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\_\_\_\_\_ **Research Report** \_\_\_\_\_

**Sexual Offenders with an LTSO  
Designation Residing in Community  
Correctional Centres (CCC's): Comparison  
to Other Groups Residing in CCC's**

Ce rapport est également disponible en français. Pour en obtenir un exemplaire, veuillez vous adresser à la Direction de la recherche, Service correctionnel du Canada, 340, avenue Laurier Ouest, Ottawa (Ontario) K1A 0P9.

This report is also available in French. Should additional copies be required, they can be obtained from the Research Branch, Correctional Service of Canada, 340 Laurier Ave. West, Ottawa, Ontario K1A 0P9.



**Sexual Offenders with an LTSO Designation Residing in Community Correctional Centres  
(CCC's): Comparison to Other Groups Residing in CCC's**

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August 2011

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## **Acknowledgements**

The authors would like to thank Brian Grant for his editorial assistance on the initial CCC/ CRF report, which helped immensely in shaping this follow-up study.



## Executive Summary

**Key words:** *Long Term Supervision Order, Sexual Offender, Mental Health*

The management of high risk groups of offenders is a priority for correctional jurisdictions. In the Canadian context, a number of approaches have been developed to help cope with the needs of such high risk populations. One such approach was the introduction of Long Term Supervision Orders (LTSO). The LTSO provides for an extended period of supervision in the community following the end of an offender's sentence. Typically LTSO orders are reserved for high risk sexual offenders.

In order to more closely examine the risk and need profile of LTSOs living in community settings the present investigation examined a group of LTSO designated offenders living in Community Correctional Centres (CCC's) across Canada. All LTSO offenders with a history (current or past) of sexual offending and living in established CCC's (i.e., that had been in existence for at least 10 years in 2008) were included in the present study. The sample consisted of 56 LTSO sexual offenders. Three comparison group samples were also included. Two groups of offenders released on their statutory release (SR) dates were included. The first group consisted of 58 sexual offenders released at their SR date (SR sex offenders). The second comparison sample consisted of a group of non-sex offenders released at SR (SR non-sex offenders, n=280). A group of offenders released on parole (n=84) with no history of sexual offending were also included and comprised a lower risk comparison sample when compared to the other three groups.

Rates of mental health diagnoses at admission for the LTSO group (40%) were much higher than for any of the other groups included in the sample. This rate was twice that for the SR non-sex offender population (18%), four times higher than for the SR sex offenders (9%) and six times higher than for parolees (7%). All sexual offenders were more likely than the other groups to have a prescription for psychotropic medication at admission. Overall, the LTSO was found to have more difficulties in the area of mental health than any of the other groups included in the study.

The majority of LTSO offenders and SR non-sex offenders were observed to be at high risk of recidivism regardless of whether SIR-R1 data or Correctional Plan Progress Report (CPPR) data were used. A higher percentage of LTSO offenders were found to be rated as high risk based on the CPPR than when assessed by the SIR-R1 (92% versus 50%). In addition, the two sex offender groups were found to have similar levels of criminogenic need to the lower risk parole group. Two exceptions to this general finding were that sex offenders tended to have lower levels of need related to Associates and higher levels of need related to the Personal/Emotional domain.

The results of the present investigation suggest that different treatment approaches may be required in working with groups of high risk sexual offenders. In particular, LTSO groups may require treatment that meets the significant mental health concerns with which this population presents.



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## **Introduction**

The primary concern of correctional organizations is public safety. The majority of incarcerated offenders will be released to the community and in many cases these offenders are able to live independently. Some offenders, however, may require a more structured release, including longer term supervision and transition through a community based residential facility (CBRF). CBRFs or “halfway houses” are intended to assist those offenders who are considered to be suitable to be managed in a community setting, but who require additional support once released from the highly structured prison environment.

In Canada, the two most common types of CBRF’s are Community Correctional Centres (CCC’s) and Community Residential Facilities (CRF’s). These two facilities are distinguished by the fact that CCC’s operate as minimum security facilities operated by the Correctional Service of Canada (CSC) directly whereas CRF’s are funded by CSC but operated by community agencies. As well, CRF’s may impose exclusionary requirements preventing certain groups of offenders to be housed at those facilities.

Correctional Service of Canada must balance the need for community safety with the benefits of maintaining offenders in the least restrictive environment possible. For example, Canadian legislation authorizes the Parole Board of Canada (PBC) to release most offenders on full parole after serving one-third of their sentence and day parole six months before that date if the risk of re-offending is low. Further, legislation requires that most offenders be released to the community at two-thirds of their sentence (statutory release). In rare circumstances, where offenders are deemed to present an unacceptably high risk of violent recidivism if released prior to the end of their sentence, they may be detained until the very end of their prison term (warrant expiry date). Day parolees are automatically required by law to reside at a CBRF, while offenders released at their statutory release date may be given a separate release condition by the PBC to reside at a CBRF (known as a residency condition). Although the PBC may impose a residency condition upon an offender’s release to the community there are cases where residency may be voluntary. For example, in situations where both the offender and his supervising parole officer believe that it may be more suitable for the offender to be maintained in a residence the offender may voluntarily reside at either a CCC or CRF.

In 1997, changes in Canadian legislation provided another avenue for increasing public

safety when an offender is released to the community. A Long Term Supervision Order, or LTSO, provides for an extended period of supervision after completion of the initial sentence. These orders are reserved for offenders (generally sexual offenders) who are deemed to be high risk of recidivism if not supervised in the community. The court may impose up to a maximum of 10 years of supervision in the community following the completion of their initial sentence.

Although preliminary research on offenders housed in community based residential facilities in Canada (CSC; November, 2008) included some data regarding risk and need areas, there has been a need for a more comprehensive report regarding the mental health and criminogenic needs of offenders living in residence as well as a detailed profile regarding risk for these groups. A comprehensive study of offenders living in community based residential facilities was therefore undertaken (Abracen, Axford, & Gileno, In Press). This study involved the examination of a wide range of data related to offenders living in CCCs and CRFs in 1998 and 2008.

The results of this study revealed a number of significant changes between 1998 and 2008, especially for offenders living in CCCs. Offenders living in CCCs in 2008 presented at significantly higher risk than offenders living in those same facilities in 1998. Although there were no changes associated with risk over the ten year period for the CRF sample, both CCC and CRF samples were assessed as having significantly higher levels of need, in particular with respect to mental health with some rates increasing two to three times over the ten-year period. For example, the proportion of offenders with current mental health diagnoses in the CCCs had more than tripled from 4.7% to 18.5%. These changes were in keeping with recent trends in North America where a large number of studies have shown significant increases in the rate of mental illness among forensic populations over the last several decades (e.g., Adams & Ferrandino, 2008; Morrissey, Meyer, & Cuddeback, 2007).

Another aspect to this initial investigation related to a comparison of LTSO offenders with offenders released on SR and parolees, living in CCCs in 2008. Although both the LTSO and SR groups were assessed as a high risk for recidivism, there were significant differences between the groups with reference to their need profiles. In particular it was found that the LTSO group evidenced significantly greater levels of mental health difficulties than either of the other two groups.

As the vast majority of LTSO designated offenders have sexual offences on their record<sup>1</sup>, the question arose as to whether the differences observed between the LTSO group and other groups might be related to differences between sexual and non-sexual offenders. Unfortunately it was beyond the scope of the initial study to explore such details. In order to investigate this issue in more depth, the current investigation examined a subsample of offenders included in the initial study (Abracen, et al., In Press). In this investigation, a group of LTSO offenders convicted of sexual offences were compared to two groups of SR offenders and a group of parolees with no history of having committed a sexual offence. SR cases were assigned to one of two groups based on whether or not a history of sexual offending was evident on their official criminal record.

It was hypothesized that the LTSO group and both of the SR groups would be higher risk than the parole group who were essentially included to provide a comparison sample for the other three groups. Although the two SR groups and LTSO group were all hypothesized to be high risk, it was nonetheless hypothesized that the LTSO group would evidence lower levels of typical criminogenic needs (e.g., involvement with the criminal subculture). It was also hypothesized that the LTSO group would evidence higher rates of mental illness than any of the three other groups. The available research suggests that groups of high risk sexual offenders evidence particularly high rates of mental illness (e.g., Abracen & Looman, 2006). Further, research suggests that sexual offenders present with overlapping but also distinct treatment needs relative to other groups of offenders (See Abracen & Looman, 2004, 2008 and Marshall, Marshall, Serran & Fernandez, 2006 for a review of research on the treatment needs of sexual offenders). For example, issues associated with deviant arousal (e.g., Hanson & Bussière, 1998) and emotionally based coping strategies (e.g., Cortoni & Marshall, 2001; Marshall, Serran & Cortoni, 2000) appear to be dynamic risk factors that, if not exclusive to such groups, are clearly more common among such populations. This constellation of risk factors, some of which are unique to sexual offenders, may make it more likely for such groups to be at elevated risk of sexual offending but present with similar or even lower levels of other criminogenic needs. For example, previous research has shown that sexual offenders may have lower levels of self-reported drug abuse when compared to other groups of violent offenders (e.g., Abracen, Looman & Anderson, 2000).

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<sup>1</sup> In the Abracen et al. study (in press), approximately 75% of LTSO offenders had a current conviction for a sexual offence.

## Method

### Participants

A total of 478 offenders living in Community Correctional Centres (CCCs) in 2008 were included in the present investigation.<sup>2</sup> Offenders were divided into four groups: one group consisted of 56 LTSO designated offenders with a current or historical conviction for one or more sexual offences. Two groups of offenders released on SR were also included based on the presence or absence of a history of sexual offending. These groups are referred to in the remainder of the report as the SR sex offender ( $n=58$ ) and SR non-sex offender ( $n=280$ ) groups, respectively. A fourth group consisted of offenders who were released on parole (day parole or full parole) with no history of sexual offending ( $n=84$ ). The parolees were included as they represented a relatively low risk comparison sample to the other three high risk groups of offenders.<sup>3</sup>

### Analytic Approach

Data were extracted from the Offender Management System (OMS) an automated database maintained by the Correctional Service of Canada.

Contingency tables were created for binary and categorical data and Pearson chi square analyses were used to identify overall group differences. Adjusted standardized residuals (asr) were calculated for each cell of the contingency tables that were produced based on these analyses. A residual is defined as the difference between the observed and expected frequencies in cells and identifies the strength of a chi square association. Adjusted standardized residuals follow a normal distribution (mean of zero and a standard deviation of one) and are therefore essentially z-scores. Any asr with an absolute value greater than or equal to  $\pm 2$  (that is, two standard deviations from the mean) indicates a significant departure from the mean. In contingency tables with more than two levels, direct comparisons can only be made between groups using multiple comparisons of independent proportions. These analyses also produce z-scores and allows for statements relating to which group differs significantly from other groups. These analyses are analogous to post hoc tests used with standard analysis of variance

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<sup>2</sup> This sample was also included in a previous report by the authors. For a more comprehensive description of the methodology used to obtain this sample, see Abracen, Axford and Gileno (in press).

<sup>3</sup> A total of 23 offenders were excluded from the sample, including 14 LTSO offenders with no history of sexual offending and 9 parolees with a current or historical sexual offence.

procedures.

One-way analyses of variance (ANOVA) were used to identify group difference when continuous variables were reported (i.e. age and sentence length). When the assumption of homogeneity of variance was violated, Welch's *F*-ratio and the corresponding degrees of freedom are reported. Bonferroni post-hoc tests were reported when variances were equal and Dunnett's T3 was reported when variances were unequal.

## **Measures**

A variety of information contained in OMS was extracted including type of release, dynamic need, gender, and SIR-R1 score data as well as overall assessments of risk produced as part of the Correctional Plan Progress Report (CPPR). These measures are explained further below.

### **Aggregate Sentence Length**

The aggregate sentence length is the total length of the offender's sentence, presented in days. Less than 5% ( $n=20$ ) of offenders in the sample were serving an indeterminate or life sentence and these offenders were removed from the sentence length analyses, but were included in all of the other analyses.

### **Current Offence**

These analyses were based on the offences from the offenders' current sentence. The total number of offences in each category was based on whether the current sentence included a conviction for a particular type of offence (i.e. 'yes' or 'no'). Some offenders may have committed more than one type of offence, and so would be classified as belonging to more than one category. Only homicide-related, sexual, robbery, drug and assault offences were investigated for this report. Therefore, some columns may not equal 100%.

For the purposes of this report, a 'homicide-related' offence includes first degree murder, second degree murder, manslaughter and attempted murder.

### **Offender Intake Assessment (OIA)**

The Offender Intake Assessment (OIA: Commissioner's Directive 705-6, 2007) is "a comprehensive and integrated evaluation of the offender at the time of admission to the federal system" (Motiuk, 1997, p.18). This evaluation involves the collection of information related to the offender's mental and physical health, social, educational, criminal history and other data related to risk and need. The OIA is comprised of two parts: a static risk assessment and an

evaluation of dynamic needs (Dynamic Needs Identification and Analysis, DFIA).

The DFIA is comprised of seven domains representing criminogenic need areas (associates/social interaction, attitudes, community functioning, employment/education, marital/family, personal/emotional, and substance abuse). The domains are scored on a four-point scale: factor is seen as an asset, no need, some need, and considerable need. Scores on the DFIA are used to inform the correctional plan, assist in program referral, and classify offenders according to Case Management Strategies (Brown & Motiuk, 2005). For ease of presentation, the scoring was collapsed into two categories: asset/no need, and some/considerable need.

Every domain is measured by a number of indicators with each indicator scored as “yes” if it is present or “no” if it is not based on the offender’s self-report. A variety of indicators were examined from the DFIA in order to investigate, more specifically, where group differences existed (e.g. mental health, employment history, alcohol and drug abuse, gang affiliation). Indicators were chosen based on theoretical relevance and statistical significance.

#### **Statistical Information on Recidivism-Revised (SIR-R1)**

The Statistical Information on Recidivism Scale is an actuarial risk measure used by Correctional Service of Canada. Measures of demographic characteristics and criminal history are combined on a scale with possible scores ranging from -30 to +27, with lower scores indicating a greater likelihood of recidivism on release. The raw scores are converted to a five-point scale that rates the likelihood of successful reintegration from ‘very poor’ to ‘very good.’ For ease of presentation the scale was collapsed into three groups: very poor/poor, fair, and good/very good. This instrument and earlier versions of the SIR-R1 have been used in a variety of research related to offender outcome (e.g., Hanson & Morton-Bourgon, 2009; Motiuk & Brown, 1995). The SIR-R1 scores reported here are from the intake assessment and so represent risk at admission<sup>4</sup>.

#### **Correctional Plan Progress Report (CPPR)**

The correctional plan provides an overall account of the critical static and dynamic factors associated with each offender and is central to the supervision plan (Commissioner’s Directive, 715-2, 2008). The CPPR in the community is used to identify appropriate interventions based on dynamic factors, to reassess the level of intervention or supervision, and to document significant progress made by the offender under supervision. The most recent

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<sup>4</sup> The SIR-R1 is not valid with Aboriginal or women offenders, and so these two groups were excluded from the SIR-R1 analyses.

ratings of static risk, criminogenic need, reintegration potential and offender motivation level available on the offender's file were included in the analyses. All are scored on a three point scale from 'low' to 'high'.

Overall ratings of static risk are assigned by parole officers or case workers and are based on criminal history, offence severity and sex offence history<sup>5</sup>. Parole officers may also reference psychological risk assessments available on file in order to make an assessment of risk. Overall criminogenic need level ratings are also assigned by parole officers or case workers and are based on the severity of identified problems and the number of DFIA need domains involved in an offender's criminal behaviour. Offender motivation levels are initially assigned at intake based on all information gathered and can be changed throughout an offender's sentence. Any modifications to the rating are centred on a number of factors including family support, recognition of a problem and willingness to change and would be reflected on his or her correctional plan.

An offender's reintegration potential is a measure of the likelihood of successful transition into the community after a period of incarceration and is generated automatically by OMS<sup>6</sup>. Therefore, a 'high' reintegration potential indicates a greater likelihood of successful reintegration. A case worker can over-write the automatic rating in exceptional cases. This rating can also change throughout the course of an offender's sentence.

#### **OMS supervision condition flags**

A number of supervision condition 'flags' on OMS were extracted for all offenders including psychological, psychiatric and residency condition flags. These flags indicate, for example, whether an offender's supervision includes a condition to reside at a community based residential facility, or to follow psychological or psychiatric counsel. These 'flags' are referred to as 'supervision conditions' or 'conditions' throughout the report.

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<sup>5</sup> The level of risk reported on the most recent CPPR may be the same as the level of risk assessed at intake as static factors, by definition, do not change. However, this rating may be updated by the parole officer or case worker based on new information.

<sup>6</sup> Reintegration potential for non-Aboriginal males is calculated using an offender's individual scores on the Custody Rating Scale (CRS), the Statistical Information on Recidivism scale (SIR-R1) and the static risk factor rating. Reintegration potential for women and Aboriginal offenders is calculated using the offender's individual scores on the CRS, the static risk factor rating and the criminogenic need rating.

## Results

### Demographics

Nearly 100% of the 478 offenders in the study were male.<sup>7</sup> The majority were Caucasian (72.5%), single (60%) and an average of 38 years old (SD=11.0). The LTSO and SR sex offenders were significantly older on average than the SR non-sex offender group ( $F(3,132.2)=8.37, p<.001$ ). Table 1 outlines the demographic characteristics of the four groups.

The entire sample was serving an average of 1769 days (4.8 years; SD=1814.9). The LTSO sex offenders were serving significantly shorter sentences on average (1.9 years) than any of the other groups ( $F(3, 160.5)=35.82, p<.001$ ). Just over 5% of the sample ( $n=29$ ) had sentence lengths less than 2 years. A large percentage of these cases (90%) were LTSO sex offenders<sup>8</sup>.

Table 1

*Demographics of sex offenders and non-sex offenders in residence, by supervision type*

Demographics	Supervision Type							
	Parole		Statutory Release		Statutory Release		LTSO	
	Non-sex offenders		Non-sex offenders		Sex offenders		Sex offenders	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	40.2	(12.9)	36.1	(10.1)	41.9	(11.0)	41.6	(10.8)
Sentence Length (years (days))	5.0	(1784)	5.5	(1951)	3.5	(722)	1.9	(509)
	%		%		%		%	
	(n=84)		(n=279)		(n=58)		(n=52)	
Race								
Caucasian	71.4		73.5		74.1		67.3	
Black	4.8		7.5		3.4		11.5	
Aboriginal	15.5		15.8		20.7		21.2	
Other	8.3		3.2		1.7		0.0	

*Note.* Sentence Length means were converted into years (/365.25) for ease of presentation, however the Standard Deviations reflect days.

Race data was missing for 1% ( $n=5$ ) of the sample.

### Offence Type

<sup>7</sup> There was only one woman offender in the sample. This offender's data was included in the all of the analyses.

<sup>8</sup> An LTSO designation can only be applied if the original offence qualifies for a federal sentence (2 years or more). However, if an offender receives credit for time served, his sentence may effectively be reduced to a provincial term (less than two years), though he is still under the jurisdiction of CSC due to his LTSO designation.

Table 2 outlines the offence-related characteristics of the four offender groups. One-quarter of parolees were convicted of a homicide-related offence, though a larger proportion (33.3%) had a current drug offence. SR non-sex offenders were most likely to be convicted of robbery (47.1%), with assault being the next most common offence. Not all offenders in the SR sex offender group had a current conviction for a sexual offence, though that was the most common offence (81.0%), with assault being the next most common. All LTSO sex offenders had a current conviction for a sexual offence.

Table 2

*Percentage of sex offenders and non-sex offenders in residence, by current offence type*

Offence	Supervision Type (%)			
	Parole Non-sex offenders (n=84)	Statutory Release Non-sex offenders (n=280)	Statutory Release Sex offenders (n=58)	LTSO Sex offenders (n=56)
Homicide-Related	25.0	6.8	1.7	0.0
Sexual	-	-	81.0	100.0
Robbery	15.5	47.1	13.8	0.0
Drug	33.3	22.1	15.5	1.8
Assault	10.7	41.1	34.5	17.9

*Note.* Totals may be greater or less than 100% because offenders may have committed more than one type of offence and only certain offence types were included in the analysis.

### **Mental Health**

Offenders in the LTSO group were assessed as having significantly more mental health difficulties than offenders in the other three groups. The rate of mental health diagnoses at admission for LTSO offenders (40.5%) was two times higher than for SR non-sex offenders (18.4%), four times higher than for SR sex offenders (9.3%), and six times higher than for parolees (6.6%). The sex offenders in the LTSO group were significantly more likely than the sex offenders in the SR group to have current or past mental health diagnoses, though they were similar on every other variable. All sex offenders were more likely than the other two groups of non-sex offenders to have a prescription for psychotropic medication at admission. Table 3

presents a detailed comparison of the percentages of offenders in each group with identified mental health difficulties.

Table 3

*Mental health status of sex offenders and non-sex offenders in residence, by supervision type*

Mental Health Indicator	Supervision Type (%)			
	Parole Non-sex offenders	Statutory Release Non-sex offenders	Statutory Release Sex offenders	LTSO Sex offenders
Past Diagnosis**	11.3	27.2	13.2	32.4 <sup>ii</sup>
Current Diagnosis (at admission)***	6.6	18.4	9.3	40.5 <sup>i</sup>
Past Prescribed Medication***	16.7	43.9	49.1	48.6 <sup>iv</sup>
Current Prescribed Medication (at admission)*	17.7	27.0	40.4	43.2 <sup>iii</sup>
Past Hospitalization*	8.2	26.3	26.4	33.3 <sup>iv</sup>
Current Hospitalization (at admission)	0.0	5.6	5.7	10.3
Psychiatric Condition Flag (at release)***	0.0	6.1	10.3	37.5 <sup>i</sup>
Psychological Condition Flag (at release)	19.0	27.1	13.8	23.2

\*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$

Note. <sup>i</sup> LTSO > Parolees, SR non-sex offenders, SR sex offenders

<sup>ii</sup> LTSO > Parolees, SR sex offenders

<sup>iii</sup> LTSO > Parolees, SR non-sex offenders

<sup>iv</sup> LTSO > Parolees

## Risk and Reintegration Measures

### Statistical Information on Recidivism-Revised (SIR-R1)

Non-sex offenders on SR were rated highest risk on the SIR-R1, with 70.5% rated a poor/very poor likelihood of success on release, which is a significantly larger percentage than the two sex offender groups and the parole group. The two sex offender groups did not differ from each other, though they were both rated more poorly than the parole group. Table 4 outlines the SIR-R1 ratings for the four study groups.

Table 4

*Statistical Information on Recidivism scores of sex offenders and non-sex offenders in residence, by supervision type*

SIR-R1 Group	Supervision Type (%)			
	Parole Non-sex offenders (n=70)	Statutory Release Non-sex offenders (n=234)	Statutory Release Sex offenders (n=46)	LTSO Sex offenders (n=36)
Good/Very Good	74.3	15.0	43.5	25.0
Moderate	8.6	14.5	23.9	25.0
Poor/Very Poor	17.1	70.5	32.6	50.0

$\chi^2=106.0, df(6), p<.001$

### Correctional Plan Progress Report

Over 90% of LTSO offenders were assessed as being both high risk (91.8%) and high need (95.9%), according to their most recent risk assessment<sup>9</sup>, with both percentages being much higher than for the parole group (17.3% and 18.7% respectively). Though the differences are not statistically reliable (due to low expected cell counts), these differences are clinically significant.

SR sex offenders tended to have lower risk ratings than both LTSO and SR non-sex offenders, though the two SR groups had similar levels of criminogenic need. The majority of the parole group had both medium risk and criminogenic need levels. Table 5 presents the risk, need, motivation level, and reintegration potential of the four groups.

More than half of the LTSO group (53.1%) was assessed as having low levels of

<sup>9</sup> For approximately 30% of offenders, the most recent correctional plan progress report was completed after release. CPPR data was missing for approximately 5% of offenders in the sample.

motivation, which was a significantly higher percentage than the parole group (4.0%) and the SR sex offender group (33.9%;  $\chi^2=123.1$ ,  $df(6)$ ,  $p<.001$ ). Further, the vast majority of LTSO offenders (83.7%) were assessed as having low reintegration potential. This percentage was significantly larger than any of the other three groups ( $\chi^2=158.1$ ,  $df(6)$ ,  $p<.001$ ). Interestingly, SR sex offenders were similar to SR non-sex offenders in terms of motivation, however they were significantly more likely to be assessed as having high reintegration potential. No LTSO sex offenders were assessed as having high reintegration potential.

Table 5

*Risk level of sex offenders and non-sex offenders in residence, by supervision type*

CPPR Measure	Supervision Type (%)			
	Parole Non-sex offenders (n=75)	Statutory Release Non-sex offenders (n=174)	Statutory Release Sex offenders (n=56)	LTSO Sex offenders (n=49)
<b>Static Risk</b>				
Low	26.7	0.0	0.0	0.0
Medium	56.0	24.8	30.4	8.2
High	17.3	75.2	69.6	91.8
<b>Criminogenic Need</b>				
Low	20.0	0.4	0.0	0.0
Medium	61.3	15.0	10.7	4.1
High	18.7	84.7	89.3	95.9
<b>Motivation Level***</b>				
Low	4.0	38.7	33.9	53.1
Medium	53.3	56.9	64.3	44.9
High	42.7	4.4	1.8	2.0
<b>Reintegration Potential***</b>				
Low	5.3	64.2	44.6	83.7
Medium	49.3	32.8	39.3	16.3
High	45.3	2.9	16.1	0.0

\*\*\* $p<.001$ , \*\* $p<.01$ , \* $p<.05$

Note. Significance tests for intake Risk and Need measures could not be reliably interpreted due to low expected cell counts.

## Dynamic Factors

### DFIA Need Domains

The two sex offender groups were assessed as having similar levels of need in each of the seven need domain areas at admission. Though a greater percentage of SR sex offenders than LTSO sex offenders had Substance Abuse problems at admission (75% vs. 59%), this difference was not statistically reliable. Sex offenders tended to be assessed as having similar levels of need to the lower risk parole group at intake, with two exceptions. Both sex offender groups had lower levels of need related to Associates and had higher levels of need related to the Personal/Emotional domain when compared to the parole group.

When compared to the SR non-sex offenders, both sex offender groups were significantly less likely to be assessed as having some or considerable need related to Employment, Substance Abuse and Associates. SR sex offenders were also significantly less likely to be assessed as having some or considerable need related to Community Functioning and Attitudes.

Table 6

*Percentage of sex offenders and non-sex offenders in residence assessed with at least some need in the seven dynamic need areas*

Need Domains (some/considerable difficulty)	Supervision Type (%)			
	Parole Non-sex offenders (n=79)	Statutory Release Non-sex offenders (n=269)	Statutory Release Sex offenders (n=56)	LTSO Sex offenders (n=42)
Employment*	54.4	56.9	39.3	40.5 <sup>ii</sup>
Marital/Family**	26.6	41.3	57.1	40.5
Associates/Social Interaction***	68.4	64.3	26.8	26.2 <sup>i</sup>
Substance Abuse***	67.1	85.9	75.0	59.5 <sup>ii</sup>
Community Functioning*	21.5	33.8	17.9	23.8
Personal/Emotional***	69.6	92.2	98.2	100.0 <sup>iii</sup>
Attitudes***	49.4	77.0	50.0	64.3

\*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$

Note. <sup>i</sup> LTSO < Parolees, SR non-sex offenders

<sup>ii</sup> LTSO < SR non-sex offenders

<sup>iii</sup> LTSO > Parolees

### **DFIA Need Indicators**

At admission, both groups of sex offenders were significantly less likely than the SR non-sex offender and parole groups to have many criminal acquaintances (see Table 7). Similarly, the sex offender groups were less likely than the SR non-sex offender group to abuse drugs or to be affiliated with a gang. The three higher risk groups did not differ in terms of alcohol abuse.

LTSO offenders and SR non-sex offenders were equally likely to be assessed at intake as being impulsive and unable to generate choices, while SR sex offenders were significantly less likely to be assessed as such. However, a significantly lower percentage of both sex offender groups were assessed as being aggressive when compared to the SR non-sex offender group. LTSO sex offenders tended to have more problems than their SR counterparts with respect to employment prior to arrest, with percentages similar to the SR non-sex offender group.

Table 7

*Need indicators of sex offenders and non-sex offenders in residence, by supervision type*

Dynamic Need Indicators	Supervision Type (%)			
	Parole Non-sex offenders	Statutory Release Non-sex offenders	Statutory Release Sex offenders	LTSO Sex offenders
Employment				
No high school diploma***	63.3	87.2	85.4	89.7 <sup>i</sup>
Unemployed 50% or more***	54.2	80.9	66.0	79.5 <sup>i</sup>
Unemployed at arrest**	54.8	78.2	60.4	71.8
Family/Marital				
Married/Common Law in the Past	66.1	72.8	83.3	68.4
Associates/Social Interaction				
Many criminal acquaintances***	61.7	81.0	37.3	33.3 <sup>iii</sup>
Gang affiliation**	11.7	18.7	1.9	5.1 <sup>ii</sup>
Resides in criminogenic area**	14.8	40.9	34.0	22.2 <sup>ii</sup>
Substance Abuse				
Alcohol Abuse*	38.7	60.2	55.6	55.3
Drug Abuse**	69.4	81.3	64.2	55.3 <sup>ii</sup>
Personal/Emotional				
Unable to generate choices***	48.4	82.4	69.8	82.1 <sup>i</sup>
Poor regard for others***	46.8	82.9	85.2	92.3 <sup>i</sup>
Impulsive***	46.8	90.8	77.8	89.7 <sup>i</sup>
Aggressive***	25.8	74.0	53.7	60.5 <sup>i</sup>

\*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$ Note. <sup>i</sup> LTSO > Parolees<sup>ii</sup> LTSO < SR non-sex offenders<sup>iii</sup> LTSO < Parolees, SR non-sex offenders

## Discussion

The findings of the present investigation reveal significant differences between the groups on a number of indicators of risk and criminogenic need. The SIR-RI data indicate that 50% or more of the LTSO and the SR non-sex offender groups received ratings associated with being a high risk of failure upon release. CPPR risk data revealed similar findings though two important differences emerged between the CPPR and SIR-R1 risk assessment measures. First, the CPPR data indicated that the majority of both of the SR groups were rated as high risk of recidivism. As well, the CPPR data indicated that virtually all of the LTSO group represented a high risk of recidivism (versus only 50% being classified in this category based on SIR-RI data). The most likely explanation for these discrepancies between the CPPR data and SIR-RI data relate to the nature of the risk assessment measures.

The risk assessment instruments included in the CPPR for sex offenders typically involve the administration of measures of risk specifically designed for such populations. For example, CSC has required that the Static-99 (a measure specifically designed to assess risk of sexual offence recidivism; Hanson & Thornton, 2000) be administered to sexual offenders attending sex offender specific programs. Results of the Static-99 would be incorporated into the CPPR assessment of risk when these data were available. In theory, Static-99 data should have been available for all sex offenders included in the present investigation and would therefore have been used solely or in conjunction with other risk assessment data to arrive at an actuarially based estimate of risk of recidivism included in the CPPR. For sexual offender populations, measures specifically designed to assess risk of sexual offence recidivism may be more accurate at predicting such outcomes, and would likely result in higher scores when compared to measures such as the SIR-R1. It is also interesting to note that with reference to the parole group, regardless of which measure of risk was used, only a comparatively small percentage were rated as high risk. For example, the SIR-RI data indicated that 18% of parolees were rated as high risk. The next lowest group in terms of percentage of high risk offenders was the SR Sex offender group, 35% of whom were rated as being high risk. This latter finding is in keeping with the hypotheses listed in the introduction.

Although 50% or more of LTSO subjects and both SR groups were rated as high risk based on CPPR data, there appeared to be differences between groups with reference to criminogenic needs. For example, significantly fewer LTSO and SR sex offenders abused drugs

relative to the SR non-sex offender group. No differences were observed between groups with reference to alcohol abuse. Overall, the LTSO group was significantly less likely to be assessed as having need related to Substance Abuse. As well, both groups of sex offenders were significantly less likely to have gang affiliations than the SR non-sex offender group. These data suggest that the nature of the risk posed by the LTSO group specifically and sex offenders more generally may be somewhat different than non-sex offender groups. In particular LTSO offenders specifically and sex offenders generally present as having somewhat lower levels of criminogenic needs in areas such as criminal associates and employment. These findings are also in keeping with the hypotheses listed in the introduction. That is, sex offenders, and LTSO offenders in particular, appear to have lower levels of need in some criminogenic domains than other groups of offenders. Although beyond the scope of the study, it is likely that sexual offenders present with certain unique criminogenic factors (e.g., deviant arousal, intimacy deficits) not present in more typical groups of offenders.

In keeping with the hypotheses related to mental health functioning, the findings suggest that the LTSO group evidenced significant difficulties with reference to mental illness and that the degree of psychiatric impairment may have been greater than for any of the other three groups included in the study. For example, the LTSO group was significantly more likely than any of the other three groups to have a mental health diagnosis at admission and to have a supervision condition to follow psychiatric counsel on release. The LTSO group was also significantly more likely than the SR non-sex offenders to have a current prescription for a psychiatric medication and significantly more likely than parolees and SR sex offenders to have a history of mental health diagnoses.

These findings are in keeping with research on other groups of high risk sexual offenders (e.g., Abracen & Looman, 2006; Abracen, Looman, & Langton, 2008) that suggest that such populations present with elevated rates of mental illness and a somewhat different pattern of dynamic risk when compared to other groups of high risk offenders. For example, sexual offender groups (including groups of high risk sexual offenders) have been found to have more difficulties with intimacy and relationship skills and present with difficulties associated with deviant arousal. Further, some data suggest that, at least with reference to child molesters, such populations present with fewer convictions for non-sexual offences than other groups of high risk offenders.

Hanson (e.g., Hanson & Busiere, 1998) has demonstrated in meta-analytic research that

deviant arousal is related to elevations in risk for sexual offenders. Further, additional evidence has accumulated indicating that high risk groups of sexual offenders have elevated rates of mental illness (e.g., Carlstedt, Nilsson, Hofvander, Brimse, Innala & Anckarsäter, 2009; Dunsieith, Nelson, Brusman-Lovins, Holcomb, Beckman, et al. 2004) and that psychiatric diagnoses are related to recidivism at least for this population (e.g., Abracen & Looman, 2006; Långström, Sjöstedt & Grann, 2004). Newer models of treatment directed towards higher risk groups of sexual offenders need to account for such population differences. One possible way to accommodate such needs is to offer comprehensive inpatient based treatment programs for high risk groups of sexual offenders. Such programs, when provided by mental health professionals, can simultaneously address both the mental health and related criminogenic needs in a comprehensive and integrated fashion. Longitudinal research conducted by our team suggests that such treatment can be associated with decreases in long term rates of sexual recidivism (See Abracen, Looman & Langton, 2008 for a review).

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