

**ASSESSMENT, TREATMENT, AND RECIDIVISM OF
ABORIGINAL AND NON-ABORIGINAL OFFENDERS:
A COMPARISON OF INTRA-FAMILIAL AND
EXTRA-FAMILIAL MALE SEXUAL OFFENDERS IN SASKATCHEWAN**

A Thesis Submitted to the Faculty of Graduate Studies and Research

in Partial Fulfilment of the Requirements

for the Degree of

Master of Arts

in

Psychology

University of Regina

by

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Regina, Saskatchewan

December 2002

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Abstract

The sexual abuse of children is a serious social concern. It is commonly reported that one in four women and one in seven men are sexually molested before the age of 18. Men who have sexually offended against children outside of their families (extra-familial sexual offenders) are believed to be more likely to re-offend than are those who have offended against children within their families (intra-familial sexual offenders). If recidivism rates are indeed higher for extra-familial offenders it follows that the assessment and treatment protocols should be reflective of such. In the current study, 46 intra-familial offenders were compared to 52 extra-familial offenders with respect to three specific domains: recidivism rate and type information; the assessment procedures utilised by Saskatchewan correctional staff; and the treatment that offenders received. The noted comparisons were completed on a total sample of 98 male, intra-familial and extra-familial sexual offenders to determine whether or not there were differences between these two groups in the noted areas. Further, these comparisons were made between the non-Aboriginal (n = 47) and Aboriginal (n = 46) intra-familial and extra-familial sexual offenders in response to the need for information about Aboriginal sexual offenders. Overall, intra- and extra-familial offenders presented similarly in terms of their demographics; however, Aboriginal and non-Aboriginal offenders differed on several demographic variables. There were no associations between the groups and their rates or types of recidivism. There also were no significant associations between the assessment and treatment received, and the intra-familial and extra-familial Aboriginal and non-Aboriginal offender groups.

ACKNOWLEDGEMENTS

There are many individuals whom I wish to acknowledge as having played an integral role in making the completion of this thesis a reality. First, I wish to express my sincerest gratitude to my thesis advisor, Dr. Jeffrey Pfeifer, for his expertise, and for allowing me the freedom to pursue this area of research. I also wish to express my appreciation to Dr. James Ogloff for agreeing to serve on my committee despite living abroad. I would especially like to thank Dr. Cannie Stark for her outstanding work ethic and her tireless support throughout this entire process.

Additionally, I would like to extend my gratitude to the following individuals: Mr. Patrick O’Byrne, Policy Analyst for Saskatchewan Justice, who provided me with my initial sample and facilitated access to offender information; Mr. Don Head, Executive Director of Saskatchewan Justice, Corrections Division, for his support of this project; the staff at the Regina and Saskatoon Correctional Centres, and the Regina and Saskatoon Community Corrections offices for arranging for me to access files; and Dr. Donald Sharpe for his statistical expertise and consultation. Without the assistance and expertise of all of the above-mentioned individuals this project would not have been possible.

Finally, special mention is reserved for my husband, Peter Adams, who was a continual source of support, encouragement, and motivation throughout the process of completing this project.

This project was supported, in part, by scholarship funding from the Faculty of Graduate Studies and Research at the University of Regina.

The views expressed herein are those of the author and do not necessarily represent the position, policies, or endorsements of the Ministry of the Solicitor General of Canada.

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Assessment, Treatment, and Recidivism of Aboriginal and
Non-Aboriginal Offenders: A Comparison of Intra-familial
and Extra-familial Male Sexual Offenders in Saskatchewan

1. INTRODUCTION

According to Statistics Canada (1998) there were 30,735 sexual offences reported to the police in Canada in 1997. This astounding figure represents a gross underestimation of the actual number of sexual offences committed given that, based on victimisation surveys, it appears as though 90% of sexual offences that occur are not reported (Statistics Canada, 1998). It is commonly stated that one in four women and one in seven men are sexually molested before the age of 18 (e.g., Salter, 1988). However, it is difficult to determine the accurate rates of child sexual abuse, especially given that it is estimated that fewer than 15% of sex crimes that are reported lead to conviction (Hanson, Steffy, & Gauthier, 1993; Marshall, Laws, & Barbaree, 1990).

Given the mandate of the Correctional Service of Canada to reintegrate offenders into the community (Correctional Service of Canada [CSC], 1997), most offenders will eventually be released from Correctional supervision (Blanchette, 1996). Thus, all possible steps must be taken in an effort to reduce the likelihood that offenders will re-offend. Treatment providers do not purport to cure sexual offenders of the underlying causes of their offending behaviour. Rather, the aim is to teach offenders how to manage their behaviour so that they do not act upon their deviant impulses. For this reason, it is crucial that each offender receive a thorough assessment so as to isolate the dispositional and situational factors that predispose him or her to committing sexual offences.

Treatment programmes must be carefully devised and widely available so as to facilitate the amelioration of offenders' risk factors and to reduce the likelihood of future victims (Blanchette, 1996).

Treatment providers must be aware of each offender's risk factors so that these specific dynamic, or changeable, factors can be targeted in treatment. There is much literature to support the claim that the factors that are related to recidivism are different for different types of offenders. For example, offenders with histories of violent (non-sexual) offending have different risk factors (and protective factors) from those of offenders with histories of sexual offending (e.g., Webster, Harris, Rice, Cormier, & Quinsey, 1994). For this reason, treatment programmes need to be focused on addressing the factors that are related to re-offending for specific offender types. For example, sexual deviance, or sexual arousal in response to inappropriate behaviours or partners (Blanchette, 1996), is thought to be more of a risk factor for extra-familial child molesters than for intra-familial offenders (Menard & Johnson, 1992). Poor anger-management ability is a risk factor more often closely related to the offending patterns of rapists than to the patterns of those who offend against children (Pithers et al., 1988). Assessment instruments and protocols should be capturing these differences between offender types so that this information is translated into differential programming and treatment focus. However, it is also important to note that a detailed, individualised assessment of risk factors should be completed for each offender. Although many offenders with the same victim preferences have risk factors in common, it is erroneous and potentially dangerous to assume that all offenders constitute the same level of re-offence risk simply on the basis of their victim choice or offence characteristics similarities. For example, an intra-

familial offender who perpetrates sexual offences solely against his daughter may be perceived as a low risk given his victim choice and the belief that offences against family members tend to be minimally violent. However, his offences may have been particularly violent in nature, indicating that he indeed constitutes a considerable danger to re-offend sexually (Knight & Prentky, 1990).

Different types of offenders are believed to pose different levels of risk upon release. Some authors assert that exhibitionists have the highest re-offence rate (e.g., Hanson & Bussière, 1996), followed by rapists, extra-familial child molesters, and lastly, intra-familial or incest offenders (e.g., Hanson & Bussière, 1996; Motiuk & Brown, 1996; Quinsey et al., 1995). Although it would be logical for offenders with the lowest level of risk for re-offence to receive less intensive treatment than those who are deemed higher risk, this does not appear to be what occurs in practice in the province of Saskatchewan (Personal Communication, Patrick O'Byrne, May 25, 2001). All sexual offenders in Saskatchewan appear to receive similar assessment and treatment, regardless of their predicted risk levels.

1.1 Culture-specific Assessment and Treatment

In addition to the characteristics of offenders and the re-offence rates that differentiate level of risk and thus necessitate differential assessment and treatment practices, there are cultural factors that are salient in the effective assessment and treatment of offenders. Assessment and treatment should reflect some of these cultural differences - especially if these factors are related to recidivism rates. The risk factors and treatment needs for different cultural groups, in this case specifically for Aboriginal offenders, are likely different and thus warrant specific attention. Similarly, some risk factors may be the

same for many Aboriginal and non-Aboriginal offenders; they may, however, manifest differently (New Zealand Department of Corrections, 2001). For example, both Aboriginal and non-Aboriginal offenders may have social skill deficits that contribute to their offending behaviour; however, the skills that need to be taught, and how they can best be taught, may differ. What is socially prescribed in non-Aboriginal culture is often different from that which is the norm in Aboriginal society.

In 1992, Aboriginal peoples constituted 2.3% of the Canadian population, while comprising 11% of the Canadian federal inmate admissions and 24% of the provincial admissions. Offenders are admitted to a provincial facility (or are under provincial supervision if they have received a community sentence) if their sentences are less than two years in duration; they are admitted to a federal facility (or are under federal supervision if they are on parole) if their sentences are two years or more in duration. In Saskatchewan, Aboriginal offenders accounted for 55% of federal, and 66% of provincial inmate admissions while representing approximately 9% of the total provincial population (Cattarinich, 1996). Compared to the other provinces and territories, Saskatchewan institutions reflect the most dramatic overrepresentation of Aboriginal offenders.

This over-representation is even more evident among sex offenders. Nahanee (1996) reported that approximately 40% of Aboriginal offenders serving a federal sentence have been convicted of a sexual offence. In another report, Williams and colleagues (1997) state that 26% of Aboriginal offenders in the federal system are sex offenders. Williams and colleagues note, however, that this number may be an underestimation by up to 17%,

due to the fact that information about the offenders' cultural backgrounds was not always available.

This over-representation of Aboriginal peoples in the Canadian criminal justice system may be reflective of differences between sex offenders from these two cultures. If so, these differences need to be addressed so that the needs of these offenders are being met within the correctional system, and the obligation to protect society is being duly honoured. Although there are separate programming options available for Aboriginal offenders at some institutions in Canada (e.g., Healing Lodges), for the most part the assessment and treatment practices do not incorporate elements specific to Aboriginal spirituality. The uniqueness of Aboriginal peoples is recognised in Correctional programming in other parts of the world (e.g., New Zealand; New Zealand Department of Corrections, 2001). For example, in New Zealand the assessment and treatment of Maori offenders include variables specific to the Maori culture, such as the influence of cultural identity on a person's treatment needs and the amount of cultural tension experienced in the treatment and the release environments. It is not unreasonable to expect that the Aboriginal populations in Canada would benefit from similar considerations.

In sum, although it is important, especially in the forensic setting, to be able to make quick decisions based on general patterns and rules, when these decisions have a direct influence on the safety of society it is essential that each offender is assessed on the basis of his or her case specifically. Thus, differential victim preference and relevant cultural differences need to be considered in the assessment and treatment of sexual offenders against children.

1.2 Areas of Investigation

It is commonly accepted that incest offenders (or intra-familial offenders) re-offend less often than do other sexual offenders, including extra-familial offenders (e.g., Motiuk & Brown, 1996; Quinsey et al., 1995). Following from this claim it would seem appropriate that extra-familial offenders receive more intensive, or perhaps altogether different treatment. Additionally, if they are at higher risk for re-offence and thus have different treatment needs, the assessments that they receive should reflect these differences.

The differences between Aboriginal and non-Aboriginal sex offender populations with respect to the assessment and treatment practices in Canada have not received adequate research attention and warrant further investigation. If assessment instruments are intended to isolate treatment needs and to predict future re-offence, it is proposed that to do so accurately, they must capture the factors that are unique to the Aboriginal sexual offender population.

In the current study, offenders' re-offence rates and the assessment and treatment components of the Saskatchewan Provincial correctional system were examined in relation to Aboriginal and non-Aboriginal intra- and extra-familial sexual offenders. As a preface to these topics, it is necessary to introduce the general strategies of offender management used by the Correctional Service of Canada, the guiding philosophy of the Correctional Service of Canada, and the risk factors associated with re-offending for these sub-populations of offenders. It should be noted that the focus of this study, and the literature reviewed in this paper, pertain specifically to adult, male offenders. Thus,

unless otherwise noted, ‘offenders’ refers to adult, male offenders and the pronoun ‘he’ is used intentionally.

1.3 Sexual Offenders

1.3.1 Management of Sexual Offenders

Incarcerated sexual offenders are housed either at provincial or at federal institutions. If an offender is sentenced to a term of two years (less a day) or less, he or she will most often be housed at a provincial facility. If the sentence is two years or more in duration, the offender will serve her or his time at a federal institution. These sentencing decisions are based on the nature and the severity of the crime(s) committed by offenders. The correctional system is set up so that offenders who have committed the more serious offences and who constitute higher risk of harm to society are incarcerated at federal facilities where security is more strict and programming is more intensive.

The average sentence length for all of the sex offenders admitted to federal custody in 1995 was four years and three months (Blanchette, 1996). Over 50% of the sexual offenders admitted to federal custody at this time were convicted of sexual assault (50.2%). More than 20% were serving sentences for mixed sexual offences (21.2%). Almost 15% of the offenders were convicted for paedophilic offences. A minority (8.4%) were admitted for incest offences, and the remainder (5.3%) had committed offences listed as “other”, such as exhibitionism (Motiuk & Belcourt, 1996).

The rationale for more intense programming is drawn from three related principles that offender management in the correctional system are based upon: the *risk principle*; the *need principle*; and the *responsivity principle* (Andrews & Bonta, 1998; Blanchette, 1996). Adhering to the risk principle involves reserving the high intensity programming

(e.g., longer duration of treatment and more therapy contact hours) for the high risk offenders. This practice is based on observations that higher risk offenders are more responsive to intense treatment than they are to less intense treatment, and lower risk offenders respond as well or better to minimal intervention (Andrews, Bonta, & Hoge, 1990; Blanchette, 1996).

Ensuring that the factors related to an offender's offence cycle (also known as *criminogenic needs*) are targeted in treatment is what is meant by the need principle. There are seven standard criminogenic need categories, including: Employment; Marital/Family; Associates/Personal Interaction; Substance Abuse; Community Functioning; Personal/Emotional Orientation; and Attitude. Concerns about, or deficits in, these areas are targeted in treatment because of their potential for change and their relationship with recidivism (Andrews & Bonta, 1998).

It is also necessary to align the methods of intervention with the learning styles and abilities of the offenders. This practice constitutes the responsivity principle. Adherence to these principles facilitates treatment gain and, thus, assists in meeting the goal of the CSC to reduce recidivism rates (Blanchette, 1996; Correctional Service of Canada, 1997).

1.3.2 Sex Offender Typologies and Aetiology

In an effort to formulate judicial decisions and to focus treatment efforts, sexual offenders are often classified into different categories on the basis of their victim preferences and motivational and risk factors. Some offenders present diverse victim preferences. Offenders whose primary offending patterns involve the sexual assault of adult females are referred to as rapists. Offenders who primarily target children whom they befriend solely for the purpose of engaging in a sexual relationship are referred to as

paedophiles or child molesters (APA, 2000). Those offenders who typically engage in sexual activity with children within their own families are referred to as intra-familial offenders (Bartol, 1995).

Child molesters, or more specifically, extra-familial offenders, have been classified according to their offence patterns and victim preferences (Knight & Prentky, 1990). There does not appear to be a parallel classification system for intra-familial offenders, which is an illustration of the lack of research emphasis on this subgroup of sexual offenders.

Four major child molester patterns have been identified: the Fixated type; the Regressed type; the Exploitative type; and the Aggressive or Sadistic type (Knight & Prentky 1990; Prentky, Knight, Rosenberg, & Lee, 1989). Fixated child molesters are those offenders who have had a long-standing sexual attraction to children. These offenders are considered to be socially immature and they prefer to have their social and sexual needs met by children. Offending behaviour is usually limited to fondling of victims who are known to them. The Regressed offender has a history of normative functioning but experiences a period of intense self-doubt and perceived masculine inadequacy that precedes acting out sexually against children. Regressed offenders tend to seek genital contact with children who are unknown to them and express remorse after the offence has been committed. For this reason, offenders of this type are deemed to be good candidates for treatment. Exploitative offenders view children as sexual objects and seek sexual gratification without concern for the well-being of the child. Their victims tend to be strangers who they have managed to manipulate away from familiar surroundings in order to gain sexual access to them. These offenders tend to have

extensive criminal and antisocial histories and they are described as moody, impulsive, irritable, and severely lacking in social skills. Their interpersonal relationships are characterised as turbulent and unpredictable. These characteristics are thought to be related to the reasons that these offenders choose children as victims. The Aggressive or Sadistic offender is drawn to children in order to satisfy both sexual and aggressive needs. Sadistic offenders tend to assault their victims savagely as a means of gaining sexual gratification and they are notoriously resistant to treatment.

Theories about the aetiology of intra-familial offending are less abundant than are those about extra-familial offending. It would seem reasonable that a firm knowledge base in aetiology would be necessary in order to devise effective treatment programmes for all of the subtypes of sexual offenders; however, theories only appear to be available for those who engage exclusively in paedophilic behaviour.

Finkelhor and Araji (1986) suggested that the four basic explanations for the sexual victimisation of children include Emotional Congruence theory, Sexual Arousal theory, Blockage theory, and Disinhibition theory. The goal of proponents of Emotional Congruence theory is to explain why offenders find relating sexually to a child emotionally gratifying. For these offenders there is congruence between the offender's needs and the child's characteristics. Most congruence theories are based on the premise that the offender is delayed in his psychological development and thus is more comfortable interacting with children. The focus of one congruence theory is on the offender's low self-esteem and perceived lack of efficacy which leads to feelings of power and control only being achieved in interactions with children (Bartol, 1995).

Therefore, it would follow that the focus of treatment would be on increasing the offenders' self-esteem and social skills.

A second group of theories (Sexual Arousal theories) is aimed at explaining why paedophiles experience sexual arousal in response to children. One proposition is that the offenders who engaged in sexual activity in their youths found it particularly stimulating and did not experience that level of arousal or excitement with any adult partner. Greater arousal to adult partners may not have been experienced because the activity was never engaged in (e.g., precluded by the offender's shyness), or because the offender did not find the activity as satisfying. The sexual attraction to children is proposed to have been reinforced through persistent masturbation to fantasies of children. For these offenders, sexual reconditioning would appear to be most the productive emphasis of treatment.

Another potential explanation is that offenders experience a blockage in normal sexual and emotional gratification through adult relationships. It is suggested that the offender's timid and socially awkward nature impedes him in the development of adult social and sexual relationships, and thus he turns to children to meet these needs. For example, an offender may claim that he abused his daughter as a result of the deterioration of his marriage. In this case, therapy focusing on adult relationship skills and general life counselling would seem most beneficial.

A variety of circumstances can lead an offender to becoming disinhibited and sexually victimising a child. The most notable of these include poor impulse control, alcohol and drug use, and the presence of significant stressors in the offender's life. However, neither the Disinhibition theory, nor the others outlined above, adequately explain the behaviour of those who sexually victimise children, but they all contribute to

the understanding of the multiplicity of causal factors - influences that encompass learned experiences, beliefs, motivations, and attitudes (Bartol, 1995).

Although it might seem reasonable that treatment should target the factors that are causally related to the deviant or abusive behaviour, aetiologic theory is not the basis that treatment providers use in the devising of treatment programmes. Sex offender programme directors do not seek to, nor do they claim to, cure sex offenders; rather they seek to teach offenders to control their impulses and manage their behaviour.

1.3.3 Aboriginal Sexual Offenders

Although concern is expressed within the Canadian correctional system about the cultural relevance of programming for sexual offenders (Williams, Vallée, & Staubi, 1997) Canadian case law and the literature on sex offenders is devoid of theoretical and empirical studies on this population (Nahanee, 1996). This is especially surprising given the proportion of Aboriginal offenders in the Canadian correctional system in relation to the Aboriginal population in Canada, as discussed previously. Currently, there are at least 573 recognised Native bands within Canada alone, all considerably diverse in terms of their histories, cultures, and means of maintaining order. Generally, however, there are some salient cultural differences between Aboriginal and non-Aboriginal peoples that impede the integration of Aboriginal needs into the Canadian criminal justice system. Consideration of these associations is necessary if there is to be a reduction in the over-representation of Aboriginal peoples in the criminal justice system.

Native individuals strive for the betterment of the group, whereas the Euro-Canadian individual often acts solely for personal benefit (Dumont, 1993). Aboriginal cultures are very spiritually, and often collectively based (Letourneau et al., 1991). Spirituality

involves the realisation of the connectedness of all things. The focus is on unity, harmony, and on balancing the spiritual, intellectual, emotional, and physical dimensions of a community of people. Brant (1990) outlined several principles that are specific to Aboriginal peoples and that serve to promote harmony within the community. These principles include: conflict suppression; non-interference; non-competitiveness; emotional restraint; sharing; the Aboriginal concept of time; attitude towards gratitude and approval; and the Aboriginal concept of teaching.

Given that there is very little known about Aboriginal sexual offenders, Nahanee (1996) conducted a study with the aim to formulate a descriptive profile of Aboriginal sexual offenders in the federal system. He found that Aboriginal sexual offenders almost always sexually assault Aboriginal females under the age of 18, and prefer victims younger than 14. They also tend to restrict their sexual offences to Aboriginal communities, with almost all offences being committed against family members. This information highlights some of the variables that are specific to Aboriginal offenders that are not addressed in mainstream corrections. For example, Aboriginal peoples' perceptions and definitions of family may be different from those of non-Aboriginal peoples. In addition, beliefs about the healing process are quite different from those of many non-Aboriginal peoples (Waldram, 1993). These differences may be relevant to the successful assessment and treatment of Aboriginal offenders.

Nahanee (1996) also found that most Aboriginal sex offenders abuse alcohol and a significant proportion abuse both alcohol and drugs. Nahanee (1996) argued for more emphasis on institutional and community programming for Aboriginal men who sexually abuse children, specifically Aboriginal intra-familial offenders and Aboriginal

paedophiles. He also stated that more research is necessary in order to develop a more complete profile of Aboriginal sex offenders and to develop culturally sensitive training programmes for professionals working with Aboriginal sex offenders.

1.4 Recidivism

Psychologists who work in forensic institutions are often confronted with the task of assessing, prior to release, the risk that offenders pose for re-offence. There are several researchers who have investigated the re-offence rates of sexual offenders (e.g., Furby, Weinrott, & Blackshaw, 1985; Furr, 1993; Hanson & Bussière, 1996; Hanson & Bussière, 1998; Hanson, Scott, & Steffy, 1995; Quinsey, Rice, & Harris, 1995). Knowing that an offender has a history of sexual offending is of some assistance with respect to this decision-making process. Based on one of the most recent and comprehensive meta-analytic examinations of differential sex offender recidivism rates completed on Canadian offenders, 13.4% of the general sex offender population have been found to re-offend sexually upon release to the community (Hanson & Bussière, 1996; 1998). The rates of violent re-offence are reported to be 12.2%. General recidivism rates, including sexual offences, violent non-sexual offences and property, or non-violent criminal offences are estimated to be 36.3%. Hanson and Bussière (1996, *p.* 12; 1998, *p.* 351) caution, however, that the average re-offence rates resulting from their meta-analysis should be interpreted with caution given that these figures are based on “diverse methods” and varying periods of follow up.

However, in order to refine the decision process it is necessary to have more information about the kind of sexual offence history that the offender has. Knowing whether or not his previous offences have consisted solely of sexual assault (rape)

offences against adult women, offences against children, non-contact sexual offences, or a combination of these offence and victim types is also very important, given that recidivism rates can be quite different for these subgroups (Hanson & Bussière, 1996; 1998). Of the sexual offenders who have histories of raping adult women, 18.9% have been found to re-offend sexually upon release. The rates of violent re-offence are 22.1%. General recidivism rates, including sexual offences, violent non-sexual offences, and non-violent criminal offences are estimated to be 46.2% (Hanson & Bussière, 1996; 1998). Some sexual offenders have histories of only non-contact or *hands-off* sexual offences. These types of offences often include voyeuristic behaviour and exhibitionistic acts. Non-contact sexual offenders have been found to re-offend sexually up to 40% of the time (Robinson, 1989).

Of those sexual offenders who have histories of offending against child victims, 12.7% have been reported to re-offend sexually. The rates of violent re-offence are 9.9%. General recidivism rates, including sexual offences, violent offences, and non-violent criminal offences are estimated to be 36.9% (Hanson & Bussière, 1996; 1998). Child molesters are a heterogeneous group. If the offender requiring the risk assessment has a history of offending against children, his perceived likelihood to re-offend is largely dependent upon the characteristics of his victim preference. An offence (or conviction) history that includes offences solely against family members, solely against extra-familial victims, or a combination of both familial and extra-familial victims yields different predictions of level of risk to re-offend.

1.4.1 Intra-familial Sexual Offender Recidivism

It is widely accepted that offenders who only victimise family members (i.e., incest or intra-familial offenders) have a very low likelihood of re-offending (Furr, 1993; Hanson, Steffy, & Gauthier, 1993; Studer, Clelland, Aylwin, Reddon, & Munro, 2000; Quinsey, 1986). Literature is lacking in this area due to the fact that the recidivism rate is considered to be so low compared to that of other sex offenders (Quinsey, 1986). Of those researchers who do include results on this group in the studies that they publish, intra-familial offenders' recidivism rates range from four to ten percent (e.g., Marshall & Anderson, 1996; McGrath, 1991; Quinsey, 1986).

Studer and her colleagues (2000) examined intra-familial offenders and found that incest re-offence rates were higher than indicated in the literature (22%); however, they only included biological and non-biological fathers as their "incest" group, thereby excluding offenders who were grandfathers, uncles, brothers and cousins. They also found that 58.7% of the incest group admitted to committing non-incestuous offences for which they were not caught. Of the fathers with biological victims, 53.3% admitted to having committed extra-familial offences. Of the fathers with non-biological victims, 62.2% admitted to extra-familial offences for which they were not caught. This illustrates the heterogeneous nature of victim preference and offence patterns in child molesters.

A second group of researchers (Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999) recently examined incest offenders but with two major differences in methodology. First, they included siblings as offenders or victims in their definition of incestuous offences. Second, they did not compare the rates of the incest offenders to

those of offenders who committed offences against extra-familial victims. They found that incest offenders had re-offended at the following rates: general recidivism: 26.7%; sexual recidivism: 6.4%; violent recidivism: 12.4%.

1.4.2 Extra-familial Sexual Offender Recidivism

Child molesters who only target children outside of the family are reported to re-offend much more often than do intra-familial offenders. Rice, Quinsey, and Harris (1991) found that 31% of extra-familial sex offenders committed new sexual offences, 43% committed violent or sexual offences, and the overall recidivism rate was 58%. Marshall and Barbaree (1990) reported that recidivism rates for untreated sexual offenders against non-familial girls or boys was 42%. It is also generally believed that child molesters who offend against boys re-offend more often than do those who offend against only girls (Hanson, Steffy, & Gauthier, 1993; Quinsey, 1986).

1.4.3 Aboriginal Sexual Offender Recidivism

With the exception of Nahanee's (1996) contribution to the literature, the recidivism rates of Aboriginal sexual offenders have not been researched. It is possible that there are factors that are unique to Aboriginal communities that would influence the recidivism rates of offenders. Different dynamics within the community may influence the likelihood of preventing offences and reporting them if they recur. These areas require further examination in the literature and in practice.

1.5 Current Assessment Practices

1.5.1 Best Practices

As previously noted, the assessment of sexual offenders ideally should differentiate between offenders who are at high risk and those who are at low risk to re-offend. Given

the differences in the documented risk levels for sub-groups of sexual offenders, these assessments should also distinguish between intra- and extra-familial offenders.

However, there does not appear to be a consistent, standardised assessment procedure utilised in Canada that is specific to sexual offenders. Researchers and treatment providers agree, however, on several fundamental guidelines surrounding the assessment of offenders (Canada Working Group, 1990, as cited in Blanchette, 1996). First, as mentioned previously, all assessments should be conducted with consideration of the principles of risk, need, and responsivity. Second, evaluative information should be gathered from multiple sources and modalities periodically throughout the offender's sentence. Third, the areas to be assessed include, but are not limited to, social history, criminal history, sexual history, sexual preference, values and attitudes, cognitive abilities, social skills, personality, behaviour, and potential for future violence (Canada Working Group, 1990, as cited in Blanchette, 1996).

Treatment should only be undertaken once the pre-programming evaluation of risk and needs is conducted so that those variables that are related to recidivism and are most amenable to intervention are identified. Information should be gathered during treatment to aid in the determination of whether or not treatment has influenced the dynamic factors that are related to the offender's offence cycle (Blanchette, 1996). Post-treatment assessments are integral in the identification of areas that need to be monitored during follow-up (Canada Working Group, 1990, as cited in Blanchette, 1996).

The key objective of the assessment and classification of offenders is to tailor intervention planning and supervision decisions to the characteristics of the offender. This approach reflects the principles of risk, need, and responsivity (Andrews & Bonta,

1998; Andrews, Bonta, & Hoge, 1990). The Correctional Service of Canada is mandated to implement and maintain effective treatment programmes for sexual offenders so as to facilitate the safe reintegration of offenders into society (Correctional Service of Canada, 1997). CSC professional staff are responsible for making several decisions on the basis of information that is available about offenders at intake. These decisions include sentencing, risk for violence while in the institution and upon release, treatment recommendations so as to reduce the likelihood of re-offending, and the level of supervision required once in the community. In order to facilitate informed decisions it is essential that offenders receive an in-depth and pertinent assessment upon entrance into the correctional system.

Ideally, several methods should be used to gather assessment information, including psychological and physiological testing, file reviews, behavioural observations, clinical interviews, and collateral information (Leis, Motiuk, & Ogloff, 1995). Psychological tests often provide information regarding the offender's mental ability and neuropsychological functioning, personality, and values and attitudes (Blanchette, 1996). This information is often useful for screening out offenders who are not likely to benefit from treatment due to a low level of intellectual functioning, acute psychosis, or complete denial of their offences (Correctional Service Canada, 1995). Personality tests and inventories such as the Minnesota Multiphasic Personality Inventory (MMPI; Dahlstrom & Welsh, 1960) provide important information regarding sexual offenders' response sets and in particular, help determine whether or not the offender is attempting to portray himself in a falsely positive manner (Blanchette, 1996). In addition, sub-scale scores provide information about psychological disturbances such as mood or anxiety disorder,

cognitive distortions, impulsivity, sexual identity conflicts, and antisocial personality (McGovern, 1991).

Physiological assessment techniques such as phallometric evaluations provide specific and important information regarding offenders' deviant sexual arousal and preferences. The modification of inappropriate sexual preferences is central to many treatment programmes for sexual offenders (Correctional Service of Canada, 1995). Standardised stimuli such as audiotapes or slides depicting sexual interactions are used in the physiological assessment of sexual arousal. These media help to determine offenders' age and sex preferences for their victims, as well as their level of interest in sexual violence relative to that of consensual sexual activities (Blanchette, 1996). The technique usually involves the measurement of penile tumescence (or vaginal engorgement in female sex offenders) in response to the sexual stimuli. The most frequently used method is penile plethysmography (Abel, Lawry, Karlstrom, Osborn, & Gillespie, 1994). It is well-documented that physiological evaluation differentiates paedophiles from non-paedophiles (Abel et al., 1994). Phallometry has also proven to be useful in risk prediction given that sex offenders who present as more deviant in terms of sexual arousal are more likely to re-offend sexually upon release (Quinsey, Rice, & Harris, 1995). Thus, this method of assessment provides information about the offender's level of risk to re-offend, and the corresponding treatment that offenders should receive while under the supervision of Corrections.

Institutional files are rich sources of assessment information and they often include, but are not limited to, police reports, court transcripts, victim impact statements, pre-sentence and pre-disposition reports, psychological and psychiatric reports, and case

management documentation. The information gathered from institutional files is especially important because it often serves to confirm or negate information from other sources. It is useful to complete the file review prior to interviewing an offender so that hypotheses can be generated and then investigated during the clinical interview.

The clinical interview with the offender generally provides information about the offender's level of acceptance of responsibility for the offence, his level of empathy for the victim, and his willingness to engage in treatment (Blanchette, 1996). The interview often includes, but again is not limited to, the offender's social and criminal history, sexual development, psychological characteristics, sexual arousal patterns, and the factors that should be targeted in treatment (McGovern, 1991).

Finally, information should be gathered from external sources such as a spouse or partner, family members, criminal justice personnel, mental health professionals, and victims as a means of corroborating the information provided by the offender (Blanchette, 1996).

1.5.2 Intra-familial and Extra-familial Sexual Offender Assessment

Sexual offenders are heterogeneous in nature and, as such, require diversity of assessment and treatment practices so as to meet their varied needs (Blanchette, 1996). They often have different personal backgrounds, different criminal histories, different offence cycles, different preferences with respect to victim age and sex, different factors that perpetuate their deviant behaviour, and they differ in their preferred means of carrying out their offences (Gordon & Porporino, 1990). Different sexual offenders present different levels of risk to re-offend (Gordon & Porporino, 1990) and respond differently to treatment (Marques, Day, Nelson, & West, 1994). It would seem

reasonable to expect that these differences would be directly related to the assessment and treatment of offenders, but in fact there is very little information in the literature about the differences between these offenders. However, intra-familial sexual offenders are often married and lead functional lives apart from their offending behaviours (Howitt, 1995). They do not tend to have extensive or diverse criminal histories and their offences are typically precipitated by times of stress and disinhibition (e.g., as through alcohol use). Offenders who tend to target children within their families are viewed as less sexually deviant than their extra-familial offender counterparts and are believed to use less force and violence when carrying out their offences (Marshall, 1997). On the basis of reported recidivism rates, intra-familial offenders are believed to be at lower levels of risk to re-offend once treated than are other sexual offenders (Furr, 1993; Hanson, Steffy, & Gauthier, 1993; Studer, Clelland, Aylwin, Reddon, & Munro, 2000; Quinsey, 1986). For this reason, they are thought to respond well to treatment.

Extra-familial sexual offenders tend to be less socially functional than intra-familial offenders and, if they are in a committed relationship, it is often believed to be for the purpose of accessing a child for sexual victimisation. They tend to have more extensive and diverse criminal histories and their offences are more often the result of deviant sexual preferences than of situational factors such as stress. Extra-familial offenders appear to use more force, manipulation and coercion when carrying out their offences. They are believed to constitute a higher level of risk for recidivism than intra-familial offenders (Bartol, 1995).

Given the above-noted risk and need differences between these two types of offenders, it is appropriate and necessary to distinguish between these offender types at

the assessment stage. It appears, on the basis of the literature available, however, that these distinctions are not fully taken into consideration at the assessment stage or with respect to treatment planning. Finally, there appears to be no information available regarding differential assessment practices for Aboriginal offenders, let alone different assessment practices for subtypes of Aboriginal sexual offenders.

1.6 *Current Treatment Practices*

In order to facilitate an understanding of the optimal (and potentially different) treatment foci for intra- and extra-familial sexual offenders, it is necessary to outline all of the treatment components typically available to sexual offenders in general. Cognitive-behavioural therapy with a Relapse Prevention (RP) component is currently the most prevalent treatment approach used with sex offenders in North America (Blanchette, 1996; Freeman-Longo & Knopp, 1992; Marshall & Barbaree, 1990). The Correctional Service of Canada requires that all agencies mandated with the implementation, management, monitoring, and/or maintenance of the delivery and integrity of sex offender treatment to offenders follow the guidelines outlined in the *Standards for the Provision of Assessment and Treatment Services to Sex Offenders* (Correctional Service of Canada, 2000). According to these *Standards*, treatment must be cognitive-behavioural in orientation. Although many programmes differ slightly in content, focus, sequence, and target population, the cognitive-behavioural components described here are illustrative of the comprehensive cognitive-behavioural treatment of sexual offenders (Barbaree & Marshall, 1998).

The empirically-guided approach to the treatment of sex offenders is based upon the principles of classical conditioning, operant learning, social learning, and cognitive

theories (Marshall, 1996). The major treatment targets typically include: deviant sexual behaviours and interests; a broad range of social skills deficits; and attitudes and cognitive distortions regarding the offensive behaviour (Marshall, 1996; Marshall & Barbaree, 1990). Accordingly, the goals of cognitive behavioural treatment include: altering deviant patterns of sexual interest, arousal, and behaviour; cognitive restructuring to alter cognitions that elicit or maintain offending behaviour; and the improving of social adjustment by ameliorating skill deficits (Blanchette, 1996; Marshall, 1996). The fundamental objective of treatment is to reduce sexual recidivism (Blanchette, 1996; Correctional Service of Canada, 2000).

1.6.1 Standard Treatment Components

1.6.1.1 Cognitive Distortions

Cognitive distortions are a key target in sex offender treatment programmes. Child molesters, for example, may hold mistaken beliefs about childhood sexuality and the effect of sexual activity between a child and an adult (Barbaree & Marshall, 1998). Cognitive restructuring is based on the theoretical assumption that many maladaptive emotional reactions and behaviours are mediated and maintained by an individual's attitudes, expectations, and assumptions about the world (Beck, 1995). In treatment, the individual's interpretations of situations are examined and evidence that either supports or refutes beliefs and assumptions is discussed. The ultimate goal is to teach the offender to challenge his deviant cognitions, and replace them with non-deviant thoughts. Treatment is typically delivered in a group format, and is often augmented with individual sessions. The group members serve to challenge each other's thoughts and behaviours and, thus, minimise the perpetuation of cognitive distortions.

1.6.1.2 Social/Relationship Skills Deficits

Many sexual offenders present with deficits in several areas related to interpersonal functioning. Modelling and rehearsal are used in cognitive-behavioural treatment (CBT) programmes to teach offenders how to communicate effectively (e.g., assertiveness training), how to communicate empathy, and how to develop and maintain appropriate relationships. Empathy is often established through group role play, the writing of hypothetical letters of clarification and apology to the victim(s), having the offender read victim impact statements in the therapy group, and, after the victim has consented to such, viewing videotaped interviews with victims about their experiences (Maletzky, 1991; Marshall, 1996).

1.6.1.3 Sexual Deviance

According to Blanchette (1996) some sexual offenders demonstrate arousal to inappropriate behaviours (e.g., rape) or partners (e.g., children). Sex offender programme therapists aim to reduce offenders' deviant sexual preferences while maintaining or increasing arousal to appropriate stimuli through several techniques including: covert sensitisation; aversion therapy; and masturbatory reconditioning.

Covert sensitisation involves the offender pairing the events or behaviours that lead to his sexual offending with perceived negative consequences such as being apprehended and being incarcerated. The intention is that the offender will learn to associate precursors to offending with negative consequences through this repetitive imagery (Blanchette, 1996).

In aversion therapy, the principles of classical conditioning are utilised to reduce deviant arousal by pairing this arousal with an unpleasant stimulus, such as a foul odour.

Often these aversion techniques are followed by the presentation of a slide of an appropriate object of arousal (e.g., for paedophiles, a slide of a naked adult woman) without the aversive stimulus (Blanchette, 1996).

Masturbatory reconditioning techniques involve the offender creating an appropriate sexual fantasy, masturbating to ejaculation, and during the refractory period, engaging in his deviant fantasies and masturbating for a predetermined period of time. The purpose of this exercise is for the offender to associate his deviant fantasies with unsatisfying sexual activity (Blanchette, 1996).

1.6.1.4 Offence Cycle/Relapse Prevention

Treatment programmes are constructed based on the principle that each offender has a cycle of thoughts, emotions, and behaviours that precipitates his offending behaviour. The cycle is referred to as an offence cycle or behavioural chain (Barbaree & Marshall, 1998). This cycle is examined with respect to high-risk situations and offence patterns in the RP component of treatment. The goal of treatment and RP techniques is to help clients to refrain from patterns of thinking, feeling and behaviour that put them at an increased risk to offend sexually. The goal of RP in particular is to maintain changes (and skills) that are brought about in treatment (Barbaree & Marshall, 1998; Blanchette, 1996).

1.6.1.5 Therapeutic Alliance

An important element in the provision of effective treatment to any population, and particularly to sexual offenders, is the development of a strong therapeutic relationship (Marshall & Eccles, 1991). By building a relationship through empathy, trust, honesty, genuineness, and supportive confrontation, the therapist is more likely to gain access to

the offender's cognitions, emotions, and worldview, as they have contributed to his sexual offending. According to Marshall and Eccles (1991) neither disclosure nor commitment to treatment is likely to occur without some degree of therapeutic alliance.

1.6.1.6 Treatment Intensity

Programme placement is based on the offender's risk to re-offend, his treatment needs, his motivation to participate in sex offender treatment, and the availability of programmes to meet the identified needs. Sex offender treatment is offered at a variety of intensity levels based on the different levels of offender risk, need, and responsivity as a means of ensuring that offenders participate in the duration and intensity of treatment that will minimise their levels of risk to re-offend. The determination of the appropriate level of treatment intensity is ideally based on the actuarial assessment of static and dynamic risk factors, treatment needs related to offending, and a clinical assessment of factors specific to the individual which may also be amenable to treatment. These factors might include level of functioning, mental illness, psychological functioning, and developmental and sexual history.

High intensity programmes are recommended for offenders who are assessed as presenting a high risk to re-offend and/or high needs in terms of treatment. This determination is based on an assessment of the known risk factors for sexual offending. These programmes are usually delivered in a specialised unit, but may also be offered in community settings (e.g., through Provincial hospitals) for those sex offenders in the community whose recidivism risk and treatment needs are high. Programme modules are presented daily over the course of six to eight months, with a minimum of 15 contact hours of therapy per week. High intensity programmes provide the full range of modules

specified in the *National Sex Offender Treatment Manual* (Correctional Service of Canada, 2000b) as well as additional specialised services as needed.

Moderate intensity programmes are recommended for offenders assessed as moderate risk to re-offend, with need levels that are moderate or high. Moderate intensity programmes may be delivered in institutions of varying security levels, but will ordinarily be implemented in medium and minimum security institutions, and in the community. Programme delivery should span four to five months, with a minimum of ten contact hours of therapy per week.

Low intensity programmes are provided for low risk offenders whose needs may range from low to moderate, and are offered to meet the needs of sex offenders whose risk is manageable in the community. These programmes are usually offered in minimum security institutions and in the community. Programme delivery should be from two to four months in duration, with a minimum of two contact hours of therapy per week. These programmes usually cover Victim Awareness and Empathy, as well as Relapse Prevention.

Maintenance programmes are typically made available to all treated sex offenders in facilities that house sex offenders and to all treated sex offenders who are on conditional release. Maintenance programmes may be delivered individually or in a group format at a minimum rate of one contact hour per month, but will ordinarily be two contact hours bi-weekly. These programmes are focused on relapse prevention issues and serve to reinforce the gains made in previous programmes.

1.6.1.7 Treatment Efficacy

A comprehensive review of the literature on treatment efficacy is beyond the scope of this thesis. The efficacy of sex offender treatment is an important and sophisticated topic that deserves the devotion of an entire paper; however, the general direction of this research does warrant mention here. Currently, the research community is divided on the issue of how effective sex offender treatment programmes are. Several authors have asserted that cognitive-behavioural sex offender treatment programmes are effective in reducing sexual offence recidivism (e.g., Freeman-Longo & Knopp, 1992; Hall, 1995; Hanson & Bussière, 1998; Marshall, 1993; Marshall & Pithers, 1994; Marshall et al., 1991; Marques et al., 1994; Nicholaichuk et al., 1995; Polizzi, MacKenzie, & Hickman, 1999). Other researchers have stated that there has been little controlled research on the efficacy of treatment programmes and that, as a result, the effectiveness of cognitive-behavioural treatment for sexual offenders has yet to be demonstrated (e.g., Blanchette, 1996; Furby, Weinrott & Blackshaw, 1989; Maletzky, 1991; Quinsey, Harris, Rice, & Lalumière, 1993). An additional concern expressed by many researchers is that the literature is replete with methodological problems which interfere with the determination of treatment efficacy. There appears to be insufficient information available at this time to provide a conclusive and universally accepted statement on this issue.

1.6.2 Intra-familial and Extra-familial Sexual Offender Treatment

The programme components previously described represent the full range of treatment targets for the highest intensity of treatment. Offenders receiving low intensity treatment are usually only offered treatment in the areas of Empathy, Social and Relationship Skills, and Relapse Prevention (Correctional Service of Canada, 2000b).

Given the potential for different risk factors for intra- versus extra-familial offenders, and for Aboriginal and non-Aboriginal offenders, it is possible that standard low intensity treatment is not sufficient to address the unique needs of these specific groups. If sexual offenders against non-related children do indeed constitute a higher risk to re-offend than do those who offend against family members, extra-familial offenders may require treatment at a higher level of intensity than intra-familial offenders.

Eighty percent of sexual offenders in Canada who receive a sentence as a result of a sexual offence do so at the provincial level (Statistics Canada, 1998). This means that they serve sentences not exceeding a term of incarceration of two years less a day. These sentencing and treatment decisions are made on the basis of the severity of the crime committed and the perception that the offender presents a low level of risk and low treatment needs. Thus, the majority of treated sexual offenders have received a low intensity level of intervention (Correctional Service of Canada, 2000b).

1.6.3 Aboriginal Sexual Offender Treatment

The treatment of Aboriginal offenders is not an easy task for non-Aboriginal correctional staff. Professional staff who assess Aboriginal offenders often report that they perceive these offenders as passive, reserved, and difficult to assess (Brant, 1990). These noted behaviours that clearly influence the assessment of Aboriginal offenders are quite likely the result of the principles of non-interference and emotional restraint (Brant, 1990). This failure to recognise and integrate the influence of cultural heritage on behaviour in the clinical context may result in diagnostic errors and ineffectual treatment planning (Brant, 1993).

Given the potential link between the Aboriginal people and their cultures, treatment services must incorporate consideration for both culture and beliefs. Aboriginal people clearly have specific needs in forensic institutions and these factors must be investigated if the over-representation of offenders is to be addressed (Williams, Vallée, & Staubi, 1997).

1.6.3.1 Aboriginal Justice

The nature of the adversarial justice system is contradictory to the historical process by which disputes and disturbances in Aboriginal communities are resolved. Aboriginal 'peacemaking' or dispute resolution is inherently spiritual. Intervention by anyone outside of the family has historically been deemed unnecessary. It is possible that, due to the social order inherent in the culture, the severe offences that are committed today were not present in the history of Native peoples. Now that the cultural influence has been weakened, these offences occur and the traditional means of dealing with such breaches of order are either non-existent or ineffective (Ekstedt & Griffiths, 1984; Monture-Angus, 1995).

The peacemaking process tends to be viewed as a guiding process, a relationship-healing journey between the offender and the victim to assist people in returning to harmony. The Aboriginal community brings about peacemaking through positive feelings as opposed to through fear. In contrast, the fear-invoking deterrent of punishment is the operational mechanism within the Canadian justice system. The Aboriginal peacemaking process is very family- and community-focused. This is entirely opposite to the adversarial system where objectivity and neutrality are viewed as

fundamental to the justice process. The Canadian criminal justice system and the Native conception of justice rest on contradictory values.

Currently, the general move towards urbanisation appears to be contributing to the loss of Native cultural roots and awareness. It is also possible that this urbanisation has contributed to Native-specific social problems that are believed to be linked to the high numbers of Aboriginal peoples incarcerated in the Canadian correctional system (Ekstedt & Griffiths, 1984; Giokas, 1993).

Steps have been taken within the Canadian criminal justice system in an attempt to accommodate the needs of Aboriginal peoples (e.g., Status Indian, Inuit, Metis). Examples include the hiring of Native parole officers, having Elders work in conjunction with Native inmates within the correctional setting, and providing cultural awareness courses for inmates within the system (Buller, 1994; Hodgson, 1995). Conversely, of course, professionals must be mindful that some offenders may not wish to receive treatment from a Native perspective. Therefore, it is imperative to ascertain with which culture the offender most strongly identifies (Ellerby, 1994).

1.6.4 Sex Offender Treatment in Saskatchewan

The following information about the sex offender programming offered to offenders under community supervision in Saskatchewan was obtained through interviewing Ms. C. Ground, a Probation Officer with Saskatchewan Justice (personal communication, May 14, 2002). Saskatchewan Community Corrections offices offer two types of programmes to convicted sexual offenders: sex offender education group programming and sex offender group treatment. The group treatment is available to offenders after they have completed the educational group. The educational group includes basic educational

seminars on the following: social skills; risk factors associated with sexual offending; an examination of thoughts, feelings and behaviours that lead to sexual offending; and instruction on problem-solving skills. The treatment group is modelled after the low intensity National Sex Offender Treatment Program and includes the following components: empathy; cognitive distortions; feelings and language; offence cycle; and relapse prevention. The treatment group is an open-group format, meaning that new participants can enter the group at any time. The duration of the group varies for each offender and tends to extend for as long as the offender demonstrates need for treatment and/or chooses to continue attending. Finally, maintenance groups are offered to men who have been convicted of a sexual offence, have completed the education and treatment groups during the course of their sentences, and wish to, or are court-ordered to, continue with treatment during their probation orders, or while on community supervision. These groups typically involve the continued development of relapse prevention plans, or the revision of those plans that were developed during treatment. Treatment for offenders within the correctional facilities tends to be limited to the sex offender educational programming (P. O'Byrne, personal communication, April 26, 2002). Once the offender is eligible for supervised release to the community he can access the treatment programmes, provided he has completed the sex offender educational programme.

1.7 The Current Study

The aim with this project was to investigate intra- and extra-familial Aboriginal and non-Aboriginal offenders in three core areas. First, it is commonly accepted that intra-familial sex offenders re-offend less often than do extra-familial sex offenders. Given

this belief, it would seem reasonable that if extra-familial offenders constitute higher risk, they should be receiving more intensive, or at least different treatment. In addition, if they are higher risk they have different treatment needs, and the assessments that they receive at intake should be reflective of this. Whether or not there indeed were differences between intra- and extra-familial offenders with respect to general, violent, and sexual recidivism rates, and assessment and treatment protocols was examined.

Second, the current study involved a comparison of the recidivism rates and the assessment and treatment practices for Aboriginal and non-Aboriginal sex offender populations in Saskatchewan. The over-representation of Aboriginal peoples in the Canadian criminal justice system suggests that there are differences between these two cultures in these sub-populations of offenders. Authors from other countries support differential assessment and treatment practices for Aboriginal and non-Aboriginal offenders (e.g., New Zealand). In Canada, however, although there are some separate programming options available for Aboriginal offenders at some institutions (e.g., Healing Lodges), generally the assessment and treatment practices are comparable to those available to non-Aboriginal offenders. If the assessment battery that is intended to identify treatment needs and to predict future re-offence does not capture factors that are unique to the Aboriginal sexual offender population, it would be useful to determine this so that potential revisions of the instruments can be completed in the future if necessary.

On the basis of previous literature it would be expected that extra-familial offenders would re-offend at higher rates than would intra-familial offenders. However, based on the recent results of Studer et al. (2000), it was expected that these rates may not be significantly different. Given the phenomenal over-representation of Aboriginal peoples

in the criminal justice system it might be expected that Aboriginal offenders would re-offend more often than would non-Aboriginal offenders. However, higher recidivism rates were not expected. Aboriginal offenders may constitute a disproportionate number of offenders in custody in Saskatchewan; however, they are not necessarily more often recidivists. Thus, there was no directional hypothesis for the comparative recidivism rates for Aboriginal and non-Aboriginal offenders. Based on knowledge of the Canadian correctional system, it was expected that the assessment and treatment practices would be the same for intra- and extra-familial offenders and for Aboriginal and non-Aboriginal offenders.

2. METHOD

In order to investigate the research questions outlined above, demographic, assessment, treatment, and recidivism information for adult male offenders in Saskatchewan was collected, with permission from the Corrections Division of Saskatchewan Justice, from offenders' computerised and hard copy institutional and probation files.

2.1 Sample

This offender sample was developed by compiling the computerised records for all new admissions to the Saskatchewan Correctional system for the fiscal years of 1999 and 2000 (April 1st 1999 to March 31st 2000, and April 1st 2000 to March 31st 2001) from the offender research database at the Corrections Division of Saskatchewan Justice. These offenders were sorted by offence type using the Most Serious Offence (MSO) descriptors documented in the database. This means of sorting the offender admissions resulted in a sample of 1,394 admissions whose most serious offence was of a sexual nature. This sample consisted of 751 admissions, from a total of 12,084 in 1999, and 643 admissions, from a total of 12,690 in the 2000 fiscal year. It is of note that these 1,394 admissions likely under-represent the full census of sex offenders admitted in Saskatchewan in 1999/2000 given that it is possible that some sex offenders may have had more serious charges in addition to their sexual offences (e.g., murder charges for a sexually motivated violent offence). However, it is the belief of Corrections' officials that less than one percent of sex offenders receive convictions for more serious (and non-sexual) offences at the same time as for their sexual offence (P. O'Byrne, personal communication, April 26, 2002).

When the remanded offenders from the sample of 1,394 admissions were filtered out (because they had not officially been convicted for a sexual offence) there was a sample of 243 admissions remaining. These 243 admissions represented 223 individuals. Twenty of the 243 admissions represented offenders who had entered the criminal justice system, exited the system, and entered the system again. Thus, one individual counted as more than one admission during that time period. Of the 223 offenders, 123 were excluded from the sample either because they had an adult victim or they had been sentenced to a federal term making their assessment, treatment, and recidivism information unavailable. Two offenders were later omitted from the sample because their index offences were committed against both a biological or step relative, and an extra-familial child victim. These offenders were originally classified as mixed offenders; however, given that there were only two individuals in this category and, thus, no statistics could be run on this portion of the sample, they had to be dropped from the study.

The final sample was comprised of 98 adult, male offenders who had been convicted of at least one sexual offence against a child victim. These offenders were either admitted to a correctional facility or commenced community supervision in Regina, Saskatchewan or Saskatoon, Saskatchewan between April 1, 1999 and March 31, 2001, inclusive. Fifty-five offenders were serving a term of provincial incarceration. Forty-three offenders were sentenced to community supervision alone. The average sentence length for the offenders who were incarcerated was 12.11 months ($SD = 5.86$). Of the offenders who received community sentences alone, the average length of supervision was 12.0 months ($SD = 8.59$).

Offenders were classified as intra-familial offenders or extra-familial offenders on the basis of the documented relationship between the offender and the child victim. Extra-familial offenders were those offenders who were not related to their victims in either a biological or a step relative capacity. Intra-familial was conceptualised in two ways: offenders who were biological relatives of their victims (biological intra-familial group); and offenders who were step relatives of their victims (step intra-familial group). These two groups were examined individually; they were also examined together, as one collective intra-familial sample. For the comparisons made between intra-familial and extra-familial offender groups, both the biological and step intra-familial offenders were collapsed into one *general* intra-familial group as a means of offsetting the statistical concerns that result from low group membership numbers. There were: 19 biological intra-familial offenders; 27 step intra-familial offenders (46 intra-familial offenders in total); and 52 extra-familial offenders.

Offenders were further classified as *Aboriginal* or *non-Aboriginal* on the basis of file information about race. The Aboriginal offender group was comprised of First Nations peoples, including “Treaty on” and “Treaty off” (status and non-status) Aboriginal peoples, and people of Metis heritage. There were 46 Aboriginal offenders, ten of whom were of Metis heritage. Forty-seven offenders were classified by Corrections as *non-Aboriginal*. There was no information available about the race or ethnic background of those offenders who were not of Aboriginal descent. The remaining five offenders did not declare a race and thus were omitted from analyses that involved an examination of race.

2.2 Measures

There are several assessment instruments that are specifically designed to assess the risk for re-offence for sexual offenders. The *Static-99* (Hanson & Thornton, 2000; see Appendix C) and the *Sex Offender Needs Assessment Rating* (SONAR; Hanson & Harris, 2000; see Appendix D) are currently being adopted by the Correctional Service of Canada and Provincial Corrections in Saskatchewan to assess sexual offenders. The SONAR is currently being extensively evaluated by the Ministry of the Solicitor General (Hanson & Harris, 2000). Further information about the SONAR is available in Appendix D. The *Static-99* has demonstrated predictive validity with forensic populations and the SONAR has demonstrated internal consistency and appears to be a valid measure of change and treatment gain. In the recent past, however, two other assessment measures have predominantly been used by Saskatchewan Corrections to assess offenders: the Primary Risk Assessment (PRA) and the Secondary Risk Assessment (SRA).

2.2.1 The Primary Risk Assessment

In 1996 Saskatchewan Corrections implemented the use of the *Offender Risk Assessment and Management System* (ORAMS; ORAMS Manual, 1997). Saskatchewan Corrections adapted this assessment protocol from the *Wisconsin Classification System* (Baird, Heinz & Bemus, 1979) and it was used extensively by Saskatchewan Corrections until 2002 when it was largely abandoned due to the publication of instruments such as the *Static-99* (Hanson & Thornton, 1999). One component of the ORAMS is the *Primary Risk Assessment* measure (PRA), a 15-item checklist that was administered to all offenders upon intake to the provincial correctional system in Saskatchewan. This assessment is conducted for the following reasons: (a) to investigate the offender's risk

to re-offend in any type of offence; (b) to investigate any problem areas for the offender that may contribute to offending behaviour; (c) to assist in the matching of degree and type of supervision and/or interventions appropriate for the offender's level of risk; (d) to assess the appropriateness of community work placements, temporary releases, and early release from the institution; and, (e) to ensure service delivery to those offenders who pose the highest risk to the community.

Researchers have shown that the *PRA* has acceptable accuracy for predicting offenders' potential for failure on community supervision, conviction for a new offence, and re-incarceration of any kind (O'Byrne, 2001; Solicitor General, 1998). The predictive utility of this measure has been assessed with a Saskatchewan offender population. O'Byrne (2001) conducted a study involving 2,376 Saskatchewan offenders and found that the *PRA* correlated positively with recidivism for the entire sample ($r = .42, p < .01$), for the probation sub-sample ($r = .42, p < .01$), for the incarcerated sub-sample ($r = .33, p < .01$), and for the Aboriginal offenders within the sample ($r = .33, p < .01$).

PRA items assess the following areas: age and gender; offence history; transient life style (address changes, employment stability, financial stability, and marital and family relationships); substance abuse; criminal attitude (acceptance of responsibility for offence, criminal associates); and mental and emotional level of functioning (including mental ability, emotional stability, and academic and vocational skills). Risk scores range from 0 to 22 with 5 and lower indicating *low risk*, 6 to 11 indicating *medium risk*, and scores of 12 and higher indicating *high risk*. A copy of the *PRA* is included in Appendix E.

2.2.2 *The Secondary Risk Assessment*

A second component of the *ORAMS* (*ORAMS* Manual, 1997) is the *Secondary Risk Assessment for Sexual Offenders* measure (*SRA*). The *SRA* is a 12-item checklist that was administered to all offenders convicted of a sexual offence or who had a history of sexual offending upon intake into the provincial correctional system in Saskatchewan. This assessment had been conducted for the following reasons: (a) to investigate the offender's risk to re-offend sexually; (b) to investigate any problem areas for the offender that may contribute to sexual offending; (c) to assist in the matching of degree and type of supervision and program services for sexual offender treatment; and, (d) to assess the offender's suitability for community work placements, temporary releases, and early release from the institution.

SRA items assess the following static areas: extent and diversity of sexual offence history and preferences; onset of sexual offending; relationship to, and sex of victim(s); and marital status. *SRA* items tap the following dynamic areas: attitude towards sexual offending; victim empathy; motivation for treatment; and knowledge of offence cycle and relapse prevention (RP) skills. Risk scores range from 0 to 34 with 6 and lower indicating *low risk*, 7 to 14 indicating *medium risk*, and scores of 15 and higher indicating *high risk*. A copy of the *SRA* is included in Appendix F.

There is minimal research on the effectiveness of the *SRA* in predicting future sexual offending (O'Byrne, 2000). Although this measure is viewed as being theoretically valid, no empirical validity has been established and the reliability of the *SRA* has not been examined (Hanson, 2002; O'Byrne, 2000). Hanson (2002), in the only study that has been conducted to investigate the predictive validity of the *SRA*, reviewed a sample of

204 Manitoba probation admissions and found that the *SRA* was not predictive of sexual recidivism. The only item that was related to sexual re-offence was “early onset”, viz., the onset of sexual offending before the age of 20. Total scores were, however, predictive of violent recidivism ($r = .18$) and general recidivism ($r = .20$).

2.2.3 *The Static-99*

The *Static-99* is an actuarial risk assessment instrument comprised of a combination and expansion of two other measures. The first is the *Rapid Risk Assessment for Sexual Offence Recidivism* scale (*RRASOR*; Hanson, 1997) which is based solely on actuarial information. The *RRASOR* includes four variables that are useful for specifically predicting sexual recidivism: sexual offence history; age at time of release, or at time of risk assessment; victim sex; and relationship of the victim to the offender.

The second measure that comprises the *Static-99* is Thornton’s *Structured Anchored Clinical Judgement Scale* (*SACJ-Min*; Grubin, 1998). Hanson and Thornton (2000) expanded on the variables outlined in the *RRASOR* and combined this instrument with the following variables drawn from the *SACJ-Min*: prior number of sentencing dates; any convictions for non-contact sexual offences; non-sexual violent offence as part of the index offence; prior non-sexual violence; offender never married or involved (single) at the time of assessment. This new scale, the *Static-99*, includes, in sum, the following variables: prior sexual offences; prior number of sentencing dates; any convictions for non-contact sexual offences; non-sexual violent offence as part of the index offence; prior non-sexual violence; any unrelated victims; any stranger victims; any male victims; offender is young at the time of the risk assessment; and the offender has never been

married or involved at the time of assessment. A copy of the *Static-99* coding document and the scoring instructions are included in Appendix C.

Researchers have demonstrated that the *Static-99* scale has a predictive relationship with sexual recidivism. The *SACJ-Min* contains items that relate to sexual deviance, while also placing weight on criminal history of a non-sexual nature. The *RRASOR*, in contrast, almost exclusively targets sexual deviance factors. The developers of the *Static-99* examined whether or not a combination of these two scales would improve upon the predictive accuracy of either of the original scales. Hanson (1997) has shown that the *RRASOR* is predictive of sexual recidivism ($r = .27$). The average area under the Receiver Operator Characteristic (*ROC*) curve was .71. This number reflects a high degree of predictive accuracy. Thornton (1999) found that the *SACJ-Min* correlated with sexual recidivism ($r = .34$; *ROC area* = .69). Hanson and Thornton (1999) found that the combination of the *RRASOR* and the *SACJ-Min* into one scale better predicted sexual recidivism ($r = .33$; *ROC area* = .71) and any violent, including sexual, recidivism ($r = .32$; *ROC area* = .69) than did either instrument on its own. Whether or not the *Static-99* has yet been separately validated on intra- and extra-familial offenders and on Aboriginal offenders is unclear.

2.3 Procedure

Information about the offender samples was gathered from offender files and the Corrections Management Information Systems (CMIS) database following the receipt of ethical approval from the University of Regina, and from Saskatchewan Justice, Corrections Division. Offender demographic information, information about their current offences, their current sentences, their offence histories, the assessments that were

completed, the treatment that they received, and any subsequent contact with the criminal justice system was collected from the offenders' institutional and probation records.

Analyses related to the assessment, treatment, and recidivism rates were compared between intra- and extra-familial offenders, and between all of the *victim preference by racial status* offender sub-samples: the intra-familial Aboriginal and intra-familial non-Aboriginal offenders; the extra-familial Aboriginal and extra-familial non-Aboriginal offenders; the intra-familial and extra-familial Aboriginal offenders; and the intra-familial and extra-familial non-Aboriginal offenders. These comparison groups are listed in Table 2.1. Alpha was set at $p < .05$ for all statistical analyses performed in this study. The actual p values are noted in the applicable analyses.

Table 2.1

Samples to be Compared for Research Questions

Comparison Sample 1	Comparison Sample 2
A. All Extra-familial Offenders	A. All Intra-familial Offenders
B. All Aboriginal Offenders	B. All Non-Aboriginal Offenders
C. Aboriginal Intra-familial Offenders	C. Non-Aboriginal Intra-familial Offenders
D. Aboriginal Extra-familial Offenders	D. Non-Aboriginal Extra-familial Offenders
E. Aboriginal Intra-familial Offenders	E. Aboriginal Extra-familial Offenders
F. Non-Aboriginal Intra-familial Offenders	F. Non-Aboriginal Extra-familial Offenders

2.3.1 Definitions

Sexual offence, for the sake of reflecting the true nature of the offence and in an effort to be consistent with past literature, was defined as any offence involving sexual contact.

Intra-familial offenders were defined as those offenders who had been convicted for an offence wherein the victim was a family member. Consistent with previous literature, this included both blood and step-relatives, however, the nature of the relationship was documented and examined. Also consistent with much of the literature on intra-familial offenders, the focus of this study was on inter-generational abuse and, thus, did not include those offenders who had victimised a sibling who was fewer than five years younger than the adult offender at the time of the offence. The minimum age difference of five years was based upon the definition of *child molesters* in previous literature (e.g., Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999; Prentky, Knight, Rosenberg, & Lee, 1989; Quinsey, Rice, & Harris, 1995). Offences wherein the victim and the offender are fewer than five years apart in age would likely involve a different dynamic and would more appropriately be conceptualised as sexual assault (especially if both parties are close to legal adulthood). The focus of this study was restricted to the dynamic and power differential that is likely to occur between an adult offender and a child victim (see also Studer, Clelland, Aylwin, Reddon, & Monro, 2000).

Child, for the purposes of this study, was defined as any individual under the age of 14. Victims over the age of 14 but under 18 were included but were coded as adolescent victims.

2.3.2 Recidivism

Recidivism was originally defined in four ways: (a) new conviction; (b) new charge; (c) subsequent arrest; and, (d) breach of conditions (e.g., failure to abstain from alcohol and drugs). However, only *breach of conditions* and *new conviction* information was available. In the event of a new conviction, details regarding the type of offence were noted when the information was available in the offender's file.

Originally the recidivism rates of the Aboriginal offenders who received culture-specific, or culture-sensitive treatment were to be compared to those of the Aboriginal offenders who received standard treatment programmes; however, no offenders received culture-specific programming so this comparison could not be conducted. In addition, information about the factors that have demonstrated relevance to treatment success and to risk assessment (e.g., those utilised by New Zealand Corrections) was not available in the offenders' files so the relationship between culture-specific factors and re-offence rates could not be examined.

The follow-up period for the entire sample, based on information about actual release dates, ranged from five and one-half months to thirty-nine months. Actual release dates were available for 41 of the offenders in the sample. Given that there were only 41 offenders who had actual release dates listed on their files, and that only 26 of these offenders had recidivism information available in their files, the completion of a survival analysis, as previously intended, was not appropriate. The recidivism rates were compared across all sub-groups, as outlined in Table 2.1.

2.3.3 Assessment Practices

Information about assessment practices was sought in the following areas: (a) which tools were used; (b) the number of instruments that were used; (c) the focus of the assessment (e.g., institutional placement, treatment recommendations, risk/needs analysis); and, (d) who conducted the assessment (e.g., psychologist, psychiatrist, social worker, or other). The assessment practices were compared across the samples, as presented in Table 2.1.

2.3.3.1 Assessment Scores

The outcome of the assessment process (the offenders' risk assessment scores) was examined in relation to the treatment process in order to determine whether or not risk scores inform treatment decisions (i.e., influence the likelihood of receiving treatment, and influence the type of treatment received for those offenders who did receive treatment).

Risk scores were also examined in relation to recidivism rates in order to assess the predictive utility of these risk measures. The predictive validity was examined for the entire sample, and for the intra-familial offenders, the extra-familial offenders, the Aboriginal offenders, and the non-Aboriginal offenders separately.

2.3.4 Offender Treatment

The areas of interest with respect to treatment included the following: (a) the treatment recommendations that were given; (b) how often treatment was received; (c) the congruence between the treatment received and the recommendations; (d) the intensity of the treatment received (e.g., duration, the number of contact hours); (e) the focus of the treatment (e.g., psycho-educational, therapy, specific to sexual offending);

and, (f) whether or not the treatment was culture-specific. The treatment practices were compared across the samples as presented in Table 2.1.

In order to assess whether or not treatment influenced re-offence rates, the recidivism rates of those offenders who received treatment were compared to those of the offenders who did not receive treatment. Separate analyses were performed in order to determine whether or not there were any differences between treatment *completers* and treatment *non-completers* in terms of recidivism rates.

2.3.5 Offender Characteristics

Finally, information about several other offender characteristics was extracted from offenders' files in order to facilitate comparisons of the group characteristics. In an effort to examine all of the possible co-variates of sexual recidivism as identified in the literature, data on the following actuarial variables were gathered: age; marital status; offence history (violent, sexual, and non-violent); employment and educational history; and victim characteristics (e.g., Meyer Williams & Finkelhor, 1990; Motiuk & Brown, 1996; Quinsey, 1986; Quinsey, Rice, & Harris, 1995; Rice & Harris, 1997). Other demographic information, such as religious affiliation, was also gathered as a means of thoroughly describing these samples of offenders. Scores on personality and intellectual assessments, and information about psychiatric treatment history were not available.

3. RESULTS

3.1 *Victim and Offence Characteristics*

Offence and victim characteristics were coded so as to distinguish between the offender groups. Information about the following characteristics was gathered from offender files or the offender database: victim age; victim sex; relationship between the offender and the victim; and degree of sexual interference (operationalised with a scale ranging from sexual comments to ongoing, repeated intercourse; see Appendix G). There were no significant differences between the intra-familial and extra-familial offender groups in the ages of the victims ($t [62] = -.350, p = .727$). The ages of the victims are presented in Table 3.1.

Table 3.1

Victim Ages Across Offender Groups

Offender Group	Range of Victim Ages	Mean Age of Victim	SD of Victim Age	No. of Victims between 15 and 18 Years of Age
Biological intra-familial	2-17 years	9.28	4.49	2
Step intra-familial	6-14 years	10.84	2.52	0
<i>All intra-familial</i>	<i>2-17 years</i>	<i>10.13</i>	<i>3.59</i>	<i>2</i>
Extra-familial	3-16 years	10.45	3.69	3
All offenders	2-17 years	10.27	3.61	5

The relationships between the offenders and their victims are presented in Table 3.2. A female victim was involved in 85 of the offences. There was a male victim in 16 of the offences. In three of these cases there was both a male and a female victim. Information about the level of interference involved with each offence is presented in Tables 3.3 and 3.4. The coding guidelines for level of interference are listed in Appendix G.

Table 3.2

Frequencies of Offender Relationships with Victims for the Entire Sample

Offender Role	Frequency of Occurrence
Father	5
Step Father	10
Uncle	11
Step Grandfather	3
Cousin	4
Brother	4
Other family	3
Friend	3
Acquaintance	38
Stranger	8
Data unavailable	9
Total	98

Note. ‘Brother’ was included as long as he was at least 5 years older than the victim and he was legally an adult (18 years or older) at the time of the offence.

There was no association between the level of interference against the victims and the intra-familial or extra-familial groups ($X^2 [7, N = 69] = 8.009, p = .332$), or the Aboriginal and non-Aboriginal offender groups ($X^2 [7, N = 66] = 9.780, p = .201$). In both chi-square analyses more than 20% of the expected frequencies were below five. Therefore, level of interference was re-coded into two categories: (a) comments and

touching above or below clothing; and, (b) oral sex or intercourse. There was still no association between the level of interference against the victims and the intra-familial or extra-familial offender groups ($X^2 [1, N = 69] = .729, p = .393$). The results for the Aboriginal and non-Aboriginal offenders also remained non-significant ($X^2 [1, N = 66] = 1.046, p = .307$). The degree of sexual interference with the victim was not associated with whether the offender targeted intra-familial or extra-familial victims, or whether the offender was of Aboriginal or non-Aboriginal descent.

Table 3.3

Detailed Listing of Level of Sexual Interference with Victims

Level of Interference	Frequency of Occurrence
Verbal comments	2
Fondling above clothing	2
Fondling beneath clothing	20
"Invited" touching	10
Oral sex acts	10
Intercourse/penetration	17
Invasive intercourse (<i>e.g., anal intercourse</i>)	4
Repeated intercourse	4
Information unavailable	29
Total	98

Table 3.4

Frequencies of Level of Interference Re-coded

Level of Interference Re-coded	Frequency of Occurrence
Verbal comments, fondling above clothing, fondling beneath clothing, and "invited" touching	34
Oral sex acts, intercourse/penetration, invasive intercourse (<i>e.g., anal intercourse</i>), and repeated intercourse	35
Information unavailable	29
Total	98

Information about victim racial status was not available from file or database sources.

There was limited information available in the offenders' files about the level of force used against the victims; however, the information that was available is presented in Table 3.5 and Appendix H.

Table 3.5

Level of Force Used Against Victims in the Commission of Sexual Offences

Level of Force Used with Victims	Frequency of Occurrence
No threats	3
Their <i>special secret</i>	0
Expressed concern about getting caught	0
Offender suggested victim not say anything	1
Offender threatened that 'bad things' would happen if victim told	2
Offender threatened harm to victim's loved ones	0
Offender threatened harm to victim	3
Offender used painful force to gain victim compliance	4
Information unavailable	85
Total	98

3.1.2 Complete Sample Demographics

Demographic information for the entire sample, and for the sub-samples, is outlined in Tables 3.6 to 3.14. The complete sample of offenders ranged in age from 21 to 82, with the average age being 40.44 ($SD = 13.38$). Their mean education level was Grade 10.29 ($SD = 2.45$) and ranged from Grade 2 to the University level. Employment skill level ranged from *unskilled* to *professional*. The most common employment skill level was *labourer*. Twenty-eight percent of the sample reported that they were *labourers*, 26% reported they were *skilled*, 17% reported as *unskilled*, 11% reported as *other*, seven percent reported they were *professionals*, three percent reported that they were *students*, and eight percent of the sample did not report their employment skill level.

Of those who disclosed religious affiliation (65% of the sample), 23% reported that they were Roman Catholic. The remainder of the sample was 8% Christian (unspecified), 7% Protestant, 6% Indigenous Beliefs, 5% United, 5% *other*, 4% Anglican, 2% Pentecostal, 2% “Non-Christian”, 1% Lutheran, 1% Jewish, and 1% Atheist. The majority of offenders were single (43%) or married (22%). The remainder of the sample was common law (18%), separated (7%), divorced (6%), or widowed (2%). Two percent of the offenders did not disclose their marital status.

General criminal history information was available for 84 of the 98 offenders. Seventy-three percent of this offender sample (61/84 offenders) had been convicted for a previous criminal offence (prior to their index offences). Sexual offending history information was available for 97 of the 98 offenders. Twenty-nine percent (28/97) of the offenders had a previous conviction for a sexual offence. Violent offence history information was available for 76 of the 98 offenders. Forty-three percent (33/76) had a criminal history involving a violent offence. Of the 20 offenders who re-offended, 15 (75%) had previously been convicted for a criminal offence. Of the three offenders who were convicted of new sexual offences, only one of them had a sexual conviction prior to his index offence.

Table 3.6
Age and Marital Status for Biological Intra- and Step Intra-familial Offender Samples

	Biological Intra-familial Offenders (N = 19)		Step Intra-familial Offenders (N = 27)	
	Aboriginal (N = 8)	Non-Aboriginal (N = 10)	Aboriginal (N = 13)	Non-Aboriginal (N = 12)
Age				
Overall Mean = 40.44	M = 37.0	M = 41.3	M = 40.54	M = 44.33
SD = 13.34	SD = 7.87	SD = 13.43	SD = 16.51	SD = 11.59
Range: 21-82	Range: 25-49	Range: 25-60	Range: 22-82	Range: 31-72
Race				
Overall N Aboriginal = 46	42% (8/19)	53% (10/19)	48% (13/27)	44% (12/27)
Overall N non-Aboriginal = 47				
<i>Marital Status</i> (Complete Sample Percentages)				
Single (43%)	16% (3/19)	32% (6/19)	15% (4/27)	15% (4/27)
Common-law (18%)	16% (3/19)	5% (1/19)	15% (4/27)	4% (1/27)
Married (22%)	0% (0/19)	5% (1/19)	11% (3/27)	7% (2/27)
Separated (7%)	11% (2/19)	0% (0/19)	4% (1/27)	7% (2/27)
Divorced (6%)	0% (0/19)	5% (1/19)	0% (0/27)	11% (3/27)
Widowed (2%)	0% (0/19)	5% (1/19)	4% (1/27)	0% (0/27)
Information unavailable (2%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)

Note. One biological offender did not declare his race. Two step offenders did not declare their race.

Table 3.7
Age and Marital Status for General Intra-familial Offender and Extra-familial Offender Samples

	Biological + Step (General) Intra-familial Offenders (N = 46)		Extra-familial Offenders (N = 52)	
	Aboriginal (N = 21)	Non-Aboriginal (N = 22)	Aboriginal (N = 25)	Non-Aboriginal (N = 25)
Age				
Overall Mean = 40.44	M = 39.19	M = 42.96	M = 34.8	M = 43.68
SD = 13.34	SD = 13.72	SD = 12.25	SD = 11.53	SD = 13.83
Range: 21-82	Range: 22-82	Range: 25-72	Range: 21-59	Range: 22-71
Race				
Overall N Aboriginal = 46	46% (21/46)	48% (22/46)	48% (25/52)	48% (25/52)
Overall N non-Aboriginal = 47				
<i>Marital Status</i>				
(Complete Sample Percentages)				
Single (43%)	15% (7/46)	22% (10/46)	23% (12/52)	23% (12/52)
Common-law (18%)	15% (7/46)	4% (2/46)	14% (7/52)	4% (2/52)
Married (22%)	7% (3/46)	7% (3/46)	10% (5/52)	15% (8/52)
Separated (7%)	7% (3/46)	4% (2/46)	2% (1/52)	2% (1/52)
Divorced (6%)	0% (0/46)	9% (4/46)	0% (0/52)	4% (2/52)
Widowed (2%)	2% (1/46)	2% (1/46)	0% (0/52)	0% (0/52)
Information unavailable (2%)	0% (0/46)	0% (0/46)	0% (0/52)	0% (0/52)

Note. Two extra-familial offenders did not declare their race.

Table 3.8

Education Level and Employment History for Biological Intra- and Step Intra-familial Offender Samples

<i>Offender Education Level</i> (<i>M</i> = 10.29; <i>SD</i> = 2.45)	Biological Intra-familial Offenders (N = 19)		Step Intra-familial Offenders (N = 27)	
	Aboriginal (N = 8)	Non-Aboriginal (N = 10)	Aboriginal (N = 13)	Non-Aboriginal (N = 12)
Grade 2 (2%)	5% (1/19)	0% (0/19)	0% (0/27)	0% (0/27)
Grade 4 (1%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)
Grade 6 (3%)	0% (0/19)	0% (0/19)	0% (0/27)	4% (1/27)
Grade 7 (5%)	11% (2/19)	0% (0/19)	4% (1/27)	0% (0/27)
Grade 8 (6%)	5% (1/19)	0% (0/19)	7% (2/27)	4% (1/27)
Grade 9 (8%)	0% (0/19)	0% (0/19)	11% (3/27)	7% (2/27)
Grade 10 (20%)	11% (2/19)	0% (0/19)	11% (3/27)	7% (2/27)
Grade 11 (11%)	5% (1/19)	5% (1/19)	0% (0/27)	4% (1/27)
Grade 12 (21%)	5% (1/19)	21% (4/19)	11% (3/27)	7% (2/27)
Trade school (6%)	0% (0/19)	5% (1/19)	0% (0/27)	7% (2/27)
University (6%)	0% (0/19)	5% (1/19)	4% (1/27)	0% (0/27)
Information unavailable (9%)	0% (0/19)	16% (3/19)	0% (0/27)	4% (1/27)
<i>Offender Employment Status</i> (<i>Complete Sample Percentages</i>)				
Unskilled (17%)	26% (5/19)	5% (1/19)	11% (3/27)	4% (1/27)
Labourer (28%)	16% (3/19)	16% (3/19)	19% (5/27)	11% (3/27)
Skilled (26%)	0% (0/19)	11% (2/19)	11% (3/27)	15% (4/27)
Student (3%)	0% (0/19)	5% (1/19)	0% (0/27)	0% (0/27)
Professional (7%)	0% (0/19)	11% (2/19)	4% (1/27)	0% (0/27)
Other (11%)	0% (0/19)	0% (0/19)	4% (1/27)	15% (4/27)
Information unavailable (8%)	0% (0/19)	5% (1/19)	0% (0/27)	0% (0/27)

Table 3.9

Education Level and Employment History for General Intra-familial Offender and Extra-familial Offender Samples

<i>Offender Education Level</i> (<i>M</i> = 10.29; <i>SD</i> = 2.45)	Biological + Step (General)		Extra-familial Offenders	
	Intra-familial Offenders (<i>N</i> = 21)	Non-Aboriginal (<i>N</i> = 22)	Aboriginal (<i>N</i> = 25)	Non-Aboriginal (<i>N</i> = 52)
<i>(Complete Sample Percentages)</i>				
Grade 2 (2%)	2% (1/46)	0% (0/46)	2% (1/52)	0% (0/52)
Grade 4 (1%)	0% (0/46)	0% (0/46)	0% (0/52)	0% (0/52)
Grade 6 (3%)	0% (0/46)	2% (1/46)	0% (0/52)	4% (2/52)
Grade 7 (5%)	7% (3/46)	0% (0/46)	4% (2/52)	0% (0/52)
Grade 8 (6%)	7% (3/46)	2% (1/46)	0% (0/52)	4% (2/52)
Grade 9 (8%)	7% (3/46)	4% (2/46)	6% (3/52)	0% (0/52)
Grade 10 (20%)	11% (5/46)	4% (2/46)	15% (8/52)	10% (5/52)
Grade 11 (11%)	2% (1/46)	4% (2/46)	12% (6/52)	4% (2/52)
Grade 12 (21%)	9% (4/46)	13% (6/46)	10% (5/52)	10% (5/52)
Trade School (6%)	0% (0/46)	7% (3/46)	0% (0/52)	6% (3/52)
University (6%)	2% (1/46)	2% (1/46)	0% (0/52)	2% (1/52)
Information unavailable (9%)	0% (0/46)	9% (4/46)	0% (0/52)	10% (5/52)
<i>Offender Employment Status</i>				
<i>(Complete Sample Percentages)</i>				
Unskilled (17%)	17% (8/46)	4% (2/46)	12% (6/52)	2% (1/52)
Labourer (28%)	17% (8/46)	13% (6/46)	14% (7/52)	10% (5/52)
Skilled (26%)	7% (3/46)	13% (6/46)	14% (7/52)	15% (8/52)
Student (3%)	0% (0/46)	2% (1/46)	4% (2/52)	0% (0/52)
Professional (7%)	2% (1/46)	4% (2/46)	0% (0/52)	8% (4/52)
Other (11%)	2% (1/46)	9% (4/46)	6% (3/52)	6% (3/52)
Information unavailable (8%)	0% (0/46)	2% (1/46)	0% (0/52)	8% (4/52)

Table 3.10

Religious Affiliation for the Offender Samples for Biological Intra- and Step Intra-familial Offender Samples

Offender Religious Affiliation (Complete Sample Percentages)	Biological Intra-familial Offenders (N = 19)		Step Intra-familial Offenders (N = 27)	
	Aboriginal (N = 8)	Non-Aboriginal (N = 10)	Aboriginal (N = 13)	Non-Aboriginal (N = 12)
Anglican (4%)	0% (0/19)	0% (0/19)	0% (0/27)	4% (1/27)
Atheist (1%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)
Christian (8%)	0% (0/19)	5% (1/19)	7% (2/27)	11% (3/27)
Indigenous Beliefs (6%)	0% (0/19)	0% (0/19)	7% (2/27)	0% (0/27)
Jewish (1%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)
Lutheran (1%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)
Non-Christian (2%)	5% (1/19)	0% (0/19)	0% (0/27)	0% (0/27)
Other (5%)	0% (0/19)	0% (0/19)	0% (0/27)	0% (0/27)
Pentecostal (2%)	0% (0/19)	5% (1/19)	0% (0/27)	4% (1/27)
Protestant (7%)	0% (0/19)	21% (4/19)	0% (0/27)	0% (0/27)
Roman Catholic (23%)	16% (3/19)	5% (1/19)	30% (8/27)	7% (2/27)
United (5%)	5% (1/19)	5% (1/19)	0% (0/27)	0% (0/27)
Information unavailable (35%)	16% (3/19)	11% (2/19)	4% (1/27)	19% (5/27)

Table 3.11

Religious Affiliation for the Offender Samples for General Intra-familial Offender and Extra-familial Offender Samples

Offender Religious Affiliation (Complete Sample Percentages)	Biological + Step (General) Intra-familial Offenders (N = 46)		Extra-familial Offenders (N = 52)	
	Aboriginal (N = 21)	Non-Aboriginal (N = 22)	Aboriginal (N = 25)	Non-Aboriginal (N = 25)
Anglican (4%)	0% (0/46)	2% (1/46)	2% (1/52)	4% (2/52)
Atheist (1%)	0% (0/46)	0% (0/46)	2% (1/52)	0% (0/52)
Christian (8%)	4% (2/46)	9% (4/46)	2% (1/52)	2% (1/52)
Indigenous Beliefs (6%)	4% (2/46)	0% (0/46)	8% (4/52)	0% (0/52)
Jewish (1%)	0% (0/46)	0% (0/46)	0% (0/52)	2% (1/52)
Lutheran (1%)	0% (0/46)	0% (0/46)	0% (0/52)	2% (1/52)
Non-Christian (2%)	2% (1/46)	0% (0/46)	2% (1/52)	0% (0/52)
Other (5%)	0% (0/46)	0% (0/46)	8% (4/52)	2% (1/52)
Pentecostal (2%)	0% (0/46)	4% (2/46)	0% (0/52)	0% (0/52)
Protestant (7%)	0% (0/46)	9% (4/46)	4% (2/52)	0% (0/52)
Roman Catholic (23%)	24% (11/46)	7% (3/46)	8% (4/52)	8% (4/52)
United (5%)	2% (1/46)	2% (1/46)	2% (1/52)	4% (2/52)
Information unavailable (35%)	9% (4/46)	15% (7/46)	12% (6/52)	25% (13/52)

Table 3.12

Offence Histories for the Offender Samples

Offence History (Complete Sample Percentages)	Biological + Step							
	Biological Intra-familial		Step Intra-familial		(General) Intra-familial		Extra-familial	
	Offenders	(N = 19)	Offenders	(N = 27)	Offenders	(N = 46)	Offenders	(N = 52)
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
	(N = 8)	(N = 10)	(N = 13)	(N = 12)	(N = 21)	(N = 22)	(N = 25)	(N = 25)
Previous criminal record	37%	16%	41%	30%	39%	20%	40%	21%
(N = 84) 74%	(7/19)	(3/19)	(11/27)	(6/27)	(18/46)	(9/46)	(21/52)	(11/52)
Previous sexual offence	16%	16%	15%	4%	15%	9%	12%	21%
(N = 97) 29%	(3/19)	(3/19)	(4/27)	(1/27)	(7/46)	(4/46)	(6/52)	(11/52)
Previous violent offence	26%	0%	33%	11%	30%	7%	23%	8%
(N = 76) 43%	(5/19)	(0/19)	(9/27)	(3/27)	(14/46)	(3/46)	(12/52)	(4/52)

Note. Information about race was not available for five offenders in this sample and, therefore, the sub-sample totals as outlined in this table may deviate from the sample total n's.

3.1.3 *Intra-familial Offender Sample Demographics*

There were no significant demographic differences between the biological and step intra-familial offenders. Therefore, the results presented here are for the biological and step intra-familial offenders collectively. The general intra-familial offender sample ranged in age from 22 to 82, with an average age of 41.26 ($SD = 13.27$). Their mean education level was Grade 10.19 ($SD = 2.69$) and ranged from Grade two to the University level. Employment skill level ranged from *unskilled* to *professional*. The most common employment skill level was *labourer* (30%). Twenty-two percent of the sample reported as *unskilled*, 22% reported that they were *skilled*, 11% reported as *other*, seven percent reported they were *professionals*, two percent reported that they were *students*, and three offenders (7%) did not report an employment skill level.

Of those who disclosed religious affiliation (72% of the sample of 46), 31% reported that they were Roman Catholic. The remainder of the sample was 13% Christian (unspecified), 11% Protestant, 5% United, 4% Indigenous Beliefs, 4% Pentecostal; 2% Anglican, and 2% Non-Christian. The majority of intra-familial offenders were single (39%) or common law (20%). The remainder of the sample was married (15%), separated (11%), divorced (9%), or widowed (4%). Two percent of the offenders did not disclose their marital status.

Sixty-three percent (29/46) of the general intra-familial offender sample had a previous criminal record. Twenty-four percent (11/46) of the intra-familial offenders had a previous conviction for a sexual offence and 37% (17/46) had a previous conviction for a violent offence. Of the eight intra-familial offenders who re-offended, seven (88%) had previously been convicted for a criminal offence. In this sample only intra-familial

offenders (and no extra-familial offenders) were convicted of new sexual offences. One of these three offenders had a sexual conviction prior to his sexual index offence. These results are listed in Table 3.13.

3.1.4 *Extra-familial Offender Sample Demographics*

The extra-familial offender sample ranged in age from 21 to 71, with an average age of 39.71 ($SD = 13.48$). Their mean education level was Grade 10.38 ($SD = 2.23$) and ranged from Grade two to the University level. Employment skill level ranged from *unskilled* to *professional*. The most common employment skill level was *skilled* (29%). Twenty-five percent of the sample reported as *labourers*, 13% reported that they were *unskilled*, 11% reported as *other*, eight percent reported they were *professionals*, four percent reported that they were *students*, and five offenders (10%) did not report an employment skill level.

Of those who disclosed religious affiliation (60% of the sample of 46), 15% reported that they were Roman Catholic. The remainder of the sample was 8% Indigenous Beliefs, 6% Anglican, 6% United, 4% Christian (unspecified), 4% Protestant, 2% Non-Christian, 2% Jewish, 2% Lutheran, 2% Atheist, and 9% *other*. The majority of extra-familial offenders were single (46%) or married (27%). The remainder of the sample was common law (17%), separated (4%), or divorced (4%). Two percent of the offenders did not disclose their marital status.

Sixty-two percent (32/52) of the extra-familial offender sample had a previous criminal record. Thirty-three percent (17/52) of the extra-familial offenders had a previous conviction for a sexual offence and 31% (16/52) had a previous conviction for a violent offence. Of the twelve extra-familial offenders who re-offended, eight (67%) had

previously been convicted for a criminal offence. No extra-familial offenders were convicted of new sexual offences. These results are outlined in Table 3.13.

3.1.5 Comparisons of Intra-familial and Extra-familial Demographics

Intra-familial and extra-familial offenders did not differ significantly on any demographic variables. In addition, there was no association between the intra- and extra-familial offender groups and their general criminal histories ($X^2 [2, N = 98] = .029$, $p = .986$), violent criminal histories ($X^2 [2, N = 86] = .755$, $p = .686$), or sexual criminal histories ($X^2 [2, N = 98] = 1.940$, $p = .379$).

Table 3.13

Offence Histories of Intra-familial and Extra-familial Offenders

<i>Offender Group</i>	Previous Criminal Offence		Previous Sexual Offence		Previous Violent Offence	
	Yes	No	Yes	No	Yes	No
Intra-familial (N = 46)	29/46 (63%)	10/46 (22%)	11/46 (24%)	34/46 (74%)	17/46 (37%)	18/46 (39%)
Extra-familial (N = 52)	32/52 (62%)	12/52 (23%)	17/52 (33%)	35/52 (67%)	16/52 (31%)	25/52 (48%)
Column Totals	61/98 (62%)	22/98 (22%)	28/98 (29%)	69/98 (70%)	33/98 (34%)	43/98 (44%)

3.1.6 Aboriginal Offender Sample Demographics

The Aboriginal sample of offenders ranged in age from 21 to 82, with an average age of 36.80 ($SD = 12.62$). Their mean education level was Grade 9.70 ($SD = 2.34$) and ranged from Grade two to the University level. Employment skill level ranged from *unskilled* to *professional*. The most common employment skill level was *labourer*

(33%). Thirty percent of the sample reported as *unskilled*, 22% reported they were *skilled*, nine percent reported as *other*, four percent reported that they were *students*, and two percent reported they were *professionals*.

Of those who disclosed religious affiliation (78% of the sample of 46), 33% reported that they were Roman Catholic. The remainder of the sample was 13% Indigenous Beliefs, 7% Christian (unspecified), 4% Protestant, 4% United, 4% Non-Christian, 2% Anglican, 2% Atheist, and 9% *other*. The majority of offenders were single (41%) or common law (30%). The remainder of the sample was married (18%), separated (9%), or widowed (2%).

Eighty-five percent (39/46) of the Aboriginal offender sample had a previous criminal record. Twenty-eight percent (13/46) of these offenders had a previous conviction for a sexual offence and 57% (26/46) had a previous conviction for a violent offence. Of the eleven Aboriginal offenders who re-offended, nine (82%) had previously been convicted for a criminal offence. The Aboriginal offender who was convicted of a new sexual offence had a previous sexual conviction.

3.1.7 *Non-Aboriginal Sample Demographics*

The non-Aboriginal sample of offenders ranged in age from 22 to 72, with an average age of 43.34 ($SD = 12.98$). Their mean education level was Grade 10.84 ($SD = 2.14$) and ranged from Grade six to the University level. Employment skill level ranged from *unskilled* to *professional*. The most common employment skill level was *skilled* (30%). Twenty-three percent of the sample reported that they were *labourers*, 15% reported as *other*, 13% reported they were *professionals*, six percent reported as *unskilled*, two

percent reported that they were *students*, and 11% did not report an employment skill level.

Of those who disclosed religious affiliation (57% of the sample of 46), 15% reported that they were Roman Catholic. The remainder of the sample was 11% Christian (unspecified), 9% Protestant, 6% United, 6% Anglican, 4% Pentecostal, 2% Lutheran, 2% Jewish, and 2% *other*. The majority of offenders were single (47%) or married (23%). The remainder of the sample was common law (9%), separated (6%), divorced (13%), or widowed (2%).

Forty-three percent (20/47) of the non-Aboriginal offender sample had a previous criminal record. Thirty-two percent (15/47) of these offenders had a previous conviction for a sexual offence and 15% (7/47) had a previous conviction for a violent offence. Of the seven non-Aboriginal offenders who re-offended, five (71%) had previously been convicted for a criminal offence. Neither of the two non-Aboriginal offenders who were convicted of a new sexual offence had previous sexual convictions.

3.1.8 Comparisons of Aboriginal and Non-Aboriginal Demographics

Several of the comparisons of demographic information between Aboriginal and non-Aboriginal offenders were found to be statistically significant. Aboriginal offenders were significantly younger ($M = 36.80$, $SD = 12.63$) than their non-Aboriginal counterparts ($M = 43.34$, $SD = 12.98$) ($t [91] = -2.461$, $p = .016$). Non-Aboriginal offenders had significantly higher education levels ($M = 10.84$, $SD = 2.14$) than did the Aboriginal offenders ($M = 9.70$, $SD = 2.34$) ($t [82] = -2.325$, $p = .023$). Non-Aboriginal offenders also had significantly higher levels of employment skill than did the Aboriginal offenders ($X^2 [5, N = 88] = 12.968$, $p = .024$). Aboriginal offenders appeared more likely to be in a

common law relationship (14 Aboriginal compared to 4 non-Aboriginal), and less likely to be divorced (0 Aboriginal compared to 6 non-Aboriginal) than non-Aboriginal offenders ($X^2 [5, N = 93] = 12.382, p = .030$). However, it is necessary to note that six (50%) of the twelve expected frequency values in this analysis were below five, so this result should be interpreted with caution. The Yates correction could not be applied to this analysis given that this was not a 2x2 contingency table. There was no significant association between these two groups and their religious affiliations ($X^2 [11, N = 63] = 19.182, p = .058$). When the association between the frequency of indigenous beliefs and Aboriginal and non-Aboriginal offenders was examined, the corrected chi-square was still not significant ($X^2 [1, N = 63] = 3.228, p = .072$).

Finally, Aboriginal offenders had criminal histories significantly more often than did non-Aboriginal offenders ($X^2 [2, N = 93] = 18.747, p = .000$). Eighty-five percent (39/46) of the Aboriginal offenders, compared to 43% (20/47) of the non-Aboriginal offenders, had previous convictions.

Table 3.14

Offence Histories of Aboriginal and Non-Aboriginal Offenders

<i>Offender Group</i>	Previous Criminal Offence		Previous Sexual Offence		Previous Violent Offence	
	Yes	No	Yes	No	Yes	No
Aboriginal (N = 46)	39/46 (85%)	3/46 (7%)	13/46 (28%)	33/46 (72%)	26/46 (57%)	11/46 (24%)
Non-Aboriginal (N = 47)	20/47 (43%)	18/47 (38%)	15/47 (32%)	31/47 (66%)	7/47 (15%)	30/47 (64%)
Column Totals	61/93 (66%)	21/93 (23%)	28/93 (30%)	64/93 (69%)	33/93 (35%)	41/93 (44%)

3.2 Recidivism Results

Recidivism was initially defined as having four levels: (a) new conviction; (b) new charge; (c) new arrest; and, (d) breach of conditions (e.g., failure to abstain from alcohol and drugs); however, only *breach of conditions* and *new conviction* information was available from the Corrections Management Information System (CMIS) database and offender files.

Ninety-five of the 98 offenders spent time in the community either after release, or on their conditional sentences, thus having an opportunity to re-offend. The follow-up term ranged from five and one-half months to thirty-nine months, with an average length of time in the community of 20.03 months ($SD = 7.75$). Recidivism information was available for 52 of these 95 offenders. Twenty of the 52 offenders (39%) re-offended: six offenders breached their conditions of release (12%); six offenders were convicted for a new non-violent criminal offence (12%); five offenders were convicted for a new

violent offence (10%); and three offenders (6%) were convicted for committing a new sexual offence. Two of these sexual recidivists had victims under the age of 14.

Offender recidivism rates are outlined across offender groups and racial status in Tables 3.15 and 3.16.

Re-offence rates were compared between intra- and extra-familial offenders and Aboriginal and non-Aboriginal offenders. Whether or not an offender re-offended, and the types of recidivism were compared across groups using the chi-square statistic. For these comparisons, the biological and step intra-familial offender groups were collapsed into one *general* intra-familial offender group as a means of avoiding the statistical concerns that arise as a result of low observed and expected cell frequencies. This general definition of intra-familial offenders is consistent with the intra-familial offender definitions in the literature (e.g., Barbaree & Marshall, 1998; Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999; Meyer Williams, & Finkelhor, 1990; Prentky, Knight, Rosenberg, & Lee, 1989; Studer, Clelland, Aylwin, Reddon, & Monro, 2000).

There are several recommendations with respect to the minimum cell frequencies that are deemed acceptable in chi-square analyses. Delucchi (1993) reported that Kendall's minimum of 20, Cramer's rule of 10, and even Fisher's minimum of 5, are overly conservative. Other authors suggest that a minimum expected value of one is acceptable (e.g., Jeffreys, 1961; Kempthorne, 1966, as cited in Delucchi, 1993; Slakter, 1965) and that expected values below one generally do not invalidate the use of the chi-square procedure (Delucchi, 1993). Cochran (1952) suggested an often cited rule of thumb that chi-square can be applied when expected frequency values are as low as one, especially if

no more than 20% of the cells have expected frequency values between one and five. Delucchi (1993, *p.* 301) stated that Cochran's rule "offers a fair balance between practicality and precision". Given the high number of groups included in each comparative analysis, coupled with the low frequencies often associated with sexual offenders (e.g., low base rates of recidivism), the minimum expected frequency cell value of one was chosen as the criterion for the chi-square analyses performed on these data. Additionally, any analyses wherein more than 20% of the expected frequency values were between one and five were noted; any analyses involving frequencies below one have been interpreted with appropriate caution.

In all of the recidivism yes/no comparisons the expected frequency cell values were above the minimum criterion of one; however, in three of the comparisons, more than 20% of the expected values were between one and five so the Yates correction was applied to these specific analyses. These results are summarised in Table 3.17.

Four of the recidivism type comparisons had expected frequency values below one and in all of these comparisons more than 20% of the expected values were between one and five. Due to the low base rate for recidivism and the statistical concerns related to low expected frequency values noted earlier, the five recidivism categories (breach, non-violent offence, violent offence, sexual offence against an adult, sexual offence against a child) were collapsed into two categories: non-violent re-offence (including breach and non-violent criminal offence) and violent re-offence (including violent offence, sexual offence against an adult, and sexual offence against a child). After these groups were collapsed two of the comparisons maintained expected values below one, and all of the comparisons had greater than 20% of the expected values between one and five. Given

these low expected values, the Yates correction was applied to these analyses. The results of the analyses for the recidivism type variable re-coded into two categories are outlined in Table 3.18. The sub-group comparisons for which the minimum expected value of one criterion was not met are noted and should be interpreted with caution given the potential influence of the low expected value.

Table 3.15

Biological Intra-familial and Step Intra-familial Offender Recidivism Information

<i>Recidivism Rates</i>	<i>Biological Intra-familial Offenders (N = 19)</i>		<i>Step Intra-familial Offenders (N = 27)</i>	
	<i>Aboriginal (N = 8)</i>	<i>Non-Aboriginal (N = 10)</i>	<i>Aboriginal (N = 13)</i>	<i>Non-Aboriginal (N = 12)</i>
<i>Information available N = 52/98</i>	<i>N = 6/8</i>	<i>N = 1/10</i>	<i>N = 7/13</i>	<i>N = 6/12</i>
Offenders released <i>N = 95/98</i>	42% (8/19)	47% (9/19)	48% (13/27)	44% (12/27)
Number of offenders who re-offended	5% (1/19)	0% (0/19)	11% (3/27)	7% (2/27)
Breach committed (Overall 30%) 6/20	0% (0/19)	0% (0/19)	4% (1/27)	0% (0/27)
Non-violent criminal re-offence	0% (0/19)	0% (0/19)	4% (1/27)	0% (0/27)
Violent re-offence (Overall 25%) 5/20	0% (0/19)	0% (0/19)	4% (1/27)	0% (0/27)
Sexual re-offence (Overall 15%) 3/20	5% (1/19)	0% (0/19)	0% (0/27)	4% (2/27)
All types of re-offence (Overall 39%) 20/52	5% (1/19)	0% (0/19)	11% (3/27)	4% (2/27)
Information unavailable	11% (2/19)	47% (9/19)	22% (6/27)	22% (6/27)

Table 3.16

General Intra-familial Offender and Extra-familial Offender Recidivism Information

<i>Recidivism Rates (Overall Percentages)</i>	<i>Biological + Step Intra-familial Offenders (N = 46)</i>		<i>Extra-familial Offenders (N = 52)</i>	
	<i>Aboriginal (N = 21)</i>	<i>Non-Aboriginal (N = 22)</i>	<i>Aboriginal (N = 25)</i>	<i>Non-Aboriginal (N = 25)</i>
<i>Information available N = 52/98</i>	<i>N = 13/21</i>	<i>N = 7/22</i>	<i>N = 14/25</i>	<i>N = 14/25</i>
<i>Offenders released N = 95/98</i>	46% (21/46)	46% (21/46)	52% (24/52)	52% (24/52)
<i>Number of offenders who re-offended</i>	9% (4/46)	4% (2/46)	14% (7/52)	10% (5/52)
<i>Breach committed (Overall 30%) 6/20</i>	2% (1/46)	0% (0/46)	2% (1/52)	6% (3/52)
<i>Non-violent criminal re-offence (Overall 30%) 6/20</i>	2% (1/46)	0% (0/46)	8% (4/52)	2% (1/52)
<i>Violent re-offence (Overall 25%) 5/20</i>	2% (1/46)	0% (0/46)	4% (2/52)	2% (1/52)
<i>Sexual re-offence (Overall 15%) 3/20</i>	2% (1/46)	4% (2/46)	0% (0/52)	0% (0/52)
<i>All types of re-offence (Overall 39%) 20/52</i>	9% (4/46)	4% (2/46)	14% (7/52)	10% (5/52)
<i>Information unavailable</i>	17% (8/46)	33% (15/46)	21% (11/52)	21% (11/52)

3.2.1 Presence or Absence of Re-offence

Membership in any of the offender groups did not appear to be associated with the overall rates of recidivism for the released offenders in this sample. Re-offence rates for the released intra-familial offenders were compared to those of the extra-familial offenders. Eight of the 23 intra-familial offenders (35%) re-offended. Twelve of the 29 extra-familial offenders (42%) re-offended. There were no associations for the intra-familial and extra-familial offender groups with the overall re-offence rates ($X^2 [1, N = 52] = .236, p = .627$).

The recidivism rates for all of the Aboriginal offenders were compared to those of all of the non-Aboriginal offenders using the chi-square statistic. Recidivism and race information was available for 48 of the 95 offenders who were released. Eleven of the 27 Aboriginal offenders (41%) who were released re-offended. Seven of the 21 released non-Aboriginal offenders (33%) re-offended. There were no associations for the Aboriginal and non-Aboriginal offender groups with the likelihood of re-offending ($X^2 [1, N = 48] = .277, p = .599$).

There also were no significant associations between subgroups of intra- and extra-familial offenders and likelihood to re-offend. These results are presented in Table 3.17.

Table 3.17

Results for the Presence or Absence of Re-offence

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	.236	52	1	.627	0%	0%
Aboriginal and non-Aboriginal	.277	48	1	.599	0%	0%
Intra-familial Aboriginal and intra-familial non-Aboriginal	.000	20	1	1.000	0%	2/4 (50%)
Extra-familial Aboriginal and extra-familial non-Aboriginal	.583	28	1	.445	0%	0%
Intra-familial Aboriginal and extra-familial Aboriginal	.390	27	1	.532	0%	1/4 (25%)
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	.000	21	1	1.000	0%	3/4 (75%)

3.2.2 Types of Re-offences

In the first series of analyses, re-offence was coded as: (a) breach of conditions; (b) non violent criminal offence; (c) violent offence; (d) sexual offence against an adult; and, (e) sexual offence against a child. A second series of analyses was conducted wherein re-offence was re-coded into two categories: violent re-offence and non-violent re-offence. The results for the comparisons on the collapsed recidivism variable are presented in Table 3.18.

Eight intra-familial offenders re-offended: two offenders breached their conditions; one committed a non-violent criminal offence; two committed a violent offence; and three men re-offended sexually (two of these offences were against child victims). Twelve of the extra-familial offenders re-offended: four breached conditions; five committed a non-violent criminal offence; and three committed a new violent offence. There were no significant associations for the intra- and extra-familial groups of offenders with the types of re-offences for which they were convicted ($X^2 [8, N = 20] = 5.972, p = .201$). It is of note that approximately 30% of the expected frequency values were below one in this analysis.

Eleven Aboriginal offenders were convicted of the following new offences: two offenders breached their conditions; five committed a non-violent criminal offence; three committed a violent offence; and one man re-offended sexually against a child victim. Seven non-Aboriginal offenders were convicted of the following new offences: three breached conditions; one committed a non-violent criminal offence; one man committed a new violent offence; and two committed a new sexual offence (one against a child victim). There were no associations for Aboriginal and non-Aboriginal group

membership and the types of re-offences ($X^2 [4, N = 18] = 4.184, p = .382$). Three expected frequency cell values were below one and all of the comparisons had more than 20% of the expected values between one and five.

As mentioned, due to the low base rates of recidivism, the groups were collapsed from five categories (breach, non-violent criminal offence, violent offence, sexual offence against an adult, and sexual offence against a child) to two categories (non-violent recidivism and violent recidivism). After merging these categories and applying the Yates correction there was still no significant association for intra-familial and extra-familial offender groups with the types of convictions that the offenders incurred (Corrected $X^2 [1, N = 20] = 1.467, p = .226$). Two sub-group expected frequency cell values were still below one, and all comparisons had more than 20% of the expected values between one and five. There was still no significant association between the Aboriginal and non-Aboriginal offender groups and the types of recidivism (Corrected $X^2 [1, N = 18] = .000, p = 1.000$). These results are presented in Table 3.18.

When the sub-groups of offenders were examined, there was only one significant association; this was between the non-Aboriginal intra-familial and non-Aboriginal extra-familial offender groups with the types of recidivism. However, once this analysis was completed using the Yates correction, the significant association no longer existed (Corrected $X^2 [1, N = 7] = 1.181, p = .277$).

Table 3.18

Recidivism Type Results (Collapsed Groups)

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	1.467	20	1	.226	0%	3/4 (75%)
Aboriginal and non-Aboriginal	.000	18	1	1.000	0%	3/4 (75%)
Intra-familial Aboriginal and intra-familial non-Aboriginal	.094	6	1	.759	1/4 (25%)	3/4 (75%)
Extra-familial Aboriginal and extra-familial non-Aboriginal	.000	12	1	1.000	0%	3/4 (75%)
Intra-familial Aboriginal and extra-familial Aboriginal	.004	11	1	.953	0%	4/4 (100%)
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	1.181	7	1	.277	1/4 (25%)	3/4 (75%)

3.3 *Assessment Practices*

In answer to the research questions ‘which assessment tools were used?’, and ‘how many were used?’, it was found that only three instruments were used to assess offenders in this sample: the *Primary Risk Assessment*; the *Secondary Risk Assessment*; and the *Static-99*. Given that no offenders in this sample were assessed with the *SONAR*, the investigation of this instrument with intra-familial offenders, and with Aboriginal offenders could not be completed as originally intended.

Based on the types of instruments utilised, the sole focus of the assessments conducted was that of a risk/needs analysis. In all of the cases where the offender received a community sentence alone, the offender’s probation officer completed the assessment(s). If the offender served a term of incarceration, his case-management officer completed his assessment(s).

Ninety of the 98 offenders in the sample received some form of assessment. There were no assessments conducted in eight of the cases because the offenders refused to participate in the assessment process. Of the 90 offenders who received assessments, three received the *PRA* alone, 15 received the *SRA* alone, 52 received the *PRA* and the *SRA*, four received the *Static-99* along with either the *PRA* or the *SRA*, and 16 received the *Static-99*, the *PRA* and the *SRA*. Detailed assessment information for the sub-samples of offenders is outlined in Tables 3.19 and 3.20.

Table 3.19

Biological Intra-familial and Step Intra-familial Offender Assessment Information

<i>Assessment Information (Overall Sample Percentages)</i>	<i>Biological Intra-familial Offenders (N = 19)</i>		<i>Step Intra-familial Offenders (N = 27)</i>	
	<i>Aboriginal (N = 8)</i>	<i>Non-Aboriginal (N = 10)</i>	<i>Aboriginal (N = 13)</i>	<i>Non-Aboriginal (N = 12)</i>
Assessment received 90 (92%)	37% (7/19)	47% (9/19)	48% (13/27)	41% (11/27)
Primary Risk Assessment received (77%) 75/98	37% (7/19)	42% (8/19)	41% (11/27)	33% (9/27)
PRA Risk Assessment scores				
18% Low (13)	5% Low (1/19)	16% Low (3/19)	0% Low (0/27)	11% Low (3/27)
49% Med (35)	5% Med (1/19)	21% Med (4/19)	11% Med (3/27)	19% Med (5/27)
38% High (27)	26% High (5/19)	5% High (1/19)	30% High (8/27)	4% High (1/27)
Secondary Risk Assessment received (88%) 86/98	32% (6/19)	47% (9/19)	48% (13/27)	37% (10/27)
SRA Risk Assessment scores				
7% Low (6)	0% Low (0/19)	0% Low (0/19)	4% Low (1/27)	4% Low (1/27)
58% Med (50)	16% Med (3/19)	32% Med (6/19)	30% Med (8/27)	22% Med (6/27)
35% High (30)	16% High (3/19)	16% High (3/19)	15% High (4/27)	11% High (3/27)
Static-99 Risk Assessment received (20%) 20/98	5% (1/19)	0% (0/19)	15% (4/27)	0% (0/27)
Static Risk Assessment scores				
5% Low (1)	0% Low (0/19)	-	0% Low (0/27)	-
75% Med (15)	5% Med (1/19)	-	15% Med (4/27)	-
20% High (4)	0% High (0/19)	-	0% High (0/27)	-

Note. No *Static-99*'s had been completed on the non-Aboriginal intra-familial offender sample.

Table 3.20

General Intra-familial Offender and Extra-familial Offender Assessment Information

<i>Assessment Information (Overall Sample Percentages)</i>	<i>Biological + Step Intra-familial Offenders (N = 46)</i>		<i>Extra-familial Offenders (N = 52)</i>	
	<i>Aboriginal (N = 21)</i>	<i>Non-Aboriginal (N = 22)</i>	<i>Aboriginal (N = 25)</i>	<i>Non-Aboriginal (N = 25)</i>
Assessment received 90 (92%)	46% (21/46)	41% (19/46)	42% (22/52)	44% (23/52)
Primary Risk Assessment received (77%) 75/98	39% (18/46)	37% (17/46)	35% (18/52)	35% (18/52)
PRA Risk Assessment scores				
18% Low (13)	2% Low (1/46)	13% Low (6/46)	2% Low (1/52)	8% Low (4/52)
49% Med (35)	9% Med (4/46)	20% Med (9/46)	19% Med (10/52)	19% Med (10/52)
38% High (27)	28% High (13/46)	4% High (2/46)	14% High (7/52)	8% High (4/52)
Secondary Risk Assessment received (88%) 86/98	41% (19/46)	41% (19/46)	42% (22/52)	43% (22/52)
SRA Risk Assessment scores				
7% Low (6)	1% Low (1/46)	2% Low (1/46)	4% Low (2/52)	4% Low (2/52)
58% Med (50)	24% Med (11/46)	26% Med (12/46)	27% Med (14/52)	19% Med (10/52)
35% High (30)	15% High (7/46)	13% High (6/46)	12% High (6/52)	19% High (10/52)
Static-99 Risk Assessment received (20%) 20/98	11% (5/46)	0% (0/46)	10% (5/52)	17% (9/52)
Static Risk Assessment scores				
5% Low (1)	0% Low (0/46)	-	0% Low (0/52)	2% Low (1/52)
75% Med (15)	11% Med (5/46)	-	6% Med (3/52)	12% Med (6/52)
20% High (4)	0% High (0/46)	-	4% High (2/52)	4% High (2/52)

Note. No *Static-99*'s had been completed on the non-Aboriginal intra-familial offender sample.

Whether or not an assessment was completed, and the types of assessments that were completed were compared across groups using the Pearson chi-square statistic. For these comparisons, the biological and step intra-familial offender groups again were collapsed into one *general* intra-familial offender group. As in the Recidivism analyses, this was done as a means of mitigating the statistical concerns that arise as a result of low expected frequency cell values. This more global definition of intra-familial offenders is consistent with the definitions of intra-familial offenders in the literature (e.g., Barbaree & Marshall, 1998; Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999; Meyer Williams, & Finkelhor, 1990; Prentky, Knight, Rosenberg, & Lee, 1989; Studer, Clelland, Aylwin, Reddon, & Monro, 2000).

For the assessment yes/no comparisons there were no expected frequencies below one; however, given that 90/98 offenders received some form of assessment, the cell values for the no assessment group were comparably lower than those of the received assessment group. In each of the six comparisons performed with the assessment yes/no variable, 50% of the expected frequency values were between one and five. Given the expected values below five, for the sake of being conservative, all chi-squares in the assessment yes/no comparison were performed using the Yates correction. These subsample comparison results are listed in Table 3.21.

In the assessment type comparisons, three comparisons yielded expected values below one, and all of the comparisons had more than 20% of the expected values between one and five. As a result, the assessment types were collapsed from five categories (*PRA*; *SRA*; *PRA* and *SRA*; *PRA* or *SRA* and *Static-99*; *PRA*, *SRA*, and *Static-99*) to three categories: (a) risk assessment conducted for violent re-offence; (b) risk assessment for

sexual re-offence; and, (c) risk assessment for both violent and sexual re-offence. Even after collapsing the groups, there were expected values below one in two of these comparisons, and all of the comparisons had more than 20% of the expected values fall between one and five. The results for the collapsed groups are outlined in Table 3.23. The two analyses with expected values below one are noted. The Yates correction could not be applied to these analyses given that these data were not in a 2x2 contingency table.

3.3.1 Presence or Absence of Assessment

Membership in the intra-familial or extra-familial offender groups was not associated with the likelihood of receiving an assessment. There was also no association between receiving an assessment and Aboriginal and non-Aboriginal offender group status, or membership in any of the offender sub-groups. These results are outlined in Table 3.21.

Table 3.21

Results for Presence or Absence of Assessment

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	.036	98	1	.850	0%	2/4 (50%)
Aboriginal and non-Aboriginal	.114	93	1	.735	0%	2/4 (50%)
Intra-familial Aboriginal and intra-familial non-Aboriginal	1.336	43	1	.248	0%	2/4 (50%)
Extra-familial Aboriginal and extra-familial non-Aboriginal	.000	50	1	1.00	0%	2/4 (50%)
Intra-familial Aboriginal and extra-familial Aboriginal	1.087	46	1	.297	0%	2/4 (50%)
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	.023	47	1	.880	0%	2/4 (50%)

3.3.2 *Types of Assessment Received*

In the first series of analyses the assessment types were coded as *PRA*; *SRA*; *PRA* and *SRA*; *Static-99*; *Static-99* and *PRA* or *SRA*; and *Static-99*, *PRA* and *SRA*. No offenders received the *Static-99* as their sole assessment. Given low expected frequency cell values in some of the assessment type cells these groups were collapsed from the five groups into three groups: violent; sexual; or both risk assessments. Both sets of results are discussed for the sake of thoroughness; however, the second set involving the collapsed comparisons should be given more consideration given the low expected frequency cell values in the initial analyses. The Yates correction could not be applied to these chi-square analyses given that the data do not conform to a 2x2 contingency table. These results are presented in Table 3.23.

There were no associations between the intra- and extra-familial offender groups and the types of assessments that they received either before or after the groups were collapsed. There also were no associations between Aboriginal and non-Aboriginal offenders and the types of assessments that they received before and after the groups were collapsed.

In the initial comparisons of the type of assessments received for the sub-groups of offenders, all but one comparison were non-significant. There was a significant association for the non-Aboriginal intra-familial offenders ($n = 19$) and the non-Aboriginal extra-familial offenders who received an assessment ($n = 23$) with the types of assessments that they received ($X^2 [4, N = 42] = 11.829, p = .019$). Non-Aboriginal extra-familial offenders appeared to receive the *Static-99* more often than did non-Aboriginal intra-familial offenders (see Table 3.22). However, this significance

dissipated once the assessment type groups were collapsed. The results for the collapsed groups and sub-groups are outlined in Table 3.23.

Table 3.22

Assessment Frequencies for Non-Aboriginal Intra-familial and Extra-familial Offenders

Offender Group	<i>PRA</i>	<i>SRA</i>	<i>PRA and SRA</i>	<i>PRA or SRA and Static-99</i>	<i>PRA, SRA and Static-99</i>	<i>Total</i>
Non-Aboriginal intra-familial	0	3	16	0	0	19
Non-Aboriginal extra-familial	1	4	9	1	8	23
Total	1	7	25	1	8	42

Table 3.23

Assessment Type Results (Collapsed Groups)

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	.509	90	2	.775	0%	2/6 (33%)
Aboriginal and non-Aboriginal	.396	85	2	.820	0%	2/6 (33%)
Intra-familial Aboriginal and intra-familial non-Aboriginal	2.08	40	2	.353	0%	4/6 (67%)
Extra-familial Aboriginal and extra-familial non-Aboriginal	.978	45	2	.613	2/6 (33%)	1/6 (17%)
Intra-familial Aboriginal and extra-familial Aboriginal	2.214	43	2	.331	0%	4/6 (67%)
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	1.16	42	2	.560	2/6 (33%)	2/6 (33%)

3.3.3 Risk Assessment Scores

Total risk scores for the entire sample were examined in order to determine whether or not scores on these measures were related. *Static-99* total risk scores were not correlated with *SRA* total risk scores ($r = -.006, p = .979$) or *PRA* total risk scores ($r = .148, p = .543$). *PRA* and *SRA* total risk scores were significantly related to each other ($r = .354, p < .001$) indicating that there is moderate overlap in what these two instruments measure.

3.3.3.1 Intra-familial and Extra-familial Offender Risk Scores

Total scores on the *PRA* ($n = 72$) ranged from 2 to 20 with a possible maximum of 22. The most frequently occurring score was 8, the median was 10, and the mean was 9.78 ($SD = 4.21$). Total scores on the *SRA* ($n = 86$) ranged from 4 to 27, with a possible maximum of 34. The most commonly occurring score was 10, the median was 11, and the mean was 12.77 ($SD = 5.35$). Total scores on the *Static-99* ($n = 20$) ranged from one to nine, with a possible maximum of 12. The most frequent score was two, the median score was three, and the mean score was 2.65 ($SD = 2.18$). The frequency and types of assessments completed, and the associated risk scores for the offender sub-samples are outlined in Tables 3.19 and 3.20.

The total risk scores for each measure were compared between intra-familial and extra-familial offenders. Mean risk scores are presented in Table 3.24. There were no significant differences between the total scores of intra-familial and extra-familial offenders on the *PRA* ($t [70] = .996, p = .323$), the *SRA* ($t [84] = -1.494, p = .139$), or the *Static-99* ($t [18] = -1.605, p = .126$).

Of all of the *PRA* and *SRA* items, item five on the *SRA* (*deviant sexual preferences*) warranted specific attention. Ten intra-familial offenders and thirteen extra-familial offenders were coded as having deviant sexual preferences. Intra-familial and extra-familial offenders did not differ significantly on this item ($\chi^2 [1, N = 86] = .116, p = .733$).

Table 3.24

Mean Risk Assessment Scores for Intra-familial and Extra-familial Offenders

Offender Group	<i>PRA</i>	<i>SRA</i>	<i>Static-99</i>
	(<i>N</i>)	(<i>N</i>)	(<i>N</i>)
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)
Intra-familial	(35) 10.29 (4.80)	(40) 11.85 (4.66)	(6) 2.5 (.55)
Extra-familial	(37) 9.30 (3.57)	(46) 13.57 (5.81)	(14) 4.14 (2.44)

3.3.3.2 *Aboriginal and Non-Aboriginal Offender Risk Scores*

The total risk scores for each measure also were compared between Aboriginal and non-Aboriginal offenders. The mean scores for these groups are presented in Table 3.25. There was a significant difference between the *PRA* scores for Aboriginal and non-Aboriginal offenders ($t [66] = 4.363, p = .000$), with Aboriginal offenders having significantly higher scores than the non-Aboriginal offenders. There were no significant differences in *SRA* total scores ($t [80] = -1.318, p = .191$), or *Static-99* total scores ($t [17] = -.482, p = .636$) between the Aboriginal and non-Aboriginal offender groups.

Seven Aboriginal offenders and fifteen non-Aboriginal offenders were coded as having deviant sexual preferences according to item five on the *SRA*. Non-Aboriginal

offenders were coded as having deviant sexual preferences significantly more often than were Aboriginal offenders ($X^2 [1, N = 82] = 3.976, p = .046$).

Table 3.25

Mean Risk Assessment Scores for Aboriginal and Non-Aboriginal Offenders

OFFENDER GROUP	<i>PRA</i>	<i>SRA</i>	<i>Static-99</i>
	(<i>N</i>)	(<i>N</i>)	(<i>N</i>)
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Aboriginal	(34) 11.82 (3.93) **	(41) 12.02 (4.42)	(6) 3.5 (1.96)
Non-Aboriginal	(34) 7.85 (3.57) **	(41) 13.59 (6.16)	(14) 4.00 (2.55)

** $p < .001$

3.3.4 The Relationship between Assessment Results and Treatment

The offenders' total scores on the assessment measures did not influence their likelihood to receive treatment, nor did they influence the type of treatment that was received. Offenders' total scores on the *PRA* did not influence the likelihood of receiving treatment ($t [70] = 1.30, p = .198$) or the type of treatment that the offenders received ($t [39] = .015, p = .988$). Total scores on the *SRA* did not influence the likelihood of receiving treatment ($t [84] = .991, p = .325$) or the type of treatment that the offenders received ($t [49] = 1.151, p = .255$). Finally, total scores on the *Static-99* did not influence the likelihood of receiving treatment ($t [18] = 1.937, p = .069$) or the type of treatment that the offenders received ($t [12] = .478, p = .641$).

3.3.5 The Relationship between Assessment Results and Recidivism Rates

Scores on the *SRA* and the *Static-99* for offenders who re-offended were not significantly different from those of offenders who remained offence-free. *PRA* scores were significantly higher for those offenders who were convicted of a new offence than they were for offenders who did not re-offend. As mentioned, Aboriginal offenders had significantly higher *PRA* scores than did non-Aboriginal offenders. However, it is of note that both mean groups' risk scores were in the medium risk range, and these groups did not differ in their likelihoods to re-offend. When the *PRA* scores of Aboriginal offenders were examined separately in relation to violent recidivism, Aboriginal offenders were also not more likely to re-offend violently than non-violently, as the higher score on the *PRA* might have predicted ($t [12] = -.277, p = .789$). The means and t values are presented in Table 3.26.

Table 3.26

Offender Risk Scores for Recidivists and Non-recidivists

Risk Measure	<i>M (SD)</i>		<i>t</i> Value	<i>df</i>	<i>p</i> Value
	<i>Recidivists</i>	<i>Non-recidivists</i>			
<i>PRA</i>	12.82 (4.10)	8.96 (3.61)	-3.224	40	.003 *
<i>SRA</i>	15.06 (5.21)	12.32 (5.33)	-1.746	47	.087
<i>Static-99</i>	3.33 (1.97)	4.33 (2.16)	.839	10	.421

* $p < .05$

3.4 Treatment Practices

Information regarding recommendations made for treatment was not available in the offender files or the database. Therefore, the research questions related to the congruence

between treatment recommendations and treatment received could not be addressed.

Additionally, treatment start dates and end dates were not available from the offender files, nor was information about treatment duration or the number of contact hours that the offender had with treatment staff, so treatment duration and *intensity* could not be examined. Finally, no culture-specific treatment was available to any offenders in this sample so the research question related to the frequency with which Aboriginal offenders were receiving culture-specific treatment could not be addressed.

Of the entire offender sample, 58% (57/98) of the offenders received some form of treatment. As described earlier, treatment was offered in two possible formats: sexual offender educational programming; and sexual offender treatment. Forty-seven percent (27/57) of offenders who received treatment participated in sex offender educational programming, and 40% (23/57) of offenders participated in sex offender treatment. Twelve percent (7/57) of offenders had documentation in their files that confirmed that they had participated in both interventions. However, typically offenders do not participate in treatment unless they have successfully completed the sex offender education programme, so it is likely that actually 30 of the 57 offenders who received treatment received both types of intervention.

Offenders did not receive treatment either because they refused treatment, they did not have long enough sentences to participate in and complete a programme, they were not of a high enough level of functioning to participate in the programmes that were available to them, or, in the case of one offender, he did not speak English and, therefore, could not be offered satisfactory treatment services.

Programme completion information was available for 39 of these 57 offenders. Thirty-two offenders completed, whereas seven did not complete a programme that they had started. These treatment participation rates in relation to the offender-types and race are listed in Tables 3.27 and 3.28. The treatment completion information for the entire treated sample was examined in relation to recidivism rates in order to determine whether or not those who completed treatment were less likely to re-offend. There was no significant association between treatment completion and overall recidivism rates ($X^2 [2, N = 21] = 5.492, p = .064$).

Table 3.27

Biological Intra-familial and Step Intra-familial Offender Treatment Information

<i>Sex Offender Treatment Received (Overall Sample Percentages) N = 98</i>	<i>Biological Intra-familial Offenders (N = 19)</i>		<i>Step Intra-familial Offenders (N = 27)</i>	
	<i>Aboriginal (N = 8)</i>	<i>Non-Aboriginal (N = 10)</i>	<i>Aboriginal (N = 13)</i>	<i>Non-Aboriginal (N = 12)</i>
Treatment received 57/98 (58%)	16% (3/19)	42% (8/19)	22% (6/27)	26% (7/27)
Sexual offender educational programming (28%)	5% (1/19)	21% (4/19)	7% (2/27)	11% (3/27)
Sexual offender treatment programming (24%)	0% (0/19)	16% (3/19)	15% (4/27)	7% (2/27)
Both sexual offender educational programming and sexual offender treatment programming (7%)	11% (2/19)	5% (1/19)	0% (0/27)	7% (2/27)
Treatment completed	100% (3/3)	88% (7/8)	17% (1/6) ^a	43% (3/7)

^a Completion information was not available for four offenders.

Table 3.28

General Intra-familial Offender and Extra-familial Offender Treatment Information

<i>Sex Offender Treatment Received (Overall Sample Percentages) N = 98</i>	<i>Biological + Step Intra-familial Offenders (N = 46)</i>		<i>Extra-familial Offenders (N = 52)</i>	
	<i>Aboriginal (N = 21)</i>	<i>Non-Aboriginal (N = 22)</i>	<i>Aboriginal (N = 25)</i>	<i>Non-Aboriginal (N = 25)</i>
Treatment received 57/98 (58%)	20% (9/46)	33% (15/46)	27% (14/52)	29% (15/52)
Sexual offender educational programming (28%)	7% (3/46)	15% (7/46)	15% (8/52)	14% (7/52)
Sexual offender treatment programming (24%)	9% (4/46)	11% (5/46)	12% (6/52)	14% (7/52)
Both sexual offender Educational programming and sexual offender treatment programming (7%)	4% (2/46)	7% (3/46)	0% (0/52)	2% (1/52)
Treatment completed	44% (4/9) ^a	67% (10/15)	71% (10/14) ^b	47% (7/15) ^c

^a Completion information was not available for four offenders.^b Completion information was not available for three offenders.^c Completion information was not available for five offenders.

Whether or not any treatment was received, and the types of treatment programming received were compared across groups using the chi-square statistic. For these comparisons, again, the biological and step intra-familial offender groups were collapsed into one *general* intra-familial offender group. As with the recidivism and assessment comparisons, this was done as a means of minimising the statistical concerns that result from low expected cell frequency values, and it is congruent with the general definition of intra-familial offenders in the literature (e.g., Barbaree & Marshall, 1998; Firestone, Bradford, McCoy, Greenberg, Larose, & Curry, 1999; Meyer Williams, & Finkelhor, 1990; Prentky, Knight, Rosenberg, & Lee, 1989; Studer, Clelland, Aylwin, Reddon, & Monro, 2000).

In the treatment yes/no comparisons all expected values exceeded five. These results are summarised in Table 3.29. All of the treatment type comparisons (sex offender education programme; sex offender treatment, and both sex offender education programme and sex offender treatment) had more than 20% of the expected values between one and five. On the basis of the statistical concerns related to low expected frequency values noted earlier, the *sex offender treatment* group and the *sex offender education and treatment* group were collapsed into one category based on the Saskatchewan Justice, Corrections Division policy that sexual offenders receive sex offender treatment only after they have successfully completed a sex offender education programme (C. Ground, personal communication, May 14, 2002). Although documentation supporting participation in sex offender education programming as well as treatment was not always available, the decision to collapse these two groups was supported by the existing policy. Once these groups were collapsed, all expected values

exceeded the minimum of one, and in all but two cases, the number of expected values that were between one and five did not exceed 20% of the cells in the table. The Yates correction was applied to those cases where fewer than 80% of the expected values were above five. The two comparisons wherein more than 20% of the expected values were between one and five are noted. The collapsed treatment type comparison results are outlined in Table 3.30.

3.4.1 Presence or Absence of Treatment

There were no significant associations with the likelihood of receiving treatment for any of the groups or sub-groups of offenders. These results are presented in Table 3.29.

Table 3.29

Results for the Presence or Absence of Treatment

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	.010	98	1	.920	0%	0%
Aboriginal and non-Aboriginal	1.814	93	1	.178	0%	0%
Intra-familial Aboriginal and intra-familial non-Aboriginal	2.794	43	1	.095	0%	0%
Extra-familial Aboriginal and extra-familial non-Aboriginal	.082	50	1	.774	0%	0%
Intra-familial Aboriginal and extra-familial Aboriginal	.789	46	1	.375	0%	0%
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	.339	47	1	.560	0%	0%

3.4.2 Types of Treatment Received

In the initial analyses conducted with the three treatment type groups there were no significant associations for the offender groups with the type of treatment received.

When the groups were collapsed from three categories (sex education group, sex offender treatment group, or sex education and sex offender treatment) to two categories (sex education group or sex education plus sex offender treatment) there were still no significant associations between any of the offender groups. These collapsed group and sub-group results are presented in Table 3.30.

Table 3.30

Treatment Type Results (Collapsed Groups)

<i>Samples Compared</i>	Chi-square Statistic	<i>N</i>	<i>df</i>	<i>p</i> Value	% Expected Frequencies < 1	% Expected Frequencies between 1 and 5
Intra- and extra-familial	.904	57	1	.342	0%	0%
Aboriginal and non-Aboriginal	.007	53	1	.933	0%	0%
Intra-familial Aboriginal and intra-familial non-Aboriginal	.411	24	1	.521	0%	1/4 (25%)
Extra-familial Aboriginal and extra-familial non-Aboriginal	.318	29	1	.573	0%	0%
Intra-familial Aboriginal and extra-familial Aboriginal	1.245	23	1	.265	0%	2/4 (50%)
Intra-familial non-Aboriginal and extra-familial non-Aboriginal	.000	30	1	1.0	0%	0%

4. DISCUSSION

4.1 *Summary and Discussion of Findings*

As previously noted, on the basis of information from the Canadian correctional system it was expected that assessment and treatment practices would not be significantly different for intra- and extra-familial Aboriginal and non-Aboriginal offenders. As predicted, the intra- and extra-familial Aboriginal and non-Aboriginal offender subgroups did not receive different assessments or different treatments. Assessment results (risk scores) did not influence the likelihood of receiving treatment, or the type of treatment received. Risk scores also did not differentiate recidivists from non-recidivists for the intra- and extra-familial Aboriginal and non-Aboriginal offender sub-groups; however, when the entire sample was examined, the *PRA* did appear to predict general recidivism. Additionally, treatment completion was not related to re-offence rates.

There is an abundance of literature to support a prediction that extra-familial offenders would re-offend more often than would intra-familial offenders. However, on the basis of recent research findings it was expected that intra- and extra-familial offenders would re-offend at similar rates. Extra-familial offenders did not re-offend significantly more often than did intra-familial offenders (42% vs. 35%). Conclusive and specific statements about sexual recidivism could not be made given that only 3 of the 95 released offenders committed a new sexual offence. However, it is worth noting that all three of these sexual recidivists in this sample were intra-familial offenders.

There were no directional hypotheses for the comparative recidivism rates and types for Aboriginal and non-Aboriginal offenders. It was found that Aboriginal and non-

Aboriginal offenders did not re-offend at different rates or with different types of offences.

4.1.1 *Recidivism*

The fact that the sub-groups of offenders in this study had similar re-offence rates supports the proposition that intra- and extra-familial sexual offenders are not as different as previously believed. Based on the demographic comparisons between the intra-familial and extra-familial offender samples, these two groups appear to be similar in age, education and employment histories, marital status, risk level, and likelihood to re-offend. This is counter to the general belief posited in the literature: that intra-familial offenders are more likely to be married and gainfully employed while extra-familial offenders are often single and have less successful or stable lifestyles. It is of particular note that intra- and extra-familial offenders had comparable general, violent, and sexual offence histories. Intra-familial offenders are typically envisioned as leading, apart from their sexual offending, otherwise pro-social lives. Extra-familial offenders are believed to have the more extensive criminal backgrounds. The similarities found between intra- and extra-familial offenders in this study support the assertion that perhaps these two offender types are not as distinct as previously believed – especially in terms of recidivism rates. If this is the case, there may not be any substantial justification for differential assessments and treatment of offenders with these different victim preferences. However, the need to assess offenders on an individual basis so as to identify risk factors specific to each offender still exists, independent of the offender's race or victim preference.

Total risk scores did not differ between the intra-familial and extra-familial offender groups. Even item five on the *SRA*, *sexual deviance*, did not differ between these two offender groups. Of the 10 intra-familial offenders who were documented to have deviant sexual preferences, five were biological intra-familial offenders, and 5 were step intra-familial offenders. This even split indicates that there was no difference between these sub-types of intra-familial offenders in terms of level of sexual deviance, assuming that this measure of deviance is accurate. The fact that total risk scores did not differ between intra-familial and extra-familial offenders, and that no differences were detected between these groups in terms of level of sexual deviance, again suggests that these two groups are more similar in terms of risk factors and risk level than is supported by the literature.

Aboriginal and non-Aboriginal offenders differed on several demographic variables. Non-Aboriginal offenders were significantly older, had significantly higher education levels and higher levels of employment skill than did their Aboriginal counterparts. Aboriginal offenders appeared more likely to be in a common law relationship and less likely to be divorced than non-Aboriginal offenders. Significantly more Aboriginal offenders had criminal histories than did non-Aboriginal offenders. Eighty-five percent (39/46) of the Aboriginal offenders, compared to 43% (20/47) of the non-Aboriginal offenders had previous convictions. Fifty-seven percent of the Aboriginal offenders had previous violent offence convictions, compared to 15% of the non-Aboriginal offenders. This finding is congruent with the over-representation trend for Aboriginal offenders in the Canadian justice system. Although it is quite probable that this over-representation is, in part, attributable to some of the demographic characteristics noted above, the fact

that no culturally-relevant assessments or treatment programmes were available to offenders is a potential contributing factor. More lengthy criminal histories indicates that offenders' criminogenic needs that are ideally targeted while under correctional supervision have not been effectively ameliorated, resulting in these offenders receiving more than one, and often multiple incarcerations.

4.1.2 Assessment

Three instruments were used to assess offenders in this sample: the *Primary Risk Assessment*; the *Secondary Risk Assessment*; and the *Static-99*. The majority of offenders (52) received the *PRA* and the *SRA*. Given that the formal implementation of the *Static-99* is so recent (2002), only 20 offenders in this sample were administered this measure.

Based on this sample, intra-familial and extra-familial Aboriginal and non-Aboriginal offenders receive the same assessments at intake to the criminal justice system. The only noteworthy, though non-significant, association was between non-Aboriginal intra-familial offenders and non-Aboriginal extra-familial offenders. Non-Aboriginal extra-familial offenders received the *Static-99* more often than did the non-Aboriginal intra-familial offenders. However, the implementation of this measure is so new, and thus the proportion of offenders who received this assessment is so low, that this cannot be stated conclusively. Additionally, this association did not maintain statistical significance after the treatment type variable was re-coded to reduce the number of treatment type groups from five to three. Thus, it was concluded that these two groups did not receive significantly different assessments although there did appear to be a trend in this direction.

Given that extra-familial offenders have generally been considered to be a greater risk to re-offend, it would be understandable if they were deliberately chosen to be the first offenders to have been administered this recently implemented risk assessment measure over those who are typically deemed to present a low risk. Although it can be concluded from this study that the assessments, to date, for these two groups of offenders were the same, it is possible that the recent changes in the assessment protocols used, with the adoption of the *Static-99* and the *SONAR* measures, may alter this situation.

The assessment results, reflected by the offenders' total scores on the three assessment measures, did not differ significantly between the intra-familial and extra-familial offenders. The only significant result for the total score comparison between the Aboriginal and non-Aboriginal offenders was on the *PRA*; Aboriginal offenders had significantly higher *PRA* scores than did non-Aboriginal offenders. However, these higher scores did not translate into a higher likelihood to re-offend generally or violently for the Aboriginal offender sample.

The outcome of the offenders' assessments (total scores on the assessment measures) did not influence offenders' likelihood to receive treatment, nor did it influence the type of treatment that was received by any of the sub-sample groups. The *SRA* and the *Static-99* scores were not predictive of recidivism with this sample; however, when the entire sample was examined collectively, *PRA* scores were significantly higher for those offenders who were convicted for a new offence than they were for offenders who did not re-offend.

Some important concerns about offender assessment arise on the basis of these results. It is commendable that Saskatchewan Justice consistently assessed sexual

deviance as a component of their intake assessment. However, the information used to score the *sexual deviance* item in the *SRA* is not clear. Offenders typically do not voluntarily self-report deviant sexual preferences, and offenders under the jurisdiction of provincial corrections rarely receive *PPG* (penile plethysmography) assessments. If the coding of this item was based solely on the fact that the offender had a child victim in a sexual offence, this may explain the lack of differences found between these two groups. If it is assumed that the sexual deviance item was based on valid information, these results can be interpreted to indicate that these two groups are indeed similar in their levels of sexual deviance and, thus, intra-familial offenders may not constitute either a low level of risk, or lower risk than extra-familial offenders. The comparative general re-offence rates for these groups seem to support this; 35% of the intra-familial offenders re-offended and 42% of the extra-familial offenders re-offended. In fact, only intra-familial offenders were convicted for new sexual offences.

Another concern surrounds the coding of two items on the *Static-99*; these two items almost guarantee higher scores for extra-familial offenders. Offenders receive one point if they have ever had any unrelated victims, and an additional point if they have ever had any victims who were strangers to them. Given that the higher the offender's score, the higher level of risk he is believed to pose, this instrument singles out the extra-familial offenders as higher risk. Based on the majority of the literature on recidivism rates for intra-familial versus extra-familial offenders, this negative bias towards extra-familial offenders is warranted. The results of this study, however, do not support the assertion that these offenders pose a higher risk than do intra-familial offenders so this upward bias against extra-familial offenders may be misleading.

It is clear that Aboriginal offenders did not receive assessments that served to isolate risk factors that may be specific to this offender sub-population. Neither the *PRA*, the *SRA*, nor the *Static-99* include any items that have observable cultural relevance. As a result, specific treatment needs that may exist for these offenders were not identified. Future research should be focused on empirically determining what culture-specific information is necessary and beneficial to obtain (i.e., those risk factors and protective factors that may be specific to Aboriginal offenders). Perhaps it is not necessary to access this information with an assessment measure. Adding a component to the intake interview might serve as an effective means by which to obtain the information pertinent to culture that appears to be currently lacking in the assessment process.

Aboriginal offenders had significantly higher *PRA* scores than did the non-Aboriginal offenders but were not more likely to re-offend (either generally or violently) than were non-Aboriginal offenders. It is possible that the *PRA* items are not globally applicable to Aboriginal offenders and, thus, are not capturing the risk factors specific to this offender sub-population. There were no significant associations between *SRA* total scores or *Static-99* total scores and the Aboriginal and non-Aboriginal groups. Contrary to some previous literature, Aboriginal offenders were not found to re-offend at a higher rate than non-Aboriginal offenders (e.g., Williams, Vallée, & Staubi, 1997). Cultural factors that are related to the likelihood of victims reporting future sexual offences require further research attention. Additionally, different dynamics within the community may influence the likelihood of preventing future offences and/or reporting them if they recur, thus affecting the sexual recidivism rates of Aboriginal offenders as based upon re-conviction.

Non-Aboriginal offenders were coded as having deviant sexual preferences significantly more often than were Aboriginal offenders. Only seven Aboriginal offenders (compared to fifteen non-Aboriginal offenders) were coded as having deviant sexual preferences according to item five on the *SRA*. More research on Aboriginal perspectives on family dynamics and sexual offending may serve to elucidate this finding. It is possible that there are factors that are unique to Aboriginal culture and communities that would influence the expression of, and admission of, sexual preferences. These areas require further examination in future research.

With reference to the best practices in the assessment of sexual offenders in Canada, it appears as though offenders may not have been receiving assessments that effectively identified each individual's risk factors. In addition, there was no indication that offenders received any assessments over the course of treatment and at the completion or termination of treatment. In the provincial system where sentences are often of short duration it may be difficult to conduct assessments during the course of treatment; however, post-tests that measure changes in the dynamic factors that were targets of treatment would be ideal. The implementation of the *SONAR* will hopefully ameliorate this current deficit; however, the validity of the *SONAR* with intra-familial offenders and with Aboriginal offenders has not yet been established.

4.1.3 Treatment

Although treatment is not firmly rooted in aetiology, a strong argument can be made in favour of considering the motivation of each offender during the process of treatment programme construction and individual treatment planning. It is doubtful that any one theory of aetiology would adequately explain the offending behaviour of sexual offenders

who target children; however, the theory that appears to be most closely related to the common definition and understanding of intra-familial offending in the literature is the *Blockage* theory. A blockage in normal sexual and emotional gratification through adult relationships, combined with an offender's timid and socially awkward nature, could lead an offender to turn to children to meet his sexual and social needs.

Therapy at the provincial level in Saskatchewan appears to address these needs with the coverage of adult relationship skills. However, if it is accepted that the behaviour of some intra-familial offenders may more appropriately, or more completely, be explained by one of the other theories of aetiology (e.g., sexual arousal theory), the risk factor of sexual deviance should also be targeted in treatment. Although treatment providers assert that they seek to teach offenders to control their impulses and manage their behaviour rather than to 'cure' them, it seems remiss to overlook this particular risk factor in treatment planning. If an offender is sexually aroused by children, treatment specific to sexual deviance is the only direct means by which to teach offenders to manage the behaviour motivated by this factor. Given that offenders do not appear to be receiving individualised assessments that isolate specific treatment needs, and the risk factors purported to be specific to each offender group, there is a legitimate concern that the risk of those individuals for whom sexual deviance is a contributing factor is not being effectively managed.

Treatment options available to this offender sample did not include a cultural-specific programme for Aboriginal offenders. An interesting observation in this offender sample, although not a statistically significant result, was the lack of association between religious affiliation and Aboriginal and non-Aboriginal offender groups. Although no

non-Aboriginal offenders selected *Indigenous Beliefs* as their religious affiliation, only 13% of the Aboriginal offenders reported these beliefs as their religious affiliation. There are several possible reasons that Aboriginal offenders did not select this religious affiliation (e.g., they may not consider their beliefs to be a 'religion'); however, this observation highlights the importance of considering the extent to which Aboriginal peoples identify with the Aboriginal culture. Race is not necessarily synonymous with ethnicity. If culture-specific treatment is to be provided to offenders in institutions and/or the community, offenders should be consulted about their wishes to participate in this specialised treatment service rather than being placed in these programmes based on an unsubstantiated preconception that this will be the offender's preference.

Treatment completion was not related to re-offence rates. This might be erroneously interpreted as evidence that treatment is ineffective and does not have any influence over re-offence rates. An alternative explanation is that treatment completion alone is not an adequate measure of treatment success. All offenders under the jurisdiction of Corrections more often than not are quite compelled to comply with recommendations to participate in treatment programmes. Whether or not an offender completes treatment programmes may be the deciding factor in the determination of whether or not he obtains early release or reduced supervision conditions. It is essential to point out that treatment programme completion should not be considered synonymous with treatment success. Greater research attention in this area is overdue and it is hoped that the formal implementation of the *SONAR* will, in part, fill this gap by assessing changes in the risk factors that were targeted in treatment.

With reference to the standards of treatment provision to sexual offenders in Canada, it appears as though the core components of standard sexual offender treatment are present in the provincial treatment model, save one exception. Attention to, and treatment of, sexual deviance does not appear to be present in these programmes. Thus, it appears as though offenders do not receive individualised treatment planning that guarantees a focus specific to their own risk factors. Given that the current differentiation of risk level as based upon victim preference is called into question as a result of the findings of this study, it is possible that the risk principle is inadvertently not being followed. Further, the lack of attention to particular risk factors (e.g., culture-specific factors and the presence or absence of sexual deviance) may be compromising the effectiveness of adherence to the need principle. Concerns surrounding the responsivity principle appear to be most salient for Aboriginal offenders; the verbal-based, group format may not be the ideal means of treatment delivery for this sub-population of offenders.

In sum, generally, intra-familial and extra-familial Aboriginal and non-Aboriginal offenders received the same assessments and treatments while under correctional supervision. Demographics, risk scores, and re-offence rates did not differentiate intra- and extra-familial offenders, suggesting that these two sub-types of sexual offenders against children may indeed constitute similar levels of risk counter to the assertions made in previous literature. Whether this similar risk level indicates that extra-familial offenders are lower risk than previously believed, or that intra-familial are higher risk than previously believed could not be concluded on the basis of these results. However,

it is clear, based on the findings of this study, that further research examining this query is indeed warranted and necessary.

Re-offence rates did not differentiate Aboriginal and non-Aboriginal offenders; however, the fact that there were differences between these sub-populations on one risk measure (the *PRA*), and that the sample demographic differences were significant, lends support to the assertion that Aboriginal offenders should receive assessment and treatment reflective of these sample differences if risk factors unique to this population are to be effectively managed.

4.2 *Potential Limitations*

There are a number of methodological issues that might be considered limitations of the current study. First, categorising offenders solely on the basis of their index offences is a potential concern. Some researchers may view this as inaccurate based on the notion that offender typology should be based on established patterns of offending. This is a valid point; however, currently it is often unavoidable for important decisions, including sentencing decisions, programme planning, and recidivism prediction, to be made based on single-offence history information. This concern is most evident in situations where, for example, an offender is classified as an intra-familial offender (based on his index offence) but re-offends sexually against an adult woman, or a child outside of the family. In this instance, had his prospective re-offence information been available, he would have been more accurately classified as a *mixed* sexual offender, with, according to some researchers, a higher risk for re-offence (e.g., Hanson & Bussière, 1996). It is possible that this higher risk would have translated into a different response from the criminal justice system (e.g., incarceration rather than community supervision; or more extensive

treatment); however, as was illustrated in the results of this study, the likelihood of receiving a community versus an institutional sentence did not differ, nor did treatment.

In this sample, general sexual offence history information was available for 97 of the 98 offenders. Twenty-eight offenders had committed a previous sexual offence (29%). Specific sexual offence history information (victim age) was available for 28 of the 98 offenders. Sixty-one percent (17/28) of the offenders had previous offences against children, and 39% (11/28) had previous offences against non-consenting adult women. This diversity that results when offence history is overlapped with index offence types highlights another issue that warrants extensive future investigation. It is convenient to discuss the distinct risk categories that apply to intra- and extra-familial offenders; however, the frequency with which these groups overlap with each other, and with other sex offender groups (e.g., rapists) has not been thoroughly investigated. The sexual recidivism base rates in this sample were too low ($n = 3$) to allow for an investigation of this issue; however, this is an area that would benefit from future investigation.

The fact that this study was conducted retrospectively is another potential concern. Although a prospective design would have been preferred, a benefit of retrospective designs in this type of research is the extended length of the follow-up window. Potential biases were prevented by ensuring that the demographic, assessment, and treatment data were collected prior to collecting the re-offence information.

Another concern often related to archival data is that documentation procedures may have changed at some point within the data collection time-frame. More specifically, when examining legally related information, legislative changes can occur that may skew data interpretation. Given the short time-span covered by this study (April 1999 to

March 2001), the consistency of legislation and official documentation was not an issue, save one exception. The one aspect of documentation that was a concern involves the recent shift in Saskatchewan Corrections from one assessment instrument to another. The *SRA*, utilised by Saskatchewan Justice during the entire time frame of this study, was formally replaced with the *Static-99* in June of 2002. In addition, in a recent study the *SRA*, which had been routinely utilised by Saskatchewan Corrections since 1996, was found to be ineffective in the prediction of sexual offence recidivism (Hanson, 2002). Despite the fact that the *SRA* is no longer the instrument used to assess sexual offenders, it was the instrument used since 1996 and the results pertaining to which assessments were conducted with which offenders, and the influence of assessment results on treatment decisions are still revealing. The fact that assessment scores did not differ significantly across groups, however, does make it difficult to discern whether or not these scores were factoring into treatment and release decisions. In addition, given that the Correctional Service of Canada is mandated to offer treatment to all sexual offenders, assessment results likely do not have a profound influence on whether or not an offender receives treatment. It would be logical for assessment results to be indicative of the type of treatment that should be offered to sexual offenders, however, the range of treatment options available in Canada is still quite limited.

Finally, several of the chi-square analyses performed on the treatment type, recidivism yes/no, and recidivism type variables had expected frequency cell values below one, and had more than 20% of the expected values between one and five. Given that this may be interpreted as problematic by some researchers but not by others, the comparisons wherein these issues were present were noted so that the reader was aware

of the cautious filter through which the results were interpreted, but could apply his or her own statistical interpretation preferences if so chosen. In all of the 2x2 contingency tables, if expected frequency cell values were below one, or more than 20% were between one and five, the Yates correction was applied to the analyses. However, a larger sample size would have been preferable so as to increase the expected frequency values in these analyses, and to increase statistical power overall.

Although some of the results from this study warrant cautious interpretation, it can be concluded that the sub-types of sexual offenders who target children as their victims receive the same assessments at intake to the correctional system. These assessments do not appear to differentiate these offenders in terms of risk factors that are believed to be specific to these groups, despite the fact that there is a literature base in support of different levels of risk, and factors contributing to such risk, for both groups. The one salient item in the assessment measure that should serve to differentiate the risk levels of these sub-types of offenders (i.e., sexual deviance) may not be fulfilling this purpose effectively given that the source of the information used to code this information is of questionable origin, and potentially questionable accuracy.

The results of this study contribute both to the literature and to clinical-forensic practice with respect to the assessment and treatment of sexual offenders against children. The similarities found between the intra- and extra-familial groups draw question to whether or not these offenders indeed have different levels of dangerousness; perhaps if only at the provincial level where offenders tend to have less entrenched and less heinous criminal histories. These results also may be of importance to the Courts and to Corrections' professionals when sentencing decisions, the provision of treatment orders,

supervision decisions, and release decisions are being considered. Further, the differences found between the Aboriginal and non-Aboriginal offenders highlight the import of consideration of the factors unique to this offender sub-population.

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APPENDIX A
Ethics Approval from the University of Regina



UNIVERSITY OF REGINA
OFFICE OF RESEARCH SERVICES

DATE: January 28, 2002

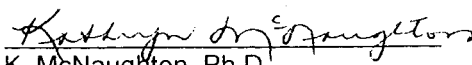
TO: Amber Hills
Psychology Department

FROM: K. McNaughton, Ph.D.
Chair, Research Ethics Board

Re: **The Assessment, Treatment and Recidivism of Intra-familial and Extra-familial Male Sexual Offenders: A Comparison of Aboriginal and Caucasian Offenders.**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

- ☒ 1. **ACCEPTABLE AS SUBMITTED.** Only applicants with this designation have ethical approval to proceed with their research as described in their applications. The *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* requires the researcher to send the Chair of the REB annual reports and notice of project conclusion for research lasting more than one year (Section 1F). **ETHICAL CLEARANCE MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS. CLEARANCE WILL BE REVOKED UNLESS A SATISFACTORY STATUS REPORT IS RECEIVED.**
- ☐ 2. **ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and subsequently approved prior to beginning research. Please address the concerns raised by the reviewer(s) by means of a supplementary memo to the Chair of the REB. Do not submit a new application. Once changes are deemed acceptable, approval will be granted.
- ☐ 3. **UNACCEPTABLE AS SUBMITTED.** Please contact the Chair of the REB for advice on how the project proposal might be revised.


K. McNaughton, Ph.D.

c.c. Dr. Jeffery Pfeifer, supervisor

KM/sc/ethics2.dot

APPENDIX B
Project Approval from Saskatchewan Justice, Corrections Division

Saskatchewan



Justice

Corrections

1874 Scarth Street
Regina, Canada
S4P 3V7

February 25, 2002

Ms. Amber Hills
2600 Robinson Street
Regina, SK S4T 2R4

Dear Ms. Hills:

Re: Proposed Research Project

After reviewing your research proposal, I will approve your access to Saskatchewan Justice, Corrections Division's records for the specific purposes of your research project. This permission is granted with the understanding that this information is to be used solely for the purpose of the research and any records that contain individual identifying information cannot be released without the prior written consent of the Executive Director of Corrections Division.

In granting this permission, I must alert you to your legal responsibility to comply with the *Saskatchewan Correctional Services Act*, Section 13. Under this section of the *Act*, you may have access to the information for research purposes, but in distributing your research findings, you **must** present the information:

"In statistical form...such that the information does not reveal the identity of the person whom is the subject of the information." (SCSA, 13(b)).

Attached to this letter is a copy of the *Freedom of Information Act Agreement* that you must agree to and sign prior to this research beginning.

If you are willing to abide by these provisions, we look forward to assisting you in this valuable research project. Please contact Patrick O'Byrne and he will arrange for you to sign the agreement at a time of your convenience.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Don Head'.

Don Head
Executive Director of Corrections

Enclosure

This Agreement made this 28th day of February, 2002.

BETWEEN:

Her Majesty the Queen in right of the Province of Saskatchewan,
as represented by the Minister of Justice (hereinafter referred to as the "Minister")

- and -

Amber L. Hills, of Regina, in the Province of Saskatchewan (hereinafter referred to as the "Researcher")

WHEREAS the Researcher is conducting research to empirically examine the differences between convicted intra-familial sexual abusers and extra-familial sexual abusers of children who have been sentenced, supervised and received treatment for their behaviours with Saskatchewan Justice, Corrections Division (hereinafter referred to as "Corrections");

AND WHEREAS for this purpose the Researcher requires access to Corrections' files of approximately 300 convicted offenders and advises that the purpose of the research cannot reasonably be accomplished unless information in the files is provided in a form that would identify the individuals to whom the information relates, and the Minister is satisfied that this is the case;

AND WHEREAS the Minister is satisfied that the purpose of such research for which access to the files and the information contained therein is to be provided is not contrary to the public interest, and will be of benefit to the Minister to better understand the nature of Corrections' offender population and the efficacy of Corrections' treatment responses to its offender population;

NOW THEREFORE the parties agree as follows:

1. The Minister will provide the Researcher with access to such Corrections' files of convicted offenders as the Executive Director of Corrections or his representative considers appropriate for the purpose of the aforementioned research being conducted by the Researcher, with access to be provided in such manner, subject to such restrictions and for such period as the Executive Director of Corrections or his representative determines.
2. Notwithstanding Section 1, the Minister at any time may, without prior notice to the Researcher, terminate the access to files provided to the Researcher pursuant to this Agreement and may require the Researcher to return to the Minister all or any information obtained by the Researcher by accessing the files pursuant to this Agreement.

Contract # X058/01

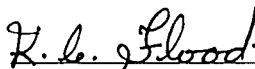
Page 2

3. The Researcher agrees that the Minister, its officers and employees will not be liable to the Researcher for any claim, loss, costs, damages or liability in any way arising from this Agreement, or resulting from providing or terminating the access to files pursuant to this Agreement, whether such is based on contract, tort or any other basis of action.
4. The Researcher agrees:
 - (a) to use the information obtained by accessing files or information pursuant to this Agreement only for the purpose of her aforementioned research;
 - (b) not to disclose in any manner (including, without limitation, in any reports or papers resulting from the research) any information obtained by accessing files or information pursuant to this Agreement in a form that could reasonably be expected to identify the individual to whom the information relates (this is not limited to the name of the individual but, for example, would include information about the individual which together with other generally available information could identify the individual);
 - (c) to take all reasonable precautions to prevent access by anyone other than the Researcher to information obtained by accessing files or information pursuant to this Agreement; and
 - (d) to destroy or return to the Minister all copies of any information obtained by accessing files or information pursuant to this Agreement if and when such information is no longer required by the Researcher for the purpose of her aforementioned research.

The Researcher agrees to indemnify and save harmless the Minister from and against any claims, demands, actions, costs and liabilities arising from a breach by the Researcher of her obligations under this section.

IN WITNESS WHEREOF the parties hereto have duly executed this Agreement as of the date of this Agreement.

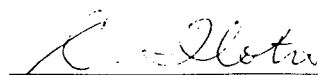
**Her Majesty the Queen in right of the
Province of Saskatchewan**



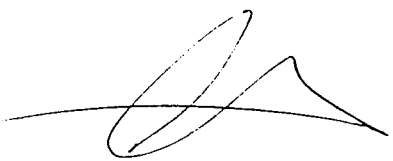
Witness



Deputy Minister of Justice
and Deputy Attorney General



Witness



Amber L. Hills

APPENDIX C
STATIC-99

Adapted from Hanson & Thornton (2000)

Coding Rules of the Static-99

Risk Factor	Codes	Score
Prior Sex Offences (Same rules as in RRASOR)	<div>Charges Convictions</div> <div>None None</div> <div>1-2 1</div> <div>3-5 2-3</div> <div>6 + 4+</div>	<div>0</div> <div>1</div> <div>2</div> <div>3</div>
Prior sentencing dates (excluding index)	<div>3 or less</div> <div>4 or more</div>	<div>0</div> <div>1</div>
Any convictions for non-contact sex offences	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Index non-sexual violence	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Prior non-sexual violence	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Any Unrelated Victims	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Any Stranger Victims	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Any Male Victims	<div>No</div> <div>Yes</div>	<div>0</div> <div>1</div>
Young	<div>Aged 25 or older</div> <div>Aged 18 – 24.99</div>	<div>0</div> <div>1</div>
Single	<div>Ever lived with lover for at least two years?</div> <div>Yes</div> <div>No</div>	<div>0</div> <div>1</div>
Total Score	Add up scores from individual risk factors	

Notes

Static-99 is intended for males aged at least 18 who are known to have committed at least one sex offence.

1) Prior sex offences. Count only officially recorded offences. These could include a) arrests and charges, b) convictions, c) institutional rules violations, and d) probation, parole or conditional release violations arising from sexual assault, sexual abuse, sexual misconduct or violence engaged in for sexual gratification.

Non-sexual offences resulting from sexual behaviour would also be included as sexual offences (e.g., voyeur convicted of trespass by night). When the offence behaviour was sexual, but resulted in a conviction for a violent offence (e.g., assault, murder), then the offender is considered to have committed both a sexual and non-sexual violent offence and could receive points for both items.

Count only the number of sexual convictions or charges prior to the index offence. Do not count the sex offences included in the most recent court appearance. Institutional rule violations and conditional release violations count as one charge. Use either charges or convictions, whichever indicates the higher risk. More detailed worked examples of scoring prior offences are given in the RRASOR scoring guidelines (Phenix & Hanson, in press).

2) Prior sentencing dates. Count the number of distinct occasions on which the offender has been sentenced for criminal offences of any kind. The number of charges/convictions does not matter, only the number of sentencing dates. Court appearances that resulted in complete acquittal are not counted. The index sentencing date is not included.

3) Non-Contact Offences. This category includes convictions for non-contact sexual offences, such as exhibitionism, possessing obscene material, obscene telephone calls, and voyeurism. Self-reported offences do not count in this category.

4) Index Non-sexual Violence. Refers to convictions for non-sexual assault that are dealt with on the same sentencing occasion as the index sex offence. These convictions can involve the same victim as the index sex offence or they can involve a different victim. All non-sexual violence convictions are included providing they were dealt with on the same sentencing occasion as the index sex offences. Example offences would include murder, wounding, assault causing bodily harm, assault, robbery, pointing a firearm, arson, and threatening.

5) Prior Non-sexual Violence. The category includes any conviction for non-sexual violence prior to the index sentencing occasion.

The previous items (Items 1-5; prior offences) are based on official records. The following items are based on all available information, including self-report, victim accounts, and collateral contacts.

6) Unrelated Victim. A related victim is one where the relationship would be sufficiently close that marriage would normally be prohibited, such as parent, uncle, grand-parent, step-sister.

7) Stranger Victim. A victim is considered to be a stranger if the victim did not know the offender 24 hours before the offence.

8) Male Victim. Included in this category are all sexual offences involving male victims. Possession of child pornography involving boys, however, would not count in this category.

9) Young. This item refers to the offender's age at the time of the risk assessment. If the assessment concerns the offender's current risk level, it would be his current age. If the assessment concerns an anticipated exposure to risk (e.g., release, reduced security at some future date), the relevant age would be his age when exposed to risk. Static-99 is not intended for those who are less than 18 years old at the time of exposure to risk.

10) Single. The offender is considered single if he has never lived with a lover (male or female) for at least two years. Legal marriages involving less than two years of co-habitation do not count.

TRANSLATING STATIC-99 SCORES INTO RISK CATEGORIES

Score	Label for Risk Category
0,1	Low
2,3	Medium-Low
4,5	Medium-High
6 plus	High

APPENDIX D

The Sex Offender Need Assessment Rating (SONAR) (*Hanson & Harris, 2000*)

General Information

The *Sex Offender Need Assessment Rating (SONAR)* was developed to evaluate change in risk levels for sexual offenders. Determining whether or not an offender has benefited from treatment is an important decision related to risk (Hanson & Harris, 2000). Given that the *SONAR* measures change, the variables that the *SONAR* is comprised of are of a changeable, or dynamic nature. There are two types of dynamic factors: stable and acute. Stable risk factors, such as alcoholism or personality disorder, are long-term and often persist for months or years. Conversely, acute risk factors, such as intoxication or rage, are short-term and might last for minutes or days. The items on the *SONAR* consist of five stable risk factors (intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self-regulation, and general self-regulation) and four acute risk factors (substance abuse, negative mood, anger, and victim access).

Hanson and Harris (2000) found that *SONAR* scores differentiated between recidivists and non-recidivists at a moderately high level ($r = .43$; $ROC\ area = .74$). The recidivists had higher scores than the non-recidivists on the total score and on each of the sub-scales. The mean *SONAR* total score for the recidivists was 8.0 ($SD = 2.4$, $Range = 1 - 14$). The mean score of the non-recidivist group was 5.4 ($SD = 3.1$, $Range = -3 - 12$).

It is interesting to note that the *SONAR* was evaluated using a sample of 409 non-incestuous, hands-on sexual offenders. The offenders were divided into two (nearly even) groups: those who re-offended sexually and those who did not re-offend sexually. Given that intra-familial offenders were not part of the sample used to evaluate the

SONAR, the question remains as to whether or not the *SONAR* measures change in this subgroup of sexual offenders. In addition, the validity of the application of the *SONAR* to Aboriginal offenders has not been examined. It is possible that the Ministry of the Solicitor General project currently underway and extending until 2004 will assess the utility of the *SONAR* with these sub-populations of offenders. A copy of the *SONAR* and the scoring instructions are outlined on the following pages.

SONAR SCORING CRITERIA
Adapted from Hanson & Harris (2000)

<i>Stable items</i>		Score
Intimacy deficits	0 – current lover, no troubles 1 – current lover, troubles 2 – no current lover	
Social influences	0 – positive social balance of 2+ 1 – balance of 0 or +1 2 – balance less than zero	
Attitudes	0 = no agreement with any 1 = agrees with some 2 = agrees with many	
Sexual Self-Regulation	0 = no entitlement or preoccupations 1 = some entitlement or some sexual preoccupations 2 = strong entitlement or 3+ sexual preoccupations	
General Self-regulation	0 = no problem 1 = some problem 2 = serious problem	
<i>Acute Risk Factors</i>		
Substance abuse	-1 = better 0 = same 1 = worse	
Negative mood	-1 = better 0 = same 1 = worse	
Anger/hostility	-1 = better 0 = same 1 = worse	
Opportunities for Victim access	-1 = fewer 0 = same 1 = more	
<i>Total</i>		

Unless otherwise specified, the time period addressed by the stable risk factors is the preceding 12 months.

Intimacy Deficits

If the offender has no current lover, then he receives a score of "2". If the offender is living with a current lover, and there are no obvious troubles, then he receives a score of "0". If he is living with a current lover, but the relationship is conflicted or problematic, then he receives a score of "1". Potential problems could include affairs/infidelity, sexual problems, distrust, jealousy, general conflicts, and long-term separations (e.g., prison). The degree of troubles should be sufficient to be of concern to the man or his partner. A score of "1" would also be given to stable dating relationships that do not involve living together.

Social Influences

Name all the people in the offender's life who are not paid to be with him. For each one, is the influence positive, negative or neutral?

The number of positive influences minus the number of negative influences equals the social balance. Recode social balance: ($2+ = 0$) ($0, 1 = 1$) (less than $0 = 2$).

Attitudes

Would the offender agree with the following statements?

Rape Attitudes:

Score as follows: 0 = no; 1 = maybe, somewhat; 2 = yes.

- Many women would secretly like to be raped
- When women go around wearing short skirts or tight tops they are asking for trouble
- A lot of times when women say "no" they are just playing hard to get and really mean "yes"
- That women are playing with him sexually
- That some rape victims deserve what they get

RECODE Rape: ($0 = 0$) ($1, 2, 3, 4 = 1$) ($5 - 10 = 2$)

Child Molesting Attitudes:

Score as follows: 0 = no; 1 = maybe, somewhat; 2 = yes.

- Some children are mature enough to enjoy sex with adults
- Some children like to sexually tease him
- A child who does not resist sexual touching really feels OK about being touched
- Some children are so willing to have sex that it is difficult to stay away from them

RECODE Child Molest: ($0 = 0$) ($1, 2, 3 = 1$) ($4 - 8 = 2$).

RECODE Total: 0 = no agreement with any; if Rape or Child Molest = 1, then Total = 1; if Rape or Child Molest = 2, then Total = 2.

Emotional/Sexual Self-Regulation

This need area concerns poorly controlled expression of sexual impulses and the tendency to use sexuality as a method of coping with negative emotions. The tendency to

use sexuality as a coping mechanism was not directly measured in Hanson and Harris (1998). Instead, this dimension included indirect measures of sexual deviancy, such as sexual entitlement and sexual preoccupations.

Would the offender agree with the following statements (Sexual Entitlement)?

Score as follows: 0 = no; 1 = maybe, somewhat; 2 = yes.

- Everyone is entitled to sex
- Men need sex more than women do
- He has a higher sex drive than most people
- Once they get you wound-up sexually, you just can't stop

RECODE Sexual Entitlement: 0 = 0, 1 – 3 = 1, 4+ = 2.

Has the offender engaged in any of the following (Sexual Preoccupations)?

Scores as follows: 0 = no, 1 = maybe, 2 = yes.

- Pornography use
- Strip bars/massage parlours/prostitutes
- Lusty talk
- Excessive masturbation
- Deviant sexual fantasies/urges
- Preoccupation with sex crimes
- Preoccupation with sex/porno/hooks

RECODE Sexual Pre-occupations: 0 = 0, 1 – 4 = 1, 5+ = 2.

RECODE TOTAL Sexual Self-Regulation: 0 = no entitlement or preoccupations; 1 = Entitlement or Sexual Preoccupations of 1; 2 = Entitlement or Sexual Preoccupations of 2.

General Self-Regulation

This need area concerns the offender's ability to self-monitor and conform to the demands of community supervision. Offenders with generally criminal lifestyles would be expected to have problems in this area.

Has the offender been...?

Score as follows: 0 = no, 1 = maybe, 2 = yes, except reversed items that are scored 0 = yes, 1 = maybe, 2 = no.

- Testing known risk factors
- Keeping secrets
- Invested in treatment (Reversed)
- Trying to "play the system"
- Trying to be "buddy-buddy with you"
- Breaking conditions of community supervision
- Failing to attend commitments other than community supervision
- Willing to make sacrifices to avoid high risk situations (Reversed)

RECODE (0 = 0) (1 – 7 = 1) (8 – 16 = 2).

Acute Risk Factors

For each of the following four problem areas, consider whether the offender's behaviour has improved (-1), deteriorated (+1), or remained the same (0) during the past month (or since the last assessment).

A) Substance abuse problems (alcohol and drugs).

Look for interference in normal daily activities and/or health problems.

B) Negative mood

- depression/discourage/hopeless
- anxiety/excessive worry/stress
- frustration
- loneliness
- suicidal thoughts

C) Anger/hostility

- flying off the handle/volatility/anger
- anger towards women
- any aggressive/rude/threatening to others

D) Victim access/grooming

- access to victims (general)
- cruising/creating opportunities to reoffend
- grooming of victims
- bicycle/4X4/motorcycle/flashy car (Does the offender have a vehicle that would be expected to attract the attention of his preferred victim type?)
- computer/surf the net
- hobbies: camera/fishing/kites/boats (Does the offender engage in a hobby that would be expected to facilitate contact with his preferred victim type?)

Sum the four items (A, B, C, D) and then add (or subtract) from the stable dynamic items.

Translating SONAR scores into risk categories

Category	SONAR Score
Low	-4 to 3
Low moderate	4, 5
Moderate	6, 7
High moderate	8, 9
High	10 - 14

APPENDIX E

PRIMARY RISK ASSESSMENT (PRA)

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Primary Risk Assessment - Adults

Offender's Name:	Birth Date:	File No:
Staff's Name:	Work Location:	Date Completed:

Reason Assessment Completed (Enter Code)? _____ (Court Report = 1, Probation Supervision = 2, Conditional Sentence = 3, Bail = 4, Jail = 5)

Primary Risk Factors:

NUMBER OF ADDRESS CHANGES IN LAST 12 MONTHS None - 0
 One - 1
 Two or More - 2

PERCENTAGE OF TIME EMPLOYED IN LAST 12 MONTHS Not Applicable or 40% or More in Last Year - 0
 Under 40% in Last Year - 1

DRUG OR ALCOHOL USE No Problems Evident - 0
 Occasional Abuse With Some Problems - 1
 Frequent Abuse Resulting in Serious Problems - 2

If 1 or 2 Specify Primary Type of Abuse: _____

ATTITUDE Accepts Full Responsibility; Willingness to Change - 0
 Accepts Some But Not Full Responsibility; Some Interest in Change - 1
 Accepts No or Minimal Responsibility; Refuses to Change - 2

AGE 40 or Over - 0
 39 or Under - 1

SEX Female - 0
 Male - 1

NUMBER OF PRIOR CONVICTIONS FOR CRIMINAL CODE OFFENCES None - 0
 (Include NCA, FDA But Exclude Status and Other Statute Offences) One - 1
 Two or More - 2

CONVICTIONS FOR Not Applicable - 0
 (Select Applicable) Worthless Cheques or Forgery - 1
 Break and Enter; Theft; Auto Theft; Robbery - 2
 Convictions for Offences in Both Scores "1" and "2" - 3

FAMILY/MARITAL RELATIONSHIPS No Serious Problems in Relationships - 0
 Evidence of Serious Problems - 1

FINANCIAL SITUATION No Serious Problems - 0
 Serious Problems - 1

EMOTIONAL STABILITY OF OFFENDER No Problems or Emotionally Stable - 0
 Serious Problems Because of Emotional Instability - 1

MENTAL ABILITY OF OFFENDER Can Function Independently, No Problems - 0
 Condition That Affects Mental Ability and Independent Functioning - 1

PEERS/COMPANIONS No Problems When With Peers - 0
 Some Problems When Associating With Certain Peers - 1
 Associates Mainly With Negative Peers - 2

EMPLOYMENT Steady Employment or Employment Not An Issue - 0
 Currently Unemployed or Poor Employment History - 1

ACADEMIC/VOCATIONAL SKILLS Attending School or Has Complete Grade 8 or Higher - 0
 Has A Complete Grade 7 or Less - 1

Risk Levels and Cutoff Scores:

Low (5 & Lower), Medium (6 to 11), High (12 & Higher)

Risk to Reoffend Score (Add Scores): _____

Risk Level (Enter Level): _____

Override is Recommended (Enter X)? _____

Indicate Overridden Risk Level (Enter Level)? _____

Specify Reasons: _____

Approved: _____ Date: _____

Note: A Secondary Risk Assessment Must Also Be Completed for Assaultive Adult Offenders on Admission.

(Date Jan 1, 1997)

APPENDIX F

SECONDARY RISK ASSESSMENT FOR SEXUAL OFFENDERS (SR4)

Copy reprinted with permission from Terry Lang, Saskatchewan Justice, Corrections Division.

Secondary Risk Assessment - Sexual Offenders

Offender's Name:	Birth Date:	File No:
Staff's Name:	Work Location:	Date Completed:

Indicate Type of Sexual Offending (Enter Codes)? _____ (Child Molestation = 1, Rape = 2, Exhibitionism = 3, Incest = 4, Nuisance (Eg. Peepers, Phone Calls) = 5, Other = 6 (Specify? _____)

Historic Factors:

PRIOR SEXUAL CONVICTIONS Current Convictions for Sexual Offences Only: No Prior Sexual Convictions = 0
 One Prior Court Event with Sexual Offence Convictions = 4
 Two or More Prior Court Events with Sexual Offence Convictions = 6

ONSET OF SEXUAL OFFENDING First Sexual Offence Committed After Age 20 = 0
 First Sexual Offence Committed Before Age 20 = 2

RELATIONSHIP TO VICTIMS Immediate Family Members Only or in Same Household = 0
 Any Non-Family Victims = 2
 Any Stranger Victims = 4

SEX OF VICTIM Female Child Victims Only = 0
 Female Adult or Any Male Victims = 2

DIVERSITY OF SEXUAL CRIMES Involved in Only One Type of Sexual Offence = 0
 Involved in Two or More Sexual Offence Types = 2

DEVIANT SEXUAL PREFERENCES No Evidence of Deviant Sexual Preferences = 0
 Evidence of Deviant Sexual Preferences = 5

MARITAL STATUS Steady Relationship, Ever Married, Common Law, Divorced, Separated = 0
 No Steady Relationship, Single, Never Married = 2

Factors That Can Change:

ATTITUDE TOWARDS SEXUAL OFFENDING Views Sexual Offending as Wrong = 0
 Sexually Offended Because of Diminished Capacity = 1
 Sees Sexual Offending as Justified in Certain Situations = 2

VICTIM EMPATHY Adequate Knowledge of Victim Issues = 0
 Partial Knowledge of Victim Issues = 1
 No Knowledge of Victim Issues, Sees Self as Victim = 2

OFFENCE CYCLE KNOWLEDGE Adequate Knowledge of Offence Cycle/Methods of Self Control = 0
 Partial Knowledge of Offence Cycle/Methods of Self Control = 1
 No Knowledge of Offence Cycle/Methods of Self Control = 2

RELAPSE PREVENTION SKILLS Carefully Avoids High Risk Situations = 0
 Limited Contact with High Risk Situations = 2
 Frequent Contact with High Risk Situations = 3

MOTIVATION FOR TREATMENT Motivated and Cooperative with Treatment, Including Follow Up = 0
 Low Motivation But Willing to Attend = 1
 Unwilling/Refuses to Attend, Dropped Out of Treatment = 2

Sexual Offence Risk Score (Add Scores): _____

Risk Levels and Cutoff Scores:

Low (6 & Lower), Medium (7 to 14), High (15 & Higher)

Sexual Offence Risk (Enter Level): _____

Override is Recommended (If Yes, Enter X): _____

Indicate Overridden Risk Level? _____

Specify Reasons: _____

Approved: _____

Date: _____

Note: This is Not A Validated Measure of Risk But A Tool Which Assists Offender Risk Management.

(Date: Jan. 1, 1997)

APPENDIX G

Level of Interference Coding Guidelines

The following items outline degrees of offender interference with the victim.

- 1 Verbal Comments of a Sexual Nature
- 2 Inappropriate Touching
- 3 Fondling Above Clothing
- 4 Fondling Beneath Clothing
- 5 “Invited” Touching
- 6 Oral Sex Acts
- 7 Intercourse
- 8 Invasive Intercourse (e.g., anal intercourse)
- 9 Repeated Intercourse

APPENDIX H

Level of Force Coding Guidelines

The following items outline degrees of force utilised by the offender in order to gain compliance and silence from the victim.

- 1 No mention to the victim of potential repercussions
- 2 The offender described the abusive events as their “special secret”
- 3 The offender expressed concern to the victim that he might “be caught”
- 4 The offender suggested the victim not relay any information to others
- 5 The offender intimated to the victim that “bad things” would happen if the victim ever told anyone of the abuse
- 6 The offender warned that harm would come to those close to the victim if he were ever caught
- 7 The offender threatened the victim with personal harm if he were ever caught
- 8 The offender inflicted pain on the victim through physical force as a means of ensuring the victim kept silent