



# Program Evaluation

## Summary

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## Sex offender probation programs in DuPage, Lake, and Winnebago counties

**T**his Program Evaluation Summary is based on an evaluation of the long-term impact of specialized sex offender probation programs in DuPage, Lake, and Winnebago counties in Illinois by evaluators from Loyola University Chicago and Northwestern University Medical School. These programs are supported by Anti-Drug Abuse Act funds administered by the Illinois Criminal Justice Information Authority. The evaluation compared the relative effectiveness of the newer specialized sex offender probation programs in the three counties to the standard probation strategies they replaced, and identified the characteristics that are linked to recidivism.

### Lake County

In Lake County, a random sample of 104 sex offenders who were on standard probation from 1994 to July

1997 was selected for comparison to the 104 sex offenders who were enrolled in the specialized probation program in Lake County from July 1997 to May 1999. The two groups of probationers in Lake County were similar on all demographic characteristics and did not differ significantly in the risk characteristics related to sexual recidivism, although they did exhibit some significant differences in the offenses for which the offenders in the two groups were convicted.

Under the specialized probation program in Lake County, two full-time officers were exclusively committed to supervise sex offenders on probation. The specialized program established more frequent contact standards between probation officers and probationers, and also created a set of standardized informal sanctions to apply to offenders for noncompliance with probation conditions.

Treatment for sex offenders was basically the same under both programs, and special conditions, such as participation in sex offender cognitive-behavioral group therapy, applied to both groups.

Among sex offenders studied in Lake County, objective sexual preference was the strongest predictor of sexual recidivism. Offenders with a sexual preference for children and who victimized strangers or acquaintances, as opposed to family members, had more than an 80 percent chance of recidivating. For sex offenders without a sexual preference for children, or for whom such information was unknown, having one prior misdemeanor arrest for any crime was the strongest predictor of sexual recidivism. Furthermore, single or divorced men with access to children, and who denied the commission of the offense for which they were sentenced to probation, were at a moderately high risk for committing a new sex offense.

The strongest predictor of violent recidivism among all probationers studied in Lake County was marital status. Single or divorced offenders were at a high risk of committing a new violent crime. Single or



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divorced offenders who previously committed property crimes and who used force in the commission of the sex offense, or who committed property crimes in the past and began criminal offending before the age of 18, were at the highest risk for committing new violent crimes. Married or separated sex offenders were at a high risk for committing a new violent offense if they had at least one prior conviction.

*General recidivism* refers to the commission of all new crimes, including sex crimes and violent offenses. Offenders were considered a high risk for general recidivism if they had any three of several characteristics, including being younger than 28 at the time of the first criminal offense, substance abuse, alcohol use, and single marital status.

Mentally ill sex offenders had much higher sexual recidivism rates in the specialized program than in the standard program. This suggested to the evaluators that the specialized program was able to detect crimes that typically would not be reported or detected in the standard probation program. "Mentally ill offenders, psychopathic deviants, and sadistic offenders are unlikely to consider the costs and benefits of offending, and thus are likely to continue with their offending behaviors, irrespective of the intensive community-based supervision," the evaluators stated. "The higher surveillance of the specialized program is a better alternative than standard probation because it is able to catch a higher number of these high-risk offenders when they commit new offenses," they reported.

Probation outcomes, such as whether probation was completed satisfactorily, revoked, or the offender absconded, did not differ markedly between the standard and specialized probation programs. Offenders who were unemployed, or employed only part-time, were most likely to have their probation revoked.

For 1998 and 1999, treatment reports from therapists regarding active sex offenders in the specialized probation program were gathered by the evaluators. According to these accounts, half of the probationers from Lake County were classified as responsive to treatment, and about one-quarter had significant improvement over time and in relation to all sex offenders studied in Lake, DuPage, and Winnebago counties.

A significantly higher percentage of sex offenders on standard probation had a violation of probation for noncompliance with treatment compared to those on specialized probation. This finding, however, may have been due to the greater range and use of administrative sanctions available to specialized probation officers, rather than to a higher level of treatment compliance by offenders on specialized probation.

Having a violation of probation for noncompliance with treatment also was significantly related to

sexual recidivism after controlling for other predictors. Because of this link between treatment noncompliance and sexual recidivism, the study recommended increasing the level of surveillance for offenders who become noncompliant with treatment.

The authors of the study employed a statistical technique called Classification Tree Analysis to determine the percentage of offenders with different combinations of characteristics who recidivated. This information was, in turn, used to predict the risk that offenders with certain traits have of committing a new crime. This tool determined that offenders who blame the victim or deny the offense, and who either victimized strangers or acquaintances as opposed to family members, or had two or more prior arrests for any crime, were at a high risk for serious noncompliance with treatment and thus sexual recidivism.

## DuPage County

In DuPage County, a random sample of 110 sex offenders placed on standard probation between January 1993 and June 1996 was compared to a group of 105 offenders sentenced between July 1997 and January 2000 and placed in the specialized probation program after July of 1997. The main differences between the specialized cases and the standard probation cases centered on specialization, caseload, and contact standards. Caseloads for the specialized probation officers were significantly smaller than for the standard probation officers and contact standards were much more stringent for the specialized probation cases.

The two groups of probationers were similar in a majority of demographic and offense characteristics, although the risk assessment of the offenders in the two groups yielded significant differences between them. Among those differences for the specialized cases were a larger percentage of sex offenders sexually aroused by children, who committed prior sex crimes, and who had a current mental health problem.

The specialized sex offender probation program in DuPage County began in 1997 with two probation officers who exclusively handled sex offenders. The specialized program instituted a three-tiered supervision strategy with different types and numbers of contacts between probation officers and probationers at each level. The specialized sex offender probation program in DuPage County averaged three contacts between probation officers and offenders each month. Treatment providers and probation officers also met twice monthly after the inception of the specialized probation program.

Offenders in the specialized program underwent frequent polygraph and urinalysis tests. Beginning in 1996, all sex offenders on probation were ordered to

comply with 15 special conditions, such as refraining from visiting Internet chat rooms that discuss sex, and avoiding places that children frequent.

Mental health status was a high-risk predictor of sexual recidivism only in the specialized sex offender probation program, but hands-off sexual offending — such as exhibitionism or voyeurism — was a significant high-risk predictor of sexual recidivism in both the standard and specialized probation programs. Sexual recidivism rates for hands-off offenders were similar in both the specialized and standard probation programs. The increased level of supervision in the specialized program, therefore, was not necessarily a deterrent for hands-off sexual offenders.

The general recidivism rate for hands-off sex offenders in the specialized probation program, however, was lower than in the standard probation program. Offenders in the specialized program who were interested in hands-off offending and who recidivated were most likely to perpetrate a sex offense, and significantly more likely to exhibit two or more addictions to, or preferences for, unusual sexual practices. They also were more likely to have a current mental health problem and to have a longer history of committing sexual offenses than sex offenders on standard probation. This indicates that hands-off sex offenders in the specialized probation program were more likely to possess a compulsive or impulsive condition that precluded them from appreciating the greater likelihood of being caught recidivating in a program with increased supervision and polygraph testing. Thus, the specialized program did not seem to contribute to the lower rate of general recidivism among hands-off offenders.

Sex offenders in the specialized program who had served prior probation terms had a lower rate of violent recidivism than their counterparts on standard probation. Furthermore, serving a prior probation term was a high-risk predictor of violent recidivism only for offenders on standard probation.

The Classification Tree Analysis found that mental health problems and a preference for hands-off sexual offending were key predictors of sexual recidivism. The analysis also revealed that mentally ill offenders with a predilection for hands-off sexual offending had a moderately high chance of committing a new violent crime.

Marital status combined with other factors was a key predictor in predicting general recidivism, the evaluators found. Among both standard and specialized probation programs, married or widowed offenders who denied the offense and were 37.5 years of age or younger were at a very high risk for general recidivism. As for unmarried offenders, those with at least one prior conviction, or those without any prior

convictions but who were placed in the specialized program for a misdemeanor, had a high risk for general recidivism.

Among offenders on specialized probation, a significantly higher percentage terminated probation unsatisfactorily in comparison with offenders on standard probation, although the two groups did not differ on the rates of revocation or absconding. Among offenders in both specialized and standard probation who used drugs before committing the current offense and who had one prior arrest for a violent crime were at a very high risk of terminating probation unsatisfactorily. Also, offenders in both groups who used drugs before committing the current offense or who needed drug treatment were at a very high risk of having their probation revoked.

Offenders on specialized probation were more apt to be in serious noncompliance with treatment, and to have violations of probation filed for noncompliance, than were offenders on standard probation. Also, both before and after controlling for significant predictors, such as mental health status, offenders on standard probation were significantly more likely to complete treatment satisfactorily than were offenders on specialized probation.

Treatment noncompliance, as measured by the number of administrative sanctions given, was a predictor of sexual recidivism in the specialized program but not the standard probation program. This is perhaps due to the high level of scrutiny and the manner in which administrative sanctions were employed in the specialized program.

Offenders without mental illness or any prior convictions had a very high likelihood of completing treatment successfully. Mental illness, drug use before the commission of the sex crime, and prior convictions contributed to significantly higher levels of treatment failure, leading the evaluators to state that these risk factors “should be combined to provide the optimal prediction of treatment failure.”

### Winnebago County

In Winnebago County, the group of 105 offenders on specialized probation was comprised of sex offenders sentenced between July 1997 and February 2000 and offenders who were grandfathered into the specialized program. These offenders were compared to a sample of offenders who were on standard probation between June 1989 and July 1997. The two groups of probationers showed some significant differences in demographic and offense characteristics, and the risk assessments for the two groups discovered some significant differences.

Winnebago County established a specialized sex offender probation program in 1997 with two senior

probation officers maintaining a caseload comprised exclusively of sex offenders. Supervision standards in the specialized program were composed of three tiers, with goals similar to those set in DuPage County for the number of monthly meetings between probation officers and offenders at each level. The number of probation officer-offender contacts was increased in the specialized program over the number that occurred in the standard program.

Offenders in both programs were restricted in their contact with all minors and with their victims, and they also underwent a sex offender treatment program. In the specialized program, probation officers and treatment providers had a strong partnership that was fostered by their joint meetings with offenders.

The specialized probation program was more effective than standard probation in deterring certain high-risk offenders, such as those who had served a prior probation period or had prior mental health or drug treatment, from committing new offenses.

Classification Tree Analyses suggested that prior convictions and terms of incarceration, an interest in hands-off offending, chronic impulse control problems, and, for offenders on standard probation, prior mental health or drug treatment, are risk factors for sexual recidivism.

Statistical analyses also confirmed that offenders who are single and who began criminal offending at 18 years of age or younger were at a high risk for violent recidivism. Offenders who had prior mental health or drug treatment and who victimized strangers or acquaintances had a moderately high rate of sexual or violent recidivism. Overall, marital status, prior criminal history, number of years spent sexual offending, and educational level were all predictors of general recidivism.

Although the standard and specialized probation programs had similar proportions of offenders who terminated probation unsatisfactorily, the predictors of unsatisfactory probation termination for the two groups were different. In the specialized program, mental illness and prior arrests predicted unsatisfactory probation termination, whereas educational level and lack of remorse predicted unsatisfactory probation termination for offenders on standard probation.

For both groups, prior criminal history and social adjustment were the strongest predictors of probation revocation. In addition, more offenders on standard probation were seriously noncompliant with treatment than were offenders on specialized probation. The three most important predictors of serious noncompliance with treatment were: 1) the need for substance

abuse treatment, 2) prior arrests for violent offenses, and 3) denial of the offense.

## Conclusion

The authors noted that in their earlier implementation evaluation they had found that each county had successfully implemented a specialized sex offender probation program, but in ways unique to each county. Their findings from the long-term impact study also reflected that diversity. In general, they “found that the specialized sex offender program in each county had a positive impact on recidivism for certain groups of sex offenders, and were able to detect higher rates of recidivism for groups of offenders that do not make decisions in a rational manner (e.g., mentally ill offenders). The counties differed in what groups of offenders were affected by the increased surveillance and other conditions of the specialized programs.”

Regarding the evaluation design, the authors noted that most “evaluations of specialized or intensive probation programs have failed to appreciate the opposing dual effects of increased monitoring. Prior research has used less sensitive analyses to determine whether the specialized group differed from the comparison group on recidivism rates. Our subgroup analyses, with the testing of interaction effects, have enhanced evaluation designs. Future evaluations now will be able to provide more sensitive and thorough analyses of the effects of a program. Moreover, the CTA analyses that we have used to determine the predictors of sexual, violent, and general recidivism represent an advancement over the traditional linear logistic regression analyses.” ■



### Illinois Criminal Justice Information Authority

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