Community Solutions for the Community's Problem: An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes

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Executive Summary

Purpose

- This report was commissioned by the Policy Development Section of the Department of Corrections.
- The primary objective was to assess the recidivism rate of people mandated by courts to attend community-based child sex offender treatment programmes.
- Recidivism was defined as conviction for a sexual abuse - related activity for an offence occurring following termination of treatment, assessment, or sentencing for the Treatment, Assessment Only, and Probation Comparison groups respectively.

Method

- The recidivism rate for the treatment group was compared to recidivism rates from Assessment Only clients of the same programme and also data from a historical Probation Comparison group provided by the Department of Corrections.
- The association between recidivism and a range of other factors was also explored.
- Of 296 cases identified by the programmes, adequate information from the programmes and offending history data were obtainable for 203 cases (69%), 175 of which were treatment cases and 28 of which had undertaken assessment only. Statistical analysis showed that those for whom offending history could be obtained were comparable with those for whom offending history could not be obtained, indicating that the final sample was representative of the total sample.
- The median time period from end of treatment to end of offence data availability was 4 years.

Results

- An overall recidivism rate of 8.1% was obtained across the three programmes. The recidivism rate for people who completed their treatment programme was 5.2%.
- The recidivism rate was relatively consistent across the three programmes.
- These results indicated a substantial treatment effect, with the recidivism being approximately half the recidivism rate amongst the Probation comparison group.

- These results compared well with the findings from previous studies, yielding similar results to the Kia Marama outcome study, and results that were at the most favourable end of the range of international studies reviewed.
- Higher recidivism was found to be related to non-completion of the programme and more victims prior to treatment.
- Recidivism was found to not be related to offender age, ethnicity, number of previous convictions, victim gender preference, number of previous sex offences, or total number of previous offences.
- Recidivism was also not related to treatment characteristics such as length of treatment, the year treatment was started, and time since completion of treatment.
- Post-treatment non-sexual offending was also studied. The proportion of subjects who committed non-sexual violent offences in the post-treatment period was consistent for Treatment and Comparison groups.

Conclusions

- These results indicate that:
  - These programmes are having a significant impact on lowering the recidivism rate amongst offenders they treat.
  - The outcomes of these programmes are consistent and towards the lower end of recidivism rates reported in local and international evaluation studies.
  - The drop-out rates for treatment appear to be relatively high (45%), and non-completion was associated with higher recidivism. Therefore, developing more effective strategies for reducing drop-out may be a useful direction for the programmes, for Corrections, and for the Judiciary. Such strategies may include:
    - Development of special programmes for offender sub-groups, e.g., deniers.
    - Programme development of strategies to reduce drop-out.
    - Stronger incentives from Corrections and the Judiciary for clients to stay in treatment, with clear explicit sanctions for non-compliance.

    These efforts need to be balanced with preventing resource wastage or worsening outcomes for others by clients sustained in programmes but not motivated.

Introduction

Overview

A growing number of studies have evaluated the outcome of treatment programmes for adult sex offenders. The aim of this study is to evaluate the outcome in terms of recidivism of three treatment programmes for adult sex offenders in New Zealand. This section reports on the objectives and rationale for the present study, discusses selected previous outcome evaluations of treatment programmes for sex offenders overseas and in New Zealand, and describes the programmes that were evaluated in this study.

Objectives and Rationale for the study

The primary objective of this project was to ascertain the recidivism rate amongst court-mandated attendees at community-based sex offender treatment programmes in New Zealand and to compare this rate to local and overseas data, including those in the same sample who were assessed and not treated, another New Zealand sample, and the international literature. Other factors associated with recidivism were also explored.

In 1997, *Evaluation Associates* completed a process evaluation of community-based sex offender treatment programmes for the Department of Corrections (Jakob-Hoff, Millard, Meagher-Lundberg, Absolum, & Hickling, 1999)[1]. Briefly, this evaluation was primarily a process evaluation. The evaluation report included a specific recommendation for research into the outcome of the programmes, to assess evidence of the effectiveness of the community-based sex offender treatment programmes. It is this recommendation that the current study aims to address.

This study undertakes an evaluation of the effectiveness of Community Based Sex Offender Treatment Programmes to determine whether attendance at community based sex offender treatment programmes resulted in a reduction in reoffending. This involved a retrospective analysis of data obtained from treatment programme files and linked to offence data obtained separately through the Department of Corrections.

[1] Part of the initiatives funded from the 1996 Crime Prevention Package.

Previous Evaluations of Programmes for Treating Sex Offenders

Outcome studies of treatment programmes for adult sex offenders have indicated varied results as to their effectiveness (Marshall, Jones, Ward, Johnston, & Barbaree, 1991). Hanson and Bussiere (1998) reviewed a range of studies and found an average recidivism rate of 13.4% at 4-5 year follow-up. However, studies at 15-20 year follow-up found rates of between 35-45%. Hanson and Bussiere also found that the average sex offender recidivism was 12.7% for child molesters over a four to five year period, while the rates of recidivism with non-sexual offences was 9.9%. However, the authors suggest caution in interpreting these findings as the studies involved different treatment methods, along with different follow-up periods.

A more recent meta-analysis by Alexander (1999) reviewed 79 sex offender treatment studies that included nearly 11,000 sex offenders. Alexander found an overall recidivism rate of 14.4% for Child molesters, compared to 25.8% for untreated controls. When she analysed the results by treatment setting she found that child molesters treated in an outpatient setting had a reoffending rate of 13.9%, compared with 21.4% for child molesters treated in prison.

A study by Dwyer (1997) of 125 participants in a community treatment programme reported a recidivism rate of 9% at 8 year follow-up, compared with 20% in the comparison group (n = 55).

A programme operated by the probation service in England found no significant differences in the recidivism rates between treated and untreated child molesters at 4 year follow-up (10.3% treated and 10% for controls) (Procter, 1996). However one weakness of this study were the relatively small sample sizes in both groups (39 and 40 respectively) of child molesters.

Marshall and Barbaree (1988) found that men who abused girls had recidivism rates following treatment of 7.5% when based on convictions and 17.9% when based on unofficial information, whereas untreated men had a recidivism rate of 17.9% based on convictions and 42.9% when based on unofficial information. Those who abused

boys had rates of 5.5% based on convictions (13.3% unofficial) after treatment, while the rate for untreated offenders was 19.2% official (42.9% unofficial). Treated incest offenders had rates of 8.0% (2.9% official), while the rates for untreated incest offenders was 21.7% (7.0% official).

The Association for the Treatment of Sexual Abusers (ATSA) has established a collaborative data research project, of which a part involves conducting a meta-analysis of previous treatment studies that compare treatment groups with some form of comparison group. Initial findings indicated that treatment results in a reduction in both sexual recidivism, (10% in the treatment group compared to 17% in the comparison group) and general recidivism (32% in the treatment subjects, compared to 51% in the comparison group) (Hanson, 2000).

Evaluations of Sex Offender Treatment Programmes in New Zealand

The sex offender recidivism studies in New Zealand have been confined to prison populations and have been undertaken by the Department of Corrections. In 1986 a Department of Corrections paper identified high reoffending rates of about 25% (McLean & Rush, 1990). More recently, an evaluation of the Kia Marama Treatment Programme (Bakker, Hudson, Wales & Riley, 1998) reported that Kia Marama had a significant effect on reducing reoffending, with a reconviction rate of 8% compared to a comparison group conviction rate of 21%. No outcome studies of community-based programmes in New Zealand have been undertaken .

Programme Descriptions

The following sections provide a brief introduction to the three programmes that were included in the current evaluation.

Three programmes were included in the current evaluation. The SAFE Network Inc, Auckland, STOP Wellington Inc, and STOP Trust Christchurch are independent community based organisations that provide treatment for adult sexual offenders who offend against children. Their stated mission is to stop sexual abuse to achieve a safer community. They provide treatment for both court mandated and non-mandated clients. Table 1 provides a comparison of the clients of the three programmes. From this table it is evident that the ethnicity, age, and referral source distributions of clients for the three programmes are similar. Table 2 provides a comparison of the treatment components of the three programmes. From this table it is evident that the therapeutic approach of the three programmes is broadly similar, with the major evident difference being that the Auckland programem is somewhat larger.

Few differences exist between the treatment approach of the programmes, with each employing a similar therapy model of Cognitive Behavioural Therapy, with a strong emphasis on Relapse Prevention. The treatment includes individual, family, and group therapy services to individuals, and their families and whanau.

In addition to providing treatment for adult sexual offenders, all three programmes provide treatment for adolescents who have sexually abused, and more recently children aged between 10 and 12 years old who are displaying sexualised behaviour. The adult programmes that are the focus of this study are described below.

Table 1. Demographic characteristics of treatment programmes.

	AUCKLAND	WELLINGTON	CHRISTCHURCH
Referral Source:			
Community probation	37%	29%	40%
Self referral	20%	30%	20%
Other agency	23%	27%	30%
Private counsellors	9%	4%	5%
Other	11%	10%	5%
Ethnicity of Clients:			
European/Pakeha	71%	74%	79%
Maori	17%	16%	20%
Pacific Peoples	10%	9%	-
Other	2%	1%	1%
Age of Clients:			
Under 20 years	4%	1%	3%
20-29 years	19%	25%	20%
30-39 years	30%	23%	27%
40-49 years	23%	29%	20%
50-59 years	14%	15%	15%
60-69 years	5%	6%	7%
70+ years	5%	2%	2%

Table 2. Programme Treatment Components.

	AUCKLAND	WELLINGTON	CHRISTCHURCH
Group Therapy Components			
Intake Group	Yes (8 weeks)	Yes (6 weeks)	Yes (4weeks)
Offence Chain	Yes	Yes (12 weeks)	Yes
Mood Management	Yes	Yes	Yes
Victim Empathy	Yes (two weekends)	Yes (6 weeks)	Yes
Relationship Skills	Yes	Yes	Yes
Relapse Prevention	Yes (6 weeks)	Yes (16 weeks)	Yes
Co-facilitation	Yes	Yes	Yes
Group Duration	2 hours	2 hours	3 hours
Closed Group	Yes	Yes	Yes
Number of clients in group	8-12 clients	8-12 clients	10-12 clients
Individual Components			
Arousal Conditioning	Yes (as required)	Yes thought stopping	Yes (as required)
Individual Therapy	Yes	Yes	Yes
Family Therapy	Yes	Yes	Yes
Family Support Group	Yes (monthly)	Yes (monthly)	Provided as required (not currently)
System Reviews	Yes (4 monthly)	Yes (3 monthly)	Yes (3 monthly)
Programme Length	18 mths-2 years	52 weeks min.	52 weeks

SAFE Network Inc.

The SAFE Adult Programme is provided under the umbrella of SAFE Network, Incorporated. SAFE is a non-profit professional counselling agency that was established in Auckland 10 years ago with the purpose of reducing the incidence of child sexual abuse in the community through treating those who perpetrate the offending. Initially formed by a small group of professionals who had worked for many years counselling child victims of sexual assault, SAFE grew out of a concern over the increasing numbers of children being sexually assaulted in the Auckland community.

SAFE is the only service of its kind in the upper North Island, and one of only three such programmes in New Zealand. It is also the largest programme in New Zealand. Currently it has over 70 adults and their families in the Programme, and over 90

adolescents and their families. Both male and female clients are treated in a range of programmes, including a special stream for those with intellectual or learning disabilities.

The Clinical Team at SAFE

The clinical team in the agency consists of around 25 full or part-time staff, including clinical psychologists, social workers, psychotherapists and family therapists. The adult team employs the equivalent of 4 FTE staff members. There are also numerous contracted staff who work on the programme. Members of the clinical team have presented at both national and international conferences, have conducted research on sex offenders, and publish articles in professional journals on the subject. Four Maori staff are involved in the programme, with a plan to develop a programme catering specifically to the needs of Maori in 2003.

Referral Source

Referrals come from a variety of sources, but primarily come from the Community Probation Service, the Department of Child Youth and Family and other community agencies, with over 20 new clients going through the programme each year. See Tables 1 and 2 for demographic charactistics of the SAFE clients and the treatment components.

Training and Supervision

SAFE therapists provide training on a regular basis to a wide range of community organisations and groups with regard to the safe management of child sex offenders in the community. In addition, SAFE has hosted several clinical psychology and counselling internship placements for training institutions and programmes. SAFE also provides specialist supervision and consultation to a number of other professionals in the community whose work involves caring for or managing sexual offenders.

Supervision is also provided to SAFE staff on an individual basis by supervisors from both within and outside the agency. Videotaped group work sessions with clients are the subject of specialist group work supervision that is conducted monthly. SAFE has a commitment to staff training, with all staff having access to an individually-

allocated training budget. Staff are encouraged to attend external training in relevant areas, with several being actively supported to undertake post-graduate studies. SAFE has also sponsored international trainers to deliver both public and private seminars for its staff. A commitment to continuous improvement of clinical knowledge is evidenced by a weekly journal club that is led by staff on a rota basis.

Funding Sources

Funding for the programmes comes from a variety of sources including Community Probation, Child Youth & Family Services, and client fees (all clients pay a contribution toward programme costs), and community grants.

Wellington STOP Inc

Wellington STOP is a year long psycho-educational programme, using cognitive behavioural therapy supported by action methods, drama therapy and a family systems approach to working with client's families and other support networks. It was established in 1993 and replaced an earlier, less structured, programme that had been running since 1987.

There are 4.1 full time equivalent staff who work on the adult programme, running up to 5 groups at any one time. There are approximately 25 new referrals each year into the programme. See Tables 1 and 2 for demographic charactistics of STOP Wellington clients and the treatment components.

Wellington STOP has a Kaiwhakaora and Whanau Worker who are normally involved from the beginning with Maori clients and their whanau. Wellington Stop is unique in that it offers a specialised group treatment programme for Maori clients and their Whanau that is carried out by Maori staff. This programme is called Te Wero.

Relationship with Training Institutions

The programme has had student psychology interns from the Clinical Psychology Programme at Victoria University. Is also has had Social work students from Victoria and Massey Universities.

Funding Sources

Funding of the programme comes from Community Corrections and Child Youth & Family Services. Some Lotteries funding is also received for family work.

Christchurch STOP

The Christchurch STOP programme started in 1989 in response to demand from men and community professionals for a programme for men who had sexually offended. A collective organisation was formed and the programme established.

There are four staff employed for a total of 47 hours per week each. The professional backgrounds of the staff include Clinical Psychology, Social Work and Counselling. Two Kaimahi staff are employed to work with Maori clients and whanau. Supervision and training are provided both internally and externally for staff.

STOP provides training and consultancy for Community Probation Service, Child, Youth and Family, and community agencies.

Training Institutions

STOP has a commitment to providing placements for students from the University of Canterbury for Social Work students and Clinical Psychology students. They currently have a clinical psychology intern.

Funding Sources

Funding for the programme comes from Community Probation Services, Child Youth, and Family, Community Trusts, Lottery Grants, and other community trusts. Most clients also make weekly contributions for attending the programme.

Cultural components on the programme

Two Maori Kaimahi work with the clinical team to address the needs of the Maori men and their whanau. They take part in the entire process from the intake interviews, group and individual therapy (as appropriate with the men) and provide whanau support. The programme is essentially a Tauiwi Programme with support provided for Maori clients and whanau. The Maori Kaimahi also provide community

education and networking. There are currently no Pacific Island clients on the Programme. See Tables 1 and 2 for demographic charactistics of the STOP clients and the treatment components.

Purpose of this Study

This study was undertaken to evaluate the effectiveness of the three programmes described above in reducing sexual recidivism amongst court mandated attendess, compared to those assessed by the same programmes but who did not undertake treatment and a sample of other similar offenders who predomently received probabation oversight.

The study also explored relationships between recidivism and other variables to identify possible directions for helping to improve the outcomes of the service in the future.

METHOD

Overview

This research is a retrospective comparison of the recidivism rate of court-mandated attenders of the SAFE Programme in Auckland, the Wellington STOP and Christchurch STOP programmes with other data, particularly data relating to sex offenders who received other methods of treatment or oversight following conviction. This section outlines the subjects in the treatment and comparison groups, the procedure and measures used, and the analytic techniques used for the research presented in this report.

Subjects

This section describes the treatment group studied in this report and also describes the two comparison data sets that were analysed to compare with the outcomes of the treatment group.

Treatment Group: The Treatment group consisted of 175 individuals who had been treated by the three participating community sex offender treatment programmes. These individuals were derived from a consecutive sample of all court-mandated participants aged 19 years and older in all three programmes over the target period. The programmes identified a total of 296 individuals. Sufficient information from the programmes for inclusion in this study was available for 254 (86%) of these individuals. Conviction data were obtainable for 203 individuals for whom adequate data were also available from the programmes, giving a final sample of 69% of individuals identified by the programmes. Of these, 175 individuals had participated in treatment and 28 had participated in assessment only. All treatment and assessment only participants had a history of child sexual offending.

Statistical analysis was undertaken to assess the comparability of the treatment cases included in the final sample with those excluded. The groups were found to be of comparable age (χ^2(df=5, N=296) = 9.1, not significant (ns)), ethnicity (χ^2(df=3, N=246) = 2.1, ns), relationship status at time of offending (χ^2(df=2, N=220) = 1.1, ns), length of time in treatment (χ^2(df=4, N=254) = 3.6, ns), treatment completion

status (χ^2(df=3, N=296) = 0.98, ns), most prevalent victim type, and number of victims offended against (χ^2(df=2, N=296) = 3.8, ns). The groups did differ on the proportion with a history of contact sexual offences (χ^2(df=1, N=292) = 7.6, $p<0.01$), but there was no difference in the proportion with a history of hands-off offending (χ^2(df=1, N=292) = 3.3, ns), penetrative offending (χ^2(df=1, N=293) = 0.5, ns), or penetrative offending involving additional violence (χ^2(df=1, N=292) = 0.6, ns). These results indicated that the cases that could be included in the final sample were representative of the sample as a whole. The final data set involved fewer cases from the Christchurch program (38 cases) than Auckland (73 cases) or Wellington (64 cases). This was primarily due to offence data being obtainable for fewer cases from Christchurch. This difference may affect the reliability of comparisons between the three programmes.

The characteristics of the final Treatment group are presented in Table 3. On the basis of this information the typical offender treated in these programmes could be described as follows:

A Typical Treatment Participant

A Pakeha man in his thirties who was married or living in a de facto relationship at the time of his offending, and had one child living with him. He is known to have about 2 previous victims who were most likely to have been young girls who were not his relatives. He had been convicted of about 6 offences prior to beginning the programme, with four of these offences being sex offences. His offences were most likely to be hands-on offences. There is one chance in three that his offending involved penetration.

He spent about twelve months in treatment, and had approximately even odds of being judged as having completed the treatment satisfactorily. He finished treatment about 4 years before the present study.

Table 3. Characteristics of the Treatment Sample.

Variable/Category	**Percentage***	**N**
Treatment Program		
Auckland	41%	73
Wellington	37%	64
Christchurch	22%	38
Ethnicity		
Pakeha/European	75%	116
Maori	16%	24
Pacific Island	5%	8
Other	4%	7
Age		
Less than 20	3%	6
20-29	23%	41
30-39	26%	45
40-49	19%	33
50-59	18%	32
60 or older	10%	18
Marital Status at time of offending		
Single	30%	41
Married/de facto	53%	72
Separated/Divorced/Widowed	16%	22
Victim gender preference		
Female	67%	117
Male	21%	37
Both	12%	21
Victim types* (may have more than one)		
Girl victims	74%	129
Boy victims	32%	55
Adult woman victims	11%	20
Adult man victims	2%	4
Relationship to predominant victim type*		
Related child(ren)	28%	49
Unrelated child(ren)	54%	94
Related and unrelated children	17%	30
Reported number of victims prior to treatment		
1	34%	60
2-10	51%	90
10-50	9%	15
More than 50	6%	10
Reported sex offences prior to treatment (including offence leading to mandated treatment)		
1	13%	22
2-10	73%	125
10-50	14%	24
More than 50	1%	1

Table 3 cont. Characteristics of the Treatment Sample.

Known sexual offences prior to treatment		
1	9%	15
2-10	63%	108
10-50	25%	43
More than 50	4%	6
Types of offending (May have more than one)		
Hands-off offences	21%	36
Offences involving touching	81%	140
Penetration offences	36%	63
Penetration and extreme violence offences	2%	3
Treatment Duration		
Less than 6 mths	14%	25
6-12 mths	17%	30
12-18 mths	38%	66
18-24 mths	18%	31
24 mths or longer	13%	23
Treatment completion status		
Satisfactorily completed	45%	79
Unsatisfactorily completed	3%	5
Not completed	52%	91
Time since end of treatment		
Less than 2 years	22%	38
2-3 years	21%	36
3-4 years	20%	35
4-5 years	13%	22
5-6 years	15%	26
More than 6 years	10%	18

Notes: In all cases the percentage represents the percentage of subjects who exhibited that characteristic. Percentages in the "victim type" questions relate to the proportion of subjects with a history of committing offences against each type of victim.

Comparison Group 1: Assessment Only Subjects: In addition to cases in which treatment was undertaken, the participating programmes provided 28 cases of court-mandated clients that were assessed by the programmes but who were not entered for treatment, and for whom offending history could be obtained. All participants had a history of child sexual offending. Assessment only clients did not proceed to treatment because of a range of reasons including: unable to speak English, significant co-morbid mental health difficulties, difficulties with access to programme (e.g., transport difficulties or work commitments), not admitting offence, refusing to attend, or assessed before sentencing and subsequently received a prison sentence.

Statistical analysis was undertaken to assess the similarity of the Treatment group and the Assessment-Only group on demographic and offending patterns. The groups were found to be comparable on age (χ^2(df=4, N=193) = 6.4, ns), ethnicity (χ^2(df=2, N=169) = 0.75, ns), relationship status at time of offending (χ^2(df=2, N=146) = 1.2, ns), and most prevalent victim type (χ^2(df=2, N=295) = 1.4, ns). The Assessment only group showed fewer victims (χ^2(df=2, N=203) = 14, $p<0.001$) but more offences prior to treatment/1995 conviction (χ^2(df=2, N=200) = 15.0, $p<0.001$). There was no difference in the proportion with a history of hands-off offending (χ^2(df=1, N=201) = 0.5, ns) or penetrative offending (χ^2(df=1, N=201) = 2.4, ns). The Assessment Only group showed more sexual offending with additional violence, but the small number of cases (3 and 4 for the two groups) makes this analysis relatively unreliable. These results suggest that, overall, the two groups were relatively comparable.

Comparison Group 2: Corrections Probation Comparison Group: The Department of Corrections provided a comparison data set consisting of basic demographic information, offence history, and conviction data for 186 child sexual offenders convicted of sexual offending during 1995 and who did not receive treatment in one of the community programmes. Of this sample, 20% received prison sentences, typically followed by probation and 80% a community-based sentence including probation. This group will be referred to as the Probation Comparison group.

Table 4 shows demographic and other information available for comparison of the Treatment, Assessment Only and Probation Comparison groups. The Treatment group showed a comparable age distribution (χ^2(df=4, N=361) = 2.4, ns) and a comparable ethnic distribution (χ^2(df=2, N=338) = 4.3, ns) to the Probation Comparison group. The Probation Comparison group showed fewer prior offences (median = 3) than the Treatment group (median = 6: χ^2(df=2, N=358) = 19, $p<0.001$). Overall, these data suggest that the samples are demographically similar but that the Treatment group had a more extensive offending history than the Probation Comparison group and a somewhat less extensive offending history than that Assessment Only group.

Table 4. Characteristics of Treatment and Comparison Groups

	Treatment	Assessment Only	Probation Control
Age			
Less than 30	26%	36%	23%
30-39	26%	21%	24%
40-49	19%	25%	25%
50-59	18%	7%	17%
60+	10%	11%	12%
Ethnicity			
Pakeha	75%	64%	66%
Maori	16%	21%	25%
PI	5%	7%	8%
Other	4%	7%	1%
Known Sexual Offences before Treatment/Present Conviction			
1	13%	29%	15%
2-10	73%	29%	74%
11-50	14%	36%	11%
50+	1%	7%	0%

Procedure

Following initial discussions with the Department of Corrections in Wellington, representatives of the Auckland SAFE Network, Wellington STOP, and Christchurch STOP were approached and a consultation process regarding what information could relatively reliably be extracted from their files was undertaken. On the basis of this, a short data form comprising name, demographic information, treatment parameters (including starting date, treatment length, and completion status) was developed and agreed upon by all parties. Treatment was considered as successfully completed if the attendee satisfactorily completed all treatment components. Less than seven percent of successful completers had a treatment duration of less than 12 months. Treatment was considered unsuccessfully completed if, following completion of all programme components, staff did not rate the attendee as having an adequate reduction in risk of reoffending. Treatment was considered not complete if the attendee failed to engage for all treatment components. Ethical clearance was granted by the Auckland University Human Subjects Ethics Committee.

Following final commissioning of the project, data collection from the programmes was commenced. To obtain a consecutive sample, all Corrections-mandated male programme attendees aged 19 years of age or older, who had commenced treatment between January 1995 and December 2000 and who had completed treatment on or before 31st December 2000 were included in the study.

Access to the programme client files was requested from the treatment programmes. Access was granted to research assistants following signing a confidentiality agreement, and ensuring any personal information or information that could identify individuals or their families remained completely confidential. File information was entered onto an Excel spreadsheet that was identical for all three programmes.

The Probation Comparison group was provided by the Department of Corrections as an electronic data set consisting of basic demographic, offending, and sentencing data for all people convicted of sexual offences in 1995. Data on sexual offending was available for up to 2001. This data set consisted of one line of data for each offence. This data set was manually examined to derive summaries of the sexual offending history before and after the 1995 conviction. Recidivism history was derived separately for the first four years after conviction and for the total follow-up period. The four-year data was used to compare with the recidivism rates between groups as both the Treatment and Assessment Only groups had a mean follow-up duration of about 4 years. The data for the full length of follow-up was used for survival analysis. No additional information on these individuals was collected.

Once the data collection was complete the information was analysed using the SPSS 10.1 statistical analysis package (SPSS Inc., 2002).

Measures

Quantitative data were gathered using a structured data recording sheet. The questions included in the data sheet were agreed by all programmes and were

primarily based upon those in the Department of Corrections Research Specification for the project. The data recording sheet is divided into 16 categories and is presented in Appendix A. For the purposes of this study, recidivism was defined as a further conviction for a sexual related offence occuring after entry to treatment or after sentencing in the case of the Probation Control group. However, data relating to post-treatment non-sexual offending were also provided.

Data Analysis

The analysis of results involved between-group comparisons on demographic and treatment variables and recidivism rates. The majority of variables had non-normal distributions so primarily non-parametric techniques including Chi-Square analysis, Spearman correlations, and the Kruskal-Wallis technique were used. Recidivism patterns were assessed using Kaplan Meier Survival Analysis, with the Breslow statistic to test the significance of differences between the survival curves. Risk Ratios were used to compare the recidivism rates in the samples over a period of four years. Logistic regression was used to explore the relationship between recidivism and other variables. The relatively small numbers in each centre meant that comparisons between the programmes were likely to be relatively unreliable, and, in general, data from all three programmes were combined.

Results

Recidivism Rates

Overall Sex Offence Recidivism Rates: The overall sex offence recidivism rate for clients who had undertaken one of the programmes was **8.1%.** The sexual offense recidivism rate for clients who successfully completed one of the programmes was **5.2%.**

Recidivism Rates by Program: The recidivism rates for the three programmes are presented in Table 5. Statistical analysis showed no significant difference between the recidivism rates for the three programmes (χ^2(df=2, N=172) = 0.46, ns).

Recidivism Rates by Ethnicity: Information about ethnicity was available for 87% of subjects. The recidivism rates for the different ethnicities are presented in Table 5. There was no significant difference in the recidivism rates for the different ethnicities (χ^2(df=2, N=166) = 0.4, ns)

Table 5. Sexual Offending Recidivism

	Recidivism	N
Total Recidivism Rate	**8.1%**	**172**
Programme		
Auckland	8.3%	72
Wellington	9.4%	64
Christchurch	5.6%	36
Programme Completion		
Completed	5.2%	77
Incomplete	10.5%	95
Ethnicity		
Pakeha/European	8.0%	113
Maori	8.3%	24
Other	6.7%	15

Recidivism Compared to Other Samples

The overall recidivism rate of 8.1 % can be compared to the rates from other studies and comparison groups. Table 6 summarises the recidivism data from this study and other studies.

Assessment Only Group: Twenty-eight clients in the current sample were assessed by the programmes but did not undertake therapy as part of the program. This sample can be considered a comparison group. This sample showed a sex offending recidivism rate of 21%.

Probation Comparison group: The Probation comparison group yielded a sexual offending recidivism rate of 16% in the four years following the end of sentence. The sex offending recidivism rate from sentencing to the end of data collection was 19%. Twelve percent of the sample committed a non-sexual offence involving violence in the follow-up period.

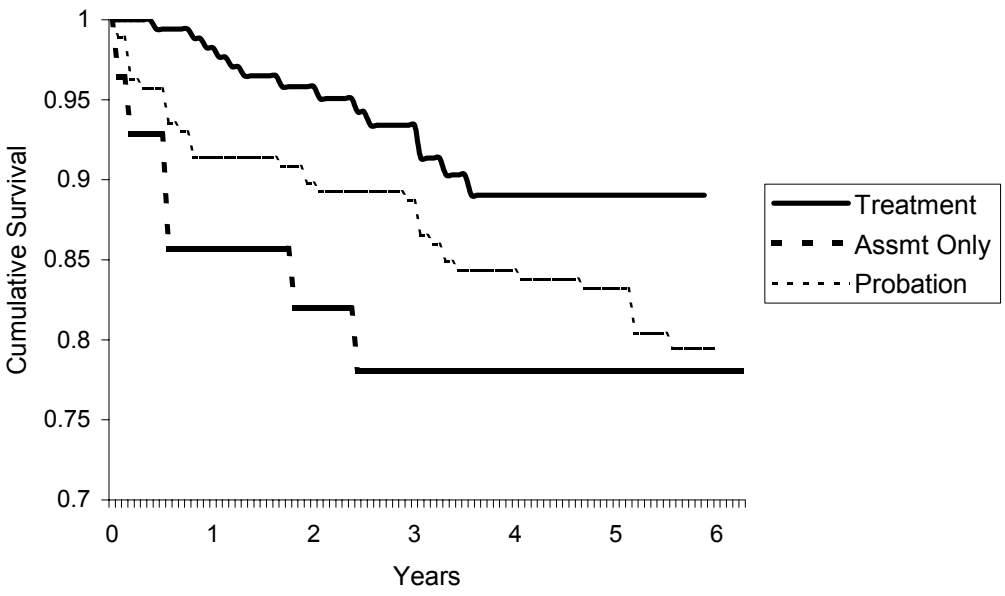
Survival Analysis

To assess the relative rates of recidivism in the three samples while taking into account the variations in length of follow-up for subjects, a Kaplan-Meier survival analysis was undertaken and is presented in Figure 1. Survival in the context means not known to have re-offended. This graph shows the proportion of each group not having reoffended, and the elapsed time from end of treatment until the date of offending or end of monitoring.

Comparison of the survival curves showed a statistically significant overall difference between the survival curves for the Treatment group, the Assessment Only group, and the Probation Comparison group (Breslow statistic (df=2) = 6.1 , $p<0.05$). Pairwise comparisons between the survival curves showed a significant difference between the Treatment Group and the Assessment Only group (Breslow (df=2) = 6.1, $p<0.02$) and a borderline significant difference between the Treatment group and the Probation Comparison group (Breslow (df=2) = 3.6, $p<0.06$). These results indicate that recidivism occurred less and later in the Treatment Group compared with the other two groups.

Survival analysis was also undertaken to compare the recidivism rate for the three programmes. Consistent with the report of no significant difference in recidivism rates reported above, there was no significant difference in the survival curves for attenders at the three programmes (Breslow (df=2) = 2.7, ns).

Figure 1: Recidivism in Treatment and Control Groups



Other Studies: The literature reviewed in the introduction identified a number of other treatment outcome studies. Several relevant individual and meta-analytic (i.e., studies that analyses the combined outcomes of multiple individual studies) studies are presented in Table 6. While the recidivism rates from other studies are highly dependent on a wide range of factors including definition of sexual offence, outcome measures, client group, and information source, those presented in Table 6 share a relatively similar methodology to the present study, and therefore comparison between these and the present study is likely to be appropriate.

These results indicate that the recidivism rates for attenders at the Community Treatment programmes evaluated in this study was at the lower end of the range of recidivism rates reported in studies internationally. The Assessment Only group showed a comparable recidivism rate to other studies internationally. The Probation Comparison group showed a lower recidivism rate than the control groups of most studies, suggesting some effectiveness in preventing reoffending, but the risk of recidivism was approximately twice that of the Community Treatment group. A

previous New Zealand outcome study of the Kia Marama prison-based treatment program (see Table 6) showed a similar recidivism rate (8%) to the Treatment Group in the present study. The Kia Marama study had a mean follow-up duration of 2 years. The mean follow-up period for the present study was four years.

Table 6. Sex Offending Recidivism Data - Present Study and Others

Study	**Description**	**Treatment**	**Control**	**Risk/Odds Ratio**
Present Study	Community treatment	**8.1%**		
	Cases assessed but not treated		**21%**	**0.39**
	Probation comparison study*		**16%**	**0.51**
Bakker et al (1998)	Kia Marama Prison-based treatment	8%		
	Post-prison control*		21%	0.39
Hanson et al (2002)	Meta-analysis.			
	Prison-based treatment			0.62
	Community treatment			0.57
Alexander (1999)	Meta-analysis.			
	Prison-based & community treatment	14%		
	All control groups		26%	0.54
Dwyer (1997)	Community treatment	9%		
	Dropout control		20%	0.45
Marshall et al (1988)	Community treatment	13%		
	Counselling control		34%	0.38

Notes: * Historical data provided by Dept of Corrections
** For low frequency events, the Risk Ratio and Odds Ration are similar.

Post-Treatment Non-Sexual Violent Offending

In addition to considering the sexual offending recidivism, post-treatment non-sexual but violent offending was also assessed. These analysis showed a rate of non-sexual offending involving violence of 10% for the treatment sample, 25% for the Assessment Only group, and 12% for the Probation Control group. Despite the apparently higher rate for the Assessment Only group, statistical analysis indicated no significant differences between these groups (χ^2(df=2, N=389) = 4.8, ns).

Risk Factors for Sexual Offence Recidivism

To assess the relationship between variables of interest and the outcome of the sex offender treatment programme, logistic regression was undertaken on the Treatment sample using sex offender recidivism as the dependent variable and other variables of

interest as the predictor variables. These analyses showed that increased recidivism was significantly associated with completion status (i.e., treatment completion was associated with lower recidivism: $\beta = 0.54$, $p<0.03$), and the total number of previous victims (more previous victims was associated with a higher recidivism rate: $\beta = 0.02$, $p<0.01$). The recidivism rate was not related to offender characteristics including age, gender preference for victims, number of previous sex offences, and total number of previous offences. Recidivism was also not related to treatment characteristics such as length of treatment, year treatment was started, and time since completion of treatment.

Recidivism Rate by Programme Completion: The recidivism rates for people who completed and did not complete the program are presented in Table 5. Completion of the programme was related to a significantly lower reoffending rate. As only 5 people in the sample were rated as having completed treatment unsuccessfully, this category was combined with "not completed". The recidivism rate for people who did not complete the programme was twice the rate for those who did. However, it is notable that only 45% of clients were deemed to have completed the programme satisfactorily. There was no significant difference in the rate of programme completion for different ethnic groups (χ^2(df=2, N=155) = 0.6, ns).

The completion rates for the various programmes were significantly different (χ^2(df=2, N=175) = 12.7, $p<0.002$). The Auckland Programme (typical programme duration = 18-24 months) had a reported non-completion rate of 70%, while the non-completion rate was 48% for Wellington (duration = 12 months) and 37% for Christchurch (duration = 12 months). The number of offences prior to treatment for the Auckland group (mean = 7.7) was significantly higher ($F(2,171) = 6.9$, $p<0.01$) than the mean for the other two programmes (means = 3.5 and 4.7 for Christchurch and Wellington, respectively) ($F(2,171) = 6.9$, $p<0.01$). This may indicate a higher severity of offending for Auckland clients compared to other programmes, and this may explain the higher dropout rates. However, these results could also suggest that the longer programme is not as readily sustainable for the clients, leading to burnout and non-completion. However, these explanations are purely speculative. More study of this would be valuable.

Conclusions

This project has assessed the recidivism rates of clients mandated by the Courts to attend three community-based adult sexual offender treatment programmes. The overall result was a recidivism rate of 8.1%. This rate was approximately half of the recidivism rate for the Probation Comparison group, and approximately 39% of the recidivism rate for a sample that were assessed by the programmes, but for various reasons did not enter the programmes. If only those people who completed treatment were considered, the recidivism rate was 5.2%. Survival analysis also indicated that recidivism was less for the Treatment group than for the control groups.

The recidivism rates were comparable for the three programmes and similar to the recidivism rates reported for the Kia Marama prison-based programme (Bakker, et al, 1998). The recidivism rates reported in this sample were at the lower end of the range (i.e., better than average) of recidivism rates reported in previous individual and meta-analytic studies of the outcome of prison-based and community-based sex offender treatment programmes with similar client populations (e.g., Dwyer, 1997; Hall, 1995; Hanson & Bussiere, 1998; Hanson, et al, 2002). The findings of this study support the effectiveness of these programmes in reducing the risk of sexual reoffending amongst adults who are assessed as suitable for community treatment. This study provides support for such programmes to remain an integral part of the treatment for sexual offending in New Zealand.

Although a relatively small sample size for Maori (24 clients) means that conclusions should be tentative, it is notable that the recidivism rates were comparable between Maori and other ethnicities. This suggests that efforts to create services that are acceptable for Maori clients are being at least reasonably successful. While there is less evidence of specific initiatives to meet the cultural needs of other ethnic minorities, these clients also showed similar recidivism rates (much lower than controls) to Pakeha and Maori clients. However, numbers of participants of other ethnicities were small.

Comparison of the recidivism rate for programme completers and non-completers showed substantially less recidivism amongst programme completers. However, it is notable that the overall rate of completion of treatment for this study was only 45%. This suggests that further study to identify why clients drop out of treatment would be valuable as it may indicate strategies for reducing the treatment non-completion.

The programmes may be able to further improve their outcomes by developing strategies to further reduce treatment non-completion. It may also be of considerable value for Corrections and the Judiciary to consider how sentencing and release conditions can be established to maximise the likelihood that a client will complete treatment. For example, the probation period may be set to at least cover the expected duration of the treatment. The programmes report that premature treatment termination often occurs when the probation period terminates because at this stage the client often cannot be breached for non-attendance even if attendance was part of their release conditions. However, incentive or compulsion to attend must be balanced with the risk of causing wastage of programme resources and diminishing the treatment outcomes for other clients by locking unmotivated clients into the programme when this is not beneficial. This balance can be achieved if the programmes are able to refer clients back to Corrections for further action if the client proves uncooperative, unmotivated, or disruptive.

An example of an approach which may decrease dropout and increase outcomes is to run programmes for "deniers", that is, clients who continue to deny their offending even after conviction. Deniers may be less likely to stay in treatment than admitters. Several overseas programmes have run specific interventions targeted at this group (e.g., Marshall, Thornton, Marshall, Fernandez, & Mann, 2001; Schlank & Shaw, 1996). A small study by Schlank & Shaw (1996) showed effectiveness in modifying the denial in about 50% of clients, leaving them more amenable to subsequent standard treatment. These treatments contain many of the elements of standard programmes that are designed to reduce relapse risk, so may be effective at reducing recidivism even amongst continued deniers. In a large study, Maletzky & Steinhauser (1998) found that treated categorical deniers had a similar recidivism rate to treated admitters, and were much less likely to reoffend than untreated deniers.

There was no strong evidence that the length of the programme was related to outcome. It appeared that successful completion of the programme was more important than just the duration in reducing risk of recidivism. However, this finding may be confounded by retention in the programme of people who are less successful at acquiring the required skills, and these people may remain at higher risk.

In summary, this study indicates that the three community programmes are performing effectively in a manner that is consistent with their aim of reducing child sexual offending and increasing the safety of children in their communities. Their outcomes are at the better end of the range of outcomes reported for similar programmes world-wide.

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Appendix A

Adult Community Sexual Offender Outcome Evaluation

Data required for each mandated Community Corrections sex offender clients who started treatment between 1995 – and ENDED treatment on or before 31st DECEMBER 2000.

Fields	Variable Description	Recording code
Field	Subject Number	
File data fields	Name (surname)	
	Name (first names)	
	Date of birth	/ / dd / mm / yyyy
	Age at start of treatment	
	Culture/Ethnicity Code the main Ethnicity that they identify with as their PRIMARY ethnicity.	Pakeha/European 1 Maori 2 Pacific Peoples 3 Asian 4 Other 5
	Other names known by	
Variable fields*	Marital/Relationship status at time of offence	Single 1 Defacto 2 Married 3 Widowed 4 Divorced/Separated 5
	Number of children under 16 living in same house with offender at time of their offending	
	Treatment start date	/ / dd / mm / yyyy
	Number of MONTHS in treatment time at SAFE / STOP programmes	_____ Months
	Treatment completion Category	Successfully completed 1 Unsuccessful but completed 2 Incomplete 3 Referral/assessment ONLY 4

Fields	Variable Description	Recording code
	Programme	SAFE 1 STOP Wgtn 2 STOP Chch 3
	Relationship with victim	Incest type offence only 1 Not related to children 2 Both related & non-related 3 Non-related but known 4 Strangers 5 Adults 6
	Victim gender preference	Approx. total number of boys _____ Approx. total number of girls _____ Approx. total no. of adult females ____ Approx. total no. of adult males _____
	Total number of known victims	
	Severity of offending (circle all that apply)	Non-contact offences 1 Touching offences 2 Penetrative offences 3 Penetrative offences with excessive force 4