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Gail Della Torre  
*Edith Cowan University*

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**Variables Predictive of Assessment and Treatment Outcome in  
Adult Sex Offenders in Western Australia**

by

**Gail Della Torre**

**Edith Cowan University**

**A Thesis Submitted in Partial Fulfillment of the Requirements  
for the Award of Master of Psychology (Forensic)  
Faculty of Community Services, Education and Social Sciences**

**Date of Submission 26.02.01**

### Abstract

This exploratory study examines differences between a) sex offenders who entered treatment ( $N = 117$ ) and those who did not enter treatment ( $N = 51$ ), and b) sex offenders who completed treatment successfully ( $N = 83$ ) and those who did not complete successfully ( $N = 22$ ). The two samples were derived from a total sample pool of 199 adult male sex offenders who were sentenced in Western Australia in 1995 and assessed for treatment suitability by the Sex Offender Treatment Unit (SOTU). Logistic regression was used to determine which variables would best predict a) entry into treatment, and b) treatment success. Variables used in the study included demographic information, offender characteristics and offence details. The results indicated little differences between those offenders who entered treatment and those offenders who did not enter treatment. Only two variables, marital status and prior non-sex violent offences appear to discriminate between the two groups. Six variables appear to be associated with treatment success. They are age at first conviction, prior sex offence convictions, prior non-violent offence convictions, marital status, education and offender type. This study also reports on the proportion of sex offenders who were assessed for treatment suitability from the total number sentenced in 1995, the proportion of offenders who were considered suitable for treatment, of those considered suitable the proportion who actually entered treatment, and of those who entered treatment the proportion who completed treatment successfully.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- (i)     incorporate without acknowledgment any material previously submitted  
         for a degree or diploma in any institution of higher education;
- (ii)    contain any material previously published or written by another person  
         except where due reference is made in the text; or
- (iii)   contain any defamatory material.

Signature



Date

28/05/01

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## CHAPTER ONE

### Variables Predictive of Assessment and Treatment Outcome in Adult Sex Offenders in Western Australia

Sex offending is arguably one of the most serious and disturbing crimes in society (Sampson, 1994). Particularly when children are the victims. According to Australian statistics there were 14,074 victims of sexual assaults in 1999 (Australian Bureau of Statistics, 1999). However it is widely acknowledged that many cases of sexual assault go unreported and therefore the statistics are only an indication of the widespread nature of this type of crime (Stone, Roberts, O'Grady, Taylor & O'Shea, 2000).

It has been estimated that somewhere between 10% and 25% of American women are raped or sexually assaulted (Koss, 1993). In addition approximately 20% of female and 5% - 10% of male children in America have experienced some form of sexual abuse (Finkelhor, 1994). The harm caused by sexual victimisation can be physical, emotional or behavioural (Healey, 1996). Healey (1996) states there are initial and long-term effects on the victim themselves, his or her family and on the community. The initial effects on children who have been victims of sex offences are medical problems such as sexually transmitted diseases (STDs), emotional problems like guilt and anger, behavioural problems such as aggression and eating disorders and school problems such as truancy. Long-term these children may suffer with sexual dysfunction, promiscuity, prostitution, depression, suicide, eating disorders, problems in intimate relationships and vulnerability to further abuse. For adults the physical harm is usually minor and often does not require medical attention. Sometimes this may be interpreted as the victim not being hurt by the offence. However the psychological harm is wide ranging including fear, anxiety, depression, anger, shame, powerlessness, problems with subsequent intimate relationships, sleeping or eating disorders and so on. Victims of rape often

suffer more psychological harm than victims of other offences such as burglary (Healey, 1996).

The controversy over how to deal with sex offenders has been an issue for many years. From the public there is strong demand for increased punishment for serious repeat offenders (Indemauro, 1987). Although the general public may wish to see serious offenders incarcerated for longer periods, it cannot be ignored that keeping offenders in prison costs the community a great deal of money not to mention the limited resources of the correctional system. There is also the fact that many sex offenders present a relatively low risk of reoffending (Quinsey, Rice & Harris, 1995). However, given the extent of the harm that is caused to victims and the severity of the offence, the consequences of further offending is high. It is hoped that treating offenders will prevent them from committing further offences. There is also some evidence that victims of sex offences go on to become perpetrators themselves, so treating offenders prevents more victims, which prevents more offenders (Bailey, 1993). This is often referred to as the cycle of abuse (Bailey, 1993). It has also been recommended that more intensive treatment be targeted towards high risk offenders (McGuire & Priestley, 1995). High risk sex offenders are generally those offenders who have committed prior sex offences, have a lengthy criminal history and deviant sexual preferences (Hanson & Bussiere, 1998). Offenders who drop out of treatment are also considered to be at higher risk of reoffending (Hanson, 2000; Hanson & Bussiere, 1998).

To address the problem of reoffending many treatment programs for sex offenders have been established. Treatment programs have been based on a range of theoretical models including cognitive behavioural, psychotherapeutic, medical, and punitive models of general and specific deterrence (Stone, et al., 2000). However, Nagayama-Hall (1995) found cognitive behaviour treatment programs to be more effective than behavioural treatment or hormonal treatment in reducing reoffending. This

finding is also supported by a review of the literature on “what works” in sex offender treatment where it was found that programs which are based on the cognitive-behavioural approach to treatment are more successful in reducing reoffending (Marshall & Pithers, 1994; McGuire & Priestley, 1995).

#### Sex Offender Treatment in Western Australia (WA)

The Sex Offender Treatment Unit (SOTU) is the longest running treatment unit in Western Australia. Sex offender treatment programs in WA prisons commenced in 1987 in response to the concerns of releasing authorities (Parole Board) (SOTU, 1998). SOTU has modified its assessment and treatment programs in line with those programs running in Canada and the USA and they are based on Cognitive Behavioural Theory and the Relapse Prevention Model of treatment (SOTU, 1998).

Sex offenders are assessed for amenability and suitability to participate in a treatment program. If completed, these programs play an important part in the Parole Board's consideration of work release and parole applications (SOTU, 1998). This acts as a powerful inducement to participate.

Although all sex offenders are encouraged to participate in a program before being considered for parole this expectation clearly does not apply to those offenders who are ineligible for parole. Ineligibility for parole could mean that the offender has a sentence of less than 12 months incarceration or they could have a lengthy sentence and by implication are serious offenders. For those offenders who have a sentence other than prison or an intensive supervision order (e.g. a fine or community based order to complete a stated amount of hours community work) there is little opportunity to be assessed for treatment (P. Marshall, personal communication, April 23, 1999).

At the present time the SOTU provides programs in Perth, Bunbury and Geraldton. These programs are run inside prisons and within the community. They are delivered through group work therapy as it is widely held that this form of intervention

is not only successful therapeutically, but also cost effective (McGuire & Priestley, 1995). There are six types of programs available to offenders (SOTU, 1998).

- 1) An intensive program is run inside the prison for approximately 38 weeks. This program is targeted towards those men who pose the greatest risk of re-offending and greatest amount of harm to the victim. Treatment occurs within a therapeutic community environment with participants living in a separate unit within the prison. Treatment is based on a relapse prevention model and is made up of 11 modules.
  - i. Relapse Prevention
  - ii. Covert Sensitisation
  - iii. Victim Empathy
  - iv. Anger Management
  - v. Social Skills
  - vi. Life Review
  - vii. Human Sexuality
  - viii. Grief and Loss
  - ix. Alcohol and Drug Awareness
  - x. Appropriate Parenting
  - xi. Coping with Future Change
- 2) Pre-release programs, also conducted in the prisons, consist of 36 sessions of 3 hours duration each. These programs are for those offenders who pose a significant risk of reoffending, but their offending characteristics are less serious than those in the intensive program. Again the program is based on relapse prevention and is designed to challenge and restructure distorted cognitions, identify high risk situations, identify triggers for offending and to develop alternative pro-social behaviours.

- 3) Community based programs are for those offenders who are under supervision in the community and who are considered to be lower risk offenders. This program runs for approximately nine months, once a week for 3 hours. There are four core modules - relapse prevention, victim empathy, sexuality and relationships, and anger management.
- 4) The maintenance program is for those offenders who have completed one of the prison or community based programs and require further contact to maintain treatment outcomes. This program is also recommended for those offenders who have served lengthy sentences and may have difficulty adapting to community life. For example, offenders may have completed the intensive program, have a long history of sex offending, and little support in the community when released from prison. These groups meet fortnightly for two hours and are open ended. The focus is on maintaining previous treatment gains.
- 5) There is also a specific program for Aboriginal offenders. It is a pre-release program and is similar to the previously mentioned pre-release program but is adapted to accommodate cultural differences. This includes greater use of audiovisual materials, a greater emphasis on the effects of alcohol, violence and inappropriate sexuality, acknowledgement of the role of shame in Aboriginal culture, awareness of issues arising out of Tribal Law, and awareness of cultural differences with respect to sexual propriety and impropriety.
- 6) A program also runs for cognitively impaired offenders. Program content is adjusted to ensure comprehension and includes information of sex education, appropriate sexuality, problem solving, pro-social behaviours and appropriate boundaries. This program is run as required.

Individual counselling is also available for those offenders who are assessed as inappropriate for group work. They may be hearing impaired, geographically isolated,

or there may not be a group program available to them during the period of their incarceration.

Offenders are assessed by the SOTU for amenability and suitability to a program. Criteria for inclusion in a program are outlined in the treatment manuals. This list of inclusion criteria is taken from the Intensive Program Treatment Manual.

- ◆ Accepting some level of responsibility for sex offences
- ◆ Not in outright denial of sex offences
- ◆ Willing to participate and comply with treatment contract
- ◆ Prioritised according to sentence dates
- ◆ Cognitive ability to comprehend program content and treatment concepts
- ◆ Psychological/psychiatric stability (based on clinical interview)
- ◆ Not appealing conviction

Approximately 750 sex offenders are generally under the Ministry of Justice supervision at any one time. Of those, around 420 are in WA prisons (SOTU, 1998). Information from SOTU (1998) suggests that somewhere between 200 and 220 sex offenders enter a treatment program, either prison based or in the community, each year. For example, in 1998 there were 128 sex offenders who entered a prison based treatment program and 72 sex offenders who entered a community based treatment program. Of the 128 who entered a prison based treatment program 100 (78%) completed the program. Of the 72 sex offenders who entered a community based treatment program 57 (80.5%) completed the program. Thirty nine sex offenders commenced the maintenance program with 35 completing the program (89.7%) (Jones, 1999 cited in Marshall, 1999).

#### Treatment versus no treatment

It appears from the literature that sex offenders who receive treatment are less likely to reoffend than those who do not receive treatment (Marshall & Barbaree, 1988; Marques, Day, Nelson & West, 1994; McGrath, Hoke, & Vojtisek, 1998; Owen &

Steele, 1991). A meta-analytic review of 12 different treatment studies found that 19% of treated offenders reoffended compared to 27% of offenders who did not receive treatment (Nagayama-Hall, 1995). In particular, those offenders who enter but do not complete treatment have been found to be more likely to reoffend. For example, a review of the sex offender recidivism literature by Hanson & Bussiere (1998) examined a range of predictor variables for reoffending falling under three main categories, 1) criminal lifestyle, 2) sexual deviance, and 3) psychological maladjustment. They found across 61 studies that failure to complete treatment was a consistent risk marker for both sexual and general recidivism and was regarded by the authors as one of the most significant findings in the study. Non-completers were found to be young, uneducated and to have antisocial personality characteristics.

Indeed one of the criticisms of recidivism studies is the lack of attention paid to untreated offenders. (Marshall, 1998). Marshall argues that non-completion of treatment is "in itself a measure of the program's failure to select people who will successfully complete it" (p.8). Also, treatment programs that allow an offender to drop out of treatment or forcibly terminate them from treatment are in effect weeding out those who are arguably more likely to reoffend. This has the effect of setting up the program for success as those who complete treatment are less likely to reoffend than those who do not complete treatment and this could be regardless of treatment effects. According to Foa and Emmelkamp (1983) treatment programs should be evaluated on the basis of those who fail to complete treatment as well as those who complete.

Given that research suggests untreated offenders are at a higher risk of reoffending than those offenders who receive treatment it is important to examine the factors associated with those offenders who receive and complete treatment compared to those offenders who do not receive treatment or do not complete treatment. Indeed Miner and Dwyer (1995) found that sex offenders who failed to complete treatment were

at risk of reoffending immediately upon termination of a program and their risk over time remained higher than those who completed.

It has been suggested that offenders who fail to complete treatment are not only wasting what is known to be a limited resource, but may be depriving an individual who may benefit from treatment (Kraemer, Salisbury & Spielman, 1998; Shaw, Herkov & Greer, 1995). Therefore more stringent criteria for acceptance into sex offender programs and more careful screening to identify offenders amenable to treatment would result in increasing the cost effectiveness of programs (Moore, Bergman & Knox, 1999). It has also been suggested that enabling identification of sex offenders who are capable of completing a treatment program may increase the quality of decisions made by the parole board when considering treatment options (Gully, Mitchell, Butter & Harwood, 1990).

#### Factors associated with no treatment

Untreated offenders fall into three main categories. They are a) those who are not suitable for treatment (e.g. deniers, refusers), b) those who enter but do not complete treatment (e.g. withdraw voluntarily, terminated by staff) and c) those who are not treated for practical reasons (e.g. short sentence, no program available in the area). Clearly those who fall into the last category are of less interest as they are untreated due to forces outside their control (system variables). On the other hand, deniers, refusers, and those who enter but do not complete treatment are untreated due to factors associated with their own behaviour which renders them untreated (offender variables).

Few studies have been completed which examine factors associated with those offenders who drop out of treatment, refuse treatment or deny their offence and are therefore unsuitable for treatment. Kraemer, Salisbury and Spielman (1998) have noted the lack of research in the juvenile sex offender population in this regard, and the same can be said for the adult sex offender population. Some recidivism studies have included,



as an aside to the main study, information on offenders who did not receive or complete treatment, but few have directly examined factors associated with treatment outcome. For example, McGrath, et al., (1998) examined recidivism rates for 122 sex offenders. Of this sample 71 received cognitive behavioural and relapse prevention treatment (specialised treatment), 32 received "non-specialised" mental health treatment (individual therapy with diverse methods and models), and 19 received no treatment. The no treatment group consisted of refusers (5), deniers (9), and those not mandated by authorities to attend treatment (5). As a secondary consideration to the main recidivism study the authors looked at a range of risk factors that may discriminate between the groups prior to treatment. They found the no treatment group had committed more non-sexual violent offences, more non-violent offences and were incarcerated for longer periods of time than those offenders who admitted to their offence and received treatment. There were no differences between the specialised treatment group and the non-specialised treatment group. In relation to type of offence they found that the specialised group had a higher percentage of incest offenders than the non-specialised and the no treatment groups. However, McGrath et al., (1998) point out that 50 of the 71 offenders in the specialised treatment group actually completed treatment. They have not examined the 21 non-completers to see if they differed from the completers.

Research which directly examines variables associated with treatment outcome has been carried out predominantly on community based samples of sex offenders who have either completed treatment or dropped out of treatment. Factors which have been found to distinguish between the two groups are varied across studies.

Incest or intrafamilial offenders have been found to be more likely to complete treatment compared to other types of offenders, e.g. rapists (Gully et al., 1990; Maletzky, 1993). In addition, McGrath et al. (1998) have alluded to the fact that having a greater number of incest offenders in a treatment group could be a biasing factor in

favour of treatment considering that this type of offender has the lowest rate of sexual reoffence among all sex offenders regardless of treatment (Hanson, Steffy & Gauthier, 1993; McGrath, 1991).

Having never been married has been the most consistent predictor of non-completion (Miner & Dwyer, 1995; Moore, Bergman & Knox, 1999; Shaw, Herkov & Greer, 1995). Although Gully et al. (1990) did not find marital status to differentiate between completers and non-completers the study had problems with small samples (15 completers and 16 non-completers). However what Gully et al. did find was that completers were rated by program staff as being more socially competent in their interactions with both male and female staff compared to non-completers. In addition a study by Maletzky (1993) found that offenders who were considered treatment failures were significantly more likely to have a history of unstable relationships compared to treatment successes.

In a juvenile sample of sex offenders age was found to predict non-completion with non-completers being younger than completers (Kraemer, Salisbury & Spielman, 1998). However in adult samples of sex offenders, age at treatment has not been found to be a significant predictor (Gully et al., 1990; Miner & Dwyer, 1995; Moore, et al., 1999; Shaw et al., 1995).

Level of education has shown varying results across studies. For juveniles education was not a significant predictor of treatment outcome (Kraemer et al., 1998). Gully et al., (1990) also found no difference in level of education for completers and non-completers in an adult sample. However, completers have been found to have a higher reading ability than non-completers (Shaw et al., 1995); and higher incomes than non-completers (Miner & Dwyer, 1995). Therefore, it could be that level of education may indirectly play a role in predicting treatment outcome for adult offenders.

In relation to offence type variables, completers have been found to have committed more prior non-violent offences and more substance related offences than non-completers (Moore et al., 1990). Non-completers have been found to have committed more prior sex offences than completers (Miner & Dwyer, 1995).

However, these studies are limited in that they only examined variables associated with treatment outcome, i.e. completion versus non-completion. Offenders who are unsuitable for treatment such as those who refuse to enter treatment and those who deny their offence and are therefore excluded from treatment have been overlooked in the research on sex offender treatment. Also included in some studies as belonging to the “untreated” group have been those offenders who are not mandated by authorities to attend a sex offender treatment program. This group of offenders are arguably not comparable to those sex offenders who are required to participate in a treatment program but refuse treatment or deny their offence.

Studies which have been carried out in Western Australia have focussed on variables associated with recidivism in treated offenders only (Forster, 1997; Bouse & Spurgeon, 1995; Weiner, 1995). Only one study was found which reported recidivism rates for those offenders who did not complete treatment however sample size was very small (i.e. of the seven who failed to complete treatment three reoffended) (Sweeny, 1997).

### This Study

The aim of this exploratory study is to examine the characteristics of those sex offenders who were assessed by the SOTU for treatment suitability and determine which variables best discriminate between:

- a) those offenders who entered treatment versus those who did not enter treatment (i.e. deniers, refusers, appealing sentence)
- and

- b) those offenders who entered treatment and completed successfully versus those who did not complete successfully.

The first step will be to determine whether offender type is related to suitability for treatment, entry into treatment and treatment success given that this may be a biasing factor in favour of treatment (McGrath, et al. 1998).

Independent variables included in the study are based on those factors which have been found in the literature to discriminate between treatment completers and non-completers. They are: age (Kraemer et al., 1998), marital status (never married, ever married) (Miner & Dwyer, 1995; Moore, et al., 1999; Shaw et al., 1995), education level achieved (Shaw et al., 1995 looked at reading ability), prior non-violent offence convictions (McGrath, et al. 1998; Moore, et al, 1999), prior non-sex violent offence convictions (McGrath et al., 1998), prior sex offence convictions (Miner & Dwyer, 1995), and type of offender (Gully et al., 1990). Age at first conviction and age at first sex offence conviction have also been included as they have been identified in the literature as being important factors in offending behaviour (Hanson & Bussiere, 1998). Race has also been included as Aboriginality is particular to Australia and has not been studied in this context.

## CHAPTER TWO

### Method

Data from the District and Supreme Courts was obtained in electronic format providing information on all offenders who were convicted of a sex offence and sentenced in the year 1995. This information included the offender's name, date of birth, current conviction, court date, and sentence. In total there were 304 adult sex offenders, two of which were female and subsequently not included in the study. The names were then cross-checked with files from the SOTU to determine the number of sex offenders who were assessed for treatment suitability. If there was no file held at the SOTU then the offender was considered to be not assessed for treatment.

Suitability for treatment, as determined by the SOTU, was based on the offender accepting some level of responsibility for his offence, not being in denial, willing to participate and comply with the treatment contract, having the cognitive ability to comprehend program content and treatment concepts, psychologically stable and not appealing conviction. Offenders assessed as unsuitable were those who denied their offence, refused treatment, appealing their sentence, intellectually impaired, or not requiring treatment (e.g. already engaged in psychological counselling in the community).

Two hundred and three of the 304 sex offenders were assessed for treatment suitability by the SOTU. It is beyond the scope of this study to assess the reasons why the remaining 101 offenders were not assessed, however it is postulated they could have been given a sentence such as a fine or conditional release order which would render them inaccessible to SOTU. Four files were missing from the SOTU at the time of the study leaving a sample pool of 199. Of the 199 offenders who were assessed, 144 were deemed suitable for treatment and 55 were unsuitable (see Appendix A).

Samples

Two samples were selected from the sample pool of 199.

*Sample 1: Treatment versus no treatment*

The first sample consisted of 168 sex offenders, 117 who entered a treatment program and 51 who did not enter treatment (Table 1). This sample comprised the treatment/no treatment groups.

Table 1

Sample for Treatment/No Treatment Groups

Sample 1 N = 168	
Treatment N = 117	No treatment N = 51

Of the 51 offenders who did not enter treatment 41 were considered unsuitable for treatment (deniers and refusers) at the initial assessment stage, seven were suitable for treatment but later refused to enter treatment, one breached his parole and was returned to prison and could therefore not proceed with the program in the community, and two were appealing their sentences.

Thirty one offenders were excluded from Sample 1. It was considered that these offenders were not given the opportunity to enter treatment. They were offenders who had left the State, were unsuitable due to intellectual impairment or medical reasons, or were assessed as not requiring treatment ( $n = 14$ ). For 10 offenders the assessment outcome was unknown. Seven offenders were waiting to enter a treatment program at the time of the study and were also excluded.

*Sample 2: Successful versus unsuccessful*

The second sample consisted of 105 sex offenders of whom 83 completed treatment successfully and 22 did not complete successfully (Table 2). This sample comprised the successful/unsuccessful groups.

Table 2

Sample for Successful/Unsuccessful Groups

Sample 2 N = 105	
Successful N = 83	Unsuccessful N = 22

Successful treatment was defined as having completed all treatment modules for the program and the completion report (written by program staff at the end of treatment) stating that the offender was considered to be a low risk for reoffending. The unsuccessful group comprised nine offenders who completed treatment but were considered by program staff to be unsuccessful (medium-high risk of reoffending, unresponsive to treatment, requiring further treatment) and 13 who did not complete treatment (seven were terminated for breach of program rules/disruptive behaviour and six withdrew voluntarily).

Twelve offenders were excluded from Sample 2. Offenders whose parole order had expired or who had been extradited from the State were not included as they were most likely not given the opportunity to complete treatment ( $n = 8$ ). Also excluded were offenders whose treatment outcome was unknown or where the offender was currently engaged in treatment at the time of the study ( $n = 4$ ).

Design and analysis

The study was based on a retrospective evaluation of data obtained from court records and SOTU files. The data included demographic information, offence details and

offender characteristics for the total sample pool. Offenders were categorised as either an incest offender, child molester, rapist or hands-off offender (offender type). These categories are explained under the heading *Operational Definitions for Variables* later in this section. Of the 199 offenders assessed by the SOTU the following frequency data was obtained for each offender:

- a) the number of sex offenders recommended as suitable for treatment or unsuitable
- b) from those assessed as suitable for treatment the number who entered or did not enter treatment, and
- c) from the number of sex offenders who entered treatment those who completed treatment successfully or did not complete successfully.

Chi-square analysis was used to examine this frequency data.

After the literature review ten variables were chosen for preliminary analysis to assess which variables, if any, appeared to discriminate between a) those offenders who entered treatment and those who did not enter treatment (Sample 1) and b) offenders who completed treatment successfully and those who did not complete successfully (Sample 2).

- 1. age
- 2. marital status
- 3. education level achieved
- 4. prior non-violent offence convictions
- 5. prior non-sex violent offence convictions
- 6. prior sex offence convictions
- 7. offender type
- 8. race
- 9. age at first known offence
- 10. age at first known sex offence conviction.



The first seven of these variables have been identified in the literature as being able to discriminate between treatment completers and non-completers (Gully et al., 1990; Kraemer et al., 1998; McGrath et al., 1998; Miner & Dwyer, 1995; Moore, et al., 1999; Shaw et al., 1995). The last three variables do not appear to have been examined in relation to treatment outcome but have been discussed in the literature in relation to offending behaviour (Hanson & Bussiere, 1998).

Logistic regression analysis was chosen to predict group membership for a) the treatment/no treatment groups, and b) the successful/unsuccessful groups. Logistic regression emphasises the likelihood of an event occurring or not, has no assumptions about the distribution of predictor variables, and is best suited to mixed data (Tabachnik & Fidell, 1998). T-test techniques were used during the preliminary analysis to examine differences in mean scores for interval data (age and number of prior sex offences). Where the difference in proportions for frequency data was greater than 10% this was considered to be of significance. This rule was imposed to reduce the possibility of family-wise error given the large number of variables and categories within the variables. After preliminary analysis for each sample, those variables that appeared to discriminate between groups were selected for the logistic regression analyses.

#### *Operational Definitions for Variables*

Offender type was determined using a similar method to McGrath, et al. (1998). Sex offenders were categorised based on their most recent offence. Child molesters were classified as those who had actual or attempted physical sexual contact with a male or female under the age of 16 years and they themselves were at least 5 years older than the victim. Offenders who met the criteria of child molesters whose only known victim was a biological or surrogate child, or lineal relative such as nieces or nephews were categorised as incest offenders. Those offenders who had actual or attempted forced/coerced physical sexual contact with a male or female 16 years or more (legal age

of consent) were categorised as sex offenders against adults and for the purposes of this study are referred to as 'rapists'. Hands-off offenders are those convicted of exhibitionism, obscene phone calling, voyeurism and possession of child pornography. One offender who victimised an adult and a child was classified as a rapist.

For the purpose of this study non-violent offences did not include traffic offences such as speeding, drink driving or driving without a licence, but did include stealing a motor vehicle. Non-sex violent offences were determined on the basis of a document provided by SOTU staff listing all offences which are coded as violent offences in the Criminal Code of Western Australia (1983). They fall under four main categories, 1) violence without bodily harm, e.g. threatening violence, 2) violence with bodily harm, e.g. assault occasioning bodily harm, 3) grievous bodily harm, e.g. attempt to murder, and 4) injuries causing death. All prior offences were scored as 1 for each charge heard in court and is not indicative of the number of counts for each charge or the number of court appearances.

Age at first conviction was recorded as the year in which the offender was first convicted of any offence excluding those explained above under non-violent offences.

The number of prior sex offence convictions was based on the number of court appearances where the offender was convicted of one or more sex offences. The reasoning for this is the researcher was interested in the number of times the offender appeared before the courts and therefore the number of potential "opportunities" to be assessed for treatment by the SOTU.

### Procedure

In the first instance data was obtained from the District and Supreme Courts in electronic format providing the name, date of birth, current conviction, court date and sentence for each offender. Names and birth dates were matched against files held at the SOTU. If there was a file held for an offender then he was coded as having been

assessed for treatment. For those offenders who were assessed by the SOTU information was obtained from each file regarding offender characteristics, criminal history, offence details, suitability for treatment, the treatment program entered, and if they completed treatment successfully. Some of the data was obtained from Community Corrections files (when information on SOTU files was insufficient).

The author read through each file and recorded the information onto a data sheet (Appendix B). A unique number was assigned to each offender for identification purposes. The data was then entered into SPSS for Windows.

## CHAPTER THREE

## Results

Frequency data for sex offenders who a) were assessed by the SOTU for treatment suitability, b) entered treatment, and c) completed treatment successfully are presented in Table 3.

Table 3

Number of Sex Offenders by Type of Offender and Suitability for Treatment, Entry into Treatment and Treatment Success

	Offender Type								Total	
	Child		Incest		Rapist		Hands-off			
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Suitability for Treatment										
Suitable	60	77.9	43	78.2	39	78.0	2	66.7	144	77.8
Unsuitable	17	22.1	12	21.8	11	22.0	1	33.3	41	22.2
Total	77		55		50		3		185	
Entry into Treatment										
Entered	48	90.6	35	94.6	32	91.4	2	100	117	92.1
Not entered	5	9.4	2	5.4	3	8.6	0	0	10	6.9
Total	53		37		35		2		127	
Treatment Success										
Successful	28	68.3	30	96.8	23	74.2	2	100	83	79.0
Unsuccessful	13	31.7	1	3.2	8	25.8	0	0	22	21.0
Total	41		31		31		2		105	

Three two-way chi-square analyses were performed using an alpha level of .05. Hands-off offenders were excluded from the statistical analysis as there were only four of this type of offender in the total sample. The first chi-square analysis revealed no significant relationship between type of offender (child molester, incest offender, rapist) and suitability for treatment (suitable, not suitable)  $\chi^2(2, N = 182) = .001, p = .999$ . The second chi-square analysis revealed no significant relationship between type of offender and entry into treatment (entered, not entered)  $\chi^2(2, N = 125) = .502, p =$

.778. (Note the small sample sizes for three of the six cells.) The third chi-square analysis revealed a significant relationship between type of offender and treatment success (successful, unsuccessful)  $\chi^2(2, N = 103) = 9.05, p = .011$ . Table 3 shows that around 97% of incest offenders were successful in treatment compared to 68% of child molesters and 74% of rapists.

#### Treatment/No Treatment Groups

Tables 4 and 5 provide descriptive statistics for the treatment (117 who entered treatment) and no treatment (35 deniers, 13 refusers, 1 breached parole, and 2 appealing their sentence) groups.

Table 4

#### T-Test Results for Comparing the Treatment/No Treatment Groups in Respect of Age and Prior Sex Offences

	Treatment ( <u>N</u> = 117)		No treatment ( <u>N</u> = 51)		<u>df</u>	<u>t</u>	<u>p</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
Age in 1995	35.7	12	38.4	12	166	1.31	.192
Age at first conviction	26.2	14	27.3	16	166	0.47	.642
Age at first sex offence conviction	33.7	13	35.0	14	166	0.66	.512
Number of prior sex offences	0.40	0.96	0.57	1.35	166	0.91	.362

Table 4 shows that the treatment and no treatment groups were very similar for age at current conviction, age at first conviction, age at first sex offence conviction and number of prior sex offences.

Table 5

Marital Status, Race, Education, Prior Non-Violent Offences, Prior Non-Sex Violent Offences, and Offender type for Treatment and No Treatment Groups

Variables	Treatment (N = 117)		No treatment (N = 51)	
	n	%	n	%
Marital Status				
Ever married	85	72.6	41	80.4
Never married*	32	27.4	8	15.7
Unknown	0	0.0	2	3.9
Race				
Aboriginal	27	23.1	13	25.5
Non-Aboriginal	90	76.9	37	72.5
Unknown	0	0.0	1	2.0
Education				
Less than Yr 10	44	37.6	17	33.3
Yr 10 or 11	43	36.8	16	31.4
Yr 12	7	6.0	4	7.8
Trade Quals	7	6.0	0	0.0
Diploma/Degree	6	5.1	3	5.9
Unknown	10	8.5	11	21.6
Prior non-violent offences				
Nil	43	36.8	17	33.3
1-3	27	23.1	10	19.6
4-6	8	6.8	2	3.9
7-9	6	5.1	3	5.9
10+	33	28.2	19	37.3
Prior non-sex violent offences				
Nil*	81	69.2	25	49.0
1-3	28	23.9	16	31.4
4-6	3	2.6	4	7.8
7-9	4	3.4	3	5.9
10+	1	0.9	3	5.9
Offender type				
Child molester	48	41.0	22	43.1
Incest offender	35	29.9	14	27.5
Rapist	32	27.4	14	27.5
Hands-off offender	2	1.7	1	2.0

\* greater than 10% difference

Table 5 shows the two groups were similar for all variables except marital status and prior non-sex violent offences. The treatment group had a higher percentage of offenders who had never married compared to the no treatment group (27.4% versus

15.7%) and a higher percentage of offenders who had no prior non-sex violent offence convictions compared to the no treatment group (69.2% versus 49%).

The researcher therefore decided to use marital status and number of prior non-sex violent offence convictions in a logistic regression analysis to determine if these two variables can significantly predict membership in one of two categories of treatment suitability (treatment vs no treatment). Where marital status was unknown this was treated as missing data. Due to small cell sizes for number of prior non-violent offences this variable was collapsed across categories and recoded into a dichotomous variable. Prior non-violent offences was collapsed into (0) no prior non-violent offences and (1) one or more prior non-violence offences (Table 6).

Table 6

Prior Non-Violent Offences and Prior Non-Sex Violent Offences for Treatment and No Treatment Groups After Collapsing Across Categories.

Variable	Treatment		No treatment	
	(N = 117)		(N = 51)	
	<u>n</u>	%	<u>n</u>	%
Prior non-sex violent offences				
Nil*	81	69.2	25	49.0
1 or more*	36	30.8	27	52.9

\* greater than 10% difference

Analysis was performed using SPSS Binary Logistic Regression. Of the total sample of 168, two were deleted due to missing data for marital status. A test of the full model with the two predictors against a constant-only model was statistically reliable,  $\chi^2(2, N = 166) = 8.56, p = .014$ , indicating that the predictors, as a set, reliably distinguished between sex offenders who enter treatment and sex offenders who do not enter treatment. However, the variance in treatment suitability accounted for is small, with 100% of offenders entering treatment and 0% of offenders not entering treatment correctly predicted with an overall success rate of 70.5%.

Table 7 shows regression coefficients, Wald statistics, odds ratios and significance levels for the two predictors. According to the Wald criterion, only prior non-sex violent offences reliably predicted treatment entry,  $z = 6.103$ ,  $p = .013$ . However the odds ratio of 0.419 shows little change in the likelihood of entering treatment on the basis of a one unit change in number of prior non-sex violent offences.

Table 7

Logistic Regression Analysis for Marital Status and Number of Prior Non-Sex Violent Offences Predicting Treatment Entry

Variable	B	SE	Wald	df	p	Odds ratio
Marital status	.691	.447	2.392	1	.122	1.995
Prior non-sex violent offences	-.870	.352	6.103	1	.013	.419

Successful/Unsuccessful Groups

Descriptive statistics for the successful and unsuccessful groups are presented in Tables 8 and 9. The mean age for sex offenders who completed treatment successfully was marginally higher for those offenders who were unsuccessful for age at current conviction and age at first conviction. Independent  $t$ -test results indicated a significant difference between the successful and unsuccessful groups for age at first sex offence conviction with the unsuccessful group being younger than the successful group. Independent  $t$ -test results also indicated a significant difference between groups for number of prior sex offences with the unsuccessful group having more prior sex offence convictions than the successful group (Table 8).



Table 8

T-Test Results for Comparing the Successful/Unsuccessful Groups in Respect of Age and Prior Sex Offences

Variable	Successful (N = 83)		Unsuccessful (N = 22)		df	t	p
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>			
Age in 1995	36.6	12	31.1	11	103	-1.95	.054
Age at first conviction	26.5	13	21.2	13	103	-1.72	.095
Age at first sex offence conviction	34.6	12	27.8	12	103	-2.29	.024*
Number of prior sex offences	0.35	0.98	0.82	1.01	103	13.24	.021*

\*  $p < .05$

Table 9 shows there was a higher percentage of offenders who never married in the unsuccessful group compared to the successful group (40.9% versus 20.5%). Half of the offenders (50%) in the unsuccessful group had achieved less than a Year 10 education level compared to the successful group (36.1%).

The successful group had less prior non-violent offences than the unsuccessful group. For example, 38.6% of offenders in the successful group had not committed any prior non-violent offences compared to 18.2% in the unsuccessful group.

There were more child molesters in the unsuccessful group (59.1%) compared to the successful group (33.7%) and more incest offenders in the successful group (36.1%) compared to the unsuccessful group (4.5%).

Tables 8 and 9 demonstrate that the successful and unsuccessful groups were very similar for all variables except age at first sex offence conviction, number of prior sex offences, marital status, education, prior non-violent offences, and offender type.

Table 9

Marital Status, Race, Education, Prior Non-Violent Offences, Prior Non-Sex ViolentOffences and Offender type for Successful and Unsuccessful Groups

Variable	Successful (N = 83)		Unsuccessful (N = 22)	
	n	%	n	%
Marital Status				
Ever married*	66	79.5	13	59.1
Never married*	17	20.5	9	40.9
Race				
Aboriginal	22	26.5	4	18.2
Non-Aboriginal	61	73.5	18	81.8
Education				
Less than Yr 10*	30	36.1	1	50.0
Yr 10 or 11	30	36.1	7	31.8
Yr 12	4	4.8	3	13.6
Trade Quals	6	7.2	0	0.0
Diploma/Degree	5	6.0	1	4.5
Unknown	8	9.6	0	0.0
Prior non-violent offences				
Nil*	32	38.6	4	18.2
1-3	20	24.1	4	18.2
4-6*	2	2.4	5	22.7
7-9	4	4.8	2	9.1
10+	25	30.1	7	31.8
Prior non-sex violent offences				
Nil*	57	68.7	13	59.1
1-3	20	24.1	7	31.8
4-6	2	2.4	1	4.5
7-9	3	3.6	1	4.5
10+	1	1.2	0	0.0
Offender type				
Child molester*	28	33.7	13	59.1
Incest offender*	30	36.1	1	4.5
Rapist	23	27.7	8	36.4
Hands-off offender	2	2.4	0	0.0

\* greater than 10% difference

Due to small sample size in a number cells for education and prior non-violent offences these variables were collapsed across categories into dichotomous variables. Education was recoded into (0) less than year 10 and (1) year 10 or greater. Where education level was unknown this was treated as missing data. Prior non-violent offences

was collapsed into (0) no prior non-violent offences and (1) one or more prior non-violent offences (Table 10).

Table 10

Education Level and Prior Non-Violent Offences for Successful and Unsuccessful Groups After Collapsing Across Categories

Variable	Successful (N = 83)		Unsuccessful (N = 22)	
	<u>n</u>	%	<u>n</u>	%
Education				
Less than Yr 10*	30	36.1	1	50.0
Yr 10 or greater	45	54.3	11	50.0
Unknown	8	9.6	0	0.0
Prior non-violent offences				
Nil*	32	38.6	4	18.2
1 or more *	51	61.4	18	81.8

\* greater than 10% difference

Analysis was performed using SPSS Binary Logistic Regression. Of the total sample of 105, eight were deleted due to missing data for level of education. A test of the full model with all six predictors against a constant-only model was statistically reliable,  $\chi^2(8, N = 97) = 16.968, p = .03$ , indicating that the predictors, as a set, reliably distinguished between sex offenders who were successful in treatment and sex offenders who were unsuccessful. However, the variance in treatment success accounted for is small, with 98.7% of offenders correctly predicted to be successful in treatment and 22.7% of offenders who were unsuccessful correctly predicted with an overall success rate of 81.4%.

Table 11 shows regression coefficients, Wald statistics, odds ratios and significance levels for each of the six predictors. According to the Wald criterion, none of the variables reliably predicted treatment success.

Table 11

Logistic Regression Analysis for Marital Status, Number of Prior Non-Violent Offences  
and Prior Non-Sex Violent Offences Predicting Treatment Success

Variable	<u>Logit</u>	<u>SE</u>	Wald	<u>df</u>	<u>p</u>	Odds ratio
Age at first sex offence conviction	-.005	.033	.024	1	.876	.995
Marital status	-.937	.665	1.987	1	.159	.392
Education	.331	.546	.368	1	.544	1.393
Prior non-violent offences	-.824	.754	1.194	1	.274	.439
Prior sex offences	-.159	.234	.458	1	.498	.853
Offender type			4.090	3	.252	
Child molester	-6.977	25.881	.073	1	.787	.001
Incest offender	-4.666	25.903	.032	1	.857	.009
Rapist	-6.689	25.883	.067	1	.796	.001

## CHAPTER FOUR

### Discussion

During 1995, 304 adult offenders were convicted of a sex offence in the District or Supreme Court of Western Australia. Two of these were female offenders and not included in the study. The remainder were male offenders. Thirty three percent (101) were not assessed by the SOTU for reasons that were not examined in this study. The remaining 203 were assessed for treatment suitability by the SOTU.

Initially this study compared incest offenders, child molesters, rapists and hands-off offenders in respect of suitability for treatment, entry into treatment, and success in treatment. This study then compared the characteristics associated with those offenders who were assessed by the SOTU for treatment and a) entered treatment or did not enter treatment, and the characteristics associated with those offenders who entered treatment and b) completed successfully or did not complete successfully.

Ten variables were identified from the literature review which have been found to discriminate between offenders who complete treatment and those who do not complete. These variables were used as predictor variables in this study. They were: age (Kraemer et al., 1998), marital status (Miner & Dwyer, 1995; Moore, et al., 1999; Shaw et al., 1995), education (Shaw et al., 1995 looked at reading ability), prior non-violent offence convictions (McGrath, et al. 1998; Moore, et al, 1999), prior non-sex violent offence convictions (McGrath et al., 1998), prior sex offence convictions (Miner & Dwyer, 1995), and type of offender (Gully et al., 1990). Age at first conviction and age at first sex offence conviction was also included as they have been identified in the literature as being important factors in offending behaviour (Hanson & Bussiere, 1998). Race was also included as Aboriginality is particular to Australia and had not been studied in the context of assessment and treatment outcome.

### Assessment Outcome

Of the 203 offenders who were assessed by the SOTU, 144 were assessed as suitable for treatment, 41 were unsuitable (deniers and refusers). Eighteen offenders were excluded from the study as they were not given the opportunity to attend treatment or the assessment outcome was unknown. They were two offenders who were cognitively impaired, seven offenders where the outcome of assessment was unknown (includes four files that were missing from the SOTU), nine offenders who were not required to attend treatment and four files were missing from the SOTU at the time of the study.

Of the nine offenders not required to attend treatment, eight were sentenced to prison with parole and one received no penalty. A closer examination of the file revealed that a probable reason for no penalty was that this offender was elderly (82 years) and the offence occurred some 12 years previously. Six offenders had sentences ranging from 11 months to 18 months. Of these, two were not required to attend treatment as the victim was 'consenting' but under the age of 16 which is the legal age of consent in Western Australia. Two offenders were not required to attend treatment based on the offences being classified as domestic disputes. In both cases the victim was an ex-partner. One offender was already engaged in individual counselling in the community and therefore was considered as not requiring further treatment. For one offender the records did not indicate why he was considered not to be requiring treatment. This offender was classified as a child molester and was aged 59. The two offenders who received lengthy prison sentences of 75 months and 60 months clearly committed more serious offences. One offender was due to be deported and the other offender was not required to attend treatment based on the fact that the had already completed sex offender treatment at a privately run organisation in the community.

An examination of the 59 offenders who were assessed but not considered for treatment by SOTU therefore reveals the following. The 41 considered to be unsuitable for treatment can be explained with reference to the responsivity principle of best practice in offender rehabilitation (Andrews, Bonta & Hoge, 1990) The responsivity principle focuses on the fit between offender and treatment program characteristics. These 41 were deniers and refusers who would not be responsive to the existing treatment programs. This principle also appears to be the best explanation for the exclusion from treatment of the two cognitively impaired offenders and the 82-year-old offender. The exclusion of the two offenders whose victims were consenting appears to be in accordance with the risk principle of best practice in offender rehabilitation (Andrews et al., 1990). This principle suggests that high risk offenders stand to benefit more from rehabilitation than low risk offenders, such as these two. The reasons for excluding the offender who was deported and the two who received alternative treatment is obvious and no comment can be made in respect of the seven for whom the assessment outcome was unknown. With the available data it is difficult to explain the exclusion of the 59-year-old child molester and the two domestic violent offenders from treatment.

Of the 144 sex offenders found to be suitable for treatment 117 entered a program, 10 did not enter a program (seven refusers, one breach of parole and two appeals) and 17 were excluded as they were not given the opportunity to attend treatment. The exclusion of the seven from entering a program is in accordance with the responsivity principle that refusers are unlikely to be responsive to treatment (Andrews et al., 1990). The exclusion of the incest offender appears to be in accordance with the risk principle that treatment should be targeted towards high risk offenders rather than low risk offenders (Andrews et al., 1990). The offenders who breached their parole conditions (1), appealed (2), were extradited (1) or medically unfit (1) were excluded for

obvious reasons. The data about seven offenders were incomplete and seven were awaiting entry to a program. These exclusions from the programs appear to be justified.

An implication of the findings from this analysis is that SOTU's assessment of suitability for treatment is relatively free of systematic bias. Reasons for being assessed as unsuitable for treatment appear to conform to the principles of best practice in offender rehabilitation (Andrews, Bonta & Hoge, 1990).

#### Type of Offender and Treatment Suitability, Entry and Success

Type of sex offender (incest offender, child molester, rapist, hands-off offender) did not differ significantly for those assessed as suitable for treatment, and those who actually entered a treatment program (from Table 3). Approximately 78% of all offenders were assessed as suitable for treatment and approximately 92% of those actually entered treatment. These proportions were similar across offender type. Seventy one percent of offenders who entered treatment completed successfully.

Consistent with previous research (Gully et al., 1990; Maletzky, 1993) this study found a greater proportion of incest offenders who entered treatment were successful compared to child molesters and rapists. Incest offenders had a success rate of 97% compared to 68% for child molesters and 74% for rapists.

The high proportion of incest offenders being successful in treatment suggests that this type of offender is open and receptive to treatment. Yet, in this study they were no more likely than other types of offenders to enter treatment. It could be that for incest offenders, conviction alone is enough to facilitate change and that treatment is in effect superfluous.

#### Treatment vs No Treatment

The treatment group consisted of 117 offenders who were assessed as suitable for treatment and entered a treatment program. The no treatment group consisted of 41



offenders who were assessed as unsuitable (deniers and refusers), and the 10 who were assessed as suitable but did not enter treatment ( $N = 51$ ).

On the 10 variables that were selected to discriminate between groups only two appeared to discriminate between the two groups. They were marital status and prior non-sex violent offences. However these two variables accounted for a small proportion of the variability, correctly classifying 70.5%. The treatment group had more sex offenders who had a) never married, and b) no prior non-sex violent offences compared to the no treatment group. Prior non-sex violent offences was the strongest predictor.

The finding of more offenders who had never married in the treatment group is interesting given that research suggests this group is less likely to complete treatment (Miner & Dwyer, 1995; Moore, et al., 1999; Shaw, et al., 1995).

Offenders who had no prior non-sex violent offences were more likely to enter treatment than not. This finding supports results of McGrath et al. (1998) who found that offenders who refused treatment, denied their offence, or were not mandated by authorities to attend treatment had committed more prior non-sex violent offences compared to offenders who entered treatment. McGrath et al. also found offenders in the no treatment group to have committed more prior non-violent offences. Although the difference in proportions was not greater than 10%, this pattern was also found in the present study with a slightly higher percentage of offenders in the no treatment group having committed more than one prior non-violent offence compared to the treatment group.

These results reaffirm the need to target sex offenders who deny their offence or refuse treatment as they appear to be the ones with extensive criminal histories and therefore are more entrenched in a criminal lifestyle putting them at a higher risk of reoffending (Hanson & Bussiere, 1998).

### Successful vs Unsuccessful

Of the 117 sex offenders who entered a treatment program, 83 completed the program successfully, 22 did not complete successfully (six withdrew, seven terminated, nine completed unsuccessfully) and 12 were excluded from this study. Five offenders were excluded as they did not complete treatment because their order had expired. One could argue that they could have chosen to remain in the program until completion however this is unrealistic. Therefore it was decided they did not complete treatment due to circumstances beyond their control which makes them 'different' to non-completers who were terminated or withdrew from treatment. Three offenders were extradited from the State, one offender was still in treatment at the time of the study and for three offenders it was unknown if they completed treatment or not.

Six of the 10 variables examined appeared to be associated with treatment success, correctly classifying 81.4%. They were age at first sex offence conviction, prior sex offence convictions, prior non-violent offence convictions, marital status, education, and offender type.

Sex offenders who were unsuccessful in treatment were more likely to have committed their first sex offence at a younger age and have committed more prior sex offences compared to the successful group. It could be that those offenders who begin sex offending at a younger age and continue sex offending have more deviant sexual preferences, e.g. sexual interest in children. Indeed, Hanson and Bussiere (1998) found the strongest predictor for sexual recidivism was sexual deviance as measured by phallometric assessment. In particular, risk was increased for those who had a sexual interest in children and where the victim was a stranger or extrafamilial. In line with the findings of Hanson and Bussiere the results from this present study show a greater proportion of unsuccessful offenders were child molesters.

It possible that those sex offenders with a sexual interest in children and who begin offending at an early age are more resistant to change, and may require more specific intensive treatment.

Consistent with previous studies this study found a higher percentage of sex offenders who had ever been married in the successful group compared to the unsuccessful group (Miner & Dwyer, 195; Moore et al., 1999; Shaw et al., 1995). Shaw et al. (1995) proposed that the relationship between being married and success in treatment was based on the fact that married persons have support systems that can be accessed both during and after treatment therefore increasing their motivation to change. However, this study found that ever being married (i.e., not necessarily married at the time of treatment) was related to success in treatment. These results suggest that an offender who has the ability to establish and maintain a relationship, regardless of whether he is currently in a relationship, is more likely to be successful in treatment. It could be that social competence rather than being married per se is related to a positive outcome in treatment. Gully et al., (1990) found social competence to be related to success in treatment based on behavioural observations of program staff as well as offenders rating themselves as having more competent heterosexual social skills on the Survey of Heterosexual Interaction (SHI). In the present study it is noteworthy to mention that those offenders who were never married were more likely to be assessed as suitable for treatment than not, suggesting that these offenders are willing to attend treatment but unfortunately are less likely to complete successfully.

Level of education was also related to treatment success with more offenders in the successful group having completed Year 10 or greater compared to the unsuccessful group. This finding is consistent with Shaw et al., (1995) who found that persons with high reading ability were more likely to be successful in treatment. As stated by Shaw et al., participants in a cognitive behavioural treatment program are required to develop

new ways of thinking, learn new information and integrate this information into a new lifestyle which requires some level of cognitive ability. Therefore level of education may partly determine the participant's ability to meet these demands.

There was a greater proportion of offenders who had committed more than one non-violent offence in the unsuccessful group compared to the successful group. This finding is in contrast to that of Moore et al., (1999) who found that offenders with more prior convictions for non-violent offences were more likely to complete treatment. The small sample size of 22 who were unsuccessful in the present study may account for the different findings. Moore et al., (1999) had a sample of 63. However, further research could explore this variable and its predictive ability for treatment success.

### General Discussion

This study of Western Australian sex offenders found that around 79% of all sex offenders who entered a treatment program completed the program successfully. This proportion is higher than figures provided in a report by Jones (cited in Marshall, 1999). Jones reported that, of 239 sex offenders in Western Australia who entered a treatment program in 1998, 158 completed, that is approximately 66% of those who entered. However, Jones reports figures from 1998 only. Thirty five offenders who were still in treatment after 1998 were classified as 'ongoing'. If they were included as completing treatment this would raise the percentage to 81%. Note that in the present study all sex offenders were sentenced in the year 1995, however they did not necessarily enter a treatment program in 1995. For example, an offender who was sentenced to five years imprisonment, may not have entered treatment until 1997. Of note is the high percentage of offenders who were assessed as suitable for treatment actually entering treatment (92%). This could be due to the incentive to gain early release. If so, then it is important for the Courts to be aware of this when assigning sentences to convicted sex offenders. Perhaps pre-sentence psychological court reports could include information on the

treatment programs available and the timeframe required to engage the offender in treatment and complete the program.

Overall it appears that there are some variables that may predict the likelihood of a sex offender a) entering treatment and b) completing treatment successfully. Although these variables are mostly static and therefore unchangeable, it may be possible to identify these offenders and offer alternative treatment which may encourage them to eventually participate in sex offender treatment (e.g. deniers program) or improve their prospects of completing treatment successfully (e.g. improving their social skills or educational levels prior to treatment).

Importantly, this study found that sex offenders who did not enter treatment had committed more non-sex violent offences than those who entered treatment, however prior non-sex violent offences was not predictive of treatment outcome. That is, there was no difference in the number of prior non-sex violent offences for those who completed treatment successfully and those who did not complete successfully. It appears therefore that violent offenders are more likely to be 'deselected' for treatment even though it may have little impact on their likelihood of completing treatment successfully. These results highlight the importance of targeting refusers and deniers and encouraging them to attend treatment.

For those offenders who refuse treatment little can be done to force them to participate. However, identifying reasons for refusal may provide useful information. For example, an offender may refuse treatment because he is uncomfortable in a group setting. Offering individual counselling may be an alternative in the first instance with the aim of preparing him for group therapy. It is acknowledged that offenders who deny their offence may do so because they fear being rejected by their family and friends. Also, the negative stigma of attending sex offender treatment may affect their decision to enter treatment. People who are shame-prone perceive their entire self to be bad

(Tagney, Wagner, & Gramzow, 1992), and they are intent on saving face. When accused of a sex offence shame prone individuals will automatically react with self-protective responses designed to hide the offence, to deflect responsibility and to make themselves appear innocent. Offenders who are shame-prone are therefore likely to experience treatment as very threatening, see themselves as victims, and have very little empathy with victims. Again, a deniers program may encourage an offender to take responsibility for his offence by normalising his reactions of shame and fear of rejection.

It is acknowledged that there are limited resources available to cater for the high demand of treatment which means it is important to identify those offenders who are more likely to enter treatment and be successful. This will result in increasing the cost effectiveness of the program. However, excluding offenders from treatment based on their likelihood of success is unethical and could pose legal problems especially if they are denied early release for not having attended treatment.

#### Limitations and Future Research

This study was limited by small sample sizes for the large number of variables used in the study. Increasing the sample size by including offenders who were sentenced in the years 1995-1997 may alleviate this problem. However, this study has provided some important information in regard to the number of sex offenders who are receiving treatment and the number who are successful in treatment. Even though the sample size is small, a number of variables have been identified as possible predictor variables and require further investigation.

Given the amount of information available for these offenders, future research could look at recidivism rates for these offenders and comparisons could be made of the groups already identified in this study. The recidivism study could also include the 101 offenders who were not assessed by the SOTU.

Of concern is the number of sex offenders (101), approximately one third of the total number of sex offenders sentenced in the higher courts in 1995, who were 'missed' by the system and therefore not given the opportunity to attend treatment. It could be that these offenders were given short sentences making treatment impossible. Alternatively they could have been given a community order and were inaccessible to the SOTU. As stated previously it was beyond the scope of this study to ascertain the reasons why these offenders did not come to the attention of the SOTU, however future research could examine these offenders to see what differences, if any, there are between these offenders and those who are assessed for treatment by the SOTU.

A further limitation of this study is that no distinction has been made between those offenders who entered a prison based program and those who entered a community based program. This may prove to have important differences and requires further investigation. For example, offenders who attend prison based programs are more likely to have longer sentences and as such have committed more serious offences than those offenders who are given shorter sentences or probation and are required to attend a community based program. So prior non-sex violent offences, for example, may predict treatment entry for prison based programs but not community based programs.

It is noted that the validity and consistency of the SOTU risk assessments are not controlled for or evaluated using any standardized measure which is a further limitation to this study.

### Conclusion

This exploratory study using sex offenders in Western Australia dealt with by SOTU has generally supported previous research in other parts of the world that sex offenders who do not enter treatment are more likely to be violent offenders. In addition, there appears to be several variables which are associated with success in treatment, marital status being the most consistent predictor across studies. It has been suggested

that increasing participation rates for deniers and refusers as well as improving the chances for success may be possible by offering alternative treatment. As the ultimate criteria for success of treatment is the absence of reoffending this group of offenders should ideally be followed-up in the future.



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APPENDIX A

Total number of Adult Male Sex Offenders Convicted in the District or Supreme Court in Western Australia in 1995  
N = 304

Assessed by SOTU N = 203 (67%)			Not assessed by SOTU N = 101 (33%)	
Suitable for treatment N = 144 (71%)			Unsuitable <sup>a</sup> N = 41	Excluded N = 18 <sup>b</sup>
Entered a program N = 117 (81%)		Did not enter program <sup>c</sup> N = 10	Excluded N = 17	
Completed successfully N = 83 (71%)	Did not complete successfully <sup>d</sup> N = 22	Excluded N = 12		

- a. 35 deniers, 6 refusers
- b. includes 4 files missing from the SOTU
- c. 7 refusers, 1 breached parole, 2 appeals
- d. 9 completed unsuccessfully, 7 terminated, 6 withdrew

## OFFENDER DETAILS

NAME \_\_\_\_\_

DOB: \_\_\_\_\_

OMS FILE  
NO \_\_\_\_\_MARITAL STATUS  
ever married/defacto 1  
never married 2RACE  
Aboriginal 1  
Non Aboriginal 2LEVEL OF EDUCATION  
Less than Yr 10 1  
Year 10 or 11 2  
Year 12 3  
Trade Qualification 4  
Diploma or Degree 5  
Post Grad Qualification 6  
Unknown 7CRIMINAL HISTORY  
(Charges)  
NV Violent  
(exclude traffic eg. No MDL)  
0 0  
1-3 1-3  
4-6 4-6  
7-9 7-9  
10+ 10+PREV SEX OFF  
CONVICTIONS (appearances  
in court)child offences \_\_\_\_\_  
Incest offences \_\_\_\_\_  
Rape \_\_\_\_\_  
Hands-off \_\_\_\_\_  
Other \_\_\_\_\_AGE AT FIRST KNOWN  
OFFENCE \_\_\_\_\_AGE AT FIRST KNOWN  
SEX OFFENCE \_\_\_\_\_

## HISTORY OF CHILD

## ABUSE

Physical 1 Emotional 2  
Sexual 3 Neglect 4  
Witness DV 5 None 6  
Unknown 7

## INDEX OFFENCE

(mm/yy)

V 1 \_\_\_\_\_ to \_\_\_\_\_

V 2 \_\_\_\_\_ to \_\_\_\_\_

V 3 \_\_\_\_\_ to \_\_\_\_\_

V 4 \_\_\_\_\_ to \_\_\_\_\_

V 5 \_\_\_\_\_ to \_\_\_\_\_

CATEGORY  
OF OFFENDER \_\_\_\_\_AGE OF VICTIM 1 \_\_\_\_\_  
AGE OF VICTIM 2 \_\_\_\_\_  
AGE OF VICTIM 3 \_\_\_\_\_  
AGE OF VICTIM 4 \_\_\_\_\_  
AGE OF VICTIM 5 \_\_\_\_\_GENDER OF V1 \_\_\_\_\_  
GENDER OF V2 \_\_\_\_\_  
GENDER OF V3 \_\_\_\_\_  
GENDER OF V4 \_\_\_\_\_  
GENDER OF V5 \_\_\_\_\_RELATIONSHIP - V 1 \_\_\_\_\_  
- V 2 \_\_\_\_\_  
- V 3 \_\_\_\_\_  
- V 4 \_\_\_\_\_  
- V 5 \_\_\_\_\_Spouse/defacto 1  
Ex-spouse/defacto 2  
Boyfriend/partner 3  
Ex-boyfriend/partner 4  
Lineal relative 5  
(g/father, father, brother)  
Non lineal relative 6  
(uncle, cousin)  
Stepfather 7  
(incl. boyfriend/partner)  
Position of authority 8  
Known 9  
Stranger 10  
No information 11

## OFFENDER U INFLUENCE

Alcohol 1  
Drugs 2  
Both 3  
None 4  
Unknown 5

## VICTIM DISABLED

Physical 1  
Intellectual 2  
Both P&I 3  
Drugged/Intoxicated 4  
Tied/Restrained 5  
None of the above 6  
Unknown 7SENTENCING/  
TREATMENT

DOS \_\_\_\_\_

SENTENCE TYPE  
Prison - no parole 1  
Prison - with parole 2  
Probation 3  
Community Service Order 4  
Good Behav Bond 5  
Fine 6  
No penalty 7SENTENCE LENGTH  
(mths) \_\_\_\_\_

ASSESSED BY SOTU Y / N

RECOMMENDED  
PROGRAMIntensive 1  
Pre-release 2  
Community 3  
Maintenance 4  
Aboriginal 5  
Cog Impaired 6  
Individual 7  
Unsuitable 8  
If unsuitable, why?

## PROGRAM ENTERED

Intensive 1  
Pre-release 2  
Community 3  
Maintenance 4  
Aboriginal 5  
Cog Impaired 6  
Individual 7  
None 8  
If none, why?PROG COMPLETED Y / N  
If no, why?SUCCESSFUL Y / N  
If no, why?