

————— **Research Report** —————

**Community-Based Sexual Offender  
Maintenance Treatment Programming:  
An Evaluation**

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**Community-Based Sexual Offender Maintenance Treatment Programming:  
An Evaluation**

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## Executive Summary

Like many jurisdictions, the Correctional Service of Canada (CSC) learned the hard way of the necessity of offering organized, community-based follow-up treatment for sexual offenders on conditional release. Sensational incidents that occurred at the turn of the 1990s demonstrated a need for such services, and CSC answered by establishing three pilot projects in Ontario. The project set up on contract in Toronto was eventually brought in-house in 1993. When CSC established the National Sex Offender Treatment (NaSOT), the Toronto project served as the model for the maintenance component. Consequently, community-based maintenance treatment for sexual offenders in the Ontario Region has been in existence for 12 years, allowing for reasonably long-term follow-up analysis.

This paper outlines the Relapse Prevention (RP) Maintenance Program in Toronto, focusing particularly on programming intent and goals, collaborative practice with a variety of stakeholders, and recidivism data. The Relapse Prevention (RP) Maintenance Program consists of two streams: Traditional Maintenance for lower risk offenders on conditional release; and Structured Maintenance for offenders at comparatively higher risk. Between 1993 and 2005, 246 offenders were treated in the Traditional Maintenance stream managed by CSC staff and 101 were treated in the Structured Maintenance stream offered by practitioners at the Centre for Addiction and Mental Health (formally the Clarke Institute of Psychiatry), a local psychiatric hospital.

Sexual offenders conditionally released to the Central Ontario Parole District were directed to one of the two streams following an initial intake interview consisting of a review of institutional treatment gains, current risk factors, and the development of a community-based reintegration plan. Intake interviews establish a collaborative framework in which offenders, parole supervisors, and treatment personnel work together in a seamless approach to risk management. The RP Maintenance Program is founded on principles of teamwork, information sharing, risk reduction, and the promotion of balanced, self-determined lifestyles.

Because no appropriate untreated comparison group was available, the study compared the recidivism rates of the offenders in the RP Maintenance to base rates and normative rates. Base rates were obtained from meta-analytical research (Hanson & Morton-Bourgon, 2004) and normative rates from obtained from the STATIC-99. For this study, risk was calculated using the STATIC-99, an actuarial instrument validated for the assessment of risk of sexual recidivism. Recidivism rates from the STATIC-99 normative sample were utilized in this study. The average follow-up time was 6.75 years.

As a whole, participants in the RP Maintenance Program had a 6.18% rate of sexual recidivism. This rate compares favorably to the base rate established through meta-analytical research that shows sexual offenders in general (regardless of treatment status and all risk levels confounded) have sexual recidivism rates of 13 to 14% for a 5 to 6 years follow-up.

In addition, this study found that incremental reductions in reoffending can be achieved when interventions and risk management protocols are rooted in evidence-based practice. Both

streams of the RP Maintenance Program demonstrated lower levels of reoffending than would be expected given actuarial projections. Results showed that the Traditional Maintenance group had a 64% lower rate of sexual recidivism than the normative sample (3.2% actual recidivism vs. 9% for the normative sample). Similarly, the Structured Maintenance group had a 50% reduction in recidivism (13.13% vs. 26% for the normative group). In looking at rates of suspension of conditional release, 36.89% were returned to custody for technical violations and deteriorating behaviour at some point during supervision. Suspensions of release are used as a virtual “time out” to remove offenders from situations of increasing risk of failure in the community.

Prior research focusing on subgroups of offenders in the RP Maintenance Program has shown that hurdles continue to exist in regard to maintaining motivation to change and level of participation towards treatment targets. The results from this study underscore the need to continue to attend to motivation among released sexual offenders. Overall, findings from this study support prior findings regarding the effectiveness of interventions with sexual offenders, particularly in regard to the continued need to provide community-based follow-up adhering to best practice models.



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## Introduction

The deaths of Celia Ruygrok, Tema Conter, and Christopher Stephenson in the mid-late 1980s ushered a dramatic change in perspective regarding community-based sexual offender management in Canada. During the Stephenson Inquest of 1993, 108 recommendations were made, of which the following three were among the most pertinent to the Correctional Service of Canada (Solicitor General Canada — see Petrunik, 1994):

1. the development of a "national strategy for the assessment, management, and treatment of sex offenders"
2. the creation of a "National Coordinator for the treatment and management of sexual offenders"
3. the funding and expansion of "established community based sexual offender treatment programs for offender aftercare"

In anticipation of the third finding, three pilot programs (Kingston, Hamilton, and Toronto) were instituted in the Ontario Region of the Correctional Service of Canada (CSC). Concurrently, the Centre for Addiction and Mental Health (CAMH—formerly the Clarke Institute of Psychiatry) in Toronto was running a relapse prevention group program for outpatient sexual offenders, and the senior author of this report was involved in both the CAMH program and the Toronto pilot program. When the Toronto pilot program folded, leaving CSC without community-based treatment resources in Canada's largest city, CSC recruited the senior author as its first community-based sexual offender specialist and the *Relapse Prevention (RP) Maintenance Program* was established. This RP Maintenance Program had two streams: 1) the 'Traditional Maintenance' program for offenders who presented at the low and moderate risk levels; and 2) the 'Structured Maintenance' program for higher risk offenders. The Traditional Maintenance program was offered by CSC staff, while the Structured Maintenance program was offered by the Centre for Addiction and Mental Health under contract with CSC.

The "national strategy" and "national coordinator" elements called for during the Stephenson Inquest were addressed in three phases. First, in 1994, a Corporate Advisor, Sex

Offender Programs was designated and Canadian sexual offender treatment pioneer Dr. Sharon Williams was appointed to the position. Second, in 1995, a national consultation was held in Toronto, during which all sexual offender service providers affiliated with CSC from across the country met to discuss policy and procedure. Last, in 1996, CSC instituted standards for sexual offender assessment, treatment, and supervision (CSC, 1996). Eventually, these policy and practice standards became the foundation of CSC's current National Sex Offender Treatment (NaSOT) programs. The RP Maintenance Program in the Central Ontario Parole District (Toronto) served as the model for the Maintenance component of NaSOT.

### **The Central Ontario Parole District RP Maintenance Program**

The RP Maintenance Program is based on empirical evidence (e.g., Laws, 1989; Laws, Hudson, & Ward, 2000; Marshall, Laws, & Barbaree, 1990) that demonstrates that sexual offending results from a complex interaction of offender specific and environmental factors which require competent assessment and, ultimately, long-term treatment and follow-up. Since 1993, all offenders released to the Central Ontario Parole District have been provided with one of the two community-based maintenance programs noted above based on their risk profile, as determined by an initial assessment completed shortly after the offender is released (discussed in greater detail below). In keeping with the principles of effective correctional interventions (Andrews and Bonta, 2003), higher risk offenders have been referred to the Structured Maintenance program, while those offenders deemed to be at "lower" risk have been treated in the Traditional Maintenance program. Note that while the risk ratings of participants in the Traditional Maintenance program are generally lower than those in the Structured Maintenance, the offenders in the Traditional Maintenance option are mostly in the low-moderate risk category in comparison to the larger population of sexual offenders, generally. Both treatment streams target factors specifically related to criminal behaviour, according to the need principle (Andrews & Bonta, 2003).

The model in use in the Central Ontario Parole District utilizes a team approach, in which several key factors are emphasized:

1. There is appropriate monitoring of activities in the community by Parole staff trained in the principles of effective correctional interventions, relapse prevention, and NaSOT principles and practice.
2. There is appropriate sharing of information among collateral contacts (e.g., family members, employers) and treatment and parole supervisory staff.
3. Parole supervision and treatment intervention are integrated in a “grand rounds” format to ensure collaborative risk management while providing continuing education on best practice models. This collaborative approach underscores the need for consistent communication between parole supervisors and treatment providers.

This team approach to risk management starts from the very beginning, when the offender is first released. The offender and his parole officer attend an initial assessment interview with a CSC staff psychologist (typically, the Program Director of Sexual Behaviour Services for the District) to establish the offender’s attitudes toward his offense(s); to ascertain any gains he made while in institutional treatment; and to review his plan for community reintegration. Following the initial interview, a referral is made to one of the two program streams, based on the offender’s current risk level<sup>1</sup>.

### **Target group for community-based maintenance programming**

All treated sexual offenders released to the Toronto community are targeted for maintenance programming. Lower risk offenders are targeted for the Traditional Maintenance stream, while higher risk offenders attend the Structured Maintenance program. Sexual offenders at the highest levels of risk typically do not achieve conditional release due to several factors, such as serving a life sentence, being declared a “Dangerous Offender”, or being detained until the end of their sentence by the National Parole Board, although it is possible that a high-risk offender may be released into the community to serve the remainder of his sentence under supervision. Consequently, while the majority of offenders who attend the ‘Structured Maintenance’ program are assessed as being at higher relative risk *in*

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<sup>1</sup> The risk level is based on file information, final institutional risk assessment, the offender's presentation in the initial interview, and the viability of his reintegration plan.

*comparison* to the offenders who attend the ‘Traditional Maintenance’ program, the large majority of the Structured Maintenance participants actually have ratings of moderate-high to high risk (using Static-99 risk ratings—see below).

All offenders released under community supervision to the GTA since 1993 have been assessed for entry into either the Traditional or the Structured Maintenance program, and have been maintained in the program for the duration of their supervision. In addition, all offenders have been provided with referrals for ongoing treatment once they have completed their sentence. To our knowledge, very few offenders have availed themselves of those referrals. It is noted that part of the rationale for establishing the Structured Maintenance program at the Centre for Addiction and Mental Health, a provincially-based psychiatric hospital, was that these higher risk offenders could continue in community-based programming that is not under the umbrella of the Correctional Service of Canada. By policy, CSC is unable to provide services to offenders who are no longer serving a sentence (see Wilson, 1996).

### **The Traditional Maintenance stream**

The ‘Traditional Maintenance’ stream of the RP Maintenance Program is a lower intensity treatment module run "in house" by CSC staff. It is intended for offenders who require low to moderate intensity interventions for the maintenance of institutional treatment gains. Both individual and group counseling are offered, based on individual needs. The overarching goal of the Traditional Maintenance stream has always been the development of a balanced, self-determined lifestyle consistent with the “Saskatchewan NewStart” model of life skills (Curtiss & Warren, 1973), and the more recent “Good Lives Model” (Ward, 2002), which maintains that risk reduction comes as a result of offenders learning to lead ‘good lives’—lives that are free of offending (see also Wilson & Yates, 2009).

The Traditional Maintenance stream has two phases, with movement between the phases taking place following appropriate consultation with the offenders, their parole supervisors, and treatment personnel. Phase One consists of 16 weekly maintenance sessions of 90 minutes duration. The group format is one of open discussion with emphasis on developing a greater understanding of offense patterns and the impact of offending behaviours on victims and the community-at-large. Each group session begins with a check-in, followed by discussion of a topic raised during the check-in period or one pre-determined by the

group's facilitators. The group session ends with a check-out and a reframing of issues for future discussion. Throughout the 16-week duration of the first phase, group participants are required to review their offense histories, their risk situations, and plans for managing their risk.

Following successful completion of Phase One, offenders graduate to a long-term follow-up group that consists of monthly meetings. Completion of Phase One presumes that the offender has accomplished all treatment targets inherent in that phase. Some offenders may require more than one cycle of Phase One in order to meet those targets. Phase Two is a long-term maintenance group, which is reserved for those offenders who have made substantial progress in treatment and demonstrate positive community reintegration gains. The focus of treatment in this phase is on the long-term management of lifestyle change. Offenders in this phase often serve as a valuable resource for each other, in that many of the offenders have been in treatment with one another since their time in penitentiary. Participants are thus able to observe each other and share their experiences of becoming more functional in the community. Reflection on the degree of change experienced or observed has frequently been a powerful rehabilitative focus. Most offenders remain in Phase Two until the end of their sentence; although, there have been occasions when some treated offenders with particularly long terms of community supervision have graduated from Phase Two prior to sentence completion. These offenders, however, continue to be reviewed during case-conferences between parole officers and treatment staff on a quarterly basis for the remainder of their sentence.

### **The Structured Maintenance stream**

The Structured Maintenance stream of the RP Maintenance Program is intended to provide higher intensity treatment than is available in the Traditional Maintenance stream. It is important, however, to recognize that it is still maintenance-based, that is, its goal is to provide a treatment opportunity for participants to review and rehearse skills that have already been taught in an institutional treatment program through the framework of their relapse prevention plan. Offenders treated in this stream typically have longer histories of offending, are more likely to be paraphilic, and often have experienced difficulties in institutionally-based treatment programming. They are treated by a multidisciplinary complement of staff,



consisting of psychiatrists, psychologists, social workers, psychiatric nurses, and others associated with the forensic division of a local psychiatric hospital. As in the Traditional Maintenance stream, offenders are offered individual and group counseling based on individual needs. Four general themes are covered in the group format: 1) Role of affect in offense cycle and current functioning; 2) Role of deviant fantasy in the offense cycle; 3) Adapting a set of goals that minimizes the risk of relapse; and 4) Implementing plans developed in theme 3. A key component of the Structured Maintenance stream consists of monthly group case conferences between supervising parole officers, management, treatment staff of psychiatric hospital, and the Program Director of sexual offender services for the District. Theoretically, offenders who are successful in the Structured Maintenance can cascade down to the Traditional Maintenance stream; however, in practice, this has rarely occurred.

### **Findings from the Wilson, Stewart, Stirpe, Barrett, & Cripps (2000) Study**

The RP Maintenance Program was first evaluated in 2000. In that study, participants in each stream of the RP Maintenance Program were compared on demographic features, risk levels, offense variables, and sexual, violent, and general recidivism rates. At that time, 75 sexual offenders had been treated in the Traditional Maintenance stream and 32 sexual offenders had been treated in the Structured Maintenance stream, for a total of 107 offenders. The results revealed no significant between-group differences on age, mean number of victims, median victim age, or mean follow-up time. Not unexpectedly, the group of offenders referred to the Structured Maintenance stream had significantly more deviant phallometric profiles on first testing than those in the Traditional Maintenance stream. Additionally, members of the Traditional Maintenance stream were significantly more likely to have sexually assaulted victims within familial contexts than their counterparts in the Structured Maintenance stream. Offenders in Traditional Maintenance had lower actuarial risk for general recidivism as judged by the General Statistical Information on Recidivism scale (GSIR—Nuffield, 1982). Compared to the Traditional Maintenance stream, participants in Structured Maintenance had greater relative rates of sexual, violent, and general reoffending, although those differences were not significantly different. Table 1 shows the recidivism rates obtained in the Wilson et al. (2000) study.

Table 1

*Wilson et al. (2000) Recidivism Data*

Reoffense Type	Recidivism Rates by Group	
	Traditional (N=75)	Structured (N=32)
Sexual	2.7%	6.3%
Violent	6.7%	18.8%
General	16.0%	31.3%

*Note:* Sexual = any sexual offense; Violent = any offense involving personal injury or threats thereof (e.g., assault, armed robbery, utter threats, sexual offenses); and General = any offense; Suspensions = any suspension of conditional release during the term of community follow-up. Mean follow-up was 3 years, 7 months.

### **Purpose of Current Study**

The purpose of the present study was to extend Wilson et al. (2000) by including offenders processed through the RP Maintenance Program beyond the original sample and by extending the follow-up period. It was predicted that the sexual, violent and general recidivism rates would remain below comparable base-rates, and below actuarial projections. It was also expected that the recidivism rates of participants in the Traditional Maintenance stream would remain below those of the Structured Maintenance stream.

## **Method**

### **Participants**

Three hundred and forty-seven sexual offenders released from Canadian federal penitentiaries to the Central Ontario Parole District between 1993 and 2005 were included in this evaluation. All subjects participated in community-based follow-up treatment programming as described above. Two hundred and forty-six offenders were treated in Traditional Maintenance while 101 offenders participated in Structured Maintenance.

### **Measures**

#### **STATIC-99 (Hanson & Thornton, 1999)**

The STATIC-99 is a tool that actuarially assesses risk for sexual and violent recidivism based primarily on static risk variables. This instrument has moderate predictive ability ( $r = .33$ , ROC area = .71), and has extensive survival data from which long-term prognosis of risk potential can be established. The scale score ranges between 0 and 12. A score of 6 or above indicates high risk for sexual recidivism. The STATIC-99 was scored for every offender in this study.

#### **Recidivism**

Recidivism was defined as being charged or convicted for a new offense following release to the community. As in Wilson et al. (2000), all charges (including charges that did not ultimately result in conviction) and convictions were counted as a reoffense for the purpose of this investigation. Only official documentation was utilized and, in most cases, this information came in the form of CPIC (Canadian Police Information Centre, a national database of offense histories) records indicating that a charge had been laid or a conviction registered. For this study, recidivism data were cumulative, in that all *sexual* reoffenses were also part of *violent* reoffenses, which were then counted as part of *general* reoffenses.

#### **Suspensions**

As data were available regarding suspensions of conditional release, these data were included as an indicator of the level of difficulty experienced by the offenders. To maintain

independence from the recidivism data, the suspension data were only included in the study if they were not related to a new charge or conviction.

## **Procedure**

Data for this study included demographic information, offence-specific details, risk factors, recidivism, and details of community supervision and treatment. Data were collected via CSC's Offender Management System (OMS—a computerized database of offender records and reports) and CPIC. The Traditional and Structured streams were compared on demographic and offence-specific details. The two groups were then compared on rates of recidivism and suspensions.

## Results

### Equivalency of Groups

Participant demographic information and offence details are presented in Table 2. There were differences between the groups on age, number of victims, or type of victims (i.e., child, adolescent, or adult). Because the groups were a priori based on risk, it is not surprising that they are significantly different on key factors known to be related to risk potential. Members of the Structured Maintenance group were serving longer sentences ( $F[1,340] = 9.51, p < .01$ ), and had more male ( $X^2[1] = 6.07, p < .05$ ), stranger ( $X^2[1] = 28.07, p < .01$ ), and unrelated ( $X^2[1] = 19.61, p < .01$ ) victims than their counterparts in the Traditional Maintenance stream. Their scores on the STATIC-99 were also significantly higher, again, as would be expected ( $F[1,335] = 72.64, p < .01$ ).

Table 2  
*Participant Demographics*

	Maintenance Group	
	Traditional (N=246)	Structured (N=101)
Mean Age (SD)	50.88 (12.73)	48.48 (12.05)
Mean (SD) Sentence Length*	4.12 (2.02)	4.94 (2.71)
Mean (SD) STATIC-99 Score**	2.20 (1.77)	4.14 (2.20)
Mean Number of Victims (SD)	1.60 (1.73)	1.73 (1.02)
Any Child Victims	55%	51%
Any Adolescent Victims	35%	36%
Any Adult Victims	33%	42%
Any Male Victims*	16%	27%
Any Stranger Victims**	17%	45%
Any Unrelated Victims**	59%	84%

\* $p < .05$ ; \*\* $p < .01$

## Recidivism and Suspensions Rates

The average follow-up time was 6 years and 8 months. As seen in Table 3, results showed that, as hypothesized, the Traditional Maintenance stream had significantly lower rates of sexual ( $X^2[1] = 11.66, p < .01$ ), violent ( $X^2[1] = 5.10, p < .05$ ), and general ( $X^2[1] = 7.10, p < .01$ ) recidivism than the Structured Maintenance stream. In addition, the Structured Maintenance stream had significantly higher rates of suspensions of release than the Traditional Maintenance stream ( $X^2[1] = 31.03, p < .01$ ).

It is noted that the rate of sexual offending in the Structured Maintenance stream is generally in keeping with rates reported in the literature (e.g., Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004). The sexual recidivism rate for the Traditional Maintenance stream, however, is considerably less than those reported by Hanson and colleagues. In both Hanson studies, follow-up periods were shorter. In addition, Barbaree, Seto, and Maric (1996) and Motiuk and Brown (1996) found similar rates of sexual recidivism (in Canadian samples) to the total combined rate noted in Table 3. Their follow-up time, however, was much shorter: approximately of one-third of that noted in the current study.

Table 3  
*Recidivism Rates—Updated Sample*

Reoffense Type	Combined Groups (N=347)	Recidivism Rates by Maintenance Group	
		Traditional Stream (N=246)	Structured Stream (N=101)
<b>Sexual**</b>	6.18%	3.32%	13.13%
<b>Violent*</b>	18.82%	11.61%	26.26%
<b>General**</b>	27.35%	23.24%	37.37%
<b>Suspensions**</b>	36.89%	27.62%	59.41%

*Note:* Sexual = any sexual offense; Violent = any offense involving personal injury or threats thereof (e.g., assault, armed robbery, utter threats, sexual offenses); and General = any offense; Suspensions = any suspension of conditional release during the term of community follow-up. Mean follow-up was 6 years, 8 months.

## Discussion

The rates of sexual and other recidivism found in this study are consistent with, and actually somewhat lower than those reported elsewhere in the literature regarding Canadian follow-up samples (Motiuk & Brown, 1996; Barbaree et al., 1996). The recidivism rates found in the current study therefore represent encouraging incremental reductions in risk as a result of an evidence-based protocol of community-based sexual offender risk management.

In two seminal meta-analyses of the predictors of sexual offender recidivism, Hanson and associates (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2004) found an average rate of sexual recidivism in the 13% to 14% range for all types of sexual offenders, regardless of risk and treatment status. When looking at the combined rates of sexual recidivism for both RP Maintenance groups (first column of Table 3), it is clear that their rate of reoffending is still well below the recidivism rates reported by Hanson and colleagues.

The rate of sexual recidivism noted for the Structured Maintenance stream in the current study is consistent with rates reported by Hanson and associates; however, it should be noted that the Structured Maintenance stream was comprised of primarily higher-risk offenders, as opposed to a normally-distributed group as reported by Hanson *et al.* The sexual recidivism rate found for the Traditional Maintenance stream in this study is far below the meta-analytic average suggested by Hanson *et al.* It is important to note that for the Hanson's studies, the follow-up periods were shorter than those in the current study.

In terms of actuarial risk estimates, the Traditional Maintenance stream had a mean STATIC-99 score of 2.20, while the Structured Maintenance stream had a mean score of 4.14, with a follow-up time of 6.75 years. In the actuarial tables provided by Hanson and Thornton (1999) for the STATIC-99, the 5-year projected rates of recidivism for a score of 2 is 9% and the projection for a score of 4 is 26%. Both streams in the current study had recidivism rates considerably below actuarial projections.

In this study, the members of the Structured Maintenance stream incurred significantly more suspensions of conditional release than did their compatriots in the Traditional Maintenance stream. Suspensions are typically used by parole staff as a means to

(temporarily) remove offenders under supervision from situations of increased risk for reoffense. Suspension is, in essence, a risk management strategy that provides the offender with a “time out” from the community. It is not surprising that nearly 60% of the offenders maintained in Structured Maintenance incurred a suspension. The practice of suspending an offender’s conditional release is both risk-reducing and victim-preventing—consistent with Marlatt’s (1998) conception of harm reduction. In our work in the community, we have routinely informed offenders in the RP Maintenance Program that it is far better to be suspended for six days than to be reconvicted for six years; particularly, when being reconvicted for six years includes having created a new victim.

It would seem that the key to truly reducing reoffending by known offenders lies in providing supervisory and treatment services that are informed by empirical research and practice. The RP Maintenance Program has served as a best practice model in Canada of how parole and treatment staff can work together to implement a community supervision and intervention scheme that has demonstrated effectiveness in managing and reducing risk of recidivism. In many respects, the focus of the RP Maintenance Program has been on the development of skills promoting of a “balanced, self-determined lifestyle” as described in the Saskatchewan NewStart model of life skills (Curtiss and Warren, 1973). This perspective has gained considerable exposure in Ward’s (2002) suggestions that risk reduction comes as a consequence of offenders learning how to lead “good lives”—lives that are free of victimization and dysfunction. We believe that the relatively low rates of sexual and other recidivism noted in the offenders included in this study demonstrate the RP Maintenance Program’s dedication to those goals.

It is of some pertinence that we reflect back on other research conducted on the sample reported in this study as it serves to highlight areas that would benefit from continued research as well as have implications for risk management. Using a sub-sample of 48 offenders in the RP Maintenance Program, Stirpe, Wilson, and Long (2001) found that motivation levels in the Structured Maintenance stream decreased after three months in the community, but remained steady for the Traditional Maintenance stream compared to post-treatment motivational levels in the institution. Barrett, Wilson, and Long (2003) used another sub-sample from the RP Maintenance Program and confirmed the earlier finding that motivational levels tended to decrease following release to the community. The findings of these two studies highlight the



need for community-based practitioners to continue to consider issues of treatment readiness and motivation to change, regardless of whether those targets were previously achieved in institutional programming. Indeed, a significant challenge in offering community-based maintenance programming is found in overcoming a common offender perspective that, upon release, they have “done their time” and “completed” treatment.

### **Methodological limitations in the current study**

As is the case with all reviews of programs seeking to reduce sexual offender recidivism, the findings in the current study are undermined by our continued inability to precisely measure the true rate of recidivism. Most researchers and practitioners agree that official recidivism rates are underestimates affected by difficulties related to low reporting and conviction rates. One of the most damning (and stable) statistics in sexual victimology shows that the vast majority of victims of sexual offences fail to report their victimization to those who are in a position to help them (e.g., police, child protection, mental health workers—see Besserer & Trainor, 2000). Even worse, in those cases where reports are made, conviction rates continue to be alarmingly low (i.e., in the range of 38%—Statistics Canada [2003/2004]). We acknowledge that the rates of recidivism reported here likely do not represent the full extent of post-release sexual victimization committed by the members of our program; however, in comparison to other reviews with similar limitations, including the Hanson’s studies, the data reported here remain encouraging. While the treatment programs reviewed in this study were limited to the Central Ontario District and involved a contracted agency in the delivery of some of the services, the application of a coordinated treatment and supervision strategy as a comprehensive intervention modality is one adopted throughout CSC. We believe therefore that the results add to the body of evidence supporting a relapse prevention intervention model for sex offenders on conditional release in the community.

A heated debate in the sexual offender treatment literature concerns difficulties associated with conducting controlled recidivism research (see Quinsey, Harris, Rice, & Cormier, 2005). As we strive to demonstrate that treatment “works”, the “gold standard” of research proposed by some has been one of random assignment of offenders to treatment and no-treatment protocols. Practically speaking, this is difficult to achieve when the goal is to reduce sexual recidivism. We suspect that few communities would be willing to accept the

conduct of research in which 50% of the offenders released to that community were not offered treatment and supervision (the key aspects evaluated in this review). Nonetheless, as with many other studies examining rates of recidivism, the current study suffers from the lack of a suitable no-treatment comparison sample.

With the notable exception of the findings of the California Sex Offender Treatment and Evaluation Project (SOTEP— Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005), there are many more treatment effectiveness studies showing positive outcomes than studies presenting inconclusive results (Federoff & Moran, 1997). In a 1999 meta-analysis, Alexander found that those offenders who participated in treatment programs showed a 59% reduction in rearrest rates (7.2% compared to 17.6%). The Collaborative Data Project (Hanson, Gordon, et al., 2002) of the Association for the Treatment of Sexual Abusers (ATSA) found a recidivism rate of 10% in treated offenders, in contrast to a rate of 17% in untreated offenders (a reduction of 41%). Lösel and Schmucker's (2005) recent meta-analysis found that treatment reduced recidivism by 37%, while earlier research reported by Hall (1995) found that treatment reduced recidivism by 30%. As reported above, the rates of reoffending noted in this study are considerably below those noted by the Hanson meta-analyses. The consistency of the outcome studies reported to date accentuates the need to move beyond 'does treatment work?' and to reframe the discussion to one of 'what works best?' (Abracen & Looman, 2004).

## **Conclusion**

Research on the benefits of community-based treatment continues to be in its infancy. The results from this study suggest that appropriate risk management strategies and the use of a collaborative approach to community-based supervision and treatment is an effective means of risk management for sexual offenders in the community. Recent findings (see Wilson, Picheca, & Prinzo, 2005; Wilson, Cortoni, & Vermani, 2007) regarding the use of professionally-facilitated volunteerism in the management of risk in particularly high-risk sexual offenders have also demonstrated the value-added of a collaborative, evidence-based approach to risk management. Despite the lack of "gold standard" research, the data on therapeutic interventions with offenders are remarkably consistent across studies and, as the

notable sexual offender treatment pioneer Bill Marshall (1997) once said, “It is unconscionable to do nothing.”

## References

- Abracen, J. & Looman, J. (2004). Issues in the treatment of sexual offenders: Recent developments and directions for future research. *Aggression & Violent Behavior*, 9, 229-246.
- Alexander, M. (1999). Sexual offender treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11, 101-117.
- Andrews, D.A. & Bonta, J. (2003). *The psychology of criminal conduct (3<sup>rd</sup> Edition)*. Cincinnati, OH: Anderson.
- Barbaree, H.E., Seto, M.C., & Maric, A. (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.
- Barrett, M., Wilson, R.J., & Long, C. (2003). Measuring motivation to change in sexual offenders from institutional intake to community treatment. *Sexual Abuse: A Journal of Research and Treatment*, 15, 269-283.
- Besserer, S. & Trainor, C. (2000). Criminal victimization in Canada, 1999. Ottawa, ON: Statistics Canada.
- Correctional Service of Canada (1996). *Standards and guidelines on the provision of services to sex offenders*. Ottawa, ON: Author.
- Curtiss, P.R., & Warren, P.W. (1973). *The dynamics of life skills coaching*. Prince Albert, SK: Saskatchewan NewStart Inc. (for the Training Research and Development Station Dept. of Manpower and Immigration).
- Federoff, J.P. & Moran, B. (1997). Myths and misconceptions about sex offenders. *Canadian Journal of Human Sexuality*, 6, 263-276.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of adult offender recidivism: What works! *Criminology*, 34, 575-607.
- Hall, G.C.N. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting & Clinical Psychology*, 63, 802-809.
- Hanson, R.K., & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 348-362.

- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L., & Seto, M.C. (2002). First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 14*, 169-194.
- Hanson, R.K., and Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. [User Report 2004-2] Ottawa, ON: Public Safety and Emergency Preparedness Canada.
- Hanson, R.K. & Thornton, D. (1999). *Static-99: Improving actuarial risk assessments for sexual offenders*. [User Report 1999-02] Ottawa, ON: Department of the Solicitor General of Canada.
- Laws, D.R. (1989). *Relapse Prevention Procedures with Sexual Offenders*. New York, NY: Guilford.
- Laws, D.R., Hudson, S.M., & Ward, T. (Eds.) (2000). *Remaking relapse prevention with sex offenders: A sourcebook*. Thousand Oaks, CA: Sage.
- Lösel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology, 1*, 117–146.
- Marlatt, G.A. (1998). *Harm reduction: Pragmatic strategies for managing high-risk behaviors*. New York, NY: Guilford.
- Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C., van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment, 17*, 79-107.
- Marshall, W.L. (1997, October). Remarks made at a presentation to the Ontario Region Sex Offender Service Providers Conference, Kingston, ON.
- Marshall, W.L., Laws, D.R., & Barbaree H.E. (Eds.). (1990). *Handbook of sexual assault: Issues, theories, and treatment of the offender*. New York, NY: Plenum Press.
- Motiuk, L.L. & Brown, S. L. (1996). *Factors related to recidivism among released federal sex offenders*. [Research Report # R-49] Ottawa, ON: Research Division, Correctional Service of Canada.
- Nuffield, J. (1982). *Parole decision-making in Canada: Research towards decision guidelines*. Ottawa, ON: Communication Division.

- Petrunik, M.J. (1994). *Models of dangerousness: A cross jurisdictional review of dangerousness legislation and practice*. [User Report 1994-02] Ottawa, ON: Department of the Solicitor General of Canada.
- Quinsey, V.L., Harris, G.T., Rice, M.E., & Cormier, C.A. (2005). *Violent offenders: Appraising and managing risk*. 2<sup>nd</sup> Edition. Washington, DC: American Psychological Association.
- Statistics Canada (2003/2004). *Canadian Centre for Justice Statistics, Adult Criminal Court Survey, 2003/2004*. Ottawa, ON: Author.
- Stirpe, T.S., Wilson, R.J., & Long, C. (2001). Goal attainment scaling with sexual offenders: A measure of clinical impact at post-treatment and at community follow-up. *Sexual Abuse: A Journal of Research and Treatment*, 13, 65-77.
- Ward, T. (2002). Good lives and the rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior*, 7, 513-528.
- Wilson, R.J. (1996). Catch-22: What psychological staff can (and cannot) do for offenders after their sentence expires. *Forum on Corrections Research*, 8, 27-29.
- Wilson, R.J., Cortoni, F., & Vermani, M. (2007). *Circles of Support & Accountability: A national replication of outcome findings*. [Research Report R-185] Ottawa, ON: Correctional Service of Canada.
- Wilson, R.J., Picheca, J.E., & Prinzo, M. (2005). *Circles of Support & Accountability: An evaluation of the pilot project in South-Central Ontario*. [Research Report R-168] Ottawa, ON: Correctional Service of Canada.
- Wilson, R.J., Stewart, L., Stirpe, T., Barrett, M., & Cripps, J.E. (2000). Community-based sex offender management: Combining parole supervision and treatment to reduce recidivism. *Canadian Journal of Criminology*, 42, 177-188.
- Wilson, R.J. & Yates, P.M. (2009). Effective interventions and the Good Lives Model: Maximizing treatment gains for sexual offenders. *Aggression & Violent Behavior*, 14, 157-161.