

Community-based sex offender management: Combining parole supervision and treatment to reduce recidivism⁽¹⁾

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Dans ce texte, les auteurs décrivent un ensemble de règles de gestion communautaire des délinquants sexuels qui allient la surveillance de la libération conditionnelle au traitement de prévention de la récidive. Les auteurs présentent les données statistiques au sujet d'une gestion communautaire, durant une période de huit ans, de 107 délinquants sexuels libérés dans le secteur central de l'Ontario (Toronto). Ils ont constaté que ces délinquants récidivent en général dans 21% des cas, la récidive violente est de 10.3% et la récidive sexuelle est de 3.7%; la période moyenne de surveillance étant 3 ans et 7 mois. Ces résultats sont comparés à ceux obtenus récemment dans d'autres milieux de traitement. Les résultats de cette étude semblent indiquer que l'évaluation du risque combinée à une stratégie bien définie de surveillance (c.-à-d., avec la collaboration des agents communautaires de prévention de récidive et des surveillants de libérés conditionnels) est une manière efficace de gérer la récidive sexuelle dans la communauté.

This article describes a community-based sexual offender management protocol combining parole supervision and relapse prevention treatment. Outcome data are presented regarding the community-based maintenance of 107 sexual offenders released to the Central Ontario District (Toronto) over an eight year period. Overall rates of 21.0% for general reoffending, 10.3% for violent reoffending, and 3.7% for sexual re-offending were observed, with the mean time of follow-up being 3 years, 7 months. These results are discussed in comparison to results recently reported by other

treatment sites. The outcome in this study suggests that valid risk assessment, in combination with a well-defined supervision strategy (i.e., collaboration of community-based relapse prevention treatment and knowledgeable parole supervision) is an effective method for the management of sexual recidivism in the community.

Introduction

Few topics elicit the level of emotional response raised by discussion of releasing sexual offenders back into the community. There is very little objective information available on the outcome of managing sex offenders in the community. Community-based sexual offender treatment is a relatively recent innovation largely prompted by recommendations made in response to tragic reoffenses in the community in the last ten years (e.g., Pepino 1990).

A number of legislative and practice initiatives within the Correctional Service of Canada (CSC) have been undertaken to address concerns about managing offenders. Motiuk, Belcourt, and Bonta (1995) have outlined general principles for managing offender risk: 1) assessment and reassessment of offender risk, 2) targeting for intervention those factors specifically related to criminal behaviour, 3) appropriate monitoring of activities in the community, and 4) appropriate sharing of information among collaterals and treatment and parole supervisory staff. The risk management process we will outline in this paper applies each of the principles to the management of sexual offenders.

The first principle outlined by Motiuk *et al.* (1995) requires valid risk assessment and periodic reassessment throughout the sentence. The requirement for risk reassessment reflects the dynamic nature of risk in the community. Acknowledging that risk is dynamic allows for a more fluid determination of the level of service or supervision required to manage the risk. Theoretically, the highest risk offenders should require maximum supervision in the form of longer or indefinite periods of incarceration.

Within the criminal justice system particularly, high-risk sex offenders are unlikely to achieve conditional release (i.e., community supervision prior to the end of their sentence) due to

the influence of a number of processes. First, many of these offenders are screened out through the imposition of life sentences or a dangerous offender designation. Almost all (92%, see Bonta, Harris, Zinger, and Carrière 1996) offenders designated as dangerous offenders are sexual offenders, most of whom have histories of multiple sexual offenses. Receiving such a designation virtually assures that the offender will not return to the community. Since the 1977 addition of the dangerous offender designation (essentially, an habitual offender clause resulting in indeterminate sentencing) to the *Criminal Code* of Canada, very few such offenders have been released. Second, those high-risk sex offenders who do not receive life sentences or a dangerous offender designation may also be screened out of community release by the process of detention. Detention allows the National Parole Board to recommend that offenders remain incarcerated beyond their parole eligibility dates, potentially to the end of their sentences. A study of high-risk offenders confirmed that 48% of those detained were sexual offenders (Motiuk *et al.* 1995). Finally, those higher risk sex offenders not subject to the aforementioned screening processes may be held until the two-thirds point of their sentence when they are statutorily released to community supervision. Lower risk offenders are more likely to achieve conditional release after serving either one-third or one-half of their sentences. It may be argued that, due to the influence of these screening processes, sexual offenders eventually released to the Greater Toronto Area (GTA) tend to present relatively lower risk profiles (see Table 1). Those offenders who are at higher risk, but are nonetheless released to the community, are identified and provided with more intensive levels of service described below.

The second principle of risk management – appropriate intervention or treatment targeting the criminogenic factors – was implemented with funding provided through CSC's community-based sex offender treatment pilot projects initiative. Initially, the Central Ontario Parole District (essentially, the GTA) implemented a contracted community-based sexual offender program in 1990. At that time, treatment for sexual offenders in community settings was rare or non-existent. Indeed, quite a number of the offenders had not had treatment even institutionally, and only a few parole officers had been trained in sexual offender management methods. The approach became

more fully under the control of CSC with the hiring of a staff community psychologist with specialized training to oversee sex offender treatment in the District.

The third risk management principle – appropriate monitoring of offender activities – was implemented by training parole staff in sex offender relapse prevention (RP) principles. This mandatory training helped focus supervision strategies on factors shown to be associated with a pattern of sexual offending. Two of the staff psychologists were involved in training staff on an ongoing basis on this package.

The fourth principle – appropriate sharing of information among collaterals, treatment professionals, and parole supervision staff – was accomplished by integrating parole supervision with treatment intervention. Rather than relying on informal systems of interaction between clinicians and parole staff, a committee composed of middle managers, psychologists, and parole supervisory staff devised a more comprehensive sexual offender management strategy. This strategy, recognizing the utility of the relapse prevention model as described by Pithers (1990), fully integrated parole supervision and treatment interventions, thus providing a consistent policy that required treatment and supervision personnel to cooperate in risk management.

The strategy required all sexual offenders and their parole officers to attend an initial interview with the director of sexual offender programming. In the course of the interview, the offender was questioned regarding his offense and treatment history. This was done, largely, to determine his attitude toward the offense and to ascertain what gains, if any, had been made in treatment. Following the initial interview, offenders were referred to one of two treatment options depending on their level of risk. This risk rating was based primarily on file information and the final institutional risk assessment, with consideration of the offender's presentation in the interview referred to above.

Offenders classified as high risk (either high risk as assessed on release or high risk because of non-compliance with treatment directives) were supervised by an intensive supervision unit, or were housed at a Community Correctional Centre (essentially, a

half-way house, but technically classed as a minimum security correctional facility). High-risk offenders were treated by staff in the sexual offender treatment program associated with the forensic division of a local psychiatric hospital. Offenders assessed as low risk, and sexual offenders whose initially high risk rating may have stabilized to a lower risk rating over time, received regular parole supervision. These offenders were treated in a lower intensity relapse prevention group run "in house" by CSC staff.

Other elements of an offender's individual treatment plan, particularly programming to address issues around violence against women and substance abuse, were also specified at the time of the initial interview, if they were not already part of the release plan and the conditions imposed by the National Parole Board. The treatment plan was developed, as much as possible, with the cooperation and consent of the offender. The following section provides a more detailed description of the two treatment programs, and the role of parole supervision.

The programs

High risk offender program This program, designed for offenders assessed as being of higher risk for re-offending, was contracted with the forensic division of a local psychiatric hospital. This program is multi-disciplinary in nature, including psychiatry, psychology, social work, nursing, and other health care professionals. Offenders referred to this program were seen in both individual and group counseling, according to individual needs. The program orientation is cognitive-behavioural, and is offered in group format structured around four general themes. These have been referred to as the four "F's" (Gillies, Hashmall, Beaudoin, Hilton, Tatz, and Webster 1990): **Feelings** (discussions of the role of affect in the offense cycle and current function), **Fantasy** (the role of deviant fantasy in the offense cycle), **Future Planning** (adapting a set of goals that minimizes the risk of relapse) and **Follow Through** (implementing the plans).

Monthly case conference meetings were attended by all the supervising parole officers and a manager, the treatment staff of the psychiatric hospital, as well as by the program director of the maintenance program (see below). During these meetings,

each parole officer reviewed issues concerning supervision, including employment, collateral contacts, family relations, and overall attitude toward supervision. The treatment staff reviewed the offender's progress in treatment over the previous month. These case conferences not only provided an opportunity for a thorough review of the status of each offender in the program, they also served as training opportunities for new staff who may not yet have been trained in sexual offender risk assessment and management.

The maintenance program This program, administrated and delivered by CSC staff, is an assessment and treatment program for sexual offenders released to the GTA who required low to moderate maintenance of institutional treatment gains. Offenders allocated to this program were seen in individual therapy, in group therapy, or, in both, according to need. The primary relapse prevention maintenance group was coordinated by the program director (a psychologist) and was conducted on a weekly basis. This program provides a lower intensity relapse prevention intervention for offenders who have already completed some treatment, and who acknowledge commission of their offenses.

The maintenance program also includes two additional phases of group treatment: a bi-monthly group for offenders who had completed two 12-week cycles of the primary group (with positive reports), and a monthly group for long-term maintenance of sexual offenders with substantial treatment experience and gains. The decision to move participants from one group to another was made by the program's facilitators in consultation with the parole officer. All three groups target maintenance of relapse prevention learning and focus on risk in the community, usually in an open discussion format. Simply put, offenders are encouraged to develop a greater understanding of their offense(s) and the impact of their behaviours on victims and the community at large.

Method

Subjects and procedure

Treatment groups The records of 107 offenders who had participated in community-based sexual offender programs in

the Central Ontario Parole District since 1990 were identified from District records. Seventy-five offenders were seen in the maintenance program, while 32 were seen in the program for higher risk offenders. A number of the members of each group were initially seen in the pilot community-based sexual offender treatment program run between 1990 and 1992 (see Introduction). That program did not separate offenders according to risk level; therefore, all members of that program were counted in the maintenance group unless they were subsequently referred to the later high-risk program at the completion of the pilot project.

Following inclusion in the study, offender records were accessed through the Offender Management System (OMS – a computer database in which all offender records are held) and the RCMP's Canadian Police Information Check system (CPIC – a computer database in which all charges and convictions are recorded). Demographic data were obtained from OMS files, while incidents of re-offending were taken from CPIC information. Evidence of relapse, suspension, as well as general, violent, or sexual re-offending were noted from these two sources (OMS and CPIC). Any offense, including charges that did not ultimately result in a conviction, was counted as an offense for the purposes of this investigation.

Results

Comparisons of demographic data are presented in Table 1. The two treatment groups did not differ in regard to age, mean number of victims, median victim age, or mean period of follow-up. Significant differences were found, however, with respect to the percent of members in each group having generated deviant phallometric profiles (on first testing). The members of the high-risk program were more often diagnosed as paraphilic by phallometric assessment ($X^2 = 6.605$, $df = 1$, $p < .01$). The two groups also differed in regard to the percentage of offenders having sexually assaulted victims within familial contexts, with the maintenance (i.e., lower risk) group having approximately twice as many such offenders per capita than the high risk group ($X^2 = 8.927$, $df = 1$, $p < .005$). There was a non-significant trend with respect to the gender of victims chosen by the two groups. The lower risk group tended to choose females more often, and

males less often, as victims, than did their counterparts in the higher risk group ($X^2 = 3.051, df = 2, p < .10$). Further, the lower risk group were of lower actuarial risk for general recidivism as judged by the General Information on Recidivism Scale (GSIR; Nuffield 1982; $X^2 = 6.212, df = 2, p < .05$).

Table 1
Offender demographics

Variable	Maintenance (N = 75)	High risk (N = 32)
Mean age (SD)	45.9 (11.5)	46.1 (11.2)
Deviant phallometrics (N)*	23.7% (38)	57.1% (21)
Statistical information on recidivism*	N=62	N=27
Very good-good risk (+25 to +1)	81.7%	70.4%
Fair risk (0 to -4)	13.3%	7.4%
High risk (-5 to -18)	5.0%	22.2%
Mean number of victims (SD)	2.1 (3.0)	2.0 (1.6)
Median victim age	11	11
Victim gender		
Female only	90.3%	77.4%
Any male	9.7%	22.6%
Familial offenses*	61.1%	29.0%
Mean follow-up period (years, months)	3y7m	3y7m

* $p < .05$

Mean follow-up time was established as 3 years 7 months; the range being from 13 months to eight years and seven months. With respect to re-offending, the offenders seen in the maintenance program generally re-offended at a lower rate on all types of recidivism than did their counterparts in the higher risk group. None of these differences, however, attained the conventional level of statistical significance ($p < .05$ level).

although there was a trend toward significance in the comparison regarding general recidivism ($X^2 = 3.194$, $df = 1$, $p < .10$). Recidivism data for both programs separately and combined are presented in Table 2.

Table 2
Recidivism data

Reoffense type	Recidivism rates by group		
	Total (N=107)	Maintenance (N=75)	High risk (N=32)
General	21.0%	16.0%	31.3%
Violent	10.2%	6.7%	18.8%
Sexual	3.7%	2.7%	6.3%

Note: General = any offense; Violent = any offense involving personal injury or threats thereof (e.g., assault, armed robbery, utter threats, sex offenses); and Sexual = any sex offense. Mean follow-up was 3 years, 7 months.

Discussion

The sexual recidivism rates found in the current study (3.7% for the combined treatment groups) are lower than those reported in the early literature on sex offender treatment outcome (Furby, Weinrott, and Blackshaw 1989), and are also lower than more recent estimates. Motiuk and Brown (1996) completed a study suggesting that the mean sexual recidivism rate for federal sexual offenders followed for an average of 2.4 years after their release was 5.4% (N = 241). Barbaree, Seto, and Maric (1996) followed federal sexual offenders treated at the Warkworth Sexual Behaviour Clinic for approximately 2.4 years and found a mean sexual recidivism rate of 6.3%.

The low failure rate is also reflected in a recently-completed review of sensational incidents reported in the Central Ontario Parole District from late 1992 to late 1997 (Stewart, Stirpe, and Tyagi 1999). Sensational incident reports are filed by managers if an event associated with CSC is likely to be given media attention. Those results demonstrate that of 119 reports, involving the re-offense of a federal offender on community

supervision, 10 were for sexual offenses. One of these offenders was among the sexual offenders counted as failures in our outcome data; however, the others were offenders who had not previously been convicted of a sexual offense, and were therefore not tracked in this study. In general, results of that study indicated that, on any criteria except sexual re-offending, sexual offenders reoffend at lower rates than general offenders.

The low sexual re-offending rate found in this investigation is encouraging. It is not possible at this point to claim that the results are primarily attributable to effective community treatment or even to the collaboration of treatment and parole supervisory personnel, as advocated in the relapse prevention model. This study, like many others in the recidivism literature, suffers from the lack of an appropriate control group. Numerous attempts were made in the context of this study to identify such a comparison group; however, it is particularly difficult to find sexual offenders who are not being offered community-based treatment intervention in a comparable environment (i.e., urban Canadian setting). Indeed, there are ethical concerns associated with not offering offenders appropriate community treatment and supervision.

Both the Motiuk and Brown (1996) and Barbaree *et al.* (1996) studies reported recidivism statistics (see above) suggesting that demonstration of treatment effects would be difficult. Further, Barbaree (1997) has demonstrated the insensitivity of using a recidivism statistic in evaluating treatment effectiveness. Despite these difficulties, the present study demonstrates an incremental effect, which is hypothesized to be the result of offering collaborative parole supervision and RP treatment as part of an integrated sexual offender management protocol. The low rates of re-offending (in the short to medium term at least) found in the present study provide evidence to suggest that federal sexual offenders can be effectively managed on conditional release to the community, provided an integrated and collaborative approach is taken.

Notes

1. The views expressed herein do not necessarily represent those of the Correctional Service of Canada or of the Government of Canada.

References

Barbaree, Howard E.
1997 Evaluating treatment efficacy with sexual offenders: The insensitivity of recidivism studies to treatment effectiveness. *Sexual Abuse* 9: 111-128.

Barbaree, Howard E., Michael C. Seto, and Alexandra Maric
1996 Sex Offender Characteristics, Response to Treatment and Correctional Release Decisions at the Warkworth Sexual Behaviour Clinic. *Working Papers in Impulsivity Research Report*. Toronto: Clarke Institute of Psychiatry.

Bonta, James, Andrew J.R. Harris, Ivan Zinger, and Debbie Carriere
1996 The Crown Files Research Project: A Study of Dangerous Offenders. User Report #1996-01. Ottawa, ON: Solicitor General of Canada. (available at www.sgc.gc.ca)

Furby, Lita, Mark R. Weinrott, and Lyn Blackshaw
1989 Sex offender recidivism: A review. *Psychological Bulletin* 105: 3-30.

Gillies, Laurie A., Judith Hashmall, Paul Beaudoin, Zoe Hilton, Martin Tatz, and Christopher D. Webster
1990 Getting Control: Strategies for Relapse Prevention. Toronto, ON: Clarke Institute of Psychiatry.

Motiuk, Lawrence L. and S. L. Brown
1996 Factors Related to Recidivism Among Released Federal Sex Offenders. *Research Report # R-49*. Ottawa, ON: Research Division, Correctional Service of Canada. (Available at www.csc-scc.gc.ca)

Motiuk, Lawrence L., Raymond L. Belcourt, and James Bonta
1995 Managing High Risk Offenders: A Post Detention Follow-Up. *Research Report #R-39*. Ottawa, ON: Research Division, Correctional Service of Canada. (available at www.csc-scc.gc.ca)

Nuffield, J.
1982 Parole Decision-making in Canada: Research Towards Decision Guidelines. Ottawa: Communication Division.

Pepino, Jane, Chair
1990 General Findings and Recommendations of the Pepino Inquiry: A Follow-Up. Toronto: CSC.

Pithers, William
1990 Relapse prevention with sexual aggressors: A method for maintaining therapeutic gain and enhancing external supervision. In William Marshall, D. Richard Laws, and Howard E. Barbaree (eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender*. New York: Plenum.

Stewart, Lynn, Tania Stirpe, and Smita Tyagi
1999 An Analysis of Sensational Incidents in the Central Ontario Parole
District: 1992-1997. Unpublished.