FORUM

on Corrections Research

May 1996, Volume 8, Number 2

Featured issues

Managing sex offenders

Population profiling

Risk predictors

Assessment and treatment

Management strategies

Correctional Service Canada

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FORUM ON CORRECTIONS RESEARCH
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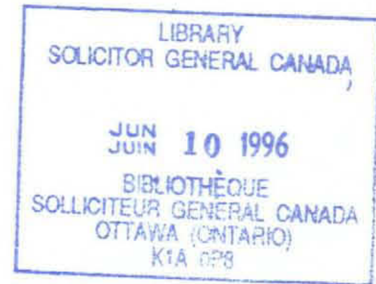

Research in brief

Profiling the Canadian federal sex offender population
by Larry Motiuk and Ray Belcourt 3

A profile of Aboriginal sex offenders in Canadian federal custody
by Teressa A. Nahanee 8

Sex offender risk predictors: A summary of research results
by R. Karl Hanson and Monique T. Bussière 10

Improving prediction of sex offender recidivism: A proposed study
by Jean Proulx, Luc Granger, Marc Ouimet, André McKibben,
Christine Perreault and Michel St-Yves 13

Mental health and psychosexual disorders among federal sex offenders
by Manassé Bambonyé 16

Assessment and programming

Millhaven's specialized sex offender intake assessment: A preliminary evaluation
by P. Bruce Malcolm 18

Sex offender recidivism prediction
by Nathalie Bélanger and Christopher Earls 22

Characteristics of sexual assaults on female prison staff
by Karl D. Furr 25

An innovative treatment approach for incestuous fathers
by Line Bernier, Marielle Mailloux, Gilles David and Hélène Côté 28

Sex offender treatment priority: An illustration of the risk/need principle
by Terry P. Nicholaichuk 30

Feature articles

A national strategy for managing sex offenders
by Sharon M. Williams 33

Applying the risk principle to sex offender treatment
by Arthur Gordon and Terry Nicholaichuk 36

Female sex offenders: A literature review
by Jill L. Atkinson 39

Managing sex offenders: Some thoughts and suggestions
by R. J. Konopasky 44

Guide for Prospective Authors

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Profiling the Canadian federal sex offender population

by ***Larry Motiuk***[1] *and* ***Ray Belcourt***
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The Correctional Service of Canada routinely collects sentence and demographic information on offenders under federal jurisdiction (those serving sentences of two years or longer). In 1994, the Service implemented the Offender Intake Assessment process to produce a comprehensive and integrated evaluation of offenders as they enter the federal correctional system.[2] *This process involves the systematic collection and analysis of information on each offender's criminal and mental health background, social situation, education, and factors relevant to determining criminal risk and identifying offender needs.*

Similarly, in compliance with national standards for conditional release supervision, Service parole officers use the Community Risk/Needs Management Scale to systematically assess 12 separate offender need areas (such as employment patterns), offender risk of reoffending and any other factors that might affect their successful reintegration into the community.[3]

While these case-based assessments help to determine sex offender correctional plans, this information can also be used to produce meaningful and accurate profiles of the sex offender population. This article illustrates the value of profiling sex offenders throughout the correctional process, and demonstrates that this practice can lead to more effective and efficient sex offender management.

The current situation[4]

A December 31, 1995, review of the Correctional Service of Canada offender management system identified 3,875 sex offenders under federal jurisdiction, which accounts for 17% of the total federal offender population.

However, these figures understate the actual number of sex offenders under Service jurisdiction because current computer systems do not identify all previous sex offence convictions (such as those resulting in a provincial sentence), offenders who have committed a "sex-related" offence, or offenders who have previously sexually offended without being convicted.

A 1991 national sex offender census identified **all** sex offenders.[5] This census determined that about 85% of the sex offender population were identified by current computer systems. Therefore, it can be estimated (using a correction factor of 1.173) that there were actually 4,545 sex offenders under federal jurisdiction at the time of this review. This adjusted number accounts for about 20% of the total federal offender population.

Institutional population (stock)

This end-of-1995 review also determined that there were 2,766 sex offenders incarcerated in federal institutions, which accounts for about 20% of the total federal inmate population.

Using a correction factor,[6] it is estimated there were actually 3,245 sex offenders in federal institutions. This adjusted number accounts for about 24% of the total federal inmate population. About 20% of these sex offenders were incarcerated in maximum-security institutions, with 68% in medium-security and 12% in minimum-security institutions.

Conditional release population (stock)

Finally, this review determined that there were 1,109 sex offenders on conditional release, which accounts for about 12% of the federal conditional release population. Using a correction factor, it is estimated that there were actually 1,301 sex offenders under community supervision. This adjusted number accounts for about 14% of the total federal conditional release population. About 38% of these federal sex offenders had been released on full parole, with 50% released on statutory release and 12% on day parole.

Regional distribution

The Service's Prairie and Ontario regions account for the most sex offenders, with each being responsible for slightly more than

one quarter of the federal sex offender population. When you compare each region's proportion of all federal sex offenders with its proportion of all federal offenders, the Quebec region has fewer sex offenders relative to its proportion of all federal offenders.

More specifically, the Atlantic region accounts for 11.6% of federal sex offenders but just 10.1% of all federal offenders, the Prairie region accounts for 29.6% of sex offenders but just 22.4% of all offenders, and the Pacific region accounts for 15.1% of sex offenders but just 13.9% of all offenders (these regions have proportionately more sex offenders). The Ontario region accounts for 25.9% of sex offenders and 27% of all offenders (about the same proportion), while the Quebec region accounts for just 17.8% of sex offenders and 26.6% of all offenders (proportionately fewer sex offenders).

Demographic characteristics

The end-of-1995 review also revealed that virtually all sex offenders are men (99.7%). The review only identified 10 female sex offenders.

The average age of sex offenders under federal jurisdiction was about 42. The oldest sex offender was 85, while the youngest was 20. As a group, the sex offender population appears to be aging. The average sex offender age at admission was about 38, with the oldest sex offender admitted being 83 and the youngest 15.

The majority of sex offenders (74.8%) were Caucasian. However, there was a somewhat larger proportion of Aboriginal sex offenders relative to this group's proportion of all federal offenders.

More specifically, 17.9% of federal sex offenders and 13.2% of all federal offenders were Aboriginal (proportionately more sex offenders). In contrast, 74.8% of sex offenders and 75.6% of all offenders were Caucasian, 4.6% of sex offenders and 6.1% of all offenders were Black, 0.5% of sex offenders and 2.1% of all offenders were Asian, and 2.2% of sex offenders and 3% of all offenders were from other ethnic groups (proportionately fewer sex offenders).

Recent trends

The sex offender population has continued to grow rapidly and disproportionately to the total non-sex offender population, particularly within federal institutions. Over the last five years (December 31, 1990 to December 31, 1995), the federal sex offender population has increased by 40% (from 2,768 to 3,875), the sex offender institutional population has increased by nearly 50% (from 1,861 to 2,766) and the sex offender population on some form of conditional release has increased by 22% (from 907 to 1,109).

Sex offender admissions (flow)

The absolute number of sex offenders in federal institutions increased by 2.3% over the 1995 calendar year (see Table 1). Of the 1995 admissions, 70% were for a sex offence conviction, 18% were for a conditional release violation and 12% for other reasons (such as a transfer).

It is notable that for every sex offender younger than 30 admitted during 1995 (20%), a sex offender was admitted who was older than 50.

The Prairie and Quebec regions experienced the most growth in the absolute number of sex offender inmates, with increases of 6.9% and 5.3% respectively. When you compare regional "flow-to-stock ratios," the Pacific and Ontario regions retained greater numbers of sex offenders in federal custody relative to admissions.

Table 1

Regional Distribution of the Federal Sex Offender Institutional and Admission Populations (1994–1995)

	Institutional population 1994 [stock]	Admissions 1995 [flow]	Institutional population 1995 [stock]	Flow-to-stock ratio	Growth
Atlantic	333	242	321	1:1.33	-3.6%
Quebec	468	206	493	1:2.39	+5.3%
Ontario	724	239	716	1:3.00	-1.1%
Prairie	766	493	819	1:1.66	+6.9%
Pacific	412	133	417	1:3.14	+1.2%
Total	**2,703**	**1,313**	**2,766**	**1:2.11**	**+2.3%**

Sex offender releases (flow)

Approximately 51% of the federal sex offenders released in 1995 were released on statutory release, with 13% released on day parole, 12% on full parole, 20% at the end of their sentence and 5% for other reasons. Overall, 724 federal sex offenders received some form of conditional release — one third on day or full parole, and the other two thirds on statutory release.

The absolute number of federal sex offenders released under some form of supervision increased by 6.1% over the 1995 calendar year (see Table 2). This figure does not, of course, include the nearly one-quarter of the sex offender releases where the offender was not under any form of supervision (such as when their sentence ended). Again, for every release of a sex offender younger than 30 (20%), a sex offender was released who was 50 or older.

The Prairie and Atlantic regions experienced the most growth in the absolute number of sex offenders released into the community under supervision, with increases of 23.4% and 15% respectively. However, when you examine regional flow-to-stock ratios, the Pacific region retained the greatest number of sex offenders on conditional release relative to releases under community supervision.

Table 2

Regional Distribution of the Federal Sex Offender Conditional Release Population and Releases (1994–1995)

	Cond. Rel. population 1994 [stock]	Releases 1995 [flow]	Cond. Rel. population 1995 [stock]	Flow-to-stock ratio	Growth
Atlantic	140	110	161	1:1.46	+15.0%
Quebec	266	164	253	1:1.54	-4.9%
Ontario	256	168	242	1:1.44	-5.5%
Prairie	231	186	285	1:1.53	+23.4%
Pacific	152	96	168	1:1.75	+10.5%
Overall	**1,045**	**724**	**1,109**	**1:1.53**	**+6.1%**

Sentence length

The average sentence length of all sex offenders admitted to federal custody in 1995 was four years and three months (without considering lifers and those whose conditional release was revoked). This is five months longer than the overall average sentence length at admission for federal offenders. There has not been any change in the average federal sex offender admission sentence length during the last five years.

As expected, the average sentence length of all sex offenders released in 1995 was lower than the average sentence length of the sex offenders admitted in 1995. The average sentence length of the sex offenders released was three years and eleven months (not considering lifers and conditional release revocations) — the same as for all federal offenders released in 1995. We were unable to make historical comparisons for this group as earlier figures are not available.

It is also not surprising that the average sentence length of the sex offender institutional population (four years and eight months) was higher than that of either the sex offender admission or release populations. An institutional population tends to include many of the offenders serving longer sentences because they are not yet eligible for conditional release.

However, the average sentence length of the sex offender institutional population was substantially lower than the average sentence length of all incarcerated federal offenders (six years and six months). This may have resulted from the fact that inmates serving sentence "remnants" (the time left in a sentence when conditional release is revoked) were not included in these calculations. Non-sex offenders are more likely to be serving sentence "remnants" and shorter "remnants" than sex offenders. The inclusion of sentence "remnants" in the calculations would probably reduce the overall average sentence length of incarcerated offenders.

Recidivism and return rates

A recent follow-up (3.5 year average) study[7] of federal sex offenders revealed that about one third of the sex offenders were convicted of a new criminal offence, nearly one-fifth were convicted of a violent offence and less than one in 10 were convicted of a new sex offence during the follow-up period.

Offence types

According to the Offender Intake Assessment process, most of the 808 recent federal admissions with a sex offence history (past and/or current) had committed either a sexual assault or a "mixed" (any combination of the sex offence types) sex offence(s). Pedophilia was also common. The least frequent sex offence among these histories was incest and "other" sex offences (such as exhibitionism). More specifically, 50.2% of the sex offenders had committed a sexual assault, 21.2% had committed a "mixed offence," 14.9% had committed a pedophile offence, 8.4% had committed an incest offence, and 5.3% had committed an "other" sex offence. However, keep in mind that this distribution is based on an admission population. An institutional population would probably break down differently as it would tend to be composed of sex offenders serving longer sentences, with lengthier criminal histories and higher risk ratings.

Criminal history

The Offender Intake Assessment process collects extensive information on offender criminal histories (youth and adult court involvements), offence severity records (victimization patterns) and sex offence histories. Non-sex offenders are significantly more likely than sex offenders to have been exposed to the criminal justice system at admission (see Table 3).

Table 3

Criminal Histories of Sex Offenders at Admission

Variable	Sex offenders (795)	Non-sex offenders (2,726)
Young offender history		
Previous offences	25.9%	41.9%
Community supervision	17.5%	29.4%
Open custody	11.7%	21.8%
Secure custody	12.7%	24.1%
Adult offender history		
Previous offences	76.9%	84.9%
Community supervision	60.4%	71.0%
Provincial custodial term(s)	56.3%	71.4%
Federal custodial term(s)	21.2%	27.4%
Sex offence history		
Previous offence (s)	39.3%	0.0%
Current offence (s)	82.2%	0.0%

To examine differences in criminal history across sex offender type, we collapsed the offenders with a sex offence history (past and/or current) into five groups: sexual assault, "mixed," pedophiles, incest offenders and "other" (see Table 4). This revealed that offenders in the sexual assault and "other" groups had extensive criminal histories, similar to that of the non-sex offender population.

Table 4

Criminal Histories and Sex Offender Types

Variable	Sexual assault (386)	"Mixed" (163)	Pedophiles (115)	Incest offenders (65)	Other sex offs. (41)
Young offender history					
Previous offences	34.9%	14.8%	20.7%	9.4%	22.5%
Community supervision	22.9%	9.4%	15.3%	7.8%	20.0%
Open custody	17.3%	5.6%	5.5%	4.7%	17.5%
Secure custody	18.0%	6.2%	9.1%	1.6%	17.5%
Adult offender history					
Previous offences	83.9%	68.7%	73.9%	58.5%	82.9%
Community supervision	66.2%	54.6%	53.5%	43.1%	75.6%
Provincial custodial term(s)	61.3%	48.7%	53.9%	33.9%	73.2%
Federal custodial term(s)	24.6%	17.2%	18.3%	10.8%	34.2%
Sex offence history					
Previous offences	38.1%	42.9%	45.2%	24.6%	48.8%
Current offences	78.8%	93.9%	89.6%	93.9%	46.3%

While both the "mixed" and pedophile groups also had criminal histories (particularly as adults), the incest offender group had the least exposure to the criminal justice system.

Victims

The Offender Intake Assessment process also gathers comprehensive information on each sex offender's victimization pattern (age and gender preferences). Based on this admission sample, a child or adolescent was the victim in almost three-quarters of the sex offences for which the offender was now being incarcerated.

More specifically, there were 302 female and 103 male child (under 12) victims, 322 female and 66 male adolescent (12–17) victims, 296 female and 12 male adult (18–65) victims, and 8 female elderly victims (65 or older).

Table 5

Identified Needs of Sex Offenders and Non-sex Offenders on Conditional Release

Type of need	Sex offenders (737)	Non-sex offenders (4,534)
Academic/vocational	30.9%	37.5%
Employment pattern	39.0%	45.0%
Financial management	33.4%	39.5%
Marital/family	**30.9%**	**27.1%**
Companions	14.7%	30.4%
Accommodation*	9.7%	11.6%
Behavioural/emotional	**54.1%**	**36.9%**
Alcohol use	12.5%	15.5%
Drug use	6.0%	17.5%
Mental ability	**6.4%**	**4.6%**
Health	**21.6%**	**16.3%**
Attitude*	10.8%	10.6%

** = The difference is not statistically significant.*

Needs on conditional release

The Service has also developed an automated means of monitoring offender risk/needs levels in the community. The Offender Management System currently contains all of the overall risk/need and identified need level information gathered since the implementation of the Community Risk/Needs Management Scale. This information can be retrieved at any time to provide caseload snapshots.

A national review of 12 identified offender needs (areas rated as "some need for improvement" or "considerable need for improvement") within the conditional release population indicates that there is considerable variation across these need areas between sex offenders and non-sex offenders (see Table 5).

Sex offenders are more likely to be needy in family/marital, behavioural/emotional, mental ability and health areas. However, non-sex offenders are more likely to experience problems in academic/vocational skills, employment, financial management, companions, alcohol use, and drug use. There appear to be no statistically meaningful differences between sex offenders and non-sex offenders with respect to the accommodation and attitude need areas.

Discussion

The ability to produce meaningful and accurate profiles of the entire federal sex offender population can be used to increase awareness about the specific issues raised by institutional and community supervision populations.

It also allows the Service to assemble basic statistics on both previous exposure/response to the criminal justice system when an offender enters federal custody and on specified sex offender needs when an offender is released under community supervision. Such data can help direct limited resources and controls to particular segments of the sex offender population to reduce risk. ■

[1] Second Floor, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P9.

[2] L. L. Motiuk, "Where Are We in Our Ability to Assess Risk?" *Forum on Corrections Research*, 5, 2 (1993): 14-18.

[3] L. L. Motiuk and F. J. Porporino, *Field Test of the Community Risk/Needs Management Scale: A Study of Offenders on Caseload* (Ottawa: Correctional Service Canada, 1989).

[4] Please note that the selection criteria used to define the current federal offender population excluded the following Offender Current Status Table codes: deceased; on bail; sentence completed; suspended (unlawfully at large); and suspended (temporary detained).

[5] F. J. Porporino and L. L. Motiuk, *Preliminary Results of the National Sex Offender Census* (Ottawa: Correctional Service of Canada, 1991).

[6] L. L. Motiuk and R. L. Belcourt, *Statistical Profiles of Homicide, Sex, Robbery and Drug Offenders in Federal Corrections* (Ottawa: Correctional Service Canada, 1995).

[7] L. L. Motiuk and S. L. Brown, *Factors Related to Recidivism Among Federal Sex Offenders* (Ottawa: Correctional Service Canada, 1996).

A profile of Aboriginal sex offenders in Canadian federal custody

by **Teressa A. Nahanee**[1]
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Aboriginal offenders[2] are over-represented (compared with other Canadians) in federal correctional facilities, and nowhere is this more evident than among sex offenders. Approximately 40% of Aboriginal offenders serving a sentence of two years or longer in a federal correctional facility have been convicted of a sex offence.

However, when you review the Canadian case law and literature on sex offenders, there is virtually no theoretical or empirical study of Aboriginal sex offenders. This article attempts to begin filling this gap by providing a descriptive profile of Aboriginal sex offenders in federal custody based on a 1995 Correctional Service of Canada study.

Background

In the summer of 1995, the Aboriginal Programming Division of the Correctional Service of Canada hired several law students to carry out a variety of projects. One of their tasks was to answer several pre-determined questions by extracting data from the files of 661 federally incarcerated Aboriginal sex offenders.

This study considered three categories of Aboriginal peoples: Status Indians (as defined in the *Indian Act*), Métis peoples and Inuit peoples. The offender sample included roughly four times as many Status Indian sex offenders as either Métis or Inuit sex offenders. The 440 Status Indian, 118 Métis and 103 Inuit sex offenders were housed in 60 federal correctional facilities across Canada.

Most of the Aboriginal sex offenders were incarcerated in the federal correctional facilities that have a high concentration of sex offenders. These include Mountain Institution in British Columbia, Bowden Institution in Alberta, Stony Mountain Institution in Manitoba, Warkworth Institution in Ontario and La Macaza Institution in Quebec.

Most of the Aboriginal sex offenders in this study also fell into the 19–29 or 30–40 age groups, although almost 30% of the offenders were between 41 and 60 years old. Some of the Aboriginal sex offenders also had a juvenile record of sex offences. More analysis is needed to define the relationship(s) between offender age and other variables.

Alcohol and drug use

The offender files reveal that approximately 89% of the Aboriginal sex offenders were using alcohol when they committed their sex offence(s). Of these offenders, 32% had identified problems with both alcohol and drug abuse. Just 4% of the Aboriginal sex offenders had no alcohol or drug abuse problems, although the documentation was not conclusive for an additional 7% of the offenders.

The Correctional Service of Canada provides substance abuse programming, including programs such as Alcoholics Anonymous. The offender files indicate that the Aboriginal sex offenders did take part in this programming.

Location of offences

The study indicates that Aboriginal sex offenders tend to commit their sex offences in northern or urban Aboriginal communities, with many offences taking place on reserves. Approximately 51% of the sex offences examined in this study occurred in urban communities, 34% occurred on reserves and 17% occurred in northern communities ("northern" includes the Yukon, Northwest Territories and other parts of the Canadian North, including Labrador).

This calculation of the number of offences included all sex offences committed by Aboriginal offenders — even when offenders

committed more offences than they were convicted of. For example, one offender may have committed several sex offences against a single victim and received one conviction, while another offender may have committed sex offences with multiple victims and received multiple convictions. One offender had 93 "total" victims.

Victims

The vast majority of the victims of the Aboriginal sex offenders in this study were women, although almost one-fifth were male children or youths. Preliminary analyses indicate that there were 320 female and 75 male individual victims of the Aboriginal sex offenders in this study. Some of the Aboriginal sex offenders indicated that they had also been sexually abused by adults, usually as children.

When taking into account multiple convictions, more than 80% of the "total" female victims were younger than 18 — 350 were younger than 14, while just 95 were between the ages of 19 and 65. More than 85% of the individual male victims were younger than 14, and more than half were under the age of 10.

Just one-sixth of the "total" victims were non-Aboriginal, although victim race could not be determined for 8% of the files. Aboriginal women and children of both sexes would, therefore, appear to be at the highest risk of being assaulted by Aboriginal sex offenders.

Relatives are also at high risk. This includes wives, daughters, stepdaughters, foster daughters, nieces, sons, mothers, brothers, cousins, stepchildren, blood relations and relatives by marriage. Just 15% of the total victims of the Aboriginal sex offenders in this study were identified as strangers (the relationship between offender and victim was unclear in 2% of the files).

Aboriginal sex offenders apparently tend to restrict their offences to the Aboriginal community.

A preliminary profile

This study indicates that Aboriginal sex offenders almost always sexually assault Aboriginal females under the age of 18, and prefer victims younger than 14.

Most Aboriginal sex offenders abuse alcohol and a significant proportion abuse both alcohol and drugs.

This study indicates that Aboriginal sex offenders almost always sexually assault Aboriginal females under the age of 18, and prefer victims younger than 14. Most Aboriginal sex offenders abuse alcohol and a significant proportion abuse both alcohol and drugs.

Aboriginal sex offenders also tend to restrict their sex offences to Aboriginal communities, with almost all offences being committed within the family unit.

These results illustrate the need to emphasize substance abuse programming for Aboriginal offenders and to encourage sexual abuse counseling for offenders and victims in Aboriginal communities.

Institutional and community programming should also be emphasized for Aboriginal men who sexually abuse children, Aboriginal incest offenders, and Aboriginal pedophiles.

More research is needed to develop a more complete profile of Aboriginal sex offenders and to develop appropriate culturally sensitive training for those working with Aboriginal sex offenders in the community. The prevention of sex offences and offender relapse must be a priority in Aboriginal communities. ■

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[2] Please note that Aboriginal includes Status Indian, Inuit and Métis peoples of Canada as defined in the *Constitution Act 1982*.

Sex offender risk predictors: A summary of research results

by ***R. Karl Hanson***[1] *and* ***Monique T. Bussière***
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Both correctional professionals and the public are greatly concerned about the appropriate management of high-risk sex offenders. However, to manage these offenders, it is first necessary to identify them accurately. Not all sex offenders are high-risk. In fact, most sex offenders are never convicted of another sexual crime.[2] *Therefore, how do we separate sex offenders likely to reoffend from other sex offenders?*

It is always difficult to predict an individual's behaviour, since people and their circumstances change. Nevertheless, predictable patterns of criminal behaviour do exist. For example, most robberies are committed by young men. Similarly, certain characteristics increase the probability that a sex offender will commit further sexual crimes.

These risk factors can be identified through follow-up studies. Follow-up studies assess the various characteristics of a group of sex offenders, such as age and previous criminal history. The offenders are monitored for several years after release. The researchers then look for any initial characteristics that differentiate subsequent recidivists from non-recidivists.

Many sex offender follow-up studies have been conducted but, although they have all produced useful information, the studies have not all obtained the same results. Given that risk assessment errors can have serious consequences for victims and offenders, it is important that the variables used to assess risk should withstand intensive scrutiny. Greater confidence should, therefore, be placed in findings that are replicated across many studies.

With that in mind, this article examines the existing research to identify the factors most frequently associated with sex offender recidivism. To be included in the review, a study had to identify a group of male sex offenders, include a follow-up period and report sufficient statistical information (such as sample size and recidivism rate). Study results were then summarized using standard statistical procedures.[3]

To increase the reliability of the findings, only variables examined in at least 10 different research studies are presented in this article.

Procedure

Studies were identified through searches of computerized databases, recent journals and references lists, and by contacting researchers active in the field. This review drew information from 98 different reports (41% of which were unpublished) covering 61 unique data sets.[4]

Half the studies were completed after 1989, with a range from 1943 to 1995. The studies examined a total of 28,805 different sex offenders, although the number available for any specific comparison was considerably smaller (ranging from 2,828 to 15,218). The average follow-up period was roughly five years. Each study was coded by two raters.

The correlation coefficient r was used to measure the extent to which each variable was associated with recidivism. This statistic can range from -1 to +1, with higher values indicating greater predictability. When r is positive, offenders with the particular characteristic are more likely to recidivate. When r is negative, offenders with the characteristic are less likely to recidivate. The statistic r can be roughly understood as the percentage difference in the recidivism rate between those who have a particular characteristic and those who do not.

For example, if the correlation between blue eyes and recidivism was 1.0, 100% of those with blue eyes and none of those without blue eyes would recidivate. Similarly, if the overall recidivism rate was 25% and the correlation between blue eyes and recidivism was 0.20, the recidivism rate for blue-eyed offenders would be 35%, compared with 15% for other offenders (0.35 - 0.15 = 0.20).

Results

Overall recidivism rates across all studies should be interpreted with caution, since the findings were based on different follow-up periods and used different measures of recidivism (such as charges, readmissions to custody and self-reports). These rates also probably underestimate recidivism, since most of the studies used official records and many sex offences (particularly sex offences against children) are never officially detected.[5]

These numbers do, however, provide some valuable information. For example, sexual recidivism is much less common than general recidivism (see Table 1). The overall sexual recidivism rate was only 13% over the five-year follow-up period, compared with the 36% general recidivism rate. Further, rapists were at significantly greater risk of general and non-sexual violent recidivism than child molesters.

Table 1

Average Sexual, Non-sexual Violent and General Recidivism Rates

	Recidivism type		
	Sexual	Non-sexual violent	General
Rapists	18%	24%	47%
Child molesters	13%	10%	37%
Total	13%	12%	36%

This review identified 10 potential predictors of sexual recidivism that had been examined in the requisite minimum 10 independent studies (see Table 2). Due to large sample sizes, all correlations greater than 0.03 were statistically significant. However, correlations less than 0.10 can be interpreted as having little practical significance.

The strongest predictor of sexual recidivism was, not surprisingly, a previous sex offence(s). Sex offenders who had committed sex offences in the past had a subsequent sexual recidivism rate of 30%, compared with just a 7% rate for sex offenders with no history of sex offences. Sexual recidivism was also related to a criminal history of any kind, which in most cases involved non-violent property offences.

Table 2

Sexual Recidivism Predictors

Predictor	Average *r*	Number of studies
Previous sex offences	0.19	28
Female child victim	-0.14	16
Past criminal history	0.13	19
Youth	0.13	21
Related child victim	-0.11	20
Male child victim	0.11	18
Married	-0.09	10
Exhibitionism	0.09	13
Rapist	0.07	24
Child molester	-0.03	24

There were also reliable differences in sexual recidivism rates based on the age and sex of victims.

In general, sex offenders whose victims were boys or adult females were more likely to recidivate sexually than those whose victims were related girls. Sexual recidivism rates were also lower for older offenders (the average age was 31).

As for general recidivism, young sex offenders with previous convictions (sexual or non-sexual) were most likely to recidivate (see Table 3).

The age and sex of victims tended to have little connection to general recidivism. However, similar to sexual recidivism, incest offenders had the lowest general recidivism rates.

Table 3

General Recidivism Predictors

Predictor	Average *r*	Number of studies
Past criminal history	0.25	14
Youth	0.16	14
Previous sex offences	0.12	15
Related child victim	-0.12	15
Married	-0.08	10
Child molester	-0.08	14
Rapist	0.05	19
Male child victim	0.03	11
Female child victim	-0.01	12

Violent non-sexual recidivism (such as robbery) was rarely used as an outcome criterion in the studies reviewed. Therefore, only one predictor variable was examined in at least 10 studies — history of rape. The average correlation, across 10 studies, between a history of rape and violent non-sexual recidivism was 0.23.

Discussion

This review identified factors that can be reliably used to assess risk of sex offender recidivism. The sex offenders most likely to recidivate sexually are those with a history of sex and non-sex offences, who are young and who victimized adult woman or extrafamilial boys. The offenders most likely to recidivate generally are also young sex offenders with a history of sex and non-sex offences.

Although each factor identified in this study was reliably related to recidivism, none of the effects were strong enough to justify using any single predictor on its own. Sex offender risk assessment is most accurate when it considers a range of relevant factors.

Although each factor identified in this study was reliably related to recidivism, none of the effects were strong enough to justify using any single predictor on its own. Sex offender risk assessment is most accurate when it considers a range of relevant factors.

Unfortunately, the design of this review did not allow for the calculation of the predictive power of a combination of the best individual predictors. However, other research[6] suggests that when the best predictor variables are combined, it is possible to identify both a high-risk group (with a probability of sexual or violent reoffending greater than 80%) and a low-risk group (with a long-term recidivism rate of less than 20%).

All the factors associated with sexual recidivism were stable, historical variables. Such static risk factors are useful and easy to assess, but provide little information about when recidivism will occur or how it can be reduced. To answer such questions, more information is needed about dynamic (changeable) risk factors.

The factors associated with sex offender non-sexual recidivism (such as youth and previous offences) appear similar to those associated with overall offender general recidivism. As such, general risk prediction scales designed for non-sex offenders seem equally valid for predicting sex offender non-sexual recidivism.[7] Unfortunately, not enough empirical evidence is available to establish common dynamic risk factors for sexual recidivism. Without such empirical factors, assessments of changes in an offender's risk of sexual recidivism can be based only on a reasoned analysis of the particulars of the individual case. ■

[1] 11th Floor, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P8.

[2] R. K. Hanson, R. A. Steffy and R. Gauthier, *Long-term Follow-up of Child Molesters: Risk Prediction and Treatment Outcome,* User Report No. 1992–02 (Ottawa: Solicitor General of Canada [Corrections Branch], 1992).

[3] L. V. Hedges and I. Olkin, *Statistical Methods for Meta-analysis* (Orlando: Academic Press, 1985). Each finding was also corrected for recidivism base-rate variances using formula 12:8 from P. Ley, *Quantitative Aspects of Psychological Assessment: An Introduction* (London: Duckworth, 1972).

[4] The complete list of studies is available from the author upon request.

[5] J. Bonta and R. K. Hanson, *Gauging the Risk for Violence: Measurement, Impact and Strategies for Change,* User Report 1994–09 (Ottawa: Solicitor General of Canada, 1994).

[6] Hanson, Steffy and Gauthier, *Long-term Follow-up of Child Molesters: Risk Prediction and Treatment Outcome.* See also V. L. Quinsey, M. E. Rice and G. T. Harris, "Actuarial prediction of sexual recidivism," *Journal of Interpersonal Violence*, 10 (1995): 85–105.

[7] J. Bonta and R. K. Hanson, *Violent Recidivism of Men Released from Prison,* Presentation at the 103rd meeting of the American Psychological Association, New York, 1995. See also L. L. Motiuk and S. L. Brown, *Survival Time Until Suspension for Sex Offenders on Conditional Release* (Ottawa: Correctional Service of Canada, 1995).

Improving prediction of sex offender recidivism: A proposed study

*by **Jean Proulx,**[1] **Luc Granger** and **Marc Ouimet***
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Attention is increasingly being paid to sex offender management. Most Canadian penitentiaries now have sex offender treatment programs. Increasingly broad support and control measures are being established to help reintegrate these offenders into society, and the appropriate period of incarceration for dangerous sex offenders is currently being debated. In short, there is a great need for a better understanding of the variables associated with sex offender recidivism.

This article sets out the framework for a proposed comprehensive study of sex offender recidivism. The first phase has already been approved by a Correctional Service of Canada Regional Research Committee (Quebec) and is under way at the Service's Regional Reception Centre (Quebec).

Objectives

The proposed study consists of two phases. The first phase will attempt to identify groups of factors that characterize various types of sex offenders, while the second phase will involve long-term offender follow-up to determine recidivism rates for each type of sex offender. All sex offenders who recidivate will also be reassessed to identify the factors that led to their recidivism.

This study will be valuable because it will examine a wide range of variables, several of which have never before been considered in recidivism-related cluster analyses. The study will also examine several personal variables (such as personality disorders, psychopathy and deviant sexual preferences) that, unlike the static recidivism predictors used in the past, can be used as intervention targets within treatment programs.[2]

Finally, we hope that this study will make it possible to develop a tool for predicting sex offender recidivism.

A review of the relevant literature reveals that, although numerous studies have examined criminal history and current offence characteristics in relation to recidivism, few have examined the relationship between personal and treatment variables and recidivism.

Recidivism variables

The variables associated with recidivism can be divided into four categories:

- criminal history (both sex and non-sex offences);
- current offence;
- personal characteristics; and
- treatment.

A review of the relevant literature reveals that, although numerous studies have examined criminal history and current offence characteristics in relation to recidivism, few have examined the relationship between personal and treatment variables and recidivism.

Yet, these variables (unlike criminal history variables) can be the focus of therapeutic intervention. Future studies should, therefore, give priority to these variables.

Past research on personal characteristics has also focused on a limited number of factors. Further, several of these studies

used instruments that do not meet current psychometric standards or tests that may not be appropriate for use with sexual aggressors.[3]

It is, therefore, necessary to study the personal characteristics of sex offenders (in combination with other variables) to improve our ability to identify their risk of recidivism. The proposed study will deal primarily with four categories of personal characteristic variables that may have the potential to predict recidivism:

- personal and family history;
- psychometric data;
- phallometric data; and
- pre-crime phase data.

The selection of these variables was based on current sexual aggression theories.[4] The psychometric instruments to be used were selected for their validity and specificity in the area of sexual aggression.

Study sample

The study sample will include all sex offenders (rapists, pedophiles, hebephiles and incest offenders) assessed during their stay at the Regional Reception Centre (Quebec) between February 1995 and January 1997. Based on data for 1993, it is estimated that the total sample will number approximately 450.

The offenders will be categorized according to the age and gender of their victims. Therefore, sex offenders who assaulted women older than 18 will be classified as rapists, those who assaulted pre-pubescent children will be classified as pedophiles, those who assaulted pubescent children younger than 18 will be classified as hebephiles (if there was at least a five-year age difference between the aggressor and the victim), and those who assaulted their own children will be classified as incest offenders.

The study sample will include all sex offenders (rapists, pedophiles, hebephiles and incest offenders) assessed during their stay at the Regional Reception Centre (Quebec) between February 1995 and January 1997. Based on data for 1993, it is estimated that the total sample will number approximately 450.

Measurement instruments

Offender sexual preferences will be assessed using penile plethysmography.[5] The personality characteristics to be assessed relate to psychopathology and certain cognitive and affective variables. Finally, the research team has developed a computerized questionnaire to collect data relating to criminal history, current offence, and personal and family history.

Procedure

In Quebec, all sex offenders sentenced to two or more years are sent to the Regional Reception Centre. During their stay in this institution, they are assessed by members of the psychology section. All sex offenders who are assessed will be asked to participate in a study on recidivism variables and those who agree must sign a consent form.

Each participating offender will then meet with a research assistant who will, after reviewing the offender's file, interview him to obtain any missing criminal history, current offence and personal/family history information. The research assistant will also give the offender psychometric tests that must be completed in a confidential setting.

During the second phase of the study, recidivism data will be collected annually. Recidivism will be broken down into sexual recidivism, violent non-sexual recidivism, and non-violent non-sexual recidivism. Further, every offender who returns to the Regional Reception Centre after recidivating will be interviewed by a research assistant to gather information on the pre-crime phase and their new offence.

Analytical strategy

The first analytical step will be to perform descriptive and comparative studies of the offenders for all study variables. This should help to identify general sex offender characteristics. A variety of comparative analyses will then be carried out, using several variables at a time, to pinpoint the characteristics specific to particular sub-groups of sex offenders.

The next step will involve analyzing the statistical relationships among criminal history, current offence, personal characteristics (personal/family history, psychometric and phallometric data, and pre-crime phase data), and past treatment.

The first phase will conclude with a study of the development of sexual delinquency to identify the developmental processes in the criminal histories of sex offenders.

At the very least, this research should significantly increase our knowledge of the factors associated with sex offender recidivism and, therefore, improve treatment methods.

After a few years, it will be possible to carry out the second phase of the study and examine recidivism. We will be able to examine the relationships between study variables and offender recidivism, the length of time offenders remain in the community without recidivating, the type of recidivism, and the seriousness of the recidivism (such as number of victims and the degree of violence used). Multiple and logistic regression analysis and survival analysis will be used at this time.[6]

We hope that the results of this research will make it possible to create predictive tools for use with sex offenders. At the very least, this research should significantly increase our knowledge of the factors associated with sex offender recidivism and, therefore, improve treatment methods. ■

[1] P.O. Box 6128, Postal Station Centre Ville, Montreal, Quebec H3C 3J7. Please note that only the first phase of this study, the identification of factors characterizing various types of sex offenders, has been approved by the Regional Research Committee. Further approval must be obtained before the second phase of the study can begin.

[2] R. K. Hanson, R. Steffy and R. Gauthier, "Long-term recidivism of child molesters," *Journal of Consulting and Clinical Psychology*, 61 (1993): 642–652.

[3] R. K. Hanson, B. Cox and C. Woszczyna, "Assessing treatment outcome for sex offenders," *Annals of Sex Research*, 4 (1991): 177–208.

[4] J. Aubut, *Les agresseurs sexuels: Théorie, évaluation et traitement* (Montreal: Les éditions de la Chenelière, 1993).

[5] J. Proulx, "Sexual preference assessment of sexual aggressors," *International Journal of Law and Psychiatry*, 12 (1989): 275–280.

[6] P. D. Allison, *Event History Analysis [Regression for Longitudinal Event Data Series]: Quantitative Application in the Social Sciences*, Paper 46 (Beverly Hills: Sage, 1984).

Coming up in *Forum on Corrections Research...*

The September 1996 issue of FORUM will be the 25th issue of FORUM to be published and will focus on "Effective Correctional Programming." The theme of the January 1997 issue will be "Offender Classification."

Mental health and psychosexual disorders among federal sex offenders

*by **Manassé Bambonyé***[1]
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In 1989, the Correctional Service of Canada conducted a mental health survey to estimate the prevalence, nature and severity of mental health disorders in the federal offender population. Approximately one quarter of offenders were diagnosed as having had some form of mental health disorder during their lifetimes.[2]

So far, most studies of mental health disorders among sex offenders have focused on personality characteristics and sexual behaviour. For example, sex offenders have been shown to have a high incidence of sexual abuse in their childhood,[3] *disturbed parental sexual attitudes*[4] *and histories of maternal seduction.*[5] *However, there is not sufficient research comparing sex offenders with non-sex offenders using mental health diagnoses.*

Given the limited availability of research data on this topic, we decided to conduct our own study. This article sets out the results of this study, which used psychiatric and psychological assessments from offender files to estimate whether sex offenders and non-sex offenders differ significantly in prevalence of mental disorder diagnoses.[6]

Methodology

A total of 80 male offenders were studied in the course of this research. All were incarcerated at a medium-security Correctional Service of Canada institution in Quebec — 40 for a sex offence(s) and 40 for a non-sex offence(s).

A structured questionnaire was developed to obtain information on a variety of historical variables from offender files. These variables included demographic information (such as age, marital status and length of incarceration), criminal history (past and current offences) and psychiatric history (previous psychiatric or psychological assessments).

The Hare Psychopathy Checklist was scored for each subject. In all cases, particular care was taken to obtain information related to five key questions:

- What was the distribution of psychiatric diagnoses between sex offenders and non-sex offenders?
- What was the distribution of dual diagnoses directly related to sexual disorders?
- What was the distribution of diagnoses directly related to sexual disorders?
- How did the Hare Psychopathy Checklist scores of the two groups differ?
- How did the previous convictions of the two groups compare?

Results

Within the sex offender group, 18 offenders had victimized an adult woman, nine had victimized a girl, seven had victimized a boy, three had victimized both a boy and a girl, two had victimized both an adult woman and a girl, and one had victimized his own child.

Most of the offenders in both groups were serving their second sentence in a federal institution. Approximately 93% of the sex offenders had served a previous federal sentence (83% of these offenders for a sex offence), while 97.5% of the non-sex offenders had served a previous federal sentence (none had a history of sex offences).

The two groups were initially compared in terms of psychiatric diagnoses. Approximately 65% of the sex offenders had some mention of a psychiatric diagnosis in their file, compared with just 30% of the non-sex offenders. This difference was statistically significant ($p<.05$).

However, a substantial number of the various diagnoses appeared to be labels (such as "primitive personality" or "immature personality") applied without consideration of the Diagnostic and

Statistical Manual of Mental Disorders. These doubtful diagnoses were more frequent in the sex offender group — 38.5% of this group's diagnoses did not correspond to any category in the manual, compared with 25% of the diagnoses from the non-sex offender group. When these invalid diagnoses were eliminated from the analysis, the mental disorder diagnoses of the two groups did not differ significantly.

A handful of offenders in each group had a dual diagnosis. Again, these diagnoses did not necessarily correspond to established categories. Two sex offenders and one non-sex offender had doubtful dual diagnoses.

Interestingly, just 12.5% of the diagnosed sex offenders had a diagnosis directly related to the nature of their sex offence.

The two groups' scores on the Hare Psychopathy Checklist were also compared. The average score for the sex offender group was 16.4 (with a range from 3 to 30), compared with an average non-sex offender score of 16.6 (with a range from 3 to 26). This difference was not significant.

Sex offenders are diagnosed with mental disorders more than twice as often as non-sex offenders (65% versus 30%). This difference is statistically significant. However, only 62% of the sex offender diagnoses and 75% of the non-sex offender diagnoses were consistent with the Diagnostic and Statistical Manual of Mental Disorders.

Discussion

Sex offenders are diagnosed with mental disorders more than twice as often as non-sex offenders (65% versus 30%). This difference is statistically significant. However, only 62% of the sex offender diagnoses and 75% of the non-sex offender diagnoses were consistent with the Diagnostic and Statistical Manual of Mental Disorders.

This nonconformity to manual categorizations could perhaps be partially explained by professional attitudes about the use of the manual. It is also possible that the the manual's diagnostic criteria are somewhat misunderstood.

Doubtful diagnoses could, however, have negative implications for information sharing. By identifying psychopathology in a way that other clinicians may not understand clearly, we may well limit the determination of appropriate treatment for offenders. Correctional organizations should, therefore, strongly discourage the use of diagnoses that do not comply with the Diagnostic and Statistical Manual of Mental Disorders.

As for psychosexual disorders, the results indicate that sex offenders do not report more psychosexual disorders than non-sex offenders. Based on the results of the Service mental health survey, this indicates that the approximately 25% incidence of psychosexual disorders applies to the overall offender population. ■

[1] 1851 Sherbrooke Street East, Suite 704, Montreal, Quebec H2K 4L5.

[2] L. L. Motiuk and F. J. Porporino, *The Prevalence, Nature and Severity of Mental Health Problems among Federal Male Inmates in Canadian Penitentiaries* (Ottawa: Correctional Service of Canada, 1991).

[3] D. Finklehor, *Child Sexual Abuse: New Theory and Research* (New York: Free Press, 1984). See also M. Goldstein et al., "Experience with pornography: Rapists, pedophiles, homosexuals, transsexuals and controls," *Archives of Sexual Behaviour*, 1 (1971): 1–15. And see A. N. Groth, *Men Who Rape: The Psychology of the Offender* (New York: Plenum, 1979).

[4] B. Karpman, *The Sexual Offender and his Offenses: Etiology, Pathology and Treatment* (New York: Julian Press, 1954).

[5] G. Fischer and E. Rivlin, "Psychological needs of rapists," *British Journal of Criminology*, 11 (1971): 182–185.

[6] Psychosexual disorders were diagnosed using the DSM-III-R, see American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition [revised] (Washington, American Psychiatric Association, 1987). The Hare Psychopathy Checklist Questionnaire was also used.

Millhaven's specialized sex offender intake assessment: A preliminary evaluation

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The Millhaven Sex Offender Assessment Service was established in 1993 in direct response to recommendations made to the Correctional Service of Canada.[2] Millhaven Institution is the Service's reception and assessment unit for most of Ontario's federally sentenced offenders and was, therefore, a logical location for a sex offender intake assessment service.

This article will evaluate the implementation of Millhaven's sex offender assessment services in two ways. First, it will describe the assessment service components that respond to the six main recommendations that prompted the system's creation. The article will then examine the preliminary impressions of the service held by various "stakeholder groups" in Ontario.

Identifying sex offenders

Procedures for identifying sex offenders were initiated with relative ease at Millhaven. There was some initial concern that the identification of sex offenders would lead to institutional violence, but this has not proven to be a problem. Offenders are categorized according to:

- their current term — currently serving a sentence for either a major or non-major admitting sex offence;
- a previous term — have a previous conviction for a major or non-major admitting sex offence; or
- a current sex-related offence — currently serving a sentence for an offence(s) that is sexual in nature but not labeled as such (for example, charges related to the sex offence may not have been laid because the sexual behaviour accompanied a more serious offence).

Current-term sex offenders are identified by a review of the *Criminal Code* convictions of all offenders entering Millhaven Institution. Any offender convicted of an offence with a sexual component is automatically referred for assessment.

Previous-term sex offenders and offenders with sex-related convictions are identified by case management and psychology personnel based on information obtained from sources such as the RCMP Finger Print Service, the Canadian Police Information Centre database, police reports and victim impact statements.

Psychosocial history

A narrative format is used to obtain information about offender psycho-social histories. These case histories are important to designing appropriate treatment, estimating risk, and developing individualized risk management and relapse prevention programs. More important, risk-prediction instruments must have access to complete offender histories.

Sex offence descriptions

Official documents are used to produce a detailed description of the offender's entire record of sex offences (and included in each psycho-social history). The documents are listed in the report for convenience and reference. At least one of the following reports is usually available:

- police report;
- Crown brief;
- victim impact statement;
- agreed statement of facts;
- sentencing reasons; and
- court transcript.

Official information is also used to determine the offender's typology. Most typologies are based on both offender and victim characteristics, such as number of victims, victim gender and victim age. Categorical scales are also used to rate degree of physical violence and sexual intrusion.

A comparable offender description of the offence immediately follows the official version. The offender's version, including denial or minimization, is written as the offender presents it — without interpretation. This information is vital in preparing scales such as the Denial and Minimization Checklist[3] and for some aspects of the risk measures mentioned earlier.

Risk evaluation

Three well-known scales are used to evaluate each offender for risk of recidivism. For example, case managers routinely complete the General Statistical Information on Recidivism Scale.[4] This scale score and its standardized interpretation are used for comparison purposes and as a predictor of general recidivism.

The Level of Service Inventory (Revised)[5] is also used. Offender total scores and the likelihood of recidivism according to that score are used to measure the risk of general recidivism. This inventory has been shown to have dynamic predictive validity.

The Psychopathy Checklist (Revised) is, perhaps, the foremost predictor of violent recidivism, and its use is also well established with sex offender populations.[6] Psychopathy Checklist scores are presented according to cutoffs.[7]

Treatment program triage

The Service's Ontario Region provides treatment for minimum-, medium- and maximum-security sex offenders. The Regional Treatment Centre (Ontario) deals with offenders of all security levels and offers two sex offender treatment programs — a group program designed for relatively high-functioning offenders, and an individualized program designed for lower-functioning or psychiatrically disturbed offenders.

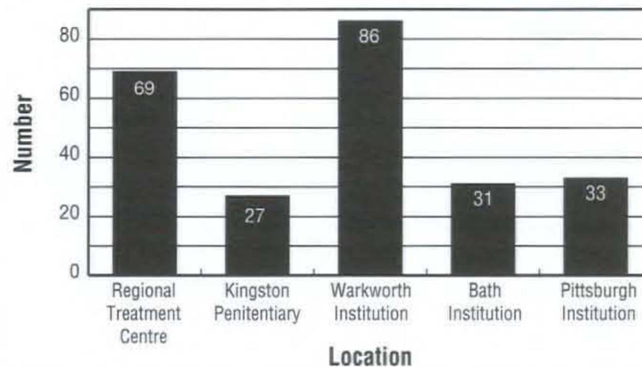
The Kingston Penitentiary Satellite Sex Offender Program treats maximum-security offenders, while the Warkworth Sexual Behaviour Clinic works with medium-security offenders. The Bath Sex Offender program deals with offenders who have moved down from higher security levels, many of whom have received treatment in other programs. The Bath program also works with low- to moderate-risk sex offenders.

Finally, the Pittsburgh Sex Offender Program works with low-risk sex offenders placed directly into minimum security after assessment at Millhaven. Each minimum-security institution also operates a relapse prevention program.

Part of the Millhaven assessment report is a recommendation as to the offender's need for sex offender programming and the most suitable program for his risk/need profile. The offender is then placed on the waiting list for that program (see Figure 1).

Figure 1

Institutional Breakdown of Program Recommendations



Computerized information system

A comprehensive information database was developed for use with Ontario Region sex offenders. The information included in the database responds to the needs of administrators, clinicians and researchers.

Program evaluation

Millhaven's Sex Offender Assessment Service can be said to affect five stakeholder groups:

- institutional administrators;
- Millhaven case management officers;
- case management officers in other institutions;

- psychologists in other institutions; and
- sex offender treatment staff.

Institutional administrators are stakeholders because they are responsible for the day-to-day management of sex offenders. Millhaven case management officers are stakeholders because they decide where each offender will begin serving his sentence. Case management officers in other institutions are stakeholders because they are responsible for offender involvement in institutional programs. Institutional psychologists are stakeholders because they often deal with offender crisis management and programming. Finally, program staff are stakeholders because they ultimately treat offenders.

A total of 45 anonymous questionnaires were mailed to these stakeholders along with an addressed reply envelope — 32 were returned (see Table 1).

Table 1

A Breakdown of the Responses to the Evaluation Questionnaires

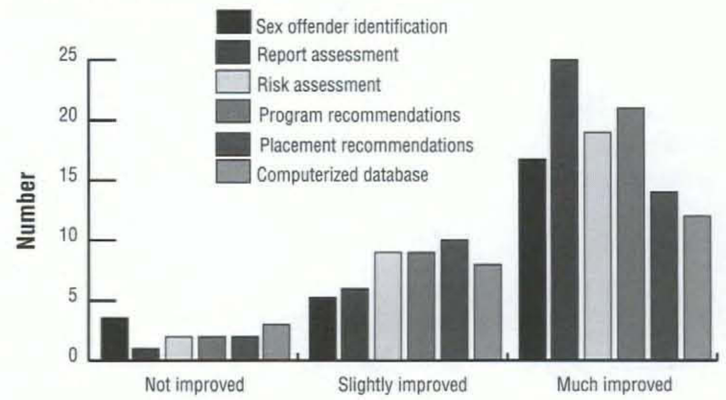
Position	Number surveyed	Responses
Administrators	4	25%
Millhaven case management officers	7	57%
Other institution case management officers	13	92%
Psychologists	10	90%
Treatment staff	11	36%
Total	**45**	**67%**

The stakeholders were asked to evaluate the six mentioned services provided by Millhaven's Sex Offender Assessment Service by indicating the degree of improvement over previous procedures, using ratings ranging from worse to much improved. Respondents were also asked to propose improvements. If they were unfamiliar with one of the functions, respondents were to leave that area blank. Few respondents left areas blank and none rated the services as worse.

More than 65% of the respondents rated Millhaven's sex offender identification process as much improved over previous procedures (see Figure 2). Only a few added comments on this topic, with most supporting the rating or praising Millhaven's capacity to identify sex-related offences.

Figure 2

Evaluation of the Millhaven Sex Offender Assessment Service, by Service



Millhaven's assessment reports were viewed as much improved by 78% of respondents. All respondents rated this item, presumably because they had all used the reports. Only one respondent rated the reports as not improved. Most comments on this topic were positive, but there were a few constructive criticisms. For example, three Millhaven case management officers pointed out that the criminal profile reports contain largely the same information as the criminal history section.

Millhaven's risk evaluations were viewed as much improved by 63% of respondents. However, the comments on this item were far more critical — although still constructive. A couple of psychologists suggested that raw scores be presented, especially for the Psychology Checklist, so that they could apply their own cutoffs. Several case managers also questioned the use of phallometric measures.

Millhaven's treatment recommendations for offenders were viewed as much improved by 66% of respondents. The critical comments

came exclusively from case management staff. Virtually all of these comments advocated explaining why a particular program was recommended for a specific offender.

Millhaven's recommendations of particular institutions for offenders were also viewed as much improved by 66% of respondents.

However, Millhaven case managers pointed to instances of duplication, and case managers from other institutions questioned the degree of consultation between the assessment service and Millhaven's case management officers.

The number of blank areas in the computerized information system section indicates that several respondents were either unaware of, or had not come into contact with, this system.

However, the stakeholders who had come into contact with the system tended to rate it as improved. Respondents with computer network access made the most positive comments, but did cite system slowdowns as problematic.

The results of this preliminary evaluation of Millhaven's Sex Offender Assessment Service are clearly quite positive. The five stakeholder groups rated all of its services as much improved over the sex offender assessment services previously offered.

Recommendations

The results of this preliminary evaluation of Millhaven's Sex Offender Assessment Service are clearly quite positive. The five stakeholder groups rated all of its services as much improved over the sex offender assessment services previously offered.

However, there is always room for improvement, so several changes have been made or recommended.

The duplication of effort in the criminal profile reports (compiled by case management staff) and the criminal histories (compiled by behaviour analysts) is being addressed through a project to combine these two areas of responsibility. Offender intake assessments and specialized sex offender assessments will become the responsibility of Sex Offender Assessment Services.

The computerized tracking and information system has also now been expanded to all institutions and two district offices in Ontario Region. As more people learn to use it, the system will probably further expand.

This preliminary evaluation indicates that the Millhaven Sex Offender Assessment Service could be categorized as a success. With relatively minor changes, it could serve as a model that other Service regions may wish to follow. ■

[1] Highway 33, P.O. Box 22, Kingston, Ontario K7L 4V7.

[2] V. L. Quinsey, *Strategies for the Assessment, Treatment and Management of Sex Offenders,* Submitted to the Correctional Service of Canada, 1990.

[3] H. E. Barbaree, "Denial and Minimization Among Sex Offenders: Assessment and Treatment Outcome," *Forum on Corrections Research,* 3, 4 (1991): 30–33.

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[5] D. A. Andrews and J. L. Bonta, *Manual for the Level of Service Inventory (Revised)* (Toronto: Multi-Health Systems Inc., 1995).

[6] R. D. Hare, *Manual for the Revised Psychopathy Checklist* (Toronto: Multi-Health Systems Inc., 1991).

[7] R. Serin et al., "Psychopathy and deviant sexual arousal," *Journal of Interpersonal Violence* (1994).

Sex offender recidivism prediction

by ***Nathalie Bélanger***
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Recent research[2] has established an actuarial model for predicting sexual recidivism. The Sex Offender Risk Appraisal Guide has been shown to be relatively effective in predicting both sexual and non-sexual recidivism.

This is very encouraging, as dangerous behaviour has historically been difficult to predict. However, this prediction instrument has been somewhat criticized. Given that its test sample was made up of sex offenders assessed or treated at a psychiatric facility, it is not clear whether the Sex Offender Risk Appraisal Guide would be useful when applied to sex offenders in the criminal justice system.

This article, therefore, summarizes an effort to preliminarily test the predictive validity of this instrument with convicted offenders through a follow-up study of sex offenders released from Correctional Service of Canada institutions.

Methodology

The Sex Offender Risk Appraisal Guide was developed based on a follow-up study of 178 sex offenders released from a maximum-security psychiatric facility. After an average follow-up of 59 months, 27.5% of the sex offenders sexually recidivated and 40.4% of the sex offenders were arrested, convicted or returned to the psychiatric facility for a violent offence. Regression analyses revealed correlations between recidivism and a variety of predictor variables including the Hare Psychopathy Checklist scores, criminal history (both sexual and non-sexual), and a physiological measure of sexual arousal.

These predictor variables were combined to construct the Sex Offender Risk Appraisal Guide.[3] The results obtained with this guide have correlated highly with both sexual and non-sexual recidivism (0.45 and 0.46, respectively). The guide was also demonstrated to have correctly identified 72% of violent offenders and 77% of sex offenders.

However, this prediction instrument has been somewhat criticized. Given that its test sample was made up of sex offenders assessed or treated at a psychiatric facility, it is not clear whether the Sex Offender Risk Appraisal Guide would be useful when applied to sex offenders in the criminal justice system.

To preliminarily test the predictive validity of the guide with sex offenders in the criminal justice system, a sample of 57 male sex offenders was studied. These offenders were released from minimum-, medium- and maximum-security Correctional Service of Canada Quebec Region institutions between January 1, 1991 and January 31, 1993. All of the offenders were released to a half-way house with the specific condition that they participate in a community-based sex offender treatment program. None of the offenders had received institutional treatment.

The average age of this sample at the time of their incarceration was 34.3 (with an age range from 21 to 55). As for offence type, 21 of the offenders had victimized adult women, while 36 had victimized children under the age of 14.

Data for the Sex Offender Risk Appraisal Guide was obtained from institutional files and clinical interviews. The results of a physiological assessment of sexual arousal were also obtained for each offender.

Of the 57 files, 23 were randomly selected and coded by two raters to establish an

estimate of inter-rater reliability. Raters agreed in 94.7% of the cases and the disagreements were resolved by a third rater.

Follow-up was conducted from the moment an inmate was released and continued until their sentence expired. Recidivism was defined as being charged with a new sex offence, being charged with a new non-sex offence, or a conditional release violation serious enough to return the inmate to a federal institution. Arrest, conviction and conditional release violation information was obtained from police reports, the case management team at the half-way house, and therapists in the community-based treatment program.

Given the small sample size, readers should be cautious about generalizing any results beyond the scope of this study. However, the positive results seemingly suggest that further study of the guide is warranted.

Results

Of the 57 sex offenders, 43.9% were returned to a federal institution within 40 weeks of release (see Table 1). Approximately 29.8% of the offenders were arrested for either a sex offence or a non-sex offence, while 14% were incarcerated for a conditional release violation. A point biserial correlation revealed a significant linear relationship between scores on the Sex Offender Risk Appraisal Guide and recidivism ($p < .01$).

Table 1

Sex Offender Recidivism and Offence Category

Recidivism offence	Number of offenders
Sex offence	19.3%
Non-sex offence	10.5%
Conditional release violation	14.0%
Total	**43.9%**

To further test the validity of the instrument, a computer simulation was used to identify correct and incorrect release decisions for each Sex Offender Risk Appraisal Guide category score. The Sex Offender Risk Appraisal Guide has nine prediction categories ranging from 0.00 to 1.00 probability of violent recidivism. For each prediction category, the simulation calculated the percentage of the sample correctly identified by the instrument, the percentage of false negatives (offenders predicted to succeed who recidivated), and the percentage of false positives (offenders successful in the community who had been predicted to fail).

For example, if it had been predicted that all inmates would fail in the community, 43.9% of the total sample (those who recidivated) would have been correctly identified but 56.1% would have remained incarcerated unnecessarily.

The accuracy of prediction and types of errors produced by the model varied over the nine prediction categories (see Table 2). The prediction categories between 0.00 and 1.00 yielded varying levels of overall accuracy, with a maximum of 75.4% of the total sample being correctly identified (at the 0.55 category).

Table 2

Computer Simulation Evaluation of Sex Offender Risk Appraisal Guide Release Decisions

Prediction category	Offenders correctly identified	False negatives (success predicted but offender recidivated)	False positives (recidivism predicted but offender succeeded)
0.00	43.9%	0.0%	56.1%
0.08	43.9%	0.0%	56.1%
0.12	43.9%	0.0%	56.1%
0.17	54.4%	0.0%	45.6%
0.35	70.2%	7.0%	22.8%
0.44	71.9%	14.0%	14.0%
0.55	75.4%	19.3%	5.3%
0.76	63.2%	35.1%	1.7%
1.00	57.9%	42.1%	0.0%

The overall accuracy of the model at each prediction category is of considerable theoretical and empirical interest, but the results of the computer simulation suggest that maximizing overall accuracy does not account for the relative costs of prediction errors.

For example, specifying a cutoff at the model's maximum prediction capacity (75.4% correct) would result in misclassifying approximately 24.6% of the sample, and most

of the errors would be false negatives (releasing offenders who should have been kept in custody). A lower cutoff score of 0.35 would lower the proportion of correct predictions (70.2%), but would also decrease the false negatives from 19.3% to 7.0%. Clearly, risk prediction must balance the costs of recidivism against the costs of continued incarceration.

Of course, the best way to reduce the costs of both recidivism and continued incarceration is to provide effective sex offender treatment. The Sex Offender Risk Appraisal Guide can be useful in determining both treatment need and preferred treatment form. For example, low-risk offenders (those scoring 0.17 and below on the instrument) should receive either no treatment or low-intensity programming. High-risk offenders (those scoring 0.35 and above) should be referred to intensive pre-release treatment programs and supervised closely after release. ■

[1] C.P. 6128, succursale Centre-ville, Montréal, Québec H3C 3J7. The authors would like to thank V. L. Quinsey and M. Lalumière for their comments on an earlier version of this article.

[2] V. L. Quinsey, M. E. Rice and G. T. Harris, "Actuarial prediction of sexual recidivism," *The Journal of Interpersonal Violence*, 10 (1995): 85–105.

[3] G. T. Harris, personal communication. For a description of the closely related Risk Appraisal Guide, see C. D. Webster et al., *The Violence Prediction Scheme: Assessing Dangerousness in High Risk Men* (Toronto: Centre of Criminology, 1994).

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Characteristics of sexual assaults on female prison staff

by ***Karl D. Furr***[1]
Psychologist/Program Coordinator, Sex Offender Program, Kingston Penitentiary

The sexual assault of a female prison staff member is a rare phenomenon committed by a small minority of inmates. However, even one such assault can have devastating impacts. Action must, therefore, be taken to respond to this rare but serious problem.

The best strategy for dealing with sexually motivated hostage-takings or other prison sexual assaults is prevention. One important preventive measure is identifying inmates likely to sexually assault a female staff member.

To that end, this article sets out the results of a recent review of several incidents involving either the sexual assault of a female staff member or a hostage-taking in which sexual assault was alleged. We hope that this examination will reveal characteristics that will help identify such dangerous inmates so that appropriate precautions can be taken.

Methodology

This review was carried out in several Correctional Service of Canada institutions. The first step was to review file information on inmates who committed or were charged with the sexual assault of a female staff member or with a hostage-taking that involved an allegation of sexual assault.

Additional information was then obtained from staff members with personal knowledge of the inmate or incident. Some of the staff members consulted were the victims of these assaults.

A total of 13 inmates were identified through this process. However, the number of inmates studied was eventually reduced to 11 because of lack of information about two of the inmates. In all, these inmates committed (or attempted to commit) considerably more than 11 sex offences against female staff members. Some offenders repeatedly committed sex offences against female prison staff.

In most cases, the assaults caused no physical injuries to the victims. However, one incident did result in serious physical and psychological harm, while an inmate apparently attempted to kill a female staff member in another of the incidents.

As mentioned, most of these inmates had sexually assaulted female prison staff members before. Some had a long history of such assaultive behaviour against female staff, although most of these offences had been limited to sexual touching.

Inmate characteristics

All the inmates identified in the study were known sex offenders who had previously sexually assaulted adult women. Most were serving long sentences at the time of the incident studied — almost half were serving either a life sentence or an indeterminate sentence after being classified as a dangerous offender or dangerous sexual offender.

These inmates had committed crimes that had resulted in more physical harm to the victims than most sex offenders. Several of the inmates had killed or attempted to kill a past victim(s).

Many (although not all) of them also had psychiatric histories involving psychoses, severe personality disorders, or extreme behavioural or mental instability. The proportion of psychopaths in the study was greater than in the general sex offender population,[2] and most of the study inmates were sexually sadistic (only about 10% to 20% of the general sex offender population can be so described).[3]

As mentioned, most of these inmates had sexually assaulted female prison staff members before. Some had a long history of such assaultive behaviour against female

staff, although most of these offences had been limited to sexual touching.

Most of the inmates had also been identified as highly likely to sexually assault female prison staff. In some cases, psychological and case management staff had issued specific warnings about this risk, and some of the inmates had warned their eventual victim(s) of the risk before assaulting them.

However, not all inmates had been identified as a high risk to female staff — even though they had sexually assaulted female staff members before.

Most of the assaults on female staff occurred after the inmate had experienced a period of distress during which he characterized himself as being in a hopeless situation.

For example,several inmates committed the sexual assault after receiving discouraging news about an appeal or National Parole Board decision, or after involvement in an institutional problem.

Some tentative conclusions

The sex offenders at highest risk of assaulting female prison staff seem to possess the following characteristics:

- a history of sexually assaulting adult women;
- a history of sexually assaulting female staff members in psychiatric or correctional institutions;
- have been identified as a psychopath by high scores on the Hare Psychopathy Checklist (Revised)[4]
- are sexually sadistic;
- view their situation as hopeless or extremely distressing;
- are serving a lengthy sentence; and
- have a history of causing or attempting to cause grave injury to victims.

The harm these inmates may do to female staff depends on factors specific to each inmate, but past sexual assaults are the best predictors of sexually assaultive behaviour. Previous assaults on female staff and the inmate's most serious past sexual assault are probably most relevant in making such predictions.

The harm these inmates may do to female staff depends on factors specific to each inmate, but past sexual assaults are the best predictors of sexually assaultive behaviour. Previous assaults on female staff and the inmate's most serious past sexual assault are probably most relevant in making such predictions.

What can be done?

The Statistical Prediction of Violent Recidivism Among Sex Offenders Instrument appears to be useful in identifying which inmates might attempt to assault female staff.

This instrument uses the Hare Psychopathy Checklist, various static risk factors, and phallometric test results to estimate the absolute risk level for sexual or violent offending.[5] The instrument identified seven of the nine study inmates for whom we had sufficient data to score as highly likely to assault female staff.

Sex offenders at high risk of sexually assaulting female staff should be identified at each institution. A registry or flagging system is needed to alert staff about such inmates, and information should be available on the type of sexual offence they might commit.

The movements of these inmates should also be restricted, or very closely monitored, to limit their access to potential victims. To ensure accuracy of information about past sexual assaults, criminal charges should be laid against all inmates who commit sex offences against prison staff.

Unfortunately, there are no simple, effective rules that can be followed in the event of such an attack. The motives of sex offenders vary, as do their responses to victim reactions.

Some victims are harmed less if they do not resist, while other victims can only protect themselves from great harm by resisting. There is simply no way to predict the safest strategy.[6] What might discourage one type of assailant might only aggravate another.

Hopefully, this study will provide a basis for preventing sexual assaults on female staff members in the first place by identifying high-risk offenders and developing risk management strategies for them. ■

1 555 King Street West, P.O. Box 22, Kingston, Ontario K7L 4V7.

2 R. C. Serin, P. B. Malcolm, A. Khanna and H. E. Barbaree, *Psychopathy and Deviant Sexual Arousal in Incarcerated Sexual Offenders,* Unpublished Manuscript, 1992.

3 D. L. Preston, *Patterns of Sexual Arousal Among Rapist Subtypes,* Unpublished Doctoral Dissertation, Queen's University, 1995. See also H. E. Barbaree, M. C. Seto, R. C. Serin, N. L. Amos and D. L. Preston, "Comparisons between sexual and nonsexual rapist subtypes: Sexual arousal to rape, offense precursors, and offense characteristics," *Criminal Justice and Behavior,* 21 (1994): 95–114.

4 R. Hare, *Psychopathy Checklist — Revised* (Toronto: Multi-Health Systems Inc., 1990). This means that the offender persistently disregards social norms; is impulsive, unreliable and irresponsible; lacks the capacity for empathy, remorse and emotional depth; fails to maintain enduring attachments to people, principles or goals; and has a chronically unstable criminal lifestyle.

5 This instrument was developed using the general principles from the Burgess method. See E. M. Burgess, *The Working of the Indeterminate Sentence Law and the Parole System in Illinois* (Springfield: Illinois Parole Board, 1928).

6 R. R. Hazelwood and J. A. Harpold, "Rape: The dangers of providing confrontational advice," *FBI Law Enforcement Bulletin* (June 1986).

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An innovative treatment approach for incestuous fathers

by ***Line Bernier,***[1] ***Marielle Mailloux, Gilles David*** *and* ***Hélène Côté***
Montée Saint-François Institution, Correctional Service of Canada

In recent years, several Correctional Service of Canada institutions have begun to offer treatment programs for low-risk sex offenders. These programs target sex offenders who need only minimal intervention before returning to the community and usually emphasize developing empathy for the victim and preventing recidivism.

The Violence Interdite Sur Autrui (VISA) program emerged as an offshoot from these programs. It was developed specifically for men who have sexually abused children for whom they played a significant role (such as father, stepfather, grandfather, uncle or older brother).

This article examines the basic structure of the VISA program, setting out both its goals and general approach. Perhaps most important, the article also briefly highlights preliminary assessments of the program's effectiveness.

Basic characteristics

The VISA program was first implemented in 1991 in the Correctional Service of Canada's Montée Saint-François Institution. Unlike most correctional programming, this program does not focus solely on the offender. It attempts to help the entire family deal with the repercussions of incest. As such, the VISA program not only gives offenders an opportunity to reflect on their sexual deviance and its consequences, it also provides a way for abusers to attempt to make amends to those they have hurt — allowing them to act as responsible spouses and fathers.

In concrete terms, VISA encourages incestuous fathers to:

- overcome fear and shame, and acknowledge what they have done;
- take full responsibility for the abuse in front of both the people involved and the group;
- acknowledge the damage they have done to their victims, their families and themselves;
- take steps to make amends and establish a healthy relationship with their victims and those close to them;
- learn about their problem so they can look critically at their sexual conduct and eventually lead sexually responsible lives; and
- recognize the factors that contributed to the abuse and take steps to reduce the influence of these factors in their lives.

Program philosophy

The VISA program does not focus on correcting deviant conduct (behavioural approach) or exploring the psychological conflict that triggers conduct (analytical approach), although these areas are not ignored. The program instead focuses on abusers' relationships with themselves, their victims, their spouses and other adults.

The VISA program is based on the premise that everyone can change and grow, and emphasizes that everyone is born with power, positive energy and the desire to improve.

As such, VISA therapists treat program participants as partners, not just treatment recipients. Participants contribute to the program's success by supporting each other both during and outside therapy, by acting as mentors to new arrivals and by providing an in-depth account of their actions to victims or the media.

VISA therapists also attempt to establish a place (real or symbolic) for family members in the process. Spouses are invited to participate in some program activities, family members are referred to relevant support services, and adults act as victim spokespersons by sharing their own experiences as abused children and/or betrayed mothers. Program workers must, therefore, maintain strong ties with the community support workers who assist the victims and families of incestuous fathers.

Program components

During the 14-week program, offenders usually participate in 28 psychotherapy group meetings, 13 sex education workshops and about 10 individual interviews.

Each group meeting is led by two psychotherapists, a man and a woman. The meetings begin with a short period of relaxation or centering to help participants prepare for therapy.

Participants are then invited to answer a question about the abuse they committed to prompt them to open up gradually and vent their intense emotions.

The main part of the meeting involves reviewing the assignment from the previous meeting. This review allows therapists and participants to measure individual involvement and progress.

Finally, participants leave the group with a new assignment or task to help sustain their commitment between meetings and to allow them to act on their resolve and desire to change.

The sex education workshops are run by a clinical sexologist, who discusses a variety of topics with participants, such as male and female genital anatomy and physiology; male and female sexual responses; masturbation; the influence of stimulants on sexuality; psycho-sexual development from childhood to adulthood; sexual myths; erotic fantasies; male and female sexual problems; sexual abuse and related cognitive problems; paraphalia; and accumulating knowledge and integrating it into the cycle of abuse.

More than 130 offenders of various races, cultures and educational backgrounds have participated in the program. These offenders have pooled their efforts to help end this type of abuse (only two participants have been reincarcerated for a further sex offence) and, ultimately, to free their victims of the burden of incest and make amends to those they have hurt.

Individual interviews are used to break down barriers and meet the specific needs of the individual participants.

Is it working?

To date, the VISA program has generated considerable interest and enthusiasm. More than 130 offenders of various races, cultures and educational backgrounds have participated in the program.

These offenders have pooled their efforts to help end this type of abuse (only two participants have been reincarcerated for a further sex offence) and, ultimately, to free their victims of the burden of incest and make amends to those they have hurt.

The VISA program has, therefore, demonstrated not only that it is possible to treat incest in a context of respect for abusers, their victims and their families, but also suggests that it may be more effective to treat the man/father than the deviant. ■

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Sex offender treatment priority: An illustration of the risk/need principle

by ***Terry P. Nicholaichuk***[1]
University of Saskatchewan; Regional Psychiatric Centre (Prairies), Correctional Service of Canada

This article contrasts outcome research on two Saskatchewan-based sex offender treatment programs. One program deals with provincially-incarcerated offenders, while the other operates at the Correctional Service of Canada's maximum-security Regional Psychiatric Centre (Prairies).

The two programs are of similar intensity. However, the provincially incarcerated offenders arguably need less intensive treatment, as federally incarcerated (serving sentences of two years or longer) sex offenders tend to commit more serious crimes, have greater needs and present greater risk.

Both treatment programs focus on relapse prevention and operate in group form to help offenders recognize high-risk situations, overcome rationalizations and denial, and assume responsibility for their offence(s).[2] *This treatment approach has been shown to be most effective with offenders considered to present the highest risk and degree of need.*[3]

The provincial program

A total of 30 inmates were referred to the provincial sex offender treatment program during the study period. Two inmates did not complete the program, one was excluded from the study sample because of a mental disability, and one was excluded from the sample because he died shortly after release. Therefore, 26 offenders were considered for this study.

Approximately 62% of the sample were Caucasian, with the remaining 38% being either Aboriginal or Métis.

The average sample age was 38, and the average level of educational achievement was at approximately a Grade Nine level.

Most of the offenders were first-time sex offenders who had been convicted of molesting children known to them. Although 56% of the offenders had previous criminal convictions, just 15% had been previously convicted of a sex offence. The average sample sentence (including probation) was 27.5 months.

Given the relative absence of criminal history, the prevalence of intrafamilial offenders and the fact that all the offenders were serving sentences of less than two years, this sample was considered relatively low-risk.

A comparison group was created from a sample of men who had been incarcerated for similar numbers and types of sex offences in Saskatchewan during the study period.

A comparison group was created from a sample of men who had been incarcerated for similar numbers and types of sex offences in Saskatchewan during the study period.

After matching for age, race, previous sex and non-sex offences, length of sentence and "time at risk," we were left with 35 comparison offenders who received no treatment before release to the community.

"Time at risk" represents the number of months the offender spent in the community after release. This variable was measured from the parole release date listed in the Canadian Police Information Centre database or from the date that marked completion of two-thirds of the offender's sentence.

Questionnaires were used to assess the emotional state, sexual attitudes and sexual knowledge of the offenders before and after treatment. Social desirability, cognitive functioning, possession of sexual

information, psychiatric symptoms and behavioural role-play performance were also measured. Paper-and-pencil tests were administered before and after treatment, and the role-plays were conducted and rated before treatment, immediately after treatment, and three months after treatment. Finally, offenders were rated for skills such as assertiveness and anxiety, with social skills given an overall rating.

When we looked at average offender anxiety ratings over the three role-plays, the independent ratings suggested a significant lessening of anxiety throughout the three tests ($p<.01$).[4] The role-play ratings also suggested an improvement in overall social skills ($p<.01$).

Recidivism data were extracted from Canadian Police Information Centre database records. These data included arrests, convictions, and parole or probation violations after release. The average follow-up period for the treatment group was 31.2 months and the average follow-up for the comparison group was 28.8 months.

The comparison group had a slightly lower average sexual recidivism rate than the treatment group, although the groups did not differ significantly as to either non-sexual or overall recidivism (see Table 1).

Table 1

Recidivism Data for the Provincial Treatment (26 offenders) and Comparison (35 offenders) Groups

New offences	Average recidivism rates	*p* value (2-tailed)
Sex offences		
Treatment group	0.11	0.181
Comparison group	0.03	
Non-sex offences		
Treatment group	0.88	0.536
Comparison group	1.23	
Total offences		
Treatment group	1.00	0.645
Comparison group	1.23	

Taken together, these results suggest that, while treatment seemed to improve offender emotional states and social functioning, these changes were not associated with recidivism — at least not in this low-risk group.

Taken together, these results suggest that, while treatment seemed to improve offender emotional states and social functioning, these changes were not associated with recidivism — at least not in this low-risk group.

The federal program

A 5.2-year (with a range of 0.4 to 148.5 months) follow-up of sex offenders treated in the Clearwater program at the Regional Psychiatric Centre (Prairies) yielded quite different results. This group of high-risk sex offenders (recidivist rapists and pedophiles serving federal sentences) was compared with a group of recidivist offenders released from federal prisons and followed up for three years.[5]

Consistent with an earlier comparison,[6] we found that the treatment group had a 59% lower sexual recidivism rate than the comparison group — despite being followed up for more than two years longer (the sexual recidivism rate for the comparison group was 14.6%, as compared with 6% for the treatment group; $p=0.022$). Further, the treatment group returned to federal custody less often than the comparison group (48.8% versus 64.7%, respectively; $p=0.013$).

When the recidivist (federal) and non-recidivist (provincial) offenders were pooled, there were no outcome differences in terms of sexual recidivism. This is a clear illustration of the risk/need principle,[7] in that the offenders at the highest initial risk level (recidivists) demonstrated the greatest treatment effects (as measured by readmission to federal institutions).

Discussion

Admittedly, the provincial sample findings were negative in that treatment did not appear to affect risk (as measured by recidivism). However, treatment can be expected to do little to reduce risk in an already low-risk group.

The risk presented by the provincially incarcerated offenders seems not to have been high enough to warrant the intensive intervention they received. Neither the treatment nor comparison samples had high rates of sexual acting out or other criminal behaviour after release, which may reflect their ability to manage their risk in the community — even without treatment. This is consistent with the risk/need principle, in that correctional treatment should not be expected to produce differential effects among low-risk offenders.[7]

More intensive programming should clearly be reserved for the more difficult offenders who stand to benefit most from it.

It appears that, although sex offender programming produced changes in immediate treatment targets among low-risk offenders, these changes were not related to recidivism. However, treatment was effective when delivered to high-risk offenders. This has important policy and resource allocation implications. It seems that sex offenders in their thirties with no previous sex offences, a limited (if any) history of non-sex offences, and serving sentences of less than two years should be directed into low-intensity, low-cost programming. More intensive programming should clearly be reserved for the more difficult offenders who stand to benefit most from it. ■

[1] 2520 Central Avenue North, P.O. Box 9243, Saskatoon, Saskatchewan S7K 3X5.

[2] W. L. Marshall, A. Eccles and H. E. Barbaree, "A three tiered approach to the rehabilitation of incarcerated sex offenders," *Behavioral Sciences and the Law*, 11 (1993): 441–455.

[3] D. A. Andrews and J. Bonta, *The psychology of criminal conduct* (Cincinnati: Anderson, 1994). See also P. Gendreau, F. T. Cullen and J. Bonta, "Intensive rehabilitation supervision: The next generation in community corrections?" *Federal Probation*, 58 (1994): 72–78.

[4] Friedman's Block/Treatment Test.

[5] F. Porporino and D. Robinson, Unpublished report, Research and Statistics Branch, Correctional Service of Canada, 1991.

[6] A. Gordon, R. Holden and T. Leis, "Managing and treating sex offenders: Matching risk and need in programming," *Forum on Corrections Research*, 3, 1 (1991): 7–11.

[7] Andrews and Bonta, *The psychology of criminal conduct*. See also Gendreau, Cullen and Bonta, "Intensive rehabilitation supervision: The next generation in community corrections?"

Just released...

The Correctional Service of Canada recently released T. Leis, L. Motiuk and J. Ogloff, *Forensic Psychology: Policy and Practice in Corrections* (Ottawa: Correctional Service of Canada, 1995).

A copy of this manual has been forwarded to all Service psychologists.

A national strategy for managing sex offenders

by ***Sharon M. Williams***[1]
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The number of sex offenders in Canadian federal prisons has grown steadily over the last 20 years, and is currently estimated at 3,875. This may be the result of increased reporting of sexual assaults, well-trained police forces backed by more sophisticated detection and identification techniques, and the development of legal procedures that encourage victims to testify. The courts are also delivering lengthier sentences for such assaults, and the return of offenders to the community has been slowed by the increasing use of detention legislation.

The rise in the number of identified sex offenders and several high-profile cases have fanned the flames of public outrage and fear. Sex offenders are frequently portrayed as cold-blooded, brutal and remorseless predators who return to society poised to commit further sexual crimes within days of release. This stereotypic image does not fit most sex offenders, and tends to increase fear and misunderstanding within an already apprehensive society. Sex offenders not only often look like the "boy next door"[2] *or a trusted uncle, they exist within virtually every occupational group. It is much easier to believe that sex offenders are not like us and could not belong to our families or circles of friends. Yet, to deal realistically with this issue, we must accept that most sex offenders belonged to our social network before they were incarcerated, and will return to our communities after release.*

It is also important to appreciate that assessment and treatment within the criminal justice system represents just a small facet of the offender's total life experience. Our society must, therefore, somehow reduce the number of sex offenders we create. It is far more cost-effective to prevent sex offences than to incarcerate and treat sex offenders.

This article examines two complementary sides of this social problem. First, the article examines the Correctional Service of Canada's response to the recent increase in the number of sex offenders. The article then concludes by commenting on society's responsibility in preventing sex offences.

The research background

In 1973, the Correctional Service of Canada Regional Psychiatric Centres in Kingston and Abbotsford concurrently established pilot treatment programs for a then relatively small population of sex offenders. At that time, the literature on assessing and treating sex offenders was relatively sparse.[3]

In 1979, research demonstrated that individualized behavioural therapy produced consistent improvement on a variety of sex offender treatment outcome measures.[4] This information greatly affected the evolution of Canadian sex offender treatment programs. Over the past 20 years, there has been an increased understanding of the importance of matching risk, need and treatability to treatment intensity, as well as the importance of empathy and victim awareness,[5] and a solid understanding of relapse prevention factors.[6]

Several Canadian studies have recently documented various forms of sex offender treatment that reduce recidivism,[7] but some researchers continue to argue for more empirically precise studies.[8]

A national strategy

The Service recently decided to implement a national sex offender strategy to better address the needs of this complex, heterogeneous and challenging group of offenders. To that end, sex offender assessment and treatment specialists from all Service regions were assembled in 1994.[9] This group met with clinicians and administrators from sex offender programs across Canada over a 10-month period to determine the most effective treatment practices.

The committee then developed standards for sex offender treatment that have been reviewed by a variety of groups, including offenders, legal services, unions and Service officials. A Commissioner's Directive on this subject was drafted and approved by the Service's Executive Committee in March 1996.

These national standards set out governing principles for the provision of sex offender services, guidelines for assessment, treatment and research, and a framework for evaluation and accountability.

Sex offender assessment should gather information from a variety of sources, through various techniques and at various times during each offender's sentence. Assessment generates a wealth of information that can be used to determine the most appropriate treatment intensity and location for each sex offender.

The standards describe a range of appropriate treatment techniques. Treatment should typically motivate the offenders to take full responsibility for their offence(s), help them identify their crime cycle (the internal and external events that lead to offending), teach them to deal with deviant sexual fantasies and urges, and help them learn to cope with barriers to meaningful consensual and age-appropriate relationships. Other treatment goals include learning to appropriately channel anger, loneliness and sadness, understand how others feel, and avoid or cope with high-risk situations.

Some of these issues can be dealt with at a cognitive level, but others require treatment that includes a behavioural component. Group therapy is recommended, but individual therapy is useful for some offenders. Further, offender motivation often fades after release, so community supervision and maintenance programs are essential.

When evaluating program effectiveness, it is important to examine offender risk levels. Risk factors have been shown to correlate with release outcome.[10] Offenders who are young at the time of their offence, who have committed a previous sex offence, and whose victims are either male or adult women are more likely to recidivate sexually than older first-time offenders with familial victims.

It is also essential to consider the length of the follow-up period (the longer the follow-up, the greater recidivism) and the failure criterion (such as any new offence, conditional release revocation, violent offence, or sex offence) in evaluating sex offender programs. It seems more reasonable to define failure as a new violent offence, measured by severity and time to next offence. The more detailed the analysis, the more we will learn from both successes and failures.

Finally, the national strategy presupposes that appropriately trained and experienced program staff will be hired. Each program must also include some form of accountability so that program content can be described and appropriately monitored.

The money spent on treatment accounts for a remarkably small proportion of the cost of incarcerating a sex offender. Incarceration costs roughly $50,000 a year and sex offenders average about four years in federal custody. Court costs, legal costs, victim compensation and hospitalization add a minimum of $25,000. The emotional aftermath of sexual assault is difficult to estimate, but should also be considered. In contrast, the direct cost of treating a sex offender is about $7,400 per year. Decreasing recidivism by as little as 40 sex offenders annually would virtually pay for continuing programs and would also prevent considerable victim suffering.

Societal responsibility

The prevention of victimization should be our ultimate goal. This means that society as a whole must take some responsibility for reducing sex offences — parents, government agencies, neighbours, children and community members.[11]

The first level of intervention begins with parents. Parents must foster self-esteem in their children, set good examples, and teach safe behaviour and how to distinguish between "good" and "bad" touching. Parents must also discuss sexual issues, attitudes and behaviour with their children. Parents and teachers must discuss the positive, pleasurable aspects of sexuality and avoid portraying sex as demeaning, humiliating, or related to power and control. Parents must also monitor their children's caretakers, friends, activities and whereabouts.

Children must learn to follow safety procedures, and to identify and avoid high-risk

situations. Community members must be aware of, and prepared to act on, unusual behaviour in their families and communities. Governments must continue to support sexual abuse prevention programs, public education and abuse-reporting phone lines, and conduct research into sex offender identification and intervention programs. Steps must also be taken to screen any adults who are to work directly with children.

A second level of intervention should be a rapid response to the disclosure of sexual abuse. Adults and children must know how to report sexual abuse. This involves knowing how to contact the appropriate community support services and what to say. Investigation should be more sensitive and accurate, as should counselling services for victims, indirect victims, and associated non-offending adults. Service workers must be able to recognize and respond effectively to victimization.

The third level of this prevention system involves sharing offender risk information. The families of offenders must have a safety plan for at-risk children, and must be aware of, and report, all offender conditional release breaches. Offenders must take part in treatment and relapse prevention, and follow the plans developed for them. Governments must supply support services for offenders, victims, and non-offending family members, and must quickly respond to all conditional release breaches. Finally, communities must provide housing, accept offenders socially, and support appropriate levels of formal surveillance of offenders.

An integrated process

The Correctional Service of Canada national sex offender strategy responds to the federally sentenced sex offender, who must be assessed and treated with the most appropriate practices. However, if we are to stem the flow of sex offenders into our federal prisons, parents and government agencies must work to develop a generation of self-confident children with a healthy attitude toward their sexuality and peers. We must also carry out the prevention program discussed earlier.

The reduction of recidivism motivates all treatment providers. Every member of society should be motivated to reduce the number of new sex offenders created. The sex offender behind bars is not one of "them," he is one of "us." ■

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[2] Masculine nouns and pronouns have been used as federal sex offenders are predominantly male.

[3] See M. P. Feldman and M. J. MacCullough, *Homosexual Behaviour, Therapy and Assessment* (New York: Pergamon Press, 1971). See also L. Salzman, "The psychodynamic approach to sexual deviations," *Sexual Behaviour*, H. L. P. Resnick and M. E. Wolfgang, Eds. (Boston: Little Brown, 1972): 21–40.

[4] S. M. Williams, *A Comparison of the Effectiveness of Psychotherapy and Behaviour Therapy for Incarcerated Sex Offenders*, Ph.D. Dissertation, Queen's University, 1979.

[5] S. M. Williams and A. Khanna, "Empathy training for incarcerated sex offenders," *Proceedings of the Third Symposium on Violence and Aggression* (Saskatchewan: University of Saskatchewan and Regional Psychiatric Centre [Prairies], 1990).

[6] D. R. Laws, *Relapse Prevention with Sex Offenders* (New York: The Guilford Press, 1989).

[7] P. R. Davidson, *Behavioural Treatment for Incarcerated Sex Offenders: Post-release Outcome,* Paper presented at the Conference on the Assessment and Treatment of the Sex Offender, Kingston, 1984. See also W. L. Marshall and H. E. Barbaree, "The long-term evaluation of a behavioural treatment program for child molesters," *Behaviour Research and Therapy*, 26 (1988): 499–511. And see A. Khanna et al., *Outcome Data on Sex Offenders Assessed and Treated at the Regional Treatment Centre (Ontario),* Paper presented at the First Annual Research Conference, Kingston, 1989.

[8] V. L. Quinsey et al., "Assessing treatment efficacy in outcome studies of sex offenders," *Journal of Interpersonal Violence*, 8, 4 (1993): 512–523.

[9] National Sex Offender Strategy Committee: Sharon Williams (Chair); R. Marcoux-Galarneau (Atlantic Region); Line Bernier (Quebec Region); Bruce Malcolm (Ontario Region); Roger Holden and Gavin Sealy (Prairie Region); Carson Smiley (Pacific Region); Larry Motiuk and Bram Deurloo (National Headquarters).

[10] K. Hanson and M. Bussière, "Sex offender risk predictors: A research summary," *Forum on Corrections Research*, 8, 2 (1996).

[11] Joy Waters, *Keeping Kids Safe: A Victim-centred Approach for Managing Child Sexual Offenders* (Yukon: Yukon Working Committee on Comprehensive Services for Child Sexual Offenders, 1994).

Applying the risk principle to sex offender treatment

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Many correctional jurisdictions include treatment as a component of a comprehensive risk management plan for sex offenders. Unfortunately, only a few studies have demonstrated that treatment can lead to reduced recidivism.[2] As a result, some jurisdictions are citing the lack of evidence that treatment "works" and imposing increasingly harsh (and very expensive) sentences on sex offenders and eliminating treatment programs. Researchers must, therefore, demonstrate the value of treating this politically sensitive population.

Current treatment and program evaluation designs may mask potential treatment effects. For example, despite the recognized diversity of sex offenders, many programs provide the same interventions for all sex offenders. Further, program evaluations typically determine whether the treatment package affects the release outcome of the entire group. It seems more likely that specific interventions might reduce recidivism in some, but not necessarily all, offenders.

Recent conclusions about the treatment that works with general criminal populations may provide a useful framework for improving our treatment and evaluation efforts with sex offenders. For example, higher-risk offenders seem to experience the greatest reductions in recidivism following appropriate treatment.[3] This article examines recent sex offender treatment outcome data[4] that illustrate this risk principle.

The Clearwater program

The Clearwater sex offender treatment program began operation in 1981 at the Correctional Service of Canada's Regional Psychiatric Centre (Prairies). Using a structured, cognitive-behavioural approach, the program has increasingly adopted a relapse prevention treatment framework.

A recent study examined the post-release outcome of 257 sex offenders who completed Clearwater treatment between 1981 and 1994, and were followed up for an average of 5.2 years. Of these offenders, 55% were rapists, 16% were pedophiles, 11% were incest offenders, and 18% had had both adult and child victims.

This article compares the post-release outcome of these offenders with a Service national sample of 1,164 sex offenders[5] (see Table 1). The national sample was made up of all sex offenders released from Service institutions in 1988 (who were then followed up for three years). To remain consistent with the national data, the Clearwater study defined outcome as the offender's first post-release event that resulted in a return to custody.

Table 1

Post-release Outcome for the Clearwater (257 offenders) and National (1,164 offenders) Samples

Outcome	Clearwater sample	National sample	*p* value
Sexual reconviction	4.7%	6.2%	0.18
Non-sexual reconviction	7.8%	13.6%	0.006
Conditional release revocation	23.3%	11.3%	0.000
No return to prison	64.2%	68.8%	0.078

Treated (Clearwater) offenders were less likely to be convicted of non-sex offences, but more likely to have their conditional release revoked. Both groups did have low sexual reconviction rates, but there was no statistical advantage for treated offenders.

However, the application of the risk principle produces different results. Higher risk was defined as having previous sex offence conviction (because the national sample data only allowed for defining risk based on previous sex offences). Using this definition, higher-risk treated offenders were found to have significantly lower sexual reconviction rates, somewhat lower non-sexual reconviction rates, and were found

to be less likely to return to prison for any reason (see Table 2).

Not all offenders were equally likely to be convicted of new sex offences. In the Clearwater sample, pedophiles (9.5%) were more likely to reoffend sexually than rapists (5%), offenders with adult and child victims (2.2%) or incest offenders (0%). In contrast, rapists (10.2%) and offenders whose victims were both adults and children (10.9%) were more likely to be convicted of non-sex offences than child molesters (0%). Unfortunately, the national sample did not identify offender subtypes, so we cannot complete group comparisons.

The definitions of recidivism and risk used in this comparison are admittedly limited. Further analyses will help define other outcome measures and dimensions that correlate with successful treatment outcome. However, these data seem to indicate that a structured cognitive-behavioural treatment program can contribute to reducing sexual recidivism, and that applying the risk principle can optimize treatment impact.

The Service has adopted this strategy, and offers the most intensive treatment to highest-risk offenders in psychiatric treatment centres, while offering lower-intensity treatment in medium- and minimum-security facilities.

Table 2

Post-release Outcome for Higher Risk Offenders

Outcome	Clearwater sample (80 offenders)	National sample (116 offenders)	*p* value
Sexual reconviction	6.0%	14.6%	0.022
Non-sexual reconviction	8.6%	14.6%	0.093
Conditional release revocation	20.7%	21.9%	0.43
No return to prison	64.7%	48.8%	0.013

Applying the risk principle

One strategy for applying the risk principle is to withhold treatment from all but higher-risk offenders. Based on the Clearwater data, this means that incest offenders would not receive treatment during incarceration.

However, this strategy has several drawbacks. First, treatment may benefit lower-risk offenders in ways that are not necessarily captured by recidivism data, such as successful re-integration with their families.

Further, some victims (particularly incest victims) may be less likely to report offences and help prosecute offenders if they know that the offender will not receive treatment.

Finally, a clinician may not discover that an apparently low-risk incest offender actually has pedophilic interests until after a period of treatment. A better strategy might involve improving efficiency through use of the risk principle within a policy that offers treatment to all willing offenders.

There are several models for such an approach. For example, institutions might specialize in providing more or less intensive treatment to various types of sexual offenders. The Service has adopted this strategy, and offers the most intensive treatment to highest-risk offenders in psychiatric/treatment centres, while offering lower-intensity treatment in medium- and minimum-security facilities.

In contrast, the Twin Rivers Corrections Center in Washington State provides treatment of various intensities within a single, 200-bed program. In 1994, incest offenders required 28% less time to complete treatment than offenders who had sexually assaulted non-familial children.

Finally, Washington State has also developed a highly effective sentencing alternative for lower-risk, first-time sex offenders who admit their guilt.[6] Eligible offenders may be sentenced to several years of lower-cost out-patient treatment in the community instead of incarceration. A variety of sentencing and treatment options should help match offender risk and needs with the most appropriate and cost-effective treatment, while still protecting the community.

Practical considerations

Higher-risk sex offenders can be difficult to treat. Such offenders can be more entrenched in their sexual deviance, more likely to minimize and defend their actions, and more resistant to seeing the world through the therapist's eyes. Most do not meet therapist expectations of articulateness, cooperation and motivation.

As a result, these offenders are often expelled from treatment.

Recent research suggests that failing to complete treatment may be a potent recidivism predictor.

For example, the 13% of the Clearwater participants who failed to complete treatment were 50% more likely to be convicted of a new sex offence. Pedophiles who did not complete treatment were twice as likely to reoffend.

Therapists must, therefore, persist with these hard-to-serve offenders. This requires great therapist dedication and even greater supervisor leadership.

Treating higher-risk clients may also carry a political cost. Although treatment may be more likely to reduce recidivism among these offenders, their risk level suggests that some will reoffend — even after treatment.

Treating higher-risk clients may also carry a political cost. Although treatment may be more likely to reduce recidivism among these offenders, their risk level suggests that some will reoffend — even after treatment.

Unfortunately, the public and the media are not likely to be impressed with statistically significant treatment effects when some treatment graduates reoffend. As a result, many community treatment providers and some institutional programs may refuse to accept high-risk offenders.

It is not easy to choose between providing potentially effective services that may eventually close a program because of societal reaction to the recidivism of some high-risk sex offenders and providing low-impact services to lower-risk sex offenders who, as a group, will recidivate less often.

We argue that, as clinical professionals and/or public servants, we have a duty to provide the services that will have the greatest impact on offenders — treating higher-risk sex offenders.

We hope that this choice can be made easier by creating more realistic public and media expectations. ■

[1] P.O. Box 888, Monroe, Washington 98272.

[2] W. L. Marshall and H. E. Barbaree, "The long-term evaluation of a behavioural treatment program for child molesters," *Behaviour Research and Therapy*, 26 (1988): 499–511.

[3] D. Andrews et al., "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28, 3 (1990): 369–404.

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[5] A. Gordon and F. Porporino, *Managing the Treatment of Sex Offenders: A Canadian Perspective*, B—05 (Ottawa: Correctional Service of Canada, 1991).

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Female sex offenders: A literature review

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Compared with men, very few women are convicted of sex offences (except those connected to prostitution) and a substantial proportion of those convicted are convicted as the accomplices of men. Just 2% to 5% of all sex offenders are women.[2]

Female sex offenders have commonly been physically and/or sexually abused as children. They are most likely to be young, of low socio-economic status, poorly educated, have few social supports, and be "willing to do anything to belong."[3]

Female sex offenders are less likely than male sex offenders to be predatory or to use violence. Few use force, and those who do use less than their male counterparts.

Female sex offenders are less likely than male sex offenders to deny what they have done and tend to take responsibility earlier. They are also more angry at themselves, and are much more likely to engage in self-destructive behaviour.[4]

Finally, female sex offenders usually victimize female children they know — male victims, and female infant and adult victims are rare.[5]

This article reviews the current literature on female sex offenders. The above information provides a snapshot of the basic overall characteristcs of these offenders. The remainder of the article will examine the characteristics of, and potential treatment responses to, various types of female sex offenders.

Theory

There is no coherent theory of female sexual offending, probably because female sex offenders are so rarely studied. There is, however, a consensus that male models do not apply to female sex offenders. Treatment focused on deviant sexual preferences, reducing denial and minimization, and relapse prevention are generally viewed as less relevant than an exploration of the woman's past.[6]

Treatment focused on deviant sexual preferences, reducing denial and minimization, and relapse prevention are generally viewed as less relevant than an exploration of the woman's past.

Most female sex offender treatment uses a victimization model and emphasizes the relationship between the offender's own sexual and physical abuse experiences and her abusive behaviour.

The goal is to ultimately reduce recidivism by allowing the offender to express her feelings about her victimization and to develop healthier ways to cope with its negative effects. Relapse prevention components alone are not considered enough.

One exception to this view is a Missouri Department of Corrections program that focuses on the offence rather than personal victimization. The program does acknowledge that female sex offenders have often been abused as children and/or adults, but does not consider problems associated with childhood abuse to be a primary treatment need.[7]

Virtually all female sex offender treatment programs combine elements of both approaches.

For example, a Minnesota program uses group therapy relapse prevention goals similar to those used with male sex offenders. However, treatment providers also emphasize the importance of the offender's own history of abuse, and address related treatment issues such as reducing shame and self-loathing.[8]

Programs vary in the emphasis they place on each component, but a personal victimization

focus is most common. Unfortunately, there are no available data on the relative effectiveness of these approaches or their combination.

Typologies

Few North American institutional or community female sex offender programs use standardized assessments, so the only typological schemes have emerged from unstructured clinical observation. This makes it difficult to compare women across different programs. The typologies that do exist are based on small samples of mostly adjudicated adults.

Teacher/lover sex offenders

Teacher/lovers initiate the sexual abuse of an adolescent (usually male) from a position of power obtained through either age or status as mother, aunt or guardian. These offenders are not likely to have been sexually abused as children, but have often experienced extra-familial sexual abuse and substance abuse as adolescents.[9]

Few teacher/lovers can be found in federal offender populations, probably because they are rarely reported by their male victims and, if reported, usually receive short sentences.

Although teacher/lovers are often unaware that their behaviour is inappropriate, they can be treated relatively easily by targeting cognitive problems and increasing victim empathy, self-confidence, and social skills and support.[10]

Supervision of teacher/lover sex offenders is less critical because of their low risk of recidivism. However, if substance abuse is identified as a criminogenic factor, their abstinence or controlled use must be monitored. Communication with child protection agencies is also recommended, as any recidivism may be responded to by community, rather than correctional, agencies.

Male-coerced sex offenders

Male-coerced sex offenders are induced or forced into sexual abuse, usually of their daughters. They usually resist at first, but eventually become passive partners in the abuse as a result of physical punishment or intimidation. These sex offenders tend to be of low intelligence, underassertive, dependent on men, desperate to maintain a relationship, and willing to participate and even initiate sexual relationships to please a male partner.

This group of female sex offenders is very heterogeneous. At one end of the continuum are women who committed sex offences only as a result of coercion by a male partner, have worked to repair the relationship with their victim, express remorse, and have ended their relationship with their co-accused. These women probably need only community-based supportive counselling. At the other end of the continuum are women with criminal sentiments who blame their child victim and support their co-accused. These women obviously require more intense treatment before community release.

At both extremes of the continuum, these women need help in developing independence from their abusive male partner. They also need to develop empathy for their child victim, who is often angrily perceived as the focus of attention and responsible for the abuse.

One treatment approach is to provide cognitive-behavioural therapy in a group setting.[11] This approach attempts to reduce denial and minimization through peer confrontation. Once an offender has taken responsibility for her offences (official and nonofficial), she must discuss how she chooses and grooms her victims, and forces compliance. Once this has been accomplished, personal victimization can be discussed in therapy.

Within this approach, women who raise victimization experiences early in therapy are redirected — their abuse is validated, but they are challenged to work on their offending. This contrasts with other programs[12] where accepting responsibility is the final therapy step.

Supervision is extremely important with these sex offenders because any contact with abusive males places them at risk. When the victim is a daughter, she may choose to

return to the offender's guardianship. However, in such a case, it is important to maintain contact with the victim (or her therapist) to supervise the offender. Should co-accused offenders choose to continue their relationship, then all children must be removed from the homes of both offenders.

Predisposed sex offenders

Predisposed female sex offenders usually victimize their own children, without male accomplices. These offenders have often been extremely abused by family members, acquaintances and/or strangers throughout their lives. Although they do tend to extricate themselves from their abusive family, they then tend to become involved with abusive male partners. Most of these women believe that abuse is the price of acceptance and human contact.[13]

These women sometimes reveal sadistic fantasies triggered by anger, as well as concern about their ability to control the urge to act on these thoughts. They are frequently self-injurious and chronically suicidal, and their offences are more likely to be violent or bizarre, and to involve children younger than six. Typical offences involve oral sex upon, and/or penetration of, a young daughter — usually carried out in anger and often causing pain. These offenders also frequently neglect and physically abuse their victims.[14]

Predisposed sex offenders are difficult to treat because of the extent of their emotional problems. It is considered important to eliminate their deviant sexual fantasies and to treat the repercussions of their childhood abuse, which often manifests itself as anxiety or dissociative disorders.[15]

It is important to ensure that these offenders have absolutely no contact with children or other potential victims, such as adult female lovers. Apart from this, supervision largely depends on the offender's willingness to self-report deviant fantasies. If dissociation is diagnosed, then it is also important to monitor this symptomatology (such as headaches or short-term amnesia).

Predisposed female sex offenders usually victimize their own children, without male accomplices. These offenders have often been extremely abused by family members, acquaintances and/or strangers throughout their lives. Although they do tend to extricate themselves from their abusive family, they then tend to become involved with abusive male partners.

Mentally disordered sex offenders

It is difficult to group female sex offenders by their mental health problems because of the variety of assessment procedures and criteria across studies. Some researchers have, however, found a higher incidence of schizophrenia and developmental delay among female sex offenders than among male sex offenders.[16] It is clear that a small minority of teacher/lover and male-coerced sex offenders are developmentally delayed.

Sex offenders of borderline intelligence are usually found in the criminal justice system. These women need education and basic skills training. They should be released to a well-structured environment with practical and emotional support. Supervision is needed to monitor compliance with non-association and substance use conditions.

It is likely that many predisposed sex offenders would meet the criteria for personality disorder and, under extreme stress, may experience what appear to be brief psychotic episodes.[17] However, few female sex offenders suffer from schizophrenia, bipolar affective disorder or hypomania.[18] Further, those who are psychotic at the time of their offence are usually diverted to the health system, keeping the number of psychotic female sex offenders in correctional systems low.

Offenders suffering from mental disorders often require medication, support and education about their sexual behaviour.

Supervision should include monitoring medication use and any required non-association with potential victims.

Discussion

From a correctional perspective, the greatest weakness of the female sex offender literature is the lack of attention paid to matching offender characteristics to level of risk and supervision needs. The treatment and supervision of female sex offenders depends on their personal characteristics, the nature of their sexual offending and their unique release plans. Effective treatment depends, therefore, on the accuracy of the match between the chosen intervention and the specific needs of the offender.

It is important not to overlook issues such as substance abuse, dissociation, self-injury and inappropriate sexual attitudes that may arise from victimization experiences. The treatment of sexual abuse survivors incarcerated for a sex offence(s) requires specialized knowledge and should not be undertaken without proper training and supervision. ■

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[13] Mathews, Matthews and Speltz, *Female Sexual Offenders: An Exploratory Study*.

[14] Mathews, *Preliminary Typology of Female Sex Offenders*. See also Mathews, Matthews and Speltz, *Female Sexual Offenders: An Exploratory Study*.

[15] Matthews, "Working with female sexual abusers." See also Larson and Maison, "Psychosexual treatment program for women sex offenders in a prison setting."

[16] J. F. Harper, "Incestuous families: A comparative study of prepubertal male and female victims," *Australian Journal of Marriage and Family*, 14 (1993): 81–87. See also Mathews, *Preliminary Typology of Female Sex Offenders*.

[17] S. Travin, K. Cullen and B. Protter, "Female sex offenders: Severe victims and victimizers," *Journal of Forensic Sciences*, 35, 1 (1990): 140–150.

[18] Faller, "Characteristics of a clinical sample of sexually abused children: How boy and girl victims differ." See also Travin, Cullen and Protter, "Female sex offenders: Severe victims and victimizers."

More on female sex offenders...

The Sex Offender Programs Division of the Correctional Service of Canada recently issued *Case Studies of Female Sex Offenders in the Correctional Service of Canada* (Ottawa: Correctional Service of Canada, 1995), which examines the cases of 19 federally incarcerated (as of July 1995) female sex offenders. This descriptive study provides an overview of existing female sex offender literature and specifically examines offender profiles, victims, and programming. The report also discusses typology and intervention strategy implications.

The characteristics of the studied offenders and their offences generally fit the established profile of female sex offenders, with some important departures. For example, these female sex offenders tended to be more violent than expected.

However, only half the sample fit established female sex offender typologies. Although many of the women co-offended with men, most were not coerced into committing the offence(s). In fact, some of the women were the instigator. Many would be better classified by the infrequently used "male-accompanied" typology, which underlines the importance of maintaining this category. Five typologies best fit this female sex offender sample: teacher/lover; angry-impulsive; male-coerced; male-accompanied (familial); and male-accompanied (non-familial).

These women primarily victimized their young daughters, which is consistent with patterns established in the current literature. However, while 50% of these sex offenders received specific sex offender counseling, the remainder of the sample did not. This suggests that further female sex offender programs must be developed that appropriately target behaviours resulting in sexual offending. Assessment and treatment should also reflect the motivational differences found between women.

Copies of this report can be obtained from the Correctional Research and Development Information Centre. For further information about the report, please contact Fariya Syed at (613) 995-6677 or Sharon Williams at (613) 545-8248.

Managing sex offenders: Some thoughts and suggestions

by ***R. J. Konopasky***[1]
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The chance to work through old and new ideas on sex offender management is a great opportunity. Should I review new research that will inevitably narrow my focus? I have decided to take the opposite tack and write a conversational and sweeping article. Having seized the opportunity to step back and make sense of hard-won experience, I'm running with it.

This article lists 10 sex offender management problem areas, along with 10 solutions or goals. Many solutions will seem heretical, or at least to ignore recent progress and implementation difficulties. On the other hand, heresy sometimes leads to further progress.

Information exchange

Professionals do not develop ideas (or exchange the ideas they do have) about sex offender management quickly or efficiently. We simply don't communicate the best of our thinking well. After developing ideas, we write papers or make conference presentations, but the usual 12-month gap between completing a study and it being published or presented is too long.

The solution may be to switch from printed to electronic words. Changing the communication medium allows us to move from the pronouncement to the exchange of information. Making the printed word (such as journal articles) available on the Internet is already an old idea. It is now possible to distribute conference presentations electronically.

For example, the *Journal of Psychology Conference Presentations*[2] posts conference presentations on the Internet in an easy-to-find format that allows you to leave comments for the author and for real-time conversations among interested parties. This level of access to the author and/or other experts would be next to impossible using the printed word. This move toward information exchange will make theories increasingly fluid — knowing will literally mean having checked the Internet that day.

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Internet dialogue should also encourage collaboration. A posting such as "looking for more subjects for this measure, will consider joint authorship" could yield a network of collaborators that would be impossible to bring together in any other way.

The quality and quantity of information

The information used in sex offender management is often unnecessarily inadequate in both quantity and quality. If all information that could be obtained was properly collected and organized, fewer errors would be made. There are literally hundreds of valuable questionnaires and well-documented interview techniques, and staff normally observe offenders for hundreds of hours. Why don't we have an abundance of high-quality information on which to base decisions?

Too many potentially good measures are competing with each other and this competition has slowed test development and undercut standardization. It might help to develop teams to collect test data, to critically review the tests and to make improvements. Group effort and

replacing competition with collaboration should reduce test development to a fraction of the time it normally takes. Given the number of potential subjects in the correctional system, tests could be "tested" in a month, improved six times in their first year, and begin generating good norms in their second year.

Too little time is also spent on developing tests for use by "non-professionals" such as parole/probation officers.[3] We have developed few measures for non-professionals, yet they spend considerably more time with sex offenders than do professionals. Rather than developing another questionnaire that other psychologists could but probably won't use (because they are busy preparing their own questionnaires), we should develop scales for use by the many non-professionals who have much more opportunity to observe the offender.

Late assessments

The earlier you have information, the more likely you are to generate change. However, the professional who can help change problematic sexual behaviour does not get the opportunity until the behaviour is well entrenched. The offender and victim know about the behaviour first, a friend or relative usually knows second, a teacher or member of the clergy knows third, a law enforcement officer knows fourth, lawyers know fifth, and judges know sixth. The professional trained to help sex offenders is seventh on this list — and often does not have contact with the offender until the sexually problematic behaviour has been repeated.

It's easy to understand why sex offenders do not seek professional help as soon as they are aware of their problem. Offenders fear the social and legal consequences of detection, and are usually unwilling to give up this source of intense pleasure. Some form of amnesty (if you turn yourself in, you will be treated and not prosecuted) might address this problem. However, we won't adopt such an approach because society believes that it must punish sex offenders — even if this works against the early reporting of offences.

Family and friends also do not often seek help for offenders because they usually do not know how and fear publicity and "overreaction" by the system. However, the news media and the Internet can be used to disseminate clear information about what constitutes inappropriate sexual behaviour and what to do about it. If there are Internet chat rooms for child molesters and their prey, can't we also use this medium to offer friendly and professional advice about improper sexual behaviour and where it can be reported?

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When judges want information from a professional to help decide a case, they are often stopped by a lack of access to professionals and an unclear referral process. Assuming that provincial governments would be willing to pay the bill for pre-sentence assessments (which is doubtful), to whom should the judge refer an offender? Provincial justice departments are unlikely to employ professionals to perform assessments, and relying on the judge to find an appropriate professional outside the department slows referrals. The simplest solution would be formal provincial policies that make it clear that judges can refer, set budgets for the assessments, and identify the professionals who can competently perform the assessments.

It must also be understood that, before sex offences are a justice problem, they are a health problem. Doctors must be trained to identify the signs of sexual behaviour problems and prepared to treat them as health problems. They must also be prepared to treat them after they become criminal problems.

Misguided views of confidentiality

Misguided or simplistic views of confidentiality restrict the flow of critical information from helping professionals to those who manage sex offenders and ensure public safety.

Helping professionals often withhold critical information because they believe that its disclosure would jeopardize the quality of their therapeutic relationship with the sex offender.

Neither confidentiality nor privacy are "luxuries," they are as important to therapy as any other technique. Still, therapists do not have to give up the right to report critical information to achieve an effective therapeutic relationship. The solution is striking the right balance between the need to report to protect the public and the need to provide the offender with effective intervention.

Not enough professionals

Not enough professionals are trained to work with sex offenders. There are few education and training programs in forensic psychology, psychiatry or social work, and existing programs offer little practical training for work with sex offenders. The universities, which have a mandate to educate and train, emphasize research methods almost to the exclusion of training.

Correctional agencies could offer financial incentives to induce universities to hire instructors to teach the skills needed to manage and treat sex offenders. In so doing, correctional agencies would be well advised to keep a watchful eye on their financial commitments, as universities will attempt to maintain the current emphasis on research rather than training.

Unfortunately, standards are only now being developed and, where standards exist, enforcement is difficult. However, professional resistance and provincial (and state) variations can be overcome. Who will want to argue that they were following state or provincial regulations even though they fall short of best practices?

Standards of practice

Without standards of practice, assessment and treatment services are likely to be of uneven quality. Unfortunately, standards are only now being developed and, where standards exist, enforcement is difficult. However, professional resistance and provincial (and state) variations can be overcome. Who will want to argue that they were following state or provincial regulations even though they fall short of best practices?

The real problem is pressure from government agencies to short-cut standards because of the lack of financial resources. Caught between the "rock" of financial constraints and the "hard place" of a fearful public, governments develop good services and then, inevitably, reduce them to save money. Individual professionals must resist any move away from high practice standards, and professional associations and unions must support their members who offer such resistance.

It is sometimes argued that we do not know enough about sex offender assessment and treatment to set standards, and that legislating professional procedures will stifle research and could enshrine poor practice. However, research is never stifled by current tradition and practice, as long as the research meets ethical standards.

Research does not meet its goals fast enough

Research requires tens of thousands of person hours, so it suffers in a system that rewards individual achievement rather than cooperation. The education of health professionals (especially at doctorate levels) requires intense, individual effort within a system of student competition. The solution may be to reward teamwork and team contributions as generously as individual effort.

The move away from incarceration

Time away from society can be a useful sex offender management tool, but it is often viewed as distasteful by professionals who see themselves as helpers rather than managers. Is incarceration incompatible with treatment? Even if the threat of incarceration does not seem to reduce criminal behaviour, it is possible that short periods of incarceration after a conditional release violation and the chance of reducing the period of incarceration by changing sexual behaviours might make a difference in conditional release violations and/or recidivism.

What about the value of enforced treatment? Most professionals question the value of treatment that has been coerced. Still, long-term parole or probation with a condition for treatment and long-term professional monitoring may change offensive behaviour even though the treatment would not be voluntary. Should we continue to focus almost exclusively on improving treatment that is enforced for only a short time rather than examine the use of enforced long-term therapy including close monitoring? Perhaps treatment would be more effective if parole and probation lasted longer.

Funding

Successful sex offender management requires more government funding. Unfortunately, public aversion to spending money on sex offenders undercuts their management. The public clearly has punitive attitudes toward sex offenders. While they might be convinced that more prisons are needed for sex offenders, can they be persuaded that funding is needed for their rehabilitation?

It is rational to assume that the public would be willing to pay for rehabilitation if offenders would not offend again. However, the public may still be unwilling to pay for rehabilitation because such spending seems to benefit the offender. The public may be willing to risk new sex offences as long as sex offenders do not have access to services that the public thinks they do not deserve. The solution is to persuade the public that it is in their interest to spend the money necessary to manage sex offenders effectively, even if it may also be in the interest of sex offenders.

The availability of pornography on the Internet may increase sexual offending. This proliferation of pornographic pictures, language and real-time sexual exchanges will only increase, as it is next to impossible to control Internet content.

Pornography

The availability of pornography on the Internet may increase sexual offending. This proliferation of pornographic pictures, language and real-time sexual exchanges will only increase, as it is next to impossible to control Internet content. If people can talk to and see each other through the Internet, opportunities for new and uncontrolled sexual contact will reach unimaginable levels.

Current arguments about the minimal impact of pornography will be challenged as the production and distribution of pornography changes. Children will have easy and constant access to words, pictures, movies and online visits with people who will try to persuade them of the normalcy of each and any sexual act. As it will be difficult to control the flow of this information, the antidote must lie in presenting counter-information and advice through the same medium. ■

[1] 5525 Artillery Pl., Suite 220, Halifax, Nova Scotia B3J 1J2.

[2] http://www.onlineacres.com

[3] "Non-professional" is not meant to be demeaning. Many parole and probation officers have more experience than consulting professionals, and some make better decisions.

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