AN IMPACT EVALUATION OF SPECIALIZED SEX OFFENDER PROBATION PROGRAMS IN COLES, VERMILION, AND MADISON COUNTIES

Prepared for the
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CHAPTER 1: STUDY BACKGROUND

Although the majority of adults convicted of sexual offenses are sentenced to a term of imprisonment, a significant number of sex offenders are not incarcerated. In 1993 the Administrative Office of the Illinois Courts (AOIC) conducted a statewide survey of probation administrators and probation officers to determine how many sex offenders were currently on probation caseloads. Based on the results of that survey, the AOIC estimated that there were then more than 3,000 offenders sentenced to probation for sex offense charges in Illinois (AOIC, 1994). This was less than 5% of the total Illinois probation caseload. In 1997 a national study reported that as many as 265,000 adult sex offenders were under correctional supervision in the United States, and estimated that close to 60% percent were under some form of community supervision, primarily through probation or parole (CSOM, 2000).

In 1996 the AOIC promulgated guidelines for probation supervision of adult and juvenile sex offenders, created to assist probation managers and line staff in designing specialized programs regarding sex offenders and in supervising sex offenders on probation. Topics addressed in the manual included development of policy, selection and training of staff, recommendations regarding victim assistance and resources for victims, coordination with law enforcement and service providers, treatment options and selection of treatment providers, risk assessment, supervision and case management, and other issues. The manual also included interview, evaluation, and other forms related to designing and implementing specialized sex offender probation programs.

Since that time a number of other organizations have developed and disseminated information on recommended practices for the supervision and treatment of sex offenders. At the national level the Center for Sex Offender Management (CSOM), established in 1997, has focused on the management of sex offenders and the risks they pose to the communities where they reside (CSOM, 2002a). The Association for the Treatment of Sex Abusers (ATSA) has identified best practices within the treatment community, and has made recommendations regarding the assessment, evaluation and treatment of sex offenders (ATSA, 2001).

In the 1990's specialized adult sex offender probation projects were established in a number of Illinois counties, including Coles and Vermilion. In Madison County a juvenile sex offender probation project was developed with the goal of combining specialized probation supervision and in-house treatment. Many of these programs were supported in part by limited term funding from the Illinois Criminal Justice Information Authority (ICJIA). In 1998 ICJIA issued a request for proposals to conduct an implementation and impact evaluation of six different specialized sex offender probation projects (RFP, 1998). A one-year grant was awarded to the Center for Legal Studies (CLES) at the University of Illinois at Springfield (UIS) to conduct an implementation evaluation of specialized sex offender probation projects in three Downstate Illinois counties. This project was part of a larger, six-county evaluation project. A research team from Loyola College in Chicago evaluated the probation projects in the three northern counties. The final report for this project was submitted in 1999 and

revised in accordance with ICJIA recommendations later that year (Hayler, Schmitz, Pardie, Addison-Lamb, & Smith, 2000).

Each of the three Downstate county programs evaluated by the research team consisted of a dedicated sex offender probation officer who supervised a case load that ranged from 23 to approximately 40 convicted sex offenders. Each probation officer worked closely with at least one specialized sex offender treatment program. Although the decision to sentence an offender to probation resided with the judiciary and the prosecutor, sometimes with only limited input from probation, each of the programs developed a set of special conditions that were recommended for offenders assigned to the specialized supervision program.

All three of the Downstate programs were still in the early stages of their development and operation during the period covered by the implementation evaluation study. Program implementation extended beyond the evaluation study period as individual programs continued to evolve and incorporate changes within the framework of their original proposals. Because of the relatively small number of probationers assigned to the Downstate programs, and because of the on-going nature of program implementation, it was difficult to draw conclusions about the impact of these programs on probationer behavior.

In 1999 ICJIA invited CLES to submit a follow-up proposal for Phase 2 of this evaluation project, to include an impact evaluation of the sex offender probation projects in Coles, Madison and Vermilion counties. The Phase 2 grant was awarded to CLES in 2000, and was scheduled to be conducted over a total

of 17 months. In its *Request for Follow-up Proposal* (RFP) ICJIA stated that the main purpose of the impact evaluation study was to supply information that could improve the project and help project staff in seeking local funds to continue its support. The research team was also directed to give particular attention to each project's ability to meet the goals and objectives that were outlined in the initial project descriptions, and to determine how the projects were affecting their target populations (RFP, 1999).

LEGAL STATUS OF SEX OFFENSES IN ILLINOIS

The Illinois Criminal Sexual Assault Act defines five separate acts of criminal sexual assault and abuse, only some of which are eligible for probation (ICASA, 1998). All criminal sexual assault crimes by definition involve an act of "sexual penetration" (as defined in 720 ILCS 5/12-12), and may carry mandatory prison sentences. Crimes of criminal sexual abuse involve acts of "sexual conduct" (touching or fondling) rather than penetration, and are more likely to include probation as a possible sentence.

Aggravated Criminal Sexual Assault and Predatory Criminal Sexual Assault are Class X felonies punishable by mandatory prison sentences. Criminal Sexual Assault is a Class 1 felony normally punishable by a prison sentence, although family member offenders who have not been convicted of a Class 2 or greater felony within ten years may be eligible for a sentence of probation. Special conditions of probation are specified by statute (730 ILCS 5/5-5-3). These include: removal from the household, restricted contact with the

victim and restitution to the victim, as well as participation in a court approved counseling program for at least two years.

Aggravated Criminal Sexual Abuse is a Class 2 felony for which probation is an option. However, as with Criminal Sexual Assault, family member offenders are subject to special conditions of probation. Criminal Sexual Abuse is a Class A misdemeanor for which offenders may be sentenced to jail for up to a year or to probation for up to two years. Sexual Exploitation of a Child (720 ILCS 5/11-9.1), which involves having a child view sexual acts, is a Class A misdemeanor. Like Criminal Sexual Abuse, the charge may be upgraded to a felony for a second or subsequent violation. Adult offenders convicted of any of these offenses are required to register as sex offenders (730 ILCS 150/3). Failure to properly register as a convicted sex offender is a Class 4 felony (the lowest felony category in Illinois), and carries a possible prison sentence of up to three years.

In Illinois, most adults convicted of any form of criminal sexual assault are not eligible to be sentenced to probation. Only family member offenders may receive a probation sentence, and only under specified conditions mentioned earlier. In contrast, probation is a possible sentence in both felony and misdemeanor criminal sexual abuse offenses. These sentencing differences reflect community and legislative judgments about the seriousness of these offenses and about the potential risk of further offending by those who have been convicted of these crimes.

The operation of the criminal justice system also has an impact on how sex offenders are sentenced. Defendants who are initially charged with a sex offense that carries a mandatory prison sentence may plead guilty to a lesser offense for which probation may be imposed. Since the final conviction offense does not always accurately convey the actions which led to prosecution, it is essential that probation obtain complete information about the nature of these offenses. Probation department are also beginning to experience a change in their probation caseload as convicted sex offenders who fail meet the requirements of the registration statute are sentenced to probation. Although the registration offense is only a Class 4 felony, the actual recidivism re-offense risk posed by these offenders may be considerably higher.

REPORT FORMAT

This report, divided into five chapters, presents the evaluation of the three Downstate Illinois projects conducted by researchers at the Center for Legal Studies at the University of Illinois at Springfield. Chapter Two reviews the study's methodology, with particular attention to the way in information was gathered through sex offender treatment programs. Chapter Three updates the program information presented in the Phase 1 implementation evaluation (Hayler et al., 2000). Chapter Four presents information from the impact evaluation conducted for each of the three county projects, focusing on the nature and effectiveness of the probation programs and including the extent to which the projects met the goals and objectives outlined in the initial project descriptions.

Chapter Five examines the impact of the treatment programs in Coles and Vermilion counties, where most adult offenders participated in a single sex offender treatment program. After consultation with ICJIA a decision was reached not to conduct a similar evaluation of the in-house treatment program for juvenile offenders in Madison County. The treatment provider confirmed that information on participation in treatment and treatment progress was being collected on a regular basis and shared with the Probation and Court Services Department.

CHAPTER 2: METHODOLOGY

This project involved the evaluation of three specialized sex offender probation programs (SSOPPs) in three different Downstate Illinois counties: Coles, Vermilion, and Madison counties. The programs had similar goals and objectives, but operated in different institutional and geographic contexts and were intended to work with somewhat different offender populations. As a result, this report includes separate evaluations of each program.

The purpose of the project was to report on the implementation and continued development of each program, and to assess the program's impact on the sex offenders participating in it and its attainment of specified goals and objectives. This report covers a four-year period during which funded programs operated in these counties, drawing on an earlier report that assessed the implementation process and short-term impact during the first two years (Hayler et al, 2000). The Coles County Court Services Department began supervising offenders under the Intensive Specialized Sex Offender Supervision Program (ISSOS) in August 1997, when it transferred 29 existing sex offender probation cases from the general probation caseload into ISSOS. The Vermilion County Sex Offender Probation Program (SOP) began in November 1997 and grew slowly, assigning only newly-sentenced sex offenders to SOP supervision. The Madison County Juvenile Sex Offender Program (JSOP) began accepting juvenile offenders in March 1998. Data were collected in each program for a multi-year period, beginning with the start of the program's operation and continuing into 2001.

DATA COLLECTION STRATEGIES

A variety of data collection strategies were used to obtain the information needed to evaluate the operation and impact of each program. Information about the specific goals and objectives of each program was gathered from program documents maintained by ICJIA and from interviews with program staff and associated personnel. Program documents obtained from ICJIA included grant applications and associated materials, as well as monthly and annual reports prepared by the programs.

Additional information about the operations of the specialized sex offender probation and treatment programs was obtained from interviews with program staff, probation administrators, members of the local justice system, and treatment providers who interact with the programs. Interview subjects were identified during the Phase 1 evaluation, and follow-up interviews were conducted at several different points during this research period. On-site visits to probation departments were made in all three counties, and treatment providers were re-interviewed in Coles and Vermilion counties. In Madison County information on the various treatment programs to which offenders were assigned was gathered primarily through interviews with the JSOP probation officer, who observed one treatment program on a regular basis and spoke regularly with the other providers.

The data reports provided by each program to ICJIA included information about the number of cases supervised within the program, the number of new cases entering the program each month, the number of cases exiting the

program successfully or unsuccessfully each month, and the number of probationers assigned to each treatment phase status or probation supervision level. These reports were used to document the aggregate number and type of supervision and surveillance contacts as well as violations of probation conditions that prompted formal action by the probation officer.

Because the reports submitted to ICJIA provided only monthly totals for each category, it was necessary to develop procedures to collect information on individual offenders and to document supervision activities on an individual level. The research team developed a data collection instrument that could be used to consistently record accurate information about the probationer and the probationer's offense, the victim, and the probation officer's supervisory activities. Information was then gathered from individual probationer files and from computerized probation records.

Drawing on their experiences with the data collection process used during Phase 1, the research team designed a revised instrument that focused on information that was routinely collected and therefore readily available in almost every probation file. This data collection instrument varied in several ways from the one that was used during Phase 1 of the project (Hayler et al., 2000, Appendix H). For example, the Phase 1 code sheet included a section headed "Family and Sexual History" that required researchers to code information about certain specified behaviors (use of pornography, patronizing prostitutes), the extent to which the offender accepted responsibility for his offense, any disclosure by the offender of childhood physical or sexual abuse, and current

sexual orientation and activity. The research team found that this information was sometimes available in files where sex offender-specific assessments had been conducted in the past or as part of the sentencing process, but was often missing. The combination of selective collection of information in some cases and no information in others made it impossible to draw any conclusions from the small number of cases where the desired information was available and could be coded.

The Phase 1 instrument also included sections for recording the results of specific tests of sexual preference and sexual dangerousness. The implementation evaluation conducted by this research team found that no single assessment instrument was consistently administered in any of the three Downstate counties, and that many of the specific measures identified in the data collection code sheet were not in fact used in any of the counties. The assessments that were carried out were usually done as part of the treatment process, and were considered part of the offender's treatment file rather than the probation file. Because no useful information could be collected from the probation files, these sections were eliminated before Phase 2 data collection began.

Instead, the research team coded each probationer using the Static-99 and the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R). Each of these assessment tools was designed to estimate the likelihood that an adult male offender convicted of a sex offense will commit additional sexual or violent offenses in the future. Both of them are actuarial instruments that can be completed using information that is routinely available in criminal records and

probation files, and neither requires an interview with the offender or a detailed psychological assessment. Both the Static-99 and the MnSOST-R have been validated as reliable predictors of future risk levels for adult offenders (Hanson, 1999; Epperson, Kaul, Huot, Alexander & Goldman, 2000). The research team included these assessment instruments in the data collection process in order to gather objective information about the potential risks posed by offenders assigned to the various specialized probation programs.

The data collection instrument, after being tested and refined, was used to record data on adult sex offender probationers in Coles and Vermilion counties. The research team was not given access to the files maintained on the small number of juvenile sex offender probationers in Vermilion County due to confidentiality concerns. Minor revisions were made to the data collection instrument in order to accommodate the juvenile sex offender probation population in the Madison County JSOP. These changes allowed the research team to collect additional information, primarily related to school and family circumstances, which was not collected for adult offenders.

With the exception of the juvenile cases in Vermilion County previously mentioned, all currently active cases were reviewed in all three counties; 26 files were reviewed in Coles County, 24 files in Vermilion County, and 47 files in Madison County. Basic demographic information collected on all probationers included such variables as race, gender, marital status, education, and age at time of conviction. Since all probationers in Madison County were juveniles at the time of their conviction, more specific school and family information was

included in their files and subsequently recorded as part of the data collection process.

In order to assess probationer progress and compliance, data was also collected on office, outside, and public safety building visits in Coles and Vermilion counties. Visits were coded according to whether the visit was completed (contact made with the offender), canceled, or whether the offender missed a scheduled visit. Madison County procedures differed slightly in that the juveniles were not expected to make periodic office visits. Instead, the JSOP officer and other intensive probation supervision officers made visits to the probationer's treatment program and to the probationer's home. In addition to these contacts, any violations and the result of the violations were recorded.

At all three study locations the same two researchers collected data. The team leader was an experienced faculty researcher with a doctoral degree who had participated in multiple data collection projects over more than ten years, and was assisted by a student with a bachelor's degree in criminal justice and training in field research methods. The same two-person research team was used at each site to help assure inter-rater reliability. Inter-rater reliability addresses any concerns that different researchers may code or classify data differently even though they use the same data collection instrument. The first three files in each county were reviewed and coded independently by both field researchers, and the coded data were compared for accuracy and consistency in coding. The researchers consulted on any unanticipated coding issues that arose, and developed coding rubrics to resolve these issues.

EVALUATION OF TREATMENT-RELATED VARIABLES

A somewhat different process was developed to evaluate the impact of the treatment services provided to sex offenders in the three different programs. During Phase 1, this evaluation process included data collection about the organizational structure and operation of the treatment provider, and structured observation of the treatment process. The treatment-related review process was grounded in a preliminary review of relevant literature (including current AOIC guidelines), as well as in semi-structured interviews with treatment providers. This allowed significant program-specific elements to be included in the overall observational plan. While an attempt was made to keep the observational format as open as possible, some general consistencies in treatment process and focus were expected across programs.

An initial interview was conducted with treatment directors for the Coles County and Vermilion County programs during the month of April, 2001, to gather follow-up information about current assessment and treatment practices. The Phase 2 interview protocol (Appendix A) essentially paralleled the form previously developed for Phase 1, with a few modifications based on actual Phase 1 findings for each SSOPP-affiliated treatment facility. The primary treatment providers were Coles County Mental Health Center (CCMHC) and Crosspoint Human Services (Vermilion County). Both the Coles County and Vermilion County treatment programs consist of focused group treatment. Interview questions were designed to determine whether any significant changes had occurred since Phase 1 in the areas of treatment program structure and orientation, staffing resources, scope of documentation, and informational

exchange between treatment providers and probation officers. During the Phase 2 interviews, potential treatment-related measures and data collection strategies were also discussed with treatment directors. The Phase 2 evaluation methodology, described in the following section, was approved by treatment directors in Coles and Vermilion counties before data collection began.

(1) Phase 2 Evaluation of Treatment Impact

The problem of assessing treatment impact becomes complicated when treatment has been court-ordered, small numbers of probationers are the focus of the research, and offenders enter treatment at varying times. For example, ethical considerations regarding the use of probationers in treatment as participants in program evaluation research make it necessary to exercise care to protect individual privacy, a right to informed consent, and the integrity of the underlying therapeutic relationship. The fact that small sample sizes seriously reduce the statistical power to detect significant effects and limit the generalizability of specific findings constitutes another research obstacle. Conditions for the present program evaluation provide a clear example of such limitations, since treatment providers had not collected comparable measures of offender status on treatment targets for all offenders at baseline or at regular follow-up periods. Moreover, current clinical caseloads were less than the minimum number needed to use parametric statistical tests with confidence. In other words, it became apparent that no direct evaluation of treatment effects was possible for Phase 2.

Thus, the development of a methodological strategy was shifted from a focus on evaluating the impact of the open admission, SSOPP-affiliated treatment programs for adult sex offenders to one of gathering treatment-related information on potentially important predictive variables and on psychological characteristics specifically highlighted in the ICJIA Request for Proposals (RFP, 1999). As a result, the following data collection and analytic procedures were used.

- Measures of offender behavior were specifically selected or developed for research purposes because existing clinical case file information varied across offenders.
- Treatment involvement was assessed in terms of the psychological and behavioral dimensions specifically targeted in treatment, as well as in terms of the specific dimensions suggested in the ICJIA Phase 2 Request for Proposals.
- Given the nature of the treatment process, offender self-report and therapist perspectives were both selected as important sources of information regarding treatment involvement and potential impact.
- Quantitative data were analyzed at group levels only in order to best assess overall treatment program impact and to protect offenders' rights as research participants.
- Quantitative analyses were focused on detecting associations among variables because the Phase 2 evaluation time frame did not allow for pre/post evaluations of treatment-related change over time.

- The potential relationship between treatment and outcome was explored in terms of associations with static predictors of recidivism risk, as well as with dynamic targets of treatment.

Research measures, related to sex offender treatment targets (as identified in the Phase 1 implementation evaluation) and consistent with the recommendations outlined in ICJIA evaluation guidelines, were selected from the existing research literature or were developed specifically for this project to provide comparable data for all offenders. In addition, measures of treatment participation and offender views of treatment were also developed to provide information on levels of offender involvement in and perceptions of treatment. Nevertheless, it is important to reiterate that these measures, at most, yield correlative information about treatment-related or treatment-sensitive variables that may show promise for future investigations of treatment effects. Each of the selected treatment-related variables and its corresponding measure is described in the following paragraphs.

Participation in Treatment

Before any changes in offenders' behavior or psychological status can be reasonably attributed to the effects of treatment, it must be determined that offenders have actually participated in the therapeutic process. According to Hanson (1998):

> The most changeable (dynamic) risk factor [for sexual offense recidivism] was cooperation with treatment. Offenders who rejected treatment were at

higher risk, but it is possible that such offenders might be able to reduce their level of risk by cooperating with a treatment program. (p. 58)

Although simple attendance records can serve as measure of treatment *exposure*, other indicators of actual in-session behavior are likely to be better indicators of treatment *involvement*. Thus, treatment participation, as well as treatment exposure, were assessed during the Phase 2 evaluation.

Twenty-nine items to assess offender participation and progress in treatment were written specifically for this research project and constitute the therapist-based Treatment Participation Ratings form (Appendix B). Items were rationally developed based upon current sex offender-specific treatment and assessment guidelines, as well as the observational reviews of treatment completed during Phase 1 of the Implementation evaluation (see Hayler et al., 2000). For example, nine basic process elements were identified in the initial Phase 1 review as being particularly representative of a sex offender-specific treatment focus within group treatment sessions. These elements reflected therapeutically desirable behavior by the offenders, or therapist-offender interactions directed toward achieving a relevant target of behavioral change. These elements were:

(1) appropriate self-disclosure by offenders of information either directly or indirectly related to sex offending;

(2) confrontation of denial or minimization either directly or indirectly related to sex offending;

(3) acceptance of personal responsibility for one's offense or for other forms of current maladaptive behavior, including noncompliance with treatment;

(4) developmental work toward an experience of accurate empathy with victims;

(5) foundational learning about the sexual offense cycle generally;

(6) foundational learning about risk factors related to sex offending;

(7) identification of personal risk factors for sexual offending;

(8) analysis of current experience in the service of relapse anticipation; and

(9) problem-solving in direct support of relapse prevention.

Since these session elements proved to be meaningful operational indicators of treatment components during the observations conducted for Phase 1, they served as a blueprint for the development of the first 28 items on the Treatment Participation Ratings form. Fourteen of the 28 items are negatively stated and must be reverse-scored; such items are typically used to prevent all-positive or all-negative rating tendencies or to allow detection of carelessness in responding. The last item (# 29) on the scale was included so that therapists could indicate how typical or representative each offender's in-session behavior was of his general level of treatment participation; however, this item was not included in total score calculations.

Therapists were asked to complete the Treatment Participation Ratings form for each participating offender, on a weekly basis, for three consecutive weeks.[1] Corrected item-to-total analyses were conducted on each of the three weekly ratings in order to maximize scale reliability and determine its usefulness for subsequent analyses. Although there were some item-to-total fluctuations across weeks, no consistently weak items were found, so all 28 items were retained on the Treatment Participation Scale. The resulting internal consistency

[1] The program evaluators extend sincere appreciation to the therapists who so carefully completed weekly research measures on treatment participation and an additional measure of treatment-related status for each offender in their treatment groups. Their willingness to assist with the data collection process, despite the

statistic (Coefficient alpha) ranged from .87 to .98 across raters and weeks, which indicates scale reliability.

A total treatment participation score was first derived for each offender by summing item ratings, with higher scores indicating more positive or productive participation in the therapy sessions, as judged by the group therapist. Individuals' in-session behavior was expected to vary somewhat from week to week for situational reasons, so the measure targeted a wide variety of micro-level in-session behaviors, and therapists were permitted to endorse "no basis for judgment" as a response option for any of the 28 items. As expected, a varying number of "no basis for judgment" responses were obtained across cases and weeks, so each offender's weekly total score was converted to an average participation score. Weekly average raw scores on the Treatment Participation Rating Scale could range from 0 to 5, with higher scores indicating more positive participation in the therapy session. In order to minimize the impact of differential variability between raters and weeks on average participation scores for each offender, individual therapist ratings of weekly participation were subsequently converted to T scores before they were further combined across co-therapist pairs and across weeks.

Inter-rater reliabilities for the average treatment participation T scores ranged from .73 to .96, with three out of four greater than .80. Given the rating fluctuations and the fact that weekly participation ratings are, by nature, more likely to be influenced by micro-level variation in session experiences for both therapists and clients, a grand average participation score was calculated, based upon ratings from all three weeks, and used to represent overall level of participation in subsequent analyses. Finally, data were also collected from records to allow researchers to determine total length of time in treatment, which was used as a measure of treatment exposure.

Dynamic Targets of Treatment

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significant increase in workload that it represented, clearly made a very valuable contribution to this project.

In the case of sex offender-specific treatment, there are instrumental (also sometimes called *proximate*) as well as ultimate treatment goals. Although the overriding or ultimate goal of treatment is to eliminate recidivism, therapeutic interventions are instrumentally designed to eliminate specific maladaptive behaviors and to remediate psychological deficits that co-vary with recidivism, since these may contribute to ongoing risk. In other words, some of the attitudes, beliefs, and behaviors targeted in sex offender treatment are considered dynamic risk factors because they are (a) potentially significant predictors of sex offending and (b) amenable to positive change through focused treatment efforts. Dynamic risk factors can be contrasted with static or fixed indicators of risk, such as age, employment status, or number of prior offenses.

Current professional perspectives (e.g., Barbaree & Cortoni, 1993; Becker & Kaplan, 1993; Gray & Pithers, 1993; Hall, 1996; Maletzky, 1991; Marshall, 1996; McGrath, Hoke, & Vojtisek, 1998; Ryan & Lane, 1997) and AOIC guidelines indicate that treatment should include the following therapeutic elements and instrumental goals:

(1) behavioral monitoring and cognitive-behavioral analysis to increase self-awareness;

(2) confrontation of resistance, denial, and minimization to facilitate the treatment process and increase accountability;

(3) cognitive and emotional work to restructure distorted thinking, enhance self-control, and promote empathy for others; and

(4) normative as well as values-based education to facilitate the development of healthy sexual and social relationships and to remediate deficits in basic living skills.

Thus, positive changes in self-awareness, accountability, distorted thinking, self-control, empathy for others, healthy sexual and social relationships, and basic living skills could all be used as legitimate proximate indicators of treatment impact, since current recommendations cite these as requisite targets of treatment.

Although there may be a significant causal relationship between the instrumental and ultimate goals of sex offender treatment, to date, definitive evidence of such a relationship is equivocal at best (see Crolley, Roys, Thyer, & Bordnick, 1998; Furby, Weinrott, & Blackshaw, 1989; Gendreau, Little, & Goggin, 1996; Hall, 1995; Heilbrun, Nezu, Keeney, Chung, & Wasserman, 1998; Marques, Day, Nelson, & West, 1994; Marshall, 1993; Marshall, Jones, Ward, Johnston, & Barbaree, 1991; Marshall & Pithers, 1994; Quinsey, Harris, Rice, & Lalumiere, 1993). Nevertheless, in terms of evaluating treatment effects, criterion measures should reflect the dynamic variables directly targeted by treatment. To the extent that offenders participate in treatment and subsequently show measurable levels of positive change in targeted dynamic variables, but show no significant reduction in rates of recidivism, the design of treatment or the selection of instrumental treatment goals, rather than treatment process or delivery, become the relevant efficacy issue. Under such circumstances,

treatment goals may need to be expanded or refined to include heretofore-unidentified behavioral targets.

For Phase 2 of the present evaluation, measures of offender attitudes and behaviors were administered to assess current levels of functioning and to explore, in a preliminary fashion, associations with treatment-related variables. No direct assessment of change over time was attempted due to the lack of baseline (beginning of treatment) data and the relatively short data collection period of Phase 2.

Dynamic Variables

Many relevant areas of functioning could have been selected for assessment (Becker & Murphy, 1998); however, choices were limited to some extent by practical measurement options. Although a variety of clinical instruments have been used to assess sex offenders, few represent well-validated measures of dynamic variables specifically designed for use with sex offenders (see Prentky & Edmunds, 1997). Thus, clinical researchers are confronted with the need to select impact variables for which valid instruments exist or to develop new ones specific to research needs. For the present project, a two-fold approach to assessment was adopted, and both existing and pilot measures were used. The final selection of measures was based on ICJIA guidelines for the Phase 2 project, which suggested that measures of dynamic variables such as self-esteem, acceptance of responsibility for offending, and victim empathy might be important treatment-sensitive variables, as well as on the availability of research measures and of research evidence to support the

potential predictive usefulness of specific variables. This led to the development or selection of seven paper-and-pencil instruments for this portion of the research project; one measure involved therapist ratings of offender status on treatment-specific behavioral objectives, and the remainder involved offender self-report.

Offender Status on Treatment-related Behavioral Objectives

Therapists were asked to complete one 18-item Current Status Scale (see Appendix C) for each offender who gave consent. The items on this scale were written specifically for the Phase 2 project and were designed to systematically gather therapists' clinical judgments of offenders' current standing on treatment goals. Corrected item-to-total analyses were conducted on the scale in order to maximize scale reliability and determine its usefulness before proceeding with further statistical comparisons. Items with item-to-total correlations of .40 or higher were retained on the scale. Of the original 18 items, one item (item #12) was dropped for poor performance based on the initial item review, and subsequent analyses were conducted using the 17-item version. Four of the 17 items are negatively stated and must be reverse-scored.

Total raw scores on the Current Status Scale were calculated by summing values across the 17 scale items, resulting in a possible score range of 0 to 85. Higher status scores represent more realistic and adaptive functioning in relation to treatment goals, as evaluated by therapists. The resulting internal consistency statistic (Coefficient alpha) ranged from .89 to .97 across raters. Inter-rater reliability coefficients ranged from .93 to .95, which indicates a high degree of consistency between co-therapists in their ratings of offenders. In order to maximize score stability, total scores on the Current Status Scale were averaged across raters whenever co-therapist ratings were available.

Self-Report Measures

Adult offenders were asked to complete several self-report measures, each of which has been directly or indirectly related to sex offending. Instruments were selected for use on the basis of their relevance to focal targets of treatment, psychometric adequacy, reading level, and length. In order to maximize offender participation, instruments were chosen to minimize total completion time. The measures covered cognitive distortions related to rape and child molestation (Bumby Cognitive Distortions Scales), hostility (Buss-Durkee Hostility Inventory), victim empathy (Carich-Adkerson Victim Empathy and Remorse Self-Report Inventory), self-esteem (Rosenberg Self-Esteem Inventory), and views of treatment. The Views of Treatment rating form (Appendix D) was specifically developed for this research. All other offender self-report measures were drawn from the existing research literature and permission was obtained (i.e., from copyright holders or authors) to use them in this research.

Cognitive distortions. Cognitive distortions were assessed using the Bumby (1996) RAPE and MOLEST Scales, which consist of statements indicative of offense-related justifications, minimization of negative impact, and other distorted beliefs about rape and child molestation. The reading level of the Bumby scales was estimated to be at a 4.3 grade level (using a computer-based Flesch-Kincaid analysis). Raw scores on the Bumby MOLEST scale can range from 38 to 152. Raw scores on the RAPE scale can range from 36 to 144. For both scales, higher raw scores indicate stronger agreement with statements supportive of offense-related behavior.

Hostility. The Buss-Durkee Hostility Scale (Buss & Durkee, 1957) was designed to yield a total hostility score, as well as eight subscale scores

representing various forms of hostility. The reading level of the scale was estimated to be a 4.2 grade level. Only the total hostility score was calculated for this evaluation. Because it is based on all the scale items, it is likely to be the most reliable estimate, and has been used in previous research on sex offenders. Quinsey, Khanna, and Malcolm (1998) found that the pre-treatment total score on the Buss-Durkee Inventory was a significant predictor of sexual offense recidivism, and was also sensitive to treatment. Raw scores on the Buss-Durkee scale can range from 0 to 75, with higher scores indicating greater levels of hostility.

Victim empathy & remorse. Raw scores on the Carich-Adkerson Sex Offender Remorse & Victim Empathy Inventory (Carich & Adkerson, 1995) can range from 0 to 75, with higher scores indicating greater self-reported remorse and empathy. The estimated reading difficulty of the Carich-Adkerson Inventory falls at the 5.0 grade level.

Self-esteem. The Rosenberg Self-Esteem Inventory (Rosenberg, 1989) was used to assess global levels of self-esteem. Using the Flesch-Kincaid estimation, items on the Rosenberg Inventory fall at the 3.2 grade level of reading difficulty. Two separate scoring systems for the Rosenberg Self-Esteem Inventory are found in the research literature—a Guttman scale approach, in which sets of items have meaning, and a modified Likert scale approach, in which each item response has meaning and is assigned a numeric value. In order to maximize the usefulness of the information obtained for the present evaluation, self-esteem results are reported using both scoring systems. Under

the modified Likert scale system, points are assigned to response options indicating positive self-esteem; thus, scores could range from 0 to a maximum value of 10, with higher scores indicating *higher* self-esteem. In contrast, under Rosenberg's original 7-point Guttman scale system, points are assigned to selected item and response options indicating lower self-esteem; thus, scores could range from 0 to 6, with higher scores reflecting *lower* self-esteem.

Offender views of treatment. Nine items were written to gather offenders' views about various aspects of their group treatment, including perceptions of therapist helpfulness, strictness, and understanding, as well as of homework and overall treatment quality. The items were estimated to be at a 5.7 grade level in terms of reading difficulty. All items were rated using a four-point response scale, and descriptive results will be presented for individual items.

Static Variables

Actuarial methods of predicting sexual offense recidivism have been developed by identifying fixed demographic or offense-related variables that significantly differentiated recidivist from non-recidivist groups of sex offenders in follow-up research. Although some of the most reliably predictive variables identified to date (e.g., age of offender, employment history, number of prior sexual offenses, victim characteristics) are generally associated with only small group differences in recidivism rates (see Hanson & Bussiere, 1998), actuarial scales that combine static variables can approximate and sometimes exceed the predictive accuracy of other clinical approaches to risk assessment (Hanson, 2000). Although actuarial scales have been developed and refined using

incarcerated populations, the present impact evaluation provided an opportunity to determine whether there were important relationships between these static predictors of recidivism risk and subsequent dynamic (or treatment-sensitive) factors, such as cognitive distortions, hostility, self-esteem, and engagement with the treatment process, among adult offenders in the specialized probation programs.

It should be noted that there is an important difference between the evaluation of relative predictive accuracy at group levels and prediction at the individual level. Actuarial scales yield risk scores or categories that are based on the frequencies of recidivism among offenders having similar scores in existing research samples. While they provide helpful information about the statistical probability of sexual re-offense among sex offenders having similar scores, the applicability of that estimate for any particular offender is uncertain. The sex offender samples represented across studies can vary on a number of important dimensions, including offense characteristics, participation in treatment, post-incarceration supervision, length of follow-up, and base rates for recidivism. Such variation can make it difficult to determine how appropriate risk estimates are for an individual sex offender who does not match the reference sample characteristics. Moreover, even within reference samples, actuarial prediction at the individual level is never perfectly accurate because unique and chance factors contribute to behavior. Ultimately, no matter what method of prediction is used, anyone evaluating risk of recidivism at the individual level must weigh the relative costs involved in making one of two possible errors in prediction:

incorrectly predicting that an offender is not likely to re-offend sexually ("false negative"), or incorrectly predicting that an offender is likely to re-offend sexually ("false positive").

For the present evaluation, two promising actuarial measures of recidivism risk were selected to determine, in an exploratory fashion, their potential predictive associations with treatment involvement and with offender self-report characteristics at group levels. The Static-99 and the Minnesota Sex Offender Screening Tool – Revised Edition (MnSOST-R) scales were selected based on their item content and support for their potential usefulness. The demographic and offense-related data needed to generate scores for both measures were collected from existing probation records. Although there is some general overlap in item content across the two actuarial scales, there are also important differences in coding guidelines.

Both coding systems directly target parameters related to the offender's sexual offenses. The Static-99 was developed by adding together items from the earlier Rapid Risk Assessment for Sex Offense Recidivism (RRASOR) scale (Hanson, 1997) and Thornton's Structured Anchored Clinical Judgement (SACJ) assessment instrument (Hanson & Thornton, 2000), and contains only historical or static variables. The MnSOST-R contains many of the same static variables, but also includes questions about patterns of antisocial behavior, substance abuse, employment history, and behavior during incarceration. Hanson (2000) takes the position that these are the two most promising scales currently in use for assessing the risk of sexual recidivism.

Total possible scores on the Static-99 range from zero to 12 and can be collapsed into one of four risk categories: low risk, medium-low risk, medium-high risk, and high risk (Hanson & Thornton, 1999). Total scores on the MnSOST-R range from –14 to +31, with scores $\leq$ 3 indicative of low risk of recidivism and scores of 8 or greater indicative of high-to-very high risk of recidivism in the validation samples (Epperson, Kaul, & Hesselton, 1998; Epperson, Kaul, Huot, Hesselton, Alexander, & Goldman, 2000).

Hanson and Thornton (1999) reported that scores on the Static-99 scale were significantly associated with sex offender recidivism following incarceration, with or without treatment. Scores on the MnSOST-R have also been found to be very promising predictors of extra-familial sexual reoffense over a six-year follow-up period (Epperson, Kaul, & Hesselton, 1998). However, MnSOST-R scores have not been as effective in predicting recidivism when the prior offense involved incest.

Barbaree, Seto, Langton, and Peacock (2001) recently summarized the literature on five different empirically developed measures of sexual offense recidivism, including the Static-99 and the MnSOST-R, and reported that several independent research investigations found scores on the Static-99 and the MnSOST-R were significantly correlated with sexual offense recidivism. Barbaree and his associates also conducted their own comparative evaluation of the five measures. Their results confirmed the predictive ability of the Static-99, with regard to sexual offense recidivism, but their results for the MnSOST-R were weaker. The investigators speculated that the MnSOST-R's predictive validity

may have been diminished by the items requiring historical information about each offender's behavior during the period of incarceration. However, Epperson notes that the static (or historical) variables can be used by themselves, without the institutional variables, to identify four relatively distinct risk categories. Total scores on the 12 static items in the MnSOST-R range from –10 to +22, with scores $\leq$ 2 indicative of low risk of recidivism and scores of 10 or greater indicative of high-to-very high risk of recidivism in the validation samples (Epperson, 2000).

Both the Static-99 and the MnSOST-R assessment instruments were developed and tested using samples of adult males who had been convicted of sex offenses and sentenced to prison. Intrafamilial sex offenders were specifically excluded from the MnSOST and MnSOST-R samples unless their offenses were behaviorally similar to rape (Epperson, 2000). The Static-99 was also tested on at least two samples of adult male sex offenders who had been ordered to maximum security psychiatric facilities for mandatory assessment or treatment (Hanson & Thornton, 2000).

An instrument specifically designed to assess re-offense risks in sex offenders who have not been sentenced to prison has not yet been developed or validated, although Epperson and his colleagues are exploring modifications of the MnSOST-R that might address this population. The sex offenders in the SSOPPs in Coles and Vermilion counties were evaluated using the Static-99 and the MnSOST-R, even though they had not been incarcerated as a result of their convictions, in order to gather information on documented factors related to risk

and dangerousness. While the scores cannot be used to make reliable predictions about recidivism, they could provide a basis for analyzing the pattern of risk factors found in the probation population.

In using the MnSOST-R to evaluate adult sex offenders sentenced to probation, the four dynamic variables were scored for the period of probation rather than incarceration. The prison discipline history item was coded based on the probationer's history of petitions to revoke probation. Analysis was conducted using both the MnSOST-R total score and the Historical/Static subtotal score.

Hypotheses

Although it has been suggested that some offender-specific dynamic variables, such as cognitive distortions and attitudes related to deviant sexual behavior, may be better predictors of recidivism risk than more acute and nonspecific symptoms of psychological disturbance, such as high hostility or low self-esteem (Hanson, 1998), no attempt was made to differentiate stable versus acute dynamic variables in formulating hypotheses for the present project. It was generally expected (a) that higher risk of recidivism and fewer months in treatment would be associated with poorer status on treatment-related goals and lower levels of treatment participation; (b) that better status on treatment-related goals would be associated with more positive participation in treatment sessions; (c) that higher risk of recidivism and fewer months in treatment would be associated with higher current levels of cognitive distortions and hostility, but with lower levels of self-esteem and victim empathy; and (d) that higher current levels

of treatment participation and better standing on treatment-related goals would be associated with lower levels of cognitive distortions and hostility, but with higher levels of self-esteem and victim empathy.

b) Data Collection Procedures

The treatment-related data collection procedures employed for the Phase 2 evaluation project were reviewed by the University of Illinois at Springfield's Institutional Review Board for the Protection of Human Subjects of Research, and received approval (Appendix E). Data collection procedures were also discussed with and approved by the respective treatment directors for the Coles County and Vermilion County programs. The potential research-related risks to sex offenders in this project involved (a) the possibility of negative consequences from probation officers or treatment providers based on an offender's refusal to participate, (b) any inappropriate use of research measures for clinical purposes, and (c) stigmatization resulting from any disclosure of confidential treatment-related information by research personnel. The following procedures were used to minimize these risks.

Probation officers assigned to the Specialized Sex Offender Probation Programs in Coles and Vermilion Counties were asked to provide the names of all adult sex offenders currently in their specialized case loads and attending the designated treatment program. A unique research identification code number was assigned to each name, and all treatment-related data were subsequently identified by research code numbers only.

Treatment-related data were collected only for those adult offenders who consented to participate in this research. Thus, offenders were aware that they were the focus of this research and that data would be collected from therapists only for offenders who consented, as well as directly from offenders who chose to voluntarily complete research questionnaires. They were informed that their participation was voluntary and that they could refuse to participate without any negative treatment- or probation-related consequences. A model consent form (Appendix F), asking offenders' permission for group therapists to provide ratings of treatment participation and current status, was given to the treatment providers. Although treatment providers could elect to develop their own agency-specific consent forms (in lieu of the model provided to them), they were informed that they would be required to provide the research team with a blank copy of the actual consent form used. Agencies retained the signed copies of these consent forms.

A second consent form (also included in Appendix F) was given to offenders when they were invited to complete their own packet of questionnaires. In order to protect offenders who volunteered to participate from

unnecessary disclosure, they were not asked to sign the UIS consent form. Independently coded, blank questionnaires for offenders were placed in an unmarked security envelope, and the offender's name was paper-clipped to the front of the envelope so that therapists could distribute the coded materials appropriately. Therapists were instructed to remove the names as the packets were distributed. All sex offenders were instructed to seal the questionnaires, whether they had completed them or not, in the security envelope before returning the packet to the treatment provider.

Thus, the potential risk for sex offenders to feel pressure to participate was addressed by explicitly describing the voluntary nature of participation, by providing written research-related and consent information, and by asking all offenders to return questionnaires in a sealed packet, so that therapists did not know who participated and who did not. The security envelopes were designed with a special seal that clearly indicated whether they had been opened after sealing. Since the questionnaires were administered and collected in an unmarked envelope and completion of the questionnaires was voluntary, completed questionnaires were taken as an indication of a choice to participate. It was further hoped that these procedures might enhance the validity of the self-report information provided by offender volunteers.

Treatment providers were instructed to store the unopened envelopes (as well as the therapist rating forms) in a separate and secure research file until they could be retrieved, in person, by a researcher. Research data were not placed in the treatment providers' clinical case files. All confidential treatment-related data were subsequently handled only by UIS personnel who were fully aware of the need to maintain and protect confidentiality. Code lists were destroyed following the verification of data entry. At UIS, all data were kept in locked filing cabinets and offices, and the master code lists of names and case numbers were stored separately from all data files containing actual treatment-related and probation data. Hard copies of rating scales and questionnaires were shredded after data entry was verified and data analyses for Phase 2 had been completed. The electronic data set containing the clinical data described in this protocol was kept separate from the larger probation-related data set, and any probation-related linkage variables required for data analysis were removed before the data sets were given to ICJIA. Results of statistical analyses are reported at group levels only, by county.

CHAPTER 3: PROGRAM IMPLEMENTATION

IMPLEMENTATION OF THE COLES COUNTY INTENSIVE SPECIALIZED SEX OFFENDER SUPERVISION PROGRAM (ISSOS)

The Coles County Intensive Specialized Sex Offender Supervision Program (ISSOS) was designed to improve the probation department's ability to supervise sex offenders by assigning a specialized sex offender caseload to one officer and adding a specialized surveillance officer to provide expanded supervision in the community. The ISSOS target population consisted of all sex offenders sentenced to probation. This included both juveniles and adults, whether they had been placed on probation for a felony or a misdemeanor charge. The probation department began supervising offenders under ISSOS in August 1997. At that time there were 28 adult sex offenders and 11 juvenile sex offenders serving terms of probation, all but one of them male. These cases were transferred from existing probation caseloads into the ISSOS program.

ISSOS established a three-phase supervision regimen for offenders admitted into the program, to allow a gradual decrease in supervision as offenders demonstrated the ability to comply with the conditions of their probation. In addition to the phase requirements, all offenders sentenced to ISSOS were required to comply with several sex offender-specific conditions. These included successful completion of sex offender-specific treatment through the Coles County Mental Health Center (CCMHC), no contact with any victim of their crime or with anyone 17 years old or younger without court permission, and submission to any testing and assessment as directed by CCMHC or by

probation. (See Appendix G for the recommended ISSOS special conditions.) New criminal offenses that did not indicate a threat to individual or community safety and non-criminal failures to comply with the order would be reconciled through administrative sanctions and/or periodic imprisonment. New sex offenses and complete failure to comply with the program would result in requests for revocation and incarceration.

ISSOS Implementation and Evolution

Program implementation through the first two years of the program was reported as part of the earlier Phase 1 report (Hayler et al., 2000). While the essential components of ISSOS remained constant during that period, there were some changes in the program and a continuing evolution in the relationship between the program and the local criminal justice system. Sanctions for program violations were an area of concern early on, since violations that ISSOS considered serious did not always result in sanctions as severe as those recommended by the program. Over time the parties reached agreement on key sentencing and supervision issues, including the importance of an initial sentence with some time stayed and a willingness to impose jail time in response to probation violations. However, normal turnover and changes in assignments in both the prosecutor's office and within the judiciary meant that this remained an ongoing process, even though ISSOS retained the same specialized officer.

The program design called for use of a sex offender-specific risk/needs assessment tool. ISSOS has relied primarily on the evaluation model developed by AOIC, implemented through CCMHC. As part of this evaluation study, the

research team scored ISSOS offenders using the Static-99 and the MnSOST-R, two of the more commonly used instruments, to explore their utility in assessing risk levels for offenders on probation.

By its third year of operation ISSOS had implemented and standardized many of the presentence and treatment components specified in the program proposal. The case manager provided the court with presentence investigation reports that included sex offender-specific assessments, prepared in cooperation with CCMHC, and sentencing recommendations. While the precise components of the specialized sex offender assessment varied somewhat over time and from offender to offender, the overall assessment process generally met the standards of the Illinois Sex Offender Management Board (SOMB) as they developed during this time. The only major exception was that these evaluations did not use either the polygraph or plethysmograph to assess the truthfulness of offender self-reporting of sexual interest, arousal or behavior. Both SOMB and ATSA (1997) recommend that these kinds of "objective measures" be used to supplement clinical assessments (see CSOM, 2000 for a discussion of the issues involved). However, they were not available to program staff or to the treatment provider due to the limited number of trained and certified polygraphers in this area and the cost of these services.

Organizational Structure

The organizational structure of ISSOS has remained stable, although there have been changes in the way the surveillance officer responsibilities have been fulfilled. The specialized ISSOS office, or case manager, is responsible for

the day-to-day operations of the program. These include supervising ISSOS offenders, maintaining direct contact with offenders in the office and the community, maintaining probation records, coordinating activities with others in the criminal justice system, supervising surveillance officer activity, coordinating program functions with the treatment provider, and co-facilitating sex offender treatment groups. The case manager serves under the supervision of the director of court services. During the existence of ISSOS, the same individuals have remained in the positions of case manager and director of court services.

The surveillance officer position was established to provide extended supervision of offenders beyond the hours of the case manager. This position was initially filled in the fall of 1997, but staff turnover resulted in periodic decreases in the home visits that were a primary responsibility of that position. A hire-back arrangement using probation officers to conduct evening supervision of the ISSOS caseload worked well as a temporary measure, and was eventually adopted as the primary way of implementing intensive supervision outside the office. Because the hire-back arrangement resulted in a greater number of officers carrying out ISSOS surveillance activities, more responsibility now rests with the case manager officer. The ISSOS officer must provide more specific direction for surveillance activities, brief individual officers on the special conditions imposed as part of ISSOS probation, and explain the risk factors and relapse triggers to which officers need to give attention.

ISSOS Program Operation

Intake and Caseload

In the Phase 1 implementation evaluation the research team found that all convicted sex offenders were being evaluated by CCMHC to determine if the offender was an appropriate candidate for sex offender treatment. The ISSOS officer provided a sentencing recommendation that included this evaluation and other information about the offender to the court in a pre-sentence report. While the recommended pre-sentence screening process was normally followed, some misdemeanor plea agreements were approved by the court without a pre-sentence evaluation. This deviation from the recommended sentencing process has continued to be an issue in a limited number of cases, despite efforts to ensure that all offenders ordered to participate in treatment are evaluated for treatment amenability before being sentenced.

The initial program design for ISSOS included a reduced caseload of no more than 40 sex offenders to be supervised by the case manager. During the first two years of ISSOS, caseloads ranged from a low of 29 (in the first month of the project's operation) to a high of 40 almost two years later. During the second two-year period that was studied, ISSOS caseloads ranged from a high of 39 to a low of 27, with a mean caseload of 36. Throughout this period adults consistently accounted for 75 to 85% of the caseload.

During the first two years of ISSOS between one-third and one-half of the offenders were supervised at the highest level of intensive supervision, with a

mean level of 42%. The varying proportion of offenders supervised at this level reflected the entry of offenders newly sentenced to ISSOS, who were always initially supervised at the highest level. Only a small number of offenders were ever supervised under the less restrictive Phase 3 conditions, and many of those were temporarily in detention or otherwise unavailable. A similar pattern was documented during the second two years of the project. ISSOS Phase 1 offenders represented between 34% and 55% of the total caseload, with a mean of 44%, while fewer than 20% of the caseload was supervised at the lower Phase 3 level.

Offender Profiles

According to the original program proposal, the Coles County ISSOS Program was intended to supervise all offenders who were convicted of a sex offense and placed on probation. During the Phase 1 implementation evaluation study, data were collected for 34 offenders in the Coles County ISSOS program, 26 of whom were adults. During Phase 2 of the study, data were collected for 26 adult offenders from the currently active caseload. Data from these two samples are presented in Table 3.1, and compared to the group of offenders who were transferred into ISSOS when the project was initiated in 1997. The information gathered by the evaluation team confirmed that all probationers assigned to ISSOS had been convicted on a sex offense charge.

The most common offense for adult offenders in ISSOS continues to be aggravated criminal sexual abuse. While criminal sexual abuse was the second most common offense when ISSOS was first established, it has now been

replaced by convictions for failure to register as a sex offender. Almost one-fourth of the current ISSOS caseload was sentenced on this charge, a Class 4 felony. These defendants represent a more serious offender category than the charge might indicate, since they have already been convicted of at least one sex offense that requires registration. Some of them have served felony prison sentences and have participated in a prison-based sex offender treatment program.

Table 3.1: Current Conviction Offenses of Adult ISSOS Offenders

Offense	1997 Start-up Caseload		1998-1999 Sample		2000-2001 Sample	
	N	%	N	%	N	%
Predatory Criminal Sexual Assault of a Child			-	--	1	3.8
Criminal Sexual Assault	8	28.6	4	15.4	3	11.5
Aggravated Criminal Sexual Abuse	17	60.7	11	42.3	12	46.2
Criminal Sexual Abuse	3	10.7	6	23.1	3	11.5
Attempted Criminal Sexual Abuse			1	3.8	-	--
Failure to Register as a Sex Offender			2	7.7	6	23.1
Other:						
Multiple Offenses			2	7.7	-	--
Child Pornography			-	--	1	3.8
TOTAL	28	100.0	26	100.0	26	99.9

Although the charge on which an offender is formally convicted is not always indicative of the seriousness of the underlying behavior, information was gathered on the nature of the offense for which these terms of probation had been imposed. The majority of ISSOS probationers (88.5%) were convicted of a felony sex offense. The only offenders convicted of a misdemeanor were those charged with criminal sexual abuse (N=3, or 11.5%). In almost two-thirds of the cases (65.4%) the offender faced a single count, but two offenders (7.7%) faced

two charges and six offenders (23.1%) were charged with three or more counts. Five of the offenders were convicted and placed on probation for two different charges. The most serious of the charges was reported and used for analytic purposes in this report.

The initial ISSOS proposal included a commitment to recommend that all sex offenders be sentenced to the longest term of probation possible, providing a longer period of supervision and emphasizing the seriousness of the charge. Maximum probation sentences were generally 48 months (for Class 1 and Class 2 felonies) or 24 months (for Class A misdemeanors), although longer terms could be imposed through concurrent sentencing or probation extensions. An earlier analysis of sentences imposed during the first two years of the project showed that although some offenders negotiated shorter sentences, most were sentenced to the maximum term of probation associated with the conviction offense. For example, ten of the eleven offenders convicted of aggravated criminal sexual abuse received 48 month terms of probation while the remaining one was sentenced to 44 months.

Analysis of cases sentenced later in the ISSOS project confirms the same sentencing pattern. Table 3.2 presents information on the sentences imposed in the cases reviewed by the research team as part of the impact evaluation. Most offenders were convicted of Aggravated Criminal Sexual Abuse (46.2%), Criminal Sexual Abuse (11.5%) and Failure to Register as a Sex Offender (23.1%), all felony charges.

Table 3.2: Length of Probation in Months by Offense, ISSOS Offenders

Probation Term (in months)	OFFENSE						Total
	Predatory Criminal Sexual Assault of a Child	Criminal Sexual Assault	Aggravated Criminal Sexual Abuse	Criminal Sexual Abuse	Failure to Register as a Sex Offender	Child Porno-graphy	
12 months					2		7.7%
24 months			1	1	3		19.2%
30 months		1					3.8%
36 months				1			3.8%
48 months	1	2	11	1	1	1	65.4%
Total	**1 (3.8%)**	**3 (11.5%)**	**12 (46.2%)**	**3 (11.5%)**	**6 (23.1%)**	**1 (3.8%)**	**100.0 %**

The length of probation sentences ranged from 12 to 48 months, with a mean of 39.5 months, compared to a mean of 41 months for the earlier sample. This difference was due to the presence of one offender in the 1998-99 sample whose term of probation was extended to 60 months. The median and modal sentence in both samples was 48 months, with approximately two-thirds of ISSOS offenders serving this sentence.

Offender Demographics

The evaluation team coded active adult cases during the data collection period in 2000 and 2001, obtaining information from a total of 26 ISSOS case files. The information reported in this section is drawn primarily from probation files, supplemented in some cases by data recorded in treatment reports. All adult offenders in Coles County at this time were male. They were predominantly Caucasian (92.3%), but the ethnic distribution also included

African-Americans (7.7%). At the time of conviction the offenders ranged in age from 17 to 65 years, with a median age of 31.5 years, a mean age of 33 years and a mode of 32 years (see Table 3.3). This represents a slight increase in age at time of conviction from the earliest years of the project.

Table 3.3: Age of Adult ISSOS Offenders at Conviction

Age	Frequency	Percent
17-20	2	7.7
21-27	6	23.1
28-35	12	46.2
36-45	3	11.5
46-65	3	11.5
TOTAL	**26**	**100.0**

About one-third of the ISSOS offenders were single (34.6%). About the same number were married at the time of their offense (30.8%) or living with an intimate partner (7.7%), while 19.2% were divorced. The majority were employed full-time (50.0%) or part-time (15.4%). Almost all offenders were high school graduates; two had associate's degrees, and two others had at least three years of college. Only five (19.2%) had not completed high school.

Half of the offenders (N=13) were living with a wife or other intimate partner at the time of the offense, and six others (23.1%) were living with a relative. At the time of data collection, only 30.8% were living with a wife or intimate partner, and four (15.4%) were living with a relative. Three of the offenders (11.5%) were living in the same home with children. In most cases, court orders mandated that the offender not have any contact with children, which often required a change in their living arrangements.

Victim Characteristics

Excluding the “Failure to Register” cases, in which no new sexual offenses involving victims were charged, the research team reviewed 20 case files for victim-related information. Identified victims were primarily female. Table 3.4 presents the data on victim gender, showing that 75% of the cases where victim gender was clearly identified involved female victims only.

Table 3.4: Victim Gender for ISSOS Offenders

Gender of Victim(s)	No. of Cases	Percent
Female only	15	75.0
Male only	4	25.0
Both male and female	--	--
TOTAL	**19**	**100.0**
Gender not identified in file	1	--

All of the ISSOS files reviewed as part of this evaluation identified victims of only one gender, although a pattern of mixed victim selection is not uncommon for adult child molesters (Marshall, 1996; Marshall, Barbaree, & Eccles, 1991). While the majority of offenders (46.2%) victimized only one person, six cases (23.1%) involved two different victims and two cases involved three victims. As shown in Table 3.5, victims were more likely to be under the age of 13 years, with a mean age of 10.1 years, a median of 13 years, and a mode of 11 years. Eight of the victims were teenagers (age 13 or older), and none were more than 17 years of age. These data are shaped by the structure of Illinois criminal law, which treats the crimes of sexual assault and sexual abuse differently if the victim is below age 18 (see ICASA, 1998, or the Illinois Compiled Statutes (ILCS), Chapter 720, Sections 5/12-12 through 5/12-16). In Coles County, sentences of probation continued to be imposed primarily against adult sex offenders who victimize children.

Table 3.5: Victim Age for ISSOS Offenders

Age of Youngest Victim	Frequency	Percent
Ages 2 through 4	2	10.0
Ages 5 through 7	5	25.0
Ages 8 through 12	5	25.0
Ages 13 through 15	7	35.0
Ages 16 and 17	1	5.0
TOTAL	**20**	**100.0**

In over half of these cases (N=11, or 55%) there was a direct family connection between the victim and offender, or the victim was living in the home with the offender. In all other cases the offender was acquainted with the victim in some way. Relationship data are presented in Table 3.6.

Table 3.6: Relationship between ISSOS Offender and Victim

Offender's Relationship to Victim	Frequency	Percent
FAMILY RELATIONSHIP	**9**	**45.0.**
Father	5	25.0
Stepfather or Step-grandfather	2	10.0
Cousin	2	10.0
ACQUAINTED, NO FAMILY RELATIONSHIP	**11**	**55.0**
Foster brother (living in home)	1	5.0
Roommate's son (living in home)	1	5.0
Babysitter	1	5.0
Friend or Acquaintance	7	35.0
Co-Worker	1	5.0
TOTAL	**20**	**100.0**

It should be noted that under Illinois law, only certain family members are eligible for probation if convicted of criminal sexual assault or aggravated criminal sexual abuse. "Family member" is defined as parents, grandparents, and children "by whole blood, half-blood or adoption," as well as step-parents, grandparents and children (720 ILCS 5/12-12(c)). Anyone who has continuously resided in the household for a year with a child under the age of 18 is also considered a family member of that child.

Offender Characteristics

Most adults who are convicted of criminal sexual assault, rape, or comparable sexual crimes involving the use of force are sentenced to a term of imprisonment (Maguire & Pastore, 1998). Illinois criminal law specifically mandates prison for crimes of sexual assault except when committed by a family member, when probation is permitted under some circumstances (see 730 ILCS 5/5-5-3(e)). This means that the population of adult sex offenders sentenced to probation is not representative of the total sex offender population. They are more likely to be family member offenders, and less likely to have used physical force.

In Coles County, aggravated criminal sexual abuse convictions represented almost half (46.2%) of the ISSOS adult caseload. Excluding convictions for failure to register, which do not involve current sexual victims, criminal sexual assault is the second most common offense, accounting for 11.5% of the caseload. Criminal sexual abuse, a misdemeanor offense that normally carries a probation sentence of no more than 24 months, also represents 11.5% of the ISSOS caseload. An analysis of ISSOS convictions by age of offender is presented in Table 3.7.

Table 3.7: Convictions of ISSOS Probationers by Age of Offender

Offense	Age of Offender				
	17-20	**21-27**	**28-35**	**36-45**	**46-65**
Predatory Criminal Sexual Assault of a Child				1	
Criminal Sexual Assault			2		1
Aggravated Criminal Sexual Abuse	1	5	5	1	
Criminal Sexual Abuse	1		2		

Child Pornography				1	
Failure to Register as a Sex Offender		1	3		2
TOTAL	**2 (7.7%)**	**6 (23.1%)**	**12 (46.2%)**	**3 (11.5%)**	**3 (11.5%)**

This table confirms the sentencing patterns first identified during the Phase 1 implementation evaluation. Older offenders are likely to be convicted of more serious offenses (criminal sexual assault and aggravated criminal sexual abuse) than younger offenders, and account for the majority of these more serious offenses.

For most ISSOS offenders, excluding those on probation for failure to register, the current conviction represented their first arrest for a sex offense. Only two of these 20 offenders (10%) had previously been convicted on a sex offense-related charge. This is explained primarily by the provisions of the relevant Illinois statutes. Except for a first conviction for misdemeanor criminal sexual abuse, all forms of criminal sexual assault and criminal sexual abuse are at least Class 2 felonies. The law does not allow probation to be granted on any of these charges if the offender has been convicted of any Class 2 or greater felony within the previous ten years. These individuals are sentenced to prison rather than probation, and do not appear in the ISSOS caseload.

Of those with prior convictions (N=14), three had been convicted of misdemeanor offenses and eleven were convicted of felony offenses. Eight offenders had been previously convicted of a sex offense, with six of those eight offenders currently on probation for failure to register as sex offenders. Probation file data also showed that most of the ISSOS offenders were not on

probation at the time of their ISSOS offense. Only five offenders (19.2% of the total sample) were on probation when they committed their current offense, and only three of those sentences were the result of prior sexual offenses.

Supervision and Surveillance

A three-phase supervision regimen was created for all offenders admitted into the ISSOS program. This was designed to allow offenders to gradually move to a less restrictive phase of supervision as they progressed in treatment and demonstrated an ability to comply with the conditions of their probation. Phase 1 was designed as the entry point for all offenders, and operated at an intensive level beyond that normally required for probation supervision at the "maximum" level. In Phases 2 and 3 the number of required contacts by the specialized probation officer and the surveillance officer was reduced. The requirement for a monthly court hearing was to remain in effect during the entire probation period to serve as a motivation for offenders to comply and as an institutional check on non-compliance. Offenders sentenced to ISSOS were also required to comply with other conditions that differed from the standard conditions of probation. These included a sentence of some amount of incarceration in many cases, as well as compulsory completion of a sex offender-specific treatment program and other conditions designed to reduce the threat to victims and the risk of re-offending.

The essential components of ISSOS remained in place during the development and operation of the program, with some modifications. Under the original proposal each offender was to develop an individual written relapse prevention plan that could be used to identify high risk factors and develop additional individualized contact standards and probation conditions. However, the preparation of an accurate and useful relapse prevention plan is a process that occurs as part of the treatment program. Interviews conducted as part of this evaluation research indicated that the clinical evaluations prepared by CCMHC and regular consultation between the specialized probation officer and CCMHC personnel were more useful in identifying and working with risk factors than the offenders' relapse prevention plans.

Another change occurred in connection with the planned monthly court hearings. Regularly-scheduled progress hearings have been used in Coles County for many years. Specialized progress hearings are held for several types of offenders, and both the prosecutor's office and the public defender have developed procedures for handling the requirements of these hearings. The initial ISSOS proposal included monthly progress hearings for all offenders, regardless of the specific program phase or level of supervision. During the implementation phase of ISSOS the case manager and the director of court services agreed that offenders who were in compliance with their conditions of probation and actively cooperating with and participating in the sex offender treatment program could be monitored using less frequent court progress hearings. Based on the ISSOS officer's recommendation, hearings for some

offenders were scheduled at 60- or 90-day intervals rather than monthly. This occurred primarily with offenders who were being supervised under Phase 2 conditions and who had successfully completed at least a year of ISSOS probation.

The ISSOS supervision standards for each program phase are presented in Table 3.8. Because of the unique integration of intensive probation supervision and sex offender-specific treatment, meeting these standards was feasible within the framework of the ISSOS program. Key components of that program included: a specialized caseload consisting of a reduced number of convicted sex offenders; sex offender-specific treatment consistently provided through a provider who works cooperatively with probation; and a surveillance officer who is familiar with the elements of the programs and actively monitors offenders to increase accountability and promote responsibility.

Table 3.8: ISSOS Supervision Standards by Phase

Contact Standards	Phase 1	Phase 2	Phase 3
Face-to-face contacts with ISSOS officer or surveillance officer	2 contacts per week, including 1 in report setting	2 contacts per week, including 1 face-to-face	6 contacts per month, including 1 face-to-face every other week
Home visit	1 per week	Every other week	Every other month
Collateral contact	1 per week	Weekly	As needed
Participation in SO treatment	Weekly	Weekly	Weekly
Verify residence & employment	Weekly	Twice a month	Monthly
Event log verification	1 event per week		
Court progress hearing	Monthly	Monthly	Monthly

Even in Phase 1, where supervision was most intensive, ISSOS standards could be satisfied through one face-to-face home visit by the surveillance officer,

one face-to-face office visit in a report setting where residence and employment could be verified, and one sex offender treatment session. Since the specialized officer co-facilitated three group sessions a week, the collateral contact requirement could be met at this time and most ISSOS offenders could also be seen. Court hearings were scheduled on two mornings a month, one for adults and the other for juveniles.

However, given the additional requirements for preparing pre-sentence recommendations and regular progress reports, as well as documenting all contacts and other activities in the probation files, any unusual or unanticipated change in circumstances could create workload problems. When a single surveillance officer who was familiar with the specialized aspects of the program monitored all ISSOS offenders, these activities could be carried out within the limited time available. When multiple officers were employed on a variable schedule to conduct these surveillance activities, the specialized officer had to devote more time to directing and debriefing the officers, taking time away from other responsibilities. Similarly, in months when several pre-sentence recommendations were due, less time was available for the variety of supervision activities specified in the ISSOS standards.

The Phase 1 implementation evaluation summarized data on supervision contacts, and concluded that ISSOS was not consistently meeting the intensive phase standards during its first 18 months of operation. The problems were concentrated in a three-month period when the surveillance officer position was not filled and the specialized officer was essentially responsible for all required

contacts. That analysis was based on a review of probation file records. Coles County uses the "Tracker" computer program, which employs a combination of established activity codes and individual program notes. The system can sometimes make it difficult to track the ways in which a single contact may satisfy more than one contact standard.

The research team gathered additional contact data for 2000 and 2001 during this evaluation period, combining information from Tracker records and individual probation files. These data showed that ISSOS personnel continued to have some problems in meeting formal supervision standards when the surveillance function was not fully staffed (the period between July and October 2000) or when additional obligations (such as training) arose for the specialized officer. This information is summarized in Table 3.9.

Table 3.9: ISSOS Supervision Standards and Performance

Contact Standards	Required no. of activities per offender/month	Jan. 2000	Apr. 2000	July 2000	Oct. 2000	Jan. 2001
PHASE 1						
Face-to-face contacts (other than home visits)	4	4.0	3.3	2.2	1.7	5.1
Home visits	4	5.3	2.4	.1	.7	5.5
Collateral contacts	4	5.1	3.8	3.5	3.2	4.1
PHASE 2						
Face-to-face contacts (other than home visits)	4	4.9	2.7	2.9	2.2	6.3
Home visits	2	3.9	1.9	.1	.5	5.8
Collateral contacts	4	4.1	3.8	3.3	2.1	7.2

It is important to keep in mind that the specialized officer has contact with many of the ISSOS offenders during group treatment sessions at CCMHC. These have not been counted as part of the activities reported in Table 3.9. Collateral contacts with treatment providers and group facilitators occur in

staffings that take place outside the actual treatment session. Court progress hearings are also not counted as offender contacts; the offender must meet with the specialized officer separately to count as a face-to-face contact. Overall, ISSOS appears to be meeting its general objective of supervising offenders at a much more intensive level than would be possible within the framework of the normal probation caseload carried by a non-specialized officer.

IMPLEMENTATION OF THE VERMILION COUNTY SEX OFFENDER PROBATION PROGRAM (SOP)

The Vermilion County Sex Offender Probation Program (SOP) was designed to identify and support one probation officer with a dedicated caseload who would supervise all sex offenders sentenced to probation. As part of this focused supervision, the SOP officer would develop conditions of probation that combined specialized treatment and supervision requirements, to reduce the risk that sex offenders on probation would commit new sex offenses. The SOP officer began supervising offenders under SOP in November 1997. At that time there were 36 sex offenders on probation, mostly adults and almost entirely male.

Only those sex offenders who were placed on probation after the SOP program was formally established were sentenced to the special SOP conditions. As a result, the SOP officer supervised probationers whose sentencing orders imposed different conditions of probation depending on when they were sentenced. Because sex offenders were serving sentences of up to 48 months, this mix of probation conditions continued throughout the period of study.

Although the SOP officer was sometimes able to obtain modifications in the original conditions during revocation proceedings, and also informally obtained compliance with some conditions that were not explicitly included in the formal order, some sex offenders remained under their original probation orders throughout their sentence. At the end of 1998, for example, when the SOP program had been operating for more than a year, only 11 of 35 sex offenders being supervised by the SOP officer (31% of his caseload) had been sentenced to the more stringent SOP conditions of probation. By the end of 2000 this number had doubled; 23 SOP offenders were being actively supervised at an intensive level under SOP conditions. At the same time, , the number of adult sex offenders being supervised by the SOP officer under non-SOP conditions of probation had gradually decreased, from 23 at the end of 1998 to 11 at the end of 2000.

The SOP was designed with a four-phase supervision strategy, which included a gradual reduction in the intensity of supervision as the probationer demonstrated progress in treatment and the ability to comply with the conditions of probation. In Phase I, which normally lasted three months, the probationer had at least three contacts with the probation officer each week and a curfew from 7:00 p.m. to 7:00 a.m. In Phase II, which lasted at least six months, minimum contacts were reduced to two per week and the curfew began two hours later. In Phase III, contacts were required only once a week. After at least three months success under Phase III conditions, an offender could be transferred to a line officer's caseload, and curfew could be eliminated.

The SOP proposal called for all sex offenders to be tested for drugs at least once a month.

The SOP officer was responsible for supervising all sex offenders sentenced to probation in Vermilion County, and for monitoring compliance with the special conditions and requirements of probation imposed on them. The SOP officer also maintained communication with the treatment provider through weekly staffing meetings to discuss the progress of probationers in the program.

SOP Implementation and Evolution

Program implementation through the first 18 months of the program was reported as part of the Phase 1 evaluation report (Hayler et al., 2000). Because only newly-convicted offenders were sentenced under the special SOP conditions of probation, the majority of offenders in the SOP caseload were supervised at the Maximum level under standard probation conditions. These included participation in the completion of a specified sex offender treatment program, but did not include some of the SOP limitations on association and residence. (See Appendix H for SOP Special Conditions of Probation.)

The original SOP program design anticipated that the prosecutor would defer to the judgment of the SOP officer and the treatment provider in determining program eligibility. Early in the program sentences were sometimes imposed by the court before the defendant had been assessed or a PSI provided by SOP. In other instances sentences were imposed that were inconsistent with the assessment and recommendations provided in the pre-sentence report. The Phase 1 implementation evaluation discussed evolving changes in the utilization

of the SOP pre-sentence investigation report, resulting in an overall sentencing trend that favored consideration of PSIs and the imposition of special SOP conditions of probation. In the case files reviewed as part of this program evaluation, all but one included a complete PSI report. However, some probation sentences continued to be negotiated as part of plea agreements, prior to the submission of SOP assessments and recommendations, throughout this period of evaluation.

Organizational Structure

The SOP organizational structure remained relatively stable during the course of program implementation. SOP had one full-time officer on staff, operating under the supervision of the Director of Court Services. The SOP officer consulted regularly on assessment, treatment and training issues with a clinical psychologist, who was retained by SOP on a contractual basis. The clinical psychologist also prepared sex offender-specific evaluations of offenders being considered for SOP probation. The same individuals occupied these three positions throughout the duration of the program.

SOP also contracted with a local agency for the clinical psychologist to provide sex offender treatment to SOP offenders. After approximately two years the agency made the decision to no longer accept SOP probationers into its treatment groups, due to what it considered inadequate levels of compensation. The clinical psychologist supervising the SOP treatment program was able to affiliate with Crosspoint Human Services (CHS), another local agency, which agreed to accept and serve SOP clients. The treatment program was able to

continue without any gap in service. The supervising psychologist and the group counselors remained the same. Apart from the change in agency affiliation, there was also some staff turnover during the treatment provider's relationship with SOP. However, the treatment program group sessions were consistently conducted by experienced clinicians working in cooperation with and under the supervision of the directing clinical psychologist.

SOP Program Operation

Intake and Caseload

The target population for SOP program was primarily adults, sentenced to probation for felony sex offenses and child exploitation offenses, particularly those where the victim was 13 years of age or younger. Felony charges that were reduced to misdemeanors as part of a plea negotiation could also be assigned to the specialized program. The original design of the SOP provided that the SOP officer would determine program eligibility based on a number of criteria including the age(s) and number of victims, the nature of the abuse, circumstances of the offense, risk of re-offending, and criminal history of the offender. Juveniles who were adjudicated delinquent for serious sex offenses and were not appropriate for a residential treatment program were also part of the target population.

The program proposal specified that the SOP officer would prepare a full pre-sentence investigation report (PSI) prior to sentencing. As part of that PSI he would conduct a thorough background check that would include police reports, information from the Department of Children and Family Services (which

investigates many child abuse allegations) where relevant, a substance abuse evaluation, and a sex offender-specific evaluation of the offender. The assessment instruments identified in the program design included the Minnesota Multiphasic Personality Inventory (MMPI), the Hare Psychopathy Checklist Revised (HARE), and a mental health evaluation form based on the AOIC model. The Phase 1 implementation evaluation found that while each of these measures was used in some of the offender evaluations that were conducted, they were not consistently used in all cases. Interviews with staff and a file review conducted by the research team indicated that a general mental health evaluation was conducted for each offender to determine the treatment group to which he should be assigned, but specific assessment instruments varied. In a sample of 14 active files, less than 25% included MMPI scores and less than 10% included scores from the completed HARE checklist.

As part of the Phase 2 evaluation the research team again reviewed files to determine what components of the PSI could be found there. While complete PSI reports were available in all but one of the files reviewed (96%), sex offender-specific evaluations and assessments were present in only one-third of the files reviewed. As before, a mix of other evaluations and assessments were available on an individual basis. While three-quarters of the files included at least one mental health-related evaluation or assessment score, no single assessment was found in more than 25% of the files. The most commonly used instrument was the MMPI, followed by general mental health evaluations and substance abuse assessments.

The number of sex offenders being supervised through SOP consistently remained around 40 (mean = 40.15), with a low of 33 early in the first year and a high of 47 almost two years into the program. This is higher than the caseload goal of 35 stated in the program proposal. SOP has been a predominantly adult program; adults accounted for more than 90% of those sentenced to SOP probation. The SOP officer supervised only two juveniles during the first two years of the program, while the number ranged from three to five during the later years.

During the first 18 months SOP was in operation the majority of sex offenders supervised by the SOP officer had not been sentenced under the special SOP conditions. By the middle of the third year of the program this was no longer the case, and the majority of SOP probationers were required to comply with the Sex Offender Specific Intensive Probation conditions. Due to a combination of new admissions and changes in conditions of probation, the number of offenders subject to intensive supervision gradually increased as the program continued while those under regular levels of supervision decreased.

Offender Profiles

During the Phase 1 study data were collected for 13 adult offenders who were subject to intensive supervision under the special SOP conditions of probation. During the Phase 2 study data were collected for 24 SOP offenders, all of them adults. Information was not collected on the small number of juveniles assigned to SOP probation. Data from these two samples are presented in Table 3.10 and compared to the group of previously sentenced offenders who

were already being supervised by the SOP officer when the project was initiated in 1997.

Table 3.10: Current Conviction Offenses of Adult SOP Offenders

Offense	1997 Start-up Caseload		1998-1999 Sample		2000-2001 Sample	
	N	%	N	%	N	%
Attempted Aggravated Criminal Sexual Assault					1	4.2
Criminal Sexual Assault			7	63.6	2	8.3
Aggravated Criminal Sexual Abuse	32	72.7	4	36.4	19	79.2
Criminal Sexual Abuse	12	29.3			2	8.3
TOTAL	44	100.0	11	100.0	24	100.0

Almost all SOP offenders (91.7%) were convicted of a felony sex offense. The remaining offenders (N=2, or 8.3%) were convicted on criminal sexual abuse misdemeanor charges. In only two cases was the offender convicted on more than one count. In those cases the most serious of the convictions was reported and used in this report.

The most common offense for adult offenders in SOP was aggravated criminal sexual abuse, a Class 2 Felony. Convictions on this charge represented 86% of the felony offenses. Those convicted of criminal sexual abuse, a misdemeanor, no longer represent a significant portion of the total caseload, a development that is in accord with the overall SOP priorities. Unlike the ISSOS program in Coles County, none of the SOP offenders have been sentenced for failure to register as a sex offender. Again, this reflects the conscious decision of

SOP and Vermilion County to focus on sex offenders whose current offense involves the victimization of a minor.

In accordance with the "containment approach" (English, Pullen & Jones, 1996) endorsed in the initial SOP proposal, and in light of the long-term commitment to sex offender-specific treatment that is an integral part of the program, it was assumed that SOP offenders would be sentenced to the maximum possible term of probation. An earlier analysis by the research team that reviewed sentences imposed during the first two years of SOP found this to be the case. In all but one of the cases studied, offenders convicted of aggravated criminal sexual abuse and criminal sexual assault were sentenced to 48 months probation.

Our analysis of cases sentenced later in the SOP project confirms the continuation of this general sentencing pattern. Table 3.11 presents information on the sentences imposed in the cases reviewed by the research team as part of the impact evaluation. For all charges except misdemeanor criminal sexual abuse, the maximum sentence of probation that can be imposed is 48 months. The length of probation sentence actually imposed ranged from 30 to 48 months, with a mean of 44.75 months. The median and modal sentence were both 48 months.

Table 3.11: Length of Probation in Months by Offense, SOP Offenders

Probation Term (in months)	OFFENSE				Total	
	Attempted Agg. Criminal Sexual Assault	Criminal Sexual Assault	Aggravated Criminal Sexual Abuse	Criminal Sexual Abuse	N	%
30 months	1		2		3	12.5
36 months			2		2	8.3

48 months		2	15	2	19	79.2
Total	1	2	19	2	24	100.0

Of those with prior convictions (N=10, or 42% of the sample), seven had been previously convicted of misdemeanor offenses and three on felony charges. None of the prior convictions were for sex offenses, so they did not directly affect eligibility for probation on these charges. However, four offenders (16.7%) had been on probation for non-sexual offenses at the time they committed their current offense.

Offender Demographics

The evaluation team coded active adult cases during the data collection period in 2000 and 2001, obtaining information from a total of 24 SOP case files. The information reported in this section is drawn primarily from probation files, supplemented in some cases by data recorded in treatment reports. Demographic information showed little change from the earlier findings reported in the Phase 1 study. Vermilion County SOP offenders were predominantly male (N=22, or 92%), with only two females supervised by SOP.

The ethnic distribution included 20 Caucasians (83.3%), two African-Americans (8.3% and two Hispanics (8.3%). At the time of conviction, the probationers ranged in age from 19 to 57 years, with a mean age of 36 years (see Table 3.12). This represents a slight increase in age at time of conviction from the first year of the project.

Table 3.12: Age of SOP Adult Offenders at Conviction

Age	Frequency	Percent
17-20	2	8.3
21-27	3	12.5

28-35	7	29.2
36-45	8	33.3
46-65	4	16.7
TOTAL	**24**	**100.0**

More than half of the offenders (N=13, or 54%) had not graduated from high school, although seven (29%) were high school graduates and two (8.3%) had completed at least one college degree. Half of the offenders (N=12) were employed full-time at the time of file review, with two more employed at least part-time. Half of the offenders were currently married; the rest were single (N=6, or 29%), separated (N=2) or divorced (N=3). At the time of the offense half of the offenders reported living with a spouse or intimate partner, while the other half reported living with a relative. By the time of data collection, only five (21%) were living with a spouse or intimate partner, and seven (29%) reported living with a relative. None reported currently living in a home where children resided. Many of these changes in living conditions were directly related to the restrictions of the SOP conditions of probation.

Victim Characteristics

The majority of offenders (N=21, or 87.5%) were charged with offenses involving only one victim, although three cases (12.5%) involved two different victims. Seventy-five percent of the identified victims were female. Victims were most likely to be children age 13 or younger, the identified SOP focus, but more than one-third of the victims were older than 13 and in one case the victim was 48 years old. Information on the age distribution of identified victims is provided in Table 3.13.

Table 3.13: Victim Age for SOP Offenders

Age of Youngest Victim	Frequency	Percent
Ages 2 through 4	1	4.2
Ages 5 through 7	2	8.3
Ages 8 through 11	9	37.5
Ages 12 and 13	3	12.5
Ages 14 through 16	7	29.1
Adult [age 48]	1	4.2
Missing data	1	4.2
TOTAL	**24**	**100.0**

The mean age of the reported victims was 12.8 years, with a median and mode of 11 years.

In two-thirds of the SOP cases there was a family connection between the offender and the victim, or the victim was living in the same home in a quasi-familial relationship. In the remaining cases the offender was acquainted with the victim in some way, although they were not related. Specific information on these relationships is presented in Table 3.14. These data confirm that sentences of probation are imposed primarily against adult sex offenders who victimize younger children.

Table 3.14: Relationship between SOP Offender and Victim

Offender's Relationship to Victim	Frequency	Percent
FAMILY RELATIONSHIP	**16**	**66.7**
Father	1	4.2
Stepfather	3	12.5
Step-Grandfather	1	4.2
Husband	1	4.2
Uncle	6	25.0
Brother-in-law	1	4.2
Cousin	2	8.3
Mother's boyfriend (live-in)	1	4.2
ACQUAINTED, NO FAMILY RELATIONSHIP	**8**	**33.3**
Family friend	2	8.3
Friend	1	4.2
Acquaintance, not related	5	20.8

TOTAL	**24**	**100.0**

The research team classified all offenses where the offender was related to the victim as "family relationships." However, under Illinois law, only parents, grandparents and children (N=5) qualify as "family members." Adults who victimize children and who have resided in the home continuously with the victim for more than a year may also be considered "family members."

Offender Characteristics

In Vermilion County almost 80% of those on the SOP caseload have been convicted of aggravated criminal sexual abuse, compared to less than 50% in Coles County. As in Coles County, only a small proportion of SOP offenders have been convicted of sexual assault charges, where penetration is an element and force is more likely to be involved. However, those offenders were all in the older age categories. An analysis of SOP convictions by age of offender is presented in Table 3.15.

Table 3.15: Convictions of SOP Probationers by Age of Offender

Offense	Age of Offender				
	17-20	**21-27**	**28-35**	**36-45**	**46-65**
Attempted Aggravated Criminal Sexual Assault			1		
Criminal Sexual Assault			1		1
Aggravated Criminal Sexual Abuse	2	3	4	7	3
Criminal Sexual Abuse			1	1	
TOTAL	**2 (8.3%)**	**3 (12.5%)**	**7 (29.2%)**	**8 (33.3%)**	**4 (16.7%)**

Supervision and Surveillance

The Vermilion County Sex Offender Probation Program (SOP) was designed to allow the probation department to dedicate one officer to supervise all sex offenders without the need to carry additional cases involving other kinds of offenders. SOP was designed with a four-phase supervision strategy. The SOP officer would decide on the initial placement after completion of the PSI, including a sex offender-specific evaluation of the offender prepared by the treatment provider. The program design called for a gradual reduction in the intensity of supervision as the probationer demonstrated progress in treatment and the ability to comply with the conditions of probation. The SOP supervision standards for each program phase are presented in Table 3.16.

Table 3.16: SOP Supervision Standards by Phase

Contact Standards	**Phase 1**	**Phase 2**	**Phase 3**	**Phase 4**
Face-to-face probation contacts with SOP officer (mix of office visits, home visits, & curfew checks)	3 contacts per week	2 contacts per week	1 contact per week	1 office visit & 1 home visit per month; may be supervised by line officer
Collateral contacts	As required for maximum supervision	As required for maximum supervision	As required for maximum supervision	As required for maximum supervision
Contacts with treatment therapists	Weekly staffing	Weekly staffing	Weekly staffing	Weekly staffing with SOP officer
Participation in SO treatment	Weekly	Weekly	Weekly	Weekly
Curfew restriction	7 pm – 7 am, 7 days/week	9 pm – 7 am, 7 days/week	11 pm – 7 am every night	None
Drug testing	At least once a month	At least once a month	At least once a month	At least once a month
Verify residence and employment	Verify at contact visits	Verify at contact visits	Verify at contact visits	Verify at contact visits
Length of Phase	At least 3 months	At least 3 months	At least 3 months	

One very positive part of the SOP program is the way in which the SOP officer conducts office visits with the program's offenders. Because of the relatively small caseload of SOP probationers requiring intensive supervision, the SOP officer has been able to spend considerable time with these probationers when they come in for office visits. These visits often last 30 minutes or more. This opportunity for lengthy interviews, along with the knowledge the SOP officer has obtained from working closely with the treatment provider, have aided the officer in making decisions about supervision issues.

The program design called for SOP offenders to have three probation contacts a week while in Phase 1, two in Phase 2, and one in Phase 3. These contacts can include office visits with the SOP officer, contacts with the officer supervising community service and work assignments, home visits, and curfew checks. The SOP officer has focused his attention in two general areas: in-depth office contacts and close therapeutic supervision through weekly staffings and other informal discussions with the treatment provider.

Data collected from files in active supervision in 2000 and 2001 showed that office visits averaged more than four per month throughout this period, even as the number of SOP offenders under intensive supervision increased. Offenders in need of particular attention had as many as 13 office contacts with the SOP officer in a single month. This information is presented in Table 3.17.

Table 3.17: Office Visits per Month by SOP Offenders

Month	N of SOP Offenders	N of Visits (average)	N of Offenders by Number of Visits		
			1-4 visits	5-8 visits	More than 9
Jan. 2000	15	4.3	9	4	2
Apr. 2000	16	4.3	9	5	2
July 2000	17	5.2	9	5	3

Oct. 2000	19	4.2	12	5	2
Jan. 2001	22	4.4	12	8	2

The SOP officer has developed a close working relationship with the licensed clinical psychologist who provides sex offender treatment services for SOP offenders. The SOP officer meets with him at least weekly to discuss SOP offenders in the treatment program, and consults with him on supervision strategies as well. This close collaboration creates an active link between probation supervision activities and therapeutic treatment sessions.

After several years of operation the SOP still appears to be somewhat detached from other portions of the local criminal justice system. The success of the SOP officer over the years in supervising sex offenders and in identifying and intervening to control risk factors has led to some changes, however. Others in the criminal justice system now give more attention to his recommendations, and the special conditions of SOP probation are now imposed and enforced in a more consistent manner.

IMPLEMENTATION OF THE MADISON COUNTY JUVENILE SEX OFFENDER PROGRAM (JSOP)

The Madison County Juvenile Sex Offender Program (JSOP) grew out of the probation department's experience with their adult sex offender program, which began five years earlier. The target population for the JSOP was all juveniles adjudicated delinquent for a sex offense and sentenced to probation, excluding those who were inappropriate for participation due to violent behavior or mental health issues. The program created a sex offender-specific caseload

for one officer and was designed to keep the caseload size small enough to allow the officer to supervise the offenders closely. JSOP also involved creating a new treatment opportunity for juvenile sex offenders through a contractual arrangement with the Professional Academy, a local treatment entity that agreed to provide group treatment sessions at the courthouse complex. The JSOP officer would attend weekly treatment sessions to monitor each offender's attendance and cooperation.

JSOP staff consists of the JSOP officer, who supervises the probation caseload under the direction of a supervisor. The supervisor is responsible for conducting intake assessments. The officer JSOP is responsible for day-to-day supervision, including contacts with the JSOP offenders, their families, the schools they attend, treatment providers, and other associated entities such as the Department of Children and Family Services (DCFS). The JSOP officer also acts as court liaison for JSOP cases.

JSOP Implementation and Evolution

When the Madison County Probation and Court Services Department prepared its proposal to create JSOP in 1997, 35 juveniles were on probation or under a “Continuance Under Supervision” order for sex offenses, most of them (83%) for felony charges. Because of staff limitations and large caseloads, there had been no previous opportunity to establish a specialized sex offender caseload. When JSOP began accepting offenders in March 1998, 23 juveniles who had been adjudicated on sex offenses were assigned to the JSOP officer for

intensive supervision. During the first year the number of offenders varied from 23 to 32, with a mean of 27.4.

Program implementation through the first two years of the program was reported in the Phase 1 implementation evaluation previously conducted by this research team (Hayler et al., 2000). Changes that occurred during this period involved staff hires, staff responsibilities, and the program's victim component. The original JSOP officer transferred to a different position within the Madison County probation department during JSOP's first year, and the position's responsibilities were taken over by an officer who transferred within the department to this position. That officer remained with JSOP through the period covered by this study.

The role of the JSOP supervisor was expanded during the course of program operations. While initially concentrating on developing program policy and supervising the JSOP officer, the supervisor gradually took responsibility for intake interviews for all new juvenile sex offenders. By the second year of the program the supervisor also supervised the administrative caseload and handled court orders for DNA and HIV testing of juvenile sex offenders. The expansion of the supervisor's duties relieved the JSOP officer of many paperwork duties, allowing more time for direct contact with probationers, treatment providers, and others, and also enabled the supervisor to become more involved in case supervision planning. The same individual remained as JSOP Supervisor throughout the project, but the Deputy Chief with responsibility for this area

changed late in 2000. The change at the Deputy Chief level did not produce significant changes in the operation of the JSOP program.

The original program proposal included the goal of establishing a victims' services component as part of the department's "containment program" (RFP, 1998). During the period covered by the Phase 1 evaluation the department established an overall policy regarding victims, but began its implementation primarily with domestic violence victims. During the period covered by this evaluation the probation officer with responsibility for victim liaison and victim services began to work with JSOP offenders, particularly in regard to restitution payments. A six-week group that addresses victim issues has also been added to the services offered by the department. Although the group is intended to serve all juveniles on probation, JSOP offenders receive priority and generally go through this program at the beginning of their term of probation, often before being admitted to a sex offender specific treatment program.

The relationship between JSOP and the Intensive Probation Supervision (IPS) juvenile officers evolved during the course of the program. Those youths who were identified as posing a high risk for violence or reoffending were assigned to the IPS unit for additional surveillance beyond what could be provided through normal probation practices. Although the precise number varied, approximately one-third of the JSOP offenders were assigned to the IPS unit as high risk offenders. These officers normally conducted one or two unannounced home visits each week for the JSOP participants assigned to IPS.

During the evaluation period the probation department began to place probation officers in many of the county's high schools, where they could work directly with youths on probation in a more proactive manner and also provide various group programs. By 2001 six officers had been placed in six schools, including the county's alternative high school. School probation officers fax the attendance records of juveniles on probation to the probation office, as well as information on disciplinary actions, including detentions and suspensions. Some group programs are now available in a school setting, including a semester-long cognitive skills program in which many of the JSOP youths participate. As more opportunities become available, the JSOP officer has attempted to involve JSOP offenders in as many different programs as possible, in addition to their mandated sex offender treatment.

Organizational Structure

The organizational structure of JSOP has remained stable overall despite the changes in personnel noted earlier. The JSOP officer is responsible for the day-to-day supervision of sex offenders assigned to JSOP. This includes maintaining direct contact with offenders and their families, primarily through home and school visits, preparing PSIs and other required probation documentation, attending weekly sessions of the in-house treatment program, maintaining regular contact with other treatment providers, and "staffing" youths with IPS officers and other specialized officers.

The supervisor conducts intake assessments for JSOP offenders, develops case supervision plans, and is responsible for those youths on

administrative supervision due to their absence from the county. The Deputy Chief, who has administrative responsibility for juvenile probation and diversion programs, assigns the juvenile probation caseload and has ensured that all cases with a sexual element are assigned to the JSOP officer. The Deputy Chief and JSOP supervisor both serve as hearing officers for administrative sanction hearings.

Professional Academy continues to provide an in-house treatment program for juveniles on a contractual basis. The sessions were rescheduled from Sunday mornings to weekday afternoons after school in 2000, reducing the problems some youths had in attending the program. One or two treatment groups are offered depending on the number of youth who participate in this treatment program. When two groups are offered, JSOP youths are assigned to a group based on their general level of mental functioning. JSOP has eliminated the requirement that youths "make up" absences by attending a special group meeting, since that session combined adult and juvenile sex offenders in ways that were sometimes problematic.

Some JSOP youths continue to be assigned to treatment programs other than the in-house contractual program, primarily two outpatient programs. These programs also offer parent education groups for the families of sex offenders. The JSOP officer meets with therapists from each program on a regular basis to discuss the progress of JSOP offenders, and also receives written attendance and progress reports.

JSOP Program Operation

Intake and Caseload

All juvenile sex offenders being supervised by the probation department, whether adjudicated delinquent and sentenced to probation or diverted into a court supervision program, are assigned to the JSOP officer. Approximately half of these cases (N=24, or 51%) include DCFS involvement in some way. Initial intake evaluation and risk assessment is conducted by the JSOP supervisor. In addition to the Strategies for Juvenile Supervision (SJS) checklist used with all juvenile probationers, the Sexual Adjustment Inventory scale for juveniles (SAI--Juvenile) is also administered as part of the risk assessment process to juveniles who are at least 13 years old.

Monthly caseload data was regularly reported to ICJIA by the JSOP program. The overall JSOP caseload grew gradually throughout the evaluation period. By early 2001 the JSOP officer was supervising a caseload of just over 30 juvenile offenders. This did not include offenders on the administrative caseload, including offenders assigned to residential treatment programs, who were handled by the JSOP supervisor.

The program proposal for JSOP indicated that each juvenile sex offender would be assessed by the treatment provider before participating in the treatment program, in order to determine the appropriate treatment for the offender. Early in the Phase 1 evaluation process the research team was advised by the in-house treatment provider that this program did not prepare assessments because the program is psycho-educational in nature. All participants who are

directed to participate by the court and who are mentally capable of learning are admitted to the program.

During the Phase 1 evaluation period, most JSOP offenders were placed in the in-house sex offender group program, which met on Sunday mornings. In general, only those who were unable to arrange Sunday transportation were assigned to other treatment providers. During the years covered by the Phase 2 evaluation more referrals were made to two community-based sex offender treatment programs. Each of these treatment programs prepares sex offender specific intake evaluations for each referral. While these evaluations are not generally placed in the offender's probation file, their contents are shared with the JSOP officer. One of these treatment providers also regularly conducts pre-treatment polygraph sessions with youths assigned to the treatment program. This practice has provided much useful information on their overall patterns of sexual behavior and on acts that are not part of their juvenile record or which were not formally charged.

Offender Profiles

Information was collected on the adjudicated offenses of 47 juvenile offenders assigned to JSOP during the data collection period. This comprised the entire active caseload at the time of data collection, but excluded youths on administrative supervision. Table 3.18 presents data from these 47 cases, and makes comparisons to the information gathered on the JSOP caseload in 1998 and 1999 as part of the Phase 1 implementation evaluation.

Fourteen (30%) of the current offenders were adjudicated delinquent for aggravated criminal sexual assault, a Class X felony. This offense carries a mandatory prison sentence for adults, but juveniles may be placed on probation. Because of the ages of the youths involved, these charges do not necessarily reflect an underlying violent act. Another ten offenders (21%) were adjudicated delinquent for criminal sexual assault. A total of 20 youths (43%) were adjudicated delinquent for various charges of criminal sexual abuse and aggravated criminal sexual abuse. Two were on "informal" probation (a diversion program) for disorderly conduct, which consisted mainly of verbal abuse of a victim.

Table 3.18: Current Adjudication Charges for JSOP Probationers

Adjudication Charge (Offense)	1998-1999		2000-2001	
	N	%	N	%
Aggravated Criminal Sexual Assault	24	57.1	14	29.8
Criminal Sexual Assault	6	14.3	10	21.3
Aggravated Criminal Sexual Abuse	5	11.9	7	14.9
Attempted Agg. Criminal Sexual Abuse			1	2.1
Criminal Sexual Abuse	7	16.7	12	25.5
Sexual Exploitation of a Child			**1**	**2.1**
Disorderly Conduct (sexual elements)			**2**	**4.3**
TOTAL	**42**	**100.0**	**47**	**100.0**
Missing data	**7**		**-**	

A variety of types of probation sentences are used in Madison County. They include: informal probation, a diversion program involving a family

conference and behavioral contract; court supervision, in which formal adjudication can be avoided; and formal juvenile probation. Youths who were placed on probation but were no longer in the county because of placement in a residential treatment program, a family move, or because they had absconded were placed in the administrative caseload and supervised by the JSOP supervisor. Although offenders on regular JSOP probation accounted for a larger proportion of the total than any other category (40.4%), almost as many youths had been sentenced to supervision (36.2%). Information on the length of probation terms imposed under each type of supervision is provided in Table 3.19.

The length of probation terms given to JSOP participants ranged from 6 months (in cases involving informal probation or court supervision) to 66 months (5.5 years). The longest probation terms were generally due to sentence extensions, which did not require formal revocation of the original probation term.

Table 3.19: Length of Probation in Months by Type of Probation Sentence, JSOP Offenders

Type of Probation	Probation Term (in months)											Mean Term (in months)
	6	9	12	23	24	29	36	44	54	60	66	
Informal	1	1										7.5
Supervision	2		3	1	9	2						20.3
Probation			1		3	1	1	1	1	10	1	48.1
Administrative			1		2		1			5		44.0
TOTAL	3	1	5	1	14	3	2	1	1	15	1	35.5

Because the informal diversion program normally resulted in a period of supervision lasting from three to six months, a number of these cases that had been supervised by JSOP were no longer part of the current JSOP caseload

when data were collected by the research team. Information on the probation terms assigned by adjudication offense is presented in Table 3.20.

Table 3.20: Length of JSOP Probation in Months by Adjudicated Offense

Offense	Probation Term (in months)										
	6	9	12	23	24	29	36	44	54	60	66
Agg. Criminal Sexual Assault				1	2				1	10	
Criminal Sexual Assault		1	2		2	1	1			3	
Agg. Criminal Sexual Abuse					4			1		1	1
Attempted Agg. C.S.Abuse					1						
Criminal Sexual Abuse	1		3		5	1	1			1	
Sexual Exploitation of a Child	1										
Disorderly Conduct	1					1					
TOTAL (N=47)	3	1	5	1	14	3	2	1	1	15	1

During the first years of JSOP the most frequently administered probation sentence was 60 months, reflecting the fact that more than half the JSOP offenders had been adjudicated delinquent for aggravated criminal sexual assault, the most serious of the sex offenses. Although 60 months was still the most frequently imposed sentence (the mode) in the second round of data collection, the mean sentence was now 35.5 months, compared to an earlier mean of 39.6 months. The median sentence was 24 months, compared to an earlier median of 36 months.

Offender Demographics

The evaluation team coded active JSOP cases during the data collection period in 2000 and 2001, obtaining information from a total of 47 JSOP case files. The JSOP offenders were predominantly male (46 out of 47 cases

reviewed). The ethnic distribution included Caucasians (66%) and African-Americans (34%), with African-Americans continuing to be over-represented in the JSOP program compared to their presence in the county population. At the time of conviction, JSOP offenders ranged in age from 10 to 18 years, with an average age of 13.8 and a median age of 14 (see Table 3.21). The 18-year-old offenders were eligible for juvenile probation because of the nature of the offense and their age at the time the offense was committed.

Table 3.21: Age of JSOP Offenders at Time of Adjudication

Age	Frequency	Percent
10	2	4.3
11	2	4.3
12	2	4.3
13	10	21.7
14	14	30.4
15	10	21.7
16	1	2.2
17	3	6.5
18	2	4.3
TOTAL	**46**	**100.0**
Missing	1	

All of the JSOP offenders were single, although one reported being a parent. Education levels ranged from completion of grade three through grade twelve, with a median education level of eighth grade. The majority of JSOP offenders (82.6%) were identified as attending school, with more than two-thirds of these attending their assigned public school. As in the earlier sample of casefiles, JSOP probationers were generally at or slightly below their chronological grade level in school. Slightly over half (51.1%) had reports of behavior or disciplinary problems at school noted in their probation intake records; 46.8% (N=22) had been diagnosed or classified with some form of

learning disability. As expected, due to their ages, the majority (74.5%) were not employed.

Only 14.9% (N=6) were living with intact families at the time of their offense. However, an additional 70.2% were living with at least one parent from their family of origin. These living arrangements changed significantly after the offense became known and an adjudication of guilt was made. While those living with intact families generally continued to live there, the percent of those living with one birth parent decreased from 70.2% to 59.8%. Many of these households included other children, although JSOP offenders continued living in homes with other children in 53.2% of the cases.

Most notably, none of those who had been living with their birth fathers, either alone or with a step-mother, were still living in the home after adjudication. Records indicated that in the majority of these cases, the step-mother had children from a previous marriage or a child from the current marriage living in the home. Because the continued presence of the offender was considered to place these children at risk, the offender was removed from the home. In some cases this was done at the direction of the Department of Children and Family Services (DCFS) or the probation department, and sometimes at the request of a parent. Most of those removed from the home were placed in an adolescent center or residential treatment center.

Victim Characteristics

The majority of probationers assigned to the JSOP program during the period covered by this evaluation were adjudicated for felony sex offenses.

Compared to the first years of the program, however, a larger number were charged with criminal sexual assault (a felony) and criminal sexual abuse (a misdemeanor), and a smaller number with aggravated criminal sexual assault, the most serious felony charge.

Identified victims were primarily female, but a significant proportion of the offenses involved male victims. JSOP offenders were much more likely to have offended against a same sex (male) victim than the adult sex offenders in either Coles or Vermilion County. Table 3.22 shows that less than two-thirds of the offenders' files identified offenses against female victims exclusively.

Table 3.22: Gender of Victim(s) of JSOP Offenders

Gender of Victim(s)	Frequency	Percent
Female only	30	63.8
Both Male and Female	2	4.3
Male only	15	31.9
TOTAL	47	100.0

The majority of JSOP offenders (80.9%) victimized only a single victim, although 17% of the cases identified two victims and one involved four different victims. The age of the youngest identified victim, usually the only identified victim at the time of adjudication, ranged from 2 to 16 years of age (see Table 3.23). The median victim age was 7.5 years. Half of the victims whose ages were known were under the age of eight. The mean victim age was 8.7 years, a figure that was affected by the presence of an adult victim. The adult victim was a school bus driver who had been verbally abused by one of the JSOP offenders placed on "informal" probation for disorderly conduct charges.

Table 3.23: Age of Youngest Victim in Current JSOP Offense

Age of Youngest Victim	Frequency	Percent

Ages 2 through 4	9	19.1
Ages 5 through 7	12	25.5
Ages 8 through 12	11	23.4
Ages 13 through 15	7	14.9
Age 16	2	4.3
Adult Victim (over age 17)	1	2.1
Age of victim not known	5	10.6
TOTAL	47	99.9

JSOP offenders were less likely to be related to their victims than were the adult offenders in the other counties. There was a documented family connection between the offender and the victim in only 28% (N=13) of the JSOP cases. In part this reflects the fact that for some offenses adults are eligible for probation only when there is a familial relationship with the victim. In all the other cases the offender was acquainted with the victim in some way. Many were neighborhood friends or classmates. Relationship data are presented in Table 3.24.

Table 3.24: Relationship Between JSOP Offenders and Victims

Offender's Relationship to Victim	Frequency	Percent
FAMILY RELATIONSHIP	**13**	**27.7**
Sister/Brother or step-sibling	9	19.1
Uncle	2	4.3
Cousin	2	4.3
ACQUAINTED, NO FAMILY RELATIONSHIP	**34**	**72.3**
Foster brother/sister	2	4.3
Friend of family member	1	2.1
Babysitter	3	6.4
Friend	13	27.7
Classmate	6	12.8
Neighborhood acquaintance	8	17.0
School bus driver	1	2.1

TOTAL	**47**	**100.0**

Offender Characteristics

Most adults who are convicted of criminal sexual assault, rape, or comparable sexual crimes involving the use of force are sentenced to prison. This is much less true for juveniles, who in many cases are initially sentenced to probation, even for relatively serious sexual offenses. In Coles and Vermilion Counties, adult probationers are most likely to have been convicted of criminal sexual abuse. In the JSOP program, only one-fourth of the juvenile offenders were charged with criminal sexual abuse. The most common JSOP charge continued to be aggravated criminal sexual assault, a Class X felony.

An analysis of current adjudications of JSOP probationers by age of offender is presented in Table 3.25. This table confirms that the juvenile sex offenders who were still in their early teens represent the majority of offenders assigned to JSOP probation.

Table 3.25: Current Adjudications of JSOP Probationers by Age of Offender

Offense	**Age of Offender**								
	10	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**
Aggravated Criminal Sexual Assault				1	7	3	1	2	
Criminal Sexual Assault	2			2	2	2		1	1
Aggravated Criminal Sexual Abuse		1		3	2				1
Attempted Aggravated Criminal Sexual Abuse						1			
Criminal Sexual Abuse		1	2	3	2	3			

Sexual Exploitation of a Child					1				
Disorderly Conduct				1		1			
TOTAL	**2**	**2**	**2**	**10**	**14**	**10**	**1**	**3**	**2**

The information collected on JSOP offenders during the first years of the program indicated that none of them had previously been arrested or adjudicated as a delinquent for a sexual offense. Less than one-third of them had been adjudicated for any offense, and those were primarily misdemeanor charges. None of the JSOP youths had previously received a correctional disposition. Data collected during the Phase 2 evaluation documented similar conditions. Just over one-third of the JSOP youths (N=17, or 36.2%) had previously been adjudicated delinquent on some charge. Half of these were misdemeanor charges, and half were felonies, but none of them involved sexual offenses. Ten of the JSOP offenders (21.3%) were on probation at the time of the current offense. In general, those offenders who were already on probation were charged with somewhat more serious offenses and received longer terms of probation that individuals who were not on probation for a prior offense. These data are presented in Table 3.26

Table 3.26: Adjudication Charges and Probation Terms for JSOP Offenders

Offense	On Probation at Time of Offense		Not on Probation at Time of Offense	
	N	Mean Term of Probation	N	Mean Term of Probation
Aggravated Criminal Sexual Assault	4	49.3 months	10	52.8 months
Criminal Sexual Assault	2	42.0 months	8	22.8 months
Aggravated Criminal Sexual Abuse	1	44.0 months	6	37.0 months
Attempted Agg. C.S.Abuse	1	24.0 months	--	
Criminal Sexual Abuse	2	26.5 months	10	23.4 months
Sexual Exploitation of a Child	--		1	6.0 months

Disorderly Conduct	--		2	17.5 months
TOTALS	10	40.2 months	37	33.6 months

Supervision and Surveillance

The Madison County Juvenile Sex Offender Program began in response to increasing numbers of juvenile sex offense probation cases, and was modeled in part on the successful adult sex offender program that was already in place. The primary goals of the JSOP were to increase community safety and reduce sexual reoffending by supervising juvenile sex offenders more intensively and establishing a self-contained in-house juvenile sex offender treatment program.

During the Phase 1 implementation evaluation, data on JSOP supervision activities were collected on a quarterly basis for a 12-month period in 1998 and 1999. During Phase 2 the research team followed up by collecting more information on probation supervision and surveillance activities on JSOP offenders in 2000 and 2001. Information was recorded for each month that the offenders were supervised, although not for months that JSOP offenders were temporarily in detention or otherwise confined. Although these cases are considered part of the active caseload, the probation officer's activities are different in response to the change in risk level and because of the restrictions imposed by the situation

The JSOP officer's initial supervision standard was three face-to-face contacts per month, all outside the office. Contacts that occurred in the course of treatment sessions were not included in this total, because of the limited opportunity to work with offenders on an individual basis. Only rarely did these contacts take place in the office, since school and work obligations made it

difficult to arrange such visits. The JSOP officer scheduled home visits with offenders and their families, primarily in the later afternoon or evening. A flexible work schedule for the officer was an essential element in successfully meeting these expectations.

The Phase 1 implementation evaluation findings for 1998 and 1999 showed that the JSOP officer was having difficulties meeting the home visit goal. In the months sampled, the average number of home visits was less than two per month. The research team and the probation department agreed that these figures underestimated the number of contacts that actually took place, since they captured only a portion of the data coded into the computerized records system. In addition, the sample included the period of transition between the first and second JSOP officers, during which the officer transferring in had special obligations that made out-of-office activities harder to schedule.

In Phase 2 the research team reviewed detailed file notes to gather more complete information on home visits and other face-to-face contacts with JSOP offenders and their families. Data collected from 37 files covering a total of 508 months showed an average of 2.48 home visits by the JSOP officer for each offender under active supervision. Twenty-one of these offenders (57%) had been supervised at the Maximum level the entire time. When these files were analyzed separately, the records showed an average of 3.03 home visits per month.

As noted earlier, some JSOP offenders were also on the IPS caseload, whose officers made unannounced evening visits to their homes. Interviews with

probation officials indicated that about one-third of the JSOP offenders were on the IPS caseload at any one time. Over the 30-month period for which information was collected by the research team, just over two-thirds of the JSOP offenders (N=26, or 68.4%) were subject to IPS supervision – some for only a few months, others for as long as a year. The average period of IPS supervision was 6.7 months.

The mean number of IPS contacts was 5.9 per month, although as many as 14 visits where some contact was made were recorded in some months. Home visits where no contact was made with anyone were not included, since the need to return until contact was made would automatically increase the overall numbers. Home visits where contact was made directly with the offender averaged 4.7 per month. These additional face-to-face contacts contribute significantly to successful intensive supervision of JSOP offenders, although they are not carried out by a JSOP officer.

The collaboration between JSOP and the IPS officers illustrates an important strength of the JSOP program. It has been able to draw on a wide range of probation resources to provide intensive supervision and to a variety of program resources, only some of which are sex offender-specific. This is important, since juvenile sex offenders share many problems and needs with juveniles who have been adjudicated delinquent for other kinds of offenses (Milloy, 1994). School probation officers and assigned police officers ("School Resource Officers") provide additional eyes and ears for the JSOP program. As

the probation presence at school has grown, school officials have begun to share more information on an informal basis.

CHAPTER 4: PROGRAM IMPACT

COLES COUNTY ISSOS PROGRAM

Goals and Objectives

One measure of a program's successful implementation is the extent to which it is able to meet its stated goals and objectives. In its original proposal to ICJIA, Coles County described its overall mission as follows: "to create a sex offender supervision, control, and treatment strategy intended to reduce victimization by providing comprehensive evaluation, treatment, and intense supervision of all sex offenders . . . from presentence throughout the completion of their sentence" (RFP, 1998). Three general goals and five more specific objectives related to this statement of purpose were identified as well. These goals and objectives are summarized in Figure 4.1. This section assesses the progress that has been made toward achieving these goals.

Coles County did not set specific quantified targets for many of its program objectives. Instead, objectives were often stated in terms of the intention to increase a particular activity or provide a better quality of service. Without baseline data on the performance of these activities in the past, it is difficult to determine whether or not their level or quality has changed. Instead, the research team attempted to assess the current level and compare it to the stated program goals.

Goal 1: Make increased use of all available community resources for ISSOS offenders

The ISSOS program focus is to provide appropriate, sex offender-specific treatment to all ISSOS offenders, regardless of ability to pay. By working closely with

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Figure 4.1: Coles County ISSOS Goals and Objectives

GOALS:

1. Provide intensive supervision in order to:
   a. increase timely discovery of violations of court ordered conditions or treatment requirements, and
   b. Increase the timely imposition of sanctions for violations.

2, Make increased use of all available community resources for sex offenders, under direct supervision of the ISSOS program.

3. Increase appropriate offender termination from the program by
   a. successful completion of all program requirements (successful termination),
      or
   b. rapid detection of noncompliance and subsequent termination (unsuccessful
      termination).

OBJECTIVES:

1. Implement more appropriate assessment, surveillance, and monitoring of existing caseload (transferred to ISSOS when it was established).
2. Provide sex offender-specific treatment to all convicted sex offenders regardless of the offender's ability to pay.
3. Provide intensive supervision to all sex offenders throughout their entire sentence.
4. Have ISSOS Case Manager co-facilitate three sex offender-specific group sessions each week with CCMHC.
5. Provide type and frequency of contacts as outlined in ISSOS case management
   standards to all sex offenders.

CCMHC to refine and provide such programs, ISSOS has helped to ensure the availability of this essential community resource. The ISSOS officer and CCMHC therapists have coordinated their efforts to provide sex offender-specific offender evaluations and detailed PSI reports to sentencing judges. By working closely with the county prosecutor's office and developing a model ISSOS probation order, ISSOS has succeeded in having all convicted sex offenders required to attend and successfully complete a court-mandated treatment program at CCMHC as a condition of probation.

This objective refers generally to increasing the use of all available community resources. Such referrals are generally made at the probation officer's discretion, based on the officer's assessment of an individual's needs. As a result, there is no accurate baseline record of how community resources have been used in the past or whether referrals have increased under ISSOS. Having the sex offender treatment groups meet at CCMHC, which also provides a range of mental health services, facilitated voluntary use of these resources. A small number of ISSOS offenders, approximately 15%, were court-ordered to participate in alcohol or substance abuse treatment. Probation records indicated that those who were ordered to participate in such treatment were in fact participating in treatment programs.

Goal 2: Provide intensive supervision of ISSOS offenders

The level of supervision provided by ISSOS has consistently been more intensive than that normally required for any level of standard probation. In the Phase 1 report, as well as in this evaluation, the research team noted that the

ISSOS case manager has difficulty meeting those standards without the involvement of specialized surveillance officers who work more flexible hours and can make unscheduled home visits. The probation department found it impossible to hire a single person to fill this part-time position, and hireback arrangements have involved considerable variation. However, the close involvement of the ISSOS officer with the therapists who run the sex offender treatment groups at CCMHC adds an important layer of informed surveillance. The ISSOS officer consistently co-facilitated at least three weekly groups, and had extensive face-to-face contact with many of the ISSOS offenders in this way. Regular ISSOS involvement in the staffing meetings where the progress of participants in other groups was discussed and potential problems addressed also allowed more intensive supervision. Probation officers in other programs often receive only attendance data and a brief monthly or quarterly report unless the therapist identifies a problem that requires action by probation.

As part of the intensive supervision goal, ISSOS stated its intention to increase timely discovery of violations of treatment requirements or other court ordered conditions and to increase the timely imposition of sanctions for violations. The regular court progress hearings that all ISSOS participants were required to attend provided an institutional framework within which any compliance problems could be identified and acted on. Most could be addressed in court in a matter of weeks, and the commitment on the part of both prosecutors and public defenders to coordinate their calendars minimized scheduling delays. Even so, the analysis presented earlier in this chapter

indicates that most violations were handled informally and that formal sanctions were not immediately imposed for technical violations of probation requirements.

Goal 3: Increase appropriate offender termination from ISSOS

This goal had two parts: to keep ISSOS participants in compliance with program requirements where possible, so that they could successfully complete all program requirements, and to rapidly detect noncompliance in order to terminate the probation of offenders who did not satisfy the terms of their sentence of probation. ISSOS and CCMHC were successful in completing sex offender-specific evaluations of suitability for treatment prior to formal sentencing, and in developing a treatment entry process that minimized delays. Close supervision by the ISSOS case manager and judicial attention to treatment attendance and participation at the regular court hearings underscored the importance of the treatment requirement. During the period of data collection only five participants (just under 20%) had documented problems related to the required treatment program.

However, termination of probation for noncompliance with specified probation requirements was rare. Almost all of the ISSOS offenders who had their probation revoked were subsequently reinstated on probation after serving some jail time or with an extension of their period of probation. In part this reflects the commitment of most therapists to provide multiple opportunities for clients in treatment programs to success. The continuation of ISSOS offenders in the program even after they have failed to comply with some probation requirements does not necessarily indicate a program failure. If an ISSOS

participant has his probation revoked for noncompliance with treatment requirements, is reinstated on probation, and subsequently participates in the treatment program as required, ISSOS has been successful in obtaining compliance and moving the probationer toward successful completion, which is the first part of this goal.

However, it is important to continue to monitor compliance closely. Many judges become unwilling to terminate probation unsuccessfully for technical violations of probation conditions as the offender nears the end of his sentence. Sex offenders who manage to avoid revocation even though they are not in compliance with the conditions of their sentence learn that they can successfully manipulate the criminal justice system and avoid changing their abusive behavior.

ISSOS Objectives

Objectives are intended to serve as specific, concrete steps toward the achievement of relatively short-term goals. Goals and objectives should work together to help a program achieve its larger purpose or mission (CSOM, 2002). ISSOS developed a mix of objectives that combined specific and concrete steps with more general and open-ended goals.

- *Provide more appropriate assessment, surveillance, and monitoring of the sex offender caseload.* ISSOS has been successful in working with CCMHC to develop and implement an assessment process that follows the guidelines developed by the Illinois Sexual Offender Management Board and the AOIC. Surveillance and routine monitoring of offenders has been provided through a

specialized caseload, additional surveillance personnel, and use of the court hearing process.

- *Provide intensive supervision to all sex offenders throughout their entire sentence of probation.* Although the ISSOS case manager supervised most of the county's sex offenders prior to the creation of the ISSOS program, she has been able to provide more intensive and focused supervision with a smaller caseload. The case manager's direct involvement in the CCMHC treatment program has provided insights to ISSOS offenders and an opportunity for more immediate exchange of information that enhances the overall supervision process.
- *Provide sex offender-specific treatment to all offenders regardless of ability to pay.* Treatment programs are available to adult and juvenile offenders through CCMHC. By using a portion of the county probation fees to help support the treatment program, it has been possible to implement a sliding scale fee and provide treatment regardless of ability to pay.
- *Co-facilitate three 3-hour group treatment sessions each week.* The ISSOS case manager has consistently co-facilitated three or four group treatment sessions. As part of this goal the case manager has also completed a number of different training programs relating to the treatment and supervision of sex offenders in the community.
- *Provide type and frequency of contacts with probationers that meet or exceed the standards recommended by AOIC.* The ISSOS program has met this

objective through a combination of contacts in multiple settings (probation, treatment, and court hearings) and by multiple officers (both the case manager and the surveillance officers). ISSOS was not able to consistently meet its own goal of more intensive supervision by a limited number of specialized officers in addition to the treatment contacts and court hearings.

ISSOS Project Activities

Screening and Referral

Working together, ISSOS and CCMHC prepare and submit presentence evaluations of every sex offender charged and convicted of a sex offense in the county. Based on this evaluation, a determination is made as to the offender's suitability for and amenability to treatment. In addition, specific conditions of probation may be recommended based on the evaluation to provide better opportunities for control and monitoring of the offender. Where substance abuse issues may interfere with an offender's ability to participate in treatment, for example, the presentence evaluation may recommend that substance abuse treatment be specifically mandated as a condition of probation. In most cases such treatment may be required at the discretion of the supervising officer. Of the 26 ISSOS files reviewed by the research team, alcohol or drug treatment was ordered in 15.4% of the cases (N=4). Since most sex offenders initially fail to take responsibility for their acts or are otherwise in denial, this is not considered of a lack of amenability for treatment. Instead, like most treatment programs, CCHMC has developed a process that directly addresses denial and promotes readiness for treatment.

According to probation files, 23 of the 26 ISSOS offenders (88.5%) were ordered to participate in the CCMHC sex offender-specific treatment program. Two cases had been transferred in from other jurisdictions. Although the offenders were attending the CCMHC treatment program as part of their Coles County probation, it was not clear whether their participation in sex offender treatment was considered court ordered. A third offender had been evaluated as lacking the intellectual capacities to success in a sex offender treatment program and was not required to enroll.

The research team evaluated all 26 ISSOS files using both the Static-99 and the MnSOST-R sex offender risk assessment instruments. Each of these instruments was developed and validated using correctional samples, and may not provide accurate assessments of risk for offenders convicted of less violent offenses and sentenced to probation rather than prison. The MnSOST-R was evaluated on extrafamilial child molesters, but not on non-violence intrafamial offenders (Epperson, 2000a). The Static-99 instrument has produced useful estimates of risk in different settings and with different offender samples, but has been less successful in assessing the risk of reoffending in familial child abusers (Hanson, 2000a). Nonetheless, these instruments are useful for determining whether offenders known to pose a high risk of additional sexual offenses have been screened out of the probation category. The results of these assessments are presented in Tables 4.2 and 4.3. Scoring rubrics and validation study outcomes are drawn from the work of Hanson (2000a) and Epperson (2000a).

Table 4.1: Static-99 Assessments of ISSOS Offenders

Risk Category	ISSOS Offenders	Static-99 Validation Studies

	Frequency (N)	Percent	% in Validation Sample	5-Year Sexual Recidivism Percent
Low	8	40.0	23.7%	6%
Medium-Low	10	50.0	37.8%	11%
Medium-High	1	5.0	26.7%	28%
High	1	5.0	11.9%	39%

The six ISSOS offenders on probation for failure to register as a sex offender were excluded from these calculations unless their current probation files included complete and accurate information about their earlier sex offenses. Although failure to register is a Class 4 felony, punishable by up to 30 months in prison, Coles County courts have routinely imposed sentences of probation if there is no other offense in addition to the failure to register. Offenders are accepted into ISSOS based on the need to monitor and supervise such offenders.

Table 4.2: MnSOST-R Assessments of ISSOS Offenders

Risk Category (static factors only)	ISSOS Offenders		Category % in Validation Study	Risk Category (static and dynamic factors combined)	ISSOS Offenders		Category % in Validation Study
	N	%			N	%	
Low	9	40.9	9%	I. Low	7	31.8	4%
Medium-Low	6	27.3	41%	II.	6	27.3	21%
Medium	6	27.3	40%	III.	5	22.7	26%
High	1	4.5	10%	IV.	2	9.1	24%
				V.	0		17%
				VI. High	2	9.1	7%

Reviewing these tables, it is clear that ISSOS offenders generally fall at the low end of both risk assessment scales, although there are one or two offenders who score in the higher categories. To the extent that these instruments accurately predict the risk of sexual reoffending in sexual abusers sentenced to probation, this means that these individuals are more likely to

commit an additional sexual offense. However, the risk levels are calculated for the group as a whole, and not for individuals who fall within that category.

Effectiveness of Prosecutorial and Enforcement Processes

Despite the submission of PSIs prior to sentencing and recommended special ISSOS conditions of probation, the actual sentences and conditions of probation imposed continue to vary in somewhat in Coles County. ISSOS has effectively used the existing county practice of reviewing the status of probationers through regular judicial progress hearings. Interviews indicated that sentencing judges are now more likely to sentence ISSOS sex offenders to a period of incarceration, with a portion of that sentence stayed pending satisfactory progress in probation, as recommended by the ISSOS case manager. This allows offenders to be returned to jail briefly for non-cooperation and other technical violations without formally revoking probation.

Because both judges and prosecutors are regularly informed about the status of ISSOS offenders and any noncompliance issues, the department is able to begin the violation and revocation processes in a more timely manner. The research team collected information from 27 ISSOS files that were part of the active caseload in mid-2001 Five of these cases were excluded from further analysis because they had only recently been assigned to ISSOS. The remaining cases provided information for a total of 449 months, an average of more than 20 months per ISSOS offender. During these months a total of 273 judicial progress hearings were held, most of them on a 30- or 60-day basis; the mean number of hearings per offender was .6 per month, or about 7.3 per year.

Seven of these offenders had one or more probation violations filed during this period resulting in a petition to revoke probation (PTR). Looking at those offenders separately, the average number of court hearings per month was .65, or slightly less than eight in a 12-month year. The differences are relatively small, indicating that court progress hearings are systematically used in the intensive supervision of all ISSOS offenders. However, those offenders who are identified as being at risk to reoffend or violate probation requirements are subject to more frequent review.

Contact Between ISSOS Staff and Probationers

The ISSOS case manager was primarily responsible for office visits and other face-to-face contacts outside the home, facilitation of group sessions, supervision of treatment progress, and judicial "proof of progress" hearings. The ISSOS surveillance officers were primarily responsible for home visits. Review of probation records indicates that the ISSOS case manager was able to provide supervision at the intensive level when the surveillance positions were filled and functioning properly. However, without that component ISSOS was unable to provide the level of monitoring and supervision that was envisioned.

Because some of the probation conditions involve restrictions on probationer activity, such as no contact with juveniles and no consumption of alcohol, local police agencies can be helpful in monitoring the behavior of selected individuals and documenting any apparent violations of probation that they may witness. However, these failure to comply with these conditions constitutes a technical probation violation rather than a criminal one.

Surveillance officers are prepared to make these observations, and are trained to recognize indicators of at-risk behavior and potential for relapse. To effectively support this level of intensive monitoring, police must be willing to see themselves as part of community surveillance network that is concerned with proactive monitoring and supervision as well as reactive intervention and prosecution.

Contact Between ISSOS Staff and Treatment Providers

The ISSOS case manager works closely with CCMHC, the sole provider of approved sex offender-specific treatment in Coles County. Because the case manager facilitates several group sessions a week, she has direct knowledge of participation and progress in those groups and is involved in weekly CCMHC client staffings. The ISSOS case manager has detailed and timely information about all participants, and makes effective use of this information in presenting progress reports at the regularly scheduled judicial hearings.

The file review conducted by the research team indicated that of those ordered to participate in sex offender treatment, eight offenders were given at least one unsatisfactory treatment report at some point during their treatment. The main reasons for poor treatment reports were for non-attendance, non-participation, failure to cooperate with treatment requirements such as homework, and failure to pay required treatment fees. Failure to pay treatment costs was treated as intentional noncompliance, since CCMHC set weekly fees at affordable levels using a sliding scale based on ability to pay. One ISSOS offender was terminated unsuccessfully from the program due to failure to attend

and having contact with a victim in violation of the conditions of probation. This offender was eventually allowed to re-enroll in the CCMHC program. Other ISSOS offenders were terminated unsuccessfully when their probation was revoked due to a new (non-sexual) offense.

At the time of file review, most of the ISSOS offenders were meeting their obligation to attend and participate in the treatment program. Only five offenders (22% of the ISSOS offenders then in treatment) had attendance or participation problems noted in their files; one of these was the offender who had been terminated unsuccessfully from treatment. All other ISSOS members requirement to complete sex offender treatment were participating in treatment at some level.

Probation Violations and Disciplinary Sanctions

Most failures to comply with the ISSOS conditions of probation were handled informally through administrative sanctions or through increased use of judicial progress hearings. Two examples of this were explicitly noted in the files that were reviewed by the research team. One ISSOS offender was charged with failure to cooperate with the treatment providers, another with failure to make attend and make adequate progress in treatment. Both of these violations were raised in the context of judicial progress hearings, and were resolved through an oral agreement between the offender, the probation officer, and the court. Such an agreement puts the offender on notice that his participation in treatment and his overall compliance with probation is being monitored, and that failure to modify this behavior can result in more severe sanctions.

The file review conducted by the research team identified eight petitions to revoke probation (PTRs) that were formally filed by the prosecutor at the request of the ISSOS case manager. Seven different ISSOS offenders were involved; two separate PTRs were filed against one offender. Five petitions involved technical violations of the offender's conditions of probation. Four of these were for failure to cooperate with treatment or failure to complete treatment; one was failing to advise probation of his whereabouts and leaving the county without permission. The other three were considered criminal violations. One was for accessing pornography over the Internet. This can be considered a criminal violation, depending on what kind of material was accessed and in what setting, but it is also a violation of the special ISSOS conditions of probation. The other two criminal violations involved driving under the influence and driving without a valid license (license revoked); the latter was also a violation of a DCFS safety plan to which both the offender and ISSOS had agreed.

One of the PTRs based on lack of progress in the treatment group resulted in a revocation of the offender's parole; he was ordered to jail to serve the sentence that had been initially stayed by the judge. The PTR for driving on a suspended license in violation of an agreed DCFS safety plan was still pending at the time of file review. The offender remained on probation pending resolution of the PTR. The probation sentences of the remaining five offenders were revoked and they were resentenced to probation under new conditions. In some

cases additional probation time, ranging from 30 to 48 months, was added to their sentences; in others, in one, jail time of 180 days was imposed.

Thus, at the time of data collection, 20 offenders were still on probation and serving the sentences under which they had been assigned to ISSOS. Six offenders had been revoked; five of these had been resentenced to probation, and one was serving a jail sentence. All of these revocations had taken at least four months to resolve once the PTR had been formally filed, and at least one had taken closer to a year. Discussions with the ISSOS case manager confirmed that a small number of ISSOS offenders had been revoked and sentenced to the Department of Corrections on new criminal charges. None of these involved sexual offenses. When new charges are filed the PTR is normally held pending resolution of the charges. Effective supervision can be very difficult under these circumstances, since the offender is already facing at least one PTR and is likely to be revoked if convicted on the new charge.

Successful Completion of Probation

Given the lengthy sentences of probation imposed for sex offenses, relatively few ISSOS offenders were discharged from probation during the period covered by this study. Probation records show that three adult offenders were successfully discharged in 1999, eight in 2000, and one during the first half of 2001. Some of these probationers had been transferred to the ISSOS unit when it was established, although they had previously been supervised by the officer who became the ISSOS case manager. Not surprisingly, given the length of the

average ISSOS probation term, 75% of them (N=9) had been sentenced in 1997 or 1998.

During this same period six offenders were terminated from probation without success. Two had been sentenced to the Illinois Department of Corrections (DOC) on felony sex offenses and assigned to ISSOS after their release; they were returned to DOC on non-sexual offenses. The other four offenders were terminated on PTR and/or new, non-sexual offenses. Two were sentenced to additional jail time and two to prison sentences at DOC.

VERMILION COUNTY SOP PROGRAM

Goals and Objectives

In its original proposal to ICJIA, Vermilion County described its overall mission as follows: to "reduce recidivism and protect the community by sponsoring a sex offender specific caseload targeting adult and juvenile sex offenders" (RFP, 1998). Six goals and a number of specific objectives tied to each goal were identified as well. These goals and objectives are summarized in Figure 4.2. This section assesses the progress that was made toward achieving these goals.

Unlike Coles County, Vermilion County generally specified its program goals in terms of quantified behavioral targets for the specialized SOP officer. As a result, it is possible to assess progress toward reaching these goals in many cases.

Goal 1: Reduce recidivism by sex offenders on probation to zero percent through intensive supervision.

The Vermilion County proposal established specific, quantified performance objectives for SOP supervision. Each SOP offender was to have at least 150 face-to-

Figure 4.2: Vermilion County SOP Goals and Objectives

GOALS:

1. Reduce recidivism by sex offenders on probation to 0% through
   a. intensive face-to-face contacts with the probation office;
   b. regular home visits by probation;
   c. participation in sex offender-specific treatment; and
   d. frequent drug testing

2. Place all SOP offenders in treatment and promote their cooperation with treatment by requesting violations of probation when cooperation is lacking.

3, Increase the court's knowledge of the sex offender prior to sentencing by submitting at least 20 sex offender specific presentence evaluations.

4. Cooperate with the sex offender treatment provider by:
   a. providing as much information as possible about the offender, and
   b. enforcing the offender's adherence to the rules of the program.

5. Increase supervising officer training.

6. Increase line officer knowledge through training provided by the SOP officer.

face contacts with probation during the first year of probation, approximately three each week, as well as a minimum of two home visits each month. Offenders were expected to submit to drug tests at least 12 times a year, and to

attend the mandated weekly treatment sessions regularly. SOP cases would be reviewed with the case manager at least four times a year.

The review of case records conducted by the research team indicated that the SOP officer was generally able to meet or approach the face-to-face contact standard with most offenders through a combination of office visits, public service check-ins, report visits, and treatment contacts. It was much more difficult to meet the home visit standard, however. Successful home visits generally take longer than the average visit, because of the need to gather information on living arrangements and check risk factors, and travel time is also a factor. Drug tests were also required less frequently than the original standard envisioned.

Goal 2: Place all mandated SOP offenders in treatment and promote their cooperation with treatment.

The purpose of this goal was to have all sex offenders who were mandated to do so attending weekly treatment sessions on a regular basis. At least ten violations of probation were to be requested each year, as appropriate, to enforce this requirement. SOP was successful in having sex offenders who were placed on probation mandated to participate in a court-approved treatment program. Nine of the SOP offenders at the time of file review had been formally charged with at least one probation violation. However, in other cases the problems with attendance or participation were addressed before a violation request was formally filed.

Goal 3: Increase the court's knowledge of the sex offender prior to sentencing by submitting sex offender-specific presentence evaluations.

The SOP officer has met this standard. PSI reports were present in 23 of the 24 casefiles reviewed by the research team (96%). It appears that sex offenders are now less likely to be sentenced to the SOP program without a presentence evaluation, and that sentencing judges are now imposing the specialized SOP conditions of probation more frequently.

Goal 4: Cooperate with the sex offender treatment provider by providing information about offenders and enforcing adherence to program rules.

The objectives for this goal were to meet regularly with the treatment provider (at least 48 times during a year, usually on a weekly basis), to provide at least 20 information packets on SOP offenders to the treatment program, and to request 10 violations of probation for offenders not participating in the group or failing to meet their payment responsibilities. Interviews confirm that the SOP is providing background information on all SOP offenders ordered to participate in sex offender treatment, and is meeting regularly with the treatment supervisor to discuss cases and to receive informal training in sex offender treatment and risk assessment. Seven of the 13 probation violations formally noted in the files that were reviewed were for nonattendance or failure to cooperate with treatment.

Goal 5: Increase specialized knowledge of the SOP officer through training.

Specific objectives related to this goal included meeting regularly (twice a week) with a clinical psychologist to improve the officer's working knowledge of sex offenders, to attend three sex offender-specific training sessions each year, and to read in the field. The SOP officer normally meets with the clinical psychologist who supervises the sex offender treatment twice a week, once at

the treatment site and once at probation. While one of these meetings is essentially a case staffing meeting, both of them contribute to the specialized officer's knowledge. The SOP officer has attended AOIC trainings on specialized sex offender probation programs as well as a number of professional seminars during the past several years.

Goal 6: Increase line officer knowledge through training provided by the SOP officer.

In-service training records were not reviewed. According to information gathered through interviews, the specialized officer has presented some information on sex offenders and specialized supervision strategies in in-service training sessions.

SOP Project Activities

Screening and Referral

Working together, the SOP officer and the clinical psychologist who contracts with SOP prepare and submit presentence evaluations of every sex offender charged and convicted of a sex offense in the county. Based on this evaluation, a determination is made as to the offender's suitability for and amenability to treatment. According to probation files, 23 of the 24 ISSOS offenders (95.8%) were ordered to participate in the approved sex offender-specific treatment program. One offender had already completed a sex offender treatment program at the time of sentencing, and was not ordered to enter the CCS/CHS program.

Specific conditions of probation may also be recommended based on the evaluation. Where substance abuse appears likely to interfere with an offender's ability to participate in treatment, for example, the presentence evaluation may recommend that alcohol or drug treatment be specifically mandated as a condition of probation. Of the 24 SOP files reviewed by the research team, alcohol or drug treatment was ordered in 12 of the cases (50% of the files reviewed), and a substance abuse evaluation was ordered in another 8 cases (33%).

As in Coles County, the research team evaluated all 24 SOP files using both the Static-99 and the MnSOST-R sex offender risk assessment instruments. The results of these assessments are presented in Tables 4.x and 4.x. Scoring rubrics and validation study outcomes are drawn from the work of Hanson (2000a) and Epperson (2000a).

Table 4.3: Static-99 Assessments of SOP Offenders

Risk Category	SOP Offenders		Static-99 Validation Studies	
	Frequency (N)	Percent	% in Validation Sample	5-Year Sexual Recidivism Percent
Low	15	62.5	23.7%	6%
Medium-Low	9	37.5	37.8%	11%
Medium-High			26.7%	28%
High			11.9%	39%

All of the SOP offenders scored in the "Low" or "Medium-Low" risk categories, lower than the overall risk levels found in Coles County. This may indicate an actual difference in the recidivism risk of the two offender populations. It may also reflect the emphasis on child sexual abuse offenses involving younger victims in Vermilion County. Although the Static-99 instrument has been used to evaluate non-violent offenders, it was developed and validated on

offenders convicted of rape or sexual assault and sentenced to prison, and it may be less accurate in assessing the risk of reoffending in sexual abusers of juveniles.

Table 4.4: MnSOST-R Assessments of SOP Offenders

Risk Category (static factors only)	SOP Offenders		Category % in Validation Study	Risk Category (static and dynamic factors combined)	SOP Offenders		Category % in Validation Study
	N	%			N	%	
Low	11	45.8	9%	I. Low	10	41.7	4%
Medium-Low	11	45.8	41%	II.	12	50.0	21%
Medium	2	8.3	40%	III.	1	4.2	26%
High			10%	IV.	1	4.2	24%
				V.			17%
				VI. High			7%

Reviewing these tables, it is clear that SOP offenders generally fall at the low end of both risk assessment scales, although there are two offenders whose scores place them in midrange categories. Predicted risk of reoffending is slightly higher when the complete MnSOST-R scale, including dynamic treatment-related variables, is used. Since this part of the scale was designed for use in a controlled correctional environment, there are likely to be some inaccuracies in using that portion of the instrument in the context of a non-residential, community-based treatment program.

Effectiveness of Prosecutorial and Enforcement Processes

Although a model probation order was developed in Vermilion County, there continues to be some variation in the actual conditions of probation that are imposed at sentencing, particularly in cases where guilty pleas are negotiated. The SOP officer has made effective use of DCFS involvement in many cases with child victims to impose or strengthen residency restrictions and no-contact

requirements. The prosecutor's office appears to be enforcing the original project priorities, which emphasized child victims and juvenile exploitation. Although some cases involve teenagers and older victims, the SOP program has generally avoided "mission creep" and continues to emphasize the close supervision of cases involving the sexual abuse of children. The mean age of identified victims (excluding one mature victim) was 11.2; the mean age of SOP offenders was 36. Again excluding the one mature victim, the average age gap between offender and victim was 25 years.

Contact Between SOP Staff and Probationers

The SOP officer is responsible for most contacts with SOP probationers, including office visits and home visits. As has been previously noted, the SOP officer has emphasized in-depth office visits, supported by close contact with the treatment program to share information on specific offenders. Because some of the SOP offenders are obligated to complete hours of public service as part of their probation, the SOP officer works with the office that oversees these placements to monitor offender compliance. Others report through the same office in the Public Safety Building for work-release programs. Work-release arrangements normally involve exceptions to the SOP curfew or to the requirement to remain within the county.

Contact Between SOP Staff and Treatment Providers

Close consultation and collaboration between the specialized probation officer and the treatment provider is essential to effective monitoring and supervision of sex offenders on probation. Each of these specialized elements

can provide information to the other that is useful in assessing the progress of probationers in meeting treatment and probation objectives, and in supervising and managing sex offenders in the community. As noted earlier, the SOP officer has developed a close working relationship with the clinical psychologist who oversees the sex offender treatment services provided through CCS and CHS. As a result, the SOP officer has detailed and timely information about treatment participants, particularly those who are having difficulties complying with treatment requirements or probation conditions, even though he does not attend the actual treatment sessions.

The file review conducted by the research team indicated that of those ordered to participate in sex offender treatment, ten offenders (43.5%) have been given at least one unsatisfactory treatment report at some point during treatment. The average number of poor reports given was 3.1, with a median of 2.5; one individual had been singled out ten different times. The main reasons for poor treatment reports were non-attendance, failure to participate or cooperate, and failure to pay treatment fees. Seven of the ten offenders who received reports of unsatisfactory treatment status were terminated unsuccessfully from the program at some point, although all were subsequently allowed to re-enroll in the same program.

The high proportion of SOP offenders receiving satisfactory treatment reports does not necessarily reflect a lower level of satisfactory participation than in other programs. Instead, it may reflect a different policy regarding when such notices are provided. There does not appear to be a formal policy on this matter.

The number of notices given and the willingness of the program to take these offenders back suggests that the treatment program prefers to document some emerging problems in writing, where other programs might convey the information to probation in a more informal manner.

This practice of documenting non-attendance and non-cooperation with treatment in writing can also be used to provide support when filing notices of probation violation with the prosecutor's office. The prosecutor's office must be able to demonstrate, if challenged, that the violation of probation was intentional. Documentation of multiple violations, and the notice provided to the offender, but strengthen the case and provide justification for the requested PTR.

Probation Violations and Disciplinary Sanctions

Many failures to comply fully with the conditions of probation were handled informally by the probation officer. This is demonstrated by the fact that even though ten offenders were given unsatisfactory treatment reports, some several times, only four PTRs were filed based on treatment-related problems. In some cases the specific conditions of probation that the offender was required to meet were expanded or modified, as permitted under the original order of probation, in response to technical violations related to treatment cooperation or probation supervision. Under the terms of the SOP order of protection, the offender agreed that technical violations could be handled through the administrative sanctions program that the county implemented.

Nine offenders (37.5% of the files reviewed) were charged with at least one probation violation. Eight of these SOP offenders were charged with a single technical violation, and a PTR was subsequently filed. Four of the PTRs were based on noncompliance with the requirements of the treatment program, including failure to attend, failure to comply with treatment requirements, and failure to pay treatment fees. Three were for violations of standard probation conditions, including failure to report to probation and failure to abide by the requirements of the work release program. The eighth was a technical violation of the requirement not to consume or possess alcohol while on probation. Seven of the eight PTRs for technical violations were approved; one of the work release PTRs was dismissed. In each of the seven cases were the offender's probation was revoked, the offender was then resentenced to an additional four years probation.

One SOP offender was charged separately with two probation violations, each a criminal violation related to alcohol or illegal drugs. The first PTR was treated similarly to a technical violation; probation was revoked and the offender was resentenced to probation with an additional four-year sentence. This offender was one of twelve who had been ordered to participate in substance abuse treatment. He was unsuccessful in that program; at the time of file review he was the only offender to be unsuccessfully terminated from the program. The second PTR was a criminal violation based on possession of marijuana. The offender absconded while the petition was pending, and was still at large when file review was completed. Thus, at the time these data were collected 16

offenders were still serving their original sentence of probation, seven had been revoked and resentenced to an additional four year term of probation, and one had absconded in the face of a petition to revoke based on a criminal drug violation.

Successful Completion of Probation

Given the lengthy sentences of probation imposed for sex offenses, relatively few SOP offenders were discharged from probation during the period covered by this study. At the time the Phase 1 study was conducted, all SOP offenders were serving sentences of at least four years, and would not complete these sentences before the end of 2001. However, five of the offenders who were on SOP probation during the Phase 1 study were no longer part of the SOP officer's caseload at the time of this study. At least one had been subsequently convicted on an unrelated, non-sexual criminal charge; none had been convicted of additional sexual offenses.

Based on the available information on probation violations and program discharges, the SOP program appears to be meeting its goal of preventing new sex offenses while the offender is serving his probation sentence. This suggests that at least some offenders can be safely sentenced to community-based probation and treatment programs without posing additional risk to their past or potential victims. However, it should be noted that relatively little reliable information is available about the recidivism rates of offenders who receive other kinds of sentences and sanctions (CSOM, 2001). As the Center for Sex Offender Management observes, "accurately measuring the rate at which sex

offenders recidivate is difficult. . . . [F]ew longitudinal studies have been conducted on sex offender recidivism to date. In those that have been conducted, however, researchers conclude that long-term recidivism rates are lower for sex offenders than for the general criminal population" (CSOM, 2002a, p. 2).

MADISON COUNTY JSOP PROGRAM

Goals and Objectives

In its original proposal to ICJIA, the Madison County Probation and Court Services Department described its intention as follows: L "to implement a juvenile program by developing an offender treatment program, establishing a comprehensive in-house training program and introducing a state of the art case management system" (RFP, 1998). Five broad goals were identified, summarized in Figure 4.3. This section of the chapter assess the progress that was made toward achieving these goals.

Goal 1: Establish an in-house, self-contained juvenile sex offender treatment program.

The probation and court services department contracted with Professional Academy to establish and operate an in-house treatment program similar to the adult sex offender treatment program that was already operating on-site. Professional

Figure 4.3: Madison County JSOP Goals and Objectives

GOALS:

1. Establish an in-house, self-contained juvenile sex offender treatment program.

2. Utilize an appropriate assessment tool for sex offenders prior to their initial participation in the treatment program.

3, Establish a comprehensive on-site training program for probation personnel and key members of the community at large.

4. Establish a "state of the art" sex offender-specific individualized case management system that includes:
   a. responsibility for a decreased number of cases;
   b. increases in the quality and amount of surveillance time, including supervising all sex offenders at the intensive level initially;
   c. utilizing the department's IPS units as appropriate to implement intensive supervision; and
   d. implementing a system of administrative sanctions.

5. Establish a victims' services component for the department's "Containment Program."

Academy has operated the program since its inception in 1998. Although JSOP staff attend the weekly treatment sessions, they do not co-facilitate groups. Juvenile offenders are also referred to two other treatment providers in the county.

Goal 2: Utilize an appropriate assessment tool for sex offenders prior to their initial participation in the treatment program.

The Sexual Adjustment Inventory – Juvenile Form (SAI-J) is routinely administered to juvenile offenders entering the JSOP program as part of the

department's intake assessment process. The SAI-J is a self-report instrument that is completed by the juvenile offender. It assesses a variety of beliefs, attitudes, and behaviors. The in-house treatment program does not conduct a pretreatment assessment, although it does test participants' knowledge of the treatment curriculum on a regular basis. The other treatment providers conduct sex offender-specific pretreatment evaluations that are shared with probation, but their assessment measures vary somewhat.

Goal 3: Establish a comprehensive on-site training program for probation personnel and key members of the community at large.

The Phase 2 impact evaluation focused on the implementation and operation of the JSOP project itself. As a result, the information gathered on department training activities was not sufficient to assess progress toward this goal. Interviews with probation staff who work with JSOP but were not specifically hired as part of the project indicate familiarity with the general principles of sex offender supervision and the importance of attending to a variety of behavior choices.

Goal 4: Establish a "state of the art" sex offender-specific individualized case management system.

The overall goal of creating a "state of the art" sex offender management system is a moving target. In the five years since this program was first designed and proposed, our view of "best practices" in this field has developed considerably, and we have become increasingly aware of the emerging

differences between juvenile and adult programs (CSOM, 2002a). However, the general objectives identified in support of this goal have been met as the JSOP program was established and evolved into its current form. The specialized JSOP officer is responsible for supervising a much smaller number of cases than general (non-specialized) officers carry. As a result, the JSOP officer has been able to increase the time and attention given to each JSOP offender, resulting in more home visits and closer collaboration with other probation officers. school resources, and treatment providers. All JSOP offenders have been initially supervised at the intensive level, but these surveillance and contact standards have been met in some cases only with the assistance of other probation units. The most important of these is the IPS unit, whose involvement in supervising JSOP offenders was a part of the original proposal. The department has also successfully implemented a system of administrative sanctions, and has used them successfully in some JSOP cases to impose consequences without formally moving to revoke or modify probation.

Goal 5: Establish a victims' services component as part of the department's 'Containment Program.'

Although this goal was included in the JSOP proposal, there were no specific plans for the implementation or operation of the component. During the period covered by this evaluation the victim assistance unit has created a six-

week program for juvenile offenders that addresses victim issues. New JSOP probationers are given priority for entry into this group. In addition, the victim officer in probation is working with JSOP offenders to increase restitution compliance.

JSOP Project Activities

Screening and Referral

The probation department has relatively little input into the adjudication process for juvenile offenders. Juveniles adjudicated for sexual offenses are sentenced under the county's standard rules of probation. Special conditions may include a specific requirement to successfully complete a treatment program "specific for sexual offenders," or may simply require that the juvenile be evaluated and successfully complete treatment as indicated by that evaluation. In general, PSIs are not requested for juveniles who will be sentenced to probation. When there is a possibility of a DOC sentence, PSIs may be requested and submitted.

Screening for the JSOP program occurs within the department of probation and court services. A deputy chief within the department reviews all cases at intake for sexual elements and, when they are present, assigns the juvenile to JSOP for supervision. The adjudication offense need not be sexual in nature, although most are. In two cases, the sexual element involved sexual language and verbal abuse rather than some form of sexual activity. The JSOP intake process includes the SAI-J, a specialized assessment instrument, but does not include a sex offender-specific evaluation. Accurate offense information

from the police report is an essential part of the intake and evaluation process. Probation reports that some initial problems in getting full and complete reports in a timely fashion have been resolved, and these are now generally available as needed.

As a result of this initial probation evaluation, a juvenile may be referred to other specialized programs for evaluation or intervention. Of the 47 JSOP files reviewed by the research team, three juveniles were ordered to participate in a drug and alcohol treatment program and four others were referred for substance abuse evaluations. Based on these evaluations, one was found not to be in need of treatment, two were judged to be in need of mental health treatment before beginning alcohol or drug treatment, and one was confirmed to be in need of treatment,

According to probation files, it was clear that 45 of the 47 JSOP offenders (95.7%) were ordered to participate in a sex offender treatment program. In two cases it was not clear. Of those participating in sex offender treatment in the community, approximately half attended the in-house treatment program and half were receiving treatment through one of the other approved providers of sex offender treatment.

Effectiveness of Prosecutorial and Enforcement Processes

Madison County uses a number of different types of juvenile probation, ranging from a short-term diversion program to court supervision to formal probation. Juveniles in any of these categories are supervised through the probation department and can be assigned to JSOP if appropriate. If a juvenile

fails to comply with the conditions of informal probation, the department can ask the prosecutor to reinstate the original charges and request a change to longer, formal probation. The prosecutor's office generally follows the recommendations of the probation department, since they are most familiar with the juvenile's situation and the details of the case. Technical violations of probation conditions are sufficient to trigger a change in probation status at this level. The prosecutor's office has also been cooperative when probation seeks changes in or modifications to JSOP probation conditions to improve supervision or address individual problems.

Contact Between JSOP Staff and Probationers

JSOP offenders are supervised at the intensive level, with contact expectations that exceed the Maximum level of supervision. The JSOP officer has regular contact with offenders and their families in Madison County, primarily through home visits. The JSOP supervision is responsible for JSOP youths who are in residential treatment outside the county. The intensive level of supervision can be maintained only by drawing on other units in juvenile probation, including the IPS officers and the school probation officers.

Juvenile probation was implemented several new programs in recent years as part of what is referred to as a "wrap" approach. The goal is to wrap the youth in as many different structured programs and supervised activities as possible, providing fewer opportunities for undesirable behavior. Programs include a short-term program on victims' issues, a school-oriented cognitive program that can be administered by school probation officers or by trained

school detention officers, and employment preparation. JSOP youths are also encouraged to participate in structured school activities as well.

Contact Between JSOP Staff and Treatment Providers

The JSOP officer works most closely with the in-house treatment program, but also maintains close contact with the other approved treatment programs in the county. The JSOP officer attends most of the in-house treatment sessions, but other juvenile probation officers who work with JSOP offenders also do so occasionally. The officers attend as observers, not as co-facilitators. In addition to any information observations that the officer may make, the in-house program sends a monthly report on the status and progress of the JSOP youth in each treatment group. JSOP participants are evaluated either satisfactory or unsatisfactory in each of three general categories: cognitive knowledge of treatment concepts, attendance, and compliance with treatment requirements such as participation and homework completion. They are then given an overall evaluation in terms of “green light” (satisfactory progress and participation), “yellow light” (some areas of concern) or “red light” (at high risk for problems, including possible reoffending). More detailed information can be obtained through direct discussions with the group therapist.

The JSOP officer does not work as closely with the other two community-based programs, but does speak frequently with the program therapists. CCBD provides a report each month with a progress report on each JSOP youth as well as attendance

and participation data. Alternatives provides quarterly reports, but will call the JSOP officer if there is a “really big problem.”

The file review conducted by the research team indicated that during the period of review 12 JSOP offenders (26.7% of all youths in treatment) had been given at least one unsatisfactory report from a treatment provider. A total of 19 unsatisfactory reports were specifically documented in the files that were reviewed. Additional concerns may have been expressed in monthly reports, but not specifically noted in the youth’s file by the JSOP officer. The main reason for poor treatment reports was non-attendance (noted in 75% of the reports); treatment providers also cited failure to participate, poor attitude, lack of empathy, and volatile behavior in group. One report documented possession of contraband materials at group.

Eight JSOP offenders were eventually terminated unsuccessfully from their treatment program. Three were later re-enrolled in the same program, three were enrolled in a different program, and two received detention time through the administrative sanctions program for noncompliance with probation requirements.

Probation Violations and Disciplinary Sanctions

Most failures to comply with the conditions of JSOP probation were handled informally through administrative hearings or more intensive supervision. The probation department, through its administrative sanctions program, has the authority to extend probation without formally revoking the existing probation. Probation staff expressed the position that juveniles made mistakes, and that it

was not a good supervision strategy to violate for “every little thing.” A probation violation should represent a serious or repeated violation of the rules of probation. Running away would be an automatic violation; being truant from school for one day would not. Filing a formal notice of violation and seeking revocation was taken as a sign that a term in DOC is now a real possibility.

Even so, 27 JSOP offenders (57.4% of those whose files were reviewed for this study) had at least one probation violation noted in the files. Eleven of these offenders (41% of those receiving probation violations) had only one violation noted in their casefile; six had two violations, seven had three violations, and three had five violations. Violations involved either technical or criminal violations; some involved both. Technical violations included: running away from home or a residential placement; behavior problems in school, including tardiness, truancy, disruptive behavior, and problems resulting in school detention; physical or verbally aggressive behavior; and failing to attend or participate in treatment. Being uncooperative with or insubordinate to a probation officer was mentioned as one of several contributing circumstances in several PTRs, but was never the primary reason for revocation.

Criminal violations involved acts such as theft, assault, battery, intimidation, drug-related offenses, and sexual offenses. Seven different JSOP offenders had probation violations filed due to sexual offenses, including sexual assault, sexual abuse, failure to complete required DNA and HIV tests, and failure to register as a sex offender. Two of these cases involved new criminal

charges on sexual offenses. One involved new sexual abuse against an offender's previous familial victim.

Forty-two PTRs against 22 different individuals (47% of the files reviewed) were filed by the prosecutor's office. The number of PTRs filed against a single offender ranged from one (N=13, or 59%) to four (N=2, or 9%). Of the twenty-four JSOP offenders who had school behavior problems noted in their file at intake, 21 (87.5%) had a probation violation noted in their file and 16 (66.7%) had PTRs filed based on these violations. Only four (22.2%) of the 18 who had no notations of school behavior problems had a petition to revoke filed with the court. In five JSOP cases, no information was supplied about the offender's school behavior; three of those five later had a petition to revoke filed with the court.

None of the petitions to revoke resulted in a DOC commitment, but sanctions included detention time, extensions of the probation sentence, and increases in treatment time or conditions. At the time of data collection, 43 offenders were still on probation and four had absconded.

Successful Completion of Probation

Half of the JSOP offenders received probation sentences of 24 months or less. However, notice of probation violations and petitions to revoke probation were filed against almost half of the JSOP petitioners, and many of those petitions resulted in an extension of the original term of probation. Despite the perceptions expressed by probation staff, none of those who had their probation revoked were subsequently committed to DOC. Instead, all of them remained on

probation and in the JSOP program. Because of privacy concerns, the research team was unable to check the juvenile records of JSOP youths to determine whether any of them had aged out of the juvenile system or had been convicted of crimes as adults.

CHAPTER 5: TREATMENT IMPACT

IMPACT EVALUATION RESEARCH DESIGN

One of the research charges of the present evaluation involved conducting a field-based evaluation of impact for treatment programs. Although the Phase 1 implementation evaluation included an extensive qualitative evaluation of each program's treatment services, an important goal of the Phase 2 impact evaluation project involves further assessing the relationships between treatment involvement and offenders' attitudes and behaviors, rates of compliance with treatment, and rates of recidivism. A number of significant limitations had to be considered in developing program evaluation strategies for this purpose.

Limitations of Quantitative Research

In general, the multidimensional, interpersonal, and dynamic nature of psychosocial treatment makes the quantitative evaluation of treatment impact an enormous research challenge—one that is best undertaken only after careful methodological planning and within a context of research control. Ideally, from the outset, the future data needs of program evaluators should be built into the development of the treatment program itself. For example, standardized measures of attitudinal and behavioral targets of treatment should be identified in advance and administered at regular intervals in treatment, so that baseline and follow-up data are available in clinical or probation files. When comparable clinical measures have not been administered to all offenders, or have not been administered at regular intervals, there is no direct method of assessing treatment-related change over time using either single-case or group-level

designs. Given these limitations, the research team elected to employ a research design that focused on providing a "snapshot" of offender activities and attitudes at a specific point in the therapeutic process. Using this approach, the research team was able to test a number of promising measures that had been used in other studies or reported in the research literature. The specific measures employed and the research that led to their selection have been discussed in Chapter 2.

(1) Data Analysis & Interpretative Cautions

Descriptive statistics were calculated for all treatment-related and offender variables, and potential relationships among dynamic and static variables were assessed using nonparametric correlation techniques. Sample sizes and research measures dictated the use of nonparametric tests. Although nonparametric statistical tests have less power to detect significant effects, they are generally considered more appropriate than parametric tests when the sample size is small, the level of measurement is ordinal, and/or observational data have been collected under non-standardized conditions (Abrami, Cholmsky, & Gordon, 2001; Minium, 1978). Directional hypotheses were assessed using one-tailed tests and $p < .05$ as the minimum criterion for statistical significance; all other associations were tested using two-tailed tests. The .05 criterion for statistical significance is used to identify predictor-outcome relationships that are not likely to have occurred by chance. When the probability of chance occurrence is less than the 5% criterion, it is expected that a relationship between the variables exists and could be detected using other similar population

samples in the future. When possible, ISSOS and SOP offender levels of cognitive distortions, hostility, victim empathy, and self-esteem were qualitatively compared to published data from incarcerated sex offender and/or normative samples.

With respect to the interpretation of results, a number of cautions must be emphasized. First, it is important to keep in mind that the present assessment of treatment-related status and behavior, as well as of offenders' behaviors and attitudes via self-report, is best considered a preliminary step toward the future evaluation of treatment impact through more carefully controlled procedures. Findings should be regarded as suggestive of relationships worthy of further investigation, rather than definitive. As previously noted, determining the causal effects of treatment and their relationship to recidivism is a complex research challenge—one that requires consistent, standardized assessment of change in targeted attitudes and behaviors over time in treatment, as well as over a post-treatment follow-up period. Thus, the relatively short Phase 2 evaluation period, conducted in the context of ongoing treatment, and the lack of available and consistently administered clinical measures of target attitudes and behaviors did not permit us to conduct such an evaluation at single case or group levels. At most, results of the Phase 2 evaluation of treatment reflect offenders' functioning, at the time of assessment, in terms of sex offender-specific treatment goals and psychological characteristics, and in relation to pre-existing static indicators of recidivism risk and time in treatment.

Second, the therapist ratings of offender status on treatment-related behaviors and attitudes that were gathered for the Phase 2 evaluation represent subjective, albeit professionally grounded and informed, clinical impressions acquired in an actual treatment context. On the positive side, group therapists are in the best position to evaluate offender involvement in treatment sessions and current status relative to specific treatment goals, and ratings of current behavior minimize the recall biases that may compromise retrospective judgments of offender change over time. However, even though therapist ratings represented the best available measure of offenders' treatment-related status and participation for the present evaluation, it is always possible that a therapist's current ratings might have been based more on knowledge of an offender's history or offense record than on present behavior. In order to minimize this possible confound, co-therapists were asked to independently rate each offender, independent ratings were compared, and average ratings were used.

Third, offenders' in-session behavior during the data collection period may have changed simply because offenders knew they were being rated by their therapists. In other words, offenders may have become more or less productive within sessions in response to the rating process itself. In order to assess the extent to which this might have influenced the data, therapists were asked to indicate how typical they thought each offender's weekly in-session behavior was. Although this information is included descriptively in the present report, ultimately it is not possible to make statistical adjustments to "correct" for atypical behavior or to assess the extent of offenders' reactivity to the evaluation process.

Fourth, despite the fact that offender participation in this research evaluation was voluntary and confidential, offender self-report information is clearly vulnerable to a number of response biases, including social desirability and distorted self-perception. Although every effort was made to assure volunteers of confidentiality so that they felt free to answer honestly, the ultimate impact of such assurances cannot be fully known. The very nature of sex offender-specific treatment is such that offenders are likely to learn to differentiate between acceptable and unacceptable responses, and to be motivated to comply with therapeutic and probationary expectations when in evaluative situations.

Finally, readers are cautioned to refrain from drawing negative conclusions about treatment efficacy based upon the reporting of any statistically non-significant results for this evaluation. It cannot be over-emphasized that no assessment of offender change over time could be conducted for this project; therefore, no direct evaluation of treatment impact on offender behavior was possible. In addition to the interpretative caveats previously discussed, the statistical power needed to detect meaningful effects is especially compromised when offender samples are small, levels of assessment vary, and standardized measures are not available for use in pretest-posttest analyses.

COLES COUNTY SEX OFFENDER-SPECIFIC TREATMENT PROGRAM

Overview of Treatment Program

The Coles County Intensive Specialized Sex Offender Supervision Program (ISSOS) incorporates a sex offender-specific group treatment program

offered through the Coles County Mental Health Center (CCMHC). This program had been in existence before ISSOS was established and funded, but has expanded and incorporated the ISSOS case manager as a group co-facilitator. Information obtained through the Phase 2 interviews for Coles County indicated there had been no substantial changes in assessment procedures or treatment services since the Phase 1 evaluation was conducted. The provision of group treatment at CCMHC continues to be directed by a licensed clinical psychologist, who also serves as a co-facilitator for the adult offender groups. Two additional clinicians serve as group facilitators; each has a master's-level degree in a relevant concentration (i.e., social work or counseling) and is licensed in her respective profession.

Treatment Structure and Therapeutic Orientation

The provision of group treatment at CCMHC generally continues to be consistent with the description provided in the Phase 1 report (Hayler et al., 2000). The current program includes three groups for adult sex offenders and two for adolescent sex offenders. Two additional sex offender groups are for adult parolees only. Groups range in size from 5 offenders to 12 offenders each. Two-hour group sessions are held on a weekly basis. Sex offenders who are not on public aid are charged a sliding scale fee (approximately $13.00 to $19.00 per session). An effort is made to have male and female co-facilitators assigned to each group, and groups are capped at 12 offenders. Therapists consistently facilitate the same groups. The ISSOS case manager serves as a co-facilitator

for two of the three adult sex offender groups and for both juvenile sex offender groups.

According to the clinical director, offenders' spouses or partners are formally involved in treatment or post-treatment relapse prevention plans through participation in a partner's group. Participation in the partner's group is required in incest cases when there is a potential goal of family reunification. The parents of juvenile sex offenders are also required to attend a parents group that meets on a biweekly basis.

Group therapy continues to be community-oriented, behavioral in nature, and grounded in a relapse prevention model. As before, treatment is roughly divided into three steps: (1) demonstrating accountability/accepting responsibility for behavior; (2) accepting responsibility for the impact of the abuse; and (3) relapse prevention. However, during the Phase 2 interview, the treatment provider highlighted several changes that have been implemented since the Phase 1 report. Therapists have been attempting (a) to set clearer and firmer limits on offenders' behavior in order to promote positive changes; (b) to do more initial screening before accepting offenders for treatment; and (c) to create supervisory networks among offenders' families and friends. Emphasis continues to be placed on the identification of dynamic risk factors and relapse indicators, as well as on the development of coping skills for relapse prevention. As previously described in the Phase 1 report, therapists continue to use sequenced, offender-specific homework assignments that allow for phase-specific work on identifying and managing risk factors and on developing coping

skills. Sex offenders are also required to keep daily journals and event logs as part of their homework.

Group therapy for adolescent sex offenders differs from that for adults to the extent that (a) any use of therapeutic confrontation occurs at a lower level of intensity; (b) greater latitude is given before negative consequences are imposed; (c) there are fewer homework assignments; and (d) assignments are basically educational in nature, even though relapse prevention is still a focus. Treatment for adolescents also includes family involvement in the form of an associated parents' group. The parents' group is also described as being primarily educational in nature; however, it is designed to promote and enhance parental supervision of adolescent offenders, as well as to keep parents informed about their child's current treatment status.

Pre-Treatment Assessment

Pre-sentencing assessment continues to be conducted by the treatment provider, and the assessment involves a battery of clinical measures. According to the treatment provider, one or more of the following measures are typically included in the assessment of adult sex offenders: Beck Depression Inventory, Brief Symptom Inventory, Michigan Alcohol Screening Test, Miller Social Intimacy Scale, Minnesota Multiphasic Personality Inventory (MMPI-2), Multiphasic Sex Inventory, and/or the Shipley Institute of Living Scale. Juvenile sex offenders are evaluated in keeping with current Sexually Aggressive Children & Youth (SACY) standards. The treatment provider noted that the only change related to assessment is that fact that assessment reports are now sent to the

referring agent. The treatment provider is still hoping to be able to incorporate polygraph examinations in the assessment protocol within the next two years.

Treatment Progress Reviews and Records

Treatment progress for adult and adolescent offenders is reviewed on a monthly basis. General criteria for a positive discharge are described as involving successful completion of all treatment tasks and the demonstration of at least nine months of no known high-risk behavior. The end of probation is not synonymous with a positive discharge in that the probation term can be extended if treatment is deemed unsuccessful. Although decisions to terminate treatment are made on a case-by-case basis, the general criteria for negative discharge include re-offending, other evidence of victimizing behavior, or repeated failures to satisfactorily complete assigned treatment work. When treatment is terminated on a negative basis, a notification letter is sent to the probation officer. Treatment records include a treatment contract, results of the sex offender specific evaluation, and monthly treatment progress evaluations in the form of a "summary of progress" letter. The summary of progress letter briefly describes attendance, in-group behavior, homework compliance, any treatment related requests for special consequences or changes in restriction level, and fee payment status.

Communication between Probation Officers and Treatment Providers

In addition to serving as a co-facilitator for two adult sex offender groups and two adolescent groups, the ISSOS officer meets with the treatment provider as needed for case management, after formal monthly progress reviews (which

are held at the courthouse), and by phone or through face-to-face appointments as needed. Reciprocal releases of information are in effect for the duration of treatment, and monthly summary of progress letters are sent to the probation officer. Both the probation officer and the treatment provider indicated that the probation officer's involvement as a treatment group co-facilitator greatly expedites the effective exchange of information and ultimately serves a critical function in coordinating probation and treatment efforts toward common goals.

Evaluation of Treatment Impact

Offender Participation in the Program Evaluation

A total of 18 adult male sex offenders were assigned to the ISSOS-related treatment program during the course of this evaluation. However, two offenders were in jail, one had been negatively discharged from treatment, one had refused treatment, and two were attending a group in which the therapist was on vacation during the data collection period. Out of the remaining 12 offenders attending treatment, all consented to allow their group therapists to provide treatment-related ratings of participation and progress, and all completed the self-report research measures. Thus, data were collected from 12 of the 18 Coles County ISSOS probationers (66.7% of the officially assigned probation caseload; 100% of the current treatment caseload). Length of time in treatment, through the data collection period, ranged from less than one month to 58 months (M = 20.17 months, SD = 19.65) for this group.

In order to maintain a consistent group format, therapists gave all sex offenders in group treatment an opportunity to participate in the evaluation. As a

result, six *non*-ISSOS offenders agreed to complete questionnaires and to allow therapists to provide status and participation ratings for research purposes. Although the treatment director made this anonymous data available to project investigators, no demographic or probation/parole-related data were available for this group. Therefore, in order to maximize statistical power, participation and status ratings for these six individuals were included in initial analyses to determine the reliability of the Current Status and Treatment Participation Rating Scales; however, the *non*-ISSOS offenders' data were not included in any other reported statistics.

Static Indicators of Recidivism Risk

Two risk of recidivism scales (the Static-99 and the MnSOST-R) were completed for each offender, using static information drawn from probation records. The file information needed to code these measures was available for 10 of the 12 offenders who agreed to participate in this evaluation. Using the designated categorical system for classifying levels of risk using the Static-99, nine of the offenders (90%) obtained scores falling in the *low* (40%) or *medium low* (50%) risk categories; only one offender was classified in the *high* risk category. Scores on the MnSOST-R ranged from –12 to 14 for the present group of offenders and essentially generated percentages of risk classifications that are comparable to those produced by the Static-99. According to the risk categories used by Epperson and associates (Epperson, Kaul, & Hesselton,1998; Epperson et al., 2000) with the MnSOST-R, eight offenders (80%) would be considered at low risk, one at moderate risk, and one at high risk.

Offender Levels of Participation in Treatment

A total treatment participation score was first derived for each offender by summing item ratings, with higher scores indicating greater offender participation in the therapy sessions, as judged by the group therapists. The nature of the Treatment Participation Scale (available in Appendix B) predictably resulted in a varying number of "no basis for judgment" responses across cases. The frequency of missing item data (i.e., "no basis for judgment" ratings) ranged from none to 13 items (out of a total of 28 scale items) across cases and raters, and missing items appeared on seven cases (out of a total of 12 cases). In order to establish a consistent basis for the treatment participation ratings and to maximize stability of scores, each offender's weekly total score was converted to an average participation score. Thus, weekly average scores on the Treatment Participation Rating Scale could range from 0 to 5, with higher scores indicating more positive participation in the therapy session. Therapists were also asked to indicate how typical or representative each offender's in-session behavior was of his general level of treatment participation.

Perceptions varied across co-therapists as well as across weeks. When aggregated across raters and weeks, 60 evaluations of participation were obtained. In 43 out of those 60 participation evaluations (71.7%), offenders' levels of participation were considered typical of their usual in-session involvement. There were ten instances in which a therapist believed that an offender's participation in the group session was "worse than usual" (16.7%), and seven in which participation was considered "better than usual" (11.7%).

In order to minimize the impact of differential variability between raters and weeks on average participation scores for each offender, individual therapist ratings of weekly participation were converted to T scores, using a linear transformation, before they were averaged across raters. The average T scores for each week were further combined to yield a grand average participation score for each offender. Overall treatment participation scores were negatively correlated with the number of previous unsatisfactory treatment reports (r = -.76, p < .01, n = 12); in other words, fewer unsatisfactory reports, as documented in probation records, was subsequently associated with higher levels of participation in treatment sessions. This can be considered indirect support for the validity of therapists' treatment-related ratings.

Offender Status on Treatment-Related Dimensions

Total raw scores on the Current Status Scale (available in Appendix C) were calculated by summing item rating values across the 17 scale items, resulting in a possible score range of 0 to 85. Higher status scores represent more realistic and adaptive functioning in relation to sex offender-specific treatment goals, as evaluated by the therapists. Descriptive statistics for therapist ratings of offender status on treatment targets and participation are presented in Table 5.1. Results indicate that therapists perceived measurable differences among offenders in terms of their current standing relative to treatment-related behavioral objectives, as well as in the nature of their treatment participation across sessions. Individual therapist ratings of treatment-related status were subsequently converted to T scores. When co-therapist ratings were

Table 5.1: Group Status on Treatment Targets & Participation (Coles County)

Therapist Ratings	*n*	*M*	*SD*	Range
Current Status on Targets	12	42.58	17.97	17 - 69
Treatment Participation				
Week 1	12	2.57	.98	1.29 - 4.25
Week 2	11	2.96	.62	1.89 - 3.89
Week 3	12	2.76	.75	1.46 - 3.98

Note: Raw scores on the Current Status Scale have a maximum range of 0 to 85. Raw scores on the Treatment Participation Scale have a maximum range of 0 to 5.

available, T scores were averaged across raters to yield a single status score for each offender.

Inter-correlations between therapist ratings are presented in Table 5.2. All correlations were calculated using the nonparametric, Spearman rank order correlation procedure. Results indicate that, with the exception of treatment participation during Week 3, higher functioning on treatment-related goals was associated with more effective participation in group sessions (based on therapists' perceptions). Correlations between treatment status and participation in Weeks 1 and 2 reached statistical significance. While the correlation for Week 3 did not reach statistical significance, it was in the expected direction and may, at least in part, reflect the fact that therapists categorized the highest percentage of participation ratings as atypical (58.3%) for Week 3. Overall, higher

functioning on treatment-related dimensions, as assessed at Week 1, predicted more positive participation in treatment sessions.

Table 5.2: Correlations Among Treatment-Specific Ratings (Coles County)

Variable	Offender Participation in Treatment		
	Week 1	Week 2	Week 3
Current Status on Targets	.64* (12)	.78** (11)	.41 (12)
Treatment Participation			
Week 1	---	.84** (11)	.83** (12)
Week 2	---	---	.70** (11)

Note. *N* indicated in parentheses. One-tailed tests. *$p < .05$ **$p < .01$

Relationship Between Static Predictors & Treatment-Related Variables

It was generally hypothesized that higher risk of recidivism would be associated with poorer standing on treatment-related goals and with poorer participation in treatment sessions. As shown in Table 5.3, correlations between the Static-99 and therapist ratings were largely consistent with this expectation, despite the fact that 90% of this group had risk scores falling in the *low* or *medium-low* categories. Using Static-99 scores, a higher static risk of recidivism

was negatively associated with subsequent therapist ratings of treatment status and with a trend toward poorer participation in treatment. In contrast, the MnSOST-R scores did not predict either treatment-related variable.

Time in treatment for the participating group ranged from less than one month to 58 months, with a median value of 21 months. It was generally expected that number of months in treatment would be positively correlated with better treatment-related functioning and participation. Once again, the correlation between number of months in treatment and therapist ratings of offenders' statuses on treatment-related goals was in the expected direction and was marginally significant (r = .49, p = .05). Thus, longer time in treatment was associated with better functioning on sex offender-specific treatment objectives. However, time in treatment was not associated with current levels of treatment participation.

Table 5.3: Spearman Correlations Between Static Risk Predictors and Treatment-Specific Ratings (Coles County)

Therapist Ratings	Risk of Recidivism	
	MnSost	Static-99
Offender's Current Status	-.04	-.58*
Current Treatment Participation	.00	-.49

Note. Total n = 10. One-tailed tests. *p < .05

Offender Self-Report Measures

Descriptive statistics for all self-report measures completed by offenders are provided in Table 5.4.

Table 5.4: Offender Self-Reported Psychological Characteristics (Coles County)

Variable	*n*	*M*	*SD*	Range
Cognitive Distortions				
Molestation-related	11	60.81	14.00	40 - 86
Rape-related	11	54.36	17.19	36 - 86
Hostility	12	29.50	9.02	17 - 45
Remorse & Victim Empathy	12	57.33	6.46	45 - 67
Personal Self-Esteem	12	7.67	2.01	4 - 10

Cognitive Distortions

Mean scores on the cognitive distortion scales for the participating group of ISSOS probationers were lower than those reported by Bumby (1996) for samples of rapists and child molesters incarcerated in a maximum security facility. Bumby reported mean scores greater than 80 on the MOLEST Scale and greater than 70 on the RAPE Scale for incarcerated child molesters at the beginning of treatment. Initial mean scores for incarcerated rapists were reported to be greater than 80 on the RAPE Scale and greater than 60 on the

MOLEST Scale. As shown in Table 5.4, means scores of 61 and 54, respectively, were obtained for the ISSOS offenders in the present evaluation. This finding seems consistent with the fact that ISSOS sex offenders are screened for program inclusion and that most had been involved in outpatient sex offender-specific treatment for several months. The present group means seem generally consistent with those reported by Bumby for sex offenders who had already received several months of inpatient sex offender treatment.

Hostility

The mean Buss-Durkee hostility score and degree of score variability obtained for the present group are roughly comparable to those reported by Quinsey, Khanna, & Malcolm (1998; *M* = 28.01, *SD* = 12.18) for a sample of inmates arrested for sexual offenses, as well as with Buss and Durkee's (1957; *M* = 30.87, *SD* = 10.24) original normative sample of college men.

Victim Empathy & Remorse

According to the categorical guidelines provided by Carich and Adkerson (1995), the overall mean self-reported victim empathy and remorse score obtained for the Coles County ISSOS offenders falls at the high level. The frequencies obtained for each Carich-Adkerson category are presented in Table 5.5 and show that all offenders reported moderate or high levels of offense-related remorse and empathy for their victims.

Self-esteem

For the present evaluation, scores on the Rosenberg Self-Esteem Inventory (1957) were calculated two ways. First, a simple frequency count of

items endorsed in the direction of higher self-esteem was calculated, allowing scores to range from 0 to a maximum value of 10. The mean self-esteem score, based on simple item count, indicates that, on average, ISSOS sex offenders positively endorsed about 7 out of the 10 items on the Rosenberg Self-Esteem Inventory, with higher scores indicating higher

Table 5.5: Offender Self-Reported Remorse and Victim Empathy (Coles County)

Level	Frequency	Percent of Total *n*
High	7	58.3
Moderate	5	41.7
Minimal	---	---
Little or None	---	---

Note. Categorical levels were based on score groupings recommended by Carich & Adkerson (1995). Total *n* = 12.

self-esteem. Since the inventory was originally developed for use as a 7-point Guttman scale, a second score was calculated using the Guttman scoring system to allow comparisons with existing normative data. Using the original reverse scoring system, higher scores actually reflect *lower* self-esteem. Table 5.6 present frequencies using Rosenberg's original 7-point scoring dimension. Results again indicate that the majority of offenders reported moderate or high levels of self-esteem.

Relationships Among Variables

Inter-correlations among the offender self-report measures were calculated using the non-parametric Spearman rank order procedure and are reported in Table 5.7. Correlation results indicate a statistically significant, positive association between scores on the two cognitive distortion scales, which is consistent with previous findings in the literature (Bumby, 1996). Greater agreement with distorted beliefs about child molestation was associated with greater agreement with cognitive distortions justifying

Table 5.6: Offender Levels of Self-Esteem (Coles County)

	High Self-Esteem						Low Self-Esteem
	0	1	2	3	4	5	6
Frequency	1	5	3	2	0	1	0
Percent of total n	8.3	41.7	25	16.7	---	8.3	---

Note: Self-esteem scores were calculated using the original Guttman scale system, where higher scores reflect lower self-esteem. Total *n* = 12.

Table 5.7: Spearman Correlations Among Offender Self-Report Measures (Coles County)

Variables	CDR	HOS	RVE	PSE

Cognitive Distortions				
Molestation-related (CDM)	.78**	.15	-.68*	-.46
Rape-related (CDR)		-.05	-.85**	-.34
Hostility (HOS)			-.09	-.72**
Remorse & Victim Empathy (RVE)				.21
Personal Self-Esteem (PSE)				---

Note. Total *n* = 12 except for correlations involving the cognitive distortions scales, where *n* = 11. For personal self-esteem (PSE), higher scores reflect higher self-esteem. Two-tailed tests. **p* < .05 ***p* < .01

rape. In addition, for the present group of ISSOS offenders, higher cognitive distortion scores were significantly correlated with lower levels of remorse and victim empathy. Although higher levels of hostility were associated with lower levels of self-esteem, hostility was not significantly related to cognitive distortions or victim empathy. Correlations between self-esteem and cognitive distortions, and between self-esteem and remorse were in expected directions but did not reach the criterion for statistical significance.

Relationships Between Static Risk Predictors & Offender Self-Report Variables

It was generally hypothesized that higher risk of recidivism and fewer months in treatment would be associated with higher levels of cognitive distortions and hostility, but with lower levels of self-esteem and victim empathy. However, only the correlation between MnSOST-R and self-esteem scores reached statistical significance (r = .66, p < .02, n = 10), and this correlation was not in the expected direction. The correlation between Static-99 and self-esteem scores approached significance (r = .48, p < .08) but was also in the unexpected

direction. In other words, there was a tendency for higher risk of recidivism to be associated with higher levels of self-reported self-esteem. Finally, the correlation between MnSOST-R scores and molestation-related cognitive distortions approached the criterion for statistical significance (r = -.51, p < .07, n = 10), but was also in the unexpected direction. This suggests that lower risk of recidivism, as measured using the MnSOST-R, tended to be associated with higher levels of molestation-related cognitive distortions—a relationship that could, perhaps, be mediated by lower levels of denial. Length of time in treatment was unrelated to any of the offender self-report variables.

Relationships Between Treatment-Related & Offender Self-Report Variables

It was expected that better performance on treatment-related behavioral objectives and higher current levels of treatment participation would be associated with lower levels of cognitive distortions and hostility, but with higher levels of self-esteem and victim empathy. However, there were no statistically significant correlations among these variables.

Offender Views of Treatment

Offenders were asked to provide their views of treatment using nine items developed specifically for this evaluation (available in Appendix D). Results for seven of the nine items on this measure are presented in Table 5.8. Group results indicate that the vast majority of the 12 ISSOS probationers included in this evaluation (over 90%) perceived their therapists to be helpful, supportive, and understanding of offenders' feelings and problems. Eighty-three percent reported that they found it *somewhat easy* or *very easy* to talk with their

therapists, and believed that group therapy has been *somewhat helpful* or *very helpful*. Although there was less agreement about the helpfulness of treatment-related homework assignments, 75% of the offenders rated homework as *somewhat helpful* or *very helpful*. Offenders unanimously reported that therapists are strict about treatment attendance.

One item on the scale was designed to assess probationers' perceptions of information-sharing between therapists and probation officers. Given that the ISSOS case manager regularly attends the sex offender group sessions and actively supports the treatment process, it is not surprising that 91.7% (11 of the 12 respondents) indicated that they believed group therapists shared "everything" about their treatment

Table 5.8: Offender Views of Treatment (Coles County)

Item Content	Response Options			
	not at all	*a little*	*somewhat*	*very much*
therapists helpful & supportive	---	8.3%	41.7%	50.0%
easy to talk about problems	---	16.7	50.0	33.3
strict about attendance	---	---	---	100.0
understand your feelings	---	8.3	50.0	41.7
homework assignments helpful	---	25.0	8.3	66.7
understand your problems	---	---	66.7	33.3
group therapy has helped	---	16.7	33.3	50.0

Note. Total *n* = 12.

participation and progress with the probation officer. The remaining respondent's answer was closely related in that he indicated "a lot" of information was shared. Finally, probationers were asked to rate the overall quality of the group treatment services. The categorical frequencies of responses, presented in Table 5.9, show that 83% of the ISSOS probationers rated treatment services as *very good* or *excellent*.

Summary of Findings Related to Treatment

The following emerged as significant treatment-related findings:

- longer time in treatment was marginally associated with better functioning on instrumental, treatment-related goals;

Table 5.9: Offender Perceptions of Overall Treatment Quality (Coles County)

	Response Options			
	Poor	*Okay*	*Very Good*	*Excellent*
Frequency	---	2	6	4
Percent of total *n*	---	16.7	50.0	33.3

Note. Total *n* = 12.

- higher functioning on sex offender-specific treatment dimensions predicted more positive participation in treatment sessions; and

- one measure of recidivism risk (i.e., the Static-99) proved to be useful in predicting treatment status and generated evidence suggesting that risk of recidivism might be predictive of subsequent levels of treatment participation.

With regard to offense-relevant psychological characteristics, on average, offenders in the Coles County ISSOS-affiliated treatment program reported moderate-to-high levels of self-esteem and victim empathy at the time of evaluation. Levels of cognitive distortion for the Coles County group were roughly comparable to those reported by Bumby (1996) for sex offenders having received several months of inpatient sex offender treatment. Overall, higher levels of cognitive distortion were associated with lower levels of remorse and victim empathy, and higher levels of hostility were associated with lower levels of self-esteem. Although treatment-specific measures were not significantly associated with offenders' self-reported levels of cognitive distortions, hostility, self-esteem, or empathy for victims, failure to find significant correlations may have been largely due to research design limitations, which allowed for assessment of current levels only and precluded the measurement of change from baseline. Pre-existing static predictors of recidivism risk were also largely unrelated to offender self-report measures.

Overall, offender views of the treatment program were very positive. Therapists were generally viewed as helpful, supportive, and understanding, as well as strict about treatment attendance. Eighty-three percent of the Coles County ISSOS offenders indicated they believed treatment was helpful and rated

the overall quality of treatment services as very good or excellent. Offenders also indicated they were very aware of the level of open communication that occurs between therapists and the probation officer.

Thus, evidence suggests that length of, and participation in, treatment is related to better functioning on offender-specific behavioral objectives, and that treatment services are well-regarded by offenders. Moreover, treatment-specific measures proved to be somewhat sensitive to pre-existing static indicators of recidivism risk, which is consistent with the generally accepted premise that offenders who present greater pre-existing risk of recidivism also present a greater treatment challenge.

Recommendations for Follow-Up

Results of the implementation and impact evaluations provide indirect evidence of positive treatment impact. Nevertheless, it is strongly recommended that consistent measures of treatment status and participation, as well as of offender characteristics, be collected at regular intervals over time in treatment so that meaningful behavioral changes for each offender can be detected and tracked over time.

VERMILION COUNTY SEX OFFENDER-SPECIFIC TREATMENT PROGRAM

Overview of Treatment Program

The Vermilion County Sex Offender Probation Program (SOP) incorporates a court-mandated sex offender-specific treatment program provided through a community-based human services organization. The treatment program was originally provided through the Center for Children's Services (CCS), described in the SOP proposal "the only agency in {Vermilion] County that has the clinical expertise and trained staff to handle the sex offender population" (RFP, 1998). As reported earlier in Chapter Three, this treatment program and the supervising psychologist changed its base of operations

approximately two years after SOP began formal operations. The provision of group treatment is now conducted through Crosspoint Human Services (CHS), where SOP-related services are supervised by the same licensed psychologist. Two additional clinicians serve as group therapists for the treatment program; academic degrees range from bachelor- to master-levels in relevant concentrations (i.e., social work and counseling).

Treatment Structure and Therapeutic Orientation

Information obtained through the Phase 2 interviews for Vermilion County largely indicated there had been no significant changes in assessment procedures or treatment services since the Phase 1 implementation evaluation was conducted. However, a brief, updated overview of current services is provided in the following paragraphs. The provision of group treatment at CHS consists of four groups for adult male sex offenders, which include parolees as well as offenders in the specialized probation program. One of the men's groups is specifically for sex offenders who are assessed at below average intelligence or who otherwise exhibit signs of significant cognitive limitation. At present, there are three women offenders in the SOP program; their treatment is handled separately, by a female therapist. The men's groups range in size from 8 offenders to 11 offenders each; however, an effort is made to cap each group at 10 whenever possible. Group sessions are held on a weekly basis and are 90 minutes in duration. Sex offenders are charged a sliding scale fee ranging from $6.00 to $42.00 per session. The Vermilion County SOP officer does not attend group treatment sessions.

Group therapy is generally consistent with the description provided in the Phase 1 report (Hayler et al., 2000). It continues to be cognitive-behavioral in nature and grounded in a relapse prevention model. The treatment provider indicated he is planning to incorporate session progress reports and session-bridging homework on a consistent basis in the future. Therapists currently evaluate the level of treatment participation using a categorical system consisting of "above average," "average," or "below average" designations, which are

recorded in progress notes. The following were identified as being prominent targets or components of treatment: denial of offense, other cognitive distortions and personal dynamics, analyzing events in the offense cycle, arousal or deviant fantasy control, empathy for victims, relationship skills development, and stress and anger management.

Treatment includes the use of a therapeutic contract that must be signed by the offender. There is no formal policy on lateness or noncompliance with homework, but the treatment supervisor indicated that offenders were suspended after four unexcused absences. He also indicated that lateness and noncompliance were usually not a problem. Offenders who want to continue group therapy after probation ends are allowed to continue in the treatment program.

Pre-Treatment Assessment

As previously described in the Phase 1 report, a sex offender-specific assessment is jointly conducted by the treatment supervisor and the probation officer, using interviews and a battery of clinical measures. The typical assessment includes the Minnesota Multiphasic Personality Inventory (MMPI-2) and the Hare Psychopathy Checklist, but other measures may be used as deemed necessary. Assessment culminates in a formal report that includes recommendations regarding amenability to treatment and level of supervision needed. Sex offenders are excluded from the primary provider's group treatment if the supervising psychologist finds evidence of severe mental illness or disability that would interfere with effective participation in the treatment process.

Treatment Progress Reviews and Records

Criteria for a negative discharge from treatment include repeated problems with attendance, nonpayment of fees, and stalking or suicidal behavior. Treatment records include the treatment contract, attendance records, and weekly progress notes.

Communication between Probation Officers and Treatment Providers

Reciprocal releases of information are in effect for the duration of treatment, and case management is conducted primarily through phone contact, on a weekly basis, between the probation officer and the treatment supervisor. At the present time, the probation officer receives monthly records of attendance and weekly updates on treatment participation. The treatment supervisor indicated that, in the near future, the agency will also be providing the probation officer with information on fee payment.

Evaluation of Treatment Impact

Offender Participation in the Program Evaluation

A total of 22 adult male sex offenders were assigned to the SOP-related treatment program during the course of this evaluation. However, at the time of clinical data collection, five offenders were either in jail or had been negatively discharged from treatment, two had been transferred to other out-of-state programs, and four were attending a group specifically designed for individuals with cognitive limitations. Out of the remaining 11 offenders attending regular sex offender-specific treatment, ten consented to allow their group therapists to provide treatment-related ratings of participation and progress, six completed the

self-report research measures, and a seventh offender partially completed the self-report measures. Thus, complete data were collected from six of the 22 Vermilion County SOP probationers (27.3% of the officially assigned probation caseload; 54.5% of the current treatment caseload). Treatment-specific ratings by group therapists were obtained for 90.9% of the current treatment caseload (*n* = 10), with the exception of one case that had missing items on the treatment status form. Length of time in treatment, through the data collection period, ranged from two months to 78 months (*M* = 35.4 months, *SD* = 24.75) for this group. The small number of offenders who agreed to complete the self-report questionnaires may not constitute a representative sample of SOP offenders in the Vermilion County program. As a result, the following statistical results, sometimes based on as few as six offenders, must be regarded as potentially having limited stability and generalizability.

Static Indicators of Recidivism Risk

Two risk of recidivism scales (the Static-99 and the MnSOST-R) were completed for each offender, using static information drawn from probation records. The file information needed to code these measures was available for 10 of the 11 offenders included in this evaluation. Using the designated categorical system for classifying levels of risk using the Static-99, six offenders (60%) obtained scores falling in the *low* risk category and four (40%) obtained scores falling in the *medium-low* risk category. Scores on the MnSOST-R ranged from –14 to 2 for the present group of offenders and essentially generated percentages of risk classifications that are comparable to those

produced by the Static-99. According to the risk categories used by Epperson and associates (Epperson, Kaul, & Hesselton,1998; Epperson et al., 2000) with the MnSOST-R, all ten offenders (100%) would be considered at low risk.

Offender Levels of Participation in Treatment

A total treatment participation score was first derived for each offender by summing item ratings, with higher scores indicating greater offender participation in the therapy sessions, as judged by the group therapists. There were only two instances of a single missing item (out of a total of 28 scale items and 10 cases). In order to establish a consistent basis for the treatment participation ratings and to maximize stability of scores, each offender's weekly total score was converted to an average participation score. Thus, weekly average scores on the Treatment Participation Rating Scale could range from 0 to 5, with higher scores indicating more positive participation in the therapy session. Therapists were also asked to indicate how typical or representative each offender's in-session behavior was of his general level of treatment participation.

When aggregated across raters and weeks, 40 evaluations of participation were obtained. In 31 out of the 40 participation evaluations (77.5%), offenders' levels of participation were considered typical of their usual in-session involvement. There were three instances in which a therapist believed that an offender's participation in the group session was "worse than usual" (7.5%), and six in which participation was considered "better than usual" (15%).

Co-therapist ratings were available for only one of the three weeks of data collection and were used primarily to assess inter-rater reliability. Thus, only the

primary therapist's ratings of treatment participation were used in subsequent analyses. In order to minimize the impact of differential variability across weeks, the therapist's ratings of weekly participation were converted to T scores, using a linear transformation, before they were averaged for each offender. Overall treatment participation scores were negatively correlated with the number of previous unsatisfactory treatment reports (r = -.59, p < .05, n = 9); in other words, fewer unsatisfactory reports, as documented in probation records, was subsequently associated with higher levels of participation in treatment sessions. This can be considered indirect support for the validity of therapists' treatment-related ratings.

Offender Status on Treatment-Related Dimensions

Total raw scores on the Current Status Scale were calculated by summing item rating values across the 17 scale items, resulting in a possible score range of 0 to 85. Higher status scores represent more realistic and adaptive functioning in relation to sex offender-specific treatment goals, as evaluated by the therapists. One case was dropped due to missing data. Descriptive statistics for therapist ratings of offender status on treatment targets and participation are presented in Table 5.10. Results indicate that therapists perceived measurable differences among offenders in terms of their current standing relative to treatment-related behavioral objectives, as well as in the nature of their treatment participation across sessions. Individual therapist ratings of treatment-related status were subsequently converted to T scores. When co-therapist ratings were

available, T scores were averaged across raters to yield a single status score for each offender.

Table 5.10: Group Status on Treatment Targets & Participation (Vermilion County)

Therapist Ratings	*n*	*M*	*SD*	Range
Current Status on Targets	9	39.78	14.78	23.5 - 67
Treatment Participation				
Week 1	10	2.70	.89	1.71 - 4.36
Week 2	10	2.80	.88	2.00 - 4.50
Week 3	10	2.89	.83	1.86 - 4.54

Note. Raw scores on the Current Status Scale have a maximum range of 0 to 85. Raw scores on the Treatment Participation Scale have a maximum range of 0 to 5.

Inter-correlations between therapist ratings of treatment-related status and participation across the three weeks of data collection are presented in Table 5.11. All correlations were calculated using the nonparametric, Spearman rank order correlation procedure. Results indicate that higher functioning on treatment-related goals was consistently associated with more effective participation in subsequent group sessions.

Table 5.11: Correlations Among Treatment-Specific Ratings (Vermilion County)

Variable	Offender Participation in Treatment		
	Week 1	Week 2	Week 3
Current Status on Targets	.78** (9)	.75** (9)	.80** (9)
Treatment Participation			
Week 1	---	.93** (10)	.94** (10)
Week 2	---	---	.90** (10)

Note. *N* indicated in parentheses. One-tailed tests. *$p < .05$ **$p < .01$

Relationship Between Static Predictors & Treatment-Related Variables

It was generally hypothesized that higher risk of recidivism would be associated with poorer standing on treatment-related goals and with poorer participation in treatment sessions. However, only one of the correlations was in the expected direction and none reached statistical significance.

Time in treatment for the participating group ranged from two months to 78 months, with a median value of 35.5 months. It was generally expected that number of months in treatment would be positively correlated with better treatment-related functioning and participation. The correlation between number of months in treatment and therapist ratings of offenders' statuses on treatment-related goals was in the expected direction and was marginally significant ($r = .61$, $p = .05$, $n = 8$). Thus,

longer time in treatment was associated with better functioning on sex offender-specific treatment objectives. However, time in treatment was not associated with overall level of current participation in treatment.

Offender Self-Report Measures

Descriptive statistics for all self-report measures completed by offenders are provided in Table 5.12.

Table 5.12: Offender Self-Reported Psychological Characteristics (Vermilion County)

Variable	*n*	*M*	*SD*	Range
Cognitive Distortions				
Molestation-related	6	60.00	15.03	44 - 86
Rape-related	6	53.75	20.50	38 - 93
Hostility	6	25.50	8.09	16 - 38
Remorse & Victim Empathy	7	55.86	8.88	42 - 66
Personal Self-Esteem	7	7.71	2.21	4 - 10

Cognitive Distortions

Mean scores on the cognitive distortion scales for the participating group of SOP probationers were lower than those reported by Bumby (1996) for samples of rapists and child molesters incarcerated in a maximum security facility. Bumby reported mean scores greater than 80 on the MOLEST Scale and greater than 70 on the RAPE Scale for incarcerated child molesters at the

beginning of treatment. Initial mean scores for incarcerated rapists were reported to be greater than 80 on the RAPE Scale and greater than 60 on the MOLEST Scale. As shown in Table 5.12, means scores of 60 and 53.75, respectively, were obtained for the SOP offenders in the present evaluation. Again, this finding seems consistent with the fact that SOP sex offenders are screened for program inclusion and that most had been involved in outpatient sex offender-specific treatment for several months. The present group means seem generally consistent with those reported by Bumby for sex offenders who had already received several months of inpatient sex offender treatment.

Hostility

The mean Buss-Durkee hostility score and degree of score variability obtained for the present group are slightly lower than those reported by Quinsey, Khanna, & Malcolm (1998; *M* = 28.01, *SD* = 12.18) for a sample of inmates arrested for sexual offenses.

Victim Empathy & Remorse

According to the categorical guidelines provided by Carich and Adkerson (1995), the overall mean self-reported victim empathy and remorse score obtained for the Vermilion County SOP offenders falls on the borderline between the moderate and high

Table 5.13: Offender Self-Reported Remorse and Victim Empathy (Vermilion County)

Level	Frequency	Percent of Total n
High	5	71.4

Moderate	2	28.6
Minimal	---	---
Little or None	---	---

Note. Categorical levels were based on score groupings recommended by Carich & Adkerson (1995). Total *n* = 7.

levels. The frequencies obtained for each Carich-Adkerson category are presented in Table 5.13 and show that all offenders reported moderate or high levels of offense-related remorse and empathy for their victims.

Self-esteem

For the present evaluation, scores on the Rosenberg Self-Esteem Inventory (1957) were calculated two ways. First, a simple frequency count of items endorsed in the direction of higher self-esteem was calculated, allowing scores to range from 0 to a maximum value of 10. The mean self-esteem score, based on simple item count, indicates that, on average, SOP sex offenders positively endorsed about 7 out of the 10 items on the Rosenberg Self-Esteem Inventory, with higher scores indicating higher self-esteem. Since the inventory was originally developed for use as a 7-point Guttman scale, a second score was calculated using the Guttman scoring system to allow comparisons with existing normative data. Using the original reverse scoring system, higher scores actually reflect *lower* self-esteem. Table 5.14 presents frequencies using Rosenberg's original 7-point scoring dimension. Results again indicate that the majority of

offenders who completed the measure reported moderate or high levels of self-esteem.

Table 5.14: Offender Levels of Self-Esteem (Vermilion County)

	High Self-Esteem						Low Self-Esteem
	0	1	2	3	4	5	6
Frequency	2	1	1	2	1	0	0
Percent of total *n*	28.6	14.3	14.3	28.6	14.3	---	---

Note: Self-esteem scores were calculated using the original Guttman scale system, where higher scores reflect lower self-esteem. Total *n* = 7.

Relationships Among Variables

Inter-correlations among the offender self-report measures were calculated using the non-parametric Spearman rank order procedure and are reported in Table 5.15. Although correlations among self-esteem, cognitive distortions, and victim empathy were in expected directions, none reached the criterion for statistical significance.

Relationships Between Static Risk Predictors & Offender Self-Report Variables

It was generally hypothesized that higher risk of recidivism and fewer months in treatment would be associated with higher levels of cognitive distortions and hostility, but with lower levels of self-esteem and victim empathy. With regard to pre-treatment

Table 5.15: Spearman Correlations Among Offender Self-Report Measures (Vermilion County)

Variables	CDR	HOS	RVE	PSE
Cognitive Distortions				
Molestation-related (CDM)	.49	-.54	-.37	-.64
Rape-related (CDR)		.38	-.49	-.10
Hostility (HOS)			-.03	.32
Remorse & Victim Empathy (RVE)				.04
Personal Self-Esteem (PSE)				---

Note. Total *n* = 6 except for the correlation between self-esteem and victim empathy, where *n* = 7. For personal self-esteem (PSE), higher scores reflect higher self-esteem. Two-tailed tests.

risk of recidivism, only the correlation between MnSOST-R and molestation-related cognitive distortion scores reached statistical significance (r = -.77, p < .04, n = 6), and this correlation was not in the expected direction. Thus, paralleling results for Coles County, this suggests that lower risk of recidivism, as measured using the MnSOST-R, tended to be associated with higher levels of molestation-related cognitive distortions. The correlation between months in treatment and victim empathy reached statistical significance; however, it was also in the unexpected direction (r = -.79, p < .02, n = 7), with more time in treatment being associated with lower self-reported victim empathy and remorse.

Relationships Between Treatment-Related & Offender Self-Report Variables

It was expected that higher current levels of treatment participation and better standing on treatment-related goals would be associated with lower levels of cognitive distortions and hostility, but with higher levels of self-esteem and victim empathy. However, there were no statistically significant correlations between these variables.

Offender Views of Treatment

Offenders were asked to provide their views of treatment using nine items developed specifically for this evaluation. Results for seven of the nine items on this measure are presented in Table 5.16. Group results indicate that all of the participating

Table 5.16: Offender Views of Treatment (Vermilion County)

Item Content	Response Options			
	not at all	*a little*	*somewhat*	*very much*
therapists helpful & supportive	---	---	28.6%	71.4%
easy to talk about problems	---	---	57.1	42.9
strict about attendance	---	---	14.3	85.7
understand your feelings	---	---	28.6	71.4
homework assignments helpful[a]	---	16.7	16.7	66.7
understand your problems	---	---	42.9	57.1
group therapy has helped	---	---	---	100.0

Note. Total *n* = 7, except for item[a] where *n* = 6.

SOP probationers included in this evaluation perceived their therapist to be helpful, supportive, and understanding of offenders' feelings and problems. All reported that they found it *somewhat easy* or *very easy* to talk with their therapists, and believed that group therapy has been *very helpful*. Although there was less agreement about the helpfulness of treatment-related homework assignments, 83.4% of the participating offenders rated homework as *somewhat helpful* or *very helpful*. Nearly 86% of the offenders reported that their therapist is very strict about treatment attendance.

One item on the scale was designed to assess probationers' perceptions of information-sharing between therapists and probation officers. Six of the seven respondents (85.7%) indicated that they believed group therapists shared "everything" about their treatment participation and progress with the probation officer. The remaining respondent's answer was closely related in that he indicated "a lot" of information was shared. Finally, probationers were asked to rate the overall quality of the group treatment services. The categorical frequencies of responses, presented in Table 5.17, show that 85.7% of the SSOPP probationers rated treatment services as *very good* or *excellent*.

Summary of Findings Related to Treatment

The following emerged as significant treatment-related findings:

- longer time in treatment was associated with better functioning on instrumental, treatment-related goals, and

- higher functioning on sex offender-specific treatment dimensions consistently predicted more positive participation in treatment sessions.

Table 5.17: Offender Perceptions of Overall Treatment Quality (Vermilion County)

	Response Options			
	Poor	*Okay*	*Very Good*	*Excellent*
Frequency	---	1	2	4
Percent of total *n*	---	14.3	28.6	57.1

Note. Total $n = 7$.

With regard to offense-relevant psychological characteristics, those offenders in the Vermilion County SOP-affiliated treatment program who completed measures generally reported moderate or high levels of self-esteem and victim empathy at the time of evaluation. Levels of cognitive distortion for the Vermilion County group were roughly comparable to those reported by Bumby (1996) for sex offenders having received several months of inpatient sex offender treatment. Although there was an association between longer time in treatment and lower self-reported victim empathy and remorse for the Vermilion sample, the significance of this finding is moderated by the overall levels of empathy and remorse reported and by small number of offenders who completed measures. None of the other treatment-specific measures were associated with offenders' self-reported levels of cognitive distortions, hostility, self-esteem, or

empathy for victims. Pre-existing static predictors of recidivism risk were also largely unrelated to offender self-report measures. Nevertheless, failure to find significant correlations may have been largely due to sample size and research design limitations, which allowed for assessment of current levels only and precluded the measurement of change from baseline.

Overall, offender views of the treatment program were very positive. Therapists were generally viewed as helpful, supportive, and understanding, as well as strict about treatment attendance. All of the participating Vermilion County SOP offenders indicated they believed treatment was helpful, and nearly 86% rated the overall quality of treatment services as very good or excellent. Offenders also indicated they were very aware of the level of open communication that occurs between therapists and the probation officer.

Thus, evidence suggests that length of, and participation in, treatment was related to better functioning on offender-specific behavioral objectives, and that treatment services are well-regarded by those offenders who completed self-report measures.

Recommendations for Follow-Up

Results of the implementation and impact evaluations provide indirect evidence of positive treatment impact. Nevertheless, it is strongly recommended that consistent measures of treatment status and participation, as well as of offender characteristics, be collected at regular intervals over time in treatment so that meaningful behavioral changes for each offender can be detected and tracked over time.

MADISON COUNTY JUVENILE SEX OFFENDER PROGRAM (JSOP)

Updated information regarding treatment services for adolescent sex offenders in Madison County was obtained through interviews conducted with the JSOP probation staff members. Information obtained through the Phase 2 interviews largely indicated there had been no significant changes in the in-house treatment program since the Phase 1 evaluation was conducted.

Professional Academy continues to offer in-house treatment for juvenile offenders in the JSOP program, using the basic curriculum discussed in the Phase 1 report (Hayler et al., 2000). During the evaluation period this treatment provider has sometimes offered two separate treatment groups and sometimes combined all JSOP offenders in one group, depending on the number of juveniles actively participating in the program. When group size increases beyond ten members, a second treatment group is opened. Group assignments are made by JSOP, based on an informal assessment of mental functioning. Professional Academy no longer schedules formal meetings with the parents of JSOP participants, although the therapists do meet with parents individual on an as-needed basis.

JSOP currently has a number of older offenders aged 17 and 18 serving terms of probation as juveniles. Because of their age and physical development, as well as some differences in the offenses they have committed, some of these older JSOP offenders have been assigned to the in-house adult treatment group rather than being placed in the juvenile group. The curriculum of the two groups is very similar.

JSOP youths are continuing to progress through the Professional Academy sex offender curriculum, and some are now working in Phase 3 workbooks. No juvenile has successfully completed the entire curriculum at this time. However, some consideration is being given to training the most advanced and successful participants as group "facilitators," as is already done in the adult treatment group. There has also been some discussion of developing a maintenance group for juveniles who complete the structured curriculum. Without a treatment component, it is possible that offenders who have completed the program will be considered by the courts for early release from probation.

JSOP is also assigning juvenile sex offenders to the other two available treatment providers in the area. Assignments are made based on where the offender lives and goes to school, availability of transportation, and an evaluation of the family financial resources and medical insurance coverage. The Center for Children's Behavioral Disorders (CCBD) operates a residential facility and an outpatient program, and is willing to work with juveniles receiving public assistance. They also offer a program that is particularly appropriate for youths with developmental disabilities or immaturity issues. Alternatives Counseling, Inc. (Alternatives) offers a variety of services, including the only female sex offender group in the area. Both programs offer regular education groups for parents of offenders. CCBD provides valuable training in relapse prevention and how to monitor a child's behavior.

Both CCBD and Alternatives prepare formal intake assessments; Alternatives conducts a disclosure interview followed by polygraph assessment

as part of its intake process. Members of the evaluation team reviewed nine JSOP probation case files for representative testing, assessment, and/or treatment-related reports. Comprehensive assessment reports were found in two-thirds of the files reviewed (n=6). In all cases, the comprehensive assessment had been conducted by either CCBD or Alternatives. Assessment reports indicated that results and recommendations were based on interviews with juveniles and their parents, as well as on multiple tests and behavioral rating measures. File documents further indicated that assessment had been scheduled for an additional case, but the report had apparently not yet been received. Psychiatric diagnostic information, using the five-axis system of the American Psychiatric Association's (1994) *Diagnostic and Statistical Manual of Mental Disorders, Fourth edition*, was found in 77.8% (n=7) of the files reviewed.

In addition to assessments conducted by treatment providers, the JSOP supervisor administers a computer-scored version of SAI-J (Sexual Adjustment Inventory, Juvenile Form) to juveniles entering the probation program. The SAI-J consists of 13 subscales designed to assess a variety of beliefs, attitudes, and behaviors directly or indirectly related to sexual maladjustment. The measure is completed by the juvenile offenders themselves, and includes two subscales to assess lack of truthfulness in responding. In addition to subscale scores, the computerized scoring system for the SAI-J yields a risk of maladjustment estimate, with percentile scores falling within one of four risk categories—*low*, *medium*, *problem*, *maximum*. Results of SAI-J assessments were present in 55.5% (n=5) of the files reviewed. The same percentage also included the

results of substance use/abuse screenings conducted by Treatment Alternatives for Safe Communities (TASC). A summary listing of all assessment instruments cited within the assessment reports or in other file documents is presented in Figure 5.1.

Figure 5.1: Pre-Treatment Assessment Measures, Madison County JSOP

2. Emotional/Behavioral Problems & Clinical Symptoms/Syndromes

Adolescent Psychopathology Scale
Behavioral Assessment System for Children
Buss-Durkee Hostility Inventory
Children's Depression Inventory
Conners Rating Scale
House-Tree-Person
Minnesota Multiphasic Personality Inventory – Adolescent
Observable Behavior Checklist
Piers-Harris Children's Self Concept Scale
The Roberts Apperception Test
Trauma Symptom Checklist for Children

3. Intellectual Assessment or Screening

Kaufman Brief Intelligence Test

4. Sex Offender-Specific

Adolescent Cognition Scale
Burt Rape Myth Acceptance Scale
Multiphasic Sex Inventory
PHASE Sexual Attitudes Questionnaire
Sex Offender Incomplete Sentences Blank
a) Sexual Adjustment Inventory, Juvenile Form

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