order to improve female victim experiences.

What barriers and facilitators are present when victims decide whether or not to disclose sexual violence to the police, and how does this affect their likelihood of reporting?

Victims experience internal and external sexual violence myths, which reduce the likelihood of disclosure, particularly when they are receiving this from multiple sources. If they have experienced a prior negative experience from disclosing, or have heard of this occurring, they will fear

the reporting process and its outcome. A fear of losing control of their case and their anonymity within it was a specific barrier to disclosure; this was unique to the review and did not occur in the data from Chapter Two. Re-victimisation from repeated disclosures and poor police responses caused harm to the victims and prompted future non-disclosure. Facilitators of disclosure included victims believing they met the standards necessary for a positive outcome, including factors such as having physical evidence, being psychologically strong, their offender being previously known to the police, having a strong support system, and having a good knowledge of the system. The decision to disclose was also impacted by victims' value systems; the majority of the sample felt that reporting was the right thing to do despite the harm it caused them. The largest and most impactful barriers were the police, and the societal beliefs inequalities that encouraged mistrust in the system; this was echoed in the results from Chapter Two. Police were seen as instigators of harm to victims, and the system was seen as discriminatory, unfair, and harmful to minority groups. Of particular note was one victim's statement that if the president of the United States of America is a known un-convicted sex offender, she has little chance of being believed or heard.

What truths are there that can guide improvements to enable increased reporting of sexual violence by adult women via analysis of victims' experiences?

There is a lack of acknowledgement of the pervasiveness of sexual violence myths, as well as common discriminatory and victim blaming attitudes. The results of this review and that of Chapter Two suggest that these factors seem to be present across contact offending and indecent exposure. Until consistently validating and supportive responses to victims of sexual violence occur, victims are taking a risk on achieving both justice and positive health outcomes for themselves. Victims have internal sexual violence myths which may further limit them coming forward. Increased awareness and understanding of these issues may aid and encourage victims to report. This is supported by Chapter Two's theme 'Victims doubting their voices'. The impact of repeated disclosure on victims is another issue worth further investigation. Support structures to strengthen victims' voices and inhibit the negative impact of the process of reporting are needed, as well as a reduction in having to repeat disclosures.

Not all women are seen as worthy and believable victims due to these discriminatory attitudes, but in some cases this can be countered by having a strong support system, and result in positive experiences of reporting. However, victims may not always have this, and are

psychologically vulnerable post offence. Increased knowledge of how support systems can help before, during and after any involvement with the criminal justice system could prevent further harm.

Limitations of the review include acknowledgement from the outset that the sample chosen was only that of female victims, therefore cannot be relevant for child or male victims of sexual violence. Although studies were searched for internationally, the included final eight studies were all from American or Canadian origins. The majority of study participants identified as Caucasian, therefore when suggesting recommendations to increase reporting and women's reporting experiences, it is worth bearing in mind that these improvements are only relevant to the above sample characteristics. Further to this, although it was not the aim of the review, the selected studies only included participants who were victims of contact sexual offending, therefore the data cannot be applied across all victims of sexual offending. Documentation of confounding variables as well as the type of sexual victimisation experienced was also unclear in some studies.

Future research in this area could look at more diverse populations in order to see if barriers and facilitators are similar across geographical areas and differing samples. The cost of retelling their victimisation was highlighted by victims in the thematic synthesis. Utilising existing research about minimising this, as well as conducting new research across

all areas of sexual offending could also help to increase reporting of these types of crimes.

Further reviews could also ask whether or not the type of sexual violence committed affects victims' likelihood to report offending and decision-making processes. As aforementioned, non-contact sexual offence victims were not found in this review therefore research is needed to look at this particular sample's needs and experiences of disclosure and reporting processes. The empirical study in Chapter Two outlines a starting point for victims of indecent exposure.

The analytical themes found here also present as useful topics for research when comparing sexual offending to other types of offences and samples. Examples of this include exploring the reporting process for female victims of burglary, or for male victims of sexual violence for example. This would help to uncover how much these themes are specific to female sexual violence victims, or if they can be extrapolated to further victimisation. Research into police experiences of dealing with female victims of sexual violence may allow us to uncover further reasons why they are seen as a barrier to the reporting process and offer up potential solutions. Further investigation into the differences between dealing with victims of contact and non-contact sexual violence will also help to create a more detailed picture and may start to explore whether different police approaches are needed for these offences.

To conclude, this review offered a thematic synthesis of qualitative studies involved in understanding female victims' decisions concerning disclosure of sexual offending. The analysis revealed that victims experience a lot of internal and external difficulties when choosing to report, and throughout the reporting process. These included fearing for their own and others' safety, a separation and fear of the police, and an acknowledgment that their crime sits within a patriarchal structure that may not be able to separate sexual violence myths and victim blaming from their personal accounts. In order to counter this, victims deliberated about what might make them more believable, how strong their value systems were, and what kind of strength and support they might need in order to have a positive reporting experience. Victims' decisions concerning reporting sexual violence to the police were dependant on these factors, and may continue to be for future victimisation.

Rationale for Chapter Four

Thus far, Chapters Two and Three of this thesis focus on victims of indecent exposure and sexual violence. Chapter Four presents a Case Study about an offender who was convicted of an offence of indecent exposure and other sexual offending. This was conducted in order to add to the current research regarding this typology of offender, with a subsequent aim of adding to the literature regarding clinically applicable and ethical assessment of indecent exposure. This Case Study details individual rapport building, risk assessment using the SVR-20 (Boer et al., 1997), a formulation of sexual offending, and recommendations for risk management and treatment.

CHAPTER FOUR

Case Study

Case Study: The assessment and recommended treatment of a sexual offender

Abstract

A single case study is presented of an adult male in forensic low secure care convicted of exposure, sexual assault and sexual activity in the presence of a child. The client has a longstanding forensic history, and a diagnosis of schizophrenia, alongside substance misuse issues and suspected antisocial personality disorder. A review of the literature concerning Mr K's sexual offences and an outline of assessment and treatment of sexual offending, schizophrenia and substance use was conducted. The assessment process involved initial rapport building work around healthy relationships and a clinical interview for an SVR-20 assessment. The client's assessment results are described, alongside the client's risk level and a formulation of sexual offending and offence paralleling behaviour. These were completed to further inform recommendations for risk management and future intervention. Reflections on practice, limitations and conclusions are made.

Introduction

Mr K is a 33-year-old male who was admitted to low secure care after committing offences of sexual assault, exposure and sexual activity in the presence of a child. This case study will focus on an in-depth assessment and formulation conducted with him. He was assessed using the Sexual Violence Risk-20 (SVR-20: Boer et al., 1997). The SVR-20 identified that the key areas for treatment were relationship problems, attitudes condoning sexual offending (including denial), substance use and employment problems. During my work with him Mr K also underwent group treatment in the form of substance abuse and developing healthy relationships. These group work and supplementary individual sessions alongside ward observations, morning planning and community meetings, informal contacts on the ward and ward rounds formed the basis of this case study. Six individual sessions to complete SVR-20 assessments, five healthy relationship groups, twenty-one Behavioural Treatment for Substance Abuse Groups, one carer's group, and five supplementary individual sessions were conducted.

The five P's cognitive formulation was used to organise the information collated from assessment, group work, rapport building sessions and file review (Sturmey & McMurran, 2011). From the formulation a number of risk factors were identified as contributors for Mr K to re-offend including;

relapse of mental illness, poor familial relationships, core beliefs relating to getting social needs met, and lack of self care.

Treatment recommendations included finding meaningful activity and employment, independent management of Mr K's time, personality assessment and opportunities to develop healthy relationships with women and his family. It was also recommended that regular drug testing and gradual community exposure would help to manage future recidivism risk. This case study will explore Mr K's background and referral, followed by ethical considerations, and a literature review of Mr K's index offences and an outline of assessment and treatment sexual offending, schizophrenia, and substance abuse. Mr K's assessment, treatment and risk recommendations will be described alongside psychological formulation of his sexual offending and offence paralleling behaviour. Limitations and reflections of the case study will be addressed at the end of the report.

Background

Ward environment

The placement in which this case study occurred is an NHS hospital with a forensic low secure ward for adult men with axis I disorders; patients also had comorbidities in the form of substance misuse, personality disorder and intellectual difficulties. Patients are referred to the unit from court,

community, prison, adult mental health treatment wards and the private sector; they usually stay on the ward for one to two years. Once admitted a care plan is created for each patient, and the ward takes a holistic approach towards recovery. Patients are encouraged to take part in meaningful activity relevant to their recovery; activities on offer included occupational therapy, sports and gym sessions, education, activities of daily living (ADL) tasks, and psychology work. These are in conjunction with daily community meetings, weekly ward rounds, and Care Programme Approach (CPA) meetings every six months.

Client details

Mr K is a 33-year-old man with a longstanding forensic history alongside protracted mental illness in the form of schizophrenia, and substance misuse issues. There were concerns from ward-based staff that he may also meet the criteria for antisocial personality disorder. He was admitted to medium secure care following convictions for index offences of sexual assault, exposure and sexual activity in the presence of a child. Following this stay, he was admitted to the current placement of a low secure ward. At the time of assessing Mr K, he was mentally stable, compliant with medication and attending the majority of sessions outlined in his care plan. These included sports trips and activities, a walking group and psychology group work.

Family History

A clinical interview with Mr K took place alongside file review to determine details about his early life. Mr K was born in Cameroon, to an English mother and African father. He lived there whilst his mother and father jointly ran a school. Mr K moved to the Midlands with his mother after his parents separated; the reasons behind this were unclear to Mr K. His childhood experiences after moving to the Midlands included racial tension, and the family lacked money to buy toys and go on school trips. Mr K described his mother as caring, and that she found it difficult being a single mother and out of work. His mother began to drink and became depressed during his adolescence, and became unpredictable in her behaviour towards him. Mr K lived without luxuries as a child, and dealt with his mother being argumentative when she was drunk. In his adulthood, his mother was supportive of him in his time in prison and secure care, before her death a few years ago.

He had sporadic visits from his father, and stayed with his father briefly; there was also a failed attempt at reconciliation between his parents. Mr K stayed with his father before moving back in with his mother. He expressed a desire for a more intimate and open relationship with him, and to understand his parent's break up and the context behind this. Mr K has two older brothers whom he got on well with, but described memories of pranks in which he was often hurt and bullied. If he became upset as a

child he would sometimes be put in a room and left there, which he described as "funny" for him; his brother would be present in order to help hold the door closed. Mr K had 'extreme' emotions when he was young until he reached the age of eleven years old, and tried to break objects in the family home when he was left alone. His maternal grandmother died when he was nine years old, and his maternal grandfather didn't approve of Mr K's mother's relationship with his father. Mr K reports being ignored by his maternal grandfather as a child. He spent no time in care as a child, and did not feel frightened or unsafe during his childhood. His mother supported him financially when he first became mentally unwell, but tired of this. Mr K is still in contact with his brothers.

Relationship History

Mr K has been consistently heterosexual in his sexual orientation, and had his first sexual experience when he was 17 years old. This was a brief relationship, which was ended by Mr K finding out that his partner already had a boyfriend. This was his only sexual experience with another person and only romantic relationship. Mr K enjoys female company, and has a desire for a serious romantic relationship over anything casual. Mr K was clear in his need for stronger social networks, family relationships and structure in his life to ensure a successful romantic relationship. File review of Mr K's relationship history confirmed Mr K's limited sexual history,

alongside reports of assault and harassment of previous ex-partners (see Forensic History).

Educational and Employment History

Mr K enjoyed school, and was well liked by others; he also had good memories of doing judo after school. Mr K's schooling was co-educational, and he was expelled due to selling cannabis. He got into a 'few scraps' at school; the motivation behind these were to maintain a level of respect from others, in which he would need to win a fight to consolidate an image of being cool. He would also smoke cannabis and tobacco at school to display this to his peers. Mr K was called a bully sometimes from those outside of his friendship group; he disagreed with this term and stated that it wasn't serious, and consisted of calling each other names and mutual humiliation. He attended college but was unable to hold down a permanent job due to his deterioration in mental health and involvement with the criminal justice system.

Forensic History

Mr K has a history of sexual, violent and non-violent offending.
His index offences were two sexual assaults of a female under sixteen, one exposure and sexual activity in the presence of a child, sexual assault, theft and threatening behaviour. Mr K has six separate earlier convictions for

theft, three for possession of a blade, two for affray, and convictions for robbery and attempted robbery. He has spent time in both prison and secure care as a result of these offences and deterioration of mental health (see Psychiatric History).

Mr K was also reported to have made threats to kill an ex-girlfriend on two occasions whilst on leave from inpatient care in previous settings, as well as displayed aggression towards his mother. He has assaulted and threatened nursing staff and prison inmates, and has been sexually inappropriate towards a staff member. Mr K's victims have been varied and his offending has included both community and institutional settings (see Appendix 15). He has also escaped from custody once and absconded from secure care on three occasions.

Substance Misuse

Mr K has a longstanding substance misuse history, including prolonged alcohol and cannabis use. Mr K first started using alcohol and cannabis when he was 13 years old, and was expelled from school for selling cannabis at the age of 15. His usage during his teenage years was four cans of regular strength lager per day, and one ounce of cannabis per week.

He disclosed using LSD at the age of 16 and showing behaviour that resulted him being detained for 28 days under the Mental Health Act. Mr K has also used crack cocaine, heroin, amphetamines and ecstasy. Using drugs has meant that he may isolate himself, have drug dealers around his house, and his cannabis use in particular contributed to symptoms of psychosis. There are reports that Mr K was smoking cannabis at the time of his index offences; Mr K disclosed during interview that cannabis 'turns me psychotic'. Most recently he tested positive for cocaine whilst undergoing drug testing as a requirement of the Behavioural Treatment for Substance Abuse programme (BTSA: Bellack et al., 2006). Mr K denied this; hence the test was sent to a lab in which the test was again established as positive.

Psychiatric History

Mr K had been in contact with mental health services for 16 years at the time of this case study. He has a formal diagnosis of paranoid schizophrenia. During the year before assessment Mr K's mental health has generally been stable. He has an incomplete personality assessment, in which there were concerns about antisocial attitudes and personality traits. Mr K undertook a previous assessment of psychopathy in prison, and scored below the cut off for psychopathy on the Hare Psychopathy Checklist Revised, but showed elevated risk for further violent and aggressive offending (PCL-R: Hare, 2003).

Referral

Mr K had previously undergone a Risk for Sexual Violence Protocol Assessment whilst in medium secure care (RSVP: Hart et al., 2003). After reading Mr K's RSVP I spoke to my supervisor, as I felt that Mr K's viewpoint wasn't acknowledged or explored, and there was not enough clarity to identify how much of Mr K's sexual offending was in the context of his mental illness or substance misuse. I suggested that reading further psychiatric reports and re-assessing Mr K with a more in-depth psychological interview would be needed. Mr K also had an incomplete personality assessment from a previous placement, and there were concerns from the team that Mr K had traits of antisocial personality disorder, such as impulsivity, irritability, deception and lack of remorse (American Psychiatric Association, 2013). I suggested supervising a trainee psychologist to conduct personality assessment in the form of the Millon Personality Assessment and a Paulhus Deception scale to comment on Mr K's response style (MCM: III: Millon, 1997; PDS: Paulhus, 1998). My supervisor was in agreement with this plan, due to my prior experience with the measures and previous work experience outside of my doctoral placements. Mr K had completed group treatment in the current placement in mental health psycho-education and reasoning and rehabilitation. He was also attending two further psychology groups.

Ethical Considerations

The placement supervisor agreed with the author that Mr K was of capacity to consent to be included in case study research. Mr K (a pseudonym given to preserve anonymity) gave written consent after having a session to discuss the case study and ask any questions.

Literature Review

Sexual Offending

Exposure is defined as an offence when genitals are exposed intentionally with the aim of another person seeing them and experiencing psychological suffering (Legislation.gov.uk, 2020). Sexual activity in the presence of a child is defined in the Sexual Offences Act as an offence in which an individual takes part in sexual activity when a person under the 18 is present and the offender is aware of this (Legislation.gov.uk, 2020). In terms of prevalence, the Ministry of Justice reported that 15% of the prison population, or 13,246 individuals, are sexual offenders (2017). 1.9% of people in the 16-59 age bracket are reported to have been a victim of sexual assault in the last year, and due to increased media representation and victims reporting sexual offending, known sexual offences increased 19%, in contrast to 2016 (Office for National Statistics, 2017).

Assessment of sex offender recidivism is commonly achieved via actuarial or structured professional judgement tools, both of which have been found to be reasonably precise (Tully, Chou, & Browne, 2013). However, more research is needed into how accurate these tools are when considering dynamic risk (Tully, Chou, & Browne, 2013).

The quality of the evidence base for pharmacological treatment for reducing sexual re-offending is poor, therefore more research including longer follow up and larger sample sizes is needed (Khan et al., 2015). Psychological treatment evidence is also limited; Dennis et al. (2012) argued that further randomised control trials are needed in order to have more clarity on the impact of cognitive behavioural therapy (CBT), psychodynamic therapy and behavioural programmes on sexual recidivism. The most commonly used treatment approaches focus on dynamic risk factors that research has shown to be associated with recidivism, and are usually skills based with an emphasis on CBT (Yates, 2013).

Schizophrenia and Substance Misuse

Schizophrenia is a mental disorder in which two or more of the following symptoms are present during the period of a month:

1. Delusions
2. Hallucinations

3. Disorganised speech
4. Grossly disorganised or catatonic behaviour
5. Negative symptoms.

(American Psychiatric Association, 2013).

Living with Schizophrenia (2020) reported that 220,000 people are undergoing treatment for schizophrenia in the UK, and that approximately one in one hundred people will suffer from an episode within their lifetime. NICE guidelines (2014) recommended treatment approaches for schizophrenia to include CBT to promote recovery, antipsychotic medication, and support in finding employment or meaningful activity.

2% of people in the 16-59 age bracket use drugs frequently, with cannabis being the most commonly used (6.6% of 16-59 year olds in the year preceding 2017) (Home Office, 2017a). When individuals have both schizophrenia and substance misuse issues, NICE have suggested working alongside the voluntary sector and specialist substance misuse services (2011).

Assessment

Supervised work

As aforementioned I delegated work with Mr K. This included supervising a trainee psychologist to administer the Millon Personality Assessment and Paulhus Deception Scale. Mr K refused to participate in this work and felt that further assessment of his personality would not be conducive to him. I also supervised a trainee psychologist to conduct psycho-education work on substance misuse with Mr K, and a member of the nursing team to update his violence risk assessment and interview Mr K. This was agreed to by my placement supervisor, and was in alignment with both my work history as a criminal justice drug and alcohol worker, and the ward's management strategy of training new disciplines in HCR-20 risk assessment. All of the above work helped me to get an understanding of Mr K's history and treatment needs prior to commencing offence focused work.

On-going Group Work and Rapport Building

Alongside Mr K's assessment work, I co-facilitated two groups that he was attending. These included five Healthy Relationship Groups aimed at providing education and insight building around developing healthy relationships and consent, and included a session on sexual myths. Mr K

attended Behavioural Treatment for Substance Abuse Groups, twenty-one of which I facilitated (BTSA: Bellack et al., 2006).

The BTSA Programme is an evidence based treatment programme to address substance misuse for individuals with psychosis and mental health problems. The core components of BTSA reflect a number of best practice guidelines including motivational interviewing, contingency management, structured goal setting, drug refusal (social skills) training, psycho-education, and relapse prevention training (Bellack et al., 2006). Mr K completed the group, and received one positive drug test for cocaine as part of a weekly drug and alcohol-testing regime. He also completed a relapse prevention plan (see Appendix 16).

In order to build rapport with Mr K prior to conducting individual assessment, I conducted four one-to-one sessions using topics from the Healthy Relationships group, the rationale behind this being to check participant understanding and encourage more personal discussion about their relationship history and knowledge. This allowed me to get to know Mr K, and explore his level of experience and knowledge of intimate relationships. I felt this preparatory work helped the clinical interview of Mr K's history and sexual offending to flow, and reduced resistance from Mr K.

During these sessions we discussed topics such as how to know if someone is under age for sexual intercourse, and where an appropriate place to

meet a new partner is. Mr K disclosed that he was not confident with being able to start new relationships and had little experience of this. Mr K also spoke about his sexual offending briefly during our early Healthy Relationship sessions; these discussions consolidated my decision to conduct a further file review and an updated sexual violence risk assessment with him.

Risk Assessment: Sexual Violence Risk – 20 (SVR-20)

The SVR-20 is a structured assessment tool used to measure the risk of future sexual violence (Boer, Hart, Kropp, & Webster, 1997). It contains 20 items that are grounded in psychological literature associated to sexual offence recidivism. The SVR-20 is a commonly used structured professional judgement tool (Rettenberger, Boer & Reinhard, 2011). The tool is used as an aid to clinical judgement by utilising research in sexual offending (Boer et al., 1997). Each item has a score of either "N" (no, absent), "?", (maybe, possible or partially present), "Y" (yes, present), or "OMIT" if there is not enough information to score the item. The SVR-20 also includes measurement of whether a present risk factor has changed or not.

I created an interview schedule to work from for the Sexual Violence Risk – 20 (SVR-20: Boer et al., 1997), and worked flexibly around what topics to cover with Mr K. Table 7 below summarises Mr K's current scores on each

item. As can be seen in Table 7, of the 20 items of the SVR-20, Mr K scores positively on nine of them, “moderate” (?) on six of them and negatively on five of the risk factors. It has been noted that out of nine “Y” scores there was one item that has improved since his previous sexual violence assessment (Major Mental Illness), and eight items with no change. None of the positively scored items worsened.

Table 7: Summary of Mr K's SVR-20 Risk Assessment scores (March 2016).

SUMMARY –					
PSYCHOSOCIAL ADJUSTMENT		**SEXUAL OFFENCES**		**FUTURE PLANS**	
1 Sexual Deviation	**N**	12 High Density Offences	**Y (0)**	19 Lacks Realistic Plans	**?**
2 Victim of Child Abuse	**?**	13 Multiple Offence Types	**?**	20 Negative Attitudes Towards Intervention	**?**
3 Psychopathy	**N**	14 Physical Harm to Victim(s)	**N**		
4 Major Mental Illness	**Y (-)**	15 Uses Weapons or Threats of Death	**N**		
5 Substance Use Problems	**Y (0)**	16 Escalation in Frequency / Severity	**?**		
6 Suicidal / Homicidal Ideation	**N**	17 Extreme Minimization / Denial of Sex Offences	**Y (0)**	Other Considerations	
7 Relationship Problems	**Y (0)**	18 Attitudes that Support or Condone Offences	**?**		
8 Employment Problems	**Y (0)**				
9 Past Nonsexual Violent Offences	**Y (0)**				
10 Past Nonviolent Offences	**Y (0)**				
11 Past Supervision Failure	**Y (0)**				

= *No – The item definitely is absent or does not apply.*
= *Moderate – The item possibly is present, or is present only to a limited extent.*
= *Yes – Definitely present.*
it = *Item is not scored due to insufficient valid information.*

\+ = Exacerbation
0 = No Change
\- = Amelioration

Mr K's presentation

Mr K attended all individual sessions with prompting, agreed to have sessions observed, and moved his leave to make sure the work went ahead. On one occasion he was asked to remove his sunglasses, which he had taken to wearing on the ward; he did so without any issues. During one session he seemed sleepy; his eyes were red and his speech was slower than usual. At the beginning of the clinical interview, Mr K seemed to be relaxed and engaged when talking about his family history and experiences when he was young. It was noticed at this point that Mr K would open up more when he is asked less direct questions.

As sessions progressed Mr K began to show signs of embarrassment when talking about topics of a sexual nature, or sexual offending. He did this by maintaining less eye contact, covering or touching his face with his hands, and some fidgeting. He disclosed that he was uncomfortable during this work, and found it difficult to talk about. Despite this, he answered the majority of the questions asked without further prompting, and without hostility or aggression. On occasion he would look away or move his body away during parts of the session that seemed to be more difficult for him. During one session Mr K asked for clarification of notes I took during a previous session, which were provided for him.

Reflections and Supervision

During my work with Mr K I accessed psychological supervision from my placement supervisor. I discussed my worries about being inexperienced at sexual offence clinical interview, as well as if Mr K may have any sexual feelings towards me while talking about this part of his life. I noticed throughout our work together that alongside Mr K's embarrassment, I was also showing signs of this by reducing eye contact. I changed my seating position to one that was next to instead of opposite him to create a less formal atmosphere.

I focused on both clarity and objectivity in my session write-ups, and encouraged my supervisor to observe a session with Mr K. From this she was able to feed back her thoughts and encourage more direct questions about his sexual offending. From reflecting and being honest about my thought process during supervision, I was able to gain more data for a thorough sexual violence risk assessment.

Mr K refused to undergo a personality assessment with the trainee psychologist. Had this work had been completed with Mr K, I would have needed to take his pre-existing diagnosis of schizophrenia into consideration when supervising this piece of work. Research has suggested that despite a distinct overlap of symptoms between schizophrenia and personality disorder diagnostic criteria, individuals with schizophrenia who

are diagnosed with a comorbid personality disorder can meet any of the three clusters, and are not more likely to have a particular Axis II diagnosis despite their Axis I disorder (APA, 2013; Goghari, 2017; Moore, Green & Carr, 2012). If this work had been completed, I would have needed to consider and evaluate the evidence of personality disorder traits being present from adolescence or early adulthood and that these traits were present at all times and not just during times of heightened symptoms of schizophrenia (APA, 2013). Mr K's substance misuse would also have needed to be considered to make sure that any personality disorder traits were consistently present, and not just as a result of him being under the influence or withdrawing from substances (APA, 2013).

If Mr K's personality were to be assessed, it would have aided understanding of his responsivity to the psychosocial treatment hed had and helped to guide treatment in a way that may better suit his personality type. A previous incomplete personality assessment highlighted potential antisocial personality traits, and staff members on the ward had concerns that Mr K was showing these at the time of this case study. Individuals with antisocial personality disorder traits may be more resistant to treatment, disregard the safety of others or themselves, lack empathy and struggle to engage well in therapeutic relationships (HM Prison & Probation Service and NHS England, 2020). If Mr K was assessed as having antisocial personality disorder or heightened traits, future treatment recommendations would have to take the above into consideration. This

could include making sure that Mr K sees a benefit to him for engaging in treatment, practitioners having firm and consistent boundaries and limiting both excessive restrictions and treatment goals (HM Prison & Probation Service and NHS England, 2020).

Results

The authors of the SVR-20 have stated "it is reasonable for assessors to conclude that the more factors present in a given case, the higher the risk for violence" (Boer et al., 1997, p. 37). It is important to note that it is difficult to make clear conclusions about how much each risk factor in the SVR-20 predicts sexual violence recidivism, as the associations between each individual risk factor and recidivism are significant, but not strong (Mann, Hanson & Thornton, 2010; Nunes et al., 2007). Each item may not also have equal relevance to risk of recidivism.

Research has suggested that it is important not to focus on a sole risk factor, but rather on the full picture (Nunes et al., 2007). Mr. K's risk factors of mental illness, substance use and problems with relationships have been targeted as treatment needs during his stay in hospital. This has been in the form of group work about Understanding Mental Health, Behavioural Treatment for Substance Misuse, and Healthy Relationships.

Other notable risk factors of violent and nonviolent offences, density of offences, and supervision failures are of a static nature; therefore they cannot be changed, but can be improved upon. Research has shown that the relationship between denial and sexual violence recidivism is small (Nunes et al., 2007). Mr K does not have a psychopathic personality profile; therefore it is likely that feelings of guilt and embarrassment contribute to his denial and minimization of his offending (Nunes et al., 2007). By denying, Mr K may be building a different future story for himself, which could be a protective factor for reoffending (Mann et al., 2010). Further to this, Mr K's denial has been displayed in the form of justifications in relation to his specific offending, rather than ingrained beliefs that condone sexual offending towards others. This presentation therefore is less relevant in terms of managing his risk (Helmus, Hanson, Babchishin, & Mann, 2013; Maruna & Mann, 2006, cited in Mann et al., 2010). Mr K's denial may become a more meaningful risk factor if he goes back to previous antisocial lifestyle choices.

Mr K showed no sexual deviance during the time of his assessment process, which is protective for him as its presence is seen as being a stronger predictor of sexual recidivism (Mann et al., 2010). Although Mr K has shown some elevated risk related to victim empathy and his attitude towards his offences, he has displayed some understanding of the impact of his actions on his victims, including their feelings at the time, afterwards, and disclosed his own feelings of remorse and embarrassment. Mr K's

displayed lack of empathy could be a tool that allows him to deny his offending. This is likely to be due to a fear of being stigmatized as a sex offender.

Formulation

The model used for this formulation was the 5 P's method (Sturmey & McMurran, 2011).

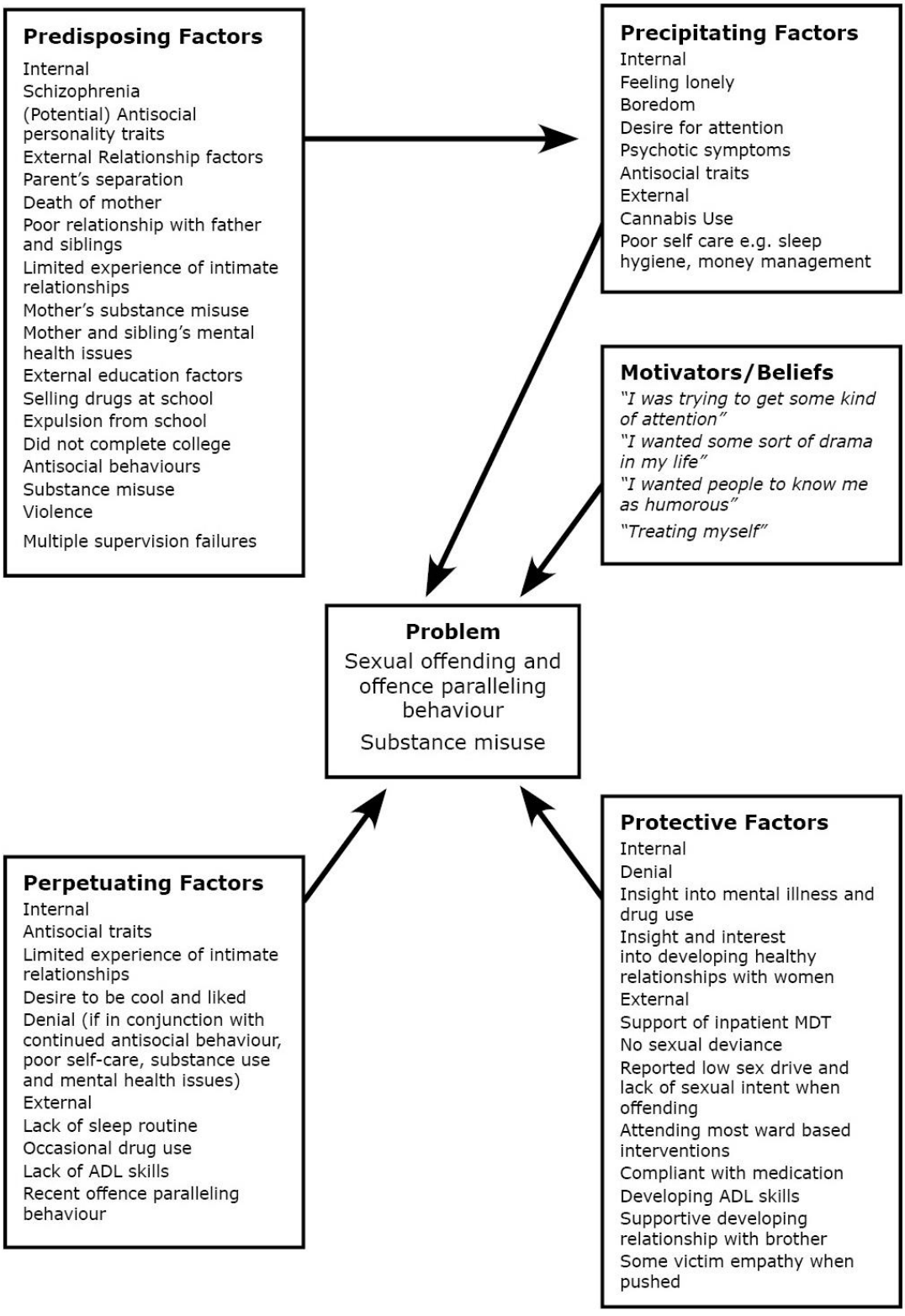

Figure 3: Diagrammatic Formulation

Written Formulation

Problem

Mr K has a history of sexual offending including exposure, assault, inappropriate sexual activity, and sexualised language. He has shown offence paralleling behaviour in the form of bumping and brushing against staff members and inappropriate language. Alongside this Mr K has recently used cocaine whilst in secure care.

Predisposing Factors

Mr K grew up in a family in which his mother had issues with depression and alcoholism, and his brothers both have mental health issues. Mr K has a longstanding psychiatric history and diagnosis of paranoid schizophrenia. There are also concerns that he has antisocial personality traits that warrant further investigation. Mr K's relationship with his father was not close, and he saw him occasionally when visiting the UK from Africa. Mr K described his father as teaching him 'how to be a man', and that he 'didn't open up much'. Mr K's father may have reinforced the traditional male stereotype in which you don't show emotions; independence is encouraged as well as not relying on others to look after you. Mr K's early relationships with his two elder male siblings was one in which he often felt 'left out' and bullied by them; he disclosed 'pranks' which would often result in Mr K

experiencing fear and physical injury. This feeling of being left out and a desire to be liked may have shaped his identity and how he feels in relationships in adult life. Mr K described living in poverty as a child, and how it was difficult to maintain a 'cool' image. As an adult Mr K described being supported by his mother through his detention and problems with mental health; Mr K's mother died three years ago therefore this source of support is no longer present for him.

Mr K started using substances when he was 13 years old; this progressed to a pattern of drinking approximately four cans of lager a day and an ounce of cannabis a week during his late teenage years. Mr K has also tried harder drugs such as LSD, ecstasy and crack cocaine; he has stated that cannabis is the most problematic for his mental health and sends him 'psychotic'. Mr K had poor school attainment; he disclosed smoking cannabis and tobacco whilst at school, and was expelled for selling cannabis. Mr K did not complete college, and has failed to maintain employment.

Mr K has a lack of experience and knowledge of intimate relationships. He has stated that he requires more skills to develop healthy relationships, and lacks confidence in getting to know someone and letting them know that you are interested in them in a romantic way. Without Mr K's development of these skills he may revert back to sexual offending or offence paralleling behaviour in order to get his sexual and relational needs met. It is

pertinent to state that Mr K has been in prison or secure care throughout his adult life, therefore his opportunity for gainful employment and this will have limited adult relationships.

Mr K has multiple supervision failures including absconsion, escape from custody, breaching a restraining order and license conditions, and substance misuse whilst detained. He also has a history of violent and non-violent offending. Continued antisocial behaviour may be a risk factor for Mr K in that he may continue a criminal lifestyle in which he will have increased exposure to substances, and limited opportunities to develop healthy relationships in the context of a structured lifestyle.

It is hypothesized that Mr K's perpetration of indecent exposure in particular was opportunistic as the circumstances meant that contact offending was not possible. His desire to maintain a 'cool' image may have helped to support this decision. Mr K chose to expose himself at some distance from his victims; this will have lessened the risk of being able to get away from them quickly. He also would not have needed to deal with victims trying to fight back, or to have dealt with any other victim reactions that were problematic towards him or his status.

Precipitating Factors

Prior to offending, Mr K described himself as being bored, and "I was trying to get some kind of attention". He stated that he was having trouble sleeping, and it is reported that he was using cannabis at the time of his offending. During clinical interview his desire to be liked came across as a motivator for sexually offending, and that it was a form of getting this need met. Mr K committed a theft from a shop prior to the sexual offence. He disclosed that this was due to him not having money for tobacco. If Mr K were to re-offend, he may have a similar internal state and risk factors include poor self-care, substance use, increase in psychotic symptoms, and other antisocial behaviour.

Regarding Mr K's indecent exposure, his decision to commit this offence could have been a way of displaying himself to others without having to show his lack of skills in entering into romantic relationships, whilst still getting his need for 'attention' fulfilled. His lack of social skills may have prompted him to believe exposing himself was an appropriate way of getting sexual gratification; this could have been exacerbated further by his intoxication from cannabis and poor mental state. Mr K wanted to 'treat' himself; this may have meant that at the time of offending he was more focused on his own gratification than wanting to make and observe a particular impact on his victims. This may have been why Mr K chose to

commit indecent exposure instead of contact sexual offending at this moment.

Perpetuating Factors

Mr K has shown poor sleep hygiene whilst undergoing psychological assessment and treatment. He has not yet developed the social skills to instigate and maintain a healthy intimate relationship, and has disclosed that he does not yet feel confident in this area. Whilst undergoing psychological assessment, an incident occurred on a community outing in which he bumped into a female member of staff from behind; the staff member reported feeling uncomfortable and that the bodily contact was prolonged and potentially sexual in nature. This incident suggests that Mr K was still using inappropriate sexual behaviour in order to get female attention and fulfil his motivation of being liked and treating himself. This is also an example of him displaying offence paralleling behaviour. Mr K has recently tested positive for cocaine use whilst undergoing weekly drug tests for a community substance misuse group. His presentation on the ward is suggestive that he is not sustaining a healthy routine to prevent recidivism and poor mental health.

Mr K has denied both the recent substance use and offence paralleling behaviour described above. Denial as a risk factor alone may be seen as a perpetuating or protective factor for re-offending; in Mr K's case if he

develops skills in order to get his needs met, denial may be a deterrent to re-offending due to the stigma he feels in admitting to being a sexual offender. If however, Mr K continues to engage in antisocial behaviour such as drug use, and does not practice adequate self-care and work towards a structured independent life; his denial could be seen to perpetuate his sexual offending. Further to this, Mr K's responsivity to treatment will need to be re-evaluated on completion of a personality assessment, which he has been refusing thus far.

Protective Factors

Mr K has insight that developing and practicing friendship with females will be useful for him in the future. He also displays empathy towards some of the victims of his offences when prompted during clinical interview. This adds to the hypothesis that Mr K has a fear of being labelled a sex offender. He disclosed that thinking about his offending is "disgusting" for him, and shows great resistance in talking about his offending. His denial includes both minimisation and outright denial of committing sexual offences. This factor may be seen as protective for him and prevent him from re-offending, but as aforementioned, if other risk factors increase it may instead become a perpetuating factor for recidivism.

Mr K is currently compliant with medication, and takes part in groups in secure care that will teach him ADL skills to help him cope in the

community. His engagement to date has been compliant, but may be instrumental in his aim of leaving hospital. Mr K has been developing a closer relationship with his brother, who may be a supportive influence in his life as well as Mr K potentially gaining employment in his brother's business.

Mr K's SVR-20 assessment showed no sexual deviance, and a lack of sexual intent when offending; the lack of these risk factors decreases his risk of re-offending (Boer et al., 1997). Mr K also reports having a low sex drive and lack of interest in sex, which may also be protective for him.

Treatment Recommendations

Mr K engaged throughout his clinical interview for the SVR-20, which identified a number of outstanding and completed treatment targets. Despite seeming to find the clinical interview difficult, he engaged with the sessions and answered in a manner that made it possible to assess his sexual violence risk.

The following recommendations were given to the clinical team on completion of sexual violence assessment: -

- Occupational therapy to start working with Mr K around finding employment and building upon his vocational skills.

- Mr K should be actively encouraged to become more independent in the management of his time, appointments, activities and goals in order to start developing the necessary skills required for independent living. It is also important for him to start having realistic plans for his gradual integration into the community.

- Psychology to engage Mr K in a personality assessment to enable the previous suggestion of antisocial personality disorder to be reviewed. This will also allow the team to assess his responsivity to treatment in regards to risk factors of insight into mental illness, substance use treatment, and relationship problems that he has already completed in the form of psychology group work.

- It is important that Mr K is encouraged and supported to use the relapse prevention plan he has developed during the BTSA group so that he can continue to monitor his behaviour in order to avoid future lapses.

- Mr K has disclosed having a lack of emotionally intimate relationships with adults, which is a risk factor for sexual re-offending (Mann et al., 2010). It is advised that he should have a more structured timetable with the opportunity to develop friendships with women who are not staff members or patients. To achieve this, it is recommended that Mr K attend the social skills group, the jazz night, as well as gradual exposure to the community. It is of note that Mr K identified this (i.e., developing

friendships with females) as an outstanding treatment target for himself during 1:1 healthy relationship sessions.

- Research has also suggested that loneliness can be a risk factor for sexual re-offending (Mann et al., 2010). Family therapy is suggested for Mr K to continue to develop a positive relationship with his brother.

- Mr K's denial and minimisation of his offending could be due to feelings of shame which have been shown to have a strong association with one another (Craissati, 2015; Marshall et al., 2009). Research into sexual offenders who are able to distance themselves from their crimes and separate their offending behaviour from their identity has shown that they are more likely to have positive outcomes (Marshall et al., 2019). As aforementioned Mr K had thus far not exhibited sexual deviancy or preoccupation, therefore treatment focused on increasing his levels of self esteem and building a new identity would be most worthwhile (Craissati, 2015; Marshall et al., 2009). Attempts to challenge his denial and minimisation may mean that Mr K's shame increases, and he could associate his identity with that of a sexual offender, which is more likely to have negative impacts including that of reoffending (Craissati, 2015; Hatton & Duff, 2019).

- The Reasoning and Rehabilitation group could improve Mr K's problem solving skills.

Risk Management Recommendations

Mr K's other outstanding treatment needs include employment problems, and addressing his lack of realistic plans for the future. These are more meaningful risk factors for him to focus on than denial of his sex offending whilst he is engaging well with the clinical team.

The SVR-20 authors advised trying to answer the following questions:

"1. What is the likelihood that the individual will engage in sexual violence, if no efforts are made to manage risk?
2. What is the probable nature, frequency, and severity of any future sexual violence?
3. Who are the likely victims of any future sexual violence?
4. What steps could be taken to manage the individual's risk for sexual violence?

5. What circumstances might exacerbate the individual's risk for sexual violence?" (Boer et al., 1997, p. 21).

According to the available information, Mr K's sexual offences have been towards female victims from teenage years to adult. His offence of exposure also included two children. These have involved coercive touching, exposure, and sexually inappropriate comments. There is no

information that leads me to believe that his offences will change in nature or escalate in severity in the future. Based on his past offences, if Mr K recidivates his victims are most likely to be woman or girls from the age of puberty upwards who live within a few miles of his residence.

Should Mr K be released into the community, risk management strategies should focus on compliance with mental health treatment, abstinence from substance use and filling his day with meaningful vocational activities. Mr K should at first go to a step down setting, as he has not lived for a sustained period of time in the community as an adult. He will need to show compliance with medication, engage with ongoing review of his individual mental health and substance use relapse prevention plans. Mr K may need help with ADL skills, and to maintain a structured routine that would preferably include work or voluntary work. Supervision will also be needed for random UDS drug testing, and monitoring any emerging intimate relationships.

If Mr K should begin to use drugs again, stop taking his medication, refuse to engage with services or fails to gain employment (or meaningful activity), his risk of sexual violence may be exacerbated and should be re-assessed as soon as possible.

Mr K's Response

The SVR-20 assessment, treatment and risk management recommendations were fed back to Mr K during the placement. He stated that the work was 'reasonable', and that he realised that there were things that he needs to do to in order to reduce his risk and leave inpatient care. He agreed with recommendations about gaining employment, ADL skills, engaging in meaningful activities, and gradual exposure to the community, and seemed keen to work towards this. Mr K stated that he is 'adamant' that he does not want to do a personality assessment, and that this was not meaningful for him at the moment despite having the knowledge that a previous personality diagnosis exists on his files that was based purely on clinical judgement. Mr K stated that the assessment was 'good' and 'accurate', and agreed with the majority of treatment recommendations. He did not have any questions about the scoring of specific risk factors at the time of feedback.

Case Study Limitations and Reflections on Practice

Mr K's refusal to take part in a personality assessment and psychometric assessment of deception limited my capacity to fully understand his responsivity to treatment to date, and hence the quality of his engagement in psychology in the future. It also hindered the investigating into how significant Mr K's denial is to him in comparison with other risk factors.

Although Mr K's previous diagnosis of schizophrenia is included in this case study and his formulation, little historical information was accessible in relation to how Mr K experienced psychosis when unwell. At the time of the case study, Mr K was medicated for symptoms of schizophrenia, had been mentally stable for some time and had moved wards due to a reduction in risk. Mr K's formulation was limited as information regarding how his schizophrenia may have interacted with his previous offending was not included.

This case study was the second time in which I had interviewed a client about their sexual offending and history. Despite having supervision throughout the work, this is a factor that should be observed when making decisions about Mr K's risk and future treatment and risk management recommendations.

Considering the learning points from this case study, it is recommended that treatment for individuals who perpetrate indecent exposure and deny their offences address dynamic risk factors that are high predictors of sexual reoffending generally including sexual deviancy and preoccupation, and antisocial behaviour (Boer et al., 1997; Craissati, 2015; Mann et al., 2010). Furthermore, developing a strong therapeutic relationship would be important to aid treatment that increases self-esteem and reduces shame (Craissati, 2015; Marshall, 2009).

Conclusion

Mr K was referred to me as there was a lack of in-depth knowledge about his sexual offending, the motivators behind this and his risk of re-offending. Assessment with the SVR-20 using file review, observation of Mr K and clinical interview led me to the conclusion that although Mr K was stable in mental health and had worked hard to gain insight into schizophrenia and substance abuse, his engagement to date was instrumental in order to fulfil his goal of leaving hospital. Mr K denied or minimised his sexual offending and offence paralleling behaviour, and was resistant to exploring his offending. He had a distinct fear of the stigma of being labelled a sexual offender. Treatment and risk management recommendations included enforced drug-testing, opportunities for Mr K to develop healthy friendships with women, engagement in personality assessment, and graded exposure to the community via a rehabilitation ward. Re-assessment was

encouraged if Mr K were to engage in more frequent antisocial behaviour or if his mental health worsened.

Rationale for Chapter Five

The Sexual Violence Risk-20 (SVR-20: Boer et al., 1997) is a structured professional judgement tool designed to aid decisions related to sexual violence risk assessment and management. During the course of the Case Study, concerns arose regarding the clinical utility of the Sexual Violence Risk-20 (SVR-20: Boer et al., 1997). This was particularly related to the strength of empirical research surrounding denial as a risk factor of sexual offence recidivism, and the strength of individual risk factors in relation to indecent exposure and contact sexual offending. As a result of this, Chapter Five presents a critique of the SVR-20 and its psychometric properties, including reliability and validity of the measure. The critique also focuses on the predictive validity of the tool and its individual risk factors. The strengths and limitations of the measure are considered, followed by recommendations for its use with sexual offender populations and those who have committed indecent exposure.

CHAPTER FIVE

Psychometric Critique

Predicting Sexual Offending:

A Psychometric Critique of the Sexual Violence Risk-20

Abstract

The Sexual Violence Risk-20 (SVR-20) is a widely used structured professional judgement tool that is applied in a number of populations. It is used to assess the risk of sexual violence recidivism. There is a good deal of literature reviewing the reliability and validity of the SVR-20 and its predictive accuracy, but this research has stalled in recent years. This paper explores the tool's utility with forensic populations by means of a particular focus on the predictive accuracy of individual risk factors. Furthermore, an assessment is made of the tool's applicability to offenders who have committed indecent exposure. The SVR-20 shows good inter-rater reliability, and concurrent validity but there is generally a lack of research in these areas. Face validity and the predictive accuracy of individual risk factors also require further examination and linking with research about predictors of sexual recidivism. There is insufficient research with diverse populations, which limits the tool's current applicability with UK forensic populations. This paper concludes that the

SVR-20 should not be used to predict future sexual violence, but as a guide to aid risk management.

Introduction

This paper will assess the Sexual Violence Risk-20's (SVR-20: Boer et al., 1997) psychometric properties and clinical utility with forensic populations in secure care, prison, and community services. Psychometric properties that will be considered are reliability and validity of the measure including inter-rater reliability, face, concurrent and predictive validity. Clinical application of the tool will be explored due to the importance placed upon recidivism risk assessment of sexually violent offenders, particularly in secure care. The reliability and validity of the tool will also be examined in the relation to assessment of indecent exposure recidivism and escalation. Two search strategies were undertaken in order to conduct a literature review. The first used search terms relevant to all types of reliability and validity of the SVR-20 and used the database 'psycinfo'. Any studies conducted before 1990 were not included. The second strategy used search terms related to indecent exposure, its recidivism and escalation. Search terms such as 'exhibitionism' and 'noncontact sexual offences' were also included to increase the variety of data found.

The SVR-20 was published in 1997 and was created by Boer, Hart, Kropp & Webster after a thorough review of the literature concerning factors related

to sexual violence recidivism. It is a structured clinical judgement tool recommended by the Department of Health as best practice, with evidence suggesting that the tool contains a good relationship between risk factors and sexual violence recidivism (2009).

The tool was updated to the Risk for Sexual Violence Protocol (RSVP: Hart el al., 2003) to increase complexity, but is still recommended for use. The lack of recent research on the tool could also be due to more emphasis on clinical uptake of the RSVP, however practitioners in secure care continue to use the SVR:20. This could be due to resource restraints, training needs or a lack of clarity about the positive changes made in the update. Recommendations for practitioners using the SVR-20 include being educated in a psychology degree or similar, undergoing specific training for the tool, and using the tool with male patients only; it is suggested to use the Risk of Sexual Violence Protocol with females (RSVP Hart et al., 2003; Department of Health, 2009).

Sexual violence is defined by the authors of the SVR-20 as "actual, attempted, or threatened sexual contact with a person who is non consenting or unable to give consent" (Boer et al., 1997, p. 9).
Sexual contact is described in the SVR-20 manual as encompassing both contact and non-contact sexual offending towards victims; hence risk factors included in the tool are designed to relate to all sex offences that can be described in this manner, including that of indecent exposure (Boer

et al., 1997). The definition of sexual violence utilised by the SVR-20 is analogous with its general understanding in the UK (nidirect, n.d.; Rape Crisis, 2018).

Participants of the Crime Survey for England and Wales reported 700,000 incidents of sexual assault (including rape, unwanted touching and indecent exposure) in a year (Office for National Statistics, 2018). Reported sexual offences are continuing to increase and being of a younger age (above 16) or female increases likelihood of victimisation – other characteristics include being a single woman, and a student (Office for National Statistics, 2018). The impact of sexual offending on victims is varied, but includes severe trauma, mental health issues, eating and sleep disorders, substance misuse, suicide attempts, injury, pregnancy, and disease (RAINN, 2018; Rape Crisis, 2020a; Reeves & Mulley, 2004). Accurate and robust sexual violence assessments are therefore imperative in the future protection of the public, as well as a tool for appropriate risk management and treatment strategies for perpetrators of sexual offences.

Overview of the SVR-20

Background of sexual violence assessment

Sexual violence recidivism is usually assessed using an actuarial or structured professional judgement measure (Craig, Browne, & Beech,

2008). Actuarial risk assessments aid practitioners to make risk-based decisions by the tools' use of factors chosen by their authors to have an association with violence or sexual violence, and have higher predictive accuracy than unstructured clinical judgement (Doyle & Dolan, 2008). Actuarial risk assessments have been criticised for risk factors not being applicable to the wider population outside of their original sample, focusing on a small number of specific generalised risk factors, and being more focused on static rather than dynamic factors (Craig et al., 2008; Doyle & Dolan, 2008; Tully, Chou, & Browne, 2013). This may distance practitioners from viewing assessed individuals' idiosyncrasies and individual differences (Doyle & Dolan, 2008). Structured professional judgement tools rely more on the administrator's understanding of risk factors relevant to an individual's re-offending, experience of conducting individual assessment, and their knowledge of literature relating to sexual offending (Boer et al., 1997; Craig et al., 2008; Rettenberger & Hucker, 2011). These assessments attempt to use research related to sexual violence recidivism alongside practitioners' clinical knowledge and understanding of the individual being assessed (Doyle & Dolan, 2008). Structured professional judgement tools such as the SVR-20 are considered best practice in risk assessment, however considerations should be made into the changing nature of research into risk factors' causal associations with recidivism risk (Boer et al., 1997; Guy, 2008; Kremer, Beintema, & Spreen, 2012). These assessments are more aligned to prevention of recidivism than prediction of risk and are to be used as a tool to help

structure a thorough risk assessment and management strategy (Doyle & Dolan, 2008; Hart and Boer 2009; Rettenberger & Hucker, 2011). Both actuarial and structured professional judgement tools attempt to predict risk, however, in clinical settings it is difficult to assess how accurate tools are as offenders may often receive treatment in relation to the risk scores determined by these measures, and hence may not recidivate as predicted due to these subsequent interventions (Doyle & Dolan, 2008).

The Tool

The SVR-20 is a structured professional judgement tool for the assessment and management of risk of sexual violence and is one of the most commonly used tools for doing so (Archer et al., 2006; Rettenberger & Hucker, 2011). The tool aims to act as an aid to clinical judgement by utilising research in sexual offending (Boer et al., 1997). It is used most commonly in forensic settings and is recommended for use throughout the criminal court process, development of risk management and treatment plans, decisions about release, and in a family law context (Boer et al., 1997). It is suggested to be used as a guideline for "minimum standards of practice" that may not encompass all relevant risk factors for a client, and will be influenced by the changing literature in sexual violence recidivism (Boer et al., 1997, p.7). Where possible, practitioners are advised to add relevant factors to individuals' risk profiles (Boer et al., 1997). The factor "Other Considerations" is subsequently added if there are any clinically

relevant factors that are not included in the assessment that practitioners may reason are related to a client's sexual violence risk. Suggestions are also given regarding repeated assessment where necessary, as well as an appraisal of the quality of the information collected for assessment. This includes evaluating its accuracy, having multiple sources, and using varied methodologies to do so (Boer et al., 1997). The tool assesses future risk of sexual violence alongside scenario planning and can help to structure offence focused formulations.

The SVR-20 is structured into 20 risk factors that are organised into the following three areas: psychosocial adjustment, sexual offences, and future plans (see Table 8). The SVR-20 manual states that risk factors were chosen due to their empirical association with sexual violence (Boer et al., 1997). The majority of risk factors have static elements, such as Item 5 – Substance Use Problems. Factors are rated by a score of either "N" (no, absent), "?", (maybe, possible or partially present), "Y" (yes, present), or "OMIT" if a practitioner decides that there is not enough information to score the item. The SVR-20 also includes measurement of whether a risk factor has recently changed or not if the risk factor has originally been scored as "Y". This added score is noted as either "+" (Exacerbation), "0" (No Change), or "-" (Amelioration); authors suggest considering a recent change is defined as within the year prior to assessment.

Table 8: Sexual Violence Risk-20 Items

<table>
<tr><th colspan="3">SVR-20 ITEMS</th></tr>
<tr><th>PSYCHOSOCIAL ADJUSTMENT</th><th>SEXUAL OFFENCES</th><th>FUTURE PLANS</th></tr>
<tr><td>1. Sexual Deviation</td><td>12. High Density Offences</td><td>19. Lacks Realistic Plans</td></tr>
<tr><td>2. Victim of Child Abuse</td><td>13. Multiple Offence Types</td><td>20. Negative Attitudes Towards Intervention</td></tr>
<tr><td>3. Psychopathy</td><td>14. Physical Harm to Victim(s)</td><td rowspan="5">Other Considerations</td></tr>
<tr><td>4. Major Mental Illness</td><td>15. Uses Weapons or Threats of Death</td></tr>
<tr><td>5. Substance Use Problems</td><td>16. Escalation in Frequency / Severity</td></tr>
<tr><td>6. Suicidal / Homicidal Ideation</td><td>17. Extreme Minimization/ Denial of Sex Offences</td></tr>
<tr><td>7. Relationship Problems</td><td>18. Attitudes that Support or Condone Offences</td></tr>
<tr><td>8. Employment Problems</td><td colspan="2" rowspan="4">N = No – The item definitely is absent or does not apply.
? = Maybe – The item possibly is present or is present only to a limited extent.
Y =. Yes – Definitely present
Omit = Item is not scored due to insufficient valid information.

+ = Exacerbation
0 = No Change
- = Amelioration</td></tr>
<tr><td>9. Past Nonsexual Violent Offences</td></tr>
<tr><td>10. Past Nonviolent Offences</td></tr>
<tr><td>11. Past Supervision Failure</td></tr>
</table>

After scoring the 20 risk factors, practitioners are encouraged to create an overall summary risk rating of "Low", "Moderate", or "High" to determine sexual violence risk. A score of low is considered "no risk, or very low risk", moderate as "moderate or somewhat elevated risk", and high as "high or very elevated risk" for sexual violence (Boer et al., 1997, p.34). In order to make communication of the tool's scores clinically appropriate, authors suggest answering the following questions:

"1. What is the likelihood that the individual will engage in sexual violence, if no efforts are made to manage risk?

2. What is the probable nature, frequency, and severity of any future sexual violence?

3. Who are the likely victims of any future sexual violence?

4. What steps could be taken to manage the individual's risk for sexual violence?

5. What circumstances might exacerbate the individual's risk for sexual violence?"

(Boer et al., 1997, p. 21).

Answering these questions will not only give practical examples and information to staff members working with a client, but will help to aid future formulation about their sexual violence risk, their motivators, and their disinhibitors (Hart & Logan, 2011). This scenario planning will also be more clinically useful to staff members dealing with an individual's risk.

Reliability

Inter-rater reliability

The SVR-20‘s inter-rater reliability has been assessed in two studies (see Appendix 17 for research to date). Inter-rater reliability is the extent to which tests administrators agree on their scoring of a tool (Coolican, 1999). It is usually assessed by a number of measures including Pearson correlations, the percentage of agreement, and ICC values (Kazdin, 1998; Judges, Egan, & Broad, 2016). ICC score levels were considered as ICC <.50 = poor, ICC between 0.5 and 0.75 = moderate, ICC between 0.75 and 0.90 = good, and ICC >0.90 = excellent reliability for this paper (Koo & Li, 2016).

The research available suggested that the SVR-20 shows good inter-rater reliability from relatively small sample sizes. Barbaree et al. (2008) explored the tool’s inter-rater reliability from a sample of adult male sex offenders released from custody based in Canada (*n* = 63) by using two independent coders with a retrospective file-based methodology. This sample did not include non-contact offenders (for example, those who commit indecent exposure) due to a lack of research in the area (Barbaree et al., 2008). Reported Spearman rank-order correlation scores were good (.75). A Dutch study by de Vogel et al. (2004) also reported ICC results at (.75) at an average follow up period of 140 months. The sample (*n* = 122)

was taken from adult male secure care in-patients who were convicted of contact sexual offences, and was a retrospective file based study. There is a lack of research that explores other aspects of reliability of the SVR-20, particularly that which focuses specifically on non-contact sexual offending and indecent exposure.

Validity

Face validity – sexual violence

The SVR-20's face validity determines how much the tool assesses the risk of future sexual violence. Face validity is the measurement of how much a test assesses what it is meant to assess (Kline, 2000). Authors of the SVR-20 manual proposed that the chosen risk factors have been included due to either their empirical association with sexual offence recidivism, the likelihood of an association based on other factors, or for clinical utility reasons (Boer et al. 1997). Associated or unclear items were identified through review of the SVR-20 manual and literature exploring individual SVR-20 risk factors (Boer et al., 1997; Rettenberger & Hucker, 2011; Sjöstedt & Långstrom, 2002). Appendix 18 sets out associated or unclear items. Authors state "it is reasonable for assessors to conclude that the more factors present in a given case, the higher the risk for violence" (Boer et al., 1997, p.37). However, the authors' decision to include factors that do not have a strong empirical basis for sexual violence recidivism

potentially means that the SVR-20 has poor face validity as a structured professional judgement tool to predict sexual violence. If the SVR-20 is viewed alternatively as a tool to assess factors that are clinically useful and associated to sexual violence to aid risk management and formulation, its face validity would be stronger.

Item Face Validity

Individual items in the SVR-20 do not have equal relevance with one another, and may not have strong associations with recidivism risk; when using the tool it is recommended to focus on the full risk profile instead of individual risk factors; this approach is potentially more clinically useful (Mann, Hanson & Thornton, 2010; Nunes et al., 2007).

Research into factors that are causally associated with sexual violence has come to varied conclusions. A particular example of this is denial and minimisation, which is a factor that has divided empirical opinion about predicting recidivism and whether it is worth including in risk assessment or even directly challenging in treatment (Langton et al., 2008). The SVR-20 manual describes the factor as "Extreme Minimisation or Denial"; this is arbitrary in that it is up to the assessor and scorer to decide if denial or thinking errors related to the offence are "extreme", thereby adding to the subjectivity of scoring this item. Different types of denial and minimisation are not described in enough detail, or in a particular hierarchy to aid

decision making about the seriousness of their presence in relation to sexual recidivism.

Psychologically meaningful risk factors for sexual recidivism were identified via use of a meta-analytic summary (Mann et al., 2010). Factors that have stronger evidence for predicting sexual recidivism could add towards empirical data for previously identified associated/unclear items of the SVR-20, thereby increasing its face validity. In the aforementioned study, these include "Any deviant sexual interest" and "Offense-supportive attitudes", which could be linked to SVR-20 items 1. Sexual Deviation and 18. Attitudes that Support or Condone Sexual Offences (Mann et al., 2010). There is also some overlap between factors of the SVR-20 e.g. 18. Attitudes that Support or Condone Offences, and 20. Negative Attitudes Towards Intervention, which mean that factors may not be seen as independent of one another and affect scoring. This may mean that there will be difficulty in aligning future research into sexual recidivism with current SVR-20 items and their face validity with the tool.

Hanson and Harris (2000) examined the differences in the presence of static and dynamic risk factors between a group of contact sexual offenders who were sexual recidivists and non-recidivists from a community sample in Canada (n = 409). Significant differences were found between several factors (see Table 9).

Table 9: Factors with Significant Differences between Sexual Recidivists and Non-Recidivists (Hanson & Harris, 2000)

Historical Factors	Dynamic Factors
Months in community	Number of +ve social influences
Mean age at exposure to risk	Number of -ve social influences
Diverse victim types	Low remorse/victim blaming
Relationship to victim - only related	Sexual entitlement
Relationship to victim - any strangers	Sees self as no risk to recidivate
Any juvenile sex offences	Victim access
Number of paraphilias (e.g., voyeurism, exhibitionism, fetishes, etc.)	Sexual preoccupations
Lifestyle congruent with sexual deviance	Antisocial lifestyle
Number of poor treatment candidates (low motivation, dropout)	Disengaged with supervision
Sexual abuse (victim of)	Manipulative at supervision
Other abuse (emotional/neglect) (victim of)	No show/late for appointments
Apprehended by child protective services	Overall cooperation
Any long-term separation from parents before age 16	
Negative relationship with mother during childhood	
Score of the overall negative childhood environment (6-item scale)	
IQ	
PCL-R psychopathy	
Antisocial personality	
SIR	
VRAG	

Studies such as this could help to maintain the SVR-20' s face validity and keep risk factors aligned with empirical evidence as well as allowing for flexibility for the practitioner to question the relevance of each factor with an individual's presentation and offending. See Predictive Validity for more information on the SVR-20's predictive accuracy in relation to sexual recidivism for both the full tool and individual risk factors.

Face Validity – Indecent Exposure Recidivism and Escalation

In relation to indecent exposure recidivism and escalation, research to date supports a number of empirically associated factors that are included in the SVR-20. Risk factors for indecent exposure offending include insecure attachment, childhood abuse, substance abuse, prior sexual violent and general offending, and deviant sexual interests (Murphy & Page, 2008; Seeman, 2020). There are a number of studies that have explored recidivism and escalation of indecent exposure offenders; recidivism is defined as individuals who commit further non-contact sexual offending, and escalation as committing further contact sexual offending. Those who commit indecent exposure are among the highest rates of recidivism in comparison to other sexual offenders, therefore this area warrants further exploration in relation to sexual violence risk assessment for this population (Gallo, 2020).

In a psychiatric outpatient sample of 221 adult male exposers, 11.7% of them sexually reoffended over a 13 year period (Rabinowitz Greenberg et al., 2002). Researchers found that those whom recidivated sexually were more likely to have prior sexual and general offending, be less educated, be under the influence of substances at the time of reoffending, and be single (Rabinowitz Greenberg et al., 2002). Firestone and colleagues tracked a sample of 208 exposers from a university teaching hospital over 13 years (2006). Of this sample, 23.6% sexually reoffended, and were less educated, scored higher on alcohol and paedophile psychometrics, and had higher scores on the PCL-R (Firestone et al., 2006). Those who commit indecent exposure may have also committed previous contact sexual offending (McNally & Fremouw, 2014; Rabinowitz Greenberg et al., 2002). Considering the above papers, the SVR-20 may still be useful in considering offenders who have committed indecent exposure and their risk factors related to recidivism, but not all items may be relevant.

Research has also been conducted about offenders who commit indecent exposure and escalate to contact sexual offending. McNally & Fremouw conducted a review of six studies in the area from 1981 to 2013 and suggested that further research in this area is needed (2014). Across the studies reviewed, 5-10% of the sample escalated to contact sexual offending. Risk factors for escalation included offenders having more prior offences than non-contact sexual reoffenders and increased antisocial behaviour (McNally & Fremouw, 2014). There were some mixed results in

terms of psychopathy; in Rabinowitz Greenberg's study those who escalated had higher PCL-R scores alongside higher scores on psychometrics for rape and paedophilia (Rabinowitz Greenberg et al., 2002). Another sample of 210 indecent exposure offenders seen by a psychiatry service with a follow up period of 8 to 25 years suggested that those who escalated to contact sexual offending (26%) were more likely to have previous acquisitive offences, conduct disorder, increased libido, and previous exposure offences in multiple locations (Sugarman et al., 2014). Bader and colleagues also found that more previous exposure offences were associated with those that escalated to contact offending in a police sample of 106 indecent exposure offenders (2008). Due to the large spectrum of sexual offending, indecent exposure offenders are often grouped into the category of noncontact sexual offenders. Macpherson conducted research concerning 40 noncontact sexual offenders, 20 of which escalated to contact sexual offending and 20 recidivated to further noncontact sexual offending (2003). Using retrospective SVR-20 scores, the research found significant differences between the two groups of offenders in scores for sexual deviation, childhood victimisation, extreme minimisation or denial, and attitudes that support or condone offending (Macpherson, 2003). Those who escalated to contact sexual offending were also found to have started their offending career at a significantly younger age than those who did not escalate (Macpherson, 2003). This review of indecent exposure escalation literature suggests that some factors involved in the SVR-20 are relevant, but not all.

Considering the face validity of individual items of the SVR-20, items relating to psychosocial adjustment and sexual offences seem most relevant to indecent exposure offenders who recidivate and escalate their offending. These are 'sexual deviation', 'victim of child abuse', 'psychopathy', 'substance use problems', 'past nonsexual violent offences', 'past nonviolent offences', 'high density offences', and 'multiple offence types' (Boer et al., 1997).

Concurrent validity

The SVR-20's level of concurrent validity determines how much it correlates with other measures that are suggested for assessment of sexually violent recidivism (Field, 2013) (see Appendix 17). A study by Rettenberger et al. (2010) using an Austrian sample of adult male prisoners (*n* = 366) including six indecent exposure offenders found the SVR-20 to have a strong correlation with the SORAG (.79) and PCL-R (.77), a moderate correlation with the Static-99 (.63), and a weak correlation with the RRASOR (.37). Dietiker et al. (2007) found strong correlations with the PCL-SV (.76) and an adapted German version of the HCR-20 (HCR-20 +3) (.85) for a sample of adult male inpatients, half of which had a diagnosed personality disorder (*n* = 64). The SVR-20 and the SORAG both include the PCL-R in their factors relating to psychopathy; a higher inter correlation between these instruments and the SVR-20 could be due to this, as well as the high inter-correlation between the PCL-SV and SVR-20. The Static-99

and SORAG are also instruments used to predict sexual violence recidivism and contain similar factors to the SVR-20. Further to this, the SVR-20, PCL-SV and HCR-20 +3 were all created by a group of authors all in a similar research area who saw a gap in the risk assessment literature (Dietiker et al., 2007). The RRASOR only contains four items; hence a lower inter correlation could be explained by this. This area requires further research with more diverse offender populations, but concurrent validity with other measures in studies to date is good.

Predictive validity

Predictive validity can be understood as the extent to which a test's scores can be utilised to predict an outcome; in this case measurement of the SVR-20's ability to predict future sexual violence. The standard measure of predictive validity is Receiver Operating Characteristic (ROC) analysis, although the area under the curve (AUC) score can be strongly affected by variance in test scores (Rettenberger et al., 2010). AUC scores were determined as > 0.556 = small, > 0.639 = moderate, and >0.714 = large effect size, as detailed by Rice & Harris (2005). This paper will explore the predictive validity of the tool as a whole in relation to sexual violence recidivism, as well as the predictive validity of individual risk factors.

Overall Measure

The overall predictive validity of the SVR-20 has been analysed in a number of studies and has generally been shown to have moderate to strong scores (see Appendix 17). Craig et al. (2006) conducted a study with a UK based sample of male patients in secure care who had committed contact sexual offences; all of whom did not have a diagnosis of a psychotic illness (*n* = 139). The predictive accuracy of the SVR-20 was 0.48 for sexual offence recidivism using a retrospective file-based methodology. Any results below the AUC statistic 0.5 suggest that the tool has less predictive accuracy than at chance level.

A Swedish study with a small sample (*n* = 51) of male rapists at pre-trial diagnosed with personality disorder also used a retrospective file review, and found a small effect size, suggesting poor predictive accuracy of the SVR-20 for sexual recidivism (0.51) (Sjöstedt & Långstrom, 2002). Sjöstedt and Långstrom suggested re-evaluation of the SVR-20 before further use, despite holding some clinical utility in understanding a patient's issues and potential treatment areas (2002). A German study examined the predictive accuracy of the SVR-20 with a small sample of adult male prisoners and inpatients (*n* = 73) who were a mixture of contact and noncontact sexual offenders, and found stronger AUC's of 0.54 for non-contact sexual offences and 0.68 for contact sexual offences (Stadland et al., 2005). Despite scoring better for contact offending, it still had worse scores than

that of the HCR-20, despite being created for a sex offending sample (Stadland et al., 2005). Dempster conducted a study based in Canada on a small sample of adult male prisoners (*n* = 95) with an AUC of 0.74 (1998). Both Stadland and colleagues and Dempster suggested that lower AUC scores could be due to the sample consisting of higher risk offenders (2005;1998). Pérez Ramírez et al. (2008) used an adapted and translated version of the SVR-20 to use with a Spanish-speaking sample (*n* = 163), all of whom were contact offenders, and found good predictive accuracy for the tool (0.83). De Vogel et al. (2004) examined the predictive accuracy of the SVR-20 and found a strong predictive accuracy of 0.8 with a predominantly Dutch sample of adult male inpatients in secure care who had committed a contact sexual offence (*n* = 122). The reason behind higher AUC scores could have been that due to a lack of file data, not all items of the SVR-20 could be completed in both studies (Pérez Ramírez et al.,2008; De Vogel et al., 2004). De Vogel and colleagues' study also had four raters, one of whom did the majority of the coding of data, which the authors suggest is not best practice for coding SVR-20 scores.

The use of retrospective file information is a limitation of all of the above studies, decreasing the quality of the data and may be a confounder when considering AUC scores. Another confounding factor when considering these scores could be due to their small sample size and consequent lack of statistical power. A later Canadian study with a larger sample of adult male prisoners (*n* = 476), 3 of which were noncontact sexual offenders, found

the SVR-20 to have a small to moderate effect size, with a predictive accuracy of 0.63, and that age at release information would help to improve predictive accuracy (Barbaree et al., 2008).

Two Austrian studies were identified that both used a methodology of prospective routine risk assessment with adult male prisoners (Rettenberger et al., 2010; Rettenberger, Boer, & Eher 2011). The 2010 sample used had a very low reconviction rate (*n* = 366) but showed good predictive accuracy of 0.71. This higher AUC score could be due to a generally low rapist and child sexual abuser reconviction rate, and the influence of treatment in between SVR-20 assessments (Rettenberger et al., 2010). Rettenberger et al. (2011) had a sample that was mostly of European ethnicity (*n* = 493) with good predictive accuracy of the SVR-20 for general sexual recidivism at 0.72 and hands-on sexual recidivism at 0.71. In this study's sample, lower risk sexual offenders were prevented from participating, and the reconviction data was taken from only one source, hence this could be an underestimation of the scores.

The AUC statistic of 0.50 indicates the prediction is at chance level (50:50) and anything above 0.50 is an increase in predictive accuracy. Two meta-analyses were identified that investigated the predictive accuracy of the SVR-20 in relation to sexual recidivism risk. Hanson & Morton-Bourgon (2004) found a moderate mean effect size (d=.77) whilst examining six international studies with a large sample (*n* = 819). The sample consisted

predominantly of Caucasian males. The same authors found a smaller effect size (d=.68) using 10 studies with another international sample (*n* = 1699) whom again were mainly Caucasian males and were mostly offenders released from prisons or psychiatric institutions. To summarise, the overall predictive accuracy in research to date has been moderate to strong, but some studies have small samples, and the majority of the population used were Caucasian males. Samples were predominantly contact sexual offenders, and studies that did include noncontact offenders did not always identify indecent exposure offenders in their population. Further to this, there is a dearth of community-based samples.

Individual Factors

Two studies to date have examined the predictive validity of individual risk factors of the SVR-20 (see Table 10 – items in green show moderate and higher effect sizes).

Table 10: Predictive Validity of SVR-20 Risk Factors (Barbaree et al., 2008; Rettenberger, Boer & Eher, 2011)

Factors Empirically Linked to Recidivism	**AUC**	**Associated/Unclear Factors**		**AUC**
3. Psychopathy	0.57 0.6	1. Sexual Deviation	(violent) (sexual)	0.47 **0.67**
4. Major Mental Illness	0.5 0.59	2. Victim of Child Abuse		0.56 0.58
7. Relationship Problems	0.58 0.6	5. Substance Use Problems		0.63 0.46
8. Employment Problems	0.63 0.59	6. Suicidal/Homicidal Ideation		0.52 0.56
10. Past Nonviolent Offences	0.59 0.62	9. Past Nonsexual Violent Offences		0.58 0.58
11. Past Supervision Failures	**0.64** 0.62	14. Physical Harm to Victim(s) in Sex Offences		0.52 0.49
12. High Density Sex Offences	0.41 **0.67**	15. Uses Weapons or Threats of Death in Sex Offences		0.53 0.49
13. Multiple Sex Offence Types	0.5 **0.7**	16. Escalation in Frequency or Severity of Sex Offences		0.48 **0.64**
20. Negative Attitude Toward Intervention	0.52 0.57	17. Extreme Minimisation/Denial of Sex Offences		0.49 0.49
		18. Attitudes that Support or Condone Sex Offences		0.53 0.53
		19. Lacks Realistic Plans		0.52 **0.65**
Average AUC Recidivism Factors	**0.583**	**Average AUC Associated/Unclear Factors**		**0.544**

Barbaree and colleagues (2008) and Rettenberger, Boer, and Eher (2011) both had large sample sizes, and generally found that AUC scores were small to moderate, with only six items (Sexual Deviation, Past Supervision Failures, High Density Sex Offences, Multiple Sex Offence types, Escalation in Frequency or Severity of Sex Offences, Lacks Realistic Plans) showing good predictive validity on one study. Factors empirically linked to recidivism had a slightly higher average AUC score than factors that were associated to sexual recidivism or unclear as previously documented.

The SVR-20 manual details the following: *"evaluators should be cautious about basing judgments of risk factors that are not supported by the scientific and professional literature, and should be prepared to provide a persuasive or compelling reason for doing so"* (Boer et al., 1997, p.19). Therefore, any decision making based on the results of associated or unclear SVR-20 risk factors should be interpreted with caution and provide clarity about the lack of causal association with sexual recidivism. This can be problematic when weighing up an individual's risk, particularly when considering them as "low" "moderate" or "high" risk, as SVR-20 items may not be seen as equal to one another.

Clinical Application

A UK study was conducted in 29 NHS and independent medium secure forensic units; it found that the SVR-20 was perceived as the highest rated for usefulness in comparison to other similar measures and was used by most of the units questioned (Khiroya, Weaver, & Maden, 2009). Participants felt that the tool was valuable when being able to manage and summarise patient risk, was clinically useful, familiar to them, and had good validation and training (Khiroya et al., 2009). Non-white ethnicities are over-represented in the prison population and count for 26% (Sturge, 2018). In secure care, individuals who are of a black ethnicity are the most likely to be detained; the least likely ethnic group is white (NHS Digital, 2018). Non-white ethnicities are also over-represented in secure care populations (Mental Health Foundation, 2018).

The SVR-20 authors initially provided no guidelines for its application with intellectually disabled populations. Boer and colleagues (2010) suggested adaptations on scoring each item in order to deepen practitioners' thinking when interpreting results; these should be utilised when assessing an individual with intellectual disability. There is also no guidance in the SVR-20 manual about its specific use with males and females, but all research found by the author was on an entirely male sample. Without an adapted version of the tool aimed for use with female offenders, it may be the case

that the SVR-20 assessment is being conducted on female sexual offenders in clinical practice.

The Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003) was created as a response for a need to update the SVR-20. It aims to address missing information from the SVR-20 manual such as a lack of focus on non-intimate relationships, and social skills. Its predominant use is to aid risk formulation but not risk prediction, and to be used with both male and female offenders. Despite this, numerous studies have explored its predictive validity (detailed in Jones & Milton, 2016), suggesting that the tool, like the SVR-20, is used for predicting sexual violence recidivism and to aid decision making for offenders. The RSVP adds a new relevance score for each item in order to help the assessor consider how a factor may relate to offence formulation and an individual's offending.

Using the SVR-20 or the RSVP in secure care in order to understand sexual recidivism risk can be a valuable clinical exercise, but these tools are also commonly used to help decision making with serious implications on individuals' lives. This includes aiding decisions about moving to another level of security, release from secure care or prison, or sentencing options, as witnessed by the author and their colleagues. Given the limitations of the SVR-20 tool in terms of a lack of recent research and a non-diverse sample, this should be approached with caution. Research to date has also shown a dearth of prospective studies that are not solely based on file

review (Rettenberger et al., 2011). In clinical practice, assessments based solely on file review are discouraged, as well as adding up total item scores. This is widely done in research relating to the SVR-20. Lastly, research samples concerning the reliability and the validity of the SVR-20 are comprised predominantly of contact sexual offenders, and those that include noncontact sexual offenders often do not identify indecent exposure offenders.

Discussion

The SVR-20 is a structured professional judgement tool that is designed to assess the risk of sexual violence recidivism and help prevent future sexual offending. It is a commonly used measure, its use being recommended by the Department of Health. This report aimed to provide a critique of the SVR-20 in relation to research concerning its reliability, validity and clinical utility with forensic populations in prisons, secure care and community settings. The critique had an additional focus on the utility of the SVR-20 with offenders who have committed indecent exposure. The prediction of future sexual offending is important, particularly due to the increased reporting of sexual offending, and the myriad of potential impacts upon victims of sexual violence.

Limitations

The concurrent validity of the SVR-20 is strong with the SORAG, PCL-R, PCL-SV, and HCR-20 + 3. These results are limited by the lack of studies involved and samples that do not reflect the variety of ethnic groups included in the sexual offender cohort in the UK. Results also have a strong focus on samples of contact sexual offenders and therefore cannot be applied unilaterally to indecent exposure offenders. These limitations are seen across all research into both the reliability and validity of the SVR-20.

Recommendations

Reliability

The inter-rater reliability of the SVR-20 to date is good, however the results found by this study were two papers with small sample sizes, the majority of which were contact sexual offenders. More research therefore is required in this area, in particular with community-based samples with a more diverse ethnic makeup. The reliability of the SVR-20 in terms of its internal reliability, and test-retest reliability also require further investigation to increase the tool's overall reliability for all types of sexual offending.

Validity

This critique assessed face, concurrent, and predictive validity of the SVR-20.

Face Validity

Face validity of the tool can be different depending on what the practitioners and researchers deem is the purpose of the measure. This paper's argument is that if the SVR-20 is taken as a tool to help practitioners to improve risk management and concerns itself with factors associated with sexual violence risk, its face validity is good. However, as the SVR-20 is currently used to prevent and predict recidivism, and to support decisions that are made alongside this, its face validity is called into question. The inclusion of risk factors that are not empirically supported predictors of sexually violent recidivism also decreases the tool's face validity. Mann and colleagues (2010) recommended utilising a mixture of empirical evidence alongside psychologically informed reasoning about how each risk factor relates to offence formulation. This view is supported by this paper in order to update the SVR-20, and to improve the use and ethics of the tool in practice. More research is needed into the face validity of the SVR-20, including the integration of studies that examine factors predictive of sexual recidivism. This will help to determine factors that are empirically linked to recidivism with more diverse populations.

Item Face Validity

In order to understand the relationship between denial and minimisation with prediction of sexual recidivism, an acknowledgement of the different sexual offender and victim typologies is needed (Langton et al., 2008). It is recommended to explore both the function and origin of any denial and minimisation that occurs on an individual basis to understand its relation (or lack of) to sexual re-offending. Making decisions based solely on the presence of this risk factor without this clinical understanding will lead to poor treatment choices and inaccurate risk assessment. Mann and colleagues (2010) also recommended a mixture of both empirical evidence alongside a psychologically driven explanation of the relevance, function, and aetiology of each risk factor for an individual. If practitioners include associated or unclear SVR-20 risk factors in their assessments, it is recommended that a relevance score be added, as used in the Historical Clinical Risk Management-20 Version 3 (HCR-20V3: Douglas et al., 2013).

Further research is required to analyse the crossover between risk factors that are predictive of sexual recidivism in research, and SVR-20 items. In relation to the tool's face validity to assess indecent exposure recidivism and escalation, the items that seem most relevant to this typology of offender are 'sexual deviation', 'victim of child abuse', 'psychopathy', 'substance use problems', 'past non-sexual violent offences', 'past nonviolent offences', 'high density offences', and 'multiple offence types'.

It is recommended that decisions about risk and treatment recommendations for offenders who have committed indecent exposure could have a stronger focus on the above items, with the proviso that the research in this area is limited.

Predictive Validity

The overall predictive validity of the SVR-20 is moderate to strong in research to date. The predictive validity of individual risk factors was also critiqued. Generally individual factors showed small to moderate effect sizes in a small number of studies. It is therefore recommended that until the empirical evidence is clearer about factors related to sexual recidivism, decisions based upon SVR-20 scores or risk levels should be approached with caution. The majority of research samples were contact offenders and tended not to identify indecent exposure offenders, therefore further research is required into the predictive validity of the tool with more diverse samples of sexual offending.

Future research needs to be conducted into the predictive validity of individual risk factors of the SVR-20 and amalgamated with research concerning general predictors of sexual recidivism. Until the evidence is clearer, it is recommended that the tool be used for risk management purposes rather than predicting future sexual violence and aiding decisions made about individuals' recidivism risk.

Clinical Application

Clinical use of the SVR-20 draws up a number of questions. Authors recommend collecting multiple sources of information as evidence for and against each risk factor, including clinical interview where possible. There is however no guidance on how to conduct interviews with those who are being assessed, which increases the level of subjectivity involved when collecting evidence. Differentiating between how to score individual item scores as "Yes" or "?" is also a subjective practice, and practitioners are likely to score in the direction of "Yes" to manage potential risk, hence increasing bias towards the offender. Similarly, scoring the overall SVR-20 score as "Low", "Moderate", or "High" is determined by clinical judgement. This is problematic particularly when communicating results of the SVR-20, as the assessor, scorer, and receiver of them will have their own interpretation about what each level of risk will mean personally to them.

The SVR-20 is currently being used with adult males in secure care in the UK, despite no published research available about the tool dating after 2011. As aforementioned, research to date is not representative of the UK prison or secure care offender population. Further to this, there is no research conducted with females, therefore it is not recommended to use the SVR-20 with this population. The RSVP is recommended as an alternative for risk management and formulation purposes, not as a tool to predict sexually violent recidivism. Boer and colleagues (2010) created an

adaptation of the SVR-20 to use with intellectually disabled offenders, which should be used with this cohort.

The author of this psychometric critique has used it in practice with an adult sex offender of mixed ethnicity in low secure forensic inpatient care. Given that the majority of all samples are white Caucasian males this is problematic when applying the tool to adult males of differing ethnicities, as the tool has not been appropriately validated with these populations. It is recommended that the SVR-20 not be used with any populations in which there is not validated research without due care and caution and specific outline of the tool's limitations.

An informal survey of professional colleagues revealed that practitioners are still using the SVR-20 despite the release of the RSVP. The SVR-20 has been recently used in both forensic medium and low security and locked rehabilitation inpatient wards with adult males, and as aforementioned, by the author in low secure care. This is clinically problematic, as research conducted on the reliability and validity of the SVR-20 has not been updated since 2011 and contains a lack of community populations; no new samples have been used to reflect the intersectional and changing nature of the offender population.

Lastly, although SVR-20 item scores should be based on evidence for and against each risk factor, it does not consider protective factors as a

separate entity. Assessment of protective factors for sexual offenders is an important step forward in improving predictive validity, decreasing the over-estimation of risk and bias, and to provide a more holistic and de-stigmatised view of perpetrators of sexual offences (de Vries Robbe et al., 2015). It is recommended when using the SVR-20 in a clinical setting, a tool such as the SAPROF (SAPROF: Yoon, Spehr, & Briken, 2011) should be used alongside it to address this limitation.

Indecent exposure offenders are often categorised as noncontact sexual offenders, and this sample of individuals are significantly underrepresented in research concerning the SVR-20's reliability and validity. For this reason, it is recommended that a structured professional judgement sexual violence risk assessment tool such as the RSVP be used for indecent exposure offenders if they do not have previous contact sexual offending convictions. This is a tentative suggestion due to the lack of other measures specifically made for those who indecently expose. The assessment process should place more emphasis on factors associated with the research concerning indecent exposure recidivism and escalation, as supported by the literature in this area (Hanson & Bussière, 1998; Wakeling, Mann & Carter, 2012).

Public Perception

The public perception and law concerning sexual offending has also changed in recent years, with increases and development of internet crime, and more public openness and reporting of sexual offending (Office for National Statistics, 2018). Knowledge of less serious sexual offending such as harassment has also been developing within the public consciousness, and with the emergence of #everdaysexism and #metoo in the international public arena, what is and is not classified as sexual offending has changed, as well as solidarity between victims for reporting crime (everyday sexism project, n.d.; me too., n.d.). Without an update to the SVR-20, it is unclear whether or not the SVR-20's definition of sexual violence as "actual, attempted or threatened sexual contact" would include these recent developments or the nuances that are included within them (Boer et al., 1997, p. 9).

Conclusion

Overall, it is suggested that the SVR-20 is a useful tool in risk management for adult white male offenders, but is not recommended in prediction of risk of sexual recidivism or to significantly influence decisions related to sexual offence recidivism and future risk, for example, at trial. The tool requires updating by using more current research with diverse populations into

factors predictive of sexual violence recidivism in order to improve both its clinical utility and application.

CHAPTER SIX

Discussion

The overarching aim of the current thesis was to build on previous research in the area of indecent exposure, with a particular contribution to the female victim experience. The purpose of the empirical research study presented in Chapter Two and the subsequent systematic review outlined in Chapter Three was to provide new work related to victims' decision making about reporting indecent exposure and sexual offending to criminal justice professionals; this was completed in order to inform future research and practice. Chapters Four and Five present new work focusing on indecent exposure offending and sexual violence risk assessment.

Chapter Two presented an empirical study with a mixed methodology design about victims' and non-victims' perceptions of indecent exposure. The aims of the study were to define exposure from a female perspective, increase understanding of the offence's seriousness, and explore decision making regarding reporting to the police. Analysis of answers to an online questionnaire encompassing three vignettes with differing threat levels of indecent exposure presented a number of findings. The most statistically significant of these was that across all three vignettes there was a relationship between victims reporting to the police, and victims benefitting from the experience of doing so. From results of the two vignettes with

higher levels of threat to victims, there was a relationship between victims reporting to the police, and level of threat from the offender. Quantitative analysis also found that participants who identified as a victim had significantly lower threat and illegality scores, suggesting that they are more likely to see hypothetical situations of indecent exposure as less dangerous. This is to be interpreted with caution as there are likely to be a number of confounders that will have contributed to this finding.

Interpretative phenomenological analysis of six semi-structured interviews with victims of indecent exposure revealed the following superordinate themes; indecent exposure doesn't fit, stereotypes, victims attempt to create rules about what is and isn't offending, offending journey, the involvement and protection of others and victims doubting their voices. The findings from the empirical study suggested that indecent exposure is an offence that is broad in its definition and understanding, and due to this, may not always be viewed as a criminal act. Victims of indecent exposure may not come forward in order to avoid interacting with the criminal justice system. Other reasons behind this include victims not reporting due to following advice from those they disclosed to, and the belief that they won't personally gain anything from the experience.

One of the limitations of this study is the focus on hypothetical female victims, and male perpetrators of indecent exposure. This choice of gender was utilised in order to adhere to the most common typologies of offenders

and victims in this crime (APA, 2013; ONS, 2018; ONS, 2020). The recruited sample were mainly white women, which is not representative of current indecent exposure victims, whom are more likely to be mixed, black, or black British ethnicities (ONS, 2018). Implications due to this are that the research only gives a voice to a minority of victims who may have experienced more privilege if they chose to report the offence to the police. Quantitative findings are also only representative of female perspectives of indecent exposure. Recommendations from Chapter Two suggest future research with a more diverse sample of victims, including larger age groups, different ethnicities and cultural beliefs, and samples of people whom victims chose to disclose to and police officers.

To examine whether qualitative data regarding reporting indecent exposure extrapolated to victims of sexual offending, a systematic review was conducted in Chapter Three. The primary research aim of the review was to promote understanding of victims' experiences pre, during and after the decision to report sexual violence to the police. Key findings from the thematic synthesis consisted of the following six analytical themes; internal and external sexual violence myths, reporting means victim punishment and loss, the perfect victim, victim value systems, police as a barrier and positive reporting experiences. Similar to Chapter Two, the police were highlighted as a barrier to reporting; results of the review also highlighted that sexual violence myths are present both in the public sphere, and in victims' belief systems.

The review's limitations were similar to that of the empirical study as the sample was only representative of white female victims' voices talking about male sexual offenders. The majority of included studies in the review were not specific about which type of sexual offending was being discussed but were limited to contact sexual offending. Due to the wide-ranging nature of sexual offending, this is problematic. Recommendations from this study for practice in the UK are tentative due to the review results containing samples from only America and Canada. This points to a lack of international research concerning female victims' experiences of reporting sexual violence, and a suggestion therefore is conducting more work of this nature. Additional recommendations include further research into how institutions can help throughout the reporting process to prevent re-victimisation.

After Chapter Three, the area of research moves focus from victimisation to an offender of indecent exposure. Chapter Four concerns a Case Study of Mr K, an adult male exposer and sexual offender. Findings from sexual violence risk assessment, formulation and recommendations for risk management and treatment were detailed. Mr K's comorbidities of schizophrenia, substance misuse and potential antisocial personality disorder are in adherence with literature of those with exhibitionistic disorder (APA, 2013). The formulation of Mr K's indecent exposure and other sexual offending involved a consolidation of some core beliefs in relation to his behaviour. His primary motivation to offend appeared to be

in order to 'treat' himself and 'get some kind of attention'. His impetus for offending is in line with other research describing motivators for sexual offending (Brown & Kloess, 2020; Grelf, 2018; Mann & Hollin, 2007).

Limitations of this work included Mr K's refusal to take part in a personality assessment; greater insight into his personality profile could have helped to understand his level of empathy towards his victims, his responsivity and presentation in psychological sessions, and level of engagement in future treatment. There was also a lack of information about the aetiology and detail of Mr K's schizophrenia which may have influenced the formulation.

One of the pertinent areas of the Case Study was how denial fitted into Mr K's formulation and risk assessment; this prompted an exploration of the motivation behind Mr K's denial. A review of the literature aided the hypothesis that Mr K's behaviour was due to feelings of shame (Craissati, 2015; Hatton & Duff, 2019; Marshall et al., 2009). Treatment recommendations included guidance on how to work with Mr K's denial and to instead focus on how to alleviate shame due to its association with sexual violence recidivism.

Chapter Five outlines a critique of the SVR-20 with a particular focus on its overall predictive validity and that of its individual risk factors. The critique also explores the SVR-20's utility for indecent exposure offenders and their likelihood of recidivism and escalation. Results of the critique highlighted

good inter-rater reliability and concurrent validity, but weaker face validity and predictive accuracy of the tool. Study samples were largely contact sexual offenders, therefore recommendations for use of the tool for indecent exposure offenders without prior contact sexual offending convictions were tentative.

Limitations of Chapter 5 were that study samples were not representative of the ethnic makeup of the UK sexual offending population, therefore recommendations about applicability with this cohort are cautious. Recommendations from the critique conclude that the SVR-20 should not be used with sexual offender populations for the purpose of predicting offending, but rather as a tool to aid risk management for adult white male offenders. For indecent exposure offenders, practitioners should consider the research outlined in this thesis related to indecent exposure recidivism and escalation in particular and increase focus on risk factors that encompass this.

Considering the thesis as a whole, it is clear that more research is needed into the offence of indecent exposure. At present, studies related to victimisation are limited and mostly quantitative in nature. Although structured professional judgement tools can aid assessment of indecent exposure offenders, they are limited by the research base's focus on predictive accuracy instead of reducing reoffending (Beech, Craig, & Browne, 2009; Tully, Chou, & Browne, 2013). Individual risk factors in

structured professional judgement tools may not have strong empirical relationships with prediction of sexual recidivism, therefore it is recommended that they are used with caution in clinical settings.

A pertinent result from the empirical study was that indecent exposure research is limited due to the fact that it is often grouped with other sexual offence types. Future research in this area could involve a concerted effort for exposure to be recorded separately and in its own right. Further to this, there is more research that is centred on the experiences of victims of contact sexual offending and those who commit it. Indecent exposure is a broad offence; examples range from an individual streaking at a sporting event, to another masturbating in a public space to a victim who is alone at night. The current definition of indecent exposure by the Sexual Offences Act does not categorise these variations and what they might mean for management of offenders and victims (Legislation.gov.uk, 2020).

It is important to acknowledge the current political and cultural climate when considering recommendations for future research and practice in the area of indecent exposure and other sexual offending. Despite changes in law making and policy around sexual offending and women's rights, societal sexual violence myths prevail in the public opinion of the UK (Rape Crisis, 2020a; The Survivors Trust, n.d.) If one is to consider indecent exposure's place in the hierarchy of sexual offending, it is likely that these myths are more prevalent in the thinking around this crime. Results from Chapters

Two and Three suggest that sexual violence myths endure in the mind-set of its victims, the people they choose to disclose to, the general public, and the criminal justice system. To improve this, it is recommended that the offence definition of indecent exposure could be improved and reworded to appreciate the nuances of the crime, particularly around offender intention. This could lead to wider publication and knowledge of the crime. Increased public awareness in general of indecent exposure is recommended; it is a sad truth that the sexual crimes committed against Sarah Everard have helped this cause, but it is clear that more needs to be done to decrease victimisation.

Both Chapters Two and Three point to female victims having a poor opinion of the criminal justice system, and treatment by the police. This is comparable to research regarding why victims may choose not to report sexual offending (ONS, 2018). It is suggested that these attitudes might benefit from interventions to shift them in order to increase reporting and the positive outcomes from doing so. Conducting research with individuals who work at the point of contact with victims of sexual offending is recommended. This will enable further understanding of victim and criminal justice professionals' perspectives of this issue, and guide future interventions to increase reporting and positive experiences for victims.

Individuals who are convicted of indecent exposure are categorised as sexual offenders, and are put onto the sexual offender register in the UK

(Home Office, 2017b). Stigmatisation of sexual offenders in the UK is rife, with both the media and public opinion depicting them as beasts or perverts, whom are often not worthy of rehabilitation or compassion (Challinor & Duff, 2019). Media reports of convicted sexual offenders also tend to portray sexual offence cases inaccurately (Challinor & Duff, 2019). Whilst this public opinion persists, it is easy to comprehend why those who are at risk of sexual offending or have prior convictions may deny or minimise their behaviours. People don't like to be stigmatised, therefore the presence of denial may be a protective factor for some offenders, as they do not want to commit offences that result in stigmatisation. They may instead want to distance themselves from feelings of shame and create a new identity that is not one of a sexual offending; this thought process has been suggested as important for desistance of sexual violence (Craissati, 2015). However, research has suggested that practitioners find offenders difficult to assess and treat if they do not admit guilt, and struggle with the notion that sexual offenders who deny their offences are not higher risk (Craissati, 2015). This could be due to a sense of morality and feeling for victims rather than being guided by desistance literature (Craissati, 2015). This was witnessed during my work with Mr K, as well as in professional practice. Learning from the thesis proposes challenging this notion when working with teams and individuals who come across sexual offenders, as well as an acknowledgement that practitioners that work in this area will need to observe and challenge their own internal biases about

those who sexually offend in order to accurately assess and treat them, and inevitably better protect the public.

Structured professional judgement tools have been considered best practice for the assessment of sexual offenders (Beech, Craig, & Browne, 2009). Unfortunately, as in the case of the SVR-20, they are not always driven by wholly empirically relevant risk factors. A more holistic approach to assessment of indecent exposure is recommended, including a variety of the following approaches: individual formulation, file review, collaborative working with relevant professionals, and regular observations. When considering structured professional judgement for indecent exposure offenders, it is recommended that practitioners be guided by research for this particular cohort alongside this.

To conclude, this thesis increases understanding of female victims' and non victims' experiences of indecent exposure and suggests further public education on the topic. It provides a case study of an exposer and critique of the SVR-20 assessment tool as a means of providing an example of working with an offender, and the limitations of a structured professional judgement tool.

References

Ahrens, C.E. (2006). Being Silenced: The Impact of Negative Social Reactions on the Disclosure of Rape. *American Journal of Community Psychology, 38*(3-4), 263-274. doi: 10.1007/s10464-006-9069-9.

Allen, P.J., & Bennett, K. (2007). *SPSS for the Health and Behavioural Sciences.* Victoria: Thomson Learning.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Archer, R.P., Buffington-Vollum, J.K., Vauter Stredny, R., & Handel, R.W. (2006). A Survey of Psychological Test Use Patterns Among Forensic Psychologists. *Journal of Personality Assessment, 87*(1), 84-94. doi: 10.1207/s15327752jpa8701_07.

Bader, S.M., Schoeneman-Morris, K.A., Scalora, M.J., & Casady, T.K. (2008). Exhibitionism: Findings From a Midwestern Police Contact Sample. *International Journal of Offender Therapy and Comparative Criminology, 52*(3), 270-279. doi: 10.1177/0306624X07307122.

Barbaree, H.E., Langont, C.M., Blanchard, R., & Boer, D.P. (2008). Predicting Recidivism in Sex Offenders Using the SVR-20: The Contribution of Age-at-release. *International Journal of Forensic Mental Health, 7*(1), 47-64. doi: 10.1080/14999013.2008.9914403.

Barnett-Page, E. & Thomas, J. (2009). Methods for the synthesis of qualitative research: a critical review. *BMC Medical Research Methodology, 9*(59), 1-11. doi: 10.1186/1471-2288-9-59.

Beech, A.R., Craig, L.A., & Browne, K. (2009). *Assessment and Treatment of Sex Offenders: A Handbook.* West Sussex: Wiley-Blackwell.

Bellack, A.S., Bennett, M.E., Gearon, J.S., Brown, C.H., & Yang, Y. (2006). A randomized clinical trial of a new behavioural treatment for drug abuse in people with severe and persistent mental illness. *Archives of general psychiatry, 63*(4), 426-432. doi: 10.1001/archpsyc.63.4.426.

Biswas, S. (2008*). Dopamine D3 receptor: A neuroprotective treatment target in Parkinson's disease*. Retrieved from ProQuest Digital Dissertations (AAT 3295214).

Boer, D.P., Hart, S.D., Kropp, P.R., & Webster, C.D. (1997). *Manual for the Sexual Violence Risk - 20: Professional Guidelines for Assessing Risk of Sexual Violence*. Vancouver: The Mental Health, Law, & Policy Institute.

Brown, C., Epstein, A., James, M., & Jasso, C. (Executive Producers). (2021). *Channel 4 News* [TV series]. ITN.

Brown, K.M., & Kloess, J.A. (2020). The motivations of female child sexual offenders: A systematic review of the literature. *Aggression and Violent Behavior, 50.* doi: 10.1016/j.avb.2019.101361.

Campbell, R. (2006). Rape Survivors' Experiences With the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference? *Violence Against Women, 12*(1), 30-45. doi: 10.1177%2F1077801205277539.

Carbone-Lopez, K., Slocum, L.A., & Kruttschnitt, C. (2016). "Police Wouldn't Give You No Help": Female Offenders on Reporting Sexual Assault to Police. *Violence Against Women, 22*(3), 366-396. doi: 10.1177/1077801215602345.

CASP. (2018). *CASP Checklists.* Retrieved from https://casp-uk.net/casp-tools-checklists/.

Challinor, L., & Duff, S. (2019). Factors influencing the development of attitudes towards men who sexually offend and the impact on their care and treatment: A systematic review of literature between 1985 and 2015. *Aggression and Violent Behavior, 41*, 98-107. doi: 10.1016/j.avb.2018.06.001.

Clarke, A.K. (2014). *In The Eyes of The Law: Survivor Experiences and Image Construction Within Sexual Assault Cases.* Retrieved from https://tspace.library.utoronto.ca/handle/1807/68431.

Clark, S.K., Jeglic, E.L., Calkins, C., & Tatar, J.R. (2016). More Than a Nuisance: The Prevalence and Consequences of Frotteurism and Exhibitionism. *Sexual Abuse: A Journal of Research and Treatment,* 28(1), 3-19. doi: 10.1177/1079063214525643.

Clay-Warner, J., & McMahon-Howard, J. (2009). Rape reporting: "Classic Rape" and the behaviour of law. *Violence and victims, 24*(6), 723-743. doi: 10.1891/0886-6708.24.6.723.

Cohn, A.M., Zinzow, H.M., Resnick, H.S., & Kilpatrick, D.G. (2012). Correlates of Reasons for Not Reporting Rape to Police: Results From a National Telephone Household Probability Sample of Women With Forcible or Drug-or-Alcohol Facilitated/Incapacitated Rape. *Journal of Interpersonal Violence, 28*(3), 455-473. doi: 10.1177/0886260512455515.

Coolican, H. (1999). *Research Methods and Statistics in Psychology* (3rd ed.). London: Hodder & Stoughton.

Craig, L.A., Browne, K.D., Beech, A., & Stringer, I. (2006). Differences in Personality and Risk Characteristics in Sex, Violent, and General Offenders. *Criminal Behaviour and Mental Health, 16*(3), 183-194. doi: 10.1002/cbm.618.

Craig, L.A., Browne, K.D., & Beech, A.R. (2008). *Assessing Risk in Sex Offenders: A Practitioner's Guide*. West Sussex: John Wiley.

Craissati, J. (2015). Should we worry about sex offenders who deny their crimes? *Probation journal: The journal of community and criminal justice, 62*(4), 395-405. doi: 10.1177/0264550515600543.

Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.

Dennis, J.A., Khan, O., Ferriter, M., Huband, N., Powney, M.J., & Duggan, C. (2012). Psychological interventions for adults who have sexually offended or are at risk of offending. *Cochrane Database of Systematic Reviews, 2012*(12). doi: 10.1002/14651858.CD007507.pub2.

De Vogel, V., de Ruiter, C., van Beek, D., & Mead, G. (2004). Predictive Validity of the SVR-20 and Static-99 in a Dutch Sample of Treated Sex Offenders. *Law and Human Behaviour, 28*(3), 235-251. doi: 0147-7307/04/0600-0235/1.

De Vries Robbe, M., Mann, R.E., Maruna, S., & Thornton, D. (2015). An Exploration of Protective Factors Supporting Desistance from Sexual Offending. *Sexual Abuse: A Journal of Research and Treatment, 27*(1), 16-33. doi: 10.1177/1079063214547582.

Dempster, R.J. (1998). *Prediction of Sexually Violent Recidivism: A Comparison of Risk Assessment Instruments.* Unpublished Masters Thesis, Department of Psychology, Simon Fraser University, Burnaby, Canada.

Dietiker, J., Dittmann, V., & Graf, M. (2007). Risk assessment of sex offenders in a German-speaking sample. Applicability of PCL-SV, HCR-20+3, and SVR-20. *Nervenarzt, 78*(1), 53-61. doi: 10.1007/s00115-006-2110-2.

Douglas, K.S., Hart, S.D., Webster, C.D., & Belfrage, H. (2013). *HCR-20V3: Assessing risk of violence – User guide*. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.

Doyle, M., & Dolan, M. (2008). Understanding and managing risk. In K. Soothill, P. Rogers & M. Dolan (Eds.), *Handbook of Forensic Mental Health* (244-266). Devon: Willan Publishing.

Dylan, A., Regehr, C., Alaggia, R. (2008). And Justice for All? Aboriginal Victims of Sexual Violence. *Violence Against Women, 14*(6), 678-696. doi: 10.1177/1077801208317291.

Everyday Sexism. (n.d.). *The everyday sexism project: about.* Retrieved from https://everydaysexism.com/about.

Field, A. (2013*). Discovering Statistics Using IBM SPSS Statistics* (4th ed.). London: SAGE.

Firestone, P., Kingston, D.A., Wexler, A., & Bradford, J.M. (2006). Long-Term Follow-up of Exhibitionists: Psychological, Phallometric, and Offense Characteristics. *Journal of the American Academy of Psychiatry and the Law, 34*(3), 349-359.

Gallo, A. (2020). Treatment for Non-Contact Sexual Offenders: What We Know and What We Need. Sexual Addiction & Compulsivity, 27(1-2), 149-163. doi: 10.1080/10720162.2020.1751359.

Goghari, V.M. (2017). Personality dimensions in schizophrenia: A family study. *Psychiatry Research, 251*, 162-167. doi: 10.1016/j.psychres.2017.01.040.

Grelf, D. (2018). Male Sexual Assault of Women: Origins, Motivations and Treatment. *Contemporary Psychoanalysis, 54*(4), 778-788. doi: 10.1080/00107530.2018.1528587.

Guy, L. (2008). *Performance Indicators of the Structured Professional Judgement Approach for Assessing Risk for Violence to Others: A Meta-Analytic Survey*. Retrieved from https://www.researchgate.net/publication/267820778_Performance_Indicators_of_the_Structured_Professional_Judgment_Approach_for_Assessing_Risk_for_Violence_to_Others_A_Meta-Analytic_Survey?enrichId=rgreq-88220d426006556ed4a997d22e201f9c-XXX&enrichSource=Y292ZXJQYWdlOzI2NzgyMDc3ODtBUzoyNTcyOTQwMzAwNzc5NTNAMTQzODM1NTA4NTI4OA%3D%3D&el=1_x_2&_esc=publicationCoverPdf.

Hanson, R.K., & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. Journal of Consulting and Clinical Psychology, 66(2), 348-362. doi: 10.1037/0022-006X.66.2.348.

Hanson, R.K., & Morton-Bourgon, K. (2004). *Predictors of Sexual Recidivism: An Updated Meta-Analysis*. Retrieved from https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2004-02-prdctrs-sxl-rcdvsm-pdtd/index-en.aspx.

Hare, R.D. (2003). *Hare Psychopathy Checklist-Revised: (PCL-R)* (2nd ed.). Canada: MHS.

Hart, S.D., Kropp, P.R., Laws, D.R., Klaver, J., Logan, C., & Watt, K.A. (2003). *The Risk for Sexual Violence Protocol (RSVP): Structured professional guidelines for assessing risk of sexual violence.* Burnaby, Canada: Mental Health, Law, & Policy Institute, Simon Fraser University.

Hart, S.D., & Boer, D.P. (2009). Structured Professional Judgement guidelines for sexual violence risk assessment: The Sexual Violence Risk-20 (SVR-20) and Risk for Sexual Violence Protocol (RSVP). In R.K. Otto & K.S. Douglas (Eds.), *Handbook of Violence Risk Assessment* (269-294). Oxford: Routledge.

Hart, S.D. & Logan, C. (2011). Formulation of Violence Risk Using Evidence-Based Assessments: The Structured Professional Judgement Approach. In P. Sturmey & M. McMurran (Eds.), *Forensic Case Formulation* (83-106). West Sussex: John Wiley. doi: 10.1002/9781119977018.

Hatton, V.A., & Duff, S. (2019). Delivering an intervention to a young person minimising his harmful sexual behaviour – a practice case study. *Journal of Sexual Aggression, 25*(2), 207-222. doi: 10.1080/13552600.2018.1551499.

Haviv, N. (2016). Reporting Sexual Assaults to the Police: the Israeli BDSM Community. *Sexuality Research and Social Policy, 13*(3), 276-287. doi: 10.1007/s13178-016-0222-4.

Hayes, R.M., Lorenz, K., & Bell, K.A. (2013). *Victim Blaming Others: Rape Myth Acceptance and the Just World Belief. Feminist criminology, 8*(3), 202-220. doi: 10.1177/1557085113484788.

Heath, N.M., Lynch, S.M., Fritch, A.M., & Wong, M.M. (2013). Rape Myth Acceptance Impacts the Reporting of Rape to the Police: A Study of Incarcerated Women. *Violence Against Women, 19*(9), 1065-1078. doi: 10.1177%2F1077801213501841.

Helmus, L., Hanson, K.R., Babchishin, K.M., & Mann, R.E. (2013). Attitudes Supportive of Sexual Offending Predict Recidivism: A Meta-Analysis. *Trauma, Violence, & Abuse, 14*(1), 34-53. doi: 10.1177/1524838012462244.

Her Majesty's Prison & Probation Service and NHS England. (2020). *Practitioner Guide: Working with people in the Criminal Justice System showing Personality Difficulties.* Retrieved from https://www.gov.uk/government/publications/working-with-offenders-with-personality-disorder-a-practitioners-guide.

Holloway, I. (1997). *Basic Concepts for Qualitative Research.* Oxford: Blackwell Science.

Home Office. (2017a). *Statistical News Release – Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/632158/drug-misuse-2017-hosb1117snr.pdf.

Home Office. (2017b). *Changes to notification requirements for registered sex offenders: information for victims.* Retrieved from https://www.gov.uk/government/publications/changes-to-notification-requirements-for-registered-sex-offenders-information-for-victims.

Hopkins, T.A., Green, B.A., Carnes, P.J., & Campling, S. (2016). Varieties of Intrusion: Exhibitionism and Voyeurism. *Sexual Addiction & Compulsivity: The Journal of Treatment & Prevention, 23*(1), 4-33. doi: 10.1080/10720162.2015.1095138.

Jones, L. & Milton, E. (2016). *Risk of Sexual Violence Protocol (RSVP): A real world study of the reliability, validity and utility of a structured professional judgement instrument in the assessment and management of sexual offenders in South East Scotland.* Retrieved from https://www.researchgate.net/publication/294718597_Risk_of_Sexual_Violence_Protocol_RSVP_A_real_world_study_of_the_reliability_validity_and_utility_of_a_structured_professional_judgement_instrument_in_the_assessment_and_management_of_sexual_offenders_.

Joyal, C.C., & Carpentier, J. (2017). The Prevalence of Paraphilic Interests and Behaviors in the General Population: A Provincial Survey. *The Journal of Sex Research, 54*(2), 161-171. doi: 10.1080/00224499.2016.1139034.

Judges, R., Egan, V., & Broad, G. (2016). A Critique of the Historical Clinical Risk-20, Version 3, Risk Assessment Instrument. *Journal of*

Forensic Psychology Practice, 16(4), 304-320. doi: 10.1080/15228932.2016.1196102.

Kazdin, A.E. (1998). *Research Design in Clinical Psychology* (3rd ed.). London: Allyn & Bacon.

Khan, O., Ferriter, M., Huband, N., Powney, M.J., Dennis, J.A., & Duggan, C. (2015). Pharmacological interventions for those who have sexually offended or are at risk of offending. *Cochrane Database of Systematic Reviews, 2015*(2). doi: 10.1002/14651858.CD007989.pub2.

Khiroya, R., Weaver, T., & Maden, T. (2009). Use and perceived utility of structured violence risk assessments in English medium secure forensic units. *Psychiatric Bulletin, 33*(4), 129-132. doi: 10.1192/pb.bp.108.019810.

Kline, P. (2000). *Handbook of Psychological Testing* (2nd ed.). London: Routledge.

Koo, T.K., & Li, M.Y. (2016). A Guideline of Selecting and Reporting Intraclass Correlation Coefficients for Reliability Research. *Journal of Chiropractic Medicine, 15*(2), 155–163. doi: 10.1016/j.jcm.2016.02.012.

Kremer, S., Beintema, H., & Spreen, M. (2012). Ethical dilemmas in structured professional judgements. Ethical issues in risk assessments in forensic psychiatry: What does a prediction based on group data say about

an individual in his specific context? *GGzet Wetenschappelijk, 16*(1/2), 63-70.

Lang, R.A., Langevin, R., Checkley, K.L., & Pugh, G.M. (1987). Genital exhibitionism: Courtship disorder or narcissism? *Canadian Journal of Behavioural Sciences, 19(2),* 216-232. doi: 10.1037/h0080011.

Långström, N., & Seto, M.C. (2006). Exhibitionistic and Voyeuristic Behavior in a Swedish National Population Survey. *Archives of Sexual Behavior, 35*(4). 427-435. doi: 10.1007/s10508-006-9042-6.

Langton, C.M., Barbaree, H.E., Harkins, L., Arenovich, T., McNamee, J., Peacock, E.J., Dalton, A., Hansen, K.T., Luong, D., & Marcon, H. (2008). Denial and Minimisation Among Sexual Offenders. *Criminal Justice and Behaviour 35*(1), 69-98. doi: 10.1177/0093854807309287.

Legislation.gov.uk (2020). *Sexual Offences Act 2003 (Revised).* Retrieved from https://www.legislation.gov.uk/ukpga/2003/42/contents.

Lindquist, C.H., Crosby, C.M., Barrick, K., Krebs, C.P., & Settles-Reaves, B. (2016). Disclosure of sexual assault experiences among undergraduate women at historically black colleges and universities (HBCUs). *Journal of American college health, 64*(6), 469-480. doi: 10.1080/07448481.2016.1181635.

Living with Schizophrenia. (2020). *Facts and Figures.* Retrieved from https://www.livingwithschizophreniauk.org/facts-and-figures/.

Logan, T.K., Evans, L., Stevenson, E., & Jordan, C.E. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence, 20*(5), 591-616. doi: 10.1177/0886260504272899.

Lorenz, K.P. (2017). *Reporting Sexual Assault to the Police: Victim Experiences and the Potential for Procedural Justice.* Retrieved from https://indigo.uic.edu/handle/10027/22170.

Macpherson, G.J.D. (2003). Predicting escalation in sexually violent recidivism: Use of the SVR-20 and PCL:SV to predict outcome with non-contact recidivists and contact recidivists. The Journal of Forensic Psychiatry & Psychology, 14(3), 615-627. doi: 10.1080/14789940310001615470.

Mann, R.E., & Hollin, C.R. (2007). Sexual offenders' explanations for their offending. *Journal of Sexual Aggression, 13*(1), 3-9. doi: 10.1080/13552600701365621.

Mann, R.E., Hanson, K., & Thornton, D. (2010). Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors. *Sexual Abuse: A Journal of Research and Treatment, 22*(2), 191-217. doi: 10.1177/1079063210366039.

Marshall, W.L., Marshall, L.E., Serran, G., & O'Brien, M.D. (2009). Self-esteem, shame, cognitive distortion and empathy in sexual offenders: Their integration and treatment implication. *Psychology, crime & law, 15*(2-3), 217-234. doi: 10.1080/10683160802190947.

McNally, M., & Fremouw, W.J. (2014). Examining Risk of Escalation: A Critical Review of the Exhibitionistic Behavior Literature. *Aggression and Violent Behavior, 19*(5), 474-485. doi: 10.1016/j.avb.2014.01.001.

Me Too. (n.d.). *me too.: You are not alone.* Retrieved from https://metoomvmt.org/.

Mental Health Foundation. (2018). *Black, Asian and minority ethnic (BAME) communities.* Retrieved from https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities.

Ministry of Justice. (2017). *Offender Management Statistics Bulletin, England and Wales: Quarterly October to December 2016.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/610969/offender-management-statistics-bulletin-oct-dec-2016.pdf.

Ministry of Justice. (2018). *Description of CSAAP accredited programmes.* Retrieved from https://www.gov.uk/guidance/offending-behaviour-programmes-and-interventions.

Ministry of Justice. (2019). *National Statistics. Criminal Justice System statistics quarterly: June 2019.* Retrieved from https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-june-2019.

Moore, E.A., Green, M.J., & Carr, V.J. (2012). Comorbid personality traits in schizophrenia: prevalence and clinical characteristics. *Journal of*

Psychiatric Research, 46(3), 353-359. doi: 10.1016/j.jpsychires.2011.11.012.

Morrison, S.E., Bruce, C., & Wilson, S. (2018). Children's Disclosure of Sexual Abuse: A Systematic Review of Qualitative Research Exploring Barriers and Facilitators, *Journal of Child Sexual Abuse, 27*(2), 176-194. doi: 10.1080/10538712.2018.1425943.

Morse, J.M. (1994). Designing funded qualitative research. In Denizin, N.K. & Lincoln, Y.S. (Eds.), *Handbook of qualitative research* (220–235). Thousand Oaks, CA: Sage.

Muganyizi, P.S., Kilewo, C., & Moshiro, C. (2005). Rape against Women: The Magnitude, Perpetrators and Patterns of Disclosure of Events in Dar es Salaam, Tanzania. *African Journal of Reproductive Health, 8*(3), 137-146. doi: 10.2307/3583399.

Murphy, W.D., & Page, I.J. (2008). Exhibitionism: Psychopathology and Theory. In R.D. Laws, & W.T. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment, and Treatment* (2nd ed.) (pp. 61-75). Guilford Press.

National Institute for Health and Care Excellence. (2014). *Psychosis and schizophrenia in adults: prevention and management.* Retrieved from https://www.nice.org.uk/guidance/cg178.

NHS. (2018). *Overview: Post-traumatic stress disorder (PTSD).* Retrieved from https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/.

NHS Digital. (2018*). Detentions under the Mental Health Act.* Retrieved from https://www.ethnicity-facts-figures.service.gov.uk/health/access-to-treatment/detentions-under-the-mental-health-act/latest.

NHS England. (2018). *Strategic Direction for Sexual Assault and Abuse Services. Lifelong care for victims and survivors: 2018-2023.* Retrieved from https://www.england.nhs.uk/publication/strategic-direction-for-sexual-assault-and-abuse-services/.

nidirect. (n.d.). *Sexual violence and abuse: a definition.* Retrieved from https://www.nidirect.gov.uk/articles/sexual-violence-and-abuse-definition.

Nunes, K.L., Hanson, R.K., Firestone, P., Moulden, H.M., Greenberg, D.M., Bradford, J.M. (2007). Denial Predicts Recidivism for Some Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*(2), 91-105. doi: 10.1007/s11194-007-9041-8.

Office for National Statistics. (2017). *Statistical Bulletin: Crime in England and Wales: year ending June 2017.* Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/june2017#rise-in-police-recorded-sexual-offences.

Office for National Statistics. (2018). *Sexual offending: victimisation and the path through the criminal justice system. An overview of sexual offending in England and Wales, using a range of National Statistics and official statistics from across the crime and criminal justice system.*

Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffendingvictimisationandthepaththroughthecriminaljusticesystem/2018-12-13.

Office for National Statistics. (2019). *Crime in England and Wales: year ending September 2018.* Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2018#latest-figures.

Office for National Statistics. (2020). *Crime in England and Wales: year ending September 2019.* Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2019.

Office for National Statistics. (2021). *Historic sexual abuse convictions.* Retrieved from https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/historicsexualabuseconvictions.

Park, C.N. (2015). *A Phenomenological Investigation of the Reporting Experience for Female Survivors of Sexual Assault on College Campuses.* Retrieved from https://scholarworks.uno.edu/td/1978/.

Park, S.H., Kwon, S.H., Wang, T.J., Hong, J.M, Kim, E.B., Meng, J.W., & Lim, M.H. (2015). Prevalence and Clinical Characteristics of Sexual

Exhibitionism and Frotteurism in Korea: Preliminary Study. *Anxiety and mood, 11*(1), 19-25.

Patterson, D., & Campbell, R. (2010). Why Rape Survivors Participate in the Criminal Justice System. *Journal of Community Psychology, 38*(2), 191-205. doi: 10.1002/jcop.20359.

Paul, L.A., Walsh, K., McCauley, J.L., Ruggiero, J.K., Resnick, H.S., & Kilpatrick, D.G. (2013). College women's experiences with rape disclosure: a national study. *Violence Against Women, 19*(4), 486-502. doi: 10.1177/1077801213487746.

Pérez Ramírez, M., Redondo Illescas, S., Martínez García, M., García Forero, C., & Andrés Pueyo, A. (2008). Predicción de riesgo de reincidencia en agresores sexuales. *Psicothema, 20*(2), 205-210.

Pinciotti, C.M., & Orcutt, H.K. (2020). It Won't Happen to Me: An Examination of the Effectiveness of Defensive Attribution in Rape Victim Blaming. *Violence Against Women, 26*(10), 1059-1079. doi: 10.1177/1077801219853367.

Rabinowitz Greenberg, S.R., Firestone, P., Bradford, J.M., & Greenberg, D.M. (2002). Predictors of recidivism in Exhibitionists: Psychological, phallometric, and offence factors. *Sexual Abuse, 14*(4), 329-347. doi: 10.1177/107906320201400404.

RAINN. (2018). *Effects of Sexual Violence*. Retrieved from https://www.rainn.org/effects-sexual-violence.

Rape Crisis. (2018). *What is Sexual Violence?.* Retrieved from https://rapecrisis.org.uk/sexualviolenceoverview.php.

Rape Crisis (England and Wales). (2019). *About sexual violence: Myths vs realities.* Retrieved from https://rapecrisis.org.uk/get-informed/about-sexual-violence/myths-vs-realities/.

Rape Crisis. (2020a). *About sexual violence: Myths vs realities.* Retrieved from https://rapecrisis.org.uk/get-informed/about-sexual-violence/myths-vs-realities/.

Rape Crisis. (2020b). *The Decriminalisation of Rape: Why the justice system is failing rape survivors and what needs to change.* The Centre for Women's Justice, End Violence Against Women coalition, Imkaan and Rape Crisis England & Wales. Retrieved from https://rapecrisis.org.uk/get-informed/reports/reports-archive/the-decriminalisation-of-rape/.

Reeves, H., & Mulley, K. (2004). Supporting the Victim. In M. Dalton (Ed.), *Forensic Gynaecology: Towards better care for the female victim of sexual assault* (pp. 188-199), Cambridge: Cambridge University Press.

Reich, C.M., Anderson, G.W., & Maclin, R. (2021). Why I Didn't Report: Reasons for Not Reporting Sexual Violence as Stated on Twitter. *Journal of*

Aggression, Maltreatment & Trauma. doi: 10.1080/10926771.2021.1912873.

Rettenberger, M., Matthes, A., Boer, D.P., & Eher, R. (2010). Prospective Actuarial Risk Assessment: A Comparison of Five Risk Assessment Instruments in Different Sexual Offender Subtypes. *International Journal of Offender Therapy and Comparative Criminology, 54*(2), 169-186. doi: 10.1177/0306624X08328755.

Rettenberger, M., & Hucker, S.J. (2011). Structured Professional Guidelines: International Applications. In D.P. Boer, R. Eher, L.A. Craig, M.H. Miner, & F. Pfafflin (Eds.), *International Perspectives on the Assessment and Treatment of Sexual Offenders: Theory, Practice, and Research* (85-110). West Sussex: Wiley-Blackwell.

Rettenberger, M., Boer, D.P., & Eher, R. (2011). The predictive accuracy of risk factors in the Sexual Violence Risk-20 (SVR-20). *Criminal Justice and Behaviour, 38*(10), 1009-1027. doi: 10.1177/0093854811416908.

Rice, M.E., & Harris, G.T. (2005). Comparing Effect Sizes in Follow-up Studies: ROC Area, Cohen's d, and r. *Law and Human Behaviour, 29*(5), 615-620. doi: 10.2307/4499443.

Ring, R., Ritchie, K., Mandava, L., & Jepson, R. (2011). *A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews.* Retrieved from http://www.nhshealthquality.org/nhwqis/8837.html.

Rogers, D.J. (2002). Legal and Forensic Issues. In J. Petrak & B. Hedge (Eds.), *The Trauma of Sexual Assault: Treatment, Prevention and Practice* (261-280). West Sussex: John Wiley & Sons Ltd.

Sabri, B., Warren, N., Kaufman, M.R., Coe, W.H., Alhusen, J.L., Cascante, A., & Campbell, J.C. (2019). Unwanted Sexual Experiences in University Settings: Survivors' Perspectives on Effective Prevention and Intervention Strategies. *Journal of Aggression, Maltreatment & Trauma, 28*(9), 1021-1037. doi: 10.1080/10926771.2018.1481901.

Seeman, M.V. (2020). Portrait of an Exhibitionist. *Psychiatric Quarterly, 91*(4), 1249-1263. doi: 10.1007/s11126-020-09810-w.

Sjöstedt, G., & Långstrom, N. (2002). Assessment of Risk for Criminal Recidivism Among Rapists: A Comparison of Four Different Measures. *Psychology, Crime & Law, 8*(1), 25-40. doi: 10.1080/10683160208401807.

Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: SAGE.

Stadland, C., Hollweg, M., Kleindienst, N., Dietl, J., Reich, U., & Nedopil, N. (2005) Risk assessment and prediction of violent and sexual recidivism in sex offenders: Long-term predictive validity of four risk assessment instruments. *Journal of Forensic Psychiatry & Psychology, 16*(1), 92-108. doi: 10.1080/1478994042000270247.

Sturge, G. (2018*). UK Prison Population Statistics.* Retrieved from https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN04334#fullreport.

Sturmey, P., & McMurran, M. (Eds.). (2011). *Forensic Case Formulation.* Hoboken, NJ, USA: Wiley & Sons.

Sugarman, P., Dumugn, C., Saad, K., Hinder, S., & Bluglass, R. (1994). Dangerousness in exhibitionists. The Journal of Forensic Psychiatry, 5(2), 287-296. doi: 10.1080/09585189408412299.

Szumski, R., & Kasparek, K. (2020). Encountering an Exhibitionist: The Female Victim's Perspective. *The Journal of Sex Research, 57*(5), 610-623. doi: 10.1080/00224499.2019.1669523.

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhawa, A., & Varpio, L. (2015). Choosing a Qualitative Research Approach. *Journal of Graduate Medical Education, 7*(4), 669-670. doi: 10.4300%2FJGME-D-15-00414.1.

Thakker, J., Collie, R.M., Gannon, T.A., & Ward, T. (2008). Rape: Assessment and Treatment. In D.R. Laws & W.T. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment, and Treatment* (2nd edition) (pp. 356-383). London: Guildford Press.

The Survivors Trust (n.d.). *Info for Survivors.* Retrieved from http://thesurvivorstrust.org/information-for-survivors/.

Thomas, J. & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology, 8,* 45. doi: 10.1186/1471-2288-8-45.

Tully, R., Chou, S., & Browne, K.D. (2013). A systematic review on the effectiveness of sex offender risk assessment tools in predicting sexual recidivism of adult male sex offenders. *Clinical Psychology Review, 33*(2), 287-316. doi: 10.1016/j.cpr.2012.12.002.

Turvey, B.E. (2012). *Criminal Profiling: An Introduction to Behavioural Evidence Analysis* (4th ed.). Academic Press.

Varpio, L., & Meyer, H. (2017). A Lesson From the Qualitative Rip Out Series: Let Go of Expectations for Universally Applicable "Gold Standards" for Qualitative Research. *Journal of Graduate Medical Education, 9*(2), 154-156. doi: 10.4300%2FJGME-D-17-00014.1.

Victim Support (n.d.). *Rape and sexual assault.* Retrieved from https://www.victimsupport.org.uk/crime-info/types-crime/rape-and-sexual-assault.

Wakeling, H.C., Mann, R.E., & Carter, A.J. (2012). Do Low-risk Sexual Offenders Need Treatment? The Howard Journal of Criminal Justice, 51(3), 286-299. doi: 10.1111/j.1468-2311.2012.00718.x.

Wakeling, H., & Saloo, F. (2018). *Exploratory study of the experiences of a small sample of men convicted of sexual offences who have reoffended*

after participating in prison-based treatment. Retrieved from https://www.gov.uk/government/publications/exploratory-study-of-the-experiences-of-a-small-sample-of-men-convicted-of-sexual-offences-who-have-reoffended-after-participating-in-prison-based-tre.

Warner, R.M. (2013). *Applied Statistics: From Bivariate through Multivariate Techniques* (2nd ed.). London: Sage.

Weist, M.D., Kinney, L., Taylor, L.K., Pollitt-Hill, J., Bryant, Y., Anthony, L., & Wilkerson, J. (2014). African American and White Women's Experience of Sexual Assault and Services for Sexual Assault. *Journal of Aggression, Maltreatment and Trauma, 23*(9), 901-916. doi: 10.1080/10926771.2014.953715.

Wolitzky-Taylor, K.B., Resnick, H.S., McCauley, J.L., Amstadter, A.B., Kilpatrick, D.G., & Ruggiero, K.J. (2011). Is Reporting of Rape on the Rise? A Comparison of Women with Reported Versus Unreported Rape Experiences in the National Women's Study-Replication. *Journal of Interpersonal Violence, 26*(4), 807-832. doi: 10.1177/0886260510365869.

Yoon, D., Spehr, A., & Briken, P. (2011). Structured assessment of protective factors: a German pilot study in sex offenders. *Journal of Forensic Psychiatry & Psychology, 22*(6), 834-844. doi: 10.1080/14789949.2011.617831.

Zaiontz, C. (2019). *MANOVA Assumptions.* Retrieved from http://www.real-statistics.com/multivariate-statistics/multivariate-analysis-of-variance-manova/manova-assumptions/.

Appendices

Appendix 1 – Online Questionnaire

Questionnaire

Inclusion Criteria Questions

What is your gender?
Male Female

How old are you?

Do you live in the UK?

Yes No

Further Demographic Questions

What is your relationship status?

Single Co-habiting Married

What best fits your current professional status?

Unemployed student retired homemaker employed part-time

employed full-time

Please name your current job role (if applicable)

What best fits your level of education?

Secondary school A levels/equivalent university degree master's degree
doctoral degree

How many children do you have?

0 1 2 3+

Please read the extract below:

Katie is out shopping with her mother, sister and niece in the town centre. It is a Saturday afternoon, and the surrounding area is very busy with shoppers and tourists. After browsing in a couple of shops, they decide to walk through the outside section of the shopping centre to the coffee shop for a break. There are a number of benches on the promenade that they are going down, and on one of them, an old man is sitting down. As Katie and her family walk past him, the old man continues to sit on the bench, open his jacket and exposes his genitals. He then closes his jacket, gets up, and walks away in the opposite direction.

After reading this extract, please answer the following statements:-

Katie shouldn't be fearful in this situation
Strongly Disagree Disagree Neutral Agree Strongly Agree

The man's behaviour was illegal
Strongly Disagree Disagree Neutral Agree Strongly Agree

The man's behaviour was a nuisance
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour wasn't threatening
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man knew what he was doing
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man doesn't need help
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Katie should tell someone what happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Katie shouldn't report what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Katie reports what happened to the police, the man will be arrested
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Katie reports what happened to the police, the man will be convicted of a criminal offence
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Katie won't benefit from reporting what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

What happened was Katie's fault
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Katie won't have been affected in a lasting negative way by what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Katie will change her behaviour in the future due to what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

How old is Katie?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

How old is the man?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

Please read the extract below:

Sandra is walking home after dinner with a group of friends. Her friends decided to take a taxi to leave the restaurant, but as she only lives 10 minutes' walk away, she has told them that she would prefer the fresh air. It is early summer and the light outside is just starting to fade. Sandra makes the decision to walk through her local park, as it will cut a minute or two off her journey. She walks along the footpath that cuts through the park, which is lined with trees. She is taken by surprise as a man suddenly jumps out from behind one of the trees next to the path. She notices that his trousers are undone, and that he is masturbating. He is staring at her whilst he does so, and begins to walk towards her slowly, muttering under his breath.

After reading this extract, please answer the following statements:-

Sandra should be fearful in this situation
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour wasn't illegal
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour was a nuisance
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour was threatening
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man didn't know what he was doing
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man needs help
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Sandra should tell someone what happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Sandra should report what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Sandra reports what happened to the police, the man won't be arrested
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Sandra reports what happened to the police, the man will be convicted of a criminal offence
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Sandra will benefit from reporting what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

What happened wasn't Sandra's fault
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Sandra will have been affected in a lasting negative way by what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Sandra will change her behaviour in the future due to what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

How old is Sandra?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

How old is the man?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

Please read the extract below:

It is Monday morning, and Charlotte is going to an appointment with her solicitor, but cannot find a parking space at their offices. She decides to park her car a few streets away and walk back. She finds a space in a quiet residential area, gets out of the car, and starts to walk to her appointment. From a distance, she can see a man standing on the street, facing towards the houses overlooking the road. As she gets closer to him, she notices that he has his hands cupped around his genitals. As Charlotte walks past the man, she notices that he is urinating against the wall of the house.

After reading this extract, please answer the following statements:-

Charlotte shouldn't be fearful in this situation
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour was illegal
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour was a nuisance
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man's behaviour was threatening
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man didn't know what he was doing
Strongly Disagree DisagreeNeutral Agree Strongly Agree

The man doesn't need help
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Charlotte shouldn't tell someone what happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Charlotte should report what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Charlotte reports what happened to the police, the man will be arrested
Strongly Disagree DisagreeNeutral Agree Strongly Agree

If Charlotte reports what happened to the police, the man won't be convicted of a criminal offence
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Charlotte will benefit from reporting what happened to the police
Strongly Disagree DisagreeNeutral Agree Strongly Agree

What happened was Charlotte's fault
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Charlotte will have been affected in a lasting negative way by what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

Charlotte won't change her behaviour in the future due to what has happened
Strongly Disagree DisagreeNeutral Agree Strongly Agree

How old is the man?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

How old is Charlotte?
16 and under 16-20 21-30 31-40 41-50 51-60 61 +

Thank you for participating in the questionnaire so far. A further set of questions may now be available to you after answering the following: -

Do you feel that you have ever been a victim of an offence in which another person has exposed themselves to you?

Yes No

Appendix 2 – Semi structured Interview Questions

Morning/afternoon - How was journey, did you find it ok/ how are you?
Introductions
Participant Information sheet
Consent form
Interview

So, firstly, thank you for agreeing to take part in this interview. As explained on the online questionnaire, you were chosen to take part as you identified yourself as someone who has been a victim of indecent exposure, exhibitionism, flashing, whatever terminology suits, and you answered some extra questions online. What I'd like to do is go through some of your online responses with you and expand on these a bit further, if that's ok with you?

Main Questions

So firstly, if we could talk about the offence itself, could you tell me a bit more about what happened?

What was that experience like for you?

Did you tell anyone about what happened?

Why? What do you think made you decide to do this?

Did you report what happened to the police?

Why? What would have made you more/less likely to report?

How has it affected your life?

Is there anything you do differently now?

In your case, what do you think the motivation could be for the offender who committed indecent exposure?

What do you think the offender 'got' from committing the offence?

Do you feel like indecent exposure is a serious offence? Why?

Follow-up Questions/ Probe Examples

How did you feel about that?
Could you explain that in more detail?
How did you come to that conclusion?

I understand. Let me ask you that in another way.
Could I just clarify something?

What is that like for you?

Ok thank you, the next question that I need to ask you is…

Appendix 3 – Online Participant Information Form

Online Questionnaire Participant Information Sheet
(Final version 2.0: 27.5.15)

Title of Study: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives
Study ID: Indecent Exposure Perspectives

Name of Researcher: Julia Langley and Dr Simon Duff

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. The research will be conducted online at first, so if you have any queries please do not hesitate to email the researcher at lwxjcla@nottingham.ac.uk. Please feel free to ask about anything that is not clear.

What is the purpose of the study?

The purpose of the study is to compare women's experiences and opinions about indecent exposure. You are being invited to take part because you have clicked on the study's advertisement, you are over 16, and you are female. We need to test at least 128 participants like you to take part in the study to be sure our results are reliably showing an effect or not. Research in this area may help to aid a greater understanding of the impact of indecent exposure on its victims. It will allow professionals to be informed about why individuals may report indecent exposure as a crime or why they choose not to. Furthermore, it will help to unearth how indecent exposure is perceived as an offence.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to read an online consent form, and tick a box to show that you and agree to take part. If you decide to take part, you are still free to withdraw from the study at any time whilst you are answering the online questionnaire. This would not affect your legal rights.

What will happen to me if I take part?

After reading this information sheet, you will be presented with a consent statement. This consent statement requires you to agree to its conditions if you are to take part in the study. After you have agreed to this consent, you will be presented with a demographic questionnaire, followed by an online questionnaire that you should answer as truthfully as possible. You will be presented with a series of vignettes, and asked a number of questions about each one. You may find some of these vignettes upsetting or unpleasant to read. These will take approximately 20 to 30 minutes to complete. After you have completed this, you will be presented with a debrief sheet detailing further information about the study and other organisations and support agencies relevant to the study. You may also be given the opportunity to leave your email address in order to be contacted about participating in a face-to-face interview with the researcher.

Expenses and inconvenience allowance

Participants will not be paid to participate in the study.

What are the possible disadvantages and risks of taking part?

It is not expected that there will be any disadvantages or risks associated with taking part in the study. If you have any feelings of distress from participating in the study, you will be offered extra support from the researcher. You may choose to not take part in or leave the study at any point.

What are the possible benefits of taking part?

We cannot promise that the study will help you, but the information we get from this study may help other professionals and researchers about women's understanding of indecent exposure, and its effects on individuals.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence.

If you join the study, some parts of the data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about you which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it.

Your personal data will be kept for 1 year after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All research data will be kept securely for 7 years and anonymised. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

All of the information that is collected from you will be kept confidential, stored securely and on a computer with password protection. All information will be anonymous and you will only be identifiable by a unique code. You do not have to give your name or any other personal details to the researcher at any point unless you want to be contacted about the progress of the study.

The researcher and the researcher's supervisor will have access to any data you provide. Other authorised individuals at the University of Nottingham may view this data to check that the study is being carried out correctly. All of these individuals have a duty of confidentiality to you.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time, without giving any reason. However the information collected so far cannot be erased and may still be used in the project analysis. This is because once the data has been entered onto the secure computer system it has been made anonymous. The data analysis draws together information provided by all participants, therefore it becomes impractical to extract and remove individual data from the system.

What will happen to the results of the research study?

After the study has been completed, it will be written up as part of the researcher's PhD research project, and may be submitted for publication to an academic journal. Participants can contact the researcher if they want more information about the study, for example, a summary of the results. You will not be identified in any form of results, dissertation or publication.

Who is organising and funding the research?

This research is being organised by the University of Nottingham. The study is not funded.

Who has reviewed the study?

All research in the University of Nottingham is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been provisionally reviewed and given a favourable opinion by the University of Nottingham's Faculty of Medicine and Health Sciences' research ethics committee.

Further information and contact details

Researcher's name: Julia Langley
Researcher's e-mail address: lwxjcla@nottingham.ac.uk

Supervisor's name: Dr Simon Duff
Supervisor's e-mail address: simon.duff@nottingham.ac.uk

Appendix 4 – Online Participant Consent Sheet

ONLINE CONSENT FORM
Final version 2.0: date: 27.5.15

Title of Study: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives

REC ref: ***(to be added after approval given)***

Name of Researcher: Julia Langley

Name of Participant: **Please tick box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw the data I have given until the point of submission. This data will be kept confidential and only those who are granted permission to access it will be able to do so. I give permission for my data to be used for further analysis, to be stored, and published. ☐
3. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential. ☐
4. I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred is will be made anonymous. Data will be kept for 7 years after the study has ended and then securely destroyed. ☐
5. I agree to take part in the above study. ☐

By clicking 'Next' you will have agreed to all of the above.

Appendix 5 – Online Debrief Form

Debrief Sheet

Thank you for your time in participating in this study. The data you have provided will be stored on a password protected computer alongside other participants' data who have also participated. You now will not be able to withdraw your data as it is now unidentifiable. This data will be accessed by the researcher, research supervisor and any other individual that are authorised to do so. It will not be able to be accessed by any other individual. Those authorised individuals will uphold the requirements of the Data Protection Act.

If you have any questions about this study, or would like to receive a summary of the results that are found once the study is completed, please do not hesitate to contact us using the details provided below.

Researcher: Julia Langley
Email address: lwxjcla@nottingham.ac.uk
Supervisor: Dr Simon Duff
Email address: simon.duff@nottingham.ac.uk

If you feel you have been affected in any way by the content of this study, please contact the Samaritans, whose details are listed below.

If something's troubling you, then get in touch.
We're here 24 hours a day, 365 days a year.

Find out more about how we can help:
- **We help you talk things through**
- **We keep everything confidential**
- **We're not a religious organisation**

Telephone Number: 08457909090
Email address: jo@samaritans.org
Postal address (the Samaritans will aim to get a response back to you within 7 days):

Freepost RSRB-KKBY-CYJK
Chris
PO Box 90 90
Stirling
FK8 2SA

Alternatively, Victim Support can be accessed via www.victimsupport.org.uk or on 08081689111 Weekdays 8am to 8pm, weekends 9am to 7pm, bank holidays 9am to 5pm.

Appendix 6 – Online Victim Debrief Form

Debrief Sheet

Thank you for your time in participating in this study.

You have identified yourself as a previous victim of indecent exposure. This study is looking for adult females who live in the UK to take part in an online or face-to-face interview at a time to suit you. If you would be willing to take part in an interview, please leave your preferred first name and contact details in the box below.

If you take part in an interview, this will focus around the topic of indecent exposure, including any personal experiences you may have had. You will be able to stop the interview at any point. Online interviews will use video call software such as Skype, or FaceTime. Whilst the interview is taking place, it will be audio recorded. After the interview, the recording will be transcribed. The transcription will avoid using your real name, and any personal references made to ensure your anonymity. When the recording has been transcribed, it will be then be deleted.

Further to this, if you have any questions about the study or the interview process, please do not hesitate to contact the researcher, Julia Langley, via the email address below.

The data you have provided will be stored on a password protected computer alongside other participants' data who have also participated. You now will not be able to withdraw your data as it is now unidentifiable. This data will be accessed by the researcher, research supervisor and any other individual that are authorised to do so. It will not be able to be accessed by any other individual. Those authorised individuals will uphold the requirements of the Data Protection Act.

If you have any questions about this study, or would like to receive a summary of the results that are found once the study is completed, please do not hesitate to contact us using the details provided below.

Researcher: Julia Langley
Email address: lwxjcla@nottingham.ac.uk
Supervisor: Dr Simon Duff
Email address: simon.duff@nottingham.ac.uk

If you feel you have been affected in any way by the content of this study, please contact the Samaritans, whose details are listed below.

If something's troubling you, then get in touch.
We're here 24 hours a day, 365 days a year.

Find out more about how we can help:
- **We help you talk things through**
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Telephone Number: 08457909090
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Alternatively, Victim Support can be accessed via www.victimsupport.org.uk or on 08081689111 Weekdays 8am to 8pm, weekends 9am to 7pm, bank holidays 9am to 5pm.

Appendix 7 – Interview Participant Information Sheet

Interview Participant Information Sheet
Final version 2.0: 27.5.2015)

Title of Study: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives
Study ID: Indecent Exposure Perspectives

Name of Researcher: Julia Langley and Dr Simon Duff

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. The research will now be conducted via an online or a face to face interview, so if you have any queries please do not hesitate to ask the researcher, or email the researcher at a later date at lwxjcla@nottingham.ac.uk. Please feel free to ask about anything that is not clear.

What is the purpose of the study?

The purpose of the study is to compare women's experiences and opinions about indecent exposure. You are being invited to take part because you have clicked on the study's advertisement, you are over 16, and you are female. We need to test at least 128 participants like you to take part in the study to be sure our results are reliably showing an effect or not. Research in this area may help to aid a greater understanding of the impact of indecent exposure on its victims. It will allow professionals to be informed about why individuals may report indecent exposure as a crime or why they choose not to. Furthermore, it will help to unearth how indecent exposure is perceived as an offence.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw from the interview at any time whilst you are answering the questions. This would not affect your legal rights.

What will happen to me if I take part?

After reading this information sheet, you will be presented with a consent statement. This consent statement requires you to agree to its conditions if you are to take part in the study. After this, you will be interviewed about the topic of indecent exposure, including any personal experiences you may have had. You can stop the interview at any point. Whilst the interview is taking place, it will be audio recorded. After the interview, the recording will be transcribed. The transcription will avoid using your real name, and any personal references made to ensure your anonymity. When the recording has been transcribed, it will be then be deleted.

Expenses and inconvenience allowance

Participants will not be paid to participate in the study.

What are the possible disadvantages and risks of taking part?

It is not expected that there will be any disadvantages or risks associated with taking part in the study. If you have any feelings of distress from participating in the study, you will be offered extra support from the researcher. You may choose to not take part in or leave the study at any point.

What are the possible benefits of taking part?

We cannot promise that the study will help you, but the information we get from this study may help other professionals and researchers about women's understanding of indecent exposure, and its effects on individuals.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence.

If you join the study, some parts of the data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about you which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised from it.

Your personal data will be kept for 1 year after the end of the study so that we are able to contact you about the findings of the study (unless you advise us that you do not wish to be contacted). All research data will be kept securely for 7 years and anonymised. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

All of the information that is collected from you will be kept confidential, stored securely and on a computer with password protection. All information will be anonymous and you will only be identifiable by a unique code. You do not have to give your name or any other personal details to the researcher at any point unless you want to be contacted about the progress of the study.

The researcher and the researcher's supervisor will have access to any data you provide. Other authorised individuals at the University of Nottingham may view this data to check that the study is being carried out correctly. All of these individuals have a duty of confidentiality to you.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time, without giving any reason. However the information collected so far cannot be erased and may still be used in the project analysis. This is because once the data has been entered onto the secure computer system it has been made anonymous. The data analysis draws together information provided by all participants, therefore it becomes impractical to extract and remove individual data from the system.

What will happen to the results of the research study?

After the study has been completed, it will be written up as part of the researcher's PhD research project, and may be submitted for publication to an academic journal. Participants can contact the researcher if they want more information about the study, for example, a summary of the results. You will not be identified in any form of results, dissertation or publication.

Who is organising and funding the research?

This research is being organised by the University of Nottingham and is not funded.

Who has reviewed the study?

All research in the University of Nottingham is looked at by independent group of people, called a Research Ethics Committee, to protect your interests.
This study has been provisionally reviewed and given a favourable opinion by the University of Nottingham's Faculty of Medicine and Health Sciences' research ethics committee.

Further information and contact details

Researcher's name: Julia Langley
Researcher's e-mail address: lwxjcla@nottingham.ac.uk

Supervisor's name: Dr Simon Duff
Supervisor's e-mail address: simon.duff@nottingham.ac.uk

Appendix 8 – Interview Participant Consent Sheet

INTERVIEW CONSENT FORM
Final version 2.0: 27.5.15

Title of Study: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives

REC ref: ***(to be added after approval given)***

Name of Researcher: Julia Langley

Name of Participant: **Please initial box**

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.	☐
I understand that my participation is voluntary and that I am free to withdraw the data I have given until the point of submission. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.	☐
I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.	☐
I understand that the interview will be audio recorded using an audio recorder and that anonymous direct quotes from the interview may be used in the study reports.	☐
I understand that all data will be anonymous and confidential with the exception of information being revealed during the interview which is of concern and may need reporting i.e. potential risks to another person or to myself or criminal behaviour.	☐
I understand that information about me recorded during the study will be kept in a secure database. If the data is transferred is will be made anonymous. Data will be kept for 7 years after the study has ended and then securely destroyed.	☐
I agree to take part in the above study.	☐

Name of Participant Date Signature

Name of Person taking consent Date Signature

Appendix 9 – Interview Debrief Form

Debrief Sheet

Thank you for your time in participating in this study. The data you have provided will be stored on a password protected computer alongside other participants' data who have also participated. You now will not be able to withdraw your data as it is now unidentifiable. This data will be accessed by the researcher, research supervisor and any other individual that are authorised to do so. It will not be able to be accessed by any other individual. Those authorised individuals will uphold the requirements of the Data Protection Act.

If you have any questions about this study, or would like to receive a summary of the results that are found once the study is completed, please do not hesitate to contact us using the details provided below.

Researcher: Julia Langley
Email address: lwxjcla@nottingham.ac.uk
Supervisor: Dr Simon Duff
Email address: simon.duff@nottingham.ac.uk

If you feel you have been affected in any way by the content of this study, please contact the Samaritans, whose details are listed below.

If something's troubling you, then get in touch.
We're here 24 hours a day, 365 days a year.

Find out more about how we can help:
- **We help you talk things through**
- **We keep everything confidential**
- **We're not a religious organisation**

Telephone Number: 08457909090
Email address: jo@samaritans.org
Postal address (the Samaritans will aim to get a response back to you within 7 days):

Freepost RSRB-KKBY-CYJK
Chris
PO Box 90 90
Stirling
FK8 2SA

Alternatively, Victim Support can be accessed via www.victimsupport.org.uk or on 08081689111 Weekdays 8am to 8pm, weekends 9am to 7pm, bank holidays 9am to 5pm.

Appendix 10 – Ethics Approval Letters

The University of Nottingham

Faculty of Medicine and Health Sciences

Research Ethics Committee
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham
NG7 2UH

Direct line/e-mail
+44 (0) 115 8232561
Louise.Sabir@nottingham.ac.uk

21st th August 2015

Julia Langley
Professional Doctorate in Forensic Psychology student
c/o Dr Simon Duff
Director, Top-Up Doctorate in Forensic Psychology
Centre for Forensic and Family Psychology
Psychiatry and Applied Psychology
Room B15 YANG Fujia
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Julia

Ethics Reference No: R18062015 SoM PAPsych DFP – please always quote
Study Title: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives.
Short Title: Indecent Exposure Perspectives
Chief Researcher/Academic Supervisor: Dr Simon Duff, Director, Top-Up Doctorate in Forensic Psychology, Centre for Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine.
Other key researchers/student: Julia Langley, Professional Doctorate in Forensic Psychology Student, Psychiatry and Applied Psychology, School of Medicine
Duration of Study: 06-12/2015 6mths
No of Subjects 128 (16+yrs)

Thank you for your letter dated 20th August 2015 responding to the comments made by the Committee and the following revised documents were received:

Indecent Exposure Perspectives:

- FMHS Research Ethics Committee Application Form, version 1.1, Date 9/6/2015
- Protocol Draft Version 2.0 date 27th May 2015
- Appendix 1 Study Advertisement version 2.0 dated 22.5.15
- Appendix 2 Online Questionnaire Participant Information Sheet Final version 2.0: 27.5.15
- Appendix 3 Online Consent Form, Final Version 2.0: date 27.5.15
- Appendix 4 Online Questionnaire draft version 2.0 date 22.5.15
- Appendix 5 Debrief Sheet, draft version 2.0 date 22.5.15
- Appendix 6: Extra questions for victims, draft version 2.0, date 22.5.15
- Appendix 7, Debrief Sheet for Extra questions for victims, draft 2.0, date 22.5.15
- Appendix 8, Interview Participant Information Sheet Final version 2.0: 27.5.2015
- Appendix 9 Interview Consent Form, Final version 2.0: 27.5.15
- Appendix 10 Interview Schedule draft version 2.0 date 22.5.15
- Appendix 11 Debrief Sheet, draft version 2.0, date 22.5.15

These have been reviewed and are satisfactory and the study is approved.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

The University of Nottingham

1. Please submit copies of e-mails/letters of permission **from the Women's group organisations** to recruit and advertise your study when these are available for our records.

2. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).

3. You must notify the Chair of any serious or unexpected event.

4. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

5. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely



Dr Clodagh Dugdale
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Direct line/e-mail
+44 (0) 115 8232561
Louise.Sabir@nottingham.ac.uk

Faculty of Medicine and Health Sciences

Research Ethics Committee
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham
NG7 2UH

30 September 2016

Julia Langley
Professional Doctorate in Forensic Psychology student
c/o Dr Simon Duff
Director, Top-Up Doctorate in Forensic Psychology
Centre for Forensic and Family Psychology
Psychiatry and Applied Psychology
Room B15 YANG Fujia
Jubilee Campus
Wollaton Road
Nottingham
NG8 1BB

Dear Julia

Ethics Reference No: R18062015 SoM PAPsych DFP – please always quote
Study Title: Victims and Non-Victims of Indecent Exposure: Experiences and Perspectives.
Short Title: Indecent Exposure Perspectives
Chief Researcher/Academic Supervisor: Dr Simon Duff, Director, Top-Up Doctorate in Forensic Psychology, Centre for Forensic and Family Psychology, Psychiatry and Applied Psychology, School of Medicine.
Other key researchers/student: Julia Langley, Professional Doctorate in Forensic Psychology Student, Psychiatry and Applied Psychology, School of Medicine
Proposed Start date: 21.8.15 **Proposed End date**: 21.8.17 36 mths
No of Subjects 128 (16+yrs)

Thank you for notifying the Committee of amendment no 1: 12.9.16 as follows

- Change in recruitment strategy due to slow uptake, addition of an optional semi-structured interview after completion of the questionnaire to improve richness of data.

The following revised documents were received:

Protocol version 3.0 12.9.16 (including Information Sheet, Consent Form, Interview questions)
Application form v 12.9.16

There is one minor change to the Interview consent form as follows:

- Statement 10 - please remove "or criminal behaviour".
- Please can you correct the duration of the study on the EC application form to read as follows: Date Study Started: 21.8.15 Date Study Ends 21.8.17.

Please submit corrected documents for our records as these are minor corrections and there is no need for further approval.

These have been reviewed and amendment no 1: 12.9.16 is approved

Approval is given on the understanding that the Conditions of Approval set out below are followed.

The University of Nottingham

1. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).

2. You must notify the Chair of any serious or unexpected event.

3. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

4. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely



Dr Clodagh Dugdale
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Appendix 11– Search Matrix

Concepts ***(Identified from research question)***	*Victims*	Sexual Offences	Reporting	Police
Synonyms ***(Alternative words which mean the same thing – use a thesaurus to identify these)***	Victim Survivor Casualty Sufferer Patient Case	Sex/ual offences Sex/ual violence Sex/ual crime	Report(ing/ed/s) Disclos(ure/ing) g account	Police Law enforcement Forces Constabulary
Broader terms ***(Use to extend your search if you don't find much)***	Wronged party		Telling	Criminal justice
Narrower terms ***(Use to refine your search if you find too much)***	Female/women victims etc.	Sexual harassment Rape Stalking Sexual assault Sexual threats Indecent exposure Exhibitionism Flashing Grooming Sexual exploitation Sexual abuse Incest Groping Voyeurism Peeping tom Internet sex offences Violent pornography Upskirting Secret filming Sexual slavery Sex trafficking Enforced prostitution Dick pics Statutory rape		Police officers Sheriffs PCSO's

Appendix 12 – Inclusion/Exclusion Criteria

First author, date, country:

Inclusion criteria	**Criterion met?**	**Comment**
Study design: What is the study design? Is the research peer reviewed?	Yes Unclear Discuss No	
Population: Does the population consist of female adults over 18? **AND:**	Yes Unclear Discuss No	
Have the population discussed their experiences of choosing to report the offence to the police?	Yes Unclear Discuss No	
Outcomes: Has the study outlined whether or not individuals in the sample population have decided to report to the police? **AND:**	Yes Unclear Discuss No	
Have differences and factors that have affected victims' decisions to report been detailed or categorised?	Yes Unclear Discuss No	
Exposure: Does the study population contain a group that has experienced being a victim of sexual offending?	Yes Unclear Discuss No	

If all questions answered with yes, include study.

Appendix 13 – Quality Assessment Form

	Y	P	N	U	**Comments**
Screening or threshold questions					
Is the study assessing either: - Adult female's experiences of being a victim of sexual offending **and includes** details regarding their decisions to report the offence to the police? - Adult female's experiences of their decisions to report or not report being a victim of sexual violence to the police?					
Does the study provide clear factors for why a victim chooses to report or not report?					
Is the study design an appropriate means of answering the overall research question?					
Sampling and selection bias					
Is the sample representative of an overall general population and generalisable?					
Are there sufficient demographic data provided for the sample?					
Is the recruitment of study participants detailed enough in order for the study to be replicated?					
Are any potential confounders discussed?					
Have appropriate measures been taken to reduce the effect of potential confounding variables? If a statistical test was used, did they control for this?					

Risk of selection bias? *Low* *Unclear* *High*					
Measurement bias for exposure / Performance bias for intervention					
Were participants identified as victims of a sexual offence by themselves or another reputable source?					
Have participants who are victims been clearly defined as being victims of a sexual offence?					
Were factors related to participants' decisions to report or not assessed by an appropriate psychological qualitative or quantitative method that could be easily replicated?					
Was the qualitative/quantitative method used to draw out participant responses conducted by an appropriately qualified professional?					
Risk of XX bias? *Low* *Unclear* *High*					
Measurement bias for outcome					
Were all participants asked about their decision to report to the police or not? If not, why?					
Risk of measurement bias for outcome? *Low* *Unclear* *High*					
Attrition bias					
Was participant drop out from they study documented?					
Were missing values (if applicable) addressed appropriately?					
Was the non-response rate (if applicable) documented?					
Risk of attrition bias? *Low* *Unclear* *High*					
Other issues					

Was the method of analysis appropriate?					
Overall quality **Risk of bias in different domains**					

Appendix 14 – Data Extraction Form

General Information				
Date of data extraction				
Author/s				
Article title				
Source information				
Notes				
Study characteristics				
Population	Adult female	Yes	No	?
Exposure	Previous victim of sexual offence	Yes	No	?
Comparator	Factors involved in decision to report	Yes	No	?
Outcome	Reported sex offence to police	Yes	No	?
	Did not report sex offence to police	Yes	No	?
Study design	Qualitative	Notes		
	Quantitative			
Specific Information				
Study research questions and aims				
Sample				
Sample size				
Sample type				
Documented characteristics of sample				
Inclusion criteria				
Exclusion criteria				
Exposure				
Included offence types				
Comparator				
Factors not explained by confounders				
Outcome				
Factors affecting decision making				
Method				
Recruitment procedure				
Measures or assessment tool used				
Reliability/validity of measures/assessment tool				
Who conducted assessment?				
Drop out rate				
Reasons for drop out				
Results				
Key results				
Significance				
Clear association between exposure and outcome?				
Confounding variables controlled for?				
Analysis				
Quant or Qual?				
Method of analysis				
Missing data dealt with?				
Drop out rate considered and controlled for?				
Discussion				
How results relate to study aims				
Study Limitations				
Bias				

Appendix 15 – Offence History

Convictions

- Possession of blades/sharply pointed article
- Theft and threatening behaviour
- Affray, wounding and escape from custody
- Affray x 2
- Assault
- Breach of bail (harassment of ex girlfriend)
- Robbery
- Attempted robbery
- Shoplifting x 3
- Theft x 3
- Breach of licence conditions due to non compliance with medication, failure to attend outpatient appointments, using cannabis

Offending behaviour

Community

- Using threatening words or behaviour
- Aggression towards mother

Institutional

- Threatening others
- Physical assaults of nursing staff
- Threatening and aggressive behaviour towards nursing staff
- Sexually inappropriate towards female prison officer
- Physical assault towards prisoner
- Verbal aggression towards education staff
- Threats of violence towards secure care staff
- Verbal aggression towards patients
- Creation of a weapon in seclusion
- Positive test for methadone
- Positive test for cocaine
- Absconsion from secure care x 2

Appendix 16 – BTSA Relapse Prevention Plan

Behavioural Treatment of Substance Abuse Course (BTSA)

Personal high-risk situation – going to a party, meeting up with friends that smoke at their house, when I'm bored by myself, if I go abroad where people are partying

Coping strategies

- Talk to my brother
- Think about my money
- Listen to dance music
- Drawing and painting
- Write lyrics
- Avoid friend's houses where they smoke
- Find a new hobby
- Play my X-BOX (Call of Duty, Tekken Tag 2)
- Reading the bible
- Focusing on my spiritual needs
- Avoid old drug dens
- Think more positively about life
- Remember the learning from the BTSA group
- Think about why I don't want to end up back in hospital
- Think about how I've grown out of smoking
- Watch YouTube videos
- Blowing bubbles in the bath
- Go on my CDJ's
- Think about all the groups I have done

<u>Other situations which could lead to relapse & personal coping strategies</u>

- People: people bringing drugs to my place, socialising with old friends, by myself, my brother, drug dealers
- Places: a new area that I move to, London, parties where substances are used, home, abroad (Amsterdam, Ibiza, Tenerife), friend's houses, night clubs
- Times: morning, Christmas time, evenings any day
- Things you see:
- Feelings: loneliness, stressed, needing to relax, boredom, frustration, hopeless, paranoia, lower inhibitions
- Thoughts: I want to be on the same level as other people, I'm bored, I need to get high, I want to complete the high after drinking
- Body sensations: dry mouth, being drunk
- Others:

<u>Coping skills</u>
Refusal skills – eye contact with a firm voice when saying 'no', give a reason, suggest an alternative activity & leave the situation
Escape – focus on just leaving the high-risk situation
Avoidance – avoid the high-risk situation completely, instead go somewhere else & do another activity

Coping with a lapse – stop & keep calm, remember your hard work (think of your reasons for not using & your achievements), **implement a plan** (get rid of the substance, escape the situation and distract yourself with an activity) **and ask for help** (contact someone supportive)

Medium-term goals (by April 2016)
Reduce smoking and more independence

Long-term goals (by October 2016/2017)
Supported accommodation and no alcohol consumption

Appendix 17 – Data synthesis

Country	Sample	n	Interrater Reliability (ICC)	Concurrent Validity *(r)*	Predictive Validity (AUC)	Source
Austria	Adult Male Prisoners	493			(General sexual recidivism)0.72	*Rettenberger, Boer, & Eher (2011)*
					(sexual hands-on recidivism) 0.71	
		366		(RRASOR) 0.37	(sexual) 0.71	*Rettenberger, Matthes, Boer, & Eher (2010)*
				(Static-99) 0.63		
				(SORAG) 0.79		
				(PCL-R) 0.77		
Spain		163			0.83	*Pérez Ramírez et al. (2008)*
Canada		95			0.74	*Dempster (1998)*
		476	0.75		0.63	*Barbaree, Langont, Blanchard, & Boer (2008)*
UK	Adult Male Inpatient	85			10 years (sexual) 0.48	*Craig, Browne, Beech, & Stringer (2006)*
Switzerland		64		(PCL-SV) 0.76		*Dietiker, Dittmann, & Graf (2007)*
				(HCR-20 +3) 0.85		
Holland		122	0.75	0.5	0.8	*de Vogel, de Ruiter, van Beek, & Mead (2004)*
Germany	Adult Male Prisoners and Inpatient	73			(non-contact sexual) 0.544	*Stadland et al. (2005)*
					(contact sexual) 0.684	
Sweden	Adult Male Rapists Personality Disorder at Pre-trial	51		-0.1	(sexual) 0.49	*Sjöstedt & Långstrom (2002)*

Appendix 18 – SVR-20 Items' Link to Recidivism

(Boer et al., 1997)

Empirically Linked to Recidivism (Boer et al., 1997)	Association or Unclear	Manual Details
	1. Sexual Deviation	*"link between sexual deviation and sexual violence is strong and probably causal, although indirect"* (1997:42)
	2. Victim of Child Abuse	*"there is little evidence supporting a specific link between child sexual abuse and later sexual violence"* (1997:44)
3. Psychopathy		
4. Major Mental Illness		
	5. Substance Use Problems	*"the nature of the association between substance use and sexual violence is not clear"* (1997:50)
	6. Suicidal/ Homicidal Ideation	*"A history of suicidal/homicidal ideation probably is associated with the likelihood, frequency, and severity of future sexual violence"* (1997:52)
7. Relationship Problems		
8. Employment Problems		
	9. Past Nonsexual Violent Offences	*"At present, there is no clear evidence that it is a specific risk factor for sexual violence"* (1997:58)
10. Past Nonviolent Offences		
11. Past Supervision Failures		
12. High Density Sex Offences		
13. Multiple Sex Offence Types		
	14. Physical Harm to Victim(s) in Sex Offences	*"There is no clear evidence that this factor predicts sexual violence"* (1997:68)
	15. Uses Weapons or Threats of Death in Sex Offences	*"There is no clear evidence that this factor predicts sexual violence*" (1997:70)
	16. Escalation in Frequency or Severity of Sex Offences	*"There is no clear evidence that this factor predicts sexual violence, perhaps because it is rare or because it is examined infrequently"* (1997:72)
	17. Extreme Minimisation/ Denial of Sex Offences	*"There is no clear evidence supporting this factor's ability to predict future sexual violence, although it predicts general criminality in sexual offenders*" (1997:74)

Empirically Linked to Recidivism (Boer et al., 1997)	**Association or Unclear**	**Manual Details**
	18. Attitudes that Support or Condone Sex Offences	*"There is no clear evidence supporting this factor's ability to predict future sexual violence*" (1997:76)
	19. Lacks Realistic Plans	*"a history of poor planning may be associated with increased likelihood and frequency of future sexual violence"* (1997:78)
20. Negative Attitude Toward Intervention		