

Process and Initial Impact Evaluation of the Cook County Adult Probation

Department's Sex Offender Program

Final and Summary Report for the Period of June, 1997 to June, 2000

**Loretta J. Stalans, Ph.D.
Associate Professor of Criminal Justice
Loyola University**

**Magnus Seng, Ph.D.
Associate Professor of Criminal Justice
Loyola University**

**Paul Yarnold, Ph.D.
Research Professor of Medicine
Division of General Internal Medicine
Northwestern University Medical School**

**Timothy Lavery, M.A.
Research Associate
Illinois Criminal Justice Information Authority**

**James Swartz, Ph.D.
Director of Research Services
TASC**

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Executive Summary

This is the final report on the evaluation of the Cook County Adult Probation Department's Sex Offender Program (ASOP). Cook County's ASOP began screening cases in March of 1997 and received its first sentenced case in April of 1997. ASOP is an intensive supervision specialized probation program for felony sex offenders in Cook County. The program is based on the containment approach and has three major components: (a) intensive supervision of offenders which includes frequent field searches of offender's homes and the verification of information obtained verbally from offenders; (b) treatment that centers around a cognitive-behavioral group therapy approach and is supplemented with cognitive-behavioral individual treatment and other treatments tailored to an offender's needs; and (c) partnerships among probation officers and treatment providers that include frequent communication and the sharing of relevant information about specific offenders.

This final summary describes the programs' setting, administration, advisory committee, staffing, target population, case referral procedure, and policies on supervision and surveillance. The process evaluation determined the extent to which five major aspects of the program were implemented as planned: (1) target population and caseload; (2) supervision, especially face-to-face office contacts; (3) surveillance, especially ASOP probation officers' searches of offenders' homes; (4) the quality of treatment; and (5) partnerships of therapists and probation officers. Finally, the final report provides an initial evaluation of the impact of the ASOP program through an examination of progress in treatment, treatment failure, having violation of probation

petitions filed, arrests while on probation, and satisfactory or unsatisfactory termination of probation.

The developers' initial conception of the ASOP unit was to have 25-35 cases per officer. This standard for caseload, we believe, provides an optimal balance between financial costs of supervision and sufficient time to provide intensive supervision. The ASOP caseload as of the end of April of 2000 was 108, which equates to a caseload of 27 cases per officer. Over the three-year period, the ASOP unit had a slow start in receiving cases and reaching their expected number of cases. Part of the slow start was administrative delays in obtaining treatment contracts. Another critical issue was that efforts to make criminal justice professionals aware of the program have seemingly been ineffective. Less than two-thirds of criminal justice professionals who responded to our awareness survey in 1998 had heard of ASOP. Most had not met anyone involved with ASOP. All judges, however, did receive a packet of information about the program, and had the option of status hearings on a regular basis for cases sentenced to the program. Moreover, about 66% of the respondents reported a willingness to use ASOP in the future. The ASOP unit should continue their efforts to make all criminal justice professionals aware of this program. Based on our data, such awareness will not flood the unit with too many cases if the target population remains the same. However, the unit will need to monitor caseload because a large proportion of cases are directly sentenced to the program.

The ASOP unit was designed to have an eligibility screening before an offender was sentenced and accepted into the ASOP unit. The evaluation team reviewed a sample of 81 case files. Our review indicates that only 24.7% of 81 cases examined followed a

formal screening process. The balance (75.3% of the cases) were directly sentenced into the program without pre-screening. Our analysis further revealed no substantial or substantively significant differences between offenders who are screened and those who are directly sentenced. Thus, judges' direct sentences have not made any differences in the nature of the clientele. Furthermore, as it is currently designed, the eligibility screening only provides a cursory examination of the offender's eligibility. During the eligibility screening, treatment providers are not involved and do not offer opinions about whether offenders are suitable for treatment. The eligibility screening process could certainly be refined, if feasible, to include a closer examination of offenders with recommendations from treatment providers, especially if the unit does eventually experience a greater demand for the program than what can be effectively handled.

Our analyses of predictors of treatment failure and unsatisfactory terminations of probation provide information about the criteria that could be used to screen for eligibility. These analyses revealed that a high school education provides offenders with a very high chance (91.7%) of progressing in treatment and completing probation successfully even if the offenders lacked remorse or lived in poverty. Offenders who have not completed high school have a very high chance of revocation and treatment failure unless they express remorse at the initial treatment evaluation. However, an expression of remorse at the initial treatment evaluation is not a typical response for sex offenders.

The process evaluation revealed areas where the ASOP program exemplified a model for other programs and areas where the ASOP program still needed improvement. The Cook County program has provided exemplary performance in

obtaining quality treatment evaluations, meeting treatment frequency standards, seeking treatment agencies in all geographical areas of the county, and obtaining uniform evaluation criteria, compliance rules and goals from several treatment agencies. The evaluation team in 1998 directly observed eight actual group therapy sessions at each of the three major treatment agencies serving ASOP offenders. These observations indicated that there was not a single standard for the content and format of the group sessions. This variation was manifest in the strikingly different ways therapists structured their sessions, introduced cognitive-behavioral materials, and attempted to engage participants in the sessions. Their choices of cognitive behavioral homework assignments and discussion materials also varied. From our observations we learned that all of the providers were delivering therapy of moderate to high quality with considerable variability among providers about the structure, content, and format of their cognitive behavioral group therapy. Moreover, sex offenders did not believe that ethnic differences between therapists and offenders affected the quality of treatment.

Though variation in treatment is expected, sex offenders should receive a similar foundation of cognitive behavioral therapy. This uniformity lowers the possibility that sex offenders are receiving different quality treatment based only on the fact that they are referred to different treatment agencies. The ASOP unit has standardized treatment quality in a number of ways. First, the unit provided a written list of the requirements for treatment evaluations to all treatment providers. The evaluations must be written, integrate all information, and include a polygraph examination, objective personality tests, and an objective sexual preference test such as the ABEL. The treatment evaluations have been well written and comprehensive with some tailoring to individual

offender's needs, though therapists should strive to include an objective measure of psychopathic deviancy. Psychopathic deviancy is one of the strongest predictors of reoffense in prior research and without information about psychopathic deviancy treatment efforts may be misdirected.

Second, the unit recently created a committee consisting of therapists to create uniform criteria to judge progress in treatment and to judge successful completion of treatment. Third, the unit in cooperation with therapists created standard policies on how to respond to noncompliance in treatment such as lateness, not completing homework, lack of participation, and unexcused absences. Fourth, the unit requires that all providers hold group therapy sessions that last a minimum of 90 minutes per week, provide one group therapy session a week, and one individual counseling session twice a month. Therapists have met these standards. Finally, the unit during the third year was able to obtain treatment providers in the south part of Chicago, an area where many of the program's sex offenders reside.

The ASOP probation officers also have conducted some of their supervision tasks with stellar performance. They have generally met face-to-face office contact standards, averaging over six per offender per month. They have required offenders to keep logs of their time, have developed graduated sanction guidelines, and established strict and appropriate responses to offenders' noncompliance. They have established a very high rate of filing violation of probation petitions, with 59% of the ASOP offenders compared to 42.3% of the control offenders receiving at least one violation of probation petition. The ASOP unit compared to standard probation has a 7.3 times greater rate of filing violation of probation petitions.

The ASOP unit has room for improvement in other critical aspects of an exemplary program. The ASOP unit's performance is particularly insufficient in conducting field visits to offenders' homes. The most significant change in the program has been a change in the policy on supervision and surveillance standards. Effective May 1, 1999, the new policy requires the following contact per month: four face-to-face office contacts and three field visits for phase I offenders, two face-to-face office contacts and two field visits for phase II offenders, and one face-to-face contact and one field visit for phase III offenders. This policy lowered the required number of face-to-face office contacts (6 to 8 in previous policies for phase I offenders) and kept the same number of field visits for phase I offenders, but clarified that ASOP probation officers must conduct these field visits. From May of 1999 to December of 1999, ASOP probation, on average, had above the required office contacts. They performed 1.5 additional office visits per phase I offender, two additional office visits per phase II offender, and one additional office visit per phase III offender. This finding indicates that the ASOP probation officers still remain relatively office-bound and have not managed to balance their time between the office and the field.

The data on field visits further bolster the observation that ASOP officers are too office-bound, and must make a concerted effort to increase the time that they spend conducting field visits to offender's homes. The findings for field visits remain rather consistent throughout the 2.5 year period from May of 1997 to December of 1999. Irrespective of the standard for field visits, ASOP probation officers have not managed to conduct on the average even one field visit per offender in any month. The averages per offender for each month are far below 1. In the eight-month period from May of

1999 to December of 1999, the unit averaged less than .5 for five of the eight months for phase I offenders and averaged less than .5 for seven of the eight months for phase II offenders. It is important to note that during this eight-month period the administration was very committed to increasing field visits.

As we have noted in the previous interim reports (Stalans et al., 1998; Stalans et al., 1999), field visits are an absolutely essential part of the containment model. While there have been various logistical and other reasons advanced for failure to meet field visit standards, these are insufficient to explain the fact that the unit did not average even one actual visit per offender in any of the months studied except for phase III cases in February, 1999. The program should address these deficiencies and explore more creative ways of insuring that field visits for sex offenders on probation are conducted on a regular basis.

Currently, two ASOP officers must go out into the field together, and this required pairing becomes problematic when vacations, sick days, and training days are used. Even with the pairing, as we projected in the second interim report, every officer must go out into the field at least twice per week to meet the field standards (Stalans et al., 1999). Since these reports, officers have been scheduled to conduct field visits only once a week, although the evaluation found that each officer must be in the field two days per week to meet the standard of three field visits for each offender per month. This coupled with logistical problems such as training days and resignations contributed to the poor performance in field visits. Though the policies place much importance on field visits, the unit still remains too bound to their office work, and the officers' willingness to conduct field visits should be further explored.

It is important to place these findings in perspective. The evaluation team also evaluated sex offender probation programs in DuPage, Lake, and Winnebago Counties and found that each of these programs also struggled to achieve field visit standards (Seng, et al., 1999). At that time, Lake County was the only program able to conduct two field visits per month when fully staffed and trained. The many demands on probation officers' time to respond to phone calls, answer correspondence, accommodate the courts' expectations and interview offenders tend to keep officers office-bound (Seng et al., 1999). The Lake County program, which uses two surveillance officers to make field visits on other officers' cases, is now (May, 2000) averaging three field visits per month per offender.

At the same time, ASOP administrators should be commended for establishing the procedure that the Home Confinement Unit, during their curfew checks, enter ASOP offender's home to check for minors and/or victims when no contact orders are part of the conditions of probation. The Home Confinement Unit also has been trained to search for other indications of high risk behavior. This additional level of surveillance is a critical and unique component of the ASOP program that can serve as a model of cost-effective use of resources for other programs. While the number of Home Confinement Unit checks varied each month, it is clear that numerous such checks are made. Most recent program statistics indicate that approximately 175 home confinement checks are made of phase I offenders and 50 of phase II offenders each month. Were each such visit considered as equivalent to an ASOP field visit, the ASOP program would have met its field visit standards at least for phase I and II offenders but, as we elaborate below, counting home confinement checks as equivalent to a ASOP program field visit would

be ill advised and current policy supports this view. The ASOP administrators in changing policies in May of 1999 did not substitute home curfew checks for the ASOP officers' field visits. We also agree that the Home Confinement Unit visits should remain part of the field visit structure, but should not substitute for the ASOP officer conducted field visits. Curfew checks even with entry in the home to check for minors and for other indications of high risk behavior are not equivalent to searches by ASOP probation officers who can talk to offenders, look around the home, and from their prior knowledge of these offenders find contraband and other materials that may indicate an offender is now at a higher risk to commit a new crime. Moreover, many phase II offenders typically do not receive curfew checks and phase III offenders often are not on curfew, which further shows the necessity of home visits by ASOP officers.

A national model program for sex offender probation programs will have to overcome the organizational constraints of current probation departments. Currently, no sex offender probation program has made an intensive effort to do so. Originally, Cook County proposed to have a pool of standard probation officers that were specially trained about supervision of sex offenders to enhance the supervision of sex offenders on standard probation and to have "an ongoing pool of officers for rotation into the specialized program when vacancies occur or when the program is expanded" (Cook County Adult Probation Department Original Proposal, p. 52). Cook County did not meet their original conception of having a specially trained pool of standard probation officers ready to replace ASOP officers, and this has added to their problems of meeting field visits. One possible solution to the continual failure to meet field visits is to use a pool of specially trained standard probation officers that can be paired with one of the

ASOP officers to conduct field visits.¹ The standard probation officers could be paid over-time for their work, and would be poised to replace ASOP officers that resign. As we noted earlier, ASOP officers must conduct field visits in pairs. By having a pool of part-time surveillance officers, ASOP officers should be able to go out into the field twice a week. Moreover, because the part-time surveillance officers would be paired with ASOP officers, they can be updated about cases during the fieldwork and should not require time in the office to become familiar with cases. Given the time-consuming task of field visits and the dismal performance of the ASOP unit thus far in accomplishing field visits, additional part-time officers to conduct field visits certainly can be justified. Furthermore, the interference of vacation, training, and sick days as well as resignations of officers from the unit have been demonstrated and may be effectively addressed through a pool of part-time trained surveillance officers.

The four ASOP officers can effectively monitor the current caseload. If the unit decides to expand its target population and caseload size additional ASOP officers will be needed. If expansion is undertaken, the unit should attempt to create positions that will enhance the ability of ASOP officers to conduct field searches. Just adding additional full-time ASOP officers who will have their own caseloads may not provide the needed flexibility to achieve the field visit standards. Part-time surveillance officers that could be paired with ASOP officers or pairing ASOP officers with Home Confinement officers, we believe, are two creative ways to provide the needed

¹ There are some organizational barriers, however, to overcome in order to have a pool of standard probation officers that are trained and ready to replace ASOP officers. For example, in Cook County the collective bargaining agreement governs the transfer process and restricts who can and cannot be transferred. Also, the cost-effectiveness of having standard probation officers trained for weapon certification would have to be carefully examined, though their work as part-time surveillance officers certainly could make this a cost-effective option. The size of the pool of surveillance officers clearly would have to be small in order to lower weapon training costs and the purchases of vests.

flexibility. The Cook County ASOP program should consider these proposed alternatives as well as think of any other creative solutions to increase field visits.

Another area that still can improve is the establishment of partnerships among therapists and probation officers. Throughout the three-year period, communication and teamwork among therapists and probation officers has improved. In the initial two years, survey data documented distrust, tension, and a deficiency in team spirit. The ASOP unit took several steps to address this problem. First, the administration of the unit improved. Some of the initial distrust and tension occurred due to administrative delays in payments and due to ASOP administrators' threats and ultimatums on several occasions.² Second, the unit developed, following the evaluators' suggestion, an operations committee that consisted of all probation officers and supervisors in the unit and all treatment providers serving clients. This committee addressed critical policy issues, and began to communicate and establish clear and appropriate boundaries. It was evident that the committee meetings were organized, productive, and open without anyone dominating the meetings. Third, therapists and probation officers agreed to conduct staffings on all cases (where the offender, therapist, and probation officer meet to discuss progress and compliance). These staffings are still too infrequent, but the unit recently expressed commitment to increasing participation in these meetings. Fourth, the unit is thinking of other creative ways to improve communication and to work as a team to keep each offender in compliance with treatment and probation conditions. One recent idea of the ASOP supervisor is to conduct pre-treatment meetings where the

² One of the evaluators observed during five meetings between the first ASOP supervisor and treatment providers the use of a confrontational manner and ultimatums. The treatment providers also directly communicated to the evaluator their concern with this conflict resolution technique.

therapist, probation officer, and offender meet to discuss expectations and conditions and to send the message to the offender that the therapist and probation officer are working together and sharing information. This is also achieved through staffing meetings and payments to ensure these meetings have been included in recent treatment provider contracts. Informal interviews in June of 2000 with probation officers and therapists revealed that both groups perceived communication to be fair to good with room for improvement and all were committed to working as a team.

The impact evaluation used a matched control group design. A random sample of 208 sex offenders on adult probation in Cook County between January 1, 1993 and January 1, 1997 was selected. The 208 offenders were convicted of either aggravated criminal sexual assault, criminal sexual assault, or aggravated criminal sexual abuse, and committed their offense against a minor, similar to the ASOP sample. Data from probation files were collected for both the standard probation sample and the ASOP sample. The samples were similar on most offense and offender characteristics, indicating that the standard probation sample was a comparable group of sex offenders. Both samples are relatively young with a mean age of 32.4 for the ASOP sample and 34.6 for the control sample. Both samples are comprised of a majority of offenders from racial minority groups: (a) African-American offenders (46.1% in the ASOP sample and 40.4% in the control sample) and (b) Hispanic/Latino offenders (29.5% in the ASOP sample and 36.1% in the control sample). About half of the offenders from both samples have been regularly employed in the past (52.6% in the ASOP sample and 49.4% in the control sample) and are currently employed (51.3% in ASOP sample and 66.8% in the control sample). Despite this employment, over 70% of the sex offenders in both the

ASOP and control samples lived in poverty at the time of the intake interview, making less than \$13,500 per year. Roughly half of both samples have failed to complete high school (47.9% in the ASOP sample and 54.7% in the control sample). ASOP offenders are somewhat better educated, with 24 offenders (32.9%) having at least some college or trade school experience, as compared to 36 offenders (17.9%) in the control sample. Approximately half of both the ASOP and control samples are single men and 28.2% of the ASOP sample and 36.5% of the control sample are married.

Treatment information for the standard probation sample was cursory or missing; thus, we could not compare the sample on relevant high-risk characteristics found in the prior literature. In interpreting the impact of a program, it is important to know whether offenders were at high-risk for reoffense. If programs only accept clients that are at low risk, the program is widening the social control over offenders who may succeed without intensive supervision. Thus, as part of the impact evaluation, we conducted a risk profile of ASOP offenders to determine the extent to which the population represents high-risk sex offenders. The analysis revealed that the sample is comprised of a substantial proportion of high-risk offenders, with 77.8% of the offenders having at least one of the six characteristics found to be most consistent in predicting high risk of recidivism for new sex crimes. However, only 13.6% of the ASOP offenders had three or more high risk factors. These six high-risk characteristics are being a psychopathic deviant (information not available on offenders), offenses against non-familial victims, offenses against boy victims, offenses against strangers, prior arrests for sex crimes, and a pedophilic sexual interest.

Our impact evaluation, using information from case files, also revealed that the ASOP offenders had a 3.5 times higher chance of being arrested while on specialized probation compared to the offenders on standard probation. What conclusions should be drawn about the established higher arrest rate of the ASOP offenders? There are several reasons that this higher arrest rate is not an indication that ASOP is a less successful program than standard probation. First, several of the arrests that occurred to ASOP offenders (especially the sex crimes) were the result of supervision from probation officers and therapists. That is, the probation officers and therapists detected the crimes and then the police were called to make the arrests. By contrast, police officers generally detected the crimes and arrested offenders on standard probation.

Second, offenders in ASOP were arrested much earlier after being placed on probation and two times faster than offenders on standard probation. Noncompliant ASOP offenders probably decided to test the strictness of ASOP. They learned that the program does not tolerate serious noncompliance such as new crimes, and is able to detect such crimes in a short time-period (mean number of days to arrest = 233). When they were arrested, a violation of probation petition typically was filed, probation was revoked, and offenders typically were sentenced for a term of three to seven years in the Illinois Department of Corrections (IDOC). This strictness is not evident in standard probation. The strictness of ASOP is a vast improvement over the typical response to noncompliance of sex offenders on standard probation. Many sex offenders in the control sample were arrested, but did not have a violation of probation petition filed. Indeed, several sex offenders on standard probation received multiple new arrests (two to five new crimes) and did not have a formal violation of probation petition filed.

Overall, a larger percentage of control cases than ASOP cases were closed as of July 1, 1999 (168 control cases, or 80.8%, as opposed to 22 ASOP cases, or 28.2%). Of the 168 closed control cases, only 22 have had their probation revoked (13.1%, and 10.6% of the total control sample). Of the 168 closed control cases, only 36 have had their cases terminated unsatisfactorily (21.4%, and 17.3% of the total sample). In comparison, of the 22 closed ASOP cases, 20 have had their probation revoked (90.9% and 25.6% of the total ASOP sample). Moreover, every ASOP case that was terminated unsatisfactorily had his probation revoked. Fourteen of the control cases, however, were terminated unsatisfactorily without having their probation revoked and being sentenced to IDOC. Thus, ASOP offenders to date were far more likely to have had a negative probation outcome if they committed noncompliance. This is likely the product of two factors: increased strictness and less tolerance on the part of ASOP probation officers, and more stringent probation requirements placed on ASOP offenders. Control group offenders often had a very minimal number of probation conditions placed upon them. It is important to keep in mind that most of the cases in the ASOP sample are still active. Of the 21 cases that could have completed their sentence during the evaluation period, approximately 62% will complete probation satisfactorily with most of these cases successfully completing treatment. This success rate is consistent with other intensive supervision programs, and reflects once again a program offering close monitoring and demanding treatment.

Third, offenders who had fewer months in treatment were significantly more likely to be arrested. Though this finding does not establish that treatment is effective per se, it indicates that treatment benefits may occur after a period of time, and may

reduce noncompliance and the risk of committing any type of new crimes. The ASOP program due to administrative problems was unable to refer 17 ASOP offenders to treatment immediately after being sentenced to the ASOP unit.

Fourth, it is difficult for judges to determine which offenders will respond to treatment and stay in compliance with the conditions at the time of sentencing. Prison costs more money, and more importantly treatment is typically not available. Sex offenders can serve 1.5 to 3 year sentences (with good time credit), and return to the community without receiving any help to reduce the risk of committing new crimes, especially sex crimes. Because of the short time to arrest and revocation, the ASOP unit serves to remove offenders who are inappropriate for community-based supervision. As stated above, standard probation apparently does not remove offenders until much more serious crimes are committed. For all these reasons, ASOP is a much better alternative than standard probation supervision for sex offenders.

Does ASOP have a higher total cost than the alternative of sentencing these sex offenders to prison? The evaluation team did not conduct a formal cost-effectiveness analysis because data were not available. From our analyses, however, we can make the following observations. Based on recidivism of new sex crimes, the ASOP unit does not have any additional cost for counseling and recovery of victims of sex crimes. Approximately the same percentage of control offenders as ASOP offenders were convicted of and/or arrested for a sex-related offense (7 out of 208 control offenders, or 3.4%, as opposed to four out of 78 ASOP offenders, or 5.1%). It is difficult at this time to determine the additional cost added to the criminal justice system when sex offenders are sentenced to the ASOP unit and then have their probation revoked. About one

quarter of the ASOP sample had their probation sentence revoked; if judges and probation officers refine their eligibility criteria based on the outcome analyses in this report, a much smaller proportion of offenders may be revoked in the future. Another consideration in determining the additional cost to the system for the revocation is the amount of time spent in the ASOP unit before having the probation revoked. On average, revocations occurred very early after an offender was placed in the ASOP unit. Thus, the additional cost per offender should be small, but the proportion of offenders that will be revoked depends upon whether selection criteria change or remain the same.

The cost could be reduced if judges and treatment providers started using criteria related to treatment failures and unsatisfactory terminations of probation. Offenders who have prior arrests but no previous convictions were at a 3.5 times higher risk of being arrested while on probation than were offenders who had never been arrested or had been arrested and convicted of a prior crime. High school dropouts, unless they express remorse at the initial treatment evaluation, are at a high risk of treatment failure and unsatisfactory termination of probation. Completion of a high school education places offenders at a very high chance of completing treatment and probation successfully. Even if offenders live in poverty or were not remorseful, they were progressing in treatment and had good standing on probation if they had a high school education. Future research should be conducted to determine if offenders with a high school education actually benefit more from treatment or are just more able to fool therapists and manipulate the probation and court system. Until such future research is conducted, our findings provide practitioners with information to enhance monitoring or screenings so that societal resources can be optimally used.

In conclusion, the ASOP unit now is under effective management. We believe the unit will continue to improve in its partnerships with therapists and in its surveillance efforts. The four ASOP officers can effectively handle the current caseload. If the unit is expanded to carry a larger caseload, the administration should insure that flexibility is incorporated into the structure of the unit. It is clear that the current structure of the unit cannot overcome the logistical difficulties that interfere with meeting field visit standards. Better scheduling of ASOP officers' time, the addition of part-time trained surveillance officers, or pairing ASOP officers with Home Confinement officers should be considered as options to meet field visit standards. The administration also should address whether ASOP officers are able and willing to shift their time to conduct additional fieldwork. The use of the Home Confinement Unit to conduct searches in the home for minors and contraband is a creative and unique part of ASOP that other large urban programs may want to consider. The Home Confinement Unit conducted numerous searches of offender's homes for those ordered to have a curfew, and these searches are consistent with the containment model's emphasis on field surveillance. However, many offenders are not on curfew, and these searches cannot and should not replace searches conducted by ASOP officers. Additionally, our findings indicate that the level of supervision is stricter in the ASOP unit and a better choice than supervision of sex offenders on standard probation. Some consideration might be given to assigning all sex offenders to an expanded ASOP unit or at the very least upgrading the current supervision of sex offenders in the standard probation unit.

I. Introduction

Sex offenders, especially child molesters, are regarded as malicious, deceitful, self-centered, perverted, and dangerous, tenacious individuals. Still, society must deal with these offenders and try to protect our children and women. It is easy to provide that knee-jerk response: 'just lock them away'. Prisons, however, are overcrowded and sex offenders are eventually released and reside in communities, often next to many children and women. Compared to all subgroups of sex offenders, incest offenders, those who prey upon their own daughters, sons, stepdaughters, stepsons, granddaughters, and grandsons, have the lowest re-arrest and reconviction rate (see Hanson & Busierre, 1998). Incest offenders are still a difficult population to supervise and treat because they have many opportunities to interact with their child and grandchildren and to commit additional sex offenses that may be undetected. Given their relationship to their children and the downgraded seriousness of incest offenses in the penal statutes, incest offenders typically are not sent to prison and receive standard probation. Thus, in return for taking advantage of their trusting and dependent daughters and sons, these incest offenders receive little punishment and little treatment. Though this lenient approach with incest offenders is not justified, it is the reality of the criminal justice system.

Society engenders substantial costs from the recidivism of child molesters. Taxpayers pay the monetary costs of investigating, prosecuting, sentencing, and supervising child molesters. Society also bears the burden of constraints that fear of sexual assault generates. Recent research indicates that sex offending may be a life-long problem for many sex offenders. Prentky, Lee, Knight, and Cerce (1997) conducted a

longitudinal analysis of recidivism rates among 251 sex offenders who were discharged from the Massachusetts Treatment Center for Sexually Dangerous Persons over a twenty-five year period. The failure rate for having a new sexual offense charge among child molesters at the end of the study period was 52%, with an average of 3.64 years before reoffense. The failure rate for having a new sexual offense charge among adult rapists was 39%, with an average of 4.55 years before reoffense.

Despite this high failure rate, convicted child molesters often receive a term of community-based probation as their sentence. A study that analyzed almost 1,000 cases of child sexual assault from ten jurisdictions found that 64% of the convicted sex offenders received probation and in 61% of those cases counseling was ordered as a condition of probation (Smith, Elstein, Trost, & Bulkeley, 1993). In 1996, 4,331 child molesters were registered with the police departments in Illinois (Welter, 1997). In contrast to other criminal offenders, child molesters are often productive members of a community and can be found at all levels of social status and occupational prestige (e.g., Greenfeld, 1996). Child molesters are employed in unskilled labor jobs, skilled jobs, a professional occupation, and some are unemployed. Some child molesters also have family ties that still remain strong even after their offenses are revealed. Judges may choose a sentence of standard probation after considering successes in other areas of a child molester's life. Moreover, many child molesters, especially those who molest young children, may receive standard probation as part of a plea agreement due to the weakness of the evidence or the desire not to put children through a trial. Many jurisdictions now acknowledge that standard probation provides insufficient monitoring and surveillance of convicted child molesters serving community-based sentences

(Lurigio, Jones, & Smith, 1995). Standard probation, however, still remains a frequently used option for many child molesters.

Across the nation, several jurisdictions have begun to address the limits of standard probation for supervising sex offenders. Intensive supervision programs that combine treatment and home visits are considered an alternative to standard probation. The Cook County Adult Probation Department received a grant from the Illinois Criminal Justice Information Authority to develop a specialized intensive supervision sex offender unit. The new unit, called the Adult Sex Offender Program (ASOP), is an intensive supervision probation program for offenders convicted of felony sex offenses against minors who are legally defined family members. The unit is based on the containment approach, which is a nationally recognized intensive supervision community-based probation model for sex offenders (English, Pullen, Jones, & Krauth, 1996). The containment approach has three major components: (a) intensive supervision of offenders which includes frequent field searches of offender's homes and the verification of information obtained verbally from offenders; (b) treatment which emphasizes a cognitive-behavioral group therapy approach supplemented with cognitive-behavioral individual counseling; and (c) a partnership between probation officers and treatment providers that includes frequent communication and the sharing of relevant information on specific offenders.

Loyola University evaluators were awarded a three-year contract to evaluate the implementation, operation, and short-term impact of the ASOP unit. This is the final evaluation report. Cook County's ASOP began screening cases in March of 1997 and received its first sentenced case in April of 1997. The first interim report covered the

process evaluation for the first year of the evaluation grant awarded to Loyola University-Chicago: June 15, 1997 to June 15, 1998 (Stalans et al., 1998). The second interim report covered the period of June 16, 1998 to June 15, 1999 (Stalans et al., 1999). This final report summarizes findings from these two previous reports and provides new findings from the period of June 16, 1999 to December 31, 1999.

The final report contains six major sections. Section one provides a basic description of the program, its setting, administration, use of an advisory committee, staffing, program policies and procedures, and target population. This section concludes with a comparison of eligibility-screened offenders and directly sentenced offenders on their characteristics. The second section describes the operation of ASOP in the past year. The operation of the unit includes its changes in policies, growth in caseload, face-to-face office contacts and field visits. The third section describes the quality of the delivered treatment. The quality of treatment covers four major aspects: (a) the comprehensiveness of treatment evaluations; (b) the frequency and modality of services; (c) the quality of the cognitive-behavioral group therapy offered, and (d) the partnership between therapists and probation officers. Whereas most evaluations of treatment services typically describe only the frequency and modality of services, our evaluation, based upon systematic direct observations, provides an in-depth analysis of the quality of the cognitive behavioral group therapy provided to ASOP offenders. Section four provides a description of the risk profile of the ASOP offender sample. Section five describes the methodology for the impact analysis, and presents differences between the ASOP and control samples on arrests while on probation, time to arrest, arrest warrants issued, violation of probation petitions filed, and whether probation was terminated

satisfactorily or unsatisfactorily. Section six provides an analysis of offenders' performance in treatment, number of treatment sessions scheduled and attended, changes in lifestyle, and responsiveness to treatment. Section seven covers the predictors of treatment and probation outcomes, and provides information about the groups of offenders who are at high risk of treatment failure, arrests on probation, and having violation of probation petitions filed. The last section provides a summary of the conclusions drawn from our observations. Because this report focuses a great deal on the impact of the program on recidivism, the rest of the introduction discusses the research on recidivism of child molesters.

Recidivism Research

In an attempt to reduce recidivism and the cost associated with additional sex offenses against children, there have been many studies focusing on predicting short-term and long-term recidivism (See Hanson & Bussiere, 1998). Few of these studies, however, have focused on child molesters who are sentenced to standard probation and continue to reside in the community after their conviction. Several studies have examined the effectiveness of treatment at reducing recidivism rates in populations of sex offenders on probation (see Furby, Weinrott, & Blackshaw, 1989; McGrath, Hoke, & Vojtisek, 1998). Only two studies have examined possible risk markers for child molesters on probation. Hanson (1998) reports an ongoing study of probation and parole officers' retrospective accounts of characteristics that distinguish 208 recidivist and 201 nonrecidivist sexual offenders. "Recidivists were described as having negative social relationships, holding attitudes tolerant of sexual offending, and lacking self-

management skills.” (Hanson, 1998, p. 59) These retrospective accounts are informative, but cannot reveal the characteristics that lead to optimal predictions of noncompliance risk. Maletsky (1990) followed almost 4,000 outpatient sex offenders for between one and 17 years. Men who had worked at three or more jobs during the three years preceding their offense or were unemployed at the time of their offense were almost four times more likely to be treatment failures compared to men who had more stable employment. Treatment failure included not completing treatment, maintaining a deviant arousal pattern throughout treatment, or being arrested for a sexual offense.

There is burgeoning literature on the static characteristics that predict noncompliance or recidivism among previously incarcerated sex offender populations (for reviews see Harris, Rice & Quinsey, 1998; Hanson & Bussierre, 1998). Hanson and Bussierre (1998) conducted a meta-analysis to summarize the findings in this literature. Their analysis indicated that psychopathic deviants and offenders with prior criminal offenses were at higher risk of committing a reoffense for any crime. Offenders who denied their sexual offense or showed low motivation in treatment also were at high risk for general recidivism. Consistent with research on other offender populations (Gendreau, Little, & Goggin, 1996; Bonta, 1996), sex offenders who reoffended with any offense tended to be younger, single, and of a minority race (Hanson & Bussiere, 1998). An objective measure of deviant sexual interest toward children was the best predictor of committing another sex offense. Offense characteristics such as extra-familial victims, offenses against males, and both “hands-off” and “hands-on” sex offenses were modest predictors of sexual recidivism.

The findings from this voluminous literature, however, may not generalize to the population of child molesters who are sentenced to probation. There are notable differences between the populations used in prior studies and the population of child molesters who are normally sentenced to probation. First, most of the prior studies used samples drawn from sex offenders released from maximum-security prisons or hospitals. The prior criminal history of these offenders is probably more extensive and serious compared to the prior criminal history of child molesters sentenced to probation. Child molesters may receive a probation sentence in part due to having no prior official offenses. Specifically, many states allow probation sentences for sex offenders who repeatedly molest or force sexual intercourse on their own children, and for sex offenders who do not have any prior sexual convictions. Second, many prior recidivism studies have included an array of sex offenders in their sample, and have compared child molesters to other types of sex offenses. It is unclear from these studies whether child molesters have different risk markers than rapists and other sex offenders. However, previous research has found differences between child molesters and rapists in their denial and response style (Nugent & Kroner, 1996; Abel et al. 1988). Child molesters were significantly more concerned with what other people thought of them, and engaged in more minimization and impression management than did adult rapists. Child molesters were more likely to admit to the offense than were adult rapists (Nugent & Kroner, 1996). Other research shows that child molesters compared to adult rapists on the average have a greater number of victims and continued to repeat offenses until they were caught (Abel et al., 1988; Prentky et al., 1997). For example, in a longitudinal study over a twenty-year period, the failure rate of 52% of child molesters having a new

sexual offense charge was much higher than the failure rate of 39% of adult rapists having a new sexual offense charge. Furthermore, child molesters committed a new offense on the average one year sooner than did adult rapists (Prentky et al., 1997).

These differences between child molesters and adult rapists lend some support to theories that there are different subgroups of sex offenders. Given these sample differences, research has begun to examine empirically the extent to which the risk characteristics in prior studies combining incarcerated child molesters with adult rapists also predict noncompliance among child molesters on probation. Moreover, researchers have suggested that future studies should examine how risk factors combine together to increase the predictive accuracy of recidivism (Hanson & Bussiere, 1998). Looking at the interaction of risk predictors has rarely been done and is an innovative method that we use in our evaluation of Cook County sex offenders on intensive supervision. Very recently, research on the predictors of recidivism for violent offenses has employed this technique to determine group characteristics of violent offenders who are at higher risk to reoffend (Tengstrom, Grann, Langstrom, & Kullgren, 2000). Our research uses nonlinear classification trees to determine the characteristics of child molesters who are at a much higher risk to commit noncompliance while on standard probation. Our research also examines compliance on probation, which has not been empirically addressed in most of the prior research.

II. Program Description

The vast majority of adult sex offenders on probation in Cook County are supervised on regular probation caseloads comprised of a mixed caseload of sex offenders plus regular probation cases. Recent practice is that at least one probation officer in each division is designated as the sex offender supervision officer to handle such cases. These officers receive special training in sex offender probation supervision. By contrast, four specially trained ASOP officers who carry only ASOP sex offender cases supervise sex offenders selected for the Adult Sex Offender Program (ASOP).³ The major distinction between sex offenders on the general caseload and ASOP sex offender cases is that ASOP cases are selected in reference to specifically identified criteria, are subject to increased levels of supervision and surveillance that include a set of very strict conditions, and must participate in a sex offender treatment program. The developers of the ASOP unit intended to make surveillance of sex offenders more intense than regular probation. Sex offenders on regular probation typically have office contacts with probation officers one to two times per a month, and are visited in the field once every two months or once every six months after the first year. Sex offenders in the ASOP unit currently are required to have office contacts four times per month and field visits three times per month during the first phase of the program. Moreover, on standard probation, arrest checks are conducted either once every three months or once every six months as opposed to weekly in ASOP, while employment is verified monthly as opposed to weekly in ASOP. ASOP sex offenders also must abide by a list of 17

³ ASOP officers also supervise a few sex offenders on regular probation that they were supervising when the ASOP was created.

special conditions that, among other things, prohibit actual, initiated or attempted contact with any minor child under the age of 18 unless approved in advance by the ASOP officer; require that the offender shall not reside in the household of the victim, not be in possession of or have in his residence any pornography and/or sexually explicit material and abide by curfew. Another clear intent of the developers of the ASOP unit was to make field searches an integral and necessary part of the specialized sex offender unit. Field searches are necessary to determine whether offenders are abiding by the special conditions of probation. The emphasis on field searches is in keeping with the research on effective management of sex offenders on probation. The program is modeled on the containment approach, which includes (a) intensive supervision of offenders characterized by frequent field searches; (b) treatment which emphasizes a cognitive-behavioral group therapy approach supplemented with cognitive-behavioral individual counseling; and (c) a partnership between probation officers and treatment providers that includes frequent communication and sharing of relevant information on offenders (English, Pullen, Jones, & Krauth, 1996). The program has followed this basic containment model design throughout the three-year period of this evaluation.

While caseloads in the general probation units of the department exceed 100 per officer, the goal for the ASOP program was a sex offender caseload of between 25 to 35 cases per officer thus allowing sufficient time for the increased supervision and surveillance of ASOP offenders. The ASOP caseload as of December 31, 1999 was 109, which equates to a caseload of 27 cases per officer. The ASOP caseload as of the end of

April 2000, was 108, which equates to a caseload of 27 cases per officer. Thus, for the last four months, the caseload has remained stable.⁴

A. Setting and Purpose

The Cook County Adult Probation Department is the largest probation department in Illinois. The department supervises a caseload in excess of 30,000 probationers with a total department staff over 800, of which approximately 520 are line staff. In addition to its general caseload unit, the department has a number of special program units including Intensive Probation Supervision (ISP), Home Confinement, Intensive Drug Program, Gang Intervention Unit, Mental Health Unit, Victim Services, Investigation Unit, Pretrial Unit, Post- Release Unit, Domestic Violence Unit and three locally-based reporting center units in three high-crime Chicago neighborhoods. The ASOP unit joins this impressive list of specialized units.

In 1994 the Cook County Adult Probation Department was selected by the Illinois Criminal Justice Information Authority as an appropriate location to develop and implement a pilot sex offender program because it had the largest sex offender caseload (approximately 700), and had sufficient staff and matching funds to allocate to the program. The ASOP was designed to provide the increased supervision and surveillance as well as sex offender treatment, which is not usually available to all sex offenders on the general caseload. The program was funded in the amount of \$375,000 under interagency agreement number 4547 dated March 19, 1996 and the grant was renewable for three years upon submission and approval of a new application each year. There was

⁴ To allow sufficient time for preparation of the final report, we set December 1999 as the cutoff date for data collection. The analyses in this report are based on data through the end of December of 1999.

considerable delay in implementing this program and the first ASOP case was accepted into the program in April of 1997, more than a year after the March, 1996, Agreement document was received. Also significant administrative problems delayed submission of applications for grant renewal (Stalans et al., 1998:2-6).

B. Program Administration

When the program was initiated, the Cook County Adult Probation Department's administrative structure consisted of a chief probation officer assisted by four assistant chief probation officers, one for administration, one for general caseload units, one for specialized units and one for the pre-trial division. There were also 12 deputy chief probation officers, 69 supervisors and 493 line staff. The ASOP program was placed under the administrative oversight of the assistant chief probation officer for general caseload units and the primary administrative responsibility of a deputy chief responsible for the preparation of monthly program and fiscal reports and general day-to-day administrative duties of the program. During the first two years of the program, March 1996 through approximately March 1998, this administrative structure appeared to function adequately. The unit supervisor worked closely with the two administrators to prepare program policies and procedures, select treatment providers and in general get the program ready to accept its first clients. Once the program began accepting clients in April of 1997, the unit supervisor's time was appropriately focused on line staff case supervision. However, the evaluation team noted that many administrative tasks tended to be delegated to the unit supervisor. It appears that when the unit supervisor took medical leave in July of 1998, the administration of the program was less than adequate.

In fact, the program experienced serious administrative deficiencies particularly from July of 1998 through approximately April of 1999.

We had noted in our first interim report (Stalans et al., 1998:8) our concern that a number of administrative duties tended to be delegated to the unit supervisor. When the unit supervisor went on extended leave in July, fiscal and program data reports for the first grant period (agreement number 4547) were not submitted with any regularity and grant funds (termed a reduced designation) were reduced in the amount of \$76, 880. There was considerable delay in the assumption of responsibility for the development and submission of a second application to the Authority despite lessons learned from the first application process that obtaining requisite signatures on grant documents is a multi-month process in Cook County. For example, the time from receipt of to signing of the funding agreement for the second funding period (agreement number 4647) was six months, due in large measure to reluctance of the county treasurer to sign any county contracts. While not the fault of ASOP administration, this delay was exacerbated by the late submission of the application. One particularly serious consequence of these events was that the RFP process for treatment providers and refunding of treatment provider contracts were gravely compromised. Because program administrators failed to place treatment contracts on the Cook County Board's October agenda, in early October of 1998 the assistant chief probation officer, as directed by departmental budget office, was instructed to discontinue treatment immediately because contracts were not approved. Crisis management by the evaluation team, the assistant chief probation officer and the budget office averted a shut down of treatment. As it was, treatment providers agreed to work without a contract on the promise of future reimbursement. This whole situation

was made more difficult by the fact that the department director resigned her position also in July.

Fortunately, a number of administrative changes in the spring of 1999 and more vigorous program monitoring from the Authority all served to improve the program administration. Among these changes was the appointment of a new unit supervisor in April. This supervisor had been appointed on a temporary basis in September of 1998 and immediately took responsibility for some administrative tasks particularly related to program data reporting. His full time appointment provided unit stability that was lacking as long as he served in a temporary capacity. Another important change was that the assistant chief probation officer for general caseload units took a far more active administrative role than was previously evident. Also, the executive assistant to the new department director took a very active role in overseeing the development of new grant applications, in shepherding these through the approval process and in general providing the impetus from the director's office that resulted in prompt attention to grant-related administrative tasks. In addition, the director of the department's office of finance was made a party to grant related administrative planning particularly in relation to scheduling of county board agenda items. Finally, the Authority's program monitor convened "crisis meetings" that served both to clearly delineate what was required by the Authority, the time lines involved and the fiscal consequences of noncompliance. The intent was to assist the program as much as possible in meeting requirements, but at the same time insisting that they be met.

The result was a dramatic improvement in overall program administration. One immediate result was that, although no data reports for the first funding period were

received for 24 months of the 30-month period (agreement # 4547) until much later, data reports for the second funding period (agreement # 4647) were submitted on time. Of perhaps greater significance was the fact that the application for the third funding period (agreement # 4743) was received by the Authority a full five months before funding was to begin in October, 1999, allowing ample time for revisions, submission to the county board, and obtaining of signatures so no interruption in services will occur. The program has continued to be well managed since these administrative changes were implemented.

C. Use of an Advisory Committee

The original grant application stated that the department would convene an advisory board "to assist in developing and implementing the program" (p 53). We noted in the first interim report (Stalans et al., 1998:9-12) that the board, later designated a committee, was quite active during the development phase of the program, but not used at all since the program began actual operation. At the time of that report in June 1998, the committee had not met since September 1997. Our analysis of this issue identified a number of key factors that served to hinder the use of such a committee. Chief among these factors was uncertainty about the role and purpose of the committee, a serious lack of leadership, no judicial participation, and no documentation of committee deliberations or actions. Because the ASOP was the first and largest sex offender program in the state and a pilot for other such programs, the Authority believed such an advisory committee was essential. The evaluation team concurred in this judgment especially since the success of the program is linked to its use by other elements of the system. In addition, the committee was seen as serving as a useful form for feedback on program operation.

No real progress was made on this issue through the remainder of 1998 and up to November of 1999 when the committee was reactivated. In addition to resuming committee meetings, minutes of the meetings are now being maintained and judicial participation is evident.

D. Staffing

The program called for a staff of four line probation officers and a unit supervisor. All staff was selected from the Cook County Adult Probation Department. The unit supervisor position was filled in late July 1996 and the four line staff positions were filled in mid August 1996. ASOP officers had a median of three years experience as probation officers. Experience in supervising sex offenders ranged from one to ten years. Thus all the staff had some experience with this client group. Both the unit supervisor and the four officers participated in a broad range of training programs early in the grant period. All officers had at least 67 hours of sex offender training with a median of 108 hours as of June 1998 when data on training were collected. Much of this training occurred in 1996 during the period where no ASOP cases were as yet assigned to the unit. The unit has continued to participate in training opportunities on a regular basis throughout the life of the program.

The unit probation officers were initially interviewed in June of 1998. Without exception, all four probation officers loved their job. Each had joined the unit for differing reasons but each felt they had made a good decision. In terms of positive points about working in the unit, all mentioned in one way or another that it allowed them to interact more closely with the offenders and to get to know them. It was clear all officers

cared about their offenders, were anxious for them to succeed and disturbed when they didn't. The impact of training on officers' attitudes about sex offenders was apparent and differed from some sentiments about this client group expressed by other department staff informally interviewed by the evaluation team. Another positive was the variety of activity compared to regular caseload duties. Each felt that, while caseloads are small, they are much more demanding in terms of time and emotional commitment. There were, of course, some negatives. Two officers mentioned secondary trauma as particularly troubling. The same two mentioned potential burnout. Three of the four complained that they felt over supervised in that they felt that every action they took was watched and management was "breathing down their neck". Two mentioned the existence of some tension within the unit and a certain lack of team spirit during recent months (January -May, 1998). The probation officers were re-interviewed in September 1999. The main difference observed was a positive change in atmosphere within the unit. There was a strong sense of esprit de corps suggesting that the tension noted earlier was no longer present. One respondent perhaps captured this best by stating that one of the positive points about the unit was "the teamwork between all of us-the fun we all have together, and the challenges within the unit." Each reaffirmed the fact that they believed they had made a good decision in deciding to join this unit. The few negative points about the unit were that it was understaffed and perhaps too many people were involved in making suggestions about how to run the unit.

There have been a number of significant staff changes during the life of the program. One officer resigned from the unit at the end of May 1998 due to her unease with the requirement that the unit was to become a weapons unit and also because of

dissatisfaction with some aspects of the program. Another officer from the general probation staff replaced her within a month. In June 1999, an officer who had been with the unit since its inception resigned to take a position outside the probation field. An officer from the regular probation staff replaced him in September. Perhaps the most significant staff change occurred at the unit supervisor level. In June 1998, the original unit supervisor went on extended medical leave and eventually was replaced with a temporary unit supervisor in September 1998. This temporary supervisor was appointed unit supervisor in April 1999. Thus for two months, the unit was without a supervisor and for an additional seven months, functioned with a temporary supervisor. The staff continued to receive and process cases during this time period and to develop as a cohesive unit.

E. Program Policies and Procedures

The grant application and a later refined policy and procedures document guided the implementation and operation of the ASOP unit. There have been some deviations from written policy over the life of this program, which is not uncommon in programs of this nature. This section reviews some of the more significant policies and deviations that have served to reshape the program. Two areas of concern will be reviewed: target population and case selection. There also has been significant variation in supervision standards, which is discussed more fully under program operation.

Target Population

One of the distinguishing features of the ASOP was to be its target population. The initial target group for this program was to be adult offenders sentenced under Chapter 730 of the Illinois Compiled Statute section 5/5-5-3(e). Such offenders have been convicted of either criminal sexual assault (5/12-13(3)) which is an act of sexual penetration with a victim under the age of 18 when the act was committed and the accused was a family member, or of aggravated criminal sexual abuse (5/12-16(b)) which is an act of sexual conduct with a victim under the age of 18 when the act was committed and the accused was a family member. Both offenses are felonies. The Illinois Statutes define family member as follows: A parent, grandparent, or child, whether by whole blood, half-blood or adoption and includes a step-grandparent, stepparent or stepchild. Family member also means an accused that resided in the household continuously for at least a year. The developers established criteria that an offender had to meet in order to be sentenced to the unit. Among the criteria were that the offender must:

- ❑ Have an offense charge of either aggravated criminal sexual abuse or criminal sexual assault.
- ❑ Have an offense charge for a family-related crime (criminal statutes define a family member as a father, stepfather, grandfather, step-grandfather, or anyone who has lived with the victim in the same home for one year).
- ❑ Have victimized a minor (under 18 years of age).
- ❑ Have received a 48-month probation sentence.
- ❑ Reside in Cook County.
- ❑ Reside in an area away from child-care facilities or children.
- ❑ Have a phone.

The original intent of the ASOP unit was to determine the eligibility of offenders for the program before the judge sentenced the offender to the program. In effect, the program created an eligibility-screening process. However, the developers also realized that judges have the power to sentence offenders directly to the program without conducting an eligibility screening. Table I presents separate percentages of offenders who were eligibility screened by the probation department and offenders who were directly sentenced by a judge. This comparison examines the extent to which these subgroups of ASOP offenders differ on eligibility criteria. Only 20 offenders in our sample (24.7%) received an eligibility screening. Seven offenders were not convicted of either criminal sexual assault or aggravated criminal sexual abuse. Five of these seven offenders were convicted of aggravated criminal sexual assault, which is a Class X felony and, therefore, is not probationable.

Thus, it may appear that some offenders who do not fit the first criterion listed above are being included in the ASOP program. However, for at least two reasons, it is inherently difficult to use convicted offense as an eligibility criterion for inclusion in the program. First, offenders who commit similar crimes may be convicted of different offenses due to plea-bargaining or the amount of evidence against them. Second, most sex offenders are charged with and convicted of more than one crime. Thus, most offenders often have several convicted offenses and the selection of one offense distorts the true nature of the crime. Consistent with the first difficulty, many offenders (34, or 42.5%) were charged with at least one count of aggravated criminal sexual assault (see Table I). These offenders may have committed similar crimes, but only seven were ultimately convicted of aggravated criminal sexual assault. Perhaps a better gauge of the

first eligibility criterion is whether the offender has been charged with at least one count of criminal sexual assault or aggravated criminal sexual abuse. Of the seven offenders who were not convicted of criminal sexual assault or aggravated criminal sexual abuse, five were originally charged with at least one count of either of these crimes.

Table I shows that only 34 offenders (42.5%) were charged with a family-related offense and, therefore, fit the second criterion listed above. Police and treatment reports were examined to determine the exact relationship between the victim and the offender. Legally, the term family member is limited to parents, grandparents, stepparents, step-grandparents, and any household member who has lived with the victim for at least one year in the same home. However, when this legal definition is expanded to include uncles and other types of relatives (brothers, cousins, etc.), 51 offenders (63.0%) are related to their victim(s). Thus, 30 offenders (37.0%) are not related to their victim(s), but are instead simply acquaintances of the victim (e.g., neighbors, sister's boyfriend, or maintenance worker) or in a position of trust over the victim (e.g., schoolteacher, pastor, photographer).

For the most part, the ASOP offenders fit the third criterion listed above (the victim must be a minor). Only two offenders perpetrated their offense against someone who is 18 years of age or older.

Finally, Table I also presents data regarding the fourth eligibility criterion listed above (the mandate that the offender be sentenced to 48 months of probation). Table I shows that only 39 offenders (48.1%) were sentenced to a 48-month probation sentence.

Table I. Eligibility Criteria for ASOP Offenders

Characteristic	Total Sample (N = 81)	Eligibility Screened (N = 20)	Directly Sentenced (N = 61)
Convicted Charge			
Criminal Sexual Assault	28 (34.6%)	4 (20.0%)	22 (36.1%)
Aggravated Criminal Sexual Abuse	46 (56.8%)	13 (65.0%)	32 (52.5%)
Other	7 (8.6%)	3 (15.0%)	7 (11.5%)
# of Counts of Aggravated Criminal Sexual Assault			
None	46 (57.5%)	13 (65.0%)	33 (55.0%)
one to three	20 (25.0%)	3 (15.0%)	17 (28.3%)
four and higher	14 (17.5%)	4 (20.0%)	10 (16.7%)
Missing	1	0	1
# of Family- Related Charges			
None	46 (57.5%)	12 (60.0%)	34 (56.7%)
one to 2	18 (22.5%)	3 (15.0%)	15 (25.0%)
three to 18	16 (20.0%)	5 (25.0%)	11 (18.3%)
Missing	1	0	1
Offender's Relationship to Victim			
Father	15 (18.5%)	3 (15.0%)	12 (19.7%)
Stepfather	8 (9.9%)	3 (15.0%)	5 (8.2%)
Uncle	11 (13.6%)	3 (15.0%)	8 (13.1%)
Other Relative	17 (21.0%)	4 (20.0%)	13 (21.3%)
Unrelated	30 (37.0%)	7 (35.0%)	23 (37.7%)
Length of Probation			
12 or 18 months	4 (4.9%)	1 (5.0%)	3 (4.9%)
24 or 30 months	15 (18.5%)	8 (40.0%)	7 (11.5%)
36 months	23 (28.4%)	5 (25.0%)	18 (29.5%)
48 months	39 (48.1%)	6 (30.0%)	33 (54.1%)

By statute, a 48-month probation sentence for a Class 1 or Class 2 felony is the maximum length that an offender can receive. The average probation sentence for sex offenders in Illinois in 1997 was about 30 months. In light of the goals underlying the ASOP program, a 48-month sentence seems both appropriate and necessary. Sex offenders are among the most difficult offenders to supervise and treat because their inappropriate sexual behavior stems from both inappropriate socialization and attitudes that allow them to justify repeating their crimes. The criminal justice system must make special efforts to provide intensive supervision and treatment for an appropriate length of time. Four years seems to be the minimum amount of time necessary to fulfill treatment goals; the ASOP program is designed to provide two years of treatment, after which the offender should be closely supervised to ensure that he does not relapse.

To summarize, some offenders are in the ASOP program even though they were not convicted for one of the two offenses established in the eligibility criteria. However, most of these offenders were charged with at least one count of an ASOP-eligible offense. Similarly, many offenders who were convicted of an ASOP-eligible offense were charged with at least one count of a non-eligible offense. This underlies the difficulty of using the convicted offense as an eligibility criterion. Perhaps of greater concern is that a large number of offenders are either not related to the victim and/or were not sentenced to 48 months of probation. One explanation for this is the large number of offenders who were directly sentenced to the ASOP unit by a judge. Perhaps judges are less likely to adhere to ASOP eligibility criteria than are probation officers in the ASOP unit. In fact, there are indications that ASOP officers appear to be making an effort to fulfill the eligibility criteria listed above. Specifically, several cases were

rejected because they did not fulfill eligibility criteria. Most offenders who were rejected were charged with a non-eligible offense (e.g., misdemeanor battery, public indecency, official misconduct, stalking, and aggravated criminal sexual assault) or were from other counties. One offender was rejected because he was an illegal alien who was about to be deported. Two other offenders were rejected because they lived in other jurisdictions. Another offender was rejected because he had mental health issues. Finally, yet another offender was rejected because he did not live in a suitable residence.

It should be noted that one reason the target population was so restrictive was to control the size of the caseload in the belief that, without such restrictions, the program would quickly become overburdened with cases. Even with the deviations from the target population noted above, the program has not become overburdened with cases. To examine the prevalence of sex offenders meeting the target population criteria, an analysis of state's attorney's data was conducted. The evaluation team collected data on 703 sex offender cases referred to the Sexual Crimes Division of the state's attorney's office between January 1997 and June 1998. The offender was a family member in only 98 or 14% of these cases. The number is further reduced if limited to victims younger than 18 years of age and even further reduced if limited to the offenses that are part of the target criteria. It appears that the target population could safely be expanded without fear of swamping the unit with an inordinate increase in intake. While the statutes specifically mention the two criterion offenses as probationable, probation is not prohibited for most other sex offenses.

Case Referral Procedure

Both the original application and interviews with program personnel indicate that there was to be a formal case referral procedure by which cases were accepted into the ASOP program. The key elements of this procedure were that upon identification of an offender by a state's attorney, defense attorney or a judge as potentially eligible for ASOP probation, a "request for screening for eligibility" was to be submitted to the ASOP staff who would conduct a detailed eligibility screening and, if favorable, submit an eligibility letter to the court indicating acceptance of the case. Upon receipt of the eligibility letter, the offender would be sentenced to ASOP probation (Stalans et al., 1998:30-32). Throughout the life of the ASOP program, there has been considerable deviation from this procedure. The evaluation team's review of case files indicates that only 24.7% of 81 cases examined followed a formal screening process whereas 75.3% of the cases were directly sentenced into the program without pre-screening.

The realities of probation programs in most large urban court systems are that the judiciary is likely to deviate from formal case selection procedures. The policy and procedure document noted this potential: "a judge may sentence an offender directly to the Sex Offender Program without an eligibility screening." In such cases, intake interviews were to occur after sentencing. The data indicate that the exception has become the rule. This is further indicated by the program narrative contained in the application for third period funding, Agreement number 4743, effective October 1999. The eligibility screening process is described in much the same way as in the policy and procedures document except there is now no reference to an eligibility letter. As noted above in our discussion of target population, there appears to be no danger of caseload

inflation even with the operational reality of the majority of cases being referred through direct sentence. This issue needs to be addressed more formally perhaps through discussion by the advisory committee.

Comparison of eligibility screened and directly sentenced offenders

The evaluation team examined the extent to which offenders who were directly sentenced to the program were similar to offenders who were given eligibility screenings. The best possible outcome would be that these two groups do not differ. The evaluation team used appropriate statistical tools to determine whether differences exist.⁵ The group of directly sentenced offenders and the group of eligibility screened offenders were similar on most characteristics, which suggests that judges were using similar criteria to sentence offenders to the ASOP program. The groups were similar on the following 16 characteristics: (1) had pedophilic or sadistic tendencies; (2) marital status; (3) an interest in pornography or prostitution; (4) a preference for sex with virgins; (5) the age of the offender's youngest victim; (6) expressed remorse; (7) a commitment to treatment; (8) denied any sexual fantasy; (9) was on welfare; (10) prior employment history; (11) educational achievement level; (12) the number of children that the offender victimized; (13) the current offense; (14) number of counts of aggravated criminal sexual assault; (15) whether family-related charge; and (16) offender's relationship to the victim. The two groups also behaved similarly while on probation. They did not differ on four outcome variables: a positive response to

⁵ All univariate analyses examining the association between receiving a direct sentence and other measured variables were conducted using univariate optimal discriminant analysis (Yarnold & Soltysik, in press). See the impact analysis section for further information on this statistical tool.

treatment, whether or not the offender was arrested while on probation, the number of violation petitions prepared and whether probation was revoked.

The directly sentenced group differed significantly from the eligibility group on the number of prior arrests for misdemeanors ($p < 0.031$). While the majority (39 of 57, or 68.4%) of the offenders without any prior arrests for misdemeanors received a direct sentence, virtually all (17 of 18, or 94.4%) of the offenders with at least one prior arrest for a misdemeanor received a direct sentence.⁶

Similarly, there was a statistically significant association between direct sentences and whether or not the offender was previously arrested for any offence ($p < 0.054$). While the majority (17 of 50, or 66.0%) of the offenders without any prior arrest received a direct sentence, the vast majority (23 of 26, or 88.5%) of the offenders with at least one prior arrest for any offence received a direct sentence.⁷

Finally, there was a statistically significant association between direct sentence and the length of the probation sentence ($p < 0.051$). While approximately half (10 of 19, or 52.6%) of the offenders with probation sentence of 30 months or less received a direct sentence, the vast majority (51 of 62, or 82.3%) of the offenders with probation length greater than 30 months received a direct sentence.⁸ However, unlike the two former findings—which were stable and may be expected to replicate for an independent random sample of offenders, the present finding was not stable and does not generalize to the real world. Thus, although there was an association between receiving a direct

⁶ This finding showed a moderate level of association between direct sentence and number of prior arrests for misdemeanors (effect strength for sensitivity is equaled to 25.1%).

⁷ This finding was associated with an effect strength for sensitivity of 26.1%, corresponding to a moderate level of association between direct sentence and whether or not the offender had a prior arrest for any offence.

⁸ This finding was associated with an effect strength for sensitivity of 28.6%, corresponding to a moderate level of association between direct sentence and length of the probation sentence.

sentence and length of the probation sentence for the present sample, it is unlikely that this finding will generalize across independent random samples of offenders.

In summary, the eligibility-screened offenders and the directly sentenced offenders do not appreciably differ. Therefore, the judges' use of direct sentence has not appreciably changed the clientele of the ASOP unit.

III. Program Operation

Program operation analysis examined the extent to which the program actually operated in line with pre-operational expectations as stated in the grant application and the program's policies and procedures. The ASOP program's two primary activities focused on increased sex offender supervision and surveillance and implementation of sex offender treatment for a set of specifically selected adult, felony sex offenders. The evaluation team's analysis focused on a number of program activities related to these two primary activities. The analyses included an assessment of intake, caseload, supervision and surveillance.

A. Intake and Caseload

As noted earlier, there was considerable delay in the implementation of this program. This considerable delay consisted of more than expected delays in obtaining County Board approval, more than anticipated time to develop an RFP for treatment providers and to select such providers, and in general, more than anticipated time to get the program ready to accept clients. While funds were made available in March of 1996, the first client was not accepted into the program until April of 1997. From that date

through December 1999, the program's caseload has slowly grown to its current size of 109 cases. Data on intake and caseload were developed by the evaluation team since the program, particularly during the first grant period, did not provide useful program statistics and the data it did produce combined ASOP and sex offender cases carried over from the ASOP staff's prior caseloads. Data on intake and caseload as well as the number of cases per officer from March 1997 through December 1999 are presented in Table II.

The original ASOP grant application projected that after a year of taking cases, the unit would have 75 active cases. As can be seen from Table II, the program fell far short of this projection with an active caseload of only 42 cases a year after the program became active. The primary reason for this slow start was an unanticipated lengthy delay in obtaining treatment contracts. Due to delays in obtaining county board approval of treatment contracts, treatment providers did not obtain contracts until November 1997, and offenders were assigned to treatment only beginning at the end of November 1997. Program officials wanted the treatment providers on board before accepting a substantial number of cases. Based on this and other factors the program revised its caseload expectations to have approximately 78 active cases by the end of September 1998. Table II shows that 66 cases were on active caseload as of the end of September 1998. In the latter part of 1998 and through 1999, the number of cases steadily increased.

As of December 1999, the program was averaging approximately five new cases a month. An additional potential reason for the low number of referrals during the first year or so of the program may be related to the extent to which criminal justice personnel in the Cook County system were aware of the ASOP program. In mid August,

1998, the evaluation team distributed a short survey to judges, state's attorneys and public defenders to assess the extent to which these potential users of the ASOP were aware of the program's existence. Findings indicate that less than two-thirds of the respondents had heard of the program. Most had not met anyone involved in ASOP. Most of those who had used the program did not receive any additional information about offenders that they sentenced or referred. Also, findings suggest that if awareness were increased the program would be used frequently. As indicated above, the ASOP is only one of a host of specialized programs operated by the adult probation department. Also, it is located in one of the more active criminal court systems in the nation, so its existence can be unnoticed unless an active awareness campaign is undertaken to alert system users to the program and to provide regular feedback on program participant's performance. As the program attempts to increase referrals to ASOP, it should monitor whether the clientele is becoming too diverse, because the same supervision and treatment regimen may not be effective and appropriate for all offenders.

Caseload figures per officer and state's attorney's data do not suggest that an "awareness campaign" would result in an overloaded program if the current target population remains the same. As noted earlier, the program's goal was to have a per officer caseload of 25-35 cases. The program is now within the lower limit of this range. It should also be noted that during June, July, and August of 1999, only three officers staffed the unit because one had resigned to take a position outside the department. Caseloads during this period averaged 35 per officer.

Table II. Intake, Caseload and Caseload Per Officer**March of 1997 through December of 1999**

Year	Month	Beginning Caseload	Intakes	Closings	Ending Caseload	Caseload Per Officer	
1997	March	0	0	0	0	0	
	April	0	6	0	6	2	
	May	6	2	0	8	2	
	June	8	5	1	12	3	
	July	12	8	0	20	5	
	August	20	4	1	23	6	
	September	23	2	0	25	6	
	October	25	3	1	27	7	
	November	27	1	0	28	7	
	December	28	5	1	32	8	
	1998	January	32	0	0	32	8
		February	32	5	0	37	9
March		37	5	0	42	11	
April		42	6	2	46	12	
May		46	6	1	51	13	
June		51	2	0	53	13	
July		53	3	0	56	14	
August		56	7	0	63	16	
September		63	3	0	66	17	
October		63	4	2	68	17	
November		68	8	0	76	19	
December		76	6	2	80	20	
1999	January	80	4	4	80	20	
	February	80	6	4	82	21	
	March	82	6	1	87	22	
	April	87	3	0	90	23	
	May	90	10	3	97	25	
	June	97	5	1	101	25	
	July	101	5	2	104	26	
	August	104	0	6	98	25	
	September	98	5	0	103	26	
	October	103	7	4	106	27	
	November	106	4	6	104	26	
	December	104	7	2	109	27	

B. Supervision and Surveillance

In addition to sex offender treatment, the distinguishing feature of the ASOP program was to be intensive supervision and surveillance of sex offenders. While the specific number of office and field visits required underwent some change throughout the program period, the essential requirement was that ASOP clients were to be seen at a vastly increased rate compared to regular caseload offenders. The results of our analysis, described in detail below, indicates that the ASOP program exceeded its contact standards for office-based offender contact (supervision), but was severely deficient in its number of field contacts (surveillance). Because of the importance of supervision and surveillance in the ASOP unit, our findings on this issue are reviewed in some detail. Because of differences in the data available at different points during the life of the program, and in changes in performance standards, supervision and surveillance standards and performance for the ASOP were studied for three separate time periods: May 1997 through April 1998; October 1998 through April 1999; and April 1999 through December 1999. These period correspond to times when new standards for supervision and surveillance were set. The latter period is the time during which the most recent contact standards were in operation and during which the most adequate program data were provided by the unit.

May of 1997 through April of 1998

The original Cook County ASOP grant proposal to the Authority specified specific standards for face-to-face contact between probation officers and sex offender offenders. The ASOP unit planned three phases of surveillance with the intensity of

contact decreasing as a sex offender made progress on probation and in treatment. The first phase of surveillance was planned to last between six to twelve months, and the probation officer would have a minimum of three face-to-face contacts per week (though the grant text specified at least four office contacts and six field visits per month). The sex offender was to be moved into the second phase of ASOP probation after successfully completing six to 12 months of probation. The second phase required that probation officers have eight face-to-face contacts per month (three office visits and five field visits). The sex offender was to be moved to the third phase of ASOP probation after successful completion of phase II for a minimum of six months. The third phase of ASOP probation required six face-to-face contacts per month (two office contacts and four field contacts).

Because the evaluation team received only a few statistical reports from the ASOP unit on the number of contacts during this time period, and also because these reports combined home confinement checks with field searches, we could not readily use these data to determine if the actual operation of the unit was in keeping with the established standards of contact. Therefore, to examine the surveillance operation of the ASOP unit during this time period, the evaluation team coded the event records of 37 sex offenders who were placed on ASOP probation from May 1997 to the end of April 1998. An offender's event record is comprised of short, dated descriptions about contacts related to that offender, which are entered into the probation department computer system. The entries report any contact that the probation officer had with the offender or with individuals responsible for aspects of the offender's probation (e.g., treatment providers). Because the event records are quite long, the evaluation team

selected eight months to code and count the number of face-to-face office contacts, the number of face-to-face field searches, the number of phone home confinement checks, the number of face-to-face home confinement checks, the number of face-to-face contacts with offenders at group therapy sessions, the number of drug tests, and the number of phone, voice mail, or face-to-face contacts with therapists for each individual sex offender. The eight months selected were: May 1997; July 1997; September 1997; November 1997; January 1998; February 1998; March 1998; April 1998. Only our findings on office contacts and field searches are presented here.

Table III presents a comparison of planned face-to-face contacts to the actual number of face-to-face contacts per month. The actual number of face-to-face contacts (office contacts and field visits) was determined by the number of scheduled or attempted contacts because the ASOP unit should not be held accountable for when sex offenders fail to show up for office appointments or are not at home when a field visit is attempted. We, however, did not count field contacts where the probation officer attempted a contact and the offender was not required to be at home (e.g., at treatment).

The average number of office contacts for each offender was determined by dividing the total number of office contacts across offenders by the number of offenders. For the months of May through November 1997 all offenders should have been on phase I of their ASOP probation; thus, this unweighted average does not underestimate the mean number of office or field searches for each offender per a given month. Offenders who were in jail or were on active warrants during a given month or who were assigned to the unit in the middle or later part of the month were not included in the average to avoid underestimating the number of face-to-face contacts per month for

a given offender. The numbers in parentheses indicate the number of offenders upon which the average number of contacts was based.

As shown in Table III, the ASOP unit for most months was at the planned level for office contacts, with the exception of May 1997 and November 1997. The program appeared to have had a slow start at the beginning of receiving clients. The slightly below standard performance for the month of November may be in part due to the Thanksgiving holiday. Field visits, however, were substantially below the planned number of field contacts. All averages were below one, which indicates that some offenders did not receive even one field search during the month. Interestingly, the ASOP unit was performing a greater number of field searches in May and July of 1997 compared to November of 1997 through April of 1998.

**Table III. Comparison of Planned Face-to-Face Contacts with Actual
Number of Face-to-Face Contacts for Eight Months
May of 1997-April of 1998**

Month/Year	Planned Office Contacts Per Month	Average # of Office Contacts for each offender Per Month	Planned Field Searches for Each offender Per month	Average # of Field searches for each offender Per month
May, 1997	6	4.0 (9)	6	.66 (9)
July, 1997	6	6.5 (16)	6	.63 (16)
September, 1997	6	7.9 (23)	6	.39 (23)
November, 1997	6	5.88 (25)	6	0 (25)
January, 1998	3 to 6	6.19 (32)	5	.25 (32)
February, 1998	3 to 6	5.94 (34)	5	.5 (34)
March, 1998	3 to 6	7.03 (35)	5	.23 (35)
April, 1998	3 to 6	6.38 (32)	5	.25 (32)

A number of factors may have contributed to the below standard field search statistics during this time period:

- Two unit probation officers were placed on light duty because of their expressed concern about their proficiency with weapons. This left only two officers available for field searches.
- There was considerable delay in obtaining vests for officers to wear during field visits and no such visits were authorized without the vests. Three of the four officers were not equipped until December, and training in the field did not begin until January.
- An administrative decision to restrict unit probation officers to no later than 10:00 p.m. severely limited unit staff from conducting enough field searches.

October of 1998 through April of 1999

Our findings on supervision and surveillance for the second time period were based on statistics submitted by the ASOP to the Authority for the period beginning October 1, 1998 and ending April 30, 1999. The evaluation team focused on these seven months because the contact data were provided separately for each phase, and the caseload data did not include offenders who were sentenced to regular probation.

The ASOP unit had quite frequent contact with its offenders during this time period. Contact was made through a variety of ways including phone contacts by ASOP probation officers, phone curfew checks, visits to the home to check on curfew compliance, collateral contacts, face-to-face office visits, and face-to-face visits to the offenders' home by the ASOP probation officers. The total number of contacts across

these seven months was quite impressive. The unit had 616 collateral contacts, 7,648 phone contacts, 1,600 home visits by the Home Confinement Unit, 190 home visits by the ASOP probation officers, and 2,943 face-to-face contacts with offenders in the probation office. In addition, the unit went to court 137 times for status reports or sentencing.

Despite these indicators of considerable case activity, supervision and surveillance standards were still unmet. The evaluation team analyzed separately face-to-face office visits with ASOP officers and face-to-face field visits conducted by ASOP officers because the policy in operation during these seven months separated these two activities. The evaluation team adjusted the caseload data to take into account the fact that some new cases come under supervision in the middle of the month, some cases are switched to a different phase level, occasionally a case is on active warrant status, and two cases were either in jail or in a juvenile treatment center for most of this time period. In consideration of these factors, we subtracted five from the actual caseload reported for phase I in order to avoid underestimates of actual number of contacts. After this adjustment, the evaluation team divided the reported number of contacts for each phase by the number of cases supervised at that phase level to obtain the average number of contacts per offender per month. Table IV presents the average number of office contacts per offender per month. The expected average number of office contacts per offender per month was eight for offenders in phase I, four for offenders in phase II, and four for offenders in phase III.

Table IV illustrates that the ASOP unit did not meet their own established standard of eight face-to-face office visits per offender in phase I per month for any of

these seven months. The average number of office contacts per offender per month ranged from a low of 4.12 in January of 1999 to a high of 7.19 in October of 1998. Across the months, the median number of office contacts per offender for phase I was 6.51. The low average in January can be partly explained by the fact that all officers participated in a week of training during this month. The officers and supervisor were in Phoenix for three days to receive training, and participated in a sex offender symposium in Kane County, Illinois for two days. The unit exceeded the standard of four face-to-face office contacts per phase II offenders for five of the seven months, and came close the other two months. The unit only met the standard of four face-to-face office visits per month for phase III offenders in December of 1998.

**Table IV. Average Number of Office Visits Per Offender By Phase Level
From October, 1998 to April, 1999**

Month / Year	Mean Office Contacts per Offender in Phase I (expected=8)	Mean Office Contacts per Offender in Phase II (expected=4)	Mean Office Contacts per Offender in Phase III (expected=4)
October, 1998	7.19 (N = 43)	4.42 (N = 19)	0 (N = 1)
November, 1998	6.53 (N = 49)	4.14 (N = 21)	3.0 (N = 1)
December, 1998	6.48 (N = 50)	3.79 (N = 24)	5.0 (N = 1)
January, 1999	4.12 (N = 51)	5.10 (N = 21)	3.33 (N = 3)
February, 1999	5.53 (N = 49)	4.68 (N = 25)	2.67 (N = 4)
March, 1999	6.71 (N = 52)	5.77 (N = 26)	1.75 (N = 4)
April, 1999	6.51 (N = 55)	3.72 (N = 25)	3.0 (N = 5)

Table V presents the average number of home contacts conducted by ASOP probation officers per offender per month. The same caseload adjustment for phase I offenders was made in calculating home contacts. Conversations with the supervisor of

the ASOP unit indicated that there was confusion among officers as to what the actual number of field visits required is and should be. The evaluation team specifically asked the assistant deputy chief who oversees this unit the meaning of “field visits”. Field visit means that ASOP probation officers travel to the home of the offender, enter the home, and look around for contraband and other violations of probation conditions. The average number of field visits per offender per month was far below 1 and the expected standard, which means that most offenders did not receive even one field visit per month. It appears that only in February did the unit manage to average almost one field visit per offender for all three phases. February, moreover, had the second lowest average number of office contacts per phase I offenders, and was the crisis month when treatment providers decided not to take any new referrals.

**Table V. Average Number of Field Visits By ASOP Officers Per Offender
From October, 1998 to April, 1999**

Month / Year	Mean Number of Field Visits Per Offender in Phase I	Mean Number of Field Visits Per Offender in Phase II	Mean Number of Field Visits Per Offender in Phase III
October, 1998	.21 (N = 43)	.05 (N = 19)	0 (N = 1)
November, 1998	.27 (N = 49)	.38 (N = 21)	0 (N = 1)
December, 1998	.26 (N = 50)	.04 (N = 24)	0 (N = 1)
January, 1999	.20 (N = 51)	.05 (N = 21)	0 (N = 3)
February, 1999	.92 (N = 49)	.92 (N = 25)	1.33 (N = 4)
March, 1999	.37 (N = 52)	.38 (N = 26)	0 (N = 4)
April, 1999	.51 (N = 55)	.12 (N = 25)	.40 (N = 5)

It should also be noted that the ASOP unit has had an impressive number of curfew checks at offender's home during this seven-month period performed by the department's Home Confinement Unit. Home curfew checks of sex offenders were enhanced such that home confinement officers enter the offender's home to search for minors or victims when no contact orders are part of the conditions of probation. Home confinement checks, however, are not of the same quality as home visits by ASOP officers. Home confinement officers do not have the knowledge about offenders that the ASOP officers have, and thus may miss contraband and signs of high risk behavior that the ASOP officers are trained to spot. On the other hand, this additional surveillance by home confinement officer provides needed scrutiny of ASOP offenders, and is an important part of the ASOP program. However, even when two home confinement searches were counted to equal one search by an ASOP officer, phase I and II offenders on the average still received less than two field visits per month. Phase III offenders typically did not have home curfew checks by the Home Confinement Unit, which is another reason why curfew checks cannot be equivalent to ASOP field visits.

There are several logistical factors that can account for ASOP officers' poor performance on field visits. During this time period, Cook County had addressed some of the logistical factors that were interfering with reaching the field visit standards in the first time period. The unit now had a permanent car at 26th and California to use for field visits, and did not have to check to see if a car was available. The administration now allows officers to be in the field during weekends and later in the night. Scheduling issues, however, will need to be addressed so that sick days, holidays, vacation days, and training days do not interfere too much with meeting the standard for field visits.

May 1999 through December 1999

Effective on May 1, 1999 new and more realistic contact standards were adopted by the program. The key elements of these standards were as follows:

Phase I (duration - 12 months)

- The probationer shall be required to report in-person to the probation office four times per month.
- The probationer shall be subject to three field visits per month conducted by the ASOP officer.
- The probationer shall be placed on a 7: 00 p.m. to 7: 00 a.m. curfew and subject to home visits conducted by the department's Home Confinement Unit.

Phase II (duration - six to 12 months, based upon probationer's performance in phase I)

- The probationer shall be required to report in-person to the probation office two times per month
- The probationer shall be subject to two field visits per month conducted by the ASOP officer.
- The probationer shall be placed on a curfew as directed by the probation officer and subject to home visits conducted by the department's Home Confinement Unit.
- The probationer may be moved back to phase I if the probation officer believes it is necessary.

Phase III (duration - remainder of probation)

- The probationer shall be required to report in-person to the probation office once per month.

- The probationer shall be subject to one field visit per month conducted by the ASOP officer.
- If deemed appropriate by the officer, the probationer shall be placed on a curfew determined by the officer and shall be subject to home visits conducted by the department's Home Confinement Unit.
- The probationer may be moved back to Phase II if the probation officer believes it is necessary.

These new standards lowered the number of face-to-face office visits for offenders in all phases. For example, the old standards required 6 to 8 face-to-face office visits for phase I offenders, and the new standard requires 4. The new standard did not change the required 3 field visits for each offender in phase I, but clarified that ASOP probation officers were to conduct these field visits. The evaluation team examined the degree to which the new standards were met from May through December of 1999. Table VI shows the average number of office visits per month for offenders in each phase of the ASOP program from May 1999 to December 1999. The averages in Table VI were all based on information from two monthly summary data forms provided to the evaluation team by the ASOP unit: the Sex Offender Program Workload Report and the Monthly Statistical Summary. The averages for all three phases were obtained simply by dividing the number of office visits reported in the workload report by the number of offenders reported in the workload report (e.g., phase II office visits in May of 1999 divided by the number of phase II offenders in May of 1999).

However, we also made an additional calculation for phase I offenders. Specifically, we also examined the average number of phase I office visits per offender

after making an adjustment to the number of office visits. The standards listed above note that phase I offenders are required to attend four office visits per month. However, we recognized that new offenders who have just been convicted and placed into phase I of the ASOP program might not be required to attend four office visits in their first month. For example, some offenders may enter into the ASOP program during the second week of the month. These offenders would only attend three office visits (one for the second week of the month, one for the third week of the month, and one for the fourth week of the month). Similarly, offenders convicted in the third week of the month would only attend two office visits, etc. This issue arises primarily for phase I offenders because transitions into phase II and phase III of the ASOP program generally occur at the beginning of each month (i.e., offenders officially transition into the new phase effective on the first day of the new month).

Because we could not reasonably expect all phase I offenders to attend four office visits in their first month in the program, we calculated an “expected” standard, or “expected” number of office visits per phase I offender for each month. We created this expected standard by making a downward adjustment in the number of phase I office visits. Note that this downward adjustment effectively lowers the standards for phase I office visits; it provides a standard that not only reflects reality, but is also more lenient. We chose to compare the “actual” average (the unadjusted number of phase I office visits per the workload report divided by the number of phase I offenders per the workload report) to this more lenient standard. The “expected” standard appears in the second column of Table VI.

We calculated the expected number of office visits by separating the total phase I ASOP caseload for each month (per the workload report) into four groups: (1) offenders who were in phase I at the beginning of the month (offenders who were in the program from the previous month and new offenders who were sentenced during the first week of the month), (2) new offenders who were sentenced during the second week of the month, (3) new offenders who were sentenced during the third week of the month, and (4) new offenders who were sentenced during the fourth week of the month.

Because we did not have information regarding the sentencing dates of new offenders, we estimated the percentage of offenders who entered into the ASOP program during each week of the month based on our sample of 81 ASOP offenders. Specifically, we calculated the percentage of the 81 ASOP offenders that entered in each week of the respective month of sentencing (21% entered in the first week of their sentencing month, 24% entered in the second week of their sentencing month, 29% entered in the third week of their sentencing month, and 27% entered in the fourth week of their sentencing month). We extrapolated these percentages onto new ASOP offenders for the months of May of 1999 to December of 1999 (e.g., if the monthly statistical summary stated that there were 10 new intakes for the month, we assumed that 21% of the 10 new intakes or two of the new offenders entered into the program during the first week of the month). In this manner, we were able to make our downward adjustment. For example, if we estimated that four of the new offenders in a particular month entered into the ASOP program during the second week of the month, then we assumed that there should have been four fewer office visits (each of the four offenders should have had three office visits instead of four, or one less office visit each). If four

offenders entered in the third week, we assumed eight fewer office visits, etc. We then divided the adjusted number of office visits by the number of phase I offenders for that month to obtain the “expected” standard that appears in the second column of Table VI.

Table VI shows that, as far as office visits are concerned, the adjustment to the standard was unnecessary. From May 1999 to December 1999, the ASOP unit far exceeded the unadjusted standard of four office visits per Phase I offender per month.

**Table VI. Average Number of Office Visits per Offender by Phase Level
From May, 1999 to December, 1999**

Month /Year	Expected Standard for Office Contacts per Offender in phase I	Mean Office Contacts per Offender in phase I (Actual)	Mean Office Contacts per Offender in phase II ^a	Mean Office Contacts per Offender in phase III ^b
May, 1999	3.75	4.91	4.54	2.43
June, 1999	3.88	5.94	4.22	2.00
July, 1999	3.88	5.14	3.58	2.13
August, 1999	4.00	6.11	5.20	1.50
September, 1999	3.94	5.31	4.27	1.00
October, 1999	3.81	4.53	3.68	0.67
November, 1999	3.89	5.10	4.03	1.56
December, 1999	3.79	5.00	3.57	0.80

a: The standard number of office visits for phase II offenders is two per month.

b: The standard number of office visits for phase III offenders is one per month.

Similarly, from May, 1999 to December, 1999, the ASOP unit far exceeded the phase II standard of two office visits per month and, with two exceptions, exceeded the Phase III standard of one office visit per month. Thus, on the whole, the ASOP unit is exceeding expected standards for office visits in this third time period.

Table VII shows the average number of field visits conducted by ASOP probation officers per month for offenders in each phase of the ASOP program from May of 1999 to December of 1999. The averages for field visits were all based on the same information as the averages for office visits (from the sex offender program workload report and the monthly statistical summary). Moreover, the averages for field visits were calculated in exactly the same way as the averages for office visits (by dividing the number of field visits reported in the workload report for each phase by the number of offenders reported in the workload report for each phase). Finally, just as new offenders who enter into phase I later in the month would be expected to attend fewer office visits, they would also be expected to experience fewer field visits. Thus, just as with office visits, we calculated a more lenient, “expected” standard for phase I offenders, based on extrapolating the percentage of offenders in our sample who entered during each week of their sentencing month to the number of new intakes for the month and subtracting field visits as necessary. Again, we compared the “actual” average number of field visits per month per ASOP offender to this more lenient, yet realistic standard.

Table VII shows that the ASOP unit averaged less than one visit per offender in all of the months for each of the phase levels. Moreover, in this eight-month period, the unit averaged less than .5 for five of the eight months for phase I offenders and averaged

less than .5 for 7 of the eight months for phase II offenders. The expected standards, after appropriate adjustments, ranged from 2.75 field visits per month to 3.00 field visits per month. It is important to note that during this eight-month period the administration was very committed to increasing field visits. In June shortly after the new policies were in place, the highest averages for field visits occurred due in part to administrative pressure to go out into the field more often. However, this pressure may have become relaxed as time passed. The field visit standards, however, were set without input from the ASOP line officers that conduct the field visits.

Table VII. Average Number of ASOP Officer Field Visits per Offender by Phase Level from May of 1999 to December of 1999

Month / Year	Expected Standard for Field Visits per Offender in phase I	Mean Field Visits per Offender in phase I (Actual)	Mean Field Visits per Offender in phase II ^a	Mean Field Visits per Offender in phase III ^b
May, 1999	2.75	0.48	0.29	0.57
June, 1999	2.88	0.78	0.63	0.29
July, 1999	2.88	0.23	0.35	0.25
August, 1999	3.00	0.48	0.72	0.30
September, 1999	2.94	0.44	0.49	0.36
October, 1999	2.81	0.51	0.68	0.22
November, 1999	2.89	0.34	0.19	0.22
December, 1999	2.79	0.60	0.66	0.40

a: The standard number of field visits per offender for phase II is two per month.

b: The standard number of field visits per offender for phase III is one per month.

The evaluation team also examined field visit data during this time period under the condition of counting one Home Confinement Unit visit as half of a field visit as was done previously. Our findings indicate that the unit improved its performance, but still failed to achieve expected phase I or phase II field visit standards. Finally, we also examined field visit standard achievement under the condition of counting Home Confinement Unit visits as one full field. Under that condition, both phase I and phase II field visits were met or exceeded in five of the eight months in this time period. These findings are presented in Tables VIII and IX.

Table VIII shows that field visit standards for phase I offenders is not met when each Home Confinement Unit visit is counted as a half of a field visit.

**Table VIII. Average Number of Phase I Field Visits Counting Home Confinement Checks as Half and as a Full Field Visit
May 1999-December 1999**

Month/Year	Mean Field Visit Per Offender (actual)	Mean Field Visits Per Offender with HCUV=.5 ^a	Mean Field Visits per Offender with HCUV= Full ^a	Expected Standard for Field Visits per Offender on Phase I
May, 1999	.48	1.8	3.2	2.75
June, 1999	.78	1.9	3.1	2.88
July, 1999	.23	2.2	4.1	2.88
August, 1999	.48	2.7	5.0	3.00
September, 1999	.44	2.4	4.4	2.90
October, 1999	.51	1.6	2.7	2.80
November, 1999	.34	1.2	2.0	2.89
December, 1999	.60	1.0	1.4	2.79

^aHCUV means Home Confinement Unit visit, with .5 indicating the visit is counted as half of a ASOP officer field visit and full indicating that it is counted as equivalent.

The ASOP unit has worked closely with the Home Confinement Unit to communicate which ASOP offenders have orders to have no contact with children. The Home Confinement Unit now enters the home to check whether children are present and to check for obvious signs of sexual recidivism. Home confinement visits, however, are not the same as a field visit from the ASOP officer who knows the case and can search for possible indicators of higher risk and can ask the appropriate questions that may elicit important information about an offender's risk level for committing an offense.

Table VIII shows that if home confinement visits are counted as equivalent to a visit from an ASOP officer, the unit meets its field visit standards for phase I offenders in all months except October, November, and December of 1999.

Table IX presents the analysis of adding home confinement visits to the ASOP field visits for phase II offenders. When home confinement visits are counted as half of an ASOP field visit, the unit meets its field visit standards in only one month, August 1999. In August 1999, the ASOP unit was fully staffed and weapon certified, and was working closely with the Home Confinement Unit. If home confinement visits are counted as equivalent to ASOP officer field visits, the unit met its field visit standards in six of the eight months.

Summary and Recommendations

The above analyses of three separate time periods (May, 1997-April, 1998; October, 1998- April, 1999; and May, 1999-December, 1999) clearly indicate that this program has succeeded in meeting office visit standards, but has consistently failed to meet field visit standards. This failure to meet standards has occurred despite a variety of

**Table IX. Average Number of Phase II Field Visits Counting
Home Confinement Checks as Half and as a Full Field Visit
May, 1999-December, 1999**

Month/ Year	Mean Field Visits per Offender (Actual)	Mean Field Visits per Offender with HCUV=.5 ^a	Mean Field Visits per Offender with HCUV=Full ^a	Expected Standard for Field Visits per Offender Phase II
May, 1999	.29	1.6	3.0	2.00
June, 1999	.63	1.3	2.0	2.00
July, 1999	.35	1.3	2.3	2.00
August, 1999	.72	2.4	4.2	2.00
September, 1999	.49	1.5	2.6	2.00
October, 1999	.68	1.5	2.3	2.00
November, 1999	.19	.47	.75	2.00
December, 1999	.66	.74	.83	2.00

^aHCUV means Home Confinement Unit visits, and in the column with .5 a Home Confinement Unit visit is counted as one half of an ASOP visit. In the column with HCUV = Full, home confinement check is treated as equivalent to an ASOP visit.

revisions in the standards, the unit efforts to increase the number of field visits, and the evaluation team's effort to adjust standards to reflect intake patterns. As we have noted on more than one occasion in this report, field visits are an absolutely essential part of the containment model. While there have been various logistical and other reasons advanced for failure to meet field visit standards, these are insufficient to explain the fact that the unit did not average even one actual visit per officer in any of the months studied except for phase III cases in February, 1999. It is imperative that the program addresses these deficiencies and explores more creative ways of insuring that field visits for sex offenders on probation are conducted on a regular basis. Currently, two ASOP officers must go out into the field together, and this required pairing becomes problematic when vacations, sick days, and training days are used. Even with the pairing, as we noted in

the second interim report, every officer must go out into the field at least twice a week to meet the field standards (Stalans et al., 1999). On the average, officers have been scheduled to go out for field visits once a week. Thus, coupled with logistical problems such as training days and resignations, the unit has not scheduled sufficient time for field visits to be completed.

It is important to place these findings in perspective. The evaluation team also evaluated sex offender probation programs in DuPage, Lake and Winnebago Counties and found that each of these programs also struggled to achieve field visit standards (Seng, et al., 1999). At that time, Lake County was able to achieve two field visits per offender per month when fully staffed and trained. The many demands on probation officers' time to respond to phone calls, answer correspondence, accommodate the courts expectations and interview offenders tend to keep officers office-bound. The Lake County program which uses two surveillance officers to make field visits on other officers' cases is the only program that is currently (May, 2000) meeting its field visit standards of three field visits per month. By contrast, the ASOP use of the department's Home Confinement Unit to do home visits is unique and makes use of a readily available resource. The ASOP should consider an approach that expands officer field visits while still using the Home Confinement Unit visits as part of the field visit structure, but not as a substitute for officer-conducted field visits.

A national model program for sex offender probation programs will have to overcome the organizational constraints of current probation departments. Currently, no sex offender probation program has made an intensive effort to do so. Cook County in their proposal for the funding of the ASOP unit proposed one idea to overcome

organizational barriers, but this idea never materialized into practice. Cook County originally proposed to have a pool of standard probation officers that were specially trained about supervision of sex offenders to provide better supervision of sex offenders on regular probation and to be a source from which replacements could be drawn for expansions of the unit or to replace resignations (see Cook County proposal, p. 52). By having this source of additional personnel from which to draw, Cook County would have limited the effects of resignations on the ASOP unit's field visit performance. Cook County did not meet their original conception of having a specially trained pool of standard probation officers ready to replace ASOP officers, and this failure has added to their problems of meeting field visits.

An expansion of this original idea may be one possible solution to the continual failure to meet field visits. A pool of trained probation officers from standard probation could work overtime as part-time surveillance officers that accompanied one of the ASOP officers on field visits. As we noted earlier, ASOP officers must conduct field visits in pairs. By having this pool of officers who focus only on surveillance, ASOP officers should be able to go out into the field twice a week. Furthermore, an additional ASOP officer (given the current caseload) is not warranted at this time. However, given the time-consuming task of field visits and the dismal performance of the ASOP unit thus far in accomplishing field visits, additional part-time officers to conduct field visits certainly can be justified.

Another possible solution is to reach agreement with the Home Confinement Unit that two of the Home Confinement Unit officers can specialize in sex offenders and can be paired with ASOP officers to conduct field visits of ASOP sex offenders each

week. The part-time officers or the pairing with the Home Confinement Unit provide the needed flexibility to address logistical factors. The Cook County ASOP program should consider these proposed alternatives as well as think of any other creative solutions to increase field visits.

IV. Quality of Treatment

Sex offender treatment is an integral part of the containment approach and ASOP. Of course, sex offender treatment is part of the operations of the program; however, we created a separate section because the evaluation focused on many aspects of treatment, including partnerships of therapists and probation officers. This section thus provides the reader with in-depth information on most facets of treatment. The evaluation team was fortunate to receive the cooperation of therapists and sex offenders, and was able to observe actual group therapy sessions to obtain some information about the nature of treatment. The evaluator who observed the sessions is trained as a clinical psychologist, has conducted therapy, and is aware of the criteria of good therapy sessions. Thus, observations of these sessions provided fruitful information to compare to standard criteria.⁹

A. Comprehensiveness of Treatment Evaluations

The evaluation team coded treatment evaluations for 60 Cook County ASOP probationers from the first 18 months of the program. Evaluations for all 60 offenders were obtained from offender case file available in the ASOP unit. In general, the treatment evaluations came from one of three different providers: Adelante, Central Baptist, or Center for Contextual Change. However, four of the 60 evaluations came

⁹ The evaluation team expresses its gratitude to all therapists who tolerated the intrusion, gave us much of their own time to answer questions, and filed standard monthly reports. We hope that we have made excellent use of this opportunity, and have provided some insights into the treatment process.

from other treatment providers (two came from Onarga Academy, an inpatient juvenile facility, one came from Midwest Family Resources, and one came from Clinical Behavioral Consultants). These three treatment providers were never contracted to serve ASOP offenders. Thus, the only information available on these four offenders were cursory progress reports and/or brief written reports summarizing an initial interview taken upon entry into treatment. However, as these offenders were in the ASOP program, we opted to include them in our sample of 60.

There are 81 ASOP offenders in our overall sample. Of these 81 offenders, 26 had their probation revoked, been deported out of the United States, or entirely failed to participate in probation (and, therefore, have warrants out for their arrest). A majority of these offenders never attended treatment ($n = 17$). We coded the treatment evaluations for the remaining nine offenders (i.e., they are included in our sample of 60). Excluding the 17 offenders who never attended treatment, there were 64 remaining offenders. These 64 offenders fall into two categories: (1) offenders for whom we coded their treatment evaluations (the aforementioned $n = 60$), or (2) offenders for whom treatment evaluations are unavailable who are currently on active probation status and are participating in their probation ($n = 4$).

Of the four offenders who we did not code, two of these offenders had just been assigned to a treatment provider at the time this report was written, and one of the offenders was receiving treatment from a non-ASOP provider. Thus, there is only one offender for whom the evaluation team has been unable to code at least some treatment information, but may reasonably expect to be able to do so. This offender is in treatment, but is appealing his treatment mandate in court. Perhaps this offender's resistance to treatment has made it difficult for the treatment provider to complete an evaluation.

Of more concern to the evaluation team is the comprehensiveness of the 60 available treatment evaluations. We assessed comprehensiveness using a number of

quality checks on the completeness of the evaluation, including the range of issues addressed. Quality treatment evaluations should include at least seven specific components:

- ❑ A review of police/court records and a full disclosure polygraph examination to assess the complete history of an offender's sexual offending
- ❑ A comparison of the victim's statement with the offender's version to assess the offender's attempt to minimize and deny responsibility for the offense
- ❑ A review of substance abuse history, mental health history, educational/employment history
- ❑ Use of objective sexual preference tests such as the ABEL test to assess deviant sexual preferences
- ❑ Use of objective personality tests such as the Minnesota Multiphasic Personality Inventory (MMPI) or Hare's Psychopathy checklist to assess personality disorders and psychopathic deviancy
- ❑ A referral to a psychiatrist on an as needed basis to assess medication needs for controlling depression or sexual arousal
- ❑ Use of standardized questions to assess power/control issues and attitudes toward women

Most of the information pertaining to these key components, when available, was obtained from the treatment providers' written evaluations. However, information on polygraph examinations and ABEL assessments were often submitted as additional, external reports. Typically, when polygraph examinations and ABEL assessments were submitted as additional reports, the results were also summarized in the written evaluation. However, one treatment agency never submitted any written evaluations, only external polygraph and ABEL results. Thus, for this agency, no treatment

evaluations per se were sent to the probation department, but simply some treatment information. In order to obtain a more representative reflection of the comprehensiveness of the written evaluations, we excluded the five offenders that this agency was responsible for, plus three additional offenders from statistics based on the written evaluations; thus, when written evaluations were the relevant data source, our sample is 52 offenders¹⁰.

History of Offending

Evaluations should include a clear picture of an offender's history of offending. This information can be obtained in several ways: (1) by including, in the written evaluation, official information (i.e., police information) regarding the offender's prior record and the characteristics of the current offense, (2) by interviewing the offender and including any disclosures in the written evaluation, and (3) from polygraph examination questions regarding history of offending. It is our understanding, based on interviews with the ASOP supervisor and treatment providers, that all treatment providers obtained information about an offender's prior record, current offense, and the victim's statement before the evaluation. However, only 27 of the 52 written evaluations (51.9%) specifically mentioned the offender's official arrest and conviction history. On the other hand, most written evaluations (46 or 88.5%) did specifically address whether the offender's version of the current offense was consistent with the victim's and police's version. A majority of these 46 offenders (34 or 73.9%) minimized their responsibility and denied critical parts of the offense.

¹⁰ The three additional offenders were assigned to treatment, completed an ABEL assessment and/or polygraph examination, but a written evaluation was not completed. For two of these offenders, there was a logical reason for why a written evaluation had not been completed (one offender was assigned to a treatment provider quite recently, and one offender had been incarcerated, then was about to move out of the country at the time this report was written). However, the third offender had been actively participating in treatment for nine months (according to his ASOP event record).

Written evaluations indicated that 20 offenders (38.5%) revealed another sexual offense that was not included in their official record. This relatively large number of self-disclosures suggests that, in general, treatment providers are seeking information on prior offending. Of the 20 offenders who revealed additional offenses, nine (45.0%) revealed at least one additional sex offense against a child, six (30.0%) revealed at least one additional sex offense against an adult, six (30.0%) revealed at least one additional “hands-off” sex offense (e.g., voyeurism, exhibitionism), and five (25.0%) revealed at least one additional idiosyncratic, other type of sex offense.

Of the 60 treatment evaluations, 43 (71.7%) contained information about polygraph examinations. However, only 13 of the 43 polygraph examinations included any indication that the polygrapher asked questions about prior sexual offending that went beyond the current charged offense. Thus, it does not appear that polygraph examinations are regularly being used as a source of information regarding offenders’ history of offending. Conversations with treatment providers have indicated that providers find it difficult to find polygraphers who conduct examinations that include questions about prior sexual offending.

Nonetheless, the polygraph examinations yielded other interesting information. Offenders were almost uniformly given a disclosure interview prior to the polygraph examination (42 or 97.7%) and almost uniformly failed to reveal critical information. As a consequence, offenders almost uniformly failed the polygraph (i.e., their responses to at least one question indicated deception; 38 of 43 offenders or 88.4%). Of the five offenders who did not fail the polygraph, four had inconclusive results on at least one question and one fully disclosed the convicted offense prior to taking the examination. Of the 38 offenders who failed the polygraph, 14 (42.4%) provided partial disclosure after learning that they had failed the examination and three (9.0%) provided full disclosure after being informed that they had failed the examination. Five polygraph reports did not mention whether an offender made any disclosures after learning that he

had failed. The remaining 16 offenders (48.5%) made no disclosures after learning that they had failed the polygraph examination.

On the whole, most written evaluations integrated the clinical interview polygraph examination results in a meaningful and logical manner.

Substance Abuse, Mental Health, Employment

All of the 52 treatment evaluations that included a written report provided a review of the offender's family history, substance abuse history, mental health history, and educational/employment history.

Objective Sexual Preferences

A majority of the 60 treatment evaluations (49 or 81.7%) included an ABEL assessment, which is an objective evaluation of sexual preferences. In three other instances, there was reference to an ABEL having been given, but the external report was not included in the evaluation and the written evaluation did not adequately integrate information from the ABEL. When an ABEL assessment was included in the evaluation, treatment providers almost always (48 or 98.0%) directly compared offenders' self-reported sexual preferences with objective ABEL results. Of these 48 offenders, a majority (29 or 60.4%) minimized their sexual interest in at least one deviant sexual category.

We also noted three instances when written evaluations seemed to ignore important information from ABEL assessments.

Objective Personality Tests

The evaluation team is particularly concerned about the number of evaluations that do not include an objective personality test such as the MMPI or the Hare's Psychopathy scale. Across several studies, psychopathic deviancy has been found to be

a consistent predictor of reoffending independent from an offender's sexual preferences or demographic and background characteristics. Only 19 of the 52 written evaluations integrated information from an MMPI test. Thus, for the most part, therapists and probation officers do not know whether they are dealing with offenders who are psychopathic deviants. If they do not know this information, treatment cannot address extreme self-centeredness and lack of a conscience. Additionally, the MMPI provides information on whether an offender meets the criteria of clinical depression, which can aid decisions to refer offenders to a psychiatrist for an assessment of medication needs. One agency, serving a large number of Spanish-speaking clients, typically has not used the MMPI. The Hare's Psychopathy scale may be an option for these clients.

Treatment Recommendations

All of the 52 written evaluations concluded with treatment recommendations. Most treatment plans included very similar recommendations for treatment and treatment goals for ASOP sex offenders. Treatment recommendations focused on group therapy and individual counseling to address issues such as offenders' acceptance of responsibility for the offense, awareness of their sexual assault cycle, and other cognitive-behavioral treatment goals. Most treatment plans recommended both individual counseling and group therapy (49 treatment plans recommended individual counseling and 47 plans recommended group therapy), but did not specify the frequency of this therapy.

There was, however, some tailoring to individual needs. Forty-one of the fifty-two treatment plans (78.8%) included some unique recommendation beyond group therapy, individual counseling, and family/couples therapy. For example, 13 of the treatment plans (25.0%) either recommended that the offender attend alcohol/drug treatment or be evaluated for alcohol/drug treatment. Four treatment plans (7.7%) recommended that the offender receive job training or educational training. Three

treatment plans (5.8%) recommended that the offender be tested for mental or neurological impairment.

Additional tailoring focused on whether the offender should receive a psychiatric evaluation to assess the need for medication and whether the offender needs to be educated regarding power/control tactics in relationships. Eight offenders (15.4%) were referred to psychiatrists to assess their needs for either antidepressants or some other form of medication, and an additional 14 treatment plans (26.9%) specifically indicated that the offender needed antidepressants.

Only two treatment plans specifically indicated that the offender should be educated regarding attitudes toward women or their use of power and control tactics in relationships (although one agency included these topics in their list of more general recommendations). In no instance was there any reference to having administered a standardized instrument in order to assess these issues in a more objective manner. However, some treatment plans included other recommendations that are tangentially related to treatment towards women and/or the need for power and control. Specifically, five treatment plans (9.6%) indicated that the offender needed to deal with aggressive/sadistic behaviors and 12 treatment plans (23.1%) recommended family/couples therapy.

B. Selection of Treatment Providers

During the first year of the grant, the evaluation team reviewed all proposals submitted by treatment providers to offer services to ASOP offenders and interviewed the key personnel involved in selecting treatment providers. In the first year interim report (Stalans et. al, 1998), the evaluation team offered the following observations. First, it appears that ASOP staff made a conscientious and good faith effort to begin developing a network of appropriate treatment providers for their program. This was no

small task given the newness of such targeted programming in Illinois and the current lack of any state certification or licensing of providers for sex offender treatment. For the most part, the providers selected were appropriate. Second, the selection criteria in the Request for Proposal (RFP) were also appropriate though they lacked some detail, especially in areas like requesting specifics on how a provider's treatment was cognitive-behavioral and more on what the content of the treatment sessions would involve and so on. Third, developing ceiling-amounts on contract awards based on geographical analysis makes sense. Fourth, the low number of proposals received is cause for some concern. Basically, only one provider for each geographical area submitted a completed proposal. Thus, there was no real competition for the awards. In part, this reflects the newness of this type of treatment and the fact that there were only 20 programs eligible for the RFP based on their program experience.

In the first year, only six proposals were submitted in response to a RFP and represented one agency within each geographical area.¹¹ The selection committee's four members reviewed the six complete proposals. The process for review was kept informal in the respect that a specific ratings system was not developed or used for ranking the proposals. The review committee checked each proposal to see if it met a set of basic criteria enumerated in the RFP. These included that the treatment agency:

- 1) should be located within Cook County to be accessible to clients.
- 2) should have adequate staffing to provide services to the required number of clients.

¹¹ Actually, ASOP received a total of seven proposals. However, one proposal was so incomplete and fragmentary that it did not merit an initial review. This report will focus on the six proposals that were submitted as complete and subject to review by the ASOP selection committee.

- 3) should employ therapists with at least three years prior experience working with adult sex offenders.
- 4) Should provide the required programming of group (1 time per week) and individual therapy (2 times a month) at the levels prescribed in the RFP.
- 5) Should have a separate group for “deniers”.

Other conditions of service in the RFP proposals were that providers: produce timely assessments and immediate reports on attendance; allow probation officers to be part of the treatment team through regular communications of treatment progress and, if necessary, allow participation of the probation officer in the group sessions, and be willing to testify in court as necessary. Providers also must have specific criteria for discharge and must continue treating each sex offender for a minimum of two years.

All six of the applicant organizations met these criteria in their proposals. All had staff members with at least three years prior experience working with adult sex offenders ranging from a minimum of about 3-4 years to over eight years. Therapists had Master’s level degrees with many also certified by the Association for the Treatment of Sexual Abusers (ATSA).

All applicants indicated they would subcontract with a licensed professional for the administration of polygraph testing. Although two of the providers were at some distance from where the majority of clients resided, they were close enough within the geographical boundaries delimited by the proposal to be considered for an award.

All providers had a formal assessment process that incorporated one or more of the following: interviews with the client and collaterals; either plethysmograph testing

(i.e., phallometry) or the administration of the Abel Assessment for Sexual Interest; full-disclosure polygraphs; and formal psychological testing utilizing standardized instruments such as the MMPI, or the HARE Psychopathology Check List.

All providers were willing to offer both individual and group therapy at the required levels, with all emphasizing group as the primary treatment modality. The frequency of group sessions offered was in keeping with the RFP requirements though the length of time per group varies across providers. One proposal specified that groups would last 90 minutes per session while another proposed running groups of two hours duration. The other proposals did not specify a given duration. To avoid such variation, the evaluation team recommended that future RFPs, in addition to specifying the frequency of contact, must be more specific about the length of time for group sessions (Cook County incorporated this into the RFP released in May 1999).

Every provider also stated that their therapy methods were cognitively-behaviorally oriented, but there was a marked lack of specifics in some of the proposals as to what this meant in practice. One proposal, however, provided a clear and detailed explanation of what their model of cognitive-behavioral therapy involved. Given that there can be considerable variation in what actually occurs in treatment sessions, it may also be wise in the future to either specify in the RFP what is meant by cognitive-behavioral treatment or to ask the applicants to do so.

There was also some variation among the providers on when to incorporate individual therapy. Some expressed that individual therapy would be an ongoing adjunct to group therapy (along with family sessions) while other providers indicated that they would use individual therapy only if necessary to deal with specific issues such as

denial. Indeed, the whole issue of what to do about offender denial was one of the points that most distinguished the provider applications. The RFP requirement for a separate group run for deniers was, at best, complied with half-heartedly by most of the applicants. Four of the six providers proposed an alternative method of dealing with the issue of denial that did not include running a separate group. These alternatives ranged from having additional individual sessions to managing the denial within the context of the assessment. In light of these somewhat tepid responses from the treatment community, it is suggested that this requirement of a separate deniers group be reconsidered and possibly dropped from future programming (Cook County dropped this requirement in its RFP released in May 1999).

Another point of difference among the providers, though less dramatic, was the emphasis on the involvement of family members and victims in the treatment process. Two of the providers had an especially heavy emphasis on this point as being an important part of the treatment with formal components and criteria designed to include family members in the treatment regimen. The other providers said that they *had* family and couples therapy available, but were less specific about when and how such “adjunctive” therapy would be conducted. Implicit in this lack of specifics is less emphasis on formal inclusion of the families in the therapeutic process.

Because, five of the six providers who submitted completed proposals met the criteria enumerated in the RFP, they were offered contracts to provide treatment services to ASOP clients. One provider rejected the offer of a contract due to financial differences. In effect, no provider meeting the nominal requirements of the RFP was turned down. The amount of the contract offered to each provider was based on two

factors. The first factor was a fee and frequency associated with each type of service set out in the RFP, which did not vary across providers. The second was based on an analysis of the geographical distribution of sex offenders who had been on probation prior to the start of the program. The larger the number of offenders living within a region serviced by a provider, as determined by zip codes, the higher the contract ceiling established for that provider. Thus, providers serving areas likely to have large numbers of clients received the largest contracts. The underlying and reasonable assumption here is that new offenders will show the same geographical distribution as prior offenders.

In the first year, however, only three of the four treatment agencies were referred clients, and one of these agencies received only six clients. The evaluation team, in the first interim report, offered nine recommendations for consideration by Cook County Adult Sex Offender Unit to improve the selection process in the future (see Stalans et al., 1998). The most serious problem was that no treatment agency was located on the south side of Chicago. Cook County recognized this problem and actively searched for treatment agencies to serve ASOP clients who resided on the south side. The Cook County ASOP program in writing the RFP for the second year solicitation of treatment providers modified the RFP based in part on the evaluation team's suggestions. The RFP, however, was distributed late, and provided only a short time for treatment providers to respond. Only two of the three agencies serving clients during the first year submitted proposals, and were awarded contracts. During the second year of the grant, only two treatment agencies served the ASOP clients. The low pool of treatment agencies' proposals was due to administrative difficulties that are discussed in detail earlier in this report. Thus treatment selection during the second year of the grant was in

actuality nonexistent. During the third year of the grant, Cook County ASOP probation unit improved their administration of the program, and submitted a RFP early and allowed time for a response. They also actively solicited agencies on the south side. They received five proposals with two offices located on the south side of Chicago where a large number of ASOP clients reside.

The ASOP unit has improved their treatment selection of providers over the three years, and has shown dedication to soliciting treatment providers located in all geographical areas of Chicago.

C. Observations of Group Therapy Treatment

The second interim report (Stalans et al., 1999) provides a detailed description of the evaluation team's observations and conclusions about each of the three treatment agencies providing treatment during the first year. In this report, we summarize some of the general lessons learned from the observations of actual group therapy sessions at each of these agencies. Before discussing these lessons and recommendations, the observation time frame and methods are explained. The most important lesson is mentioned here to caution readers that our general observations hide many nuances and variations across treatment agencies. Although all of the treatment programs ostensibly provided cognitive-behavioral treatment for sex-offenders, they did so in qualitatively very different fashions. Thus, it is not possible to provide one general statement regarding the quality and presumed effectiveness of treatment for ASOP participants that ignores the significant distinctions between the three provider programs.

Methods

The evaluator over the course of conducting observations maintained detailed session notes. These notes formed the basis of the evaluation. Though over the course of conducting the evaluation, observations and opinions changed with continued observation of the programs. Thus, opinions expressed in the logs of earlier sessions at one provider may not reflect the final opinions about the nature and quality of therapy arrived at after the full complement of eight observation periods. Copies of these session notes were submitted to the Illinois Criminal Justice Information Authority in the December 1998 quarterly report.

Observations of actual group therapy sessions at the three treatment providers receiving referrals from ASOP were begun April 6, 1998 and concluded August 5, 1998. At the time of the evaluation, only three providers out of the four providers originally selected to receive referrals from the Cook County ASOP had enough participants to begin treatment groups comprised exclusively or primarily of ASOP offenders.¹² During the time period covered by the evaluation, one other provider had only received one or two ASOP referrals and hence was excluded from the evaluation study. Please note that we are using the pseudonyms, “Agency One”, “Agency Two”, and “Agency Three” to protect the confidentiality of these agencies; these pseudonyms were assigned in a random order.

Each provider was observed for eight mostly contiguous sessions, allowing for a few instances of rescheduling sessions owing to the evaluator’s scheduling conflicts. The 6:00 to 7:00 evening sessions at Agency One were attended between April 6 and June 1,

¹² Agency Three had at least one participant in its group who was not from Cook County ASOP but who nevertheless agreed to allow the evaluator to observe the treatment group.

1998. Observations of the 8:00 to 9:30 evening sessions at Agency Two were begun May 7 and concluded July 8, 1998. Observations of the 10:30 to 12:00 afternoon sessions at Agency Three began May 20 and concluded August 5, 1998.

At all three programs, therapists were notified of the evaluation several weeks prior to the start of the first intended evaluation session. They were asked to inform participants that the evaluator would be coming the following week, and were asked to obtain verbal permission from the participants to allow the evaluator to come to a session, and to give a preliminary explanation of the purpose of the evaluation. There were no participants who declined to allow the evaluator to come to an initial session.

At the initial evaluation session, the evaluator introduced himself to the participants, explained the purpose of the study in more detail, and asked the participants for their written permission to monitor the group for seven additional weeks. The explanation of the purpose of the evaluation always stressed that it was the treatment and the therapists that were being evaluated and not the participants. It also was emphasized that no notes would be taken during the sessions so the participants could feel free to speak without worrying their words might be recorded, that no names or other identifying information would be disclosed in any reports or papers written about the evaluation, and that the evaluator would not speak or participate in the sessions in any way. This latter provision was intended to minimize disruption of the therapy sessions. After this explanation, the evaluator left the room and the participants were allowed to discuss whether they wanted to grant permission to the evaluator to observe the groups with the therapists. The manner in which this was done varied slightly among the three programs, but in all cases the participants agreed to permit the evaluator to observe the

groups. All participants signed informed consents with one copy given to each participant and a second copy retained in a secured file by the evaluator. A total of 16 participants signed consent forms, though one of these participants was not an ASOP referral.

Once the signed consents were received, the evaluator began observations that same session. Seated along with the group participants, the evaluator silently observed the sessions. Over the course of each session, the evaluator attempted to get a general feel for how the session was structured (or not), whether all participants appeared to be engaged in and required to contribute to the session, how the therapists handled denial and minimization (apparent in all groups observed), and whether cognitive-behavioral exercises were used, explained appropriately and made relevant for all the participants. Participant lateness, no-shows, and other indications of non-compliance and how these were dealt with were also noted. Finally, whether or not a probation officer attended the session and the potential impact this had on the sessions was also an intended point for observation (but see below).

Since note taking was not permitted during the sessions, the evaluator kept a typed log of observations for each session. Observations were recorded in this log within a few hours or on the next day following the conclusion of each session. This log constituted an ongoing account of the general content of each session, thoughts about the therapeutic processes, and questions, comments, and concerns the evaluator had following the session.

At the conclusion of the eighth observation session, the evaluator held separate debriefing sessions with the therapists and with the participants. These debriefing

sessions were explained to participants and therapists as their opportunity to discuss issues of concern with the evaluator and for them to ask the evaluator for his comments and feedback. In addition, at all three providers the evaluator spent some time, approximately 15 to 30 minutes at the conclusion of most sessions, to discuss issues that had arisen during these sessions, to ask questions about various participants to better understand their cases and specific issues, and for the providers to get immediate feedback from the evaluator if they so desired. Because of this regular contact between the evaluator and the therapists, the final debriefing session with them was mostly a review of issues that had come up in previous debriefing sessions.

The timing of the participant debriefing sessions varied to some extent by provider. At Agency One, the participant debriefing was done prior to the ninth session and the therapist debriefing was held after this session. At Agency Two the debriefing session was held with participants prior to the start of the eighth session with the therapist debriefing again occurring after the session. At Agency Three, the therapist set aside the latter half of the eighth session for the evaluator to debrief participants. A subsequent phone conversation with the principal therapist at Agency Three constituted the therapist debriefing for that provider.

In the participant debriefing sessions the evaluator always asked the following questions though the participants were free to raise any concerns they wanted:

How well do you think therapy is going? Do you find it is helpful to you?

Are there specific ways you think the therapy could be improved?

Are there things you especially like about the therapy?

How do you feel about (specific therapist name) as a therapist?

Are there any issues we have not talked about that you would like to bring to my attention?

Because the evaluator had been coming to sessions at each clinic for two months, and had said literally nothing over the course of that time, participants at all of the programs were usually quite interested in asking the evaluator for his opinions of them and of the therapy.

General Observations

First, it should be noted that all offenders referred to treatment by Cook County ASOP were participating in weekly group therapy sessions and in bi-weekly individual sessions (unobserved) as required by the contract. As noted in the interim report, however, one provider, Agency One, was conducting sessions of only one hour duration while the other two providers were conducting sessions of one and a half hours duration. It was clear observing the sessions at Agency One and then comparing these with sessions at the other two providers that the 1-hour format is not long enough and that often, in groups with only five participants, some of the participants did not get much chance to talk. The first lesson learned is that *a minimum of 1½ hours of group therapy per week to all participants should be contractually required*. It should not be the case that only *some* participants get this much therapy while others, simply because they were referred to a different treatment program, get less group therapy per week (As noted earlier, Cook County required 90 minute group sessions in the RFP released in May 1999).

The second generalization is that *all of the providers are delivering therapy of moderate quality, though that quality varies considerably*. At all of the debriefing sessions, participants indicated they thought therapy was helpful and were learning a great deal as a result of having been required to participate in therapy. Still, it was clear that some participants were getting better quality and better-organized therapy than others, simply by virtue of differences in providers. Also, all providers are trying to incorporate cognitive-behavioral exercises into their therapy sessions, but again with varying degrees of success.

The third generalization is that *there was not a single standard for the content and format of the group sessions and this was manifest in the strikingly different approaches therapists used to structure their sessions, and introduce cognitive-behavioral materials*. Their choice of particular cognitive-behavioral materials, and how they attempted to engage participants in the sessions also varied. In some instances, the sessions seemed to represent an ad hoc pastiche of cognitive-behavioral interventions mixed in with Alcoholic Anonymous practices and with general group therapy principles. The relative proportion of each of these therapeutic “ingredients” also varied by provider. One provider routinely incorporated cognitive-behavioral exercises in a meaningful and effective way in virtually every session while another provider struggled with how to use such exercises in a way that participants could understand and use.¹³

¹³ As noted in the interim report, all the treatment programs were struggling with their “newness”. This struggle dependent at least partly upon the therapists’ skills, the length of time therapists had been running groups together, and on how long the group had been meeting. Most ASOP participants had never been in therapy and did not know what was expected of them and what to expect of the therapists. This newness was manifested in a lack of rapport among the participants and between the therapists and some participants. All of these factors lead to sessions that were at times disjointed and unfocused; this is not unexpected and not necessarily a serious problem. The groups can be expected to evidence more maturity in functioning, better rapport among the participants, and better facilitation by the therapists as time passes and the participants and therapists gain more experience working with each other.

The fourth generalization is *that there did not seem to be clear and consistent rules/sanctions communicated or enforced by the probation department regarding participant absences, lateness, or noncompliance (e.g. failure to complete homework assignments)*. It was further noted that if there are such rules, some of the therapists are not familiar with them. The Cook County ASOP program has addressed this issue. The ASOP program, from the recommendation of the evaluators, created a sex operations committee. This committee has discussed and reached agreement on how to handle absenteeism, tardiness, and lack of participation as manifested by not doing homework assignments. The committee adopted the rules in place at one agency, and then developed graduated sanction guidelines for probation officers to use to sanction sex offenders for noncompliance with treatment and probation orders. Sex offenders are allowed three unexcused absences over the course of their treatment before they are in violation of the rule requiring consistent attendance at therapy sessions. After three unexcused absences, sex offenders are terminated from treatment and referred back to the ASOP unit who routinely files a violation of probation petition. The ASOP unit and therapists have shown exemplary communication to reach agreement on these issues and develop guidelines about sanctions.

The fifth generalization is that *the different ethnic background of the therapists (primarily Caucasian) vis-à-vis the sex offenders does not affect therapy from the sex offenders' point of view*. Ethnic differences are inconsequential so long as the participants believe that therapists listen and are respectful and care about them.

In summary, though there are clear qualitative differences, sex offenders are receiving adequate treatment at all observed agencies. The observations were fruitful

and revealed differences that needed to be and were addressed. Though cognitive-behavioral group therapy differs across agencies, there must be more uniformity in the rules and the conceptual foundation of treatment. Cook County sex offender therapists have found this uniformity and continue to work hard to provide excellent treatment to sex offenders.

At the time of this final report, Cook County ASOP is working closely with the three new treatment agencies to achieve a common understanding and to address issues with specific sex offenders. At the end of April 2000, the three new agencies had been referred enough cases to start small groups, with two agencies receiving six offenders and one agency receiving eight offenders. One of the three agencies has had experience dealing with sex offenders while the other two agencies are relatively inexperienced and must learn the nuances of this particular clientele.

D. Partnerships of Therapists and Probation Officers

The most recognized model for the supervision and treatment of convicted sex offenders in the community is the containment model. The containment model utilizes a team approach between probation officers, polygraph examiners, and treatment providers to monitor and effectively treat sex offenders on probation. Through this team approach, offenders cannot tell different versions of their crimes to probation officers and therapists, and both probation officers and therapists acquire information on the current risk and treatment needs of offenders to provide effective surveillance and treatment. The central characteristics of the team approach are the same features of any effective team (O'Brien, 1995):

- Probation officers and treatment providers agree on the primary goal of treatment. The primary goal should be to reduce inappropriate sexual behavior so that victim and community safety will not be further compromised (English, Pullen, Jones, & Krauth, 1996).
- Consistent with this common goal, therapists perceive that the probation department is their primary client or that the probation department and offender are equally their primary clients (e.g., Knapp, 1996). This perspective differs from traditional therapy in that therapists typically perceive the best interests of clients as their primary concern.
- Probation officers and treatment providers constantly share information about offenders' risks and treatment progress.
- Probation officers and treatment providers understand each team members' role and establish agreed upon policies to insure that all team members can perform their jobs in the most ethical and effective manner.
- Both probation officers and treatment providers work cooperatively to establish policies thereby eliminating adversarial and unequal power relationships.
- Regular face-to-face meetings are held to discuss difficult cases and to plan ways to improve treatment and monitoring strategies.
- Through mutual respect and cooperation, all team members feel safe to disagree about case management without jeopardizing their membership or status.
- Disagreements are communicated directly to other team members in a respectful manner, and agreed upon resolutions and promises are implemented and followed in practice.

The Loyola evaluation team assessed the operation of the team approach in Cook County based upon qualitative and quantitative measures of the amount and nature of communication and conflict between probation officers and therapists. Though the initial design planned to assess the frequency and quality of communication at two separate time periods, this design had to be revised due to delays in obtaining treatment contracts. We supplemented the survey with direct observations of meetings between ASOP and treatment providers and with informal conversations with treatment providers and the ASOP supervisors. After the second interim report was distributed (Stalans et al., 1999), we believe the report itself created some distrust among probation officers and therapists. Probation officers had reported the therapists' attributes in the best possible light whereas therapists had not been as glowing about probation officers' attributes. One of the evaluators overheard several conversations among probation officers that were around the topic of the report on communication and therapists' responses. The probation officers felt that therapists went behind their back and reported negative information (see section on frequency and nature of communication in this report). This issue, we believe, has been addressed and now is no longer a problem. Due to the second interim report's influence on the partnerships between therapists and probation officers, the evaluation team opted to conduct more open-ended informal interviews with therapists and probation officers and the supervisor of the probation officers.¹⁴

¹⁴ We originally designed the evaluation to include two surveys assessing the quality of communication. Given the reaction after the results of the first survey, the evaluation team believed informal interviews would garner more honest and informative answers. Additionally, delays in treatment contracts made therapists understandably reluctant to provide treatment as well as participate in the evaluation.

Observations of Group Meetings

In the second interim report, the evaluation team reported on their observations of three meetings (Stalans et al., 1999). The meetings occurred on February 19, 1998, March 26, 1998, and June 18, 1998. The meetings provided some evidence that ASOP and treatment providers were working together to establish standards and policies and reach a common understanding of each other's roles. In addition to observation of these meetings, the Loyola evaluators between January of 1998 and June of 1998 observed on three occasions interactions between the ASOP supervisor and two different treatment providers. These interactions concerned obtaining a specific type of treatment for a client or completing an evaluation, and given the fact that the evaluator was directly observing (with knowledge of both parties), the evaluator was privy to both sides of the discussion. On two occasions, the ASOP supervisor threatened to remove clients from a treatment provider if the treatment provider did not handle the problem immediately and in the way that the supervisor wanted it to be handled. Such power plays typically reduce cooperation and can produce an adversarial relationship. Unilateral decision making does not produce an effective team approach, and creates mistrust and resentment; such decision making should be avoided whenever possible. Moreover, the administrative problems in obtaining the second year contract in a timely fashion coupled with unilateral decision making on prior occasions created distrust. Therapists were distrustful about whether they would be paid for their services. This distrust was based in part on the probation department's delay in paying therapist for work that was done without a contract in place, but with the understanding that a good-faith agreement about payment had been reached with the department. When payment for clinical

services was not provided in the promised timeline and delays in establishing the contract were extended for four additional months, treatment providers presented a united front not to accept any new clients and to discontinue treatment if payment was not forthcoming. Thus, the communication between therapists and probation officers during the first two years of the ASOP program sometimes was contentious and distrust was evident on both sides.

Frequency and Nature of Communication After Nine Months

The Loyola evaluation team in 1998 distributed a survey to all therapists serving sex offender clients who are on probation in the ASOP, and to all four probation officers in the ASOP unit. The survey assessed the amount of face-to-face, phone, and written communication between probation officers and therapists, the topics discussed, how disagreements and discussions are handled, and their perceptions of the other team members' knowledge about risk and treatment, willingness to share information, and respectfulness toward them. All questions about the amount of communication focused on the last six months. The questionnaires were distributed May 27, 1998, and were returned by the third week of June 1998. The Cook County Sex Offender Unit at that time relied primarily on three treatment provider agencies. We received a total of six questionnaires from therapists with more than one therapist from some treatment provider agencies completing the questionnaire. All four probation officers completed the questionnaire. One agency did not submit any questionnaires. All respondents completed the questionnaires anonymously, and therapists mailed the questionnaires directly back to the evaluators to insure confidentiality.

Probation officers reported that on the average they had contact with three therapists in the last six months, and therapists reported that on the average they had contact with three probation officers. Most probation officers (3 of 4) reported that they had face-to-face conversations with therapists on a monthly basis; however, most therapists (4 of 6) reported that face-to-face conversations occurred much less frequently -- less often than once every two months. One probation officer concurred with therapists that face-to-face conversations occurred less often, about once every two months. Moreover, therapists (4 of 6) reported that phone calls were very infrequent about once every two months. One probation officer reported that calls occurred bi-monthly, two reported once a week, and one reported twice a week. The archival coding of event records reported later in this report confirms that phone and voice mail contacts occurred an average of over once a week. These calls may not be evenly distributed across therapists with therapists handling more problematic cases receiving more calls.

Therapists reported that on the average they wrote letters or correspondence and received correspondence from probation officers less than once every two months. Probation officers indicated that they received written correspondence from therapists about once a month, but generally wrote letters to therapists on the average less than once every two months. Probation officers do receive standardized monthly treatment reports from therapists once a month. Treatment providers use the same form to provide monthly progress reports on each offender.

An effective team approach requires that team members are available for meetings. Three treatment providers had never met any of the probation officers, one treatment provider reported that officers were very unavailable, and two reported that

they were somewhat available. Probation officers held widely varying opinions on the availability of therapists. Three agreed that therapists were available from either somewhat to always whereas one officer reported that they were very unavailable. Half of the probation officers and therapists believed that they both initiated about an equal amount of the telephone and face-to-face contact whereas the other half believed that they initiated 75 percent or more of this contact. Probation officers indicated that a small to moderate amount of the time they reach treatment providers on the first attempt, and on the average treatment providers indicated that a moderate amount of the time they reach probation officers on the first attempt. Two treatment providers indicated that they had never attempted to call the probation officers. Most therapists and probation officers indicated that their calls to the other team member were returned somewhat quickly. Probation officers (3 of 4) and two treatment providers believed that one day was a reasonable amount of time to return a call whereas one probation officer and three treatment providers believed two days was a reasonable amount of time to return a call.

Probation officers were very positive about the helpfulness of their conversations with treatment providers. They indicated that the conversations were very helpful at creating strategies to keep specific offenders from committing new offenses, and at detecting offenders' attempts to deceive either the treatment provider or probation officer handling their case. Treatment providers, however, voiced less faith in the helpfulness of these conversations with three providers indicating that they were not at all helpful in preventing reoffending, and detecting offender's deception. On the average, treatment providers rated helpfulness a three on a 7-point scale where one is equal to 'not at all helpful' and 7 is equal to 'very helpful'. Therapists' ratings of

helpfulness may reflect therapists' perception that probation officers have less ability to judge offenders' risk to reoffend, which is discussed in more detail in a later section.

However, both therapists and probation officers should realize that as individuals operating alone with limited information they are more vulnerable to misjudgment about offender's risk than they are as a team member who shares information and keeps an open-mind about each offender.

Probation officers and therapists reported spending most of their time discussing issues concerning the progress of specific offenders. These issues concerned polygraph results, attendance in treatment, risk factors, offenders' denial, and offenders' alcohol abuse. The quality of treatment provider and probation officers' conversations were assessed with four questions: (a) how often are team decisions that you think have been made and agreed to reopened and revised; (b) how often do most (treatment providers/probation officers) try to take over team discussions and act on their own personal agendas; (c) how often do (treatment providers/probation officers) actually listen to your ideas and concerns; and (d) when you disagree with a (treatment provider/probation officer), how often do you tell the (treatment provider/probation officer) how you feel? Each question was answered using one of five options: never, rarely, occasionally, frequently, and always.

Most therapists indicated that team decisions were rarely reopened and revised; however, three of the four probation officers indicated that team decisions were frequently or always reopened and revised. Therapists (3 of 5) and probation officers (3 of 4) (this data was missing from one therapist) reported that the other team member never or rarely takes over team discussions. All probation officers and four of the five

therapists reported that the other team member frequently or always listened to their ideas. One therapist reported no contact with probation officers, and one therapist indicated that probation officers occasionally listened to their ideas.

Trust among team members can be improved. One probation officer reported that he/she rarely feels free to express disagreements. All therapists reported that they frequently or always expressed their disagreements. However, half of the therapists reported that probation officers never or rarely “collaborate with a sincere interest in preventing relapse in sex offenders.” Probation officers, however, expressed more trust in treatment providers in that all probation officers indicated that therapists frequently or always collaborate with a sincere interest in preventing relapse in sex offenders. Three of the treatment providers indicated that none of the probation officers are very trustworthy, and that on the average 32% were somewhat untrustworthy. The questionnaire did not contain follow-up questions to explore the basis for therapists’ lack of trust in probation officers, though the second round of interviews indicated that the trust issue revolved around the perception that probation officers would quickly file a violation of probation petition for reported noncompliance with treatment. By contrast, probation officers expressed positive views about treatment providers. Probation officers on the average indicated that 93% of treatment providers were very trustworthy. The basis of these starkly different perceptions of trust provides further evidence of the miscommunication and distrust occurring during the first year of the program.

Despite the fact that probation officers reported that they felt able to express disagreements, none of the probation officers reported disagreements on any important issue. Similarly, only one therapist reported a disagreement on an important issue.

These data cannot be taken at face value -- therapists as a whole expressed concern about how the results of the communication survey would affect their referrals and probation officers appear motivated to present the team in the most positive light. The evaluator in conversations with therapists and with the former and current supervisor is aware of many disagreements about important issues. These issues included type of treatment, the roles of probation officers and therapists, risk of offenders, how to handle alcohol and substance abuse, medication for offenders, the rules around when probation officers attend group therapy sessions, and the behavior of probation officers in group therapy sessions. The fact that respondents were not forthright in answering this question (in comparison to other counties where disagreements were readily revealed) underscores the lack of trust among team members.

None of the probation officers indicated that any therapist was not supportive of the team approach, and one therapist indicated that about 5% of probation officers are not supportive of the team approach.

Three of four therapists and all probation officers indicated that there was agreement about the most important goal(s) of the program. Two therapists did not answer this question, and one therapist indicated that there was disagreement. The primary goal focused on controlling and changing inappropriate sexual behavior, and making offenders aware of their sexual assault cycle. All therapists and probation officers also agreed that it was moderately to extremely important that offenders accept responsibility for the harm caused to the victims and offenders reduce their inappropriate self-statements.

Overall, our findings suggest a high level of mistrust existed during the first and second years of the program indicating a sharp departure from the ideal team approach. In addition to trust issues, there is another important point of departure from the ideal team approach. Three of the four probation officers and two therapists reported that the offender is the primary client of the therapist whereas one probation officer and two therapists reported that offenders and the department are equally the primary clients. Two therapists did not answer this question. Part of this misunderstanding on where treatment providers should place their loyalty may be due to the fact that the probation department in cooperation with therapists had not established uniform policies.

Frequency of Contacts Across All three Years

In addition to our observation of meetings, we coded from the event records for eight months between May 1997 and April 1998 the number of contacts via phone or voice mail that ASOP probation officers have had with treatment providers. We also coded the number of times that ASOP probation officers attended group therapy sessions. From October 1998 to April 2000, we obtained information about the frequency of phone, voice mail, and in person contacts between probation officers and treatment providers from the probation department's monthly contact sheet.¹⁵ Table X presents the frequency of contact across these months.

Across the first eight months, ASOP probation officers attended 12 group therapy sessions, and had 47 phone or voice mail contacts with treatment providers.

¹⁵ The ASOP supervisor mentioned that one officer has placed some of the treatment provider contacts under collateral contact in March and April, but this problem (which could underestimate contact) has now been corrected and the May reports will reflect all treatment provider contacts under the treatment provider contact column.

From October 1998 to April 1999, the unit had 204 in-person or phone contacts with treatment providers. Interestingly, communication with treatment providers became more frequent in December of 1998 when treatment providers were no longer under contract and were providing services in good faith. Probation officers during this time had to make several attempts to get new referrals into treatment.

Table X shows that therapists and probation officers had a total of 544 contacts across the 27 months for which there were data. For these 27 months, contacts have averaged 20 per month, which is an average of five contacts with treatment providers for each of the four probation officers. Thus, probation officers are averaging at least one contact with therapists (these contacts do not include faxes, reports, and repeated attempts to leave messages to call back each other). In the last year from May of 1999 to April of 2000, probation officers and therapists have had a total of 293 contacts with an average of 24 per month. Thus, in the last year, contacts have modestly increased and now average around six contacts with treatment providers for each of the four probation officers.

Examples from the event records also revealed that the team approach sometimes was effective at reducing the risk of recidivism. For example, treatment providers were calling probation officers when sex offenders revealed information in therapy that indicated they had or were about to commit another offense. One such sex offender who was facing a pending polygraph test revealed some information during therapy suggesting that the offender was having contact with the victim, and is at high risk for committing another sex crime. Probation officers made a field visit to the home and obtained a confession from the offender. A petition for a violation of probation was

filed on this offender, and his probation was revoked. The team approach, thus, has worked in some cases. Communication, however, is not perfect.

Table X. Number of Contacts via Phone, Voice Mail and In-person between Therapists and Probation Officers for 27 Months

Month/Year	# of phone, voice- mail or face-to-face contacts with therapists
May, 1997	0
July, 1997	1
September, 1997	0
November, 1997	8
January, 1998	15
February, 1998	7
March, 1998	10
April, 1998	6
October, 1998	14
November, 1998	18
December, 1998	31
January, 1999	33
February, 1999	44
March, 1999	37
April, 1999	27
May, 1999	52
June, 1999	26
July, 1999	40
August, 1999	31
September, 1999	21
October, 1999	35
November, 1999	14
December, 1999	6
January, 2000	22
February, 2000	20
March, 2000	17
April, 2000	9
Total for 27 months	544

Occasionally ASOP probation officers report that therapists do not return their phone calls, and similarly therapists expressed frustrations that probation officers sometimes ignore their suggestions to improve treatment for a client.

The ASOP supervisor met with treatment providers 7 times from December, 1997 to May of 1998 on the following topics: ABEL assessment; obtaining antidepressants for ASOP offenders; quality of treatment assessments; and the referral of cases to specific agencies. The ASOP supervisor took a leave of absence (initially scheduled for four weeks), and the unit was without a supervisor from June 19, 1998 to September 22, 1998. On September 22, 1998, the department appointed a temporary ASOP supervisor who became the permanent ASOP supervisor in April 1999. From September 22, 1998 to May 17, 1999, the ASOP supervisor met four times with the director and therapists with one of the treatment agencies, observed two group sessions, and attended two staffing meetings for two problematic cases. The staffing meetings included the two therapists, the probation officer, the ASOP supervisor, and the offender. The ASOP supervisor also reports having phone calls with the director of one agency about six times per month with the topics about problematic cases and occasionally about billing. The ASOP supervisor has never met in person the director of the other treatment agency (except at group operation meetings), has not observed group sessions, but has had phone calls with the director about two to three times per month with the topics of the conversations concerning billing and problems with specific sex offenders.

Summary and Current Status of Team Approach

During the first two years of operation therapists and probation officers were still struggling with their roles in the partnership and expressed distrust of each other's motives (somewhat influenced by the evaluation itself). In June of 2000, one of the evaluators spoke to therapists and probation officers about the current status of communication and their perceptions about whether it had changed over the last three years. This round of interviews, we believe, produced honest and reflective answers from both probation officers and therapists. Probation officers and therapists each noted that the other was mostly cooperative, and that communication was fair to good but could be improved. Interviewees noted some areas for improvement: (a) work on any personality conflicts that may be interfering with communication; (b) work on reaching agreed upon solutions for noncompliance with treatment orders (because probation officers have the power to violate the offender, they often decide immediately to address the issue with this response whereas treatment providers would like to discuss the issue and come to an agreed upon solution); (c) working better systemically to share relevant information in the appropriate mode of communication (voice mail, in person, letter). For examples, therapists do not receive in a timely manner information about when ASOP sex offenders are revoked; therapists want to receive this information about their clients so that the group can talk about it and work through the issues. Probation officers want to receive information from therapists about noncompliance immediately. When the matter requires immediate clarification, both probation officers and therapists should page or phone each other rather than make assumptions and follow-up with a letter. The awareness that communication can be improved is an important positive improvement

from the first two years. As boundaries and roles are better defined, communication will improve. There are some notable improvements already. Therapists now have a system for writing termination letters. The ASOP unit will begin to obtain maintenance polygraphs, and therapists have requested input on the questions to be asked.

Moreover, the ASOP unit has taken steps to improve communication. In response to a recommendation in the second interim evaluation report (Stalans et al., 1999), the ASOP unit created an operations committee consisting of all therapists and probation officers. The first meeting was held in September of 1999. This committee has already discussed critical issues relevant to treatment and surveillance (such as developing common criteria for discharge or graduated sanction guidelines), and allows for more honest and open discuss of any problems in communication. One of the evaluators attended three of the four operations committee meetings. At all of these meetings, the committee was organized with an agenda, discussion was productive, and members were allowed to raise issues not on the agenda. It was clear that no one was trying to dominate the discussions. At the last meeting in April of 2000 (which the evaluator could not attend due to conflicts with teaching duties), treatment providers indicated their desire to attend the advisory committee meetings. The ASOP unit now is exploring possibilities of combining the two committees in special circumstances. In summary, in the last year, communication has improved, trust between probation officers and therapists has improved, and the ASOP unit and therapists have made a concerted effort to stay aware of communication problems, address issues honestly and directly, and develop common goals and policies.

The ASOP unit also implemented staffings where the probation officer, therapist and offender discuss noncompliance and current progress. The unit's participation in staffings has been infrequent and should increase; the therapists believe that it is an excellent way to address an offender's attempt to play the therapist and probation officer against each other. The ASOP supervisor also mentioned that the unit is considering implementing pre-treatment meetings. Pre-treatment meetings would have the therapist, probation officer and offender meet to address the expectations of the program so that an offender understands the criteria for progress, the conditions of probation and treatment, and that the therapist and probation officer agreed to these conditions and expectations. The current treatment contracts include payment for staffing meetings (for new and continuing sex offenders) that will fulfill the goals of the pre-treatment meetings. It is clear that both therapists and probation officers are committed to the team approach, and are attempting new and creative ways to improve communication and send the message to offenders that they indeed are a team working together to keep offenders in compliance with the conditions.

V. Risk Profile of ASOP Offender Sample

The research team coded information for 81 offenders in the Adult Sex Offender Program. Most of these offenders (76) had entered the program and had completed an intake interview as of September 30, 1998. The remaining five offenders entered the program after September 30, 1998, but we opted to include them in our sample because we had been receiving monthly treatment reports from their treatment provider. All the

information came from probation department case files. The case files generally included a demographic intake interview completed by the probation officer shortly after sentencing, a police report, a listing of the offender's prior arrests and convictions, a listing of the offender's probation conditions, and a treatment evaluation. The treatment evaluations generally included an evaluation written by the treatment provider after initial interviews, an ABEL assessment, and a polygraph evaluation (see section IV A, "Comprehensiveness of Treatment Evaluations"). In addition to the information from the case files, we also obtained, for each offender, a list of all the charges on the original indictment against the offender. This information was obtained from the probation department computer system.

Prior research has identified several characteristics of the offense that increase the likelihood that sex offenders will reoffend (for reviews see Hanson & Bussiere, 1998; Heilbrun, Nezu, Keeney, Chung, & Wasserman, 1998; and Harris, Rice, & Quinsey, 1998). Moreover, in a more recent study of the recidivism of incest offenders, total number of previous criminal arrests, total number of sexual arrests, age of first conviction, and psychopathic deviancy predicted general recidivism for any crime (Firestone et al., 1999). This study of incest offenders also found that deviant sexual arousal did not predict sexual recidivism, which is consistent with other prior research on incest offenders (Quinsey, Chaplin & Carrigan, 1979). Based on the lower rates of recidivism and possible different characteristics that predicted recidivism, Firestone et al. (1999) noted that research on recidivism should not combine child molesters and rapists, and that separate tools for predicting recidivism should be explored. It also is important to keep in mind that much additional work is needed to optimize risk

assessment tools. One clear shortcoming of prior research is that studies did not empirically test how to combine significant predictors so that the correct high risk groups are identified (Hanson & Bussiere, 1998). Our research begins to examine whether the risk characteristics relevant to incarcerated child molesters are the best characteristics to predict noncompliance among child molesters on probation. In the prior literature, six characteristics have consistently been found to increase the risk of sexual recidivism:

- ❑ if the offender victimized a stranger
- ❑ if the offender victimized a person outside of their own family
- ❑ if the offender victimized a male
- ❑ prior arrests for sex crimes and total number of prior arrests
- ❑ if the offender has pedophilic sexual interests
- ❑ if the offender has a psychopathic deviant personality

The Cook County ASOP program was specifically designed to monitor offenders who victimized family members or lived in the same home for at least one year. However, 26 ASOP offenders (38.5%) violated unrelated children¹⁶, and fifteen offenders violated neighbors or complete strangers. Thus, an appreciable subset of the ASOP offenders runs a higher risk of sexual recidivism according to this characteristic.

¹⁶ We excluded three ASOP offenders from our statistics for the remainder of the report. Thus, our sample is reduced to 78 ASOP offenders. These three offenders had been detained by INS and deported out of the United States immediately after being sentenced to the ASOP unit. Thus, it seemed misleading to include these offenders in statistics and analyses reflecting probation outcome. We wanted the outcome data to reflect offenders' behavior while on probation but, because these three offenders had never participated in the ASOP program, their outcome could not possibly have been contingent upon probation performance. Moreover, in our analyses, we used some of the risk characteristics (i.e., the characteristics described in this section) as well as numerous other characteristics to *predict* probation outcome. Thus, it also seemed appropriate to reduce our sample for these sections as well. Finally, we opted to keep four other ASOP offenders who were deported in our sample because these four offenders had participated in the ASOP program for a period of time.

Twelve offenders had been charged with a sex crime against a boy, and run a higher risk of sexual recidivism.

Prior criminal history and the age and marital status of offenders are strong risk predictors for general recidivism of any crime. Prior sexual history is a significant and moderate predictor of sexual recidivism, though total number of prior arrests is a reliable, but modest predictor (Hanson & Bussiere, 1998). An appreciable number of ASOP offenders have a prior criminal history and a few have a prior history of committing sexual offenses, which place these offenders at a higher risk to commit any new crime and a modest risk to commit a new sex offense. Exactly a third of the ASOP sample had been arrested for a previous offense of any kind (26 offenders or 33.3%)¹⁷. Most prior arrests were for misdemeanors (18 offenders) or for violent offenses (15 offenders); the fifteen offenders who have committed prior violent offenses are at a higher risk based on the Static-99, the Structured Anchored Clinical Judgment minimum (SACJ-min), and the Violence Risk Appraisal Guide (VRAG) (Hanson & Thornton, 2000). Only six offenders had been arrested for a prior sex offense, and formalized risk assessment scales such as the Rapid Risk Assessment for Sex Offense Recidivism (RASSOR), the VRAG, the Sex Offense Risk Appraisal Guide (SORAG), the SACJ-min, and Static-99 use prior sexual arrests and convictions as a high risk factor. Three offenders had prior probation sentences and two offenders had prior incarceration sentences; number of prior sentencing dates is a high risk factor on the Static-99.

Typically, the term pedophilia has been used in prior research to denote sex offenders who have an exclusive sexual interest in toddler or latency children. When

¹⁷ We were unable to obtain prior arrest data for five ASOP offenders and prior probation sentence/incarceration data for 15 ASOP offenders.

such a definition has been used, pedophilia has been consistently related to a higher risk of sexual recidivism. Because many offenders do not honestly self-report sexual interest in children, the most reliable way of measuring interest in toddler or latency children is via an objective phallometric or ABEL assessment. In fact, a recent meta-analysis examining the predictors of sexual recidivism found that the strongest predictor was a deviant sexual interest in children as measured by an objective phallometric assessment (Hanson & Bussiere, 1998).

To measure pedophilic interests, we created a variable that combined both objective and subjective sexual preferences. We classified an offender as having pedophilic interests if: (1) he showed an objective preference for toddler (ages 2-4) or latent (ages 8-10) girls or boys on the ABEL assessment, or (2) he admitted to his probation officer or treatment provider during the initial intake interview that he fantasizes about touching or having sex with children, infants, or babies. We found that 23 offenders (29.5%) have at least some objective or subjective interest in pedophilic behavior. However, according to the ABEL assessment, most of these 23 offenders also showed an objective sexual attraction to adult men or women (21 of the 23 offenders). Further, the two sex offenders who did not show an objective attraction to adults both admitted to their therapist that they had committed a sex offense against an adult woman. Thus, the ASOP sample does not contain any sex offenders who show an exclusive sexual attraction to children, but these offenders still pose a higher risk of recidivism.

It is also worth noting that an additional 18 offenders committed their offense against a child who was seven years of age or younger, but did not admit to subjective sexual preference for children and did not show an objective preference on the ABEL.

When we include this additional measure, the total percentage of ASOP offenders showing some interest in young children rises to 52.6% (41 out of 78).

Psychopathic deviancy as measured using objective instruments such as the MMPI or Hare's Psychopathy Scale is also a reliable indicator of a higher risk for sexual recidivism . Psychopathic deviancy has been found in various studies to be the strongest predictor of recidivism after controlling for background, demographic, and offense characteristics (Harris, Rice & Quinsey, 1998; Quinsey, Lalumiere, Rice, & Harris, 1995). Unfortunately, we obtained MMPI scores for only eight of the offenders (therapists did not administer objective tests of psychopathic deviancy in a consistent manner). However, we were able to obtain an indication of whether the offender shows an interest in sadistic behavior (which is likely correlated with antisocial personality and psychopathy). Again, we created a combined subjective and objective measure, classifying an offender as having sadistic interests if: (1) he showed an objective preference for sadism on the ABEL assessment, or (2) he admitted to his treatment provider or probation officer during initial interview(s) that he fantasizes about sadistic acts or about force/sadistic sex acts. We found that 23 offenders (29.5%) have at least some interest in sadism; these 23 offenders may be more likely to commit an additional sex offense.

To summarize, psychopathic deviancy, offenses against non-familial victims, offenses against strangers, offenses against boy victims, a pedophilic interest, and prior arrests for sex crimes place offenders in a higher risk category. Given that these characteristics are the most consistent in denoting high risk for sexual recidivism, how many sex offenders have more than one of these high-risk characteristics? When these

high-risk characteristics are combined (psychopathic deviancy was not included in the probation files or in our data), 31% of the ASOP offenders had more than one of these high-risk characteristics, and 77.8% had at least one of these high risk characteristics. Only 13.6% of the ASOP offenders had 3 or 4 of the high risk characteristics.

One of the easiest and popular formal assessment instrument is the RASSOR. The RASSOR includes only four factors that increase risk: male victim, unrelated victim, prior sex offenses, and committing the offense and being released from prison (or an inpatient secured institution) before the age of 25. Prior sexual history is given greater weight with one point assigned for one prior conviction or two prior arrests; two points assigned for three prior convictions or three to five prior arrests, and 3 points assigned for four or more prior convictions or six or more prior arrests. For the ASOP sample, scores on the RASSOR ranged from 0 to 3 with 43.2% having a score of 0, 37% having a score of 1, 18.5% having a score of 2, and 1.2% having a score of 3. Thus, most of these offenders fall into the lower risk groups. In prior validation studies of the RASSOR offenders scoring two or less had an average 5-year recidivism rate of 12.6%. Offenders who score 1 on the RASSOR such as older child molesters who violate girls outside their families or young child molesters who violate girls within their families and have no prior record have less than a 15% chance of reoffending within 10 years (Hanson, 1998).

The Static-99 is a combined scale of the RASSOR and the SACJ-min, and has better predictive accuracy than the RASSOR or the SACJ-min (see Hanson & Thornton, 2000). Its name indicates that it includes only static variables and was developed in 1999. Prior sexual history is scored the same way as in the RASSOR. Each of the

following nine risk factors adds one point to the total score: (1) four or more prior sentencing dates; (2) any convictions for noncontact sex offenses; (3) current index nonsexual violent offense; (4) prior nonsexual violence arrests; (5) any unrelated victims; (6) any stranger victims; (7) any male victims; (8) between the age of 18 to 24.99; and (9) Never lived with lover for at least two years. Scores can range from 0 to 12, with a score of 6 or more in the high risk category. The ASOP sample scores on the Static-99 ranged from 0 to 5, with 48 offenders (59.3%) in the low risk category (score of 0 or 1), 28 offenders (34.6%) in the medium-low risk category, and 5 offenders (6.1%) in the medium high risk category (score of 4 or 5). By these formalized risk assessment instruments, Cook County ASOP unit is serving a relatively low risk group of sex offenders. Time, however, will tell just how accurate these instruments are at assessing the risk of sexual recidivism while on probation and in the long-term. Neither the RASSOR nor Static-99 scores are significantly related to the seven new sex offenses in the ASOP sample. Over half (57.2%) of the new sex offenses came from offenders classified as low risk using the Static-99 and RASSOR, 28.6% of the new sex offenses came from offenders classified as medium-low, and 14.3% of the new sex offenses came from an offender classified as medium-high risk. Probation officers and trainers should note the warning of Hanson and Thornton (2000): “Static-99 is intended to be a measure of long-term risk potential. Given its lack of dynamic factors, it cannot be used to select treatment targets, measure change, evaluate (sic) whether offenders have benefited from treatment, or predict when (or under what circumstances) sex offenders are likely to recidivate.” (p. 132) Such warnings also apply to the RASSOR and other instruments. These instruments may have little predictive value in the short period of time that

offenders are on probation. Moreover, none of the formal risk assessments include pedophilia, objective sexual preference to children, several objective sexual paraphilias, and only the VRAG includes psychopathic deviancy; these factors however are the strongest predictors of recidivism (see Hanson & Busierre, 1998); none of the formal risk assessments include such information because it often is not available. Intensive supervision probation programs for sex offenders, however, should routinely collect information on objective sexual preferences and personality disorders and this information should inform risk assessments. Furthermore, research has not assessed the RASSOR's or Static-99's predictive value with probation samples or their accuracy at predicting probation compliance or remaining arrest-free of any new sex crimes. Our research may begin to forge such important lines of inquiry, and to improve upon current risk assessments.

In addition to the reliable high risk factors, we also examined other characteristics for which the evidence is less conclusive as to whether they predict sexual recidivism. One such characteristic is an interest in exhibitionism (and, perhaps, an interest in other "hands-off" offenses such as voyeurism). Some studies reported that offenders who are interested in "hands-off" sex offenses are more likely to re-offend because such offenders were compared to offenders who committed exclusively hands-on offenses (e.g., rapists, child molesters). This research strategy is not particularly useful in regard to the ASOP offenders, because all ASOP offenders are "hands-on" offenders (i.e., have committed a sex offense involving penetration or fondling of private sexual areas of a victim's body).

However, an interest in “hands-off” offenses may increase the risk of sexual recidivism for those who have committed a “hands-on” offense, in that such interests increase the scope of illegal sexual behavior in which the offender may potentially engage. We created a combined objective and subjective measure of interest in “hands-off” offenses that classified an offender as being interested in such offenses if: (1) he showed an objective preference for voyeurism or exhibitionism on the ABEL assessment, (2) he admitted to his treatment provider during initial interviews that he had committed a “hands-off” offense in the past or had fantasized about committing a “hands-off” offense, or (3) he admitted to his probation officer during the initial intake interview that he fantasizes about “hands-off” offenses. We found that 35 offenders (44.9%) showed at least some interest in “hands-off” offenses. When hands-off sex offenses are included with the other four characteristics that denote high risk, only 12 ASOP offenders (15.4%) do not have any of the five high risk factors.

Prior research also shows inconclusive evidence as to whether offenders who lack remorse or commitment to treatment at the initial treatment evaluation have a higher risk for sexual recidivism (see Hanson & Busierre, 1998). Similarly, it is unclear whether a history of being a victim of sexual abuse as a child increases the risk of sexual recidivism. Most offenders in our ASOP sample show no remorse for their offense at the time of the initial treatment evaluation (80.8%), and are not committed to treatment (79.5%). Seven offenders admitted to being a victim of sexual abuse as a child.

Six to nine studies have found that the following three offense characteristics do not significantly increase the risk of sexual recidivism: violating very young children, penetrating the victim during the sex offense, and using physical force on the victim

during the sex offense. These three characteristics, however, certainly increase the seriousness of the offense through preying on helpless young children, committing a clear violation of sexual norms, and using force to achieve the sex offense. In Illinois, committing a sex offense against a child younger than nine years old is a factor that increases the seriousness of the offense and potential penalty. The empirical literature, however, shows no significant increase in the risk of sexual recidivism for offenders who commit crimes against younger children (for a review see Hanson & Busierre, 1998). This finding may occur due to measurement error or due to the fact that crimes against young children are really not related to risk. Measures of whether sex offenders prey upon very young children may be unreliable due to the fact that many incidents against young children may not be documented in the files. Young children may be less likely to report the incidents due to their lack of awareness and more limited ability to communicate the victimization. Furthermore, many sex offenders who commit crimes against young children also commit crimes against latency and adolescents as well as commit hands-off crimes; this measure thus does not capture a group of pedophiles that specialized in preying upon young children. This measure also can be distinguished from pedophilia in another way: pedophilia requires an exclusive sexual preference for children whereas some men who violate young children do not have any objective or subjective sexual preference for children or have both a sexual preference for children and adults. Thus, preying upon young children should not be confused with pedophilia; it is a very unreliable indicator that an offender is a pedophile.

A majority of our ASOP offender sample violated a child under the age of 13 (68.1%), and, of these offenders, 42.3% committed a sex offense against a child younger

than age nine. Most offenders (71.8%) penetrated the victim via vaginal, oral, or anal entrance. Vaginal penetration was the most common form, though many offenses included multiple methods of penetration. The sample was more or less divided on whether physical force was (41%) or was not (59%) used to commit the sex offense. Overall, the ASOP sample is comprised of sex offenders who commit severe forms of sexual crimes involving young children often subjected to physical force and vaginal, anal, or oral penetration.

We also examined some additional characteristics, which have received little attention in prior research. For example, few studies have examined the number of months that the abuse had been occurring prior to the offender being arrested, in part because it is difficult to obtain a reliable measure of this characteristic. Additionally, it is unclear if risk of reoffense is increased if offenders fantasize about masochistic sexual acts or having sex with virgins, completely deny all sexual fantasies, show an interest in pornography or prostitutes, or are not having active sexual relationships with adults.

Most offenders continued their sexual abuse against victims over a number of months; only 16 offenders (24.6%) committed a sex offense on just one occasion¹⁸. Approximately half of the ASOP offenders (50.8%) who committed a sex offense on more than one occasion were arrested within five months of the start of the abuse. Another 15.4% of the ASOP offenders continued their sexual offending between one and six months before someone informed the law enforcement authorities about the sexual offending. Many ASOP offenders continued their sexual offending for over one year to two years (13.8%) or for over two years to ten years (20.6%).

¹⁸ Data were missing on the number of months the abuse was occurring for 13 ASOP offenders.

Sex offenders have a variety of appropriate and inappropriate sexual fantasies, and it is unclear whether certain fantasies indicate a higher risk for reoffense. For example, about one-quarter of the ASOP sample (23.1%) admitted to fantasizing about having sex with virgins; it may be the case that child molesters abuse children because they want to be the first one¹⁹. Naturally, sex offenders may be defensive and unrevealing about their true sexual fantasies; over half of the ASOP offenders (56.4%) admitted to having no sexual fantasies. Are these offenders more resistant to treatment and/or probation conditions? In the treatment evaluations, offenders averaged three sexual paraphilia, as detected through ABEL assessments or clinical interviews, and exactly half of the sample admitted to between three and eight sexual paraphilia.²⁰ Only one offender had no paraphilia based on the clinical interview and the ABEL assessment. Thus, many offenders are clearly denying their sexual preferences and such denial may have implications for probation performance.

Pornography and prostitution have been targeted as sources that may promote sexual offending. Only 12.8% of the offenders admitted to the use of pornography, and 17.9% admitted to the use of prostitutes. However, exactly half of the ASOP offenders are in an active sexual relationship with an adult and half are not. Those in a sexual relationship may not need pornography and/or prostitutes for sexual gratification.

Studies generally have not postulated why prior criminal history is related to general recidivism for committing any crime. One possible reason is that offenders learn that the criminal justice response is quite lenient. If offenders are arrested, but not

¹⁹ We were unable to obtain data regarding sexual fantasies about virgins for 10 ASOP offenders.

²⁰ Paraphilia is a clinical term that means a sexual preference that deviates from normal sexual preferences.

convicted, these offenders may conclude that they can beat the system. A significant proportion (21.8%) had a prior arrest history, but were never convicted for any offense.

On the whole, many ASOP offenders are at a higher risk to commit another crime of any type based on their relatively young age and single or divorced status. For example, the ASOP sample includes ten juvenile offenders, ages 15 to 17, who were tried as adults. Over half of the offenders are between the ages of 27 and 43 (56.4%), and the average age for the entire sample is 32.4 with a range from 15 to 75 years. In addition, the sample is comprised of 51.3% single offenders, 20.5% divorced or separated offenders, and 28.2% married offenders.

VI. Impact Analysis

Part of the research design for the impact evaluation included a matched control sample of sex offenders who were convicted for the same crimes as the ASOP sample, but who were sentenced to standard probation. We collected data from 208 sex offenders who were on standard probation in Cook County. The 208 offenders were convicted of either aggravated criminal sexual assault, criminal sexual assault, or aggravated criminal sexual abuse, committed their offense against a minor, and were sentenced to probation between January 1, 1993 and January, 1, 1997.²¹ As with the ASOP sample, data for the control sample were obtained from probation department case files. However, the control sample case files generally did not include treatment

²¹ The total population of male sex offenders on standard probation who met our inclusion criteria was 251. This population was reduced to our final sample of 208 offenders (82.9% of the population) for various reasons: the offender's probation case file could not be located (n = 33), the offender was sentenced in Cook County, but moved out of the county shortly thereafter (n = 8), or the offender's probation case file contained neither information on convicted charges nor a description of the offense (from police reports, probation officer's initial intake interview with the offender, sex offender treatment evaluation, etc.), thereby making it difficult to determine the nature of the offense (n = 2).

information (many control offenders were not even required to attend treatment) or detailed information about the offense. If this information was included, then it was quite cursory.

The overall purpose of Section VI is to compare this control sample of 208 offenders to the 78 ASOP offenders, in an attempt to determine the impact of the ASOP program. We first compare the ASOP and control samples to ensure that the control sample is, in fact, a legitimate comparison group. Then, we compare the ASOP sample and the control sample on various probation outcome measures. Finally, we report the results of survival analyses examining the impact of probation program on time to re-arrest and time to the filing of a violation of probation petition.

A. Comparison of ASOP and Control Samples on Predictors of Sexual Recidivism

In order for the control sample to be a legitimate comparison group, they must have similar characteristics to the ASOP sample on variables that may affect recidivism. We conducted statistical comparisons between the ASOP sample and the control sample on 25 characteristics that may affect recidivism^{22 23}. According to these comparisons,

²² It should be noted that, because probation files for the control sample did not contain treatment information, we were unable to obtain many of the consistent or potential predictors of sexual recidivism (for example, homosexual interests, pedophilic interests, antisocial or psychopathic deviancy, and sexual fantasies). Thus, these measures are not among the 25 characteristics for which we statistically compared the ASOP sample and the control sample.

²³ Missing data for these variables ranged from no missing data to missing data for 70 offenders. There were no missing data for age at first conviction, length of probation sentence, or current convicted offense in both samples, and for victim's gender for the ASOP sample. The largest amount of missing data occurred in the control sample on characteristics of the offense. Police reports on the offense and the victim's version of the offense were generally not available in the probation files for control cases. Thus, it was impossible to determine the amount of time that the abuse occurred for the current convicted offenses, 60 cases had no information on victim's gender, 70 cases had no information on number of victims, and 29 cases had no information on the youngest victim's age.

the ASOP sample and the control sample are similar on 20 characteristics, but differ on five characteristics²⁴.

Both samples are relatively young with a mean age of 32.4 for the ASOP sample and 34.6 for the control sample. Both samples are comprised of a majority of offenders from minority races: African-American offenders (46.1% in the ASOP sample and 40.4% in the control sample) and Hispanic/Latino offenders (29.5% in the ASOP sample and 36.1% in the control sample). Over half of both samples have been regularly employed in the past (52.6% in the ASOP sample and 49.4% in the control sample) and are currently employed (51.3% in ASOP sample and 66.8% in the control sample). Despite this employment, over 70% of the sex offenders in both the ASOP and control samples lived in poverty at the time of the intake interview, making less than 13,500 dollars per year. Roughly half of both samples have failed to complete high school (47.9% in the ASOP sample and 54.7% in the control sample). ASOP offenders are somewhat better educated, with 24 offenders (32.9%) having at least some college or trade school experience, as compared to 36 offenders (17.9%) in the control sample. Approximately half of both the ASOP and control samples are single men and 28.2% of the ASOP sample and 36.5% of the control sample are married.

Only a minority of ASOP offenders (14.5%) and control offenders (9.5%) admitted that they have an alcohol problem during the initial intake interview with their probation officer. Many offenders may use and abuse alcohol, but may not perceive that

²⁴ To avoid inflation of the likelihood of committing a Type I error, we conducted a Bonferonni adjustment of the p-value. To maintain an alpha level of .05, we divided .05 by the number of statistical tests conducted (25). In order to be significant, the observed p-value must be .002 or less. Most comparisons did not approach significance. Three characteristics (education, whether penetration occurred, and marital status) had observed p-values of .04, .04, and .01 respectively, which, after the Bonferonni adjustment, did not reflect a statistical difference.

it is a problem; these questions should be rewritten to obtain specific information about the amount of usage. Thirty-five percent of the ASOP offenders and control offenders admitted to having used drugs (of any type) in the past.

In addition to being similar on every demographic characteristic on which we compared the two samples, the ASOP and control samples were also similar on several current offense characteristics. A majority of the offenders in both samples were convicted of aggravated criminal sexual abuse. About half of the offenders in both the ASOP sample (49.4%) and the control sample (55.9%) had five or more convicted sexual offense charges in the original indictment for the current offenses that had placed them on probation. Most ASOP (78.9%) and control (86.2%) offenders violated only one victim in the current convicted offense. A similarly small percentage of both ASOP (15.3%) and control (12.8%) offenders had victimized boys. An appreciable subset of both the ASOP sample (41.0%) and the control sample (33.0%) used physical force to achieve their sex crime. A majority of the offenders in both samples penetrated their victim(s) vaginally, anally, or orally (71.8% in the ASOP sample and 58.5% in the control sample). The two samples also did not appreciably differ in the length of their probation sentence, with 78.2% of ASOP offenders and 65.8% of control offenders receiving either a 36 or 48-month probation sentence.

Finally, offenders in the two samples also had similar criminal arrest and conviction histories. Similar percentages of offenders in both samples had been arrested for violent offenses. In addition, few offenders in either sample were previously convicted of any criminal offense. Only a small percentage of the ASOP sample (8.2%) and the control sample (6.0%) had previously been arrested for a sex offense.

Table XI shows frequencies for the five characteristics on which the ASOP sample and the control sample are different. These characteristics are: (1) whether the offender was a family member; (2) the age of the youngest victim; (3) prior arrests for misdemeanor crimes; (4) prior arrests for any offense, and (5) whether an offender had previously been arrested for at least one offense, but had never been convicted.

Table XI. The ASOP and Control Samples Differ on Five Characteristics

Characteristic With a Statistically Significant Difference ^a	ASOP Sample (N = 78)	Control Sample (N = 208)
Victim Was Not A Family Member	26 (33.3%)	108 (55.1%)
Age of Youngest Victim		
Two through 8	33 (42.3%)	20 (11.2%)
9 through 12	20 (25.6%)	80 (44.7%)
13 through 17	23 (29.5%)	79 (44.1%)
18 or older	2 (2.6%)	
Previously Arrested For A Misdemeanor	18 (25.0%)	88 (43.6%)
Previously Arrested for Any Crime	26 (35.6%)	119 (58.6%)
Arrests and Convictions		
Prior Arrest, but no convictions	17 (21.8%)	85 (41.3%)
No Prior Arrests or Arrested and Convicted	61 (78.2%)	123 (58.7%)

^aValid percentages are presented, which means that the denominator is adjusted to take into account the missing data.

ASOP offenders were more likely to have victimized a family member ($X^2 (1) = 10.58, p < .0005$), and were more likely to have victimized a child between the ages of two and eight. The control sample was more likely to have victimized a minor between the ages of nine and 12 or between the ages of 13 and 17, ($X^2 (2) = 33.85, p < .00001$). Conversely, ASOP offenders were less likely to have been arrested for a misdemeanor

($X^2(1) = 7.71, p < .005$)²⁵, for any offense ($X^2(1) = 11.39, p < .0007$), and less likely to be arrested but not convicted of any offense ($X^2(1) = 9.4, p < .002$).

Overall, the ASOP and control offenders have similar demographics. However, the two samples differed on characteristics of the current offense and on prior criminal history. These differences may have implications for the likelihood of offenders in the two samples re-offending.

First, control offenders were more likely to have victimized a stranger or acquaintance than were ASOP offenders. Child molesters who victimize non-familial children are more likely to commit new sex offenses than are incest offenders (Hanson & Bussiere, 1998). Thus, control offenders may be more likely to re-offend.

Second, ASOP offenders were more likely to have victimized younger children. however, the age of the victim has not been found to be a reliable predictor of sexual or non-sexual recidivism.

Finally, ASOP offenders and control offenders have different criminal histories. Control offenders were more likely to be arrested for misdemeanor crimes, to be arrested for any crime, and to have a history of being arrested, but not convicted for any crime. However, ASOP offenders and control offenders did not differ on prior offenses for violent crimes or prior arrests for sex offenses. Thus, the two samples differ in the frequency with which they perpetrated less serious offenses. This pattern of results suggests that control offenders are at a higher risk for general recidivism (committing any new offense).

²⁵ While this result only approaches significance ($p < .002$ according to the Bonferroni adjustment), we opted to be conservative and classify this result as signifying a true difference between the two samples.

The ASOP sample and the control sample were intended to be matched samples, yet they differed on several characteristics which may have implications for recidivism and, perhaps, for probation performance. Thus, when we conducted our survival analyses examining the impact of probation program on time to re-arrest and time to filing of a violation petition, we made sure to pay close attention as to whether these five characteristics were individual predictors.

B. Comparison of ASOP and Control Samples on Outcome Variables

We examined the probation department event records of all 78 ASOP offenders and 208 control group offenders included in our samples. Table XII shows descriptive statistics for both samples on three outcome variables indicative of recidivism: the number of days to the offender's first arrest, whether the offender was arrested while on probation, and whether the offender had an arrest warrant issued against him. The offenders in the ASOP program were arrested for a new offense over two times sooner than were the offenders in the control sample. On the average, ASOP offenders were arrested after 7 months of probation whereas control offenders were first arrested after one year and four months of probation.

Table XII also presents the simple percentage of offenders whom were arrested while on probation. Simple percentages do not reflect an accurate estimate of arrest rate. That is, simple percentages do not adjust for opportunity time to commit a new offense, the amount of time to arrest, or the opportunity time to commit another offense for offenders who were not arrested. In the next section, more sensitive measures of failure rates based on arrest rates across time are provided with the use of Cox proportional

hazard survival analysis. An examination of simple proportions of failures on the outcome variables is misleading for several reasons. First, simple proportions do not take into account the amount of time to failure. Second, simple proportions do not adjust for the amount of time at risk of failure. Third, simple proportions cannot control for other characteristics that may be related to failure and that may account for the observed differences between the control and ASOP samples. Thus, the reader is advised to be cautious in drawing conclusions about recidivism and compliance from the simple proportions presented in Tables XII and XIII. Failure rates from the Cox proportional hazard survival analysis take into account the amount of time to failure, the amount of time at risk, and control for other risk predictors that may explain the difference between the ASOP and control samples.

Table XII shows that 18 ASOP offenders were arrested at least once while on probation (four offenders were arrested twice and one offender was arrested four times). Most notably, four ASOP offenders were arrested for a new sex offense. Two of these four offenders were convicted for the new offense and, consequently, had their probation revoked. One of these two offenders was convicted for aggravated criminal sexual abuse against an 11-year-old girl, and the other was convicted for criminal sexual assault against a 17-year-old boy. The two other offenders who were arrested for a new sex offense were still on active probation as of July 1, 1999. One of these offenders was arrested for aggravated criminal sexual assault (victim characteristics were unavailable).

**Table XII. Recidivism of ASOP and Control Sample Offenders
as Measured by New Arrests and Absconding from Probation**

Probation Program	Mean Number of Days to First Arrest	Arrested While on Probation	An Arrest Warrant Was Issued
ASOP (N = 78)	Mean = 233.4 N = 16	23.1% N = 18	20.5% N = 16
Control (N = 208)	Mean = 497.3 N = 33	18.3% N = 38	18.3% N = 38

The event record of the other offender did not record the actual sex offense, but simply stated that the offender had been arrested for rape.²⁶

The remaining ASOP offenders were arrested for the following offenses: battery (n = 7 arrests across the 18 offenders), domestic battery (n = 4), possession of cannabis (n = 2), burglary (n = 2), assault (n = 1), public drinking (n = 1), violating an order of protection (n = 1), and a traffic-related violation that resulted in an arrest (n = 1).²⁷

Table XII shows that 38 control offenders (18.3%) were arrested at least once while on probation (six offenders were arrested twice, five offenders were arrested three times, one offender was arrested four times, and one offender was arrested five times). Seven of these arrests were for new sex offenses. Four of these 7 offenders were convicted for the new offense (two of these offenders were convicted for criminal sexual abuse, one was convicted for aggravated criminal sexual abuse, and one was convicted for aggravated criminal sexual assault). The three remaining control offenders had not had their probation revoked as of July 1, 1999 (two were arrested for aggravated

²⁶ As of February 2000, another sex offender in our ASOP sample committed and was charged with aggravated criminal sexual assault. The analyses do not reflect this change in status because we completed the analyses before this new offense occurred. Future analyses will take note of this change.

²⁷ As of March 2000, another sex offender in our ASOP sample was taken into custody and arrested for theft of labor/services and criminal damage to property.

criminal sexual assault and one was arrested for aggravated criminal sexual abuse). Thus, approximately the same percentage of control offenders as ASOP offenders were convicted of and/or arrested for a sex-related offense (7 out of 208 control offenders, or 3.4%, as opposed to four out of 78 ASOP offenders, or 5.1%). More generally, as indicated in Table XII, approximately the same percentages of ASOP and control offenders were arrested (for any offense) while on probation (23.1% in the ASOP sample versus 18.3% in the control sample).

The remaining control offenders were arrested for numerous different offenses. Many of these offenses were misdemeanors for which only one or two arrests were made across the 38 offenders. However, three or more arrests were made for the following offenses: battery (n = 7), drug possession (n = 7), driving under the influence (n = 4), disorderly conduct (n = 3), domestic battery (n = 3), and failure to register as a sex offender (n = 3). In addition, one or two arrests were made for each of the following felonies: burglary (n = 2), selling drugs (n = 1), assault (n = 1), physical abuse of a child (n = 1), and armed robbery (n = 1).

The final outcome variable in Table XII is whether offenders had an arrest warrant issued against them. Approximately the same percentage of ASOP offenders and control offenders absconded for a period of time and, therefore, had an arrest warrant issued against them (16 ASOP offenders, or 20.5%, as opposed to 38 control offenders, or 18.3%).

Table XIII shows descriptive statistics for both samples on four outcome variables indicative of probation performance: the number of days to the filing of the offender's first violation of probation petition, whether the offender had a violation of

probation petition filed against him, whether the offender had his probation revoked, and whether the offender had his probation terminated unsatisfactorily.

Of the 78 ASOP offenders, 19 have had their cases officially closed by the ASOP unit as of July 1, 1999. In addition, three of the four deported ASOP offenders who have not had their cases officially closed by the ASOP unit yet can effectively be considered closed cases. Thus, there are effectively 22 closed cases in the ASOP sample (28.2%). Of these 22 closed ASOP cases, 20 (90.9%, and 25.6% of the total ASOP sample) had their probation revoked and, therefore, completed their probation sentence unsatisfactorily. The closed cases included the three active deportees, as well as two offenders for whom the ASOP unit closed interest on their case after they moved out of Cook County; both of these two offenders were repeatedly not compliant with treatment. The cutoff date of July 1, 1999 did not provide the opportunity for many of the ASOP offenders to complete their probation sentence satisfactorily.

On August 17, 2000, the evaluation team examined all of the 23 cases in our sample that could have completed their probation sentence satisfactorily at this time. The other two cases were deported before serving much time on probation. Out of the remaining 21 cases, 10 cases (47.6%) had their probation sentence terminated satisfactorily and had satisfactorily completed treatment. Additionally, one offender had his probation satisfactorily terminated, but did not successfully complete treatment. Two additional offenders had their probation extended six months in order to allow these offenders the opportunity to complete treatment successfully. Thus, approximately 62% will complete probation satisfactorily with most of these cases successfully completing treatment. Of the 21 cases, 7 (33.3%) had their probation terminated unsatisfactorily,

with 6 of these cases being resentenced to prison. Additionally, one case was still active, but in custody since February after committing a new sex offense.

Table XIII. Comparison of ASOP and Control Sample on Four Indicators of Performance on Probation

Probation Program	Mean Number of Days to Filing of First Violation of Probation	Violation of Probation Petition Was Filed	Probation Was Revoked	Probation Was Terminated Unfavorably
ASOP	Mean = 262.8 N = 44	59.0% N = 46	25.6% N = 20	25.6% N = 20
Standard Probation	Mean = 540.5 N = 85	42.3% N = 88	10.6% N = 22	17.3% N = 36

In addition to deportation (n = 4, the three aforementioned deportees and an additional offender who was deported and was officially closed by the ASOP unit), there were numerous other reasons for probation revocation among the remaining offenders (n = 16). Two ASOP offenders had their probation revoked because they were convicted of a new sex offense. An additional offender absconded and had his probation revoked upon being taken into custody. Yet another offender was sentenced to an inpatient juvenile facility and had his probation revoked after being abusive to staff at the facility and getting sexually involved with another patient at the facility.

The remaining 12 ASOP offenders had their probation revoked for a variety of reasons (and, sometimes, for multiple reasons): failing to comply with treatment (n = 9 of the 12 offenders), missing curfews (n = 6), missing office visits (n = 5), getting arrested for a non-sex-related offense (n = 3; one offender was arrested twice for battery, one offender was arrested twice for drug possession, and one offender was arrested

twice, once for battery and once for domestic battery), failing a drug test (n = 1), and failing to pay fines/fees (n = 1).

Whereas most of the closed ASOP cases had their probation revoked and have been terminated unsatisfactorily, most of the closed control cases were terminated satisfactorily. Overall, a larger percentage of control cases than ASOP cases were closed as of July 1, 1999 (168 control cases, or 80.8%, as opposed to 22 ASOP cases, or 28.2%). Of the 168 closed control cases, only 22 have had their probation revoked (13.1%, and 10.6% of the total control sample). Of the 168 closed control cases, only 36 have had their cases terminated unsatisfactorily (21.4%, and 17.3% of the total sample). These percentages are in stark contrast to those reported above for the ASOP sample. Moreover, whereas every ASOP case that was terminated unsatisfactorily also had his probation revoked prior to the end of the sentence, there were 14 control cases that completed their probation sentence and, upon completion, were terminated unsatisfactorily without repercussion. Thus, ASOP offenders were far more likely to have had a negative probation outcome. This is likely the product of two factors: ASOP probation officers demand a higher level of accountability, and place more stringent probation requirements on ASOP offenders. Control group offenders often had a very minimal number of probation conditions placed upon them.

Of the 22 control offenders who had their probation revoked, INS deported only two offenders (both of whom were kept in the sample because they had participated in probation for a reasonable period of time). As was mentioned above, four control offenders had their probation revoked because they were convicted of another sex offense (two of these offenders were convicted of criminal sexual abuse, one was

convicted of aggravated criminal sexual abuse, and one was convicted of aggravated criminal sexual assault). Five control offenders absconded and had their probation revoked upon being taken into custody. The remaining 11 control offenders had their probation revoked for a variety of reasons (and, as with the ASOP offenders, sometimes for more than one reason): missing office visits (n = 7 of the 11 offenders), failing to comply with sex offender treatment (n = 5), getting arrested for a non-sex-related offense (n = 4; one offender was arrested for battery, one offender was arrested twice, once for manufacturing/delivering heroin and once for disorderly conduct, one offender was arrested for armed robbery, and one offender was arrested for failing to register as a sex offender), failing to pay fines/fees (n = 3), failing to comply with alcohol/drug treatment (n = 2), failing to comply with community service (n = 1), and failing to comply with the sheriff's work program (n = 1).

Overall, it appears that control sample offenders tend to have their probation revoked only if they commit a serious breach of probation conditions. Relative to ASOP offenders, a larger percentage of control offenders were revoked for committing a new sex offense (4 out of 22 control offenders, or 18.2%, as opposed to two out of 20 ASOP offenders, or 10.0%), for having absconded for a period of time (5 out of 22 control offenders, or 22.7%, as opposed to one out of 20 ASOP offenders, or 5.0%). The control sample often was allowed to commit two or three non-sex-related offenses before a violation of probation petition was filed.

With the exception of the four deportees and the two offenders who moved out of Cook County, the remaining 14 ASOP offenders who had their probation revoked were all sentenced to a period of incarceration in the Illinois Department of Corrections.

Sentences ranged from two years to eight years, with an average sentence of approximately three years and six months. Similarly, with the exception of the two deportees in the control sample, the remaining 20 offenders who had their probation revoked were all incarcerated. We were unable to obtain the exact length of incarceration for five of these offenders, but the sentences for the remaining 15 offenders ranged from three years to 25 years, with an average sentence of approximately four years and six months (excluding the offender who was sentenced for 25 years).

In summary, ASOP offenders and control offenders differed most appreciably in three outcome variables: whether their probation was revoked, whether their probation was terminated unsatisfactorily, and whether they had a violation of probation petition filed against them. These differences are likely the result of two factors: the number of probation conditions and the strictness of probation officers. Relative to control offenders, ASOP offenders are faced with a larger number of more stringent probation conditions that are likely more readily enforced by their probation officers. In addition, ASOP sex offenders are arrested for any kind of new crime two times faster than are sex offenders on standard probation. This finding suggests that ASOP sex offenders may be detected at a higher rate after committing new offenses at any time, which results in a higher failure rate than sex offenders on standard probation. To address this possibility, the next section describes survival analyses on time to arrest and time to a violation of probation condition.

C. Survival Analyses

The evaluation team performed Cox proportional hazards survival analysis to determine whether the control and ASOP samples differed on the outcomes. This

survival analysis provides a better estimate of failure rates in that it takes into account the amount of time at risk, the amount of time to failure, and controls for any other significant risk factors before estimating the difference between the control and ASOP sample on failure rates. We have already noted the hazards of relying on simple proportions to draw conclusions about compliance.

Arrested for any offense while on probation

We first focused on whether the offender was arrested for any offense while on probation. Cox proportional hazards survival analysis was conducted in order to examine the effect of probation program on time to arrest, after adjusting for the number of months that an offender attended treatment during the probation sentence, the number of months that an offender missed office visits with his probation officer, and whether an offender was previously arrested, but not convicted for any offense. Other characteristics were evaluated, but were not significantly associated with risk of a new arrest while on probation. The overall model was statistically significant [chi-square (df=4, N=270) = 39.5, $p < 0.0001$], indicating that the characteristics which the model selected facilitated significantly better prediction of whether or not the offender was arrested than could be expected by chance alone. Examination of the individual model parameters revealed statistically significant effects for the probation program ($p < 0.0001$), the number of months that an offender attended treatment during the probation sentence ($p < 0.039$), the number of months that an offender missed office visits with his probation officer ($p < 0.0082$), and having a history of being previously arrested for any offense, and not being convicted ($p < 0.0003$).

Table XIV summarizes cumulative failure rates for offenders in the ASOP and standard probation groups using eight time periods. The first column in Table XIV provides the lower-bound failure rate estimate based on arrest data from the ASOP sample. The last column provides the upper-bound failure rate estimate for the control sample. If the lower-bound failure rate estimate of the ASOP sample overlaps with the upper-bound failure rate estimate of the control sample, the two groups have similar failure rates. If these two estimates do not overlap, the two groups have statistically different failure rates.²⁸

The data in Table XIV indicate that the ASOP and control sample have a similar failure rate after three months on probation; that is the lower-bound estimate of failure rate for the ASOP sample (2.1%) overlaps with the upper-bound estimate of the failure rate for the control sample (2.6%). However, for the time periods starting with six months and ending with 24 months, the ASOP sample has a significantly higher failure rate, which is supported by the non-overlapping lower bound failure rate estimate of the ASOP group and the upper bound failure rate estimate of the control sample. It is estimated that between 13.9% and 22.8% of the ASOP group and between 5.3% and 7.6% of the control group will have a new arrest at the end of the first year. At the end of the first year, the ASOP group has 1.8 times higher percentages of offenders who have failed at this time point than does the control group. By the end of the second year,

²⁸ Due to the relatively small sample size of the ASOP group, the maximum likelihood derived model coefficients may provide a biased point estimate of the failure rate. To assess the extent to which these failure rates were biased, the researchers calculated confidence intervals around the failure rate derived from one minus the value of the survival function in the Cox proportional hazard. Overlapping confidence intervals indicate that the two groups may have the same rate of failure. When the confidence intervals do not overlap, there is only a five percent chance that the two groups have similar failure rates and a 95% chance that the failure rates are different in the real world. The confidence intervals were calculated using the standard error of the mean around the survival function. The lower bound estimate indicates that the real failure rate could be as low as the lower bound estimate.

between 31.7% and 43% of the ASOP group and 11.2% to 14.9% of the control group were estimated to have a new arrest.

Table XIV. Failure Rates (%) for ASOP and Standard Probation Sample on New Arrests While on Probation at Eight Time Periods

Time Periods	ASOP Lower-bound Estimate	ASOP Failure rate based on new arrests	Standard Probation Failure rate based On new arrests	Standard Probation Upper-bound Estimate
3 Months	2.1%	6.9%	1.5%	2.6%
6 Months	9.0%	16.6%	3.8%	5.6%
9 Months	10.4%	18.3%	4.2%	6.2%
12 Months	13.9%	22.8%	5.3%	7.6%
15 Months	18.3%	28.1%	6.7%	9.4%
18 Months	23.6%	34.1%	8.4%	11.5%
21 Months	29.3%	40.4%	10.4%	13.9%
24 Months	31.7%	43.0%	11.2%	14.9%

The failure rate of the ASOP group was double that of the control as time approached the end of the second year, and may be four times higher than the corresponding rate for offenders on standard probation. Of course, it should be noted that the reliability of the point estimates provided by a survival model decreases as the projected time horizon increases, and as the sample size decreases. Thus, if the projection is for a long period, the projected point estimates are less reliable and the confidence intervals are much wider. Nevertheless, these estimates are more reliable than guesswork, which otherwise would be required in the absence of the present data. Accordingly, the present long-range estimates can serve a heuristic value in terms of long-range planning, and also in terms of facilitating analysis of sample size requirements for future prospective research in this area.

One possible explanation for the higher failure rate for the ASOP sample is that police practices have changed in recent years. That is, the control sample was sentenced to probation between 1993 and 1997 and may have received less scrutiny from the police than did the ASOP sample. Anecdotal data suggest that with sex offender registration laws police officers have the capability to monitor sex offenders more closely. One test of the hypothesis that those who were sentenced in earlier years received less monitoring is to divide the control sample into an early and late time period. To test this hypothesis, we compared offenders sentenced in 1993 thru 1995 to offenders sentenced in 1996 and 1997. The time period did not have a significant effect on failure rates based on arrest data for the control sample. Thus, the difference in time period cannot explain the difference between the ASOP and control sample on failure rates.

Another possible explanation is that differences in characteristics between the two samples were not taken into account. This explanation also is not supported in the data. We controlled for all significant effects on arrest data before testing the effect of type of probation. That is, only months in treatment, missed number of office visits, age at first arrest, and history of having been arrested but not convicted were associated with failure rates for arrests and were taken into account in our estimation of differences between the ASOP and control sample.

Another possible explanation is that probation officers supervising sex offenders on standard probation are unaware of new arrests that their probationers receive, and thus the probation event records for the control sample represent a much lower rate of arrests than what actually occurred. This explanation may account for some of the difference between the two groups because probation officers in standard probation are

not required to conduct monthly arrest checks whereas probation officers in ASOP are required to check for new arrests through LEADS on a monthly basis. We did not have data to test this hypothesis. Future research should examine its veracity.

How do these failure rates for new offenses of any crime compare with prior studies on sex offenders' recidivism? Few studies have examined recidivism measures for sex offenders placed on community-based probation. One prior study conducted in Vermont collected data from 122 adult male Caucasian sex offenders placed on probation at some point during a twelve-year period. The sample was comprised of 91 child molesters, 23 rapists, and eight "hands-off" offenders. The average time at risk was a little over five years, and 18.9% of the sex offenders were arrested for a new criminal offense of any kind (McGrath, Hoke, & Vojtisek, 1998). This study found a much lower failure rate than the ASOP sample and a slightly higher failure rate than the standard probation sample. There are four main differences in the Vermont sample and the Cook County ASOP sample: the Cook County sample is comprised of a much higher percent of minority offenders living in poverty, a much lower percentage of Cook County offenders had a prior conviction, the Cook County sample is primarily comprised of serious higher risk offenders, and the Cook County offenders had not completed a specialized treatment program whereas 58% of the Vermont sample had completed such a program. These sampling differences may account for some of the disparity.

Another prior study estimated failure rates based on new charges for any crime over a twenty-five period for a sample of 136 rapists and 115 child molesters after their release from a treatment center for sexually dangerous persons. The failure rate

estimates based on new arrests for child molesters after one year was 14% and after two years was 22% for any crime (Prentky, Lee, Knight & Cerce, 1997). These failure rates correspond to the lower bound failure rates we found for the Cook County ASOP offenders (13.9% after one year, and 31.7% after two years). In this prior research, however, it took four years before the child molesters had a failure rate based on new charges of 32%. Other research based on official records found a 21% reconviction rate of child molesters for any crime and a 13% reconviction rate for sexual recidivism (Proulx et al., 1997), which corresponds closely to conviction rates in other prior research (see Quinsey et al., 1995).

Another informative measure is how likely an offender is to be arrested given that he has not yet been arrested until this time period. For example, of the offenders in the ASOP group who had not been arrested within 200 days of the start of their probation, approximately 20% were predicted to be arrested, whereas this is approximately 5% of the offenders in the standard program. The hazard function is particularly useful because the regression weights provided by the Cox model could be used to assess the strongest factors associated with a higher risk of being arrested. In the present analysis, type of probation program had the greatest associated relative risk: the estimated risk of being arrested is 5.5 times greater for offenders in the ASOP program versus offenders in the standard program, after adjusting for the other variables in the model. The next-greatest hazard was having a history of being arrested for a criminal offense that did not result in conviction: these offenders had a 3.5 times greater risk of being arrested while on probation. The two other statistically significant factors had only a small effect on elevated risk: (1) number of missed office visits with the probation

officer; and (2) the number of months in treatment. Relative risk of being arrested increased as offenders missed a greater number of office visits. Offenders with fewer months in treatment were at a higher risk of arrest. For example, offenders who had only one month in treatment were at a 1.46 times higher risk of arrest relative to offenders who had been in treatment for one year. The survival analysis on arrest rates while on probation produced informative findings. ASOP sex offenders compared to sex offenders on standard probation clearly had a higher rate of arrest while on probation, and were arrested much earlier after being placed on probation. The other characteristics associated with higher arrest rates also are enlightening. Offenders *who have a prior arrest but no prior conviction* are at a much higher risk of being arrested while on probation. Perhaps, these offenders from their earlier experiences with the criminal justice system concluded that the system is really lenient and an arrest does not result in serious consequences.

Treatment also seems to provide some supportive shield from committing a new offense and being arrested. Offenders who had fewer months in treatment were at a higher risk of being arrested while on probation. While this finding does not indicate that treatment is effective per se, it does support previous findings that show some beneficial relationship between progress in treatment and a reduction in recidivism (see Hall, 1995; Marshall, 1996; Scalora, Garbin, Roy & Blum, 1998; Mcgrath, Hoke, & Vojtisek, 1998). Other research, however, suggests that the beneficial effects of treatment have not been reliably demonstrated in all studies (Marques, Day, Nelson, & West, 1994; Quinsey, Harris, Rice & Lalumiere, 1993).

Moreover, probation officers should take note of sex offenders who are missing office visits. Sex offenders who missed a greater number of office visits were at a higher risk of arrest while on probation (we did not include arrest warrants for absconding probation). Thus, probation officers should place more scrutiny on sex offenders who miss even one office visit. This increased scrutiny could be in the form of a field visit, a sanction to require detailed logs of an offender's whereabouts, calls to therapists to check on compliance with treatment, and other sanctions to impress upon an offender that the system is watching his behavior. It also is interesting that demographic variables such as a younger age and being single were not associated with being at a higher risk of arrest. These characteristics may be related to missing office visits, and fewer months in treatment and therefore could not increase prediction over these dynamic variables. Using variables that change as the offender progresses in the program (number of missed office visits and number of months in treatment) may provide information to probation officers and therapists about when offenders require the most supervision, surveillance, and support. These dynamic variables, therefore, have far more practical use than demographic or other static variables.

Whether any violation of probation petition was filed

We next focused on whether a violation of probation petition was filed. Cox proportional hazards survival analysis was conducted in order to examine the effect of type of probation program on time to filing of the first violation of probation petition after controlling for an offender's age at conviction, whether an offender was previously arrested for any offense, the number of months that an offender attended treatment during the probation sentence, and the number of months that an offender missed office

visits with his probation officer (other potential characteristics were considered but were not statistically significant). The overall model was statistically significant: chi-square ($df=4, N=272$) = 75.9, $p < 0.0001$. Examination of the individual model parameters revealed statistically significant effects for type of probation program ($p < 0.0001$), the number of months that an offender attended treatment during the probation sentence ($p < 0.026$), the number of months that an offender missed office visits with his probation officer ($p < 0.0001$), an offender's age at conviction ($p < 0.0001$), and whether an offender was previously arrested for any offense ($p < 0.0001$).

Table XV summarizes cumulative failure rates for offenders in the ASOP and standard probation groups using eight time periods for which data were available. The first column presents the lower-bound failure rate estimate based on violation of probation (VOP) for the ASOP group, and the last column presents the upper-bound failure rate estimate based on VOP data for the control group. As shown in Table XV, there is no overlap between the lower bound failure rate estimate for the ASOP group and the upper bound failure rate estimate for the control group. Thus, the ASOP group has a significantly and reliably higher rate of filing VOPs than the rate of filing VOP for the control group.

Table XV. Failure Rates (%) of ASOP and Standard Probation Sample to Have a Violation of Probation Petition Filed at Eight Time Periods

Time Period	Lower bound failure rate estimate for the ASOP Sample	Failure rate for filing of VOP in the ASOP sample	Failure rate for filing of VOP in the Control group	Upper bound failure rate estimate for the Control group
3 Months	7.5%	14.5%	2.1%	3.2%
6 Months	20.4%	30.4%	4.8%	6.7%
9 Months	31%	42.1%	7.2%	9.6%
12 Months	40.8%	52.2%	9.6%	12.6%
15 Months	49.6%	60.8%	12.0%	15.4%
18 Months	58.4%	68.9%	14.7%	18.6%
21 Months	69.5%	78.4%	18.8%	23.4%
24 Months	76%	83.7%	21.9%	26.9%

The ASOP group VOP filing rate is between 50.8% and 52.2% after year one compared to 9.6% to 12.6% after year one for the control group. It is predicted that the majority of offenders in the ASOP sample will have at least one VOP filed by the end of year two (from 76% to 83.7%) whereas the control group VOP filing rate at the end of year two is still lower than the ASOP VOP filing rate at the end of the first year. This disparity occurred in part due to the fact that on average probation officers in the standard probation unit took twice as long to file the first VOP on a sex offender compared to their colleagues in the ASOP unit. The VOP filing rates during this two-year period was three times higher for the ASOP group.

The hazard function gives the rate at which violation of probation petitions were filed at any given time since the start of probation, and indicates how likely an offender is to violate probation given that he has not yet had a violation of probation petition filed against him until then. Type of probation program had the greatest associated relative risk: the estimated risk of having a violation of probation petition filed is 7.3 times greater for offenders in the ASOP program versus offenders in the standard program,

after adjusting for the other variables in the model. The next-greatest hazard was whether an offender was previously arrested for any offense: the estimated risk of having a violation of probation petition filed is 2.2 times greater for offenders who had at least one prior arrest versus offenders who had not previously been arrested, after adjusting for the other variables in the model. In contrast, the number of months that offenders missed office visits with their probation officers was associated with a very small relative risk: the estimated risk of having a violation of probation petition filed is only 1.07 times greater for offenders who missed one office visit versus offenders who had not missed an office visit, and it is 1.07 times greater for offenders who missed two office visits versus offenders who missed only one office visit, and so forth. Similarly, the amount of time that the offender had been in treatment was associated with a very small relative risk: the estimated risk of having a violation of probation petition filed is only 1.27 times higher for offenders who have not been in treatment compared to offenders who have been in treatment for one year. Offenders who have not been in treatment are 1.6 times more likely to have a violation of probation petition filed against them compared to offenders who have been in treatment for two years. Finally, an offender's age at conviction also was associated with a very small relative risk. The risk of having a VOP filed is 1.04 for each yearly difference in age of conviction with the younger ages having a higher risk. For example, offenders who were first arrested at age 20 have a 2.19 times greater risk of having a violation of probation petition filed compared to offenders who were first arrested at age 40.²⁹

²⁹ The relative risk of having a VOP filed is 1.04 raised to the number of years between the baseline age and a comparison age. The younger age offender is the one at higher risk.

This survival analysis thus confirms the higher degree of accountability to which ASOP sex offenders are held. ASOP officers are three times more likely to file a violation of probation petition than are probation officers in the standard probation unit. Characteristics that increase the risk of arrest also increase the risk of having a violation of probation petition filed. Offenders convicted at a younger age also are more likely to receive a violation of probation petition. It is striking that offenders in the ASOP program are at a 7.3 times higher risk of having a violation of probation petition filed. By controlling for number of missed office visits and number of months in treatment, we controlled for some of the major differences between the ASOP and standard probation sex offenders of their behavior while on probation. This result confirms our impression from reading and coding the event records of control offenders. These offenders often had arrests, but did not have formal violation of probation petitions filed against them. Indeed, several offenders were arrested between two to five times and did not have violation of probation petitions filed against them. In summary after controlling for other characteristics such as prior criminal history, age at conviction, number of missed office visits, and number of months in treatment, the ASOP unit is significantly more likely to file violation of probation petitions.

VII. ASOP Offenders' Performance in Treatment

The original grant proposal for the Cook County ASOP program proposed that each ASOP offender would attend both group therapy and individual treatment. ASOP offenders were expected to attend sex offender group therapy once a week and to attend individual treatment twice a month. The evaluation team obtained monthly treatment

reports from sex offender therapists for 45 sex offenders who were treated by the two major treatment agencies. From July of 1997 to April of 1999, treatment providers submitted monthly treatment reports. The number of monthly treatment reports varies for each ASOP offender depending upon the time that treatment started and when treatment was terminated. The number of reports ranged from one to twenty-one, with a mean number of 7.7 monthly treatment reports per offender.

A. Number of Treatment Sessions

The number of sex offender group therapy sessions scheduled per month was slightly below the expected average of 4. The mean number of group therapy sessions scheduled was 3.71, though half of the offenders received four group therapy sessions per month. Some offenders did not receive four sessions in some months due to the fact that they were terminated from treatment or had an excused absence (in the hospital). It appears that therapists are providing the anticipated sex offender group therapy sessions once a week. The mean number of sex offender group therapy sessions attended was 3.27. Twelve offenders (35.3%) did not miss any group therapy sessions. Of offenders who missed group therapy sessions, one-third missed three or more. For offenders who missed group therapy sessions, the number of missed group therapy sessions ranged from a low of one to a high of 14.

Clients have not regularly received two individual treatment sessions per month. The average number of individual sessions scheduled is 1.38, and the average number of individual sessions attended is 1.25. Individual sessions typically involved therapy, though sometimes were used to hold staffing meetings (meeting with offender, therapist,

and probation officer) for difficult cases. Nineteen offenders (51.4%) did not miss any individual sessions. For offenders who missed individual treatment sessions, the number of missed individual sessions ranged from one to six, with less than 10% missing more than three sessions.

B. Use of Polygraph

Another tool to assess whether offenders are abiding by probation and treatment conditions, and to reduce denial is the polygraph. Schwartz and Cellini suggested that the use of the polygraph as an aid to treatment is most successful when: "(1) the therapist and the polygrapher cooperate in developing specific questions, (2) the patient is read the questions and given a chance to respond prior to administering the polygraph, and (3) there is some arrangement with the area district attorney regarding which new disclosures will or will not be prosecuted, and this is clearly communicated to the patient" (p. 15). For this group of 45 offenders, 24 polygraphs have been conducted on 17 offenders. Thirty-five offenders (67.3%) did not receive a polygraph. Half of the polygraphs were for intake and half for maintenance. Four offenders received more than one polygraph with one offender receiving 2, two offenders receiving three polygraph exams, and one offender receiving four polygraph exams. On the first polygraph administered to the 17 offenders, four (25%) passed, 10 (62.5%) failed, and two (12.5%) were inconclusive. The polygraphers attended one of the operations meetings and explained the process, technique, and their reports. Therapists and probation officers may submit questions, which the polygraphers may revise to increase clarity and informativeness. The Cook County ASOP program used the polygraph as a tool to break

denial, and to check on compliance with probation conditions. The polygraphers noted that these objectives are the best utilization of the polygraph technique.

C. Therapists Reported Changes in Lifestyle and Inappropriate Sexual Behavior

On these monthly reports, therapists indicated that four offenders committed inappropriate sexual behaviors (one offender committed two acts). The inappropriate behaviors included: contact with girlfriend's younger sister, one night stands, sex with 17 year old girl, and sexual contact with a minor.

Therapists on the monthly reports also indicated positive lifestyle changes. Nineteen offenders did not have any positive lifestyle changes. For the remainder, the number of positive lifestyle changes ranged from one to 10, with an average of 2.4. Therapists mentioned a variety of positive lifestyle changes. These changes included obtaining employment, receiving a promotion, or looking for work. A substantial number of sex offenders (12 of 38) made positive improvement in communication skills and participation in group therapy. Offenders were now expressing feelings, managing their anger, more emotionally open in group, taking more responsibility for the offense, and participating in group therapy. Several offenders made positive improvements in their social and family relationships. For example, therapists noted that offenders "acknowledged negative behaviors with family, improved behavior or relationship with spouse, formed healthier friendships, showed more interest in his family, received support from family, took responsibility for wife and kids, working on familial relations, and participating in marital therapy." Some sex offenders also had positive changes in school performance, grooming, and self-esteem.

In summary, sex offenders generally were receiving the required weekly group therapy sessions, though some sex offenders were not receiving the required two individual counseling sessions per month. Most sex offenders had at least one positive lifestyle change, and only a few offenders admitted additional inappropriate behaviors to therapists. Many of these positive changes did not relate to the critical issues addressed in treatment (acceptance of responsibility for the offense), but were related to work and school performance and family relationships.

D. N-of-1 Changes in Sex Offenders' Attitudes While in Treatment

Therapists also were asked to complete monthly treatment reports that assessed the level of each sex offender's attitudes on six dimensions related to sexual offending. These six questions were: (1) to what degree does the offender participate in therapy sessions; (2) to what degree does the offender acknowledge personal responsibility for the offense; (3) to what degree does the offender understand the consequences if he reoffends; (4) how willing is the offender to disclose details of inappropriate sexual behavior; (5) does the offender accept responsibility for the emotional/physical damage his actions caused the victim; and (6) how committed is the offender to treatment. Each question was rated on a one to 10 scale with one equal to the lowest progress on this dimension and 10 equal to the highest progress. For example, on the participation question one is equal to very limited participation and 10 is equal to very engaged participation. The analyses are based on monthly treatment reports submitted from July 1997 to April 1999. The average number of monthly treatment reports submitted for an offender is 7 with a range of one to 21 monthly treatment reports submitted for an offender. Many offenders (20%) had at least one year of monthly treatment reports

submitted and up to 21 monthly reports submitted. Half of the offenders had six or fewer monthly treatment reports submitted. This variation in the number of monthly treatment reports submitted was due to when the offenders were sentenced to the ASOP unit and were referred for treatment.

These ratings were used to assess how many offenders were responsive to treatment and thus changed on critical dimensions addressed in treatment. Responsiveness to treatment is an important intermediate outcome in evaluations of how well treatment reduces recidivism. It can be measured in several ways. For example, at least two independent neutral experts could observe and interview each offender at several points during the entire treatment period; unfortunately, this design though ideal at reducing response biases is intrusive, expensive, and could interrupt the treatment process. The evaluation team, therefore, decided to obtain monthly treatment reports from providers on each offender and to measure systematically critical dimensions that treatment is designed to change.

There are both advantages and disadvantages to using progress reports from therapists as a measure of whether offenders are responsive. One important advantage is that therapists know where each offender began and how well he has met treatment standards. Therapists, moreover, typically judge the progress of offenders in relative terms to how previous and current clients are responding to similar treatment. A potential disadvantage, however, is that therapists will tend to cast offenders' progress in the best possible light to show that treatment is effective. In an attempt to reduce this positive bias, we instructed therapists that all data would be grouped and analyses on separate agencies would not be performed. We also instructed therapists that our

primary goal was to understand the predictors of treatment responsiveness and not to address the question of whether treatment was effective. We believe progress reports can be reliably used to determine the characteristics that distinguish offenders who are responsive from those who are not responsive. These data, however, are quite limited to determine the effectiveness of treatment. Questions about the effectiveness of treatment at reducing recidivism are better answered with matched-control sample designs, which we described in an earlier section.

Table XVI presents the mean ratings for the first time period, the mean ratings for the last time period, and the mean ratings across all time periods. These averages were based on 45 offenders for whom we had sufficient number of monthly reports. As shown, offenders tended to improve over time (the mean rating of the last time period is higher than the mean rating of the first time period). This eyeball approach to determining the extent to which offenders improved over time, however, is misleading. The approach does not provide a reliable standard to judge improvement, does not take into account the amount of variability in the ratings, and cannot provide information on how many offenders showed statistically reliable improvement.

A better approach to determining the extent to which offenders are responsive to treatment is to use statistical tools that do not have the disadvantages of the eyeball method.³⁰ Accordingly, we used N-of-1 statistical analyses to assess responsiveness to treatment. There are two types of N-of-1 analyses that address different questions related to responsiveness to treatment.

³⁰ As Mueser, Yarnold & Foy (1991) noted, “statistical analysis of single-subject data provides a rule-governed, systematic approach to assessing outcome that simply is not possible with visual inspection alone.” (p. 135)

Table XVI. Average Ratings by Therapists on Six Dimensions Related to Sex Offender Treatment

Dimension	Mean rating on first monthly report across Sex offenders	Mean rating on last monthly report across sex offenders	Mean rating across all monthly reports and all sex offenders
Participation	5.57	6.31	6.12
Commitment	5.38	6.22	5.87
Acknowledge personal responsibility for the offense	5.46	6.52	6.14
Understand consequences if reoffends	5.93	6.71	6.53
Willing to disclose inappropriate sexual behavior	5.02	6.22	5.66
Accepts responsibility for harm caused to victim	4.98	5.86	5.52

Ipsative N-of-1 analyses address the question: did this offender improve during the course of treatment compared to when the offender entered treatment?³¹ On the data for each individual offender, we performed ipsative analyses on each of the six dimensions.³² Ipsative analyses revealed 52 significant changes across time on these six critical dimensions. Because offenders were observed for a long time, treatment effects were more abundant. Seven offenders showed a significant change on participation and commitment to treatment. Eleven offenders showed a significant improvement from the

³¹ N-of-1 analysis takes into account an individual's performance at the beginning of treatment or measurement (baseline performance) compared to his performance during the observation months. Because numerous data points are needed in order to employ time series analysis, we chose to employ N-of-1 analyses derived from classical test theory (see Yarnold, 1992). Ipsative single-case analyses first convert an individual's raw data into standard z scores using an individual's own mean and standard deviation for the variable being standardized.

³² Data on 36 sex offenders could be used for this analysis (9 sex offenders had an insufficient number of monthly reports submitted to conduct the analysis). Ipsative analysis requires at a minimum data for four time periods.

start of treatment on acknowledging responsibility for the offense. For each of the last three critical dimensions, there were nine offenders who showed changes. These three critical dimensions are: understand the consequences if he reoffends; willing to disclose details of any inappropriate sexual behavior; and accept responsibility for emotional/physical damage their actions caused the victim. Most offenders showed significant positive improvement on more than one dimension. Overall, 14 offenders showed significant positive change from where they personally were on these dimensions at the beginning of treatment.

Ipsative analysis also revealed that seven offenders showed significant declines in progress from where they started at the beginning of treatment. There were 18 significant declines distributed as follows: five declines in participation, six declines in commitment, two declines on acknowledging personal responsibility for the offense, one decline on understanding the consequences if he reoffends, two declines on willingness to disclose details of any inappropriate sexual behavior, and one decline on accepting responsibility for the harm done to the victim.

Whereas ipsative N-of-1 analyses examine whether offenders improve based on their own scores at the beginning of treatment, normative N-of-1 analyses examine which offenders show significant improvement compared to the entire ASOP sample in treatment. Normative analyses have more practical implications.³³ These analyses can address questions such as: (1) if treatment resources are scarce, which offenders will

³³ N-of-1 normative analyses convert the raw data to z scores using the mean and standard deviation of the entire sample, which allows relative comparisons across offenders. To standardize the data, we used the mean and standard deviation across time for each question based on all monthly treatment reports. Grouping data across treatment agencies insured that we had a more representative population of sex offenders and did not create an artificial restricted range on our measures.

most likely benefit from treatment? and (2) which offenders are most likely to terminate prematurely from treatment due to noncompliance with treatment rules?

The normative-based N-of-1 analyses revealed 17 significant positive improvements and six significant declines relative to all sex offenders in the sample. Across the dimensions, positive improvements were distributed as follows: two changes on participation, three changes on commitment, three changes on acknowledging personal responsibility, four changes on understanding the consequences if he reoffends, three changes on willingness to disclose inappropriate sexual behavior, and two changes on accepting responsibility for the harm done to the victim. Overall five offenders had significantly improved relative to all of the sex offenders in the sample.

The normative N-of-1 analyses also revealed three significant declines relative to all sex offenders in the sample. One significant decline occurred for participation in treatment, understanding the consequences if he reoffends, and accepting responsibility for the harm done to the victim. These declines occurred for three sex offenders in our sample. These three sex offenders also admitted an additional sex crime, and were arrested for the crime, and had their probation revoked. Thus, therapists' ratings produced significant declines relative to all sex offenders if there was a substantial breach of the rules of probation and treatment (i.e., a new sex crime).

Because offenders have been in treatment an average of eight months and 20% had been in treatment for over one year, we also developed absolute criteria to classify offenders as responsive or unresponsive. If offenders showed one significant ipsative or normative change in treatment, they were classified as responsive to treatment. This standard is quite lenient, but for a first attempt at determining responsiveness to

treatment we strove to be as inclusive as possible. Using this standard, we did not miss any offenders (for whom we have data) who showed significant positive changes.

Seventeen offenders (47.2%) showed significant positive improvement in treatment based on their personal attitudes at treatment or based on their attitudes relative to all sex offenders in the sample. In classifying offenders, we also included offenders for which no monthly reports were given but the offenders had a violation of probation petition for failure to cooperate with treatment, had failed a polygraph or had been arrested for any crime. Of the 17 offenders who showed a significant positive change, two offenders committed negative behaviors indicating that any improvements in treatment were not transferred to their behavior. One offender showed significant improvement on four dimensions, had been in treatment for 14 months, and then absconded and was arrested. This offender also had three violations of probation petitions filed against him. The second offender showed significant improvement on four dimensions, but was arrested for domestic battery. These two offenders were coded as unresponsive to treatment. We had data for 63 offenders and created two variables. Fifteen offenders were responsive to treatment and coded as one (23.8%), and unresponsive offenders or those who showed no change were coded as 0.

We next considered serious failures in compliance with treatment orders. Thirty-three offenders (40.7%) either showed significant declines in treatment, were arrested, had a violation of probation filed against them for failure to cooperate in treatment or had absconded from probation. Offenders showing serious treatment failure were coded as one and all other offenders were coded as 0 and either showed no obvious failure or a positive response to treatment.

In the next section, we examine which characteristics of the offender and offense predict a positive response to treatment and a serious failure in treatment.

VIII. Analyses Identifying Predictors of Treatment and Probation Outcomes

In this section, we analyze the data on ASOP outcomes to provide information about the characteristics of offenders or offenses that are the best predictors of our six major outcomes. These six outcomes are: (1) positive change in treatment compared to no noticeable improvement or getting worse in treatment; (2) treatment failure compared to continuing in treatment or successfully completing treatment; (3) whether arrested while on probation; (4) whether a violation of probation petition was filed; (5) whether more than one violation of probation petition was filed; and (6) satisfactory or unsatisfactory status on probation as of June 30, 1999. We used the same methodology and statistical tools in our analyses of these six outcome variables; the following paragraphs provide a simple description of the methodology with footnotes containing more technical information for readers interested in the methodology. Readers can then use this generic description of the methodology as background information to aid in the interpretation of the results. We next present the results for each of the six outcomes, and then conclude this section with a comparison across outcome variables and discussion of important lessons that can be drawn from these findings.

A. Methodology for Assessing the Predictors of Outcomes

We considered 33 potential predictor variables. Demographic and background predictors included race; current employment status; prior employment history; whether on welfare; whether income was above or below poverty level; education level; and

marital status. We considered 7 characteristics of the offense: statutory type of current offense; total number of convicted charges; whether victim was a family member; number of victims; age of youngest victim; whether an offender used force; and whether an offender penetrated a victim. We considered six measures of prior record: total number of prior arrests; number of prior arrests for sex offenses; number of prior arrests for violent crimes; number of prior arrests for misdemeanor crimes; number of prior convictions for violent crimes; and whether an offender had at least one prior conviction. We considered eight measures of sexual preference. Each variable used multiple indicators to assess whether an offender is: (1) a pedophile; (2) interested in “hands off” sexual offenses; (3) interested in sadistic sexual offenses; (4) interested in homosexual sex acts; (5) used pornography; (6) interested in prostitutes; (7) fantasized about having sex with virgins; and (8) denied having any sexual fantasies. We considered measures that indicated psychological and social adjustment: whether an offender had a drug/alcohol problem; indicated remorse about the convicted offense; or indicated a commitment to treatment at the time of the treatment evaluation. We also considered the length of time in treatment for the outcome variable of arrested while on probation, and responsiveness to treatment for the outcome variable of satisfactory or unsatisfactory status on probation.

Characteristics that accurately predict whether offenders were classified as one category (e.g., responsive) or the other category (same or worse) of an outcome variable such as responsiveness to treatment are called “significant predictors.” Significance simply means that information obtained from the predictor does better than chance at

accurately classifying offenders into either the responsive or unresponsive category.³⁴

To determine the significant predictors of these six outcome variables, we employed a statistical tool that provides the maximum possible accuracy in classifying cases. This tool is called optimal discriminant analysis (ODA).³⁵

In order to determine the relative performance of each significant predictor, we used the percentage of total theoretical possible improvement in classification accuracy achieved with the predictor—above the classification accuracy that could be achieved based only on chance. This measure is a standardized test statistic called the “effect strength for sensitivity” (ESS). ESS can range between 0 and 100 where 0 means no improvement in classification accuracy above chance and 100 means that the predictor explains all variation (errorless classification). Predictors can be ranked as weak, moderate, or strong based on the ESS. ESS < 25% indicates that a predictor provides only weak accuracy in classification, ESS between 25% to 49% indicates moderate accuracy in classification above chance performance, and ESS equal to 50% or higher indicates strong accuracy in prediction above chance performance.

In addition to the strength of a predictor, it is important to know whether the predictor would perform at the same level of accuracy at classifying a new set of cases; predictors are generalizable if they have the same accuracy at classifying cases

³⁴ In order to determine whether a predictor does better than chance at predicting the outcome variable, we used standard statistical significance criteria. For all analyses statistical significance refers to the small probability of making a false claim that a predictor is related to treatment responsiveness when it actually will not predict treatment responsiveness in future samples. This is known as the Type one error rate or p . The Type one error rate, p , was assessed as an exact permutation probability, and for each comparison $p < .05$ was used to establish statistical significance. This probability level was chosen to maximize the power of detecting predictors that discriminate between responsive and unresponsive offenders while still maintaining a relatively low probability of making a Type one error.

³⁵ Parametric analyses were inappropriate due to non-normality and range restriction, and traditional nonparametric analyses were inappropriate due to many tied data values (Soltysik & Yarnold, 1993; Yarnold & Soltysik, in press).

(measured by the ESS) in the new sample as in the original sample. Thus, ungeneralizable significant predictors have different ESS's in the original and new sample. We report whether a predictor was generalizable or ungeneralizable.³⁶ Only generalizable predictors were used to build a model.

Another factor that can affect the ability of predictors to classify accurately a new sample of data is the number of cases in each category of the outcome variable (e.g., responsive vs. unresponsive to treatment). All predictor variables reported have generalizable accuracy in classification of cases, as assessed using jackknife analysis, irrespective of the percentage of cases classified as one category of the outcome variable (e.g., responsive).³⁷

After identifying significant generalizable predictors of an outcome variable for the entire sample using univariate ODA, we next addressed the more practical questions: which clusters of offenders have a higher probability of positive change in treatment, a higher risk of treatment failure, a higher risk of being arrested while on probation, a higher risk of having a violation of probation petition filed against them, and a higher risk of unsatisfactory termination of their probation? Past research has generally assumed that significant predictors of treatment failure or outcomes related to recidivism could be combined in some linear (addition) method. We employed Classification Tree Analysis (CTA) to determine explicitly the combination of predictors that identify the

³⁶ A jackknife validity analysis was used to assess how generalizable each significant predictor would be in classifying a new sample of data; the jackknife validity analysis employed was a leave-one-out (LOO) analysis where classification for each observation is based on all data except the case that is being classified.

³⁷ An efficiency analysis was conducted to assess how well a predictor performed over all possible base rates of the outcome variable. The outcome variable, however, could not have all cases classified in only one of the categories (e.g., all offenders are responsive and none are classified as unresponsive) (Ostrander, Weinfurt, Yarnold, & August, 1998).

clusters of offenders who are at a higher probability of positive change in treatment or at a higher risk to fail treatment or recidivate. The CTA model combines significant predictors to provide optimal accuracy in the identification of which patterns of variables present a higher risk.³⁸ In this analysis, there are two methods that can be used to select which variable begins the tree model. One method, hierarchically optimal CTA, is to begin the tree with the generalizable statistically significant predictor that has the strongest predictive accuracy when using all the cases in the sample. The second method, globally optimal CTA, examines all possible models and to begin the tree with the variable that produces the strongest CTA model. Because there were only a few significant reliable predictors for each outcome, we used the globally optimal CTA method; the advantage of this method is that it presents the strongest generalizable statistically significant model given the data. Stronger models for treatment failure, multiple violations of probation petitions filed, and status on probation were found using globally optimal CTA method and starting the tree with a variable that did not have the strongest accuracy of prediction in the entire sample.

Our analyses represent a major advancement over previous studies on treatment failure or probation outcomes in three critical ways. First, few studies have examined the predictors of outcome measures for samples of sex offenders on probation. Second, a recent meta-analysis of the predictors of recidivism for sex offenders primarily

³⁸ Classification Tree Analysis (CTA) has been shown to have better predictive and classification accuracy than alternative linear (logistic, discriminant analysis, stepwise OLS regression) and nonlinear (CHAID, CART) statistical classification methodologies (Soltysik & Yarnold, 1993; Soltysik & Yarnold, 1994; Yarnold, 1996; Yarnold & Soltysik, 1991). At each step, hierarchical CTA selects the predictor that has the highest accuracy at classifying the outcome variable (e.g., responsive or not to treatment). Only variables that are generalizable are allowed to enter. Our analyses insure that the model can be replicated with new data because we conduct a jackknife validity analysis, in which every observation is classified using a model created on the basis of all the data except the observation being classified (Soltysik & Yarnold, 1993, 1994; Yarnold & Soltysik, 1991).

released from prison or private hospitals noted the lack of attention paid to how predictors should be combined (Hanson & Bussiere, 1998). Third, most prior research has not assessed the stability of their prediction models, or how well these models perform with samples of different percentages of treatment failures.³⁹ The presented models contain only predictors that remained generalizable and stable in jackknife validity analysis.

B. Predicting who is responding well in treatment

Overall, 15 of the 63 offenders for whom we had monthly treatment reports were classified as responsive. Responsive to treatment was defined as a positive change that was statistically significant on at least one of the six measured components of treatment. It is critical to understand the characteristics that differentiate offenders who are responsive to treatment from offenders who are unresponsive; these characteristics could be used to determine which sex offenders are referred to treatment when treatment slots are scarce. Analyses revealed four significant predictors of treatment responsiveness.⁴⁰

Three of the four variables were generalizable predictors, and all three predictors reflected social status: current employment status, prior employment history, and income. All three variables had moderate classification accuracy, and responsive to

³⁹ Most prior studies have utilized linear statistical procedures (e.g., OLS regression, and logistic regression) to predict recidivism, which do not provide information about how to combine the significant predictors, may provide suboptimal models, and are rarely validated. Our nonlinear CTA identifies clusters of offenders who are at high-risk to reoffend. Moreover, CTA optimizes classification accuracy at each node of the tree. For each CTA model presented in this manuscript, we performed an efficiency analysis that indicates how well the model performs if it were used to classify a future group of sex offenders that had a different amount of recidivism (see Ostrander, Weinfurt, Yarnold, & August, 1998).

⁴⁰ Based on a .05 probability level and thirty-three tests, almost two “significant” effects would be expected based on chance alone. Four significant effects are more than two times the number of effects expected due to chance alone.

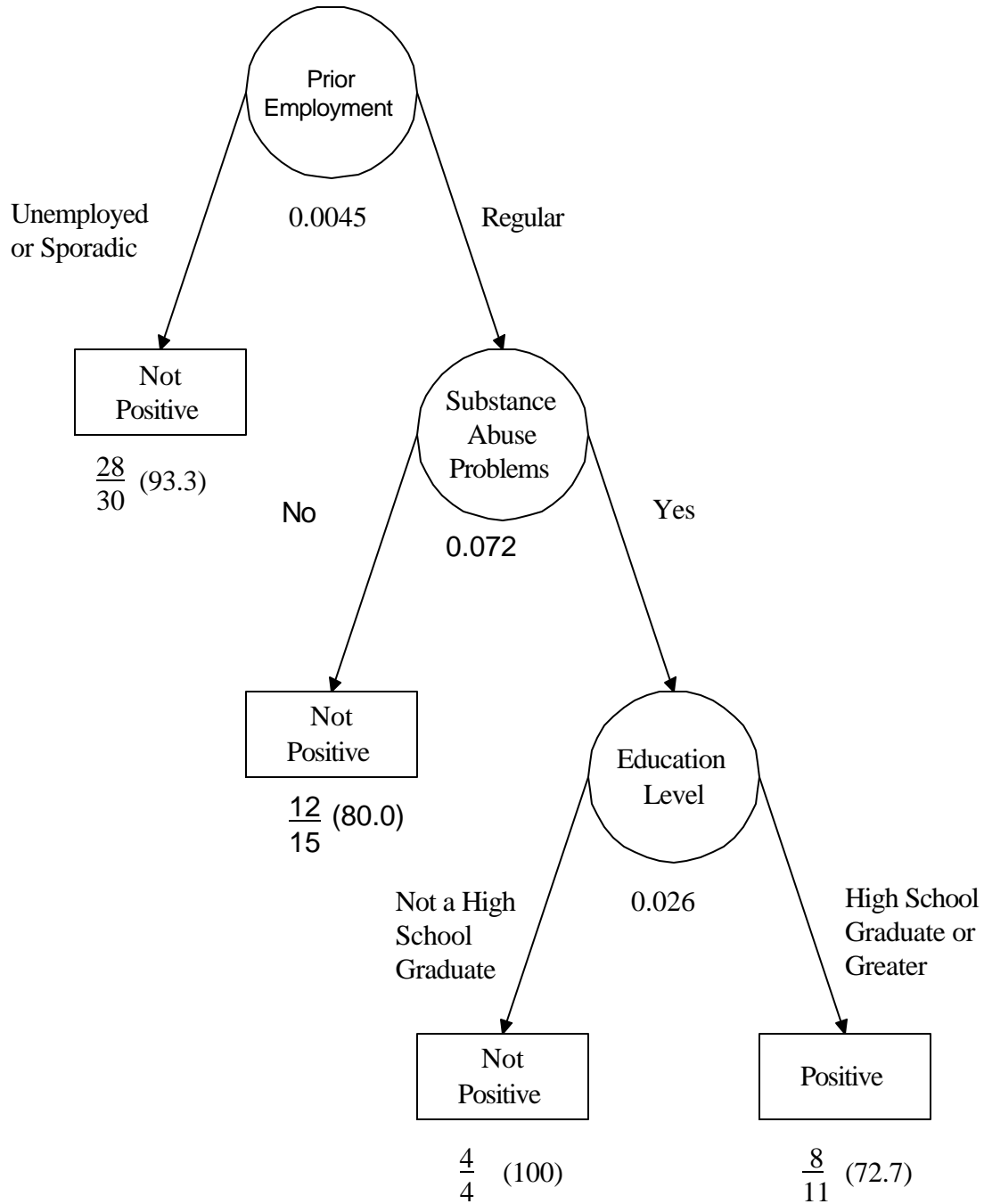
treatment was predicted if the offender was employed, had been regularly employed in the past, or had income above the poverty level. Prior employment history was the strongest predictor, and offenders who had regular employment in the past were classified as responsive ($N = 62$; $p < 0.0037$; $ESS = 45.0$). Age at conviction was a significant, but not a generalizable predictor: if the offender was at least 30 years old at the first conviction the offender was predicted to be responsive to treatment.

We next built a CTA model that identified clusters of offenders that varied in their likelihood of being responsive to treatment. The model identified four clusters. Figure VIII-1 presents this model. A brief explanation of this figure will allow the reader to interpret all the figures in this section. The circles in the figure identify the significant predictors with the number underneath the circle indicating the corresponding probability level. By following the arrows to the rectangular boxes, the defining characteristics of a cluster are obtained. The rectangular box indicates the outcome predicted for this cluster by the model: in the present case, whether the offender is predicted to have a positive change or not. Beneath the rectangular box is a ratio. Here, the number in the numerator indicates the number of correctly classified offenders for this outcome and the number in the denominator indicates the total number of offenders in the cluster. The number in parentheses is the accuracy in classification; when the outcome is “not positive” it is necessary to subtract the accuracy in classification from 100 to obtain the likelihood that an offender in this cluster would be responsive to treatment. The reader should use the above explanation to understand all of the figures presented in this section; the outcome and predictor variables, of course, will be different.

The smallest cluster indicated that none of the four offenders with a history of regular employment, a substance abuse problem, and less than a high school education were not likely to be responsive to treatment. The largest cluster, defined as having a history of unemployment or sporadic employment, also was unlikely to be responsive to treatment (93.3% or 28 of the 30 offenders were correctly classified as being unresponsive, and therefore 6.7% were responsive to treatment). Only 20% of the third cluster were responsive and consisted of offenders who had a history of regular employment and did not have a substance abuse problem. The fourth cluster identified offenders who had a high likelihood of being responsive to treatment (8 or 72.7% were responsive to treatment). This cluster consisted of 11 offenders who had a history of regular employment, a substance abuse problem, and had at least a high school education. Thus the offenders who were most likely to be responsive to treatment had evidence in their prior history of achievement (regularly employed) and also needed to work on a substance abuse problem.

Figure VIII-1

CTA Model Predicting Whether the Offender Had a Noticeable Positive Change While in Treatment



C. Predicting treatment failure

We next turn to identifying characteristics of the offender and offense that predict treatment failure. We were fortunate to have information on who was violating treatment rules or failing to cooperate with treatment evaluations. Sixty-three offenders in our sample were placed in sex offender treatment at the time of the evaluation. Of these 63 offenders, 33 offenders (52.4%) exhibited a serious violation of the treatment order. A serious violation of treatment that constituted in our definition a treatment failure included: (a) failure to undergo evaluation for sex offender treatment; (b) premature termination from sex offender treatment due to noncompliance with treatment rules; (c) failure to complete successfully sex offender treatment during the probation period; (d) being arrested while on probation for any offense; (e) showing a negative significant change based on monthly treatment reports from therapists; and (f) admitting serious inappropriate sexual behavior to the therapist that occurred while in treatment.⁴¹

Six variables were significant and generalizable predictors of treatment failure.⁴² Table XVII presents the six predictors, the probability level and the effect strength for sensitivity. Prior employment was the strongest predictor and the model predicted failure if the offender had a sporadic history of employment or a chronic history of unemployment.

⁴¹ Professionals in the field recognize both the positive and negative side of an offender's admission of serious inappropriate sexual behavior to the therapist that has occurred since treatment began. On the positive side, offenders are showing more willingness to disclose inappropriate sexual behavior and thoughts. We construed admission of serious inappropriate sexual behavior as a failure because these acts constituted new sexual offenses and such admissions occurred after acts were completed rather than during the planning stage of the act.

⁴² We performed "univariate ODA" using the same predictors as described above.

Table XVII. Significant Predictors of Treatment Failure for ASOP

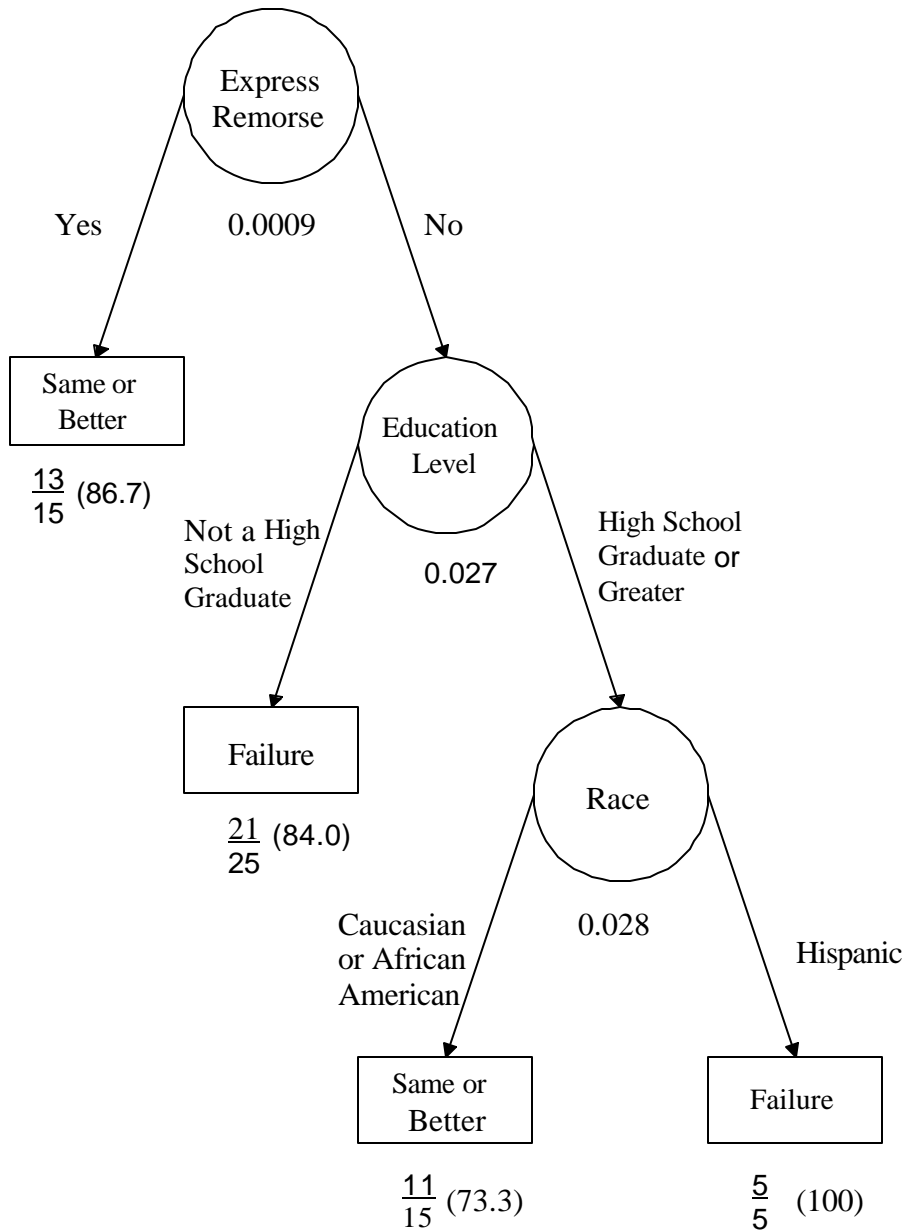
Characteristic	Effect Strength of Sensitivity	Probability Level
Prior Employment History	40.00 Moderate Accuracy	p = .0037
Education Level	37.63 Moderate Accuracy	p = .0194
Remorse at treatment evaluation	37.27 Moderate Accuracy	p = .0009
Income Level	34.17 Moderate Accuracy	p = .0042
Current Employment	27.27 Moderate Accuracy	p = .042
Current Offense	27.27 Moderate Accuracy	p = .0533

We next built a model that indicated how generalizable, statistically significant predictors of treatment failure should be combined to achieve accuracy in classifying cases as treatment failures or not. As the authors of a recent meta-analysis of research on predictors of recidivism in sex offender samples noted, future research should examine how characteristics combine to determine which groups of sex offenders are at the highest risk of committing a new offense (Hanson & Bussiere, 1998).

A three-variable multivariate CTA model had an overall classification accuracy of 83.3% and provided a strong performance at predicting treatment failures (ESS = 67.0%). The model is presented in Figure VIII-2. The model identified four clusters of sex offenders. The largest cluster was of offenders who failed treatment. This cluster was defined as offenders who expressed no remorse during the treatment evaluation and did not complete high school; these two characteristics correctly classified 84% of the cluster as treatment failures. A smaller group who is likely to terminate treatment prematurely are offenders who had at least a high school education and were Hispanic; all five offenders having these two characteristics were correctly classified as treatment failures. This small group also had five or more counts against them, which was a significant but not generalizable predictor at this level of the model. Two clusters also

Figure VIII-2

CTA Model Predicting Treatment Failure



defined offenders who did not fail at treatment. Most offenders who expressed remorse at the time of their evaluation were correctly classified as not failing treatment (13 of 15 offenders, only 13.3% were predicted to fail treatment). The second cluster of offenders who were predicted not to fail treatment did not express remorse at the initial evaluation, had at least a high school education, and was either Caucasian or African-American (of the 15 offenders in this cluster, 73.3% were correctly predicted to not fail).

In summary, the analyses of both sex offenders responsive to treatment and sex offenders who fail treatment revealed the importance of having at least a high school education. Sex offenders without a high school education were never predicted to be responsive to treatment whereas sex offenders with a high school education in combination with other variables were often predicted to be responsive. For example, sex offenders who had a high school education and showed remorse were largely correctly predicted to be responsive to treatment. If sex offenders did not express remorse at the initial evaluation and were Caucasian or African-American, they were predicted to be responsive to treatment if they had a high school education. Offenders who had a substance abuse problem, regular employment, and a high school education were also predicted to be responsive to treatment. Some studies of child molesters have found that offenders with more formal education are less likely to recidivate (Hanson, Scott, & Steffy, 1995).

Education as a criterion that predicts success and failure on treatment makes intuitive sense. Cognitive behavioral therapy requires clients to be able to reflect back on their behavior, to assess the circumstances surrounding their behavior, and to arrive at conclusions about their sexual assault cycle with the help of the therapist. Offenders

without a high school education often do not have these cognitive skills, and often have problems with reading, which makes it difficult to complete homework assignments. Offenders without a high school education also often will have poor communication skills, and may have difficulty expressing their thoughts and feelings in therapy because they have had less experience with group discussions (experiences that occur in high school). If treatment slots are scarce, education level is a relevant factor to consider in choosing which offenders will be admitted to therapy.

Offenders who have sporadic employment or chronic unemployment also are predicted to be less responsive to treatment, but regular employment alone is not a reliable predictor of responsiveness. Offenders who have regular employment and do not have a substance abuse problem are less likely to be responsive to treatment. Another interesting lesson derived from these analyses is that lack of remorse at the initial evaluation does not reliably lead to treatment failure. Rather, it is the combination of lack of remorse and high school dropout that was largely correctly predicted to be treatment failure. Another lesson, that therapists already know, is that the necessary cognitive and language abilities must be possessed to benefit from cognitive behavioral therapy, and lack of a high school education is associated with poor communication skills, low reading ability, lack of an ability to reflect, be aware of circumstances surrounding behavior, and integrate information from different sources and experiences. The finding that educated Hispanics are at high risk for treatment failure may be due to a language barrier; though given the small sample of educated Hispanics, the finding should be replicated with a larger sample before conclusions about the relationship between ethnicity and treatment failure are drawn. At this time, the evaluators will not

suggest a formal referral instrument, but recommend that therapists consider the combination of these factors when treatment slots become scarce. We will test whether these findings also are replicated using data from our evaluations of DuPage, Lake, and Winnebago programs in 2001.

D. Predicting whether an arrest occurred while on probation

An obvious and direct measure of treatment failure involves arrest while on probation, which is the next class variable that we attempted to predict. Complete data on the significant predictors were available for 76 offenders in our sample. Of these 76 offenders, 17 (22.4%) were arrested while they were on probation. The only variable that emerged as a statistically significant and generalizable predictor of arrest while on probation for this sample was whether an offender was previously arrested for any offense. This variable had effect strength for sensitivity of 39.3, reflecting moderate accuracy, and an associated probability level of $p < 0.0033$. Whereas only six of 50 (12%) offenders who had not been arrested previously were arrested while on probation, and 11 of 26 (42.3%) offenders who had been previously arrested were arrested while on probation.

We next built a model that combined the predictors of arrest while on probation to optimize classification accuracy at each level of the tree. A two-variable multivariate CTA model had an overall classification accuracy of 80.6% and provided a moderate performance at predicting arrest while on probation (ESS = 46.0%). The model is presented in Figure VIII-3, and it identified three clusters of sex offenders. The smallest cluster of offenders was also the least likely to be arrested while on probation, and

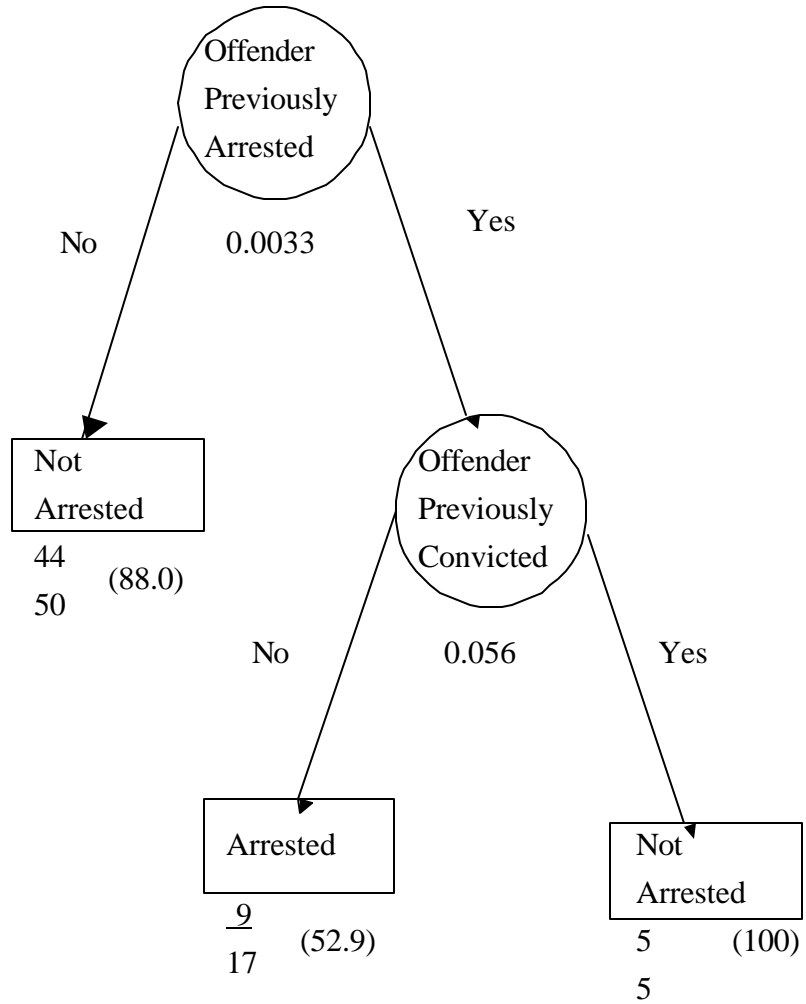
consisted of offenders who had previously been arrested and had at least one prior conviction: none of the five offenders in this cluster were arrested while on probation (0% arrest rate). The next least likely to be arrested cluster consisted of offenders who had not been previously arrested: only six of the 50 offenders in this cluster were arrested while on probation (12% arrest rate). The third cluster of offenders was the most likely to be arrested while on probation, and consisted of offenders who had previously been arrested and had no prior convictions: nine of the 17 offenders in this cluster were arrested while on probation (52.9% arrest rate).

The criminal history of an offender is critical information in predicting any new offenses while on probation. In addition to this information, the age of the youngest victim is a significant and reliable predictor for offenders who have at least one prior arrest. Seven out of the ten offenders (70%) who have been arrested and have committed sex offenses on children who are eight years old or younger were correctly predicted to have an arrest while on probation. Moreover, 75% of the offenders who had at least one prior arrest and had committed sex offenses on nine years of age or older children were correctly predicted to be arrest-free while on probation.⁴³

⁴³ The two variable CTA model consisting of prior arrest history and age of the youngest victim had an overall classification accuracy of 82.9% and provided moderate performance at predicting arrest while on probation (36.1%). This performance is slightly lower than the two-variable CTA on arrested while on probation presented in Figure VIII-3. Additionally, age of the victim had a one-tailed probability lower than .05, and a two-tailed probability of .085.

Figure VIII-3

CTA Model Predicting Whether an Offender was
Arrested While on Probation



E. Predicting whether a violation of probation petition was filed

Another outcome measure is whether a violation of probation petition was filed. Complete data on predictors for this analysis were available for 77 offenders in our sample, 46 (59.7%) of whom had one or more violation of probation petition filed against them. As seen in Table XVIII, three variables emerged as statistically significant predictors of whether a violation of probation petition was filed, but only two of these variables were generalizable. The strongest predictor was prior employment history, and the model predicted that a violation of probation petition was filed if the offender did not have regular employment.

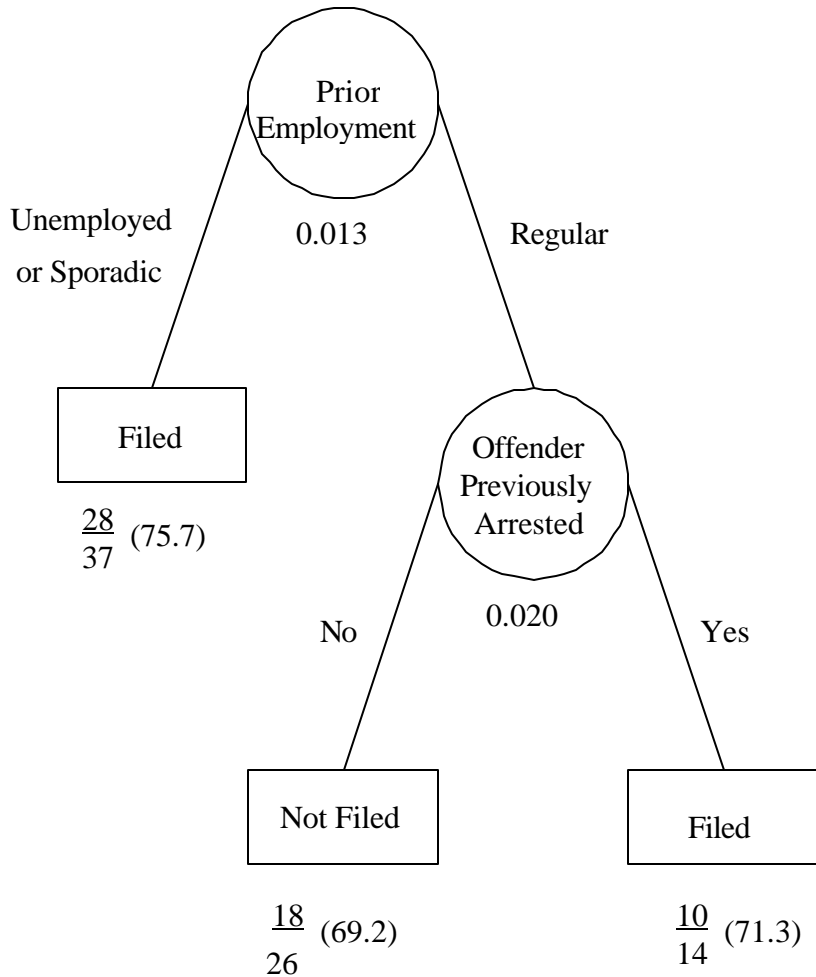
Table XVIII. Significant Predictors of Filing a Violation of Probation Petition in the ASOP Unit

Characteristic	Effect Strength of Sensitivity	Probability Level	Generalizable Predictor?
Prior Employment	31.4 Moderate Accuracy	p = .013	Yes
Fantasies About Virgins	25.5 Moderate Accuracy	p = .024	Yes
Total Number of Prior Arrests	31.4 Moderate Accuracy	p = .013	No

We next built a model that combined the predictors of filing a violation of probation petition. A two-variable multivariate CTA model had an overall classification accuracy of 72.7% and provided a moderate performance at predicting filing of a violation of probation petition (ESS = 40.7%). The model is presented in Figure VIII-4, and it consists of three clusters of sex offenders. The smallest cluster of offenders consisted of offenders who had a history of regular employment and who had at least one prior arrest: 10 (or 71.3%) of the total of 14 offenders in this cluster had a violation

Figure VIII-4

CTA Model Predicting Whether a Violation
of Probation Petition Was Filed



of probation petition filed against them. Experiencing a comparable filing rate, 28 (or 75.7%) of the total of 37 offenders who had a history of unemployment or sporadic employment had a violation of probation petition filed against them. The third cluster of offenders was the least likely to have a violation of probation petition filed against them, and consisted of offenders who had a history of regular employment and no prior arrests:

only eight (or 30.8%) of the 26 offenders in this cluster had a violation of probation petition filed against them.

F. Predicting whether more than one violation of probation petition was filed

We next examined the characteristics that defined which offenders would have more than one violation of probation petition filed against them. Complete data for this analysis were available for 78 offenders in our sample, 18 (23.1%) of whom had more than one violation of probation petition filed against them. As seen in Table XIX, two variables emerged as statistically significant and generalizable predictors of whether an offender had multiple violations of probation petitions filed against him. The strongest predictor was marital status, and the model predicted that multiple violations of probation petitions were filed if the offender was single or widowed. Age at first conviction was statistically significant, but classification performance fell dramatically in jackknife validity analysis suggesting that the model was probably not generalizable to independent random samples (this is due to many offenders having data close to the cut-point identified by CTA).

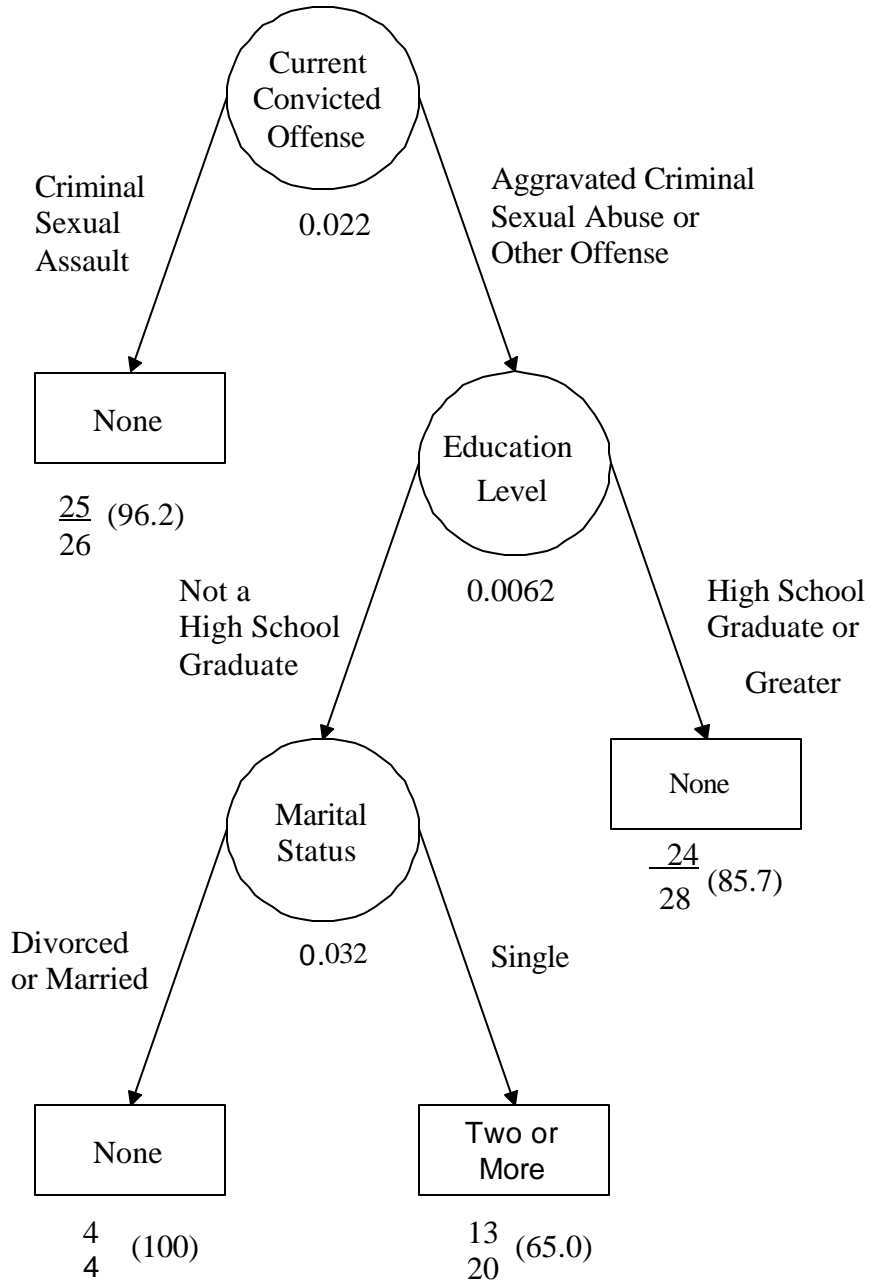
Table XIX. Significant Predictors of Filing Multiple Violations of Probation Petitions Against Offenders in the ASOP Unit

Characteristic	Effect Strength of Sensitivity	Probability Level	Generalizable Predictor?
Marital Status	35.2 Moderate Accuracy	p = .022	Yes
Current Convicted Offense	34.1 Moderate Accuracy	p = .022	Yes
Age at first conviction	41.0 Moderate Accuracy	p = .0091	No

We next built a model that combined the predictors of filing more than one violation of probation petition. Although marital status was the strongest predictor, a more powerful CTA model emerged when current convicted offense started the tree. A three-variable multivariate CTA model had an overall classification accuracy of 84.6% and provided a relatively strong performance at predicting filing of multiple violation or probation petitions (ESS = 60.6%). Of all possible models, Figure VIII-5 presents the strongest model, which identified four clusters of sex offenders. The smallest cluster of offenders was also the least likely to have multiple violations of probation petitions filed against them, and consisted of offenders whose current offense involved aggravated criminal sexual abuse or another offense (but not criminal sexual assault), who had not graduated from high school, and who were divorced, separated or married: none of the four offenders in this cluster had multiple violation of probation petitions filed against them (0% multiple filing rate). Another low rate of filing of multiple violation of probation petition was observed for offenders whose current offense involved criminal sexual assault: only one of the total of 26 offenders in this cluster had multiple violation of probation petitions filed against them (3.8% multiple filing rate). A relatively low rate of multiple filings was observed for the cluster of offenders whose current offense involved aggravated criminal sexual abuse or another offense (but not criminal sexual assault), and who had achieved at least a high school education: only four of the total of 28 offenders in this cluster had multiple violation of probation petitions filed against them (14.3% multiple filing rate). In contrast, the cluster of offenders whose current offense involved aggravated criminal sexual abuse or another offense (but not criminal sexual assault), who had not graduated from high school, and who were single or

Figure VIII-5

CTA Model Predicting Whether Two or More Violation of Probation
Petitions Were Filed



widowed had a relatively high multiple filing rate: 13 of the total of 20 offenders in this cluster had more than one violation of probation petition filed against them (65.0% multiple filing rate).

G. Predicting Status of Probation as of June 30, 1999

An important outcome is the offender’s status on probation; we determined whether each offender had satisfactory standing on probation or had been terminated with unsatisfactory completion as of June 30, 1999. Complete data on the significant predictors for this analysis were available for 71 offenders in our sample, 21 (29.6%) of whom had unsatisfactory standing (active warrant and closed interest cases involving treatment noncompliance, as well as revoked). As seen in Table XX, three variables emerged as statistically significant and generalizable predictors of whether an offender had unsatisfactory status. The strongest predictor was education level, and the model predicted that offenders who did not graduate from high school were most likely to have unsatisfactory standing at the time of event coding. Two variables, prior employment history and age at first conviction, were significant, but not generalizable predictors.

Table XX. Significant Predictors of Offender Status on Probation as of June 30, 1999 in the ASOP Unit

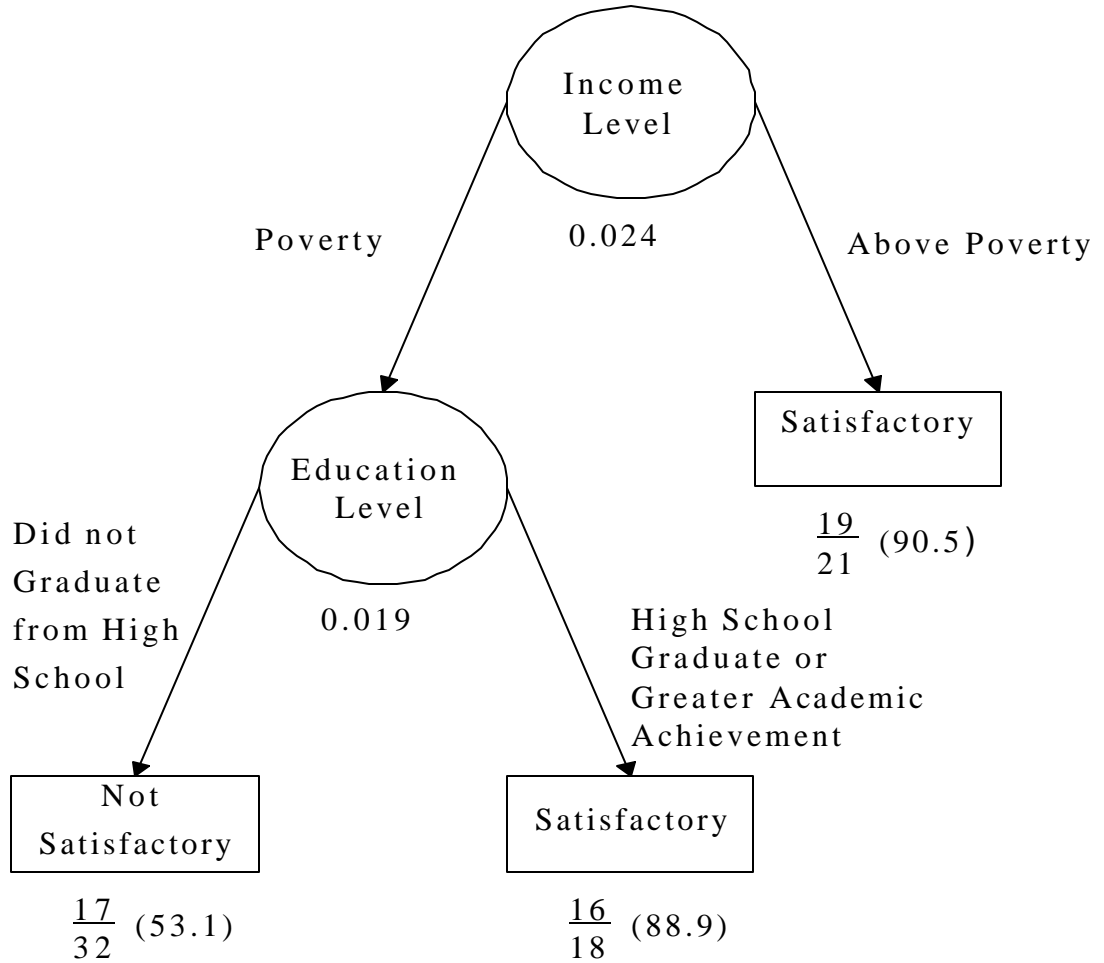
Characteristic	Effect Strength of Sensitivity	Probability Level	Generalizable Predictor?
Education level	45.0 Moderate Accuracy	p = .002	Yes
Positive treatment response	37.5 Moderate Accuracy	p = .001	Yes
Income level	26.8 Moderate Accuracy	p = .024	Yes
Prior Employment	43.94 Moderate Accuracy	p = .0014	No
Age at first conviction	32.0 Moderate Accuracy	p = .044	No

We next built a model that combined the predictors of offender status on probation. Although education level had the greatest effect strength when considered as a single predictor, a more powerful CTA model emerged when income started the tree model. (This is not an unusual finding when conducting globally optimal hierarchical classification tree analysis). Illustrated in Figure VIII-6, the resulting two-variable multivariate CTA model had an overall classification accuracy of 73.2%, and provided a relatively strong performance at predicting offender standing on treatment (ESS = 51.0%). The model identified three clusters of sex offenders. The cluster most likely to have satisfactory status on probation simply involved offenders who had an income greater than the poverty threshold: 19 (or 90.5%) of the 21 offenders meeting this criterion had satisfactory status on probation at the time of event coding. Comparably, of those offenders who had an income beneath the poverty threshold, but who graduated from high school or had greater academic achievement, 16 (or 88.9%) of 18 had satisfactory status on probation at the time of event coding. In contrast, of those offenders who had an income beneath the poverty threshold and who failed to graduate from high school, only 15 (or 46.9%) of 32 had satisfactory status on probation at the time of event coding

For this outcome variable we also sought a multivariable CTA model that allowed us to take advantage of information concerning treatment responsiveness. When we included treatment responsiveness as a variable, complete data were available for 56 offenders in our sample, 13 (23.2%) who had unsatisfactory termination.

Figure VIII-6

CTA Model Predicting Offender Status on Probation
As of June 30, 1999



A three-variable multivariate CTA model had an overall classification accuracy of 76.8% and provided a moderate performance at predicting offender status on probation (ESS = 48.3%). The model identified four clusters of sex offenders. The smallest cluster of offenders all had satisfactory status on probation, and consisted of

offenders who were rated as remaining the same or worsening in treatment, who had not graduated from high school, and who had previously been arrested for committing at least one misdemeanor: all six of the offenders in this cluster had satisfactory status on probation at the time of event coding (100% satisfactory status rate). Similarly, all 15 offenders who were rated as improving in treatment had satisfactory status on probation at the time of event coding (100% satisfactory status rate). In contrast, only 13 of the 17 offenders who were not rated as improving in treatment, but who graduated from high school (or attained even greater educational achievement) had satisfactory status on probation at the time of event coding (76.5% satisfactory status rate). And, finally, of the cluster of 18 offenders who were not rated as improving in treatment, who did not graduate from high school, and who had not been previously arrested for a misdemeanor offense, only nine had satisfactory status on probation at the time of event coding (50% satisfactory status rate).

H. Predicting whether probation was revoked

Another obvious, direct measure of treatment failure that we attempted to predict involved whether an offender's probation was revoked. Complete data for this analysis were available for 67 offenders in our sample, 16 (23.9%) of whom had their probation revoked. As seen in Table XXI, three variables emerged as statistically significant and generalizable predictors of whether an offender's probation was revoked. The strongest predictor was education level, and the model predicted that probation was revoked if the offender failed to graduate from high school.

**Table XXI. Significant Predictors of Revocation of Probation
in the ASOP Unit**

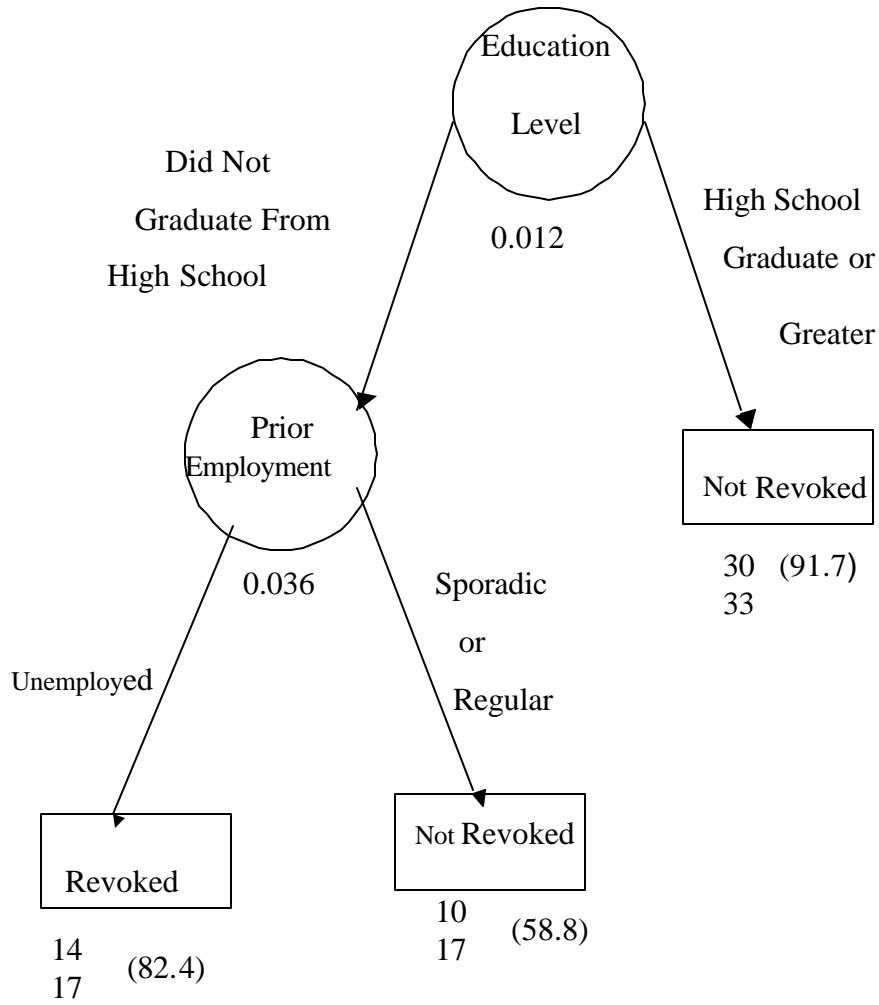
Characteristic	Effect Strength of Sensitivity	Probability Level	Generalizable Predictor?
Education Level	42.36 Moderate Accuracy	p = .0118	Yes
Marital Status	33.37 Moderate Accuracy	p = .0327	Yes
Income Level	29.21 Moderate Accuracy	p = .0283	Yes
Age at first conviction	37.74 Moderate Accuracy	p = .0229	No
Prior employment	53.75 Strong Accuracy	p = .0001	No

We next built a model that combined the predictors in such a way that optimized accuracy of classification for the outcome measure, revocation of probation. A two-variable multivariate CTA model had an overall classification accuracy of 80.6% and provided a relatively strong performance at predicting revocation of probation (ESS = 51.4%). The model is presented in Figure VIII-7, and it identified three clusters of sex offenders. The smallest cluster of offenders was also the most likely to have their probation revoked, and consisted of offenders who failed to graduate from high school and had a history of unemployment: 14 of the total of 17 offenders in this cluster had their probation revoked (82.4% revocation rate). The next-most-likely to have probation revoked cluster consisted of offenders who had not graduated from high school, but who had a history of at least sporadic employment: a total of 10 of the 17 offenders in this cluster had their probation revoked (42.2% revocation rate). The third cluster of offenders was the least likely to have their probation revoked, and consisted of offenders who had at least graduated from high school: only three of the 33 offenders in this cluster had their probation revoked (8.3% revocation rate).

In summary, there are consistent trends across these CTA analyses. High school graduates perform better in treatment and in the ASOP unit. As we noted earlier,

education is an important criterion to consider in determining which offenders will perform well in treatment. Even if offenders were not remorseful, if they had a high school education they were predicted to be responsive to treatment. Furthermore, the combination of lack of remorse and a high school dropout was correctly predicted to have an 84% chance of treatment failure. High school dropouts did not have a high probability of treatment failure only if they expressed remorse at the time of initial treatment evaluation. Moreover, a high school education provides a cushion to lower the effects of other high-risk characteristics, such as poverty status, associated with failure in the past literature. For example, offenders were almost always correctly predicted to succeed on probation (88.9% accuracy) if they had a high school education and lived in poverty. Conversely, if they had dropped out of high school and lived in poverty, offenders only had a 46.9% chance of successfully completing their probation. Offenders also were more likely to have their probation revoked if they had the combination of high school dropout and chronic unemployment or sporadic employment. If offenders had at least a high school education, they had a 91.7% of completing their probation without a revocation.

Figure VIII-7
 CTA Model Predicting Revocation of Probation
 As of June 30, 1999



IX. Conclusions and Recommendations

Our three-year process evaluation of the Cook County's ASOP unit revealed much practical information to improve model programs of intensive supervision probation programs for adult sex offenders. The Cook County ASOP unit achieved some aspects of a model program, but did not achieve other features. It is based on the containment approach, which has the main objective of keeping sex offenders in compliance while they are in the community. Three major tasks are central to reaching this objective (English, Pullen, Jones, & Krauth, 1996). The first task is to provide intensive supervision and surveillance, which includes frequent office visits, weekly arrest checks, collateral checks with employers and therapists, and frequent field visits to offenders' homes. The second task is to provide sufficient treatment that includes a detailed evaluation, maintenance polygraph examinations and emphasizes a cognitive-behavioral group therapy approach supplemented with cognitive-behavioral individual counseling. The third task is to establish partnerships among probation officers and treatment providers that include trust, understanding of roles, frequent communication and sharing of relevant information on offenders.

The prior literature provides a skeleton sketch of the containment model. Our evaluation adds to this literature through revealing some of the critical underlying components and processes required to conduct these tasks in the most optimal ways. Thus, the observations of the implementation of the Cook County ASOP illuminated some of the necessary components for an optimal intensive supervision probation sex offender program. The remainder of this section highlights the achievements of the

Cook County ASOP unit, and concludes with a summary of recommendations for intensive supervision probation programs located in large urban settings.

The Cook County program provided exemplary performance of the second task of obtaining quality treatment evaluations, meeting treatment frequency standards, seeking treatment agencies in all geographical areas of the county, and attempting to obtain uniform quality treatment from several agencies. From our observations of actual group therapy sessions, we learned that all of the providers were delivering therapy of moderate to high quality with considerable variability among providers. Moreover, sex offenders did not believe that ethnic differences between therapists (primarily Caucasian) and offenders (majority from minority races) affected the quality of treatment.

The ASOP unit has standardized treatment quality in a number of ways. First, the unit provided a written list of the requirements for treatment evaluations to all treatment providers. The evaluations must be written, integrate all information, and include a polygraph examination, objective personality tests, and an objective sexual preference test such as the ABEL. The treatment evaluations have been well written and comprehensive with some tailoring to individual offender's needs, though therapists should strive to include an objective measure of psychopathic deviancy. Second, the unit recently created a committee consisting of therapists to create uniform criteria to determine progress in treatment and successful completion of treatment. Third, the unit in cooperation with therapists created standard policies on how to respond to noncompliance in treatment such as lateness, not completing homework, lack of participation, and unexcused absences. Fourth, the unit requires that all providers hold

group therapy sessions that last a minimum of 90 minutes per week, provide one group therapy session a week, and one individual counseling session twice a month; therapists have met these standards.

The ASOP probation officers also conducted some of their supervision tasks with stellar performance. They have generally met face-to-face office contact standards, averaging over six per an offender per month. They have required offenders to keep logs of their time, have developed graduated sanction guidelines, and established strict and appropriate responses to offenders' noncompliance. They established a very high rate of filing violation of probation petitions: a 7.3 times greater rate of filing violation of probation petitions than probation officers supervising sex offenders on standard probation.

Throughout the three-year period, communication and teamwork among therapists and probation officers improved. Informal interviews in June of 2000 with probation officers and therapists revealed that both groups perceived communication to be fair to good with room for improvement. All therapists and probation officers indicated a commitment to working as a team. The unit developed an operations committee that consists of all probation officers and supervisors in the unit and all treatment providers serving clients. This committee addressed critical policy issues, and began to communicate and establish clear and appropriate boundaries. It was evident that the committee meetings were organized, productive, and open without anyone dominating the meetings. Therapists and probation officers also held staffings (where the offender, therapist, and probation officer meet to discuss progress and compliance); the number of staffings, however, should be increased.

The ASOP unit has room for improvement in other critical aspects of an exemplary program. Its performance is particularly insufficient in conducting field visits to offenders' homes. After May 1999, on average there were 1.5 additional office contacts above the required office contacts per phase I offender, two additional office visits per phase II offender, and one additional office visit per phase III offender. This finding indicates that the ASOP probation officers still remain relatively office bound and have not managed to balance their time between the office and the field. The data on field visits further bolster the observation that ASOP officers must make a concerted effort to increase the time that they devote to field visits. Field visits remain rather consistent throughout the 2.5 year period: ASOP probation officers have not managed to conduct, on average, even one field visit per a offender in any month, and the averages generally are below .5.

Field visits are an absolutely essential part of the containment model. While there have been various logistical and other reasons for failure to meet field visit standards, these are insufficient to explain the fact that the unit did not average even one actual visit per offender in any of the months studied except for phase III cases in February, 1999. It is imperative that the program explores more creative ways of insuring that ASOP probation officers conduct the required number of field visits for sex offenders.

On the average, officers have been scheduled to go out for field visits once a week – although the evaluators estimated that each officer must be in the field two days per week to meet the standard of three field visits for each offender per a month. Thus, coupled with logistical problems such as training days and resignations, the unit did not

schedule sufficient time for field visits. Though the policies place much importance on field visits, the unit still remains too bound to their office work.

By contrast, the ASOP's use of the department's Home Confinement Unit to conduct home visits is unique and makes use of a readily available resource. The home confinement officers have averaged approximately 175 visits per phase I offenders, and 50 visits per phase II offenders per month. Furthermore, home confinement officers were trained to conduct a cursory search to check for minors, victims, and other signs of violation of probation conditions; thus, their searches are an important part of keeping these offenders contained in the community without further crimes. If home confinement searches are counted as equivalent to ASOP officers' field visits, the unit met its field visit standards for phase I (requires 3 visits per month) and phase II (requires 2 visits per month). The ASOP administrators, however, did not conceive of Home Confinement Unit searches as equivalent to ASOP field officer searches. The evaluators also believe it is ill-advised to treat home confinement searches as equivalent because these officers lack detailed knowledge of each individual case and without this knowledge will be less able to detect signs of high-risk behavior. Moreover, many phase II and most phase III offenders do not have curfew checks. The ASOP should consider an approach that expands ASOP officer field visits while still using the Home Confinement Unit visits as part of the field visit structure, but not as a substitute for ASOP officer conducted field visits.

A national model program for sex offender probation programs will have to overcome the organizational constraints of current probation departments. Other specialized sex offender probation programs also have struggled to meet their field visit

standards. All programs must deal with the other tasks that keep officers in their offices such as responding to phone calls, supervising offenders, answering correspondence, and appearing in court (Seng, et al., 1999). One possible solution is to have surveillance probation officers who conduct only field visits. The Lake County program, which uses two surveillance officers to make field visits on other officers' cases, is now (May, 2000) averaging three field visits per month. Cook County's Home Confinement Unit searches also are similar to surveillance officer searches with the exception that surveillance officers have access to all information about the case and review the files to keep up to date on their offenders, and have only sex offender cases.

There are several options to address logistical barriers. Originally, Cook County proposed to have a pool of standard probation officers that were specially trained about supervision of sex offenders to have "an ongoing pool of officers for rotation into the specialized program when vacancies occur or when the program is expanded" (Cook County Adult Probation Department Original Proposal, p. 52). Cook County did not place this idea into practice, and lack of trained replacements has added to their problems of meeting field visits. This idea deserves further exploration to determine its cost-effectiveness.

The developers' initial conception of the ASOP unit was to have 25-35 cases per an officer. This standard for caseload, we believe, provides an optimal balance between financial costs of supervision and sufficient time to provide intensive supervision. The ASOP caseload as of the end of April 2000 was 108, which equates to a caseload of 27 cases per officer. Over the three-year period, the ASOP unit had a slow start in accepting

cases and reaching their expected number of cases, but it appears now that the unit is receiving new cases on a regular basis.

The four ASOP officers can effectively monitor the current caseload. If the unit decides to expand its target population and caseload size, additional ASOP officers will be needed. If expansion is undertaken, the unit should attempt to create positions that will enhance the ability of ASOP officers to conduct field searches. Just adding additional full-time ASOP officers who will have their own caseloads may not provide the needed flexibility to achieve the field visit standards. Part-time surveillance officers that could be paired with ASOP officers or pairing ASOP officers with home confinement officers, we believe, are two creative ways to provide the needed flexibility.

The ASOP unit was designed to have an eligibility screening before an offender was sentenced and accepted into the ASOP unit. The evaluation team's review of case files indicates that only 24.7% of 81 cases examined followed a formal screening process. The balance, 75.3%, of the cases was directly sentenced into the program without pre-screening. Our analysis further revealed no substantial or substantively significant differences between offenders who are screened and those who are directly sentenced. Thus, judges' direct sentences have not made any differences in the nature of the clientele.

Our analyses of predictors of treatment failure and unsatisfactory terminations of probation provide information about the risk factors related to treatment failure. A high school education provides offenders with a very high chance (91.7%) of progressing in treatment and completing probation successfully even if the offenders lacked remorse or lived in poverty. Offenders who have not completed high school have a very high

chance of revocation and treatment failure unless they express remorse at the initial treatment evaluation. An expression of remorse at the initial treatment evaluation is not a typical response for sex offenders. A greater number of prior arrests for any crime also is an important risk factor for general recidivism.

The impact evaluation revealed that the ASOP offenders had a 3.5 times higher chance of being arrested while on probation compared to the offenders on standard probation. What conclusions should be drawn about the established higher arrest rate of the ASOP offenders? There are several reasons that this higher arrest rate is not an indication that ASOP is a less successful program than standard probation. First, several of the arrests that occurred to ASOP offenders (especially the sex crimes) were the result of supervision from probation officers and therapists. That is, the probation officers and therapists detected the crimes and then the police were called to make the arrests. By contrast, police officers generally detected the crimes and arrested offenders on standard probation.

Second, offenders in ASOP were arrested much earlier after being placed on probation and two times faster than offenders on standard probation. Noncompliant ASOP offenders probably decided to test the strictness of ASOP. They learned that the program does not tolerate serious noncompliance such as new crimes, and is able to detect such crimes in a short time-period (mean number of days to arrest = 233). When they were arrested, a violation of probation petition typically was filed, probation was revoked, and offenders typically were sentenced for a term of three to seven years in the Illinois Department of Corrections (IDOC). This strictness is not evident in standard probation. The strictness of ASOP is a vast improvement over the typical response to

noncompliance of sex offenders on standard probation. Many sex offenders in the control sample were arrested, but did not have a violation of probation petition filed. Indeed, several sex offenders on standard probation received multiple new arrests (two to five new crimes) and did not have a formal violation of probation petition filed.

Third, there is a significant, but modest, lower arrest rate for offenders who were participating in treatment for a longer period of time. This finding is an early indication that treatment may reduce noncompliance and the risk of committing new crimes at any time. Due to administrative problems, the ASOP unit was unable to refer 17 ASOP offenders to treatment immediately after being sentenced to the ASOP unit.

Fourth, it is difficult for judges to determine which offenders will respond to treatment and stay in compliance with the conditions at the time of sentencing. Prison costs more money, and more importantly treatment is typically not available. Thus, sex offenders can serve 1.5 to three year sentences (with good time credit), and return to the community without receiving any help to reduce the risk of committing any new crimes and especially sex crimes. Because of the short time to arrest and revocation, the ASOP unit serves to remove offenders who are inappropriate for community-based supervision. As stated above, standard probation apparently does not remove offenders until much more serious crimes are committed. For all these reasons, ASOP is a much better alternative than standard probation supervision for sex offenders.

As of July 1, 1999, 80.8% of the control cases and 27.2% of the ASOP cases were closed. The ASOP program had a significantly higher percentage of revocations with 25.6% of the cases revoked compared to 10.6% of the control cases. Moreover, fourteen control cases were terminated unsatisfactorily without being revoked whereas

all ASOP offenders who were terminated unsatisfactorily had their probation revoked and were sentenced to IDOC. Thus, ASOP offenders to date were far more likely to have a revocation if they committed noncompliance. This is likely the product of two factors: increased strictness and less tolerance on the part of ASOP probation officers, and more stringent probation requirements placed on ASOP offenders. Control group offenders often had a very minimal number of probation conditions placed upon them, and a VOP often was not filed until two or three arrests for new non-sex crimes. It is important to keep in mind that most of the cases in the ASOP sample are still active. Of the 21 cases that could have completed their sentence during the evaluation period (as of August 17, 2000), approximately 62% will complete probation satisfactorily with most of these cases successfully completing treatment. This success rate is consistent with other intensive supervision programs, and reflects once again a program offering close monitoring and demanding treatment.

Does ASOP have a higher total cost than the alternative of sentencing these sex offenders to prison? The evaluation team did not conduct a formal cost-effectiveness analysis because data were not available. Based on recidivism of new sex crimes, the ASOP unit does not have any additional cost for counseling and recovery of victims of sex crimes. Approximately the same percentage of control offenders as ASOP offenders were convicted of and/or arrested for a sex-related offense (7 out of 208 control offenders, or 3.4%, as opposed to four out of 78 ASOP offenders, or 5.1%). It is difficult at this time to determine the additional cost added to the criminal justice system when sex offenders are sentenced to the ASOP unit and then have their probation revoked. About one quarter of the ASOP sample had their probation sentence revoked; if

judges and probation officers refine their eligibility criteria, a much smaller proportion of offenders may be revoked in the future. Another consideration in determining the additional cost to the system for the revocation is the amount of time spent in the ASOP unit before having the probation revoked. On average, revocations occurred very early after an offender was placed in the ASOP unit. Thus, the additional cost per offender should be small, but the proportion of offenders that will be revoked is difficult to estimate with our sample and depends upon whether selection criteria change or remain the same.

The cost could be reduced if judges and treatment providers started using criteria related to treatment failures and unsatisfactory terminations of probation. Offenders who have prior arrests but no previous convictions were at a 3.5 times higher risk of being arrested while on probation than were offenders who had never been arrested or had been arrested and convicted of a prior crime. High school dropouts, unless they express remorse at the initial treatment evaluation, are at a high risk of treatment failure and unsatisfactory termination of probation. Completion of a high school education places offenders at a very high chance of completing treatment and probation successfully. Even if offenders live in poverty or were not remorseful, they were progressing in treatment and had good standing on probation if they had a high school education. Future research should be conducted to determine if offenders with a high school education actually benefit more from treatment or are just more able to fool therapists and manipulate the probation and court system. Until such future research is conducted, our findings provide practitioners with information to improve screenings or to provide higher risk monitoring so that societal resources can be optimally used. It

also is important to replicate the findings for treatment failure and unsatisfactory probation termination with larger samples; until such replication, practitioners should not incorporate the findings into a formal screening instrument, but may want to consider the high risk clusters more carefully for the program and monitor their progress more closely.

In conclusion, the ASOP unit now is under effective management. We believe the unit will continue to improve in its partnerships with therapists and in its surveillance efforts. The four ASOP officers can effectively handle the current caseload. The administration, however, should address whether ASOP officers are able and willing to shift their time to conduct additional fieldwork. It is clear that the current structure of the unit cannot overcome the logistical difficulties that interfere with meeting field visit standards.

We offer these recommendations for intensive supervision sex offender probation programs in large urban settings to consider:

- In order to meet field visit standards, programs should carefully monitor the scheduling and allocation of officers' time.
- If two officers must conduct field visits in order to enhance the safety of the probation officers, programs should insure that the needed flexibility is built into their program to meet field visit standards. The addition of part-time trained surveillance officers paired with the caseload officers or pairing caseload officers with home confinement officers should be considered as options. Cook County has demonstrated the creative use of the Home Confinement Unit to conduct searches in the home for

minors and contraband; these searches are consistent with the containment model's emphasis on field surveillance.

- Officers conducting searches should have detailed knowledge about the signs of high-risk behaviors of each case.
- Programs should provide written criteria for treatment evaluations, establish uniform criteria for determining treatment progress across agencies, establish graduated sanction guidelines for noncompliance, and communicate the conditions of treatment and probation to each offender in a joint staffing meeting with the therapist, probation officer, and offender present.
- Programs should collect data on outcomes and determine the characteristics that lead to treatment failure and unsatisfactory termination of probation with a sufficiently large enough sample and over a long-time period. Such research will provide additional information about screening criteria and higher risk monitoring for these programs.
- Programs should not incorporate the current findings of high-risk clusters for treatment failures and unsatisfactory probation termination into formal screening instruments. However, programs may want to consider more carefully the appropriateness of offenders that fall into high-risk clusters and may want to monitor their progress more closely to foster their attempt at successful completion of treatment and probation.

Though remorseful offenders were progressing in treatment, lack of remorse alone did not lead to treatment failure. The combination of lack of a high school education and lack of remorse at the time of the evaluation was a high-risk cluster for treatment failure.

- Training for judges on sex offenders should be conducted. Judges should learn the necessity of a 48-month probation sentence, the risk factors that lead to higher risk of recidivism, and information about treatment.
- Additionally, our findings indicate that the level of supervision is stricter in the ASOP unit and a better choice than supervision of sex offenders on standard probation. Some consideration might be given to assigning all sex offenders to an expanded ASOP unit or at the very least upgrading the current supervision of sex offenders in the standard probation unit.

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