



**THE EFFECTIVENESS OF SEXUAL
OFFENDER REHABILITATION AND
REINTEGRATION PROGRAMS:
INTEGRATING GLOBAL AND LOCAL PERSPECTIVES
TO ENHANCE CORRECTIONAL OUTCOMES**

Research Report

USC Sexual Violence Research and Prevention Unit

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Rise, and shine.

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Contributors

The **Sexual Violence Research and Prevention Unit** is based at the University of the Sunshine Coast, and aims to understand, prevent, and respond to sexual violence and abuse at a local, national and international level. The Unit brings together a community of academics, government and non-government industry partners, and students with a shared interest in sexual violence and abuse prevention practice and research. Collectively, the work of the Unit aims to reduce victimisation and address perpetration through innovative and evidence-based knowledge and practice. By disseminating research to industry professionals and to the broader community, the Unit bridges the gap between research and practice.

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Executive Summary

PURPOSE

In 2018, Queensland Corrective Services (QCS) introduced a competitive research grant scheme to address four strategic research priority areas:

1. *Managing Demand*—responding to growth in the corrective services population;
2. *Understanding and Responding to the Diversity of the Offender Population* – recognising, respecting and valuing diversity;
3. *Effective and Efficient Service Delivery*—improving outcomes through evidence-based practice; and
4. *Rehabilitation and Reintegration of Prisoners and Offenders* – supporting individuals to reduce offending and remain in the community.

This present study falls under QCS Strategic Research Priority 4 (Rehabilitation and Reintegration of Prisoners and Offenders) and aims to identify the most successful pathways from rehabilitation to reintegration for males convicted of sexual offences in Queensland.

An underlying principle of case-management strategies for offenders is ‘throughcare’, which ideally begins at initial reception into custody and continues at least until transition into the community. Since 2016-2017, new prisoner re-entry programs have been implemented in Queensland providing ‘inreach’ (i.e., within custody) and ‘outreach’ (i.e., in the community) support to promote successful transitions from prison. These services are available for male (i.e., CREST and Borallon Throughcare) and female (i.e., MARA) prisoners, to address some of the identified unique needs within the offending population that might optimise successful reintegration.

As such, the present project uniquely studies pathways through rehabilitation to successful reintegration, for sexual offenders, exploring combined effects, in order to inform best-practice. The findings will help identify areas of strength and areas for enhanced effectiveness for offence-specific rehabilitation and reintegration programs to support prisoners who have offended sexually to reintegrate successfully into the community and reduce their recidivism.

The project aimed to answer the following primary research question:

What are the most effective pathways for successful rehabilitation and reintegration for reducing recidivism by sexual offenders?

To address this primary research question, several sub-questions were considered:

1. What is the current state of scientific knowledge internationally regarding the impacts of correctional programs for supporting perpetrators of sexual offences, to reduce their offending and remain in the community?

2. How well do QCS correctional programs for sexual offenders map to current best practice and innovations?
3. For whom, and under what circumstances, are these programs most effective?
 - What are the individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., program type; design; delivery; dosage) predictors of successful outcomes?
 - Do recidivism outcomes differ for those who complete: (1) only a Sexual Offending Treatment Program (SOTP); (2) only a reintegration program; (3) both SOTP and reintegration programs; or (4) neither a SOTP nor a reintegration program?

METHOD AND ANALYSIS

These research questions were examined in three stages, using a mixed-methods design:

Stage 1: Global literature review

The global literature review explores best-practice standards for correctional programming, exemplar programs, and outcome evaluations of rehabilitation and reintegration programs for sexual offenders. This review considered impacts of individual-level (e.g., cultural heritage, risk, age) and program-level (e.g., program type, design, delivery, dosage) factors on correctional outcomes, where measured.

Stage 2: Local program mapping and analysis

Available program documentation on QCS rehabilitation and reintegration programs for sexual offenders was assessed for alignment with best-practice evidence and current innovations highlighted by the global literature review. Focus groups and interviews with QCS program staff, who have direct involvement in delivering custodial-based SOTPs, were also conducted. Both were analysed, and findings integrated, to identify key strengths of current QCS correctional programs, factors that increase chances of success, as well as potential areas for enhancing effective and efficient service delivery.

Stage 3: Post-release outcomes for rehabilitation and reintegration

The third stage examined post-release outcomes for prisoners who were sentenced for a sexual offence and were released from custody between 1 January 2010 and 31 December 2017 ($n = 2,407$). Our key focus here was to identify the most effective pathways through the correctional system, including transition from custody to community. As such, we examined post-release outcomes for those prisoners who had completed a re-entry program (Transitions or similar) during their contact with QCS and for the most recent episode for which they were released. We also compared these outcomes controlling for individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., program type and dosage; program location) factors to identify the pathways that had the most successful outcomes in terms of supporting individuals to reduce reoffending and remain in community.

Data collection, analysis and interpretation

This project utilised a realist evaluation approach (Pawson & Tilley 1997), operationalised through an adapted the 'EMMIE' framework (Johnson, Tilley, & Bowers, 2015). Realist evaluation is a form of theory-driven evaluation that aims to evaluate “what works, for whom, in what circumstances, in what respects, and how” (Pawson & Tilley, 1997). This approach is concerned with how programs work in real world

settings, rather than simply whether they produce a particular outcome in a controlled environment. In doing so, this approach accommodates traditional evaluation interests in recidivism outcomes, along with more nuanced policy- and practice-based evaluation interests. Not only does this approach examine the ‘effect’ of a program, it identifies ‘mechanisms’ theorised to bring about change, variables that ‘moderate’ the impact of a program, along with factors that challenge or aid ‘implementation’ of a program (Johnson et al., 2015).

KEY FINDINGS

Twelve key findings emerged from the present study. These are reported using the adapted ‘EMMIE’ framework (Johnson et al., 2015) to synthesise the findings across the three stages (see Table i).

Table i. *Key findings synthesised using EMMI[E]*

<p>[E]ffects</p> <p><i>The is the overall impact of a program?</i></p>	<p><u>Key finding 1:</u> Overall, the weight of current evidence (globally and locally) indicates that engagement in sex offending treatment programs (SOTPs) can produce appreciable reductions in sexual and non-sexual recidivism, and that savings from these programs should exceed costs.</p> <p><u>Key finding 2:</u> Re-entry programs (in the absence of any treatment) appear to have some appreciable effect on breaches and reoffending, when transitioning from custody, at least in the short-term.</p> <p><u>Key finding 3:</u> There remains a paucity of research in Australia evaluating the effectiveness of SOTPs that addresses the diversity of the sexual offending population, to answer the question ‘what works, for whom, in what respects, and how?’</p>
<p>[M]echanisms</p> <p><i>What is it about the program that produces the (intended or unintended) effects?</i></p>	<p><u>Key finding 4:</u> Key components of successful SOTPs appear to include a combination of cognitive-behavioural therapies, focussed on self-regulation and accountability, and multisystemic features that incorporate family and system support particularly for relapse prevention and supported re-entry.</p> <p><u>Key finding 5:</u> QCS’s current suite of programs is consistent with the risk-needs-responsivity (RNR) model and best-practice principles but would most likely benefit from being updated to reflect evidence produced in the past decade.</p> <p><u>Key finding 6:</u> Recent innovations in the application of situational principles to sexual violence and abuse may enhance current QCS SOTPs, particularly in terms of ‘extending guardianship’ and ‘assisting compliance’.</p> <p><u>Key finding 7:</u> Therapeutic rapport, program flexibility, and offender insight and self-awareness were identified by practitioners as key mechanisms for producing intended outcomes</p>

	<p><u>Key finding 8:</u> The Queensland data suggest that a combination of SOTP plus reintegration appears to produce the best overall outcomes in terms of proportion of returns to custody (breaches and/or new offences) and time to reoffend</p> <p><u>Key finding 9:</u> A sequential pathway that combines the SOTP 'trilogy' (preparation program, SOTP, and maintenance program) plus reintegration appears to produce the best intended effects, for reducing breaches and new offences</p> <p><u>Key finding 10:</u> The chance of success for incarcerated offenders appears to be improved through a combination of programs delivered in custody and community</p>
<p>[M]oderators</p> <p><i>What internal or external contextual factors impact program outcomes?</i></p>	<p><u>Key finding 11:</u> A combination of system-level (e.g., correctional processes and culture), program-level (e.g., group dynamics; dosage), and individual-level (e.g., motivation) factors, and factors external to QCS (e.g., relationships; connection to community), appear to be moderators of program success.</p>
<p>[I]mplementation</p> <p><i>What factors aided or challenged implementation?</i></p>	<p><u>Key finding 12:</u> Program resourcing, staffing and staff training were identified as key considerations for implementing programs as intended</p>

FUTURE DIRECTIONS

The findings from the present study highlight 4 key areas for consideration regarding policy, practice and research:

Consideration 1: QCS should continue with its suite of sexual offending treatment programs (SOTPs), but these should be updated and extended to include situational components and other key developments in sexual violence prevention.

Consideration 2: QCS should review current programs (and underlying program logic) for Aboriginal and/or Torres Strait islander offenders who have committed sexual offences.

Consideration 3: A more nuanced approach to evaluation of SOTPs is required to build the current evidence-base to answer what works, for whom, in what respects and how.

Consideration 4: Continued investment in, and evaluation of, reintegration programs is required with an added focus on integrated management and economic analysis in future investigations.

1. Introduction

1.1 PROJECT AIMS

In 2018, Queensland Corrective Services (herein QCS) introduced a competitive research grant scheme to address four strategic research priority areas:

1. *Managing Demand*—responding to growth in the corrective services population;
2. *Understanding and Responding to the Diversity of the Offender Population* – recognising, respecting and valuing diversity;
3. *Effective and Efficient Service Delivery*—improving outcomes through evidence-based practice; and
4. *Rehabilitation and Reintegration of Prisoners and Offenders* – supporting individuals to reduce offending and remain in the community.

The present project falls under QCS Strategic Research Priority 4 (Rehabilitation and Reintegration of Prisoners and Offenders) and aims to identify the most successful pathways from rehabilitation to reintegration for males convicted of sexual offences.

First, this project updates and extends the ‘what works’ agenda and previous evaluations of QCS programs for sexual offenders by considering its diverse offender population and identifying individual-factors predictive of successful outcomes. Sexual violence is recognised as a global public health problem (Krug et al., 2002; WHO, 2019). Moreover, domestic and family (including sexual) violence has been identified as a priority issue for QCS given increases in crime rates and costs to the Queensland economy (QCS, 2017). As such, improving the evidence-base behind ‘what works’ is imperative to reducing the extent and impacts of these crimes.

Second, the project investigates the effectiveness of both rehabilitation and reintegration programs for reducing sexual and non-sexual recidivism among males convicted of sexual offences. An underlying principle of case-management strategies for offenders is ‘throughcare’, which ideally begins at initial reception into custody and continues at least until transition into the community. Since 2016-2017, new prisoner re-entry programs, comprised of ‘inreach’ (i.e., in custody) and ‘outreach’ (i.e., in community) services, have been implemented within QCS to promote successful transitions into the community for male (CREST and Borallon Throughcare) and female (MARA) offenders, to improve life outcomes for all prisoners. Hence, there is a current need to evaluate the outcomes of both rehabilitation and reintegration programs regularly (Recommendation 32 [R32], Sofronoff, 2016), including those support mechanisms that are meaningful and relevant to the offender, and the social-ecological systems in which they are embedded.

As such, our project uniquely studies pathways through rehabilitation to successful reintegration, for sexual offenders, exploring combined effects, in order to inform best-practice. The findings will help identify areas of strength and areas for enhanced effectiveness for offence-specific rehabilitation and reintegration programs to support prisoners who have offended sexually to reintegrate successfully into

the community and reduce their recidivism. This, in turn, will improve community safety, which is one of QCS's key commitments.

Third, QCS has identified sub-groups of offenders within corrections that may present with unique risks and needs and thus may respond differently to correctional programs. This may impact correctional outcomes. As such, knowledge about 'what works' for different offenders might help direct more tailored approaches to rehabilitation and reintegration that reflect diversity in risk and need, to improve correctional outcomes. To that end, the aim of the present study was to undertake a more detailed examination of whether individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., type, design, delivery, dosage) factors impact on correctional outcomes. For these reasons, the project also overlaps with QCS Strategic Research Priority 2 (Understanding and Responding to the Diversity of the Offender Population) and Strategic Research Priority 3 (Effective and Efficient Service Delivery), thereby strengthening the scope and impact of this research.

Significant to QCS, this project aims to identify key strengths and areas for enhancement to guide future research, policy and practice, consistent with international best-practice standards (e.g., Andrews & Bonta, 2003; 2010) and in line with recent Queensland recommendations (e.g., Sofronoff, 2016). Specifically, this project aligns with selected key recommendations stemming from the Queensland Parole System Review (Sofronoff, 2016) including:

- (1) Delivery of a greater number and variety of rehabilitation programs to address the specific and complex needs of women and Aboriginal and Torres Strait Islander prisoners (R18 & R27); and
- (2) All rehabilitation programs offered by QCS be evaluated and regularly re-evaluated (by an independent body) to ensure effectiveness in reducing reoffending (R21 & R22), including re-entry programs (R32).

Findings and recommendations from this research will therefore contribute to the current evidence-base for sexual offender rehabilitation and reintegration that can be used to shape existing policies and refine current practice in line with the recommendations handed down in the Queensland Parole System Review (Sofronoff, 2016).

1.2 RESEARCH QUESTIONS

The overarching research question for this project is:

What are the most effective pathways for successful rehabilitation and reintegration for reducing recidivism by sexual offenders?

To answer this primary research question, a number of sub-questions were considered in three stages:

1. What is the current state of scientific knowledge internationally regarding the impacts of correctional programs for supporting perpetrators of sexual offences, to reduce their offending and remain in the community?

2. How well do QCS correctional programs for sexual offenders map to current best practice and innovations?
3. For whom, and under what circumstances, are these programs most effective?
 - What are the individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., program type; design; delivery; dosage) predictors of successful outcomes?
 - Do recidivism outcomes differ for those who complete: (1) only a SOTP program(s); (2) only a reintegration program; (3) both SOTP and reintegration programs; or (4) neither a SOTP nor a reintegration program?

1.3 PROJECT DESIGN

This project used a mixed-methods design and triangulated approach to data collection, consisting of a global literature review, document analysis, focus groups and interviews, and statistical analysis of QCS administrative data (illustrated in Figure 1.1)¹. Through this process the present study brings together global (stage 1) and local (stages 2 and 3) perspectives to investigate successful pathways from rehabilitation to reintegration for sexual offenders in Queensland.

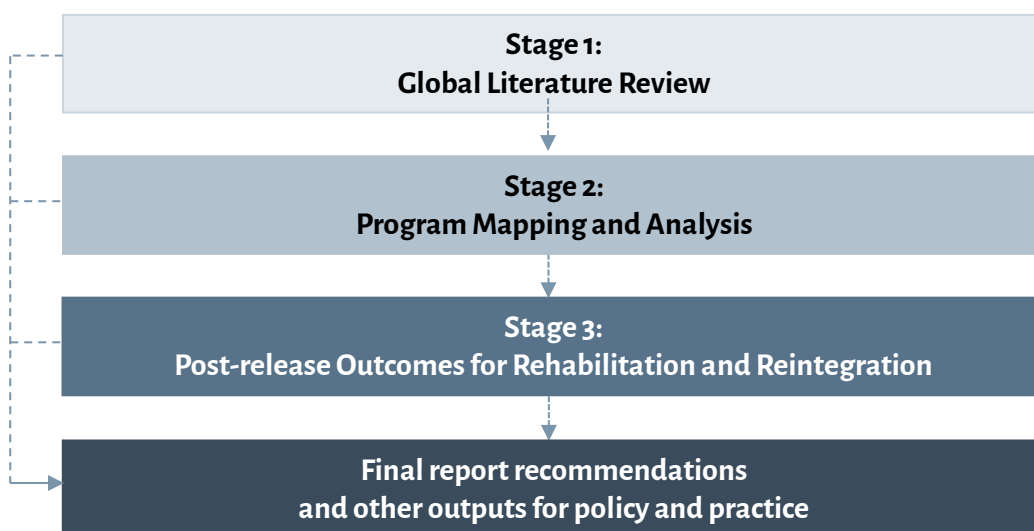


Figure 1.1 *Project Design*

STAGE 1: GLOBAL LITERATURE REVIEW

Stage 1 aimed to answer the first research sub-question:

What is the current state of scientific knowledge internationally regarding the impacts of correctional programs for supporting perpetrators of sexual offences, to reduce their offending and remain in the community?

¹ A triangulated approach refers to attaining various types of data to garner a better understanding of the phenomenon (Guion, Diehl, & McDonald, 2011).

During this stage we undertook a global literature review exploring best-practice standards for correctional programming, exemplar programs, and outcome evaluations of rehabilitation and reintegration programs for sexual offending. This review considered impact of individual-level (e.g., cultural heritage, age, gender) and program-level (e.g., program type, design, delivery, dosage) factors on correctional outcomes, where measured.

STAGE 2: PROGRAM MAPPING AND ANALYSIS

The focus of stage 2 was to answer the research sub-question:

How well do QCS correctional programs for sexual offenders map to current best practice and innovations?

To do this we mapped current, available program documentation on relevant QCS rehabilitation and reintegration programs for sexual offending to best-practice evidence and current innovations highlighted by the literature review. Focus groups and interviews with QCS program staff who have direct involvement in delivering custodial-based SOTPs, were also conducted. The purpose of these focus groups and interviews was to attain frontline perspectives regarding the mechanisms and moderators of program success. Key strengths of current QCS correctional programs, mechanisms and moderators that increase chances of success, as well as potential areas for enhancing effective and efficient service delivery were areas of focus for this stage of the project.

STAGE 3: POST-RELEASE OUTCOMES FOR REHABILITATION AND REINTEGRATION

The third stage examined post-release outcomes for prisoners who were sentenced for a sexual offence and were released from custody between 1 January 2010 and 31 December 2017. As our key focus was to identify the most effective pathways through the correctional system, including transition from custody to community, we also examined short-term post-release outcomes for those prisoners who had completed a re-entry program (Transitions or similar) during their contact with QCS, and the most recent episode for which they were released. We compared these outcomes controlling for individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., program type and dosage; program location) factors to identify the pathways that had the most successful outcomes in terms of supporting individuals to reduce reoffending and remain in community.

We set out to answer the following research sub-questions:

For whom, and under what circumstances, are these programs most effective?

- What are the individual-level (e.g., cultural heritage; age) and program-level (e.g., program type; design; delivery; dosage) predictors of successful outcomes?
- Do recidivism outcomes differ for those who complete: (1) only a SOTP program; (2) only a reintegration program; (3) both SOTP and reintegration programs; or (4) neither a SOTP nor a reintegration program?

SYNTHESIS OF FINDINGS

This project utilised a 'realist evaluation' approach (Pawson & Tilley 1997), operationalised through an adapted the 'EMMIE' framework (Johnson, Tilley, & Bowers, 2015). Realist evaluation is a form of theory-driven evaluation that aims to evaluate "what works, for whom, in what circumstances, in what respects,

and how” (Pawson & Tilley, 1997). This approach is concerned with how programs work in real world settings, rather than simply whether they produce a particular outcome in a controlled environment. In doing so, this approach accommodates traditional evaluation interests in recidivism outcomes, along with more nuanced policy- and practice-based evaluation interests. Not only does this approach examine the ‘**e**ffect’ of a program, it identifies ‘**m**echanisms’ theorised to bring about change, variables that ‘**m**oderate’ the impact of a program, along with factors that challenge or aid ‘**i**mplementation’ of a program (Johnson et al., 2015). It aims to identify how underlying change mechanisms interact with contextual conditions to produce outcome patterns (Pawson & Tilley, 2004). It is thus concerned with the nuances of program participants, program design, program delivery, and the context in which programs are implemented, and how this impacts outcomes at both a program and individual participant level.

The research findings across all three stages of the project were then synthesised using the an adapted ‘EMMI(E)’ framework (Johnson, Tilley, & Bowers, 2015), addressing the:

1. Overall impact or ‘effect’ of targeted correctional programs, across diverse offender populations [E];
2. Key change ‘mechanisms’ [M], and any ‘moderating’ factors relevant to the success of these programs [M]; and
3. Key considerations for future ‘implementation’ [I].

Due to the time constraints for the present study, the final component – [E]conomic Analysis – was not conducted.

1.4 REPORT STRUCTURE

This research report has five chapters:

Chapter 1	Introduction
Chapter 2	Stage 1: Global literature review
Chapter 3	Stage 2: Program mapping and analysis
Chapter 4	Stage 3: Post-release outcomes for rehabilitation and reintegration
Chapter 5	Discussion

We would like to acknowledge and thank the staff at all levels of QCS for their involvement in the project. Their perspectives were integral to the process and have helped shape the areas for consideration listed in this final report.

2. Stage 1: Global Literature Review

The purpose of Stage 1 was to undertake a comprehensive, global literature review investigating best-practice in sexual offender treatment, using a case study approach, to highlight the primary mechanisms for success. As highlighted by Smallbone and McHugh (2010), local developments in correctional programming, and their evaluation, should be considered within the broader international evidence-base on the aetiology and prevention of sexual offending and management of sexual offenders. As such, the research sub-question pertaining to this stage of the study was:

What is the current state of scientific knowledge internationally regarding the impacts of correctional programs for supporting perpetrators of sexual to reduce their offending and remain in the community?

2.1 SUMMARY

A global literature review was conducted exploring best-practice methods for successful correctional-based rehabilitation and reintegration programs for sexual offenders in terms of the prevention of reoffending. The review identified 16 case study evaluations of 14 specific sex offender treatment programs (SOTP), with potentially valuable lessons for applications in other correctional settings. However, the review was unable to effectively address key questions of what works, for whom, and under what conditions. The available evaluations were mainly focused on male offenders at medium- to high-risk of sexual reoffending. Some studies referred to specific sub-groups, such as Indigenous offenders or particular types of sexual offenders, but with no consistent findings that could be applied beyond the importance of matching programs to individual needs and risk profiles. Successes were identified for different types of programs but with no one format that stood out. Some were ‘inpatient’ –delivered within secure facilities– while others were ‘outpatient’ –delivered in community settings, or a combination. Most claimed to have a cognitive behavioural treatment basis to their practice, with both group and individual treatment sessions, and many evidenced multisystemic treatment approaches that involved families and/or local communities and addressed relationship, education and employment needs. Based on follow up studies, the most successful programs identified were the inpatient adult Clearwater Sexual Offender Treatment Program in Canada, the outpatient adolescent Sexual Abuse, Family Education and Treatment (SAFE-T) Program in Canada, and the outpatient adult Circles of Support and Accountability (CoSA) Programs in Canada and the United States. In theory, it appears that a combination of intensive inpatient (custodial-based) and outpatient (community-based) programs – emphasising training in self-control, and therapeutic support and accountability – is most likely to be effective.

2.2 BACKGROUND

There is a large and growing literature on the wider topic of ‘what works’ in correctional treatment programs. Practice and research have come a long way since the famous international review of 231 studies by Lipton, Martinson and Wilks (1975), which found that ‘nothing works’ or, more specifically, that ‘it is just possible that some of our treatment programs are working to some extent, but that our research is so bad that it is incapable of telling’ (Martinson, 1974, p. 49). A recent review of systematic reviews of evaluations of ‘correctional programs’, by Wilson (2017), reported that many produced a

small but non-statistically significant difference between treatment and comparison groups in favour of treatment groups, with sufficient statistically significant results to conclude overall that 'correctional programs produce some benefit' (p. 213). Nonetheless, the likely benefit of specific treatment programs for specific offender groups remains uncertain because evaluation studies often do not have properly matched samples of different types of 'treated' and 'untreated' groups.

Regarding SOTPs, two recent reviews have also reached cautiously optimistic conclusions. Wilson's (2017) review included an assessment of systematic reviews of evaluations of sex offender programs. He concluded that 'sex offender treatment programs can be effective' (p. 211). Wilson went on to observe that, 'Some portion of treated offenders will recidivate, just fewer than would be the case without treatment. Thus, these programs should be part of a mix in how we address the problem of sexual offending but they are clearly not the sole solution to protecting the public' (p. 212). Schmucker and Lösel's (2017) review of treatment studies was similarly cautiously optimistic, drawing the following conclusion in quantitative terms (p. 5):

On average, there is a significant reduction in recidivism rates in the treated groups. The odds to sexually reoffend were 1.41 lower for treated compared to control groups. This equals a sexual recidivism rate of 10.1 percent for treated offenders compared to 13.7 percent without treatment.

Although this difference appears quite small, as the following more detailed review shows, some programs have produced larger differences, indicating a potential for greater gains.

2.3 AIMS AND METHOD

In the present review we sought to identify case study evaluations of SOTPs which could be considered 'successful' on standard scientific criteria. We then sought to summarise the key program features, especially those that might be translated into successful practice in other locations, as well as summarising the main elements of the evaluation process that generated evidence of success. The aim was not to repeat or simply update previous reviews, but to attempt to focus on successful interventions and the apparent ingredients of success. Previous reviews tend to be fairly abstract, with quantitative summaries of evaluations and minimal information about programs.

We applied a common set of criteria for including studies. The evaluations had to have a matched control group, or a comparison group that was fairly similar to the treatment group, with at least 10 participants in each group; with reoffending data for at least one year; and with a test of statistical significance (cf., Hall 1995; Schmucker & Lösel, 2017). These parameters are debatable. For example, Marshall and Barbaree (1988) argued that '30 months is a marginally sufficient period for determining recidivism' (p. 506). Certainly, an ideal evaluation would include post-intervention periods of several years, as well as much larger sample sizes; given that sexual offending tends to occur at relatively low levels – especially detected offending – and offenders remain at risk of reoffending for long periods (Worling, Litteljohn & Bookalam, 2010). Randomised control trial formats are ideal, although this can be very difficult to achieve and random allocation to treatment or no treatment has major ethical issues

attached to it (Macgregor, 2008). As an alternative, closely matched comparison groups can provide validity in ensuring observed effects relate to treatment and not some other factor.

Measuring recidivism is also challenging. An ideal evaluation would include multiple measures. While reconviction in a court appears as a strong measure, it has been argued that arrests and charges are more accurate because they tend to occur in higher numbers closer to 'true reoffense rates' (Worling et al. 2010, p. 49). Studies have found that self-report rates of reoffending, and police and children's services complaints data, indicate that the real rate of sexual reoffending can be twice or more that of official counts (e.g., Marshall & Barbaree, 1988, pp. 503-504; Marshall, Eccles & Barbaree, 1991, p. 131). A quality evaluation would also test predictors of success or failure in terms of program formats, treatment periods, participant offence types and risk levels, and participant demographics. Ideally, an evaluation would also include a financial cost-benefit analysis and process evaluations of participants and treatment staff. One would also expect to see long-term follow-up studies of established programs over several decades and replication projects in other settings.

With the above considerations in mind, three overlapping search strategies were applied up to June 30, 2019. Initial keyword searches were conducted of major publications databases in the social sciences, including Criminal Justice Abstracts, Criminal Justice Database, National Criminal Justice Reference Service, CINCH – The Australian Criminology Database, PsychINFO and ScienceDirect, as well as the crime prevention case study repository site Crime Solutions (crimesolutions.gov) and the evidence-based review sites the Campbell Collaboration (campbellcollaboration.org) and the Washington State Institute for Public Policy (www.wsipp.wa.gov). The searches targeted: (1) individual case study evaluation reports, (2) previous published literature reviews, including various quantitatively-based 'meta-analyses', and (3) the literature reviews and reference lists of these publications. Adult and adolescent treatment programs were included, in the case that learnings from effective adolescent programs might help to inform adult correctional programs. Twenty-two reviews were examined for the present study (Blackley & Bartels, 2018; Clarke, Brown & Völlm, 2017; Duwe, 2015; Hall 1995; Henggeler & Schaeffer, 2016; Heseltine, Day & Sarre, 2011; Hanson & Bussière, 1998; Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto, 2002; Kettrey & Lipsey, 2018; Kim, Benekos & Merlo, 2016; Lievore, 2004; Macgregor, 2008; Mpofu, Athanasou, Rafe & Belshaw, 2018; New South Wales Auditor-General, 2017; Olver & Wong, 2013a, 2013b; Schmucker & Lösel, 2015, 2017; Shlonsky, Albers, Tolliday, Wilson, Norvell, & Kissinger, 2017; Sofronoff, 2016; Soldino & Carbonell-Vayá, 2017; Wilson, 2017).

The subject terms used in the database searches included 'sex offender', 'treatment', 'program', 'prevent*', 'reoffend*', 'recidiv*', 'relapse' and 'evaluat*'. This generated over 250 titles and abstracts for both intervention studies and literature reviews. The abstracts of the intervention studies and those included in the literature review were then examined using the above criteria. In some cases, studies included in literature reviews were not able to be obtained, including some reports not in English, or it was felt the method was inadequate. In other cases, the abstracts were unclear about the method or results and were included in the shortlist for more detailed assessment. These publications were then accessed and examined in detail, again using the above criteria, which reduced the number to a final

set of 16 published evaluations of 14 specific programs, with a much larger number of studies showing no positive treatment outcomes on scientific criteria (see literature references above).

2.4 FINDINGS

There were various notable features within the findings. One was that the majority of studies were from Canada, and appeared to be conducted through Correctional Service Canada. Three studies were from New Zealand and two from the United States. No Australian studies were located that met the prescribed inclusion criteria. Previous reviews by Blackley and Bartels (2018), Heseltine, et al. (2011), Lievore (2004), Macgregor (2008), New South Wales Auditor-General (2017), Shlonsky, et al. (2017) and Sofronoff (2016) were unable to identify successful offender treatment and management programs in Australian corrections in terms of sexual reoffending on scientific standards. In their study, Heseltine et al. (2011) found that offender treatment programs in Australia were consistent with international standards in design and delivery, but that many programs lacked published evaluation reports (p. ix):

Each jurisdiction has demonstrated an ongoing commitment to the delivery of custodial offender treatment programs in ways that are congruent with current conceptions of 'good practice'. There is an increased confidence in being able to move from theory through to policy and practice, especially in relation to the development of programs for sex and violent offenders... The overall quality of Australian offender rehabilitation programs appears to be improving, although ongoing evaluations have yet to establish the effectiveness of these programs on criminal justice outcomes.

Also of note is the fact that criteria employed for this study excluded studies which could nonetheless be of use in designing programs. For example, there are within-group studies that show improvements amongst participants on a range of measures such as attitudes and reasoning related to sexual offending (e.g., Eastman, 2004; Hanson, Steffy & Gauthier, 1992; Olver, Nicholaichuk & Wong, 2014). There are also studies of SOTPs which include comparison groups and have found significantly better outcomes on recidivism for non-sexual offences, including violent offences, but not sexual offences (e.g., Laing, Tolliday, Kelk & Law, 2014; Lowden, Hetz & Harrison, 2003; McGrath, Hoke & Vojtisek, 1998; Smid, Kamphuis, Wever & Van Beek, 2016; Zgoba, Sager & Witt, 2003; Zgoba & Simon, 2005). This category includes the available impact assessment report from the Queensland Griffith Youth Forensic Services Program (Ogilvie, 2015). In another variation, Friendship, Mann and Beech's (2003) evaluation of the United Kingdom's Sexual Offender Treatment Program (UK-SOTP) found a lower but non-significant reoffending rate for treatment participants vis-à-vis non-treatment offenders for sexual offences, but a small significant difference in favour of the treated group on the combined measure of 'sexual and/or violent reconviction' (p. 744).

There are also potentially useful studies comparing outcomes for different types of treatment without a non-treatment control. For example, Gillis and Gass (2010) found that an adventure-based juvenile SOTP in Georgia in the United States was more effective on re-arrest numbers than two other types of programs – although the information about procedures in the other two programs was very limited. Similarly, Borduin, Mann, Cone, Henggeler, Fucci, Blaske and Williams (1995) compared the effects of

multisystemic therapy and ‘individual therapy’ and found that ‘results from a 4-year follow-up of rearrest data showed that MST (Multisystemic Therapy) was more effective than IT (Individual Therapy) in preventing future criminal behaviour, including violent offending’ (p. 569). Borduin, Schaeffer and Heiblum (2009) found significantly better outcomes in re-arrest numbers and post-intervention incarceration periods for juvenile sex offenders who completed multisystemic therapy, delivered ‘in home, school and/or community settings’, compared to participants in a cognitive-behavioural program, delivered ‘through the local juvenile court’ involving group and individual treatment sessions (p. 28). Finally, Federoff, Wisner-Carlson, Dean and Berlin’s (1992) evaluation of the outpatient program at the John Hopkins Sexual Disorders Unit in the United States found that paraphiliac patients treated with the hormone medroxyprogesterone acetate in addition to the standard group psychotherapy program had lower rates of ‘relapse’ than the treatment-only group. Relapse was defined very broadly however, including behaviours observed by or reported to treatment staff (p. 112).

The successful programs located through the search process are reported below in Table 2.1 in terms of names, locations and primary characteristics. Table 2.2 presents the full reference and a detailed program summary by year of publication of each evaluation study. The studies spanned 30 years, with the first published in 1988 and the last in 2018. The quality of the program descriptions is highly variable depending on the source. Given the complexity of many of the evaluation methods and the importance of evidence of achievements, this aspect of the summaries has tended to receive disproportionate space contrary to the original intention of focusing on the operational features of programs. The current status of some programs could not be easily ascertained. Some appeared to still be operating at the time of completion of this study, with a website and contact details (e.g., Department of Corrections, 2019a, 2019b; Minnesota Circles of Support and Accountability [MnCOsA], 2019).

Table 2.1 *Program Characteristics*

Study Number	Program	Location	Participants	Primary Format
1	Kingston Sexual Behaviour Clinic (Program for child molesters)	Kingston, Canada	Adult male child molesters	Outpatient, aversion therapy, individual
2	Living Skills Cognitive Skills Training Program	Federal prisons, Canada	Adult federally incarcerated male sex offenders	Inpatient and outpatient(?), cognitive behavioural(?), group
3	Kia Marama Treatment Program	New Zealand	Male child sex offenders	Inpatient, cognitive behavioural, group
4	Regional Treatment Centre (Kingston, Ontario) Sex Offender Treatment Program (SOTP); (pre-Clearwater, below)	Kingston, Canada	High-risk sex offenders	Inpatient, relapse prevention, group and individual, psychiatric facility

5	Kingston Sexual Behaviour Clinic (Program for exhibitionists)	Kingston, Canada	Adult male exhibitionists	Outpatient, aversion therapy that transitioned to cognitive and social skills, group and individual(?)
6,14	Sexual Abuse, Family Education and Treatment (SAFE-T) Program	Toronto, Canada	Male and female adolescent sex offenders	Outpatient, multisystemic, cognitive behavioural, social learning, relapse prevention
7,13	Clearwater Sex Offender Treatment Program (SOTP), Regional Psychiatric Center Correctional Service Canada	Saskatoon, Prairie Region Correctional Service Canada	High-risk adult male sex offenders	Inpatient, cognitive behavioural, relapse prevention, group and individual, psychiatric facility
8	'Intensive incarcerated sex offender treatment program', within the Vermont Treatment Program for Sexual Aggressors (VTPSA), Vermont Department of Corrections	Vermont, United States	Adult male sex offenders	Inpatient, outpatient (treatment and supervision), cognitive behavioural, relapse prevention
9	Te Piriti Treatment Unit, Auckland Prison	Auckland, New Zealand	Adult male sex offenders	Inpatient, cognitive behavioural, social learning, group(?), Maori cultural components
10	Circles of Support and Accountability (COSA), South-Central Ontario	Ontario, Canada	Adult male high-risk sex offenders	Outpatient, community based, social support and accountability, individual
11	Circles of Support and Accountability (COSA), six programs nationally	Canada	Adult male high-risk sex offenders	Outpatient, community based, social support and accountability, individual
12	Transitional Sex Offender Treatment Program (SOTP), Lino Lakes Correctional Facility	Minnesota, United States	Adult males, high-risk offenders given priority	Inpatient & outpatient, group, indicators of cognitive behavioural and multisystemic, outpatient includes

				half-way house facility
15	SAFE Network and STOP x 2	Auckland, Wellington, Christchurch, New Zealand	Adult male child sex offenders	Outpatient, cognitive behavioural, relapse prevention, group and individual, STOP had Maori cultural components
16	Minnesota Circles of Support and Accountability (MnCoSA)	Minnesota, United States	Adult high-risk male sex offenders	Outpatient, community based, social support and accountability, individual

Table 2.2 *Program Evaluation Summaries*

#	Reference and Summary
1	<p>Marshall, W. L., & Barbaree, H. E. (1988). The long-term evaluation of a behavioural treatment program for child molesters. <i>Behaviour Research and Therapy</i>, 26(6), 499-511.</p> <p>Marshall and Barbaree (1988) assessed outcomes from the Kingston Sexual Behaviour Clinic in Canada. Referrals were provided to the clinic by 'Children's Aid Societies, probation and parole officers, police, courts, physicians, sundry other community agencies, and occasionally by the patients themselves' (p. 500). Program participation was voluntary but not without some coercion, as perceived by participants.</p> <p>The Kingston Clinic operated largely within a classical conditioning framework, based on the principle that 'deviant sexual acts are maintained by an attraction to inappropriate partners or behaviours, and by a relative absence of attraction to appropriate partners or acts' (Marshall & Barbaree, 1988, p. 504). Consequently, there was a focus on re-programming sexual arousal through 'electrical aversion, masturbatory reconditioning and the self-administration of smelling-salts contingent upon sexual thoughts of, or urges to molest, children' (p. 505). Group work and individual therapy sessions also addressed social deficits related to offending, although this was reported to occur in a fairly limited format. The length of treatment and frequency of treatment sessions were not described.</p> <p>The electrical aversion component involved a negotiated process between patients and treatment staff linking marginally tolerable levels of electric shock to images of desired inappropriate subjects (Marshall & Barbaree, 1988). Acceptable images without shocks were introduced later in the program. Masturbatory reconditioning primarily involved patients attempting to masturbate to climax in response to images of appropriate adult sexual partners – heterosexual or homosexual. An additional component involved 'masturbatory satiation': the patient continuously masturbated while describing their deviant fantasies.</p> <p>The evaluation by Marshall and Barbaree (1988) involved the creation of a group of 68 offenders who had completed treatment and an untreated comparison group of 58. Both</p>

	<p>groups had admitted they had a problem with a sexual interest in children. The untreated group consisted of men who had not been unable to participate in the program because they lived too far away or because they were reincarcerated and then did not follow through with the clinic upon release from prison. The majority of incarcerated men in this group underwent unspecified treatment while in prison. Both groups were reported as spending similar periods of time in prison; and both groups had at least one year 'at risk' – either out of treatment or out of prison, and post-assessment at the clinic in the case of the untreated group. The groups were fairly similar on a range of socio-demographic and offence characteristics. Female victims were 14 years of age or under, while male victims were 16 years or less. The groups were divided into three offence types: 'molesters of nonfamilial female children', 'molesters of nonfamilial male children' and 'incest offenders' (p. 508). Follow up time periods varied between one year and 11 years.</p> <p>The 'recidivism measure' was generated from 'official records' of charges held by the Royal Canadian Mounted Police, covering Canada and the United States, and 'unofficial records' derived from records held by police and 'Children's Aids Societies' (Marshall & Barbaree, 1988, pp. 503-504). The latter were based on allegedly reliable reports of abuse that could not be corroborated sufficiently for charges to proceed. The unofficial records 'revealed 2.4 failures for every one revealed by the official data, and 2.7 times the number of victims' (p. 504).</p> <p>Marshall and Barbaree (1988) presented their findings in diverse formats, with numerous non-significant outcomes between the treatment and non-treatment groups across different offence categories and time periods. However, a major positive finding occurred for those members of the treatment group who were able to be matched to the comparison group on a longer-term four-year period at risk. This treatment group had a significantly lower reoffence rate of 25.0% (6/24) compared to 60.0% for the comparison group (12/20). The mean number of offences for the two groups was also substantially different: 0.33 for the treatment group and 0.95 for the comparison group.</p>
2	<p>Robinson, D. (1995). <i>The Impact of cognitive skills training on post-release recidivism among Canadian federal offenders</i>. Ottawa: Correctional Service Canada.</p> <p>Robinson (1995) evaluated the 'Living Skills' Cognitive Skills Training Program operated by Correctional Service Canada. The program began in 1990 following successes observed in pilot programs in 1988-89. It appears that the program was generic and not specific to sex offenders but is included here because of positive outcome data related to sexual offending. The Program addressed 'impulsive decision-making, narrow thinking, absence of goal-setting, and maladaptive inter-personal skills' associated with offending behaviour (Robinson, 1995, p. 6). The core cognitive development components of the Living Skills curriculum were extended to include work in the areas of 'Anger and Emotions Management, Living Without Violence, Parenting Skills, Leisure Education, and Community Integration' (p. 7). The program involved 36 two-hour sessions with groups of 8-10 participants. The description referred to 'institutional and community settings' but did not elaborate on this aspect (p. 7). Sessions were conducted by trained specialists and followed a standard format, including role play activities, video review and homework tasks.</p>

The evaluation by Robinson (1995) compared outcomes for three groups: 1,444 'program completers', 302 'program drop-outs' and 379 offenders in a control group whose offending histories were followed for one year (p. 14). The control group consisted of offenders who had been randomly assigned to the treatment program but were released from prison before a position became available. The demographic and offence profiles of the groups were considered sufficiently similar for fair comparisons to be made. The majority were serious repeat offenders who had received sentences of at least two years imprisonment. However, the number of sexual offenders in each group was not recorded

The findings were complex across a wide range of variables. However, the evaluation reported a significantly lower rate of reconvictions for sexual offences amongst all program completers of 0.4% (6/1,444) compared to a rate of 1.3% (5/379) amongst the control group – a difference of -69%. The rate for program drop-outs was 0.7% (2/302). In response to the issue of the relevance of the Program in light of the very low numbers of sexual convictions overall, the researcher argued that:

Given the gravity of this offence type, the reduction of 69% associated with program completion is not trivial. While only 6 out of 1,444 program completers in this sample committed new sex offences, applying the rate for the waiting list control group implies that 19 offenders would have had reconvictions for new sex offences if they had not completed the program. (p. 26)

Sexual offenders who completed the Living Skills Program also had a much lower rate of reconvictions for all offences, at 8.2%, compared to the control group rate of 19.6% (p. 42). 'Aboriginal status' was included as a variable but the effect on outcomes was found to be 'inconclusive' (p. 5).

3 Bakker, L., Hudson, S. M., Wales, D. S., & Riley, D. (1998). *"And there was Light": Evaluating the Kia Marama Treatment Programme for New Zealand sex offenders against children.* Christchurch: Psychological Service, Department of Corrections.

The Kia Marama ('Let There be Light' or 'Insight') Treatment Program for males who had offended sexually against children (aged under 16) was introduced into New Zealand Corrections in 1989. The program reported on by Bakker, Hudson, Wales and Riley (1998) operated in a dedicated 60-bed medium security unit. Prison officers who worked in the unit were involved in supporting the program. Participants came from prisons throughout New Zealand following Psychological Service referrals. Participation was voluntary, based on detailed informed consent. Offenders displaying signs of mental illness (other than depression) and low IQ were not eligible. Repeated denials of responsibility were grounds for removal from the program following completion of relevant modules.

The program, as reported by Bakker et al., (1998), was structured on cognitive behavioural principles, with group sessions focused on participants taking responsibility for their conduct, recognising circumstances and sequences of events involved in offending, and identifying points where they could withdraw from situations likely to lead to offending. Participation was preceded by detailed assessments and the development of partially individualised treatment plans – although the approach was essentially group-based.

Groups consisted of eight participants, with 2.5 hour sessions run three times a week over 13 weeks. Treatment staff consisted of four psychologists and one 'social worker/therapist'. An Indigenous cultural advisor also had input. Program modules consisted of the following topics: 'Norm building', 'Understanding your offending', 'Arousal conditioning', 'Victim impact and empathy', 'Mood management', 'Relationship skills', 'Relapse prevention' and 'Relapse planning and aftercare' (pp. 7-11).

The evaluation by Bakker et al. (1998) presents some complexities. The study assessed reconviction rates for all sexual offences committed by the 238 men who completed the Kia Marama program up to the time of the study. (It was not clear why rates of child sexual offences were not separated out.) Criminal histories were retrieved from the New Zealand 'central criminal conviction computer database' (p. 5). A control group of 284 men closely approximated the treatment group profile. There was a statistically significant difference in sexual reconviction rates, with the treatment group having a lower rate at 8.0% (19/238), compared to 21.0% (59/284) of the control group. However, the criminal histories for the control group were assessed over a time period twice that of the treatment group. The mean follow-up periods for the nonoffending groups were 1,554 days for the Kia Marama group and 3,087 for the control. The mean follow-up periods for the offending groups were 659 days for the Kia Marama group and 1,128 for the control. To offset this mismatch, a survival analysis was conducted assessing the time to reconviction. This reportedly showed 'a significant difference in survival times, with the Kia Marama group having about half the failure rate (10% as opposed to 20%) of the control group' (p. 15). The treatment group was 10% Maori, a proportion too small for statistical analysis.

The evaluation also compared the profiles of the treatment group members who had been reconvicted and those not reconvicted (Bakker et al. 1998, pp. 18-20). The main findings were that the reoffenders had higher numbers of previous convictions and prison sentences, and had lower IQ scores. They were more likely to offend against males and females (as opposed to more female victims in the successful group), and their offending began before adulthood. They were also more likely to 'report attitudes supportive of offending', including attachment to 'rape myths' (pp. 19-20).

Unusually, the Kia Marama evaluation included a financial cost-benefit assessment. Program costs of approximately NZ\$2 million reportedly generated a net saving of more than NZ\$3.2 million when set against estimated gross savings of \$5.2 million from the reduced costs of imprisonment (Bakker, et al. 1998, p. 17).

It should be noted that a follow-up evaluation of the Kia Marama Treatment Program was conducted by Moore (2012), using a sample with 387 treated offenders followed for 6.36 years post-release and 1,956 incarcerated untreated sexual offenders followed for 6.81 years post-release. The main finding was that rates of general and violent reoffending were significantly lower for the treatment group compared to the control group, but that sexual reoffending rates were not significantly different at 7.24% and 7.52% respectively (p. 57).

- 4 **Looman, J., Abracen, J., & Nicholaichuk, T. P. (2000). Recidivism among treated sexual offenders and matched controls: Data from the Regional Treatment Centre (Ontario). *Journal of Interpersonal Violence*, 15(3), 279-290.**

Looman, Abracen and Nicholaichuk (2000) analysed the impacts of the Regional Treatment Centre (Kingston, Ontario) Sex Offender Treatment Program (SOTP). Very little information was provided about the program, except that it targeted offenders 'assessed as presenting a high risk of recidivism, (with) significant treatment needs, or both' (p. 284). An earlier account put the inception of the program at 1974 (Quinsey, Khanna & Malcolm, 1998). The program reportedly evolved over time away from heterosexual norms and aversion therapy to focus more on developing empathy and 'relapse prevention training' (Quinsey et al. 1998, p. 622). Furthermore, 'the program was situated in a psychiatric facility and provided both group and individual therapy in 3- to 4-month cycles. The closed residential program employed the services of nursing staff to foster a therapeutic environment' (p. 622).

In the Looman et al. (2000) evaluation, reoffending rates were based on post-release convictions recorded in a Royal Canadian Mounted Police database. The records of a treatment group of 89 sex offenders, released prior to 1992, were compared with an untreated group of 89 sex offenders closely matched on demographics and offence histories. The follow-up period for the treated group was 10.3 years and 9.3 years for the untreated group. The mean number of sexual offence convictions for the treated group was 0.41, and 1.03 for the comparison group (p. 288). This translated into a significantly better outcome for the treated group, at 23.6% (21/89), compared to 51.7% (46/89) for the untreated group (p. 286). Outcomes were also better for the treated group for non-sexual offences: 61.8%, compared to 74.2%. Participants in the treatment program who were reconvicted had lesser prison terms than the comparison group, indicating less severe offences.

It should be noted that a follow-up study by Abracen, Looman, Ferguson, Harkins and Mailloux (2011) sought to address concerns that some of the comparison group in the original study may have experienced sexual offending treatment programs in other settings. A better match was created between a modified treatment group and a non-treatment group, which also included better matches on the Hare Psychopathy Checklist-Revised (PCL-R) and on sexual offence categories. No significant differences were found between the two groups on sexual reoffending, with the treatment group of 64 reoffending at a rate of 11.1% over an average of 9.4 years and the untreated group of 55 reoffending at a rate of 9.1% over 11.2 years (p. 146). Nonetheless, the researchers concluded that the low rates of reoffending by the comparison group may have been affected by non-sexual treatment programs that the offenders experienced. In addition, it was felt that the results did not discredit the specialised program, given the Looman et al. (2000) results (above) with a wider sample and the fact that the treatment sample in the follow-up study was at higher risk for reoffending based on higher numbers of previous sexual and violent offences and higher scores on the Rapid Risk Assessment of Sexual Offence Recidivism Scale (RRASOR).

- 5 **Marshall, W. L., Eccles, A., & Barbaree, H. E. (1991). The treatment of exhibitionists: A focus on sexual deviance versus cognitive and relationship features. *Behaviour Research and Therapy*, 26, 129-135.**

Marshall, Eccles and Barbaree (1991) reported on the work of a Kingston Sexual Behaviour Clinic in Ontario in treating men engaged in exhibitionism. Treatment participants were described as men 'who had been charged with, and admitted to, exposing their genitals to adult women' (p. 132). It was unclear if any had been incarcerated prior to entry into the outpatient program. Two types of treatment groups were covered in the evaluation. Treatment Group 1 experienced therapy delivered on 'an individual basis with each patient being seen for 1 hr sessions' (p. 131). Sessions were highly variable. The lowest attendance was 10 sessions across four months. The mode was 16 sessions across six months. The treatment sought to curb exhibitionist urges, with procedures described as 'a combination of four techniques: (1) electrical aversive therapy; (2) orgasmic reconditioning; (3) masturbatory satiation; and (4) ammonia aversion' (p. 131). (For a more detailed description see Marshall & Barbaree 1988 above.) An apparent lack of success with the above format led to the introduction of a modified program for Treatment Group 2, focused on 'cognitive and social' skills, which abandoned the electrical aversion component and placed a more positive interpretation on subject control in the smelling salts component. In addition, the main treatment components were focused on 'assertiveness training, stress-management, cognitive restructuring, and training in relationship skills' (Marshall et al. 1991, p. 133).

The evaluation compared the two different treatment groups and a comparison group. The comparison group of 21 men was developed from offenders who were unable to access the clinic because of the distance from their residence. The three groups had similar demographic and offence profiles. Treatment Group 1 consisted of 23 men, and Treatment Group 2 consisted of 17 men. A 'recidivism' measure was developed by combining Royal Canadian Police records for charges, convictions and complainant reports.

The main finding was that 57.1% (12/21) of the untreated group reoffended, compared to 39.1% (9/23) of Treatment Group 1 and 23.5% (4/17) of Treatment Group 2. The latter was reported as statistically significant in relation to the other two groups (Marshall et al. 1991, p. 133). However, the follow-up time for the untreated group was 106.7 months, for Treatment Group 1 it was 103.8 months, and 47.6 months for Treatment Group 2. In light of the large time difference for Group 2, an analysis was conducted for the time to the first reoffending incident across all groups, which showed that 91% of reoffences occurred within the first four years: 'which appears to justify the comparison' (p. 133).

There were a number of contestable measures used in the evaluation methodology. Nonetheless, the researchers concluded that, 'Results supported the focus on broader cognitive and social issues. Clearly exhibitionists can be treated effectively' (Marshall et al. 1991, p. 129). The researchers also argued that this finding, in combination with those of Marshall and Barbaree (1988, above), indicated that group therapy is likely to be more productive in treating exhibitionism.

- 6 **Worling, J. R., & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse & Neglect*, 24(7), 965-982.**

Worling and Curwen (2000) evaluated outcomes from the adolescent sexual offender treatment component of the Sexual Abuse, Family Education and Treatment (SAFE-T) Program in Toronto. The Program provided support services to victims as well as offenders in a community-based non-residential setting. The adolescent offender program involved the development of individualised treatment plans for offenders and their families through 'comprehensive clinical and psychometric assessments' (p. 968). Most adolescents were involved in 'concurrent group, individual, and family therapy', similar to 'multisystemic therapy' (Worling & Curwen, 2000, pp. 968 & 976). A 'repertoire of cognitive-behavioral and relapse prevention strategies' was utilised as follows (p. 968):

We address issues related to denial and accountability, deviant sexual arousal, sexual attitudes, and victim empathy. Given that sexual deviance is only one aspect of the adolescent's life, however, related treatment goals include the enhancement of social skills, self-esteem, body image, appropriate anger expression, trust, intimacy, and so on.

A more detailed description of the background to, and operations of, the SAFE-T Program is provided by Worling (1998). At the time, the services were delivered through a 'a community-based, outpatient clinic' (p. 354). The clinic was funded by the Ontario provincial government. There were '12 clinical positions (child care, social work, psychology, and art therapy), 1.5 support staff, and a part-time consulting psychiatrist' (p. 354). Goals were addressed 'through concurrent weekly group therapy for 18 months, weekly individual therapy for 24 months, and biweekly family therapy for 12 months' (Worling, 1998, p. 356).

The evaluated treatment group consisted of 58 offenders (including five females) who participated in the program for 12 months or more (Worling & Curwen, 2000). The majority experienced the combined group, family and individual treatment, and the average length of treatment was 24.4 months. The comparison group comprised 90 offenders (including four females) who had not progressed past the assessment phase, had refused to participate or left before 12 months. The two groups were closely matched on risk factors for recidivism. A complicating factor was that 67% of the comparison group had received some kind of 'treatment' other than from SAFE-T, and 30% had experienced part of the SAFE-T Program (p. 969). However, it appeared that these experiences were sufficiently general or incomplete to make the group a suitable contrast for evaluation purposes. The reoffending measure was 'criminal charges' recorded by the Canadian Police Information Centre (p. 969). The average follow-up period was 6.23 years.

The treatment group had a sexual reoffending rate of 5.1% (3/58), significantly lower than the 17.8% (16/90) rate for the comparison group (Worling & Curwen, 2000, pp. 971 & 973). This translated into 'a 72% reduction in sexual recidivism for adolescents completing at least 12 months of assessment and treatment' (p. 976). The treatment group also had significantly lower rates of non-sexual violent offences (-41%) and nonviolent offences (-59%). Also of note was the fact that the researchers found that sexual reoffending 'was predicted by

	sexual interest in children', whereas non-sexual reoffending was 'related to factors commonly predictive of general delinquency such as history of previous offenses, low self-esteem, and antisocial personality' (p. 965).
7	<p>Nicholaichuk, T., Gordon, A., Gu, D., Wong, S. (2000). Outcome of an institutional sexual offender treatment program: A Comparison between treated and matched untreated offenders. <i>Sexual Abuse: A Journal of Research and Treatment</i> 12(2), 139-153.</p> <p>Nicholaichuk, Gordon, Gu and Wong (2000) assessed the impacts of the Clearwater Sexual Offender Treatment Program in Canada. At the time, the program operated in a 48-bed unit within the Regional Psychiatric Center of Correctional Service Canada in Saskatoon Canada. The service was targeted at high-risk offenders and was accredited by a panel of international experts. Treatment generally occurred for periods between six and nine months. The program has been described as a 'high intensity inpatient sex offender treatment program' (Olver, Wong & Nicholaichuck 2009 p. 526). It applied 'a cognitive-behavioural approach ... based on social learning theory', emphasising 'relapse prevention' (Olver et al. 2009, p. 526). Treatment was based on individual clinical assessments and occurred through both 'psychoeducational groups' and 'individual therapy', with approximately 20 hours of 'clinical contact' each week (p. 526). Additional individualised support and adjustment occurred in relation to employment, life skills, relationships, attitudes towards women and children, and personal victimisation. 'At the end of the program, each participant (was) required to develop a relapse prevention plan that delineates in detail interventions that can be used to mitigate recidivism risks' (p. 526; see also Olver & Wong, 2013a).</p> <p>The evaluation by Nicholaichuk, et al. (2000) compared a group of 296 men who had voluntarily entered and completed the Clearwater Program between 1981 and 1996 with an untreated comparison group of 283. The comparison group was matched to the treatment group from a pool of 2,600 sex offenders who had been imprisoned between 1983 and 1996 in the Prairie Region of Correctional Service Canada. The treatment group included '168 rapists (57%), 49 pedophiles (17%), 47 mixed offenders (men who offended against both adults and children) (15%), and 32 child molesters who were predominantly incest offenders (11%)' (p. 141). Due to a lack of information in the Correctional Service database, the comparison group could not be properly matched on offence type. Close matches were achieved in areas such as age of first conviction and percentage of repeat offenders. The prison readmission histories of the two groups were accessed for a follow-up period of 6 years on average from the date of their release: 5.9 years for the treated group and 7.3 for the untreated group. 'Readmission to prison for a new conviction', for sexual and non-sexual offences, was the primary measure of reoffending (p. 145).</p> <p>The main finding was that a significantly smaller proportion of the treatment group—14.5% (43/296) — was readmitted for a sexual conviction compared to 33.2% (94/283) of the comparison group: a difference of -56% (Nicholaichuk et al. 2000, p. 145). The proportions who were readmitted for non-sexual offences were very similar at 32.1% and 35.0% respectively. However, the overall 'no readmission' rate was significantly higher—i.e., positive—for the treatment group at 48.0% compared to the untreated group at 28.3%.</p>

- 8 **McGrath, R., Cumming, G., Livingston, J., & Hoke, S. (2003). Outcome of a treatment program for adult sex offenders: From prison to community. *Journal of Interpersonal Violence*, 18(1), 3-17.**

McGrath, Cumming, Livingston and Hoke (2003) evaluated the effects of an 'intensive incarcerated sex offender treatment program' for adult males operated by the Vermont Department of Corrections (p. 5). The program was 'a component of the Vermont Treatment Program for Sexual Aggressors (VTPSA), an integrated, statewide continuum of inpatient and outpatient programs for sex offenders' (p. 7). Initial treatment – described as 'cognitive-behavioural and relapse-prevention in nature' – occurred within 'closed units in medium security facilities' (p. 7). Following their release from prison, participants 'were typically referred for aftercare treatment to 1 of 11 geographically dispersed outpatient programs that also serve sex offenders on probation' (McGrath et al. 2003, p. 7). According to a slightly more developed description (McGrath et al. 1998, p. 205):

The program can most simply be described as a combination of (a) correctional supervision designed to limit offender access to potential victims and (b) treatment designed to help offenders identify and modify the types of feelings, thoughts, situations, and behaviours that were proximal to their sexually aggressive acts.

Participation was voluntary but earned 'meritorious good time' and improved parole prospects (McGrath et al. 2003, p. 6).

The evaluation involved three groups: 56 program completers, 49 participants who received 'some-treatment' before dropping out or being removed from the program, and 90 offenders who refused treatment (McGrath et al. 2003, p. 6). The groups were well matched on a wide range of variables including age, offence histories and risk scores. Recidivism was defined in terms of fresh charges for any offences, including sexual and violent offences, recorded in the Department of Corrections database. The average risk period post-prison was 78.6 months for the treatment group (6.5 years), 68.9 months for the some-treatment group (5.7 years) and 62.1 months for the untreated group (5.1 years) (p. 9). This included periods of 'community treatment' for 83.6% of the treatment group, 16.3% of the some-treatment group and 11.4% of the untreated group; as well as 'community supervision' for 87.5% of the treatment group, 42.9% of the some-treatment group and 47.8% of the untreated group.

The main finding from the evaluation was that 'the number of sexual reoffenders in the completed-treatment group (5.4%) [3/56] was significantly lower than that of the some-treatment (30.6%) [15/49] and no-treatment groups (30.0%) [27/90]' (McGrath et al. 2003, p. 10). The rate of violent offences was also lower for the treatment group compared to the no-treatment group at 12.5% and 31.1% respectively. The differences were not significant for other offences. The lack of random assignment to the groups meant that the motives of treatment participant might have been a confounding variable. At the same time, the overall group similarities and longer risk period for the treatment group 'bolster the contention that treatment had a positive effect on reducing the sexual reoffense rate of the completed-treatment group' (p. 12)

9 Nathan, L., Wilson, N. J. & Hillman, D., (2003) *Te Whakakotahitanga: An Evaluation of the Te Piriti Special Treatment Programme for Child Sex Offenders in New Zealand*. Christchurch: New Zealand Department of Corrections

The Te Piriti Treatment Unit in the Auckland Prison provides therapy for adult males who sexually offended against children. The Unit was established as a separate facility within the prison in 1994 (Nathan, Wilson & Hillman, 2003). Te Piriti means 'The Bridge, a crossing over to a better life' (p. 12). The program evaluated by Nathan et al. (2003) followed a cognitive behavioural and social learning format, and was based on the Kia Marama Program in Christchurch (see Bakker et al. 1995 above.). However, Te Piriti was distinctive in terms of 'the concerted effort by management and staff to develop and promote a therapeutic environment within a tikanga (customary) Maori framework' (Nathan et al. 2003, p. 12). The program was part of a larger Framework for Reducing Maori Offending (FReMO), adopted by the New Zealand Department of Corrections to address the over-representation of Indigenous people in the correctional system. The Maori aspects of the Te Piri Program were developed through consultation, staff training, and engagement of a full-time Cultural Consultant who also directly contributed to the delivery of treatment components. The culturally-specific elements of the program are not described in detail in Nathan et al.'s (2003) account. However, they appeared to involve traditional Maori forms of greeting, communication and values. In addition, there was no information about the format, duration and intensity of the whole program. The treatment sample of 201 had served prison sentences of more than 18 months (p. 17). The ethnicity of the group was 33% Maori (68) and 66% non-Maori (133). It appears that the non-Maori may have been involved in the Maori components of the program.

The evaluation by Nathan, et al. (2003) involved the creation of a control group of 283 men who had committed sexual offences against children and been imprisoned between 1983 and 1987. The group was 'comparable to participants from the Te Piriti study on variables such as age, ethnicity, and number of previous sexual offences' (p. 24); although the mean follow-up period was 3.9 years for the treatment group and 8.45 years for the control (p.38). It appears that conviction data were obtained from 'the Justice Department computerised criminal history database' (p. 27). General conviction data appeared to be unobtainable for the control.

Nathan, et al. (2003) found that the Te Piriti treatment group experienced a reconviction rate for sexual offences of 5.47% (11/201), significantly lower than the control group rate of 20.80% (59/283). Although the follow-up periods were substantially different, the researchers argued that the finding was robust because 'the mean time to sexual reconviction [1,053 days for the treatment group and 1,128 days for the control] was not significantly different revealing that the failures for the control and Te Piriti groups were similar' (p. 38). There were no significant differences in the offence or demographic characteristics of the groups that related to recidivism. There were also no significant differences in sexual reoffending rates for the treatment group between Maori and non-Maori participants, although the general reoffending rate was higher for Maori at 41.18% compared to non-Maori at 26.32% (p. 38).

	<p>The Nathan et al. (2003) study included a comparison between the reoffending rates for the 68 Maori in the Te Piriti Program and those in the generalised Kia Marama Program (see Bakker et al. 1998 above), in order to test the specialised Maori cultural focused in Te Piriti. A sample of 81 Kia Marama participants was obtained from a period approximating the Te Piri treatment experience before the Kia Marama program developed a more specific cultural focus for Maori. The Te Piriti treatment group experienced a sexual reconviction rate of 4.41% (3/68), significantly lower than the Kia Marama group rate of 13.58% (11/81). General reoffending rates were not significantly different at 41.18% and 44.44% respectively (Nathan et al. 2003 p. 27).</p> <p>The overall conclusion from the study was that, 'The use of tikanga in combination with CBT appears to be an effective treatment programme for Maori and non-Maori offenders convicted of sexual offences against children', and that the study 'provided support for the inclusion of Maori in the conception, design and management of research. It is recommended that training and support be provided for Maori staff in Corrections to enable this to continue to occur' (Nathan et al. 2003, p. 45).</p>
10	<p>Wilson, R.J., Picheca, J.E., & Prinzo, M. (2005). <i>Circles of Support & Accountability: An evaluation of the pilot project in South-Central Ontario</i>. Ottawa: Correctional Service Canada.</p> <p>Wilson, Picheca and Prinzo (2005) conducted an evaluation of the Circles of Support and Accountability (CoSA) pilot project. The project was initiated in Hamilton, Canada, in 1994 in the following dramatic circumstances (p. i):</p> <p>The Circles of Support & Accountability initiative began, quite simply, as an innovative response to a single set of circumstances: a high risk, repeat, child sexual abuser was released to the community from a federal penitentiary. The response of the community was swift - picketing, angry calls for political intervention, heightened media attention, and 24-hour police surveillance. In response to the offender's pleas for assistance, a Mennonite pastor agreed to gather a group of congregants around him, to offer both humane support and a realistic accountability framework. Following a similar intervention with another offender a few months later, the Mennonite Central Committee of Ontario (MCCO) agreed to sponsor a pilot project called the Community Reintegration Project, and the Circles of Support & Accountability (CoSA) movement was born.</p> <p>CoSA began as program run by the Mennonites with modest financial support from Correctional Service Canada. The bulk of the money was spent on a part-time Project Coordinator and several part-time coordinators, with some additional expenditures on office requirements. CoSA is focused on support for high-risk offenders released from prison, in most cases without adequate support mechanisms in the community. The 'ex-offender' is known as the 'core member' who meets with an inner circle of approximately five volunteers at least once a week (Wilson et al. 2005, p. 2). In the initial phase of 60-90 days, a 'primary volunteer' meets with the core member almost every day. All volunteers receive training. The volunteers assist the core member to meet their legitimate needs and also hold them to account for beliefs and behaviours supportive of reoffending. It appears that the initial idea was for a Circle to last as long as needed. However, in many cases, 'CoSAs have</p>

become surrogate families for many Core members. What was supposed to be a stopgap for a crack in the criminal justice system's management of offenders became a way of life' (p. 3). CoSA includes an 'outer Circle' of volunteer 'supportive community-based professionals', mainly correctional officers, psychologists, social workers and police (p. 3), although they do not exercise legal authority in this role.

The Wilson et al. (2005) evaluation matched 60 offenders released from prison without the CoSA experience to a group of 60 CoSA participants. It appears that most of the treatment group were involved in CoSAs in Toronto, Hamilton and Peterborough. It was unclear from the account how many, if any, of the CoSA group remained in the program at the time of the evaluation. It was also unclear what, if any, parole conditions applied to either group. The comparison group was matched on 'risk; length of time in the community; and prior involvement in sexual offender specific treatment' (p. ii). The average follow-up time for the two groups was 4.5 years. 'Recidivism' was measured primarily in terms of a new charge or conviction for a sexual or violent offence or 'having breached a condition imposed by the Court' (p. 23). It appears that the three categories in combination were defined as 'general' or 'any' recidivism (p. 24). The data were collected primarily from the national Canadian Police Information database.

The main finding from the evaluation was that 5.0% (3/60) of CoSA participants were recorded as having committed sexual offences in the follow-up period compared to 16.6% (10/60) amongst the control group (Wilson et al., 2005, p. 24). This amounted to a statistically significant difference of -70%. A significantly lower rate of -57% was also apparent for violent offences: 15.00% for the CoSA group and 35.00% for the control. The 'general' offence category also showed a significant difference: 28.33% of the CoSA group and 43.44% of the control, making for a difference of -35%. Time to the first 'failure' was also different at 22.1 months for the CoSA group and 18.5 months for the comparison group.

In addition, a review of the nature of the sexual reoffences found the following (p. 24):

In each of the three instances of sexual recidivism in the CoSA group, the new offense was qualitatively less severe or invasive than the offense for which they had most recently served sentence. For instance, the new offense of one of the CoSA members was making an obscene telephone call, while his prior offense was a violent rape. No function of harm reduction was found in the comparison sample; their new offenses were just as violent and invasive as their most recent offense.

The Wilson et al. (2005) evaluation included a process evaluation of the Core Members and volunteers (pp. 8-18). Ninety percent of Core Members agreed that CoSA assisted them to adjust to life in the community and two-thirds agreed CoSA had helped them to desist from crime. The large majority of the community and professional volunteers were positive about their experiences and felt they had contributed to the Core Member adjusting more effectively to normal life and desisting from offending.

Finally, a small survey was conducted of residents in areas where CoSAs were operating. Approximately two-thirds supported the program and believed it contributed to greater community safety by assisting the Core Member not to offend (p. 18).

- 11 Wilson, R., Cortoni, F., & Vermani, M. (2007). *Circles of Support and Accountability: A National replication of outcome findings*. Ottawa: Correctional Service Canada.**

Wilson, Cortoni and Vermani (2007) carried out a Canadian nationwide replication of the evaluation of the Circles of Support and Accountability (CoSA) programs by Wilson, Picheca & Prinzo (2005, above). The study drew 47 subjects from six CoSA programs and 47 non-CoSA sex offenders across six cities and one province. Both groups were deemed 'high risk' on standard assessment tools, and were also matched on 'length of time in the community, release date and location, and prior involvement in sexual offender specific treatment' (p. i). Follow-up times averaged 2.8 years (34 months). 'Recidivism' was measured in terms of 'a new charge or conviction for a new offense' across sexual and violent categories or for having 'breached a condition imposed by the Court' (p. i). These data were obtained from the Canadian Police Information Centre. The findings were summarised as follows (Cortoni & Vermani, 2007, p. i):

Offenders who participated in CoSA had significantly lower rates of any type of reoffending than did the matched comparison offenders who did not participate in CoSA. Specifically, offenders who participated in CoSA had an 83% reduction in sexual recidivism in contrast to the matched comparison group (2.1% [1/47] vs. 12.8% [6/47]), a 73% reduction in all types of violent recidivism (including sexual – 8.5% vs. 31.9%), and an overall reduction of 72% in all types of recidivism (including violent and sexual – 10.6% vs. 38.3%).

The total number of charges for the CoSA group was 16 and 68 for the comparison group (p. 7). Of note, given this was a national replication study, was the conclusion that that 'the impact of participation in CoSA is not site-specific' (p. i). Additionally, the researchers emphasised how the findings 'provide further evidence for the position that community volunteers, with appropriate training and guidance, can and do assist in markedly improving offenders' successful reintegration into the community' (p. i).

- 12 Duwe, G., & Goldman, R. A. (2009). *The impact of prison-based treatment on sex offender recidivism: Evidence from Minnesota. Sexual Abuse: A Journal of Research and Treatment*, 21(3), 279-307.**

Duwe and Goldman (2009) assessed the outcomes of the 'prison-based' Transitional Sex Offender Treatment Program (SOTP) operated by the Minnesota Department of Corrections from 1978. The program treated adult males at the Minnesota Correctional Facility at Lino Lakes. Inmates entered the program in their last year of imprisonment in preparation for release, and the program extended beyond release through a half-way house facility. Inmates who denied responsibility for their offence were excluded from participation.

SOTP employed a cognitive behavioural method, delivering 'long-term intensive sex offender and CD (chemical dependency) treatment consistent with a risk-needs-responsivity model' – using Static-99, the Rapid Risk Assessment for Sex Offense Recidivism, and the Minnesota Sex Offender Screening Tool–Revised (Duwe & Goldman, 2009, p. 282). Higher-risk offenders were given priority to enter the program. Participation was essentially voluntary, although a 'carrot and stick' approach involved some modest incentives related to conditions of incarceration and release.

Participants were housed in a separate area of the prison, with an expectation of mutual support in therapy. Post-assessment, a major component of the program involved approximately six hours of staff-led group sessions per week. Given the focus on transition to release, sessions included family and support persons and development of post-release support plans – indicative of multisystemic therapy. Specialised therapeutic components were provided for participants with drug and alcohol issues and those with ‘cognitive limitations’ (p. 285). Meetings were also held with Narcotics Anonymous, Alcoholics Anonymous and Sex Abusers Anonymous. In addition, regular ‘Psychoeducational Classes’ covered the following topics: ‘Emotions Management, Alcohol and Drug Education, Cognitive Restructuring and Criminal Thinking, Sexuality Education, Sexual Assault Dynamics, Reoffense Prevention, Victim Empathy, Personal Victimization, Grief and Loss, Morals and Values, Sexual Behaviours, and Transitional Curriculum’ (p. 285). One ambiguity in the account by Duwe and Goldman concerns the amount of post-release supervision involved in the program, including in the ‘half-way house setting’ (p. 282).

A complex propensity score matching procedure was used to match treated and untreated individuals released from the prison system over a 14-year period, in order to create ‘a comparison group whose probability of entering treatment was similar to that of the treatment group’ (p. 281). The two groups generated by this process each consisted of 1,020 sex offenders, covering an average post-release period of 9.3 years. The ‘treatment group’ was in fact a combination of those who completed the program (n=718) and those who did not complete the program (n=302). ‘Recidivism’ was measured in terms of ‘(1) re-arrest, (2) reconviction, or (3) reincarceration in a Minnesota correctional facility’ (p. 291).

The main finding was that 13.4% (96/718) of offenders who completed treatment ‘recidivated’ compared to 19.5% (199/1,020) of the control – a statistically significant difference of -31.2% (Duwe & Goldman, (2009, p. 2097). The results were slightly better at -38.7% for a consistent post-release comparative period of three years. The overall rate of sexual recidivism for treatment ‘dropouts’ was 16.2%. The data also showed that offenders who completed the SOTP had lower rates of re-arrest for violent crimes and general crimes, and offenders who completed part of the program had lower re-arrest rates for sexual, violent and general offences.

13 Olver, M., Wong, S., & Nicholaichuk, T. (2009). Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence*, 24(3), 522-536.

Olver, Wong and Nicholaichuk (2009) conducted a follow-up evaluation of the Nicholaichuk et al. (2000) study of the Clearwater Sex Offender treatment Program (above). The Program was operated by Correctional Service Canada in the Prairie Region across four provinces and one territory. The study provided an additional four years of data to the original study, with a larger treatment sample, and an improved match between the treatment and comparison groups. It appears that the program remained largely unchanged, although the follow-up study indicated a slightly wider range of patients, including ‘moderate-to-high risk’ as well as ‘high-risk’ patients (Olver et al. 2009, p. 522). The follow-up study also referred to the use of the Static-99 and VRS-SO (Violence Risk Scale-Sexual Offender) as tools for assessing risk and designing therapy (p. 526).

The follow-up evaluation included a treatment group of 472 offenders and a comparison group of 265 offenders. The original treatment group consisted of men who voluntarily entered and completed the Clearwater Program between 1981 and 1996. The number was increased with the addition of offenders who had begun or completed the program up to the year 2000, with a minimum of two years in the community (Olver et al. 2009, p. 527). The original comparison group, who had been imprisoned between 1983 and 1996, was reduced after a subset was removed who had been released before the first treatment group began. The mean follow-up period for the comparison group was almost half that of the treated group at 14.3 years and 7.9 years respectively. 'Sexual reconvictions' (Olver et al. 2009, p. 528) were presumably measured by the same prison readmission source used in Nicholaichuk et al. (2000, p. 145).

Reconviction rates were measured over differing time periods, but the main effects were measured for subjects on a uniform five-year time period. The treatment group had significantly lower reconviction rates at two, three and 10 years for sexual offences. Most notably, within the uniform five years window, the treated group rate was 16.9% (53/314) compared to 24.5% (65/265) of the untreated group – a difference of -31.0%.

14 Worling, J. R., Litteljohn, A., & Bookalam, D. (2010). 20-year prospective follow-up study of specialized treatment for adolescents who offended sexually. *Behavioral Sciences and the Law*, 28(1), 46-57.

Worling, Litteljohn and Bookalam (2010) conducted a 10-year follow-up evaluation of the Toronto SAFE-T Program for adolescent sex offenders described above (Worling & Curwen, 2000). The SAFE-T Program was described as changing only slightly over the interval. The average treatment period reduced from 24 months to 12 months, while treatment intensity was said to have been more closely tailored to the diagnosed reoffending risk profile of participants. In addition, detailed discussions of participants' offending histories and sexual interests were shifted from group sessions to individual sessions. Group sessions were focused more on attitudes and skills for improved relationships and non-offending.

The follow-up evaluation used the same group of 58 offenders who had completed 12 months or more of the SAFE-T Program and 90 well-matched non-participants. The same reoffending measure of 'criminal charges' was used, with data drawn from the Canadian Police Information Centre. Worling et al. (2010) added a more developed rationale for using charges as opposed to convictions, in that the 'less conservative measure more closely approximates true reoffense rates' (p. 49). The average follow-up period increased from 6.23 years in the original study to 16.23 years – between 12 and 20 years. The average age of subjects increased from 21.5 years to 31.5 years.

The main finding was that the treatment and comparison groups had slightly increased rates of 'recidivism' across the four offence categories of 'any', 'nonviolent', 'violent non-sexual' and 'sexual' charges, but the differences remained statistically significant in all categories (Worling et al. 2010, p. 51). The number of recorded sexual offences for the SAFE-T group increased from 5% (3/58) to 9% (5/58), while the comparison group saw an increased rate of sexual recidivism from 18% (16/90) to 21% (19/90). The researchers' main conclusion

	was that, 'The results of this investigation suggest that specialized treatment for adolescents who offend sexually leads to significant reductions in both sexual and non-sexual reoffending—even up to 20 years following the initial assessment' (p. 56).
15	<p>Lambie, I., & Stewart, M. (2012). Community solutions for the community's problem: An Evaluation of three New Zealand community-based treatment programs for child sexual offenders. <i>International Journal of Offender Therapy and Comparative Criminology</i>, 56(7), 1022–1036.</p> <p>Lambie and Stewart (2012) assessed the impact of a common treatment program for adult child sexual offenders delivered at three sites in New Zealand. These were described elsewhere as the SAFE Network Inc. in Auckland, STOP Wellington Inc. and STOP Trust Christchurch (Lambie & Stewart, 2003, p. 9). These appeared to be non-profit organisations staffed with professionals with qualifications in psychology, social work and counselling. Funding sources included the Department of Corrections. The two STOP programs reportedly included culturally specific components for Maori clients. Participants were referred from a variety of sources, including a group on court orders and others 'self-referred' or referred by 'private counsellors' or 'other agenc(ies)' (Lambie & Stewart, 2012, p. 1026). Client groups shared fairly similar demographics. Treatment periods in two locations were 52 weeks, and 18 months to two years in the third location (Lambie & Stewart, 2003, p. 11). Treatment occurred in both individual and group settings, described as 'Cognitive Behavioural Therapy, with a strong emphasis on Relapse Prevention.' (p. 9). Individual treatment components included 'arousal conditioning, individual therapy, family therapy and family support group'. Group sessions, conducted in two-hour blocks with between eight and ten participants, included the topics of 'offence chain, mood management, victim empathy, relationship skills and relapse prevention' (Lambie & Stewart, 2012, p. 1026).</p> <p>The time frames for the Lambie and Stewart (2012) evaluation, published as a journal article, were unspecified. An earlier report by the authors (Lambie & Stewart, 2003) indicated the data were collected in the early-2000s. The treatment group consisted of 175 individuals who completed the program and were also 'assessed as having an adequate reduction in risk of reoffending' (Lambie & Stewart, 2012, 1029). A 'probation comparison group' of 186 offenders was created from a database provided by the Department of Corrections (p. 1028). The comparison group had sexually offended within a common one-year period and had been placed on parole (including 20% post-prison). None of the group had received specialist sex offender therapy. Both groups were well-matched on age and number of sexual offences. The treatment group had a higher proportion of Maori at 16% compared to the comparison at 25% (pp. 1027-1028). The Corrections database was used to identify sexual reoffending, apparently within an average four-year period for both groups following completion of treatment or commencement of probation.</p> <p>The main result was that the treatment group had a significantly lower recidivism rate of 8.1% (14/175) compared to 16.0% (30/186) for the comparison group (Lambie & Stewart, 2012, p. 1030). There was a small and non-significant difference for non-sexual offences of violence between the treatment group at 10% and the non-treatment group at 12%. Across the three programs the reoffence rates were fairly similar at 8.3%, 9.4% and 5.6%. Overall, 'the recidivism rates were comparable between Maori and other ethnicities' (p. 1032). The only predictor of reoffending that could be isolated was the number of previous victims. The overall conclusion was that, 'The findings of this study support the effectiveness of these</p>

	programs in reducing the risk of sexual reoffending among adults who are assessed as being suitable for community treatment' (p. 1032).
16	<p>Duwe, G. (2018). Can circles of support and accountability (CoSA) significantly reduce sexual recidivism? Results from a randomized controlled trial in Minnesota. <i>Journal of Experimental Criminology</i>, 14(4), 463-484.</p> <p>Duwe (2018) evaluated the Minnesota Circles of Support and Accountability (MnCoSA) program operated through the state Department of Corrections. Established in 2008, described as a 're-entry program', MnCoSA is part of the wider international CoSA movement. Common program elements have been described above (Wilson et al. 2005).</p> <p>In order to ensure validity in evaluation, MnCoSA operated on a strict randomised controlled trial format: 'The random assignment process was initiated when MnCoSA staff were able to recruit, screen, and train at least four to six volunteers from the community to form a Circle around a Level 2 sex offender with an impending release from prison' (pp. 468-469). The difficulty of recruiting support groups meant that the number of prisoners interested in joining the program exceeded supply, so the randomised allocation process minimised the ethical problem of denial of support.</p> <p>The Duwe (2018) evaluation involved 50 participants who had completed a Circle program up to 2016. These Circles involved weekly meetings for between six and 12 months duration, and most included Outer Circles. The Control consisted of 50 offenders who missed out on a place in the program as a result of the random allocation process. The majority of these were on what appears to have been a regular intensive supervision order that was not specific to sexual offending. The two groups were similar on demographic and sex offence indicators. Measures of reoffending were '(1) rearrest, (2) reconviction, (3) resentenced to prison for a new felony conviction [disaggregated by type of offence], and (4) reimprisonment for a technical violation revocation' (p. 469). Data were limited to those available from the Minnesota Bureau of Criminal Apprehension and the Department of Corrections. The average follow-up period for the two groups was 73 months (just over six years).</p> <p>The main finding was that 0.0% (0/50) of the MnCoSA group were reconvicted for sexual offences, compared to 8.0% (4/50) of the 50 offenders in the control – a small but statistically significant difference. One of the MnCoSA group was arrested but not convicted for a sexual offence. Seven of the control group were arrested for sexual offences but three were not convicted. The MnCoSA group also had lower levels of general offending, although these were still high for both groups at 50% and 68% respectively. Rates of revocation of parole and return to prison were also high at 56% for the MnCoSA group and 66% for the Control. The main conclusion by the researcher was that, 'The results suggest MnCoSA significantly reduced sexual recidivism, lowering the risk of rearrest for a new sex offense by 88%, [and] significantly decreased all four measures of general recidivism, with reductions ranging in size from 49 to 57%' (Duwe, 2018, p. 463).</p> <p>The evaluation included a financial cost-benefit analysis comparing the program costs with the costs of reoffending and parole breaches between the two groups. The savings to the state from MnCoSA were put at US\$40,923 per program participant or approximately US\$2</p>

million in total: 'For every dollar spent on MnCOSA, the program has yielded an estimated benefit of \$3.73' (Duwe, 2018, p. 363).
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2.5 DISCUSSION

The above summaries of a variety of SOTPs – deemed successful on common evaluation criteria – indicate that treatment is a goal worth pursuing. Investment in programs has a justification and there are models that provide guidance in designing or modifying programs. The very small number of financial cost-benefit assessments available also indicate that savings should exceed costs. At the same time, it should be kept in mind that the present literature review focused on successful cases, whereas the wider literature has a larger number of studies assessed as unsuccessful on the same criteria. This means that optimism about the likely benefits of these approaches needs to be tempered with caution (cf., Schmucker & Lösel, 2017; Wilson, 2017).

Overall, the most successful programs identified in the present study – based largely on follow-up evaluations – were the inpatient adult Clearwater Sexual Offender Treatment (SOTP) Program in Canada (Nicholaichuk et al. 2000; Olver et al. 2009), the outpatient adolescent Sexual Abuse, Family Education and Treatment (SAFE-T) Program in Canada (Worling & Curwen, 2000; Worling et al. 2010), and the outpatient adult Circles of Support and Accountability (CoSA) Programs in Canada and the United States (Duwe, 2018; Wilson et al. 2005; Wilson et al. 2007).

The large majority of the evaluated programs summarised in the present study explicitly adopted a cognitive behavioural approach to treatment. References were also made to multisystemic treatment, 'social therapy' and 'relapse prevention'. The latter two appeared to overlap closely with cognitive behavioural processes for developing self-regulation. Several studies made reference to family and peer involvement in treatment, and attention to employment and educational needs, in ways consistent with multisystemic therapy. Many of the features of the CoSA programs are also consistent with multisystemic therapy. Although CoSA is perhaps considered less as treatment than supportive reintegration, it has many of the features of therapy or treatment programs in terms of attempting to change attitudes and behaviours that facilitate offending. At the same time, as indicated above, it must be kept in mind that unsuccessful programs have also deployed cognitive behavioural and multisystemic principles (Schmucker & Lösel, 2017; Wilson, 2017).

A number of other variables were apparent from the current review which have relevance to applications in other locations. The majority of the programs were delivered in group settings, while some utilised both group and individual sessions. Of note is the fact that group settings can be considered inappropriate places for discussing details about individuals' offending histories and deviant sexual interests, leaving an important space for one-on-one counselling. The inclusion of family members and other significant persons in individual therapy sessions, relapse prevention planning and ongoing support arrangements also makes sense in terms of addressing environmental factors post-release or post-conviction.

The majority of the 14 programs reviewed here were described as specialised SOTPs. However, there was some evidence from the studies and the wider literature that sex offenders will benefit from common programs targeting general offending, most of which also involve elements of cognitive behavioural and multisystemic therapy and operate on a risk-needs-responsivity basis (Duwe, 2018; Robinson, 1995; Wilson, 2016). Studies that include reoffending data for non-sexual offences show that most sexual offenders are also at-risk for a range of violent and non-violent offences, so that an exclusive focus on sexual offending might be a limiting factor in terms of the scope for outcomes. The case studies examined here, and the larger literature, indicate that common risk factors for sexual and general reoffending include age of onset and number of previous offences, as well as scores on formal risk assessment scales (e.g., Hanson & Bussière, 1998; Seewald, Rossegger, Gerth, Urbaniok, Phillips & Endrass, 2018).

The fact that early onset of offending is a risk factor for recidivism highlights the need for programs for adolescents, although the present study identified just one successful program in this area (Worling & Curwen, 2000; Worling et al. 2010). Ethnicity is also a variable that tends to be neglected in program design. The New Zealand cases appear as a partial exception here, and one study from New Zealand showed that the inclusion of specialist cultural components might contribute to greater reductions in offending amongst particular ethnic groups (Nathan et al. 2003). Australian research also advocates culturally appropriate programming. Unfortunately, Australian research has largely shown poorer outcomes for Indigenous offenders. One exception is a study by Allard and colleagues (2016). This study identified field-based, ecosystemic interventions that involved Indigenous Elders as collaborative treatment partners. It also focussed on developing cultural competence among treatment staff. This program was found to reduce the disparity in sexual recidivism outcomes between Indigenous and non-Indigenous offending youth, including in remote community settings. Overall, more work needs to be done to identify what works for particular groups of offenders and under what conditions.

The programs also tended to be either inpatient – within a prison or other secure facility – or outpatient – through attendance at a clinic or, in the case of CoSA, in homes or other locations in the community (Duwe, 2018, p. 467). This suggests that beneficial effects can be obtained in various settings, although it would also make sense to utilise both inpatient and outpatient settings for more serious offenders who have received a prison term (cf., Duwe & Goldman, 2009; McGrath et al. 2003). Inpatient treatment without post-release support and supervision is contrary to existing knowledge about environmental factors in offending behaviour. For example, Bakker et al.'s (1998) assessment of risk factors in reoffending led them to suggest that, 'those with several previous convictions might justify more intensive treatment in prison, and closer supervision during the maintenance phase of treatment in the community' (p. 16). Nonetheless, although some successful programs were described as 'intensive', the present study was unable to specify likely beneficial aspects of programs such as frequency and duration of therapy sessions.

CoSA programs are of importance here as an emerging area of practice with increasing evidence of success. It has been argued that CoSA programs might be more effective than studies show because the system of inner and outer circles involves close surveillance of participants that potentially elevates rates of detected reoffending (Clarke et al., 2017). From that perspective, CoSA demonstrates outcomes

consistent with other examples of intensive community-based monitoring and support for offenders on probation and parole orders (Baker & McKillop, 2017). The approach also could be said to involve techniques from within the highly successful situational crime prevention paradigm, including 'extend guardianship', 'strengthen formal surveillance', 'neutralise peer pressure', 'alert conscience' and 'set rules' (Cornish & Clarke, 2003, p. 90). The more supportive aspects of CoSA are also consistent with other aspects of a situational approach, including 'reduce frustrations and stress' and 'assist compliance' (p. 90). The majority of the successful case studies reported in the present study pre-dated scholarly interest in the prevention of sexual offending from a situational perspective (e.g., Wortley & Smallbone, 2006) – a condition which highlights the potential value-add to programs from situational principles.

The present literature review also showed that evaluation of SOTPs can be difficult because the wide range of variables involved is often difficult to control. However, demonstrating treatment effectiveness is essential to accountability of public correctional systems, especially in the context of limited resources and competing demands on resources. At the same time, the high-standard evaluation protocol of randomised allocation of participants to treatment and control groups entails a fundamental ethical problem of denying treatment to eligible offenders. The CoSA example, which relies on a limited pool of volunteers, shows that this obstacle is not necessarily insurmountable. At the same time, it appears from case studies and the wider literature that most departments of correction have sufficient numbers of sex offenders coming through their systems, following different paths over the years, to generate comparable treatment and control groups for adequate evaluation. SOTPs should be established and operated with evaluation protocols in place – including multiple long-term measures of impacts, financial cost-benefit assessments, and process evaluations of stakeholder experiences.

3. Stage 2: Local Program Mapping and Analysis

The purpose of Stage 2 was to map current QCS programs to the global literature review completed in Stage 1, in order to answer the second research sub-question:

How well do QCS correctional programs for sexual offenders map to current best practice and innovations?

This stage comprised two methods: (1) document analysis and program mapping, and (2) focus groups and interviews with QCS program staff.

3.1 PART A: DOCUMENT ANALYSIS AND PROGRAM MAPPING

3.1.1. Program information

QCS offers a suite of 'Sex Offender Treatment Programs' (SOTPs) to individuals who have committed sexual offences and are sentenced to either custodial or community correctional orders for 12 months or longer. These programs aim to reduce sexual recidivism amongst participants.

It is understood sexual offenders eligible for programs will complete a Rehabilitation Needs Assessment and Offender Rehabilitation Plan (Sofronoff, 2016); and may also undertake specialised assessments (e.g., Static-99R and Stable-2000). Most offenders will commence with the *Getting Started Preparatory Program* (GSPP). They then progress to one of four discrete SOTPs, dependent on offender characteristics and risk. This includes a *Medium Intensity Sexual Offending Program* (MISOP) for low to medium risk offenders; a *High Intensity Sexual Offending Program* (HISOP) for high risk offenders; a culturally adapted *Sexual Offending Treatment Program for Aboriginal Offenders* (referred to in this report as the *Indigenous Program*); and an *Inclusion Sexual Offending Program* for offenders with a cognitive impairment. Ideally, all offenders then participate in the *Sexual Offending Maintenance Program*. It is understood that offenders may undertake these programs in either custodial or community (GSPP and MISOP²) settings, and that some may undertake programs multiple times. Each of these SOTPs are group-based.

In addition to these SOTPs, QCS offers individual reintegration programs aimed at helping offenders to prepare for release from prison and to successfully reintegrate into the community. CREST is one of three Offender Reintegration Programs offered by QCS. CREST interventions commence in the prison context, prior to release, and continue in community settings post-release³.

Figure 3.1 illustrates this suite of QCS SOTPs and reintegration programs. Individual offenders may not complete the entire treatment package, and instead may only complete one or two of the programs. It is understood that group programs may be supplemented with individual treatment sessions for some offenders.

² GSPP and MISOP are the only two programs available in the community, and in certain locations (namely Cairns, Brisbane region, Southern and South Coast regions)

³ Note that outcome data (reported in Chapter 4) was only available for the former 'Transitions' reintegration program, and not for the CREST program specifically.

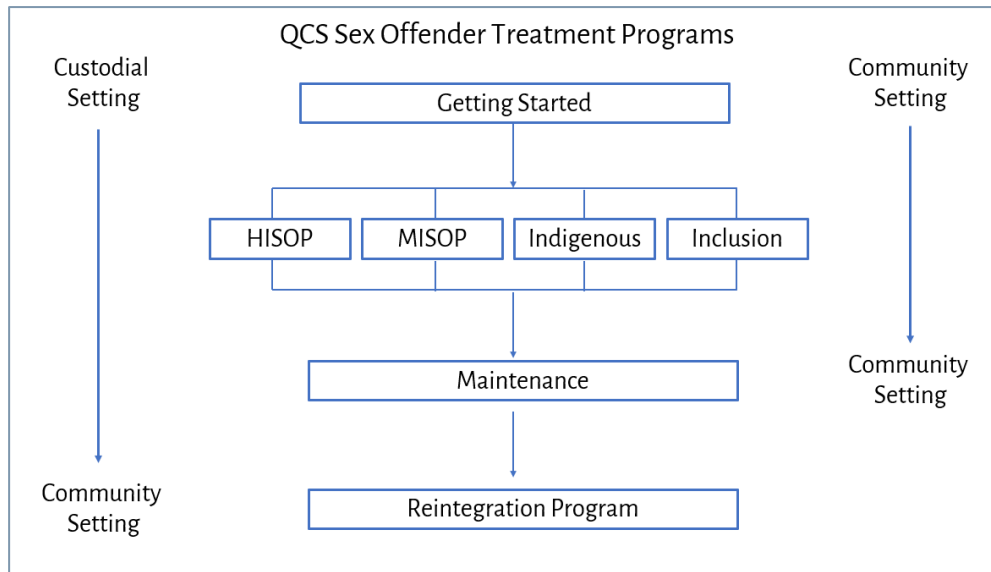


Figure 3.1 QCS Sexual Offending Treatment Programs

The six SOTPs and one reintegration program (CREST), were included in this document analysis and program mapping activity. These programs were selected in consultation with QCS. QCS provided documentation for review by the research team; additional information was sourced by the research team to aid program analysis (see Table 3.1).

Table 3.1 Program documentation used for analysis

Sex Offender Treatment Programs (provided by QCS)	<ul style="list-style-type: none"> • <i>Getting Started: Preparatory Program, Sexual Offending</i> (2005; 73 pages) • <i>New Directions: Medium Intensity Sexual Offending Program [MISOP]</i> (undated*; 16 pages) • <i>About the Cross Roads: High Intensity Sexual Offending Program [HISOP]</i> (undated*; 16 pages) • <i>Sexual Offending Treatment for Aboriginal Offenders</i> (2007; 70 pages) • <i>Inclusion Sexual Offending Program SOPS Version [ISOP]</i> (undated*; 39 pages) • <i>Staying on Track: Sexual Offending Maintenance Program [SOMP]</i> (2006; 45 pages)
Reintegration Programs (provided by QCS)	<ul style="list-style-type: none"> • Email summary (dated 12 July 2019)
Additional documents accessed by research team	<ul style="list-style-type: none"> • QCS Offender Programs Referral Criteria • Queensland Parole System Review Final Report (Sofronoff, 2016) • ACSO Website • Queensland Government website • Corrections News 2017

*Based on reference lists in the program documentation, it is estimated that undated program documents were likely written in 2006-2008

3.1.2 Procedure

This activity was undertaken in three steps.

Step One: Document review and content analysis

A content analysis approach was adopted for the review of documents pertaining to the seven discrete QCS treatment programs. Based on this analysis, each program was subsequently mapped to evidence-informed best-practice in this field.

Content analysis involves the examination of documents to identify meaning (Bryman, 2012). The process involves the development of categories and coding rules, data analysis, and interpretation (Cho & Lee, 2014). For this activity, each document was examined to identify program logic, change mechanisms, moderators of success, and implementation requirements associated with each discrete program. A proforma was developed to guide this analysis, based on McKillop and Rayment-McHugh (2018). A copy of this proforma is attached in Appendix A. Three researchers initially reviewed the '*Getting Started Preparatory Program*' document for the purpose of assessing inter-rater reliability. Identification of reported program logic, change mechanisms and moderators, and implementation requirements, was consistent across researchers.

Step Two: Synopsis of current evidence and innovations

Key features (change mechanisms) of successful rehabilitation and reintegration programs for sex offenders were identified via the global literature review (see Chapter 2). Each are features of successful treatment programs, which have been subject to research and evaluation. These include:

1. Cognitive-behavioural interventions (including training in self-regulation);
2. Multi-systemic targets (including engaging with family and peers, or attending to employment or educational needs); and
3. Provision of social support.

Acknowledged within this global literature review, however, was the need to also recognise newer and promising innovations in this field, which may also enhance program effectiveness. Three new and promising innovations emerged from this review:

1. The importance of culturally responsive programming

Research from both Australia and New Zealand suggests culturally responsive programming is essential to increase treatment effectiveness for Indigenous offenders (e.g., Allard, Rayment-McHugh, Adams, Smallbone & McKillop, 2016; Nathan et al., 2003).

2. Situational or contextual treatment targets

Most of the case studies included in the global literature review pre-dated scholarly interest in the prevention of sexual offending from a situational perspective (see Wortley & Smallbone, 2006). Building on a strong evidence base supporting situational crime prevention approaches

in other fields (Clarke, 1997; Clarke & Bowers, 2017), situational or contextual elements may add to program effectiveness.

3. Positive therapeutic rapport

Therapist skills and style impact program outcomes (Marshall & Serran, 2004), with therapists who are empathic, warm and rewarding producing the greatest effects.

Table 3.2 outlines the key change mechanisms identified through the global literature review, which represent 'best-practice' at this time.

Table 3.2 *Change mechanisms identified within effective and innovative new treatment programs*

Global Literature Review – Learnings from effective programs	Global Literature Review – New and promising innovations
• Cognitive-behavioural interventions	• Culturally responsive programming
• Multi-systemic targets	• Situational or contextual targets
• Social support	• Positive therapeutic rapport

At a systemic level, evidence from the global literature review also supports programs operating in accordance with the RNR model (Andrews & Bonta, 2003; 2010). For example, existing literature suggests that effectiveness might be enhanced for more serious offenders serving a prison term, if interventions are provided in both custodial and community settings.

Step Three: Program mapping

For the present study program mapping involved the systematic review of alignment between core change mechanisms within QCS SOTPs and reintegration program documentation and evidence-informed program features identified through the global literature review. Using the program documents provided by QCS, the six SOTPs plus the reintegration program (see Table 3.1) were subsequently 'mapped' against effective program requirements identified through the global literature review (see Table 3.2). First, each program was individually assessed for alignment with 'best-practice' program features. The comprehensive treatment 'package' was subsequently mapped against 'best-practice' program features as a collective unit.

3.1.2 Findings

Program Summary

The SOTPs offered by QCS appear to be traditional, individually focused, group-based, CBT programs. Program documents suggest that most of these programs were developed (or last documented) in the mid-2000s. It is reported that they were implemented in 2005-2006 (Sofronoff, 2016). These programs are offered to male offenders with a sexual offence conviction. The *Getting Started Preparatory Program* is

not considered a SOTP. Instead, it is a recommended prerequisite for engagement in subsequent SOTPs. In turn, offenders must have completed one of the primary SOTPs (*MISOP*, *HISOP*, *Indigenous Program*, *ISOP*) before they are eligible for the *Sexual Offending Maintenance Program*.

QCS sexual offending programs utilise a primarily group-based modality. However, individual intervention is an option for those who have barriers to engage in a program. Such barriers can include a range of responsivity issues such as motivation, outstanding needs following treatment, and specifically for community settings, availability due to location. Conversely reintegration programs are individually based. Each program varies in length, with more intensive (duration / frequency) programs offered to higher risk offenders, consistent with the RNR model.

All program documents indicate a requirement for “trained” facilitators; little detail is offered about what training is provided to staff, or the requisite training requirements. Some documents explicitly note the importance of warm and empathic therapist qualities. It is anticipated, though not specified, that training requirements may differ across programs.

Program logic summaries for each of the seven programs, developed through this analysis, are outlined in Appendix B (1-7).

Program document analysis

Mapping exercise

Mapping of QCS SOTP and reintegration programs to ‘best-practice’ highlighted in the global literature review identified key strengths and gaps within current QCS correctional programs, moderators of success, as well as potential areas for enhancing effective and efficient service delivery. Table 3.3 presents the findings of the program mapping exercise.

Table 3.3 QCS programs mapped to ‘best-practice’

	Cognitive-behavioural (CBT) Therapy	Multi-systemic targets	Social support	Culturally responsive	Situational targets	Positive rapport
Getting Started Preparatory Program	✓	X	X	X	X	✓
Medium Intensity Program – MISOP	✓	X	X	X	X	✓
High Intensity Program – HISOP	✓	X	X	X	X	✓
Indigenous Program	✓	X	X	✓	X	✓
Inclusion Program – ISOP	✓	?	?	X	X	✓
Maintenance Program – SOMP	✓	X	X	X	X	✓
CREST	X	✓	X	X	X	?
Combination of all programs (per Figure 3.1)	✓	✓	X	✓	X	✓

Note. (?) denotes lack of information to make sufficient determination

Key strengths and gaps

The comprehensive SOTP package offered by QCS (preparatory program, a sexual offender treatment program [HISOP, MISOP, Indigenous, or ISOP], and a maintenance program) shares several best-practice features identified through the global literature review.

The primarily CBT-based design of QCS SOTPs is consistent with the existing evidence base. All SOTPs include activities, for example, to challenge distorted cognitions that might support sexual offending behaviour, build skills in self-regulation and relapse prevention, and enhance victim empathy. Further, the suite of programs comprising the full SOTP, operationalises the RNR model (Andrews & Bonta, 2003;2010), with options for more intensive interventions to be offered to those assessed as a higher recidivism risk.

Consistent with best-practice (e.g. Marshall & Serran, 2004; Marshall & Marshall, 2015), QCS programs also emphasise the importance of warm, empathic therapists, promoting a positive and supportive therapeutic rapport. This was explicitly stated in most of the program documentation. The adapted Indigenous offender treatment program (ISOP), as part of the suite of SOTPs, provides a culturally sensitive program option for Aboriginal and Torres Strait Islander offenders. The combination of prison (inpatient) and community (outpatient) based programs further reflects best practice.

Newer and emerging interventions, however, such as the inclusion of multisystemic and situational targets, are not currently included in existing SOTPs. There is currently no QCS SOTP (based on available documentation) that explicitly addresses situational treatment targets, despite a growing evidence base supporting the inclusion of situational and contextual treatment elements in preventing and responding to sexual offences (Wortley & Smallbone, 2006). This may reflect the age of these programs, with most current QCS SOTPs developed in the mid-2000s, before attention turned to these more contextual targets. It may also reflect the custodial environment in which these programs are primarily delivered, which offers limited opportunities for contextual interventions.

Whilst a focus on situational or contextual targets may, on the surface, seem counter-intuitive within an individually- focused correctional system, there are numerous avenues through which these elements can be incorporated into therapeutic responses. Strategies include: extending guardianship, surveillance and monitoring; reducing situational precipitants to offending behaviours; and reducing opportunities to offend (Cornish & Clarke, 2003). These approaches may be best suited to community treatment contexts and would be particularly suitable for incorporation into offender reintegration programming. CoSA programs, for example, incorporate these situational elements. Importantly, they also include the provision of social support, that may enhance self-efficacy and internal motivation for change. Adding situational components to existing SOTPs would also complement environmental corrections trials currently being undertaken within QCS (see Shaefer, 2018).

The CREST reintegration program, in contrast, addresses issues of accommodation, practical support, education and employment. It is only through such reintegration programs, that the combined suite of QCS intervention programs addresses contextual factors that may directly or indirectly impact recidivism risk. SOTPs without (post-release) in-community support, supervision, and practical

assistance, thus sits contrary to existing knowledge about contextual factors that contribute to offending behaviour.

This suggests that offenders completing all four components of QCS's comprehensive intervention package (SOTPs plus a reintegration program) should achieve the best outcomes. To complete all three key components of SOTP, however, in addition to commencing a reintegration program, incarcerated offenders would require a lengthy sentence. This is not always the case; raising concerns consistent with those identified in the Sofranoff (2016) report, that prisoners on short sentences may not be offered access to rehabilitation programs. For example, Sofranoff (2016) reports only 422 of 7,987 prisoners released to supervision had met all program requirements (p. 132). This may be dependent somewhat on external factors, for instance, sentence length vs. program length. Optimal effectiveness, therefore, may depend on maximising the number of offenders who complete the entire treatment package, including transitional programs, to promote continuity of support. It is acknowledged, however, that this would require significant resourcing (e.g., staff; space) to optimise this level of service delivery.

Moderators of success

No program operates in a vacuum, with multiple internal and external factors impacting program implementation and success. Three key moderators of success emerged from this document analysis and program mapping activity.

Two of these specifically relate to the extent and type of intervention undertaken by each offender: i) the available time on sentence to enable program completion; and ii) the number and combination of programs completed. Current best-practice evidence, and program logic for the suite of QCS intervention programs, suggests that the completion of all three components of the QCS SOTP, in addition to a reintegration program, may produce the best outcomes. Shorter sentences may therefore limit important intervention opportunities, including whether an offender is given the chance to complete all intervention components. Movement of offenders between custodial and community settings may further act as a barrier to full program completion.

The third moderator that emerged from this review relates to the programs' staff. Program documents highlighted the importance of trained staff facilitating this suite of programs. Whilst precise training requirements and expectations were not articulated, the level of staff training may impact program outcomes. Further, the *Indigenous Program* specifically requires culturally competent staff. Without staff with the relevant skills and experience to work effectively with Aboriginal and Torres Strait Islander offenders, offender engagement and program outcomes may be compromised.

Areas for enhancing effective and efficient service delivery

The document analysis and program mapping has highlighted possible areas for enhancing effective and efficient service delivery.

- Program documentation is old and requires updating. It is unclear the extent to which the programs themselves reflect documented manuals. If they do, then the programs also likely require updating given there have been significant shifts in the field in the last 10 years.

- Program updates should incorporate new and emerging knowledge in this field, including multisystemic (MST) and situational intervention targets. Learnings from successful MST trials with youth (aged 10-17 years) offenders may have relevance to the inclusion of family and peer treatment targets in adult correctional programs. Options for including these aspects should be explored for programs in both custodial and community, settings. Moreover, the integration of environmental corrections approaches with other interventions for this population, may enhance situational aspects of existing responses.
- The introduction of a CoSA type program, as an additional reintegration option, may further enhance outcomes, with its proven effectiveness, and strengths in the provision of social support and in addressing situational targets.
- In line with the existing evidence base, consideration should be given to strategies to enhance engagement in, and completion of treatment programs, including both SOTPs and reintegration programs. This may require further research to investigate specific reasons that some offenders do not enrol in any treatment programs (e.g., prisoner choice, failure to meet inclusion criteria, insufficient time on sentence); reasons that offenders do not undertake both SOTP and reintegration programs (e.g., lack of availability, unaware of the benefits of the program); and reasons for failing to complete treatment (e.g., treatment disengagement, transfer to a different prison, release from prison).

3.2 PART B: FOCUS GROUPS AND INTERVIEWS

3.2.1 Sample

QCS program staff directly involved in facilitating SOTPs were interviewed as a triangulation method to augment the program mapping analysis for this stage of the study. Data triangulation serves two important purposes. First, it ensures validity of findings via various data collection sources or methods on the same topic. Second, it allows the researcher to capture different dimensions of the same issue to provide a more complete picture of the phenomenon of interest (Guion, Diehl, & McDonald, 2011). The sample ($N = 12$) comprised English speaking female ($n = 11$) and male ($n = 1$) employees of QCS including group facilitators ($n = 8$), program facilitators ($n = 2$), facilitator supervisor ($n = 1$), and principal adviser ($n = 1$).

3.2.2 Interview protocol

Interview questions were situated within an EMMIE framework and based on realist principles (Johnson et al., 2015). The EMMIE framework was developed to systematically capture the range of evaluation issues most relevant to practice and policy professionals. The realist interview questions were semi-structured allowing explorative and open-ended consideration of specific EMMIE targets. For example, “What contextual factors present a barrier to change for program participants?” and “Is this the same for all participants or does it impact some individuals more than others?”

3.2.3 Procedure

Most interviews were conducted in a face-to-face group setting at various locations in the state of Queensland. Participants were recruited through QCS. Participation was confidential and voluntary. Interviews generally lasted between one to one-and-a-half hours, and were conducted under the approved ethical protocols obtained from the University of the Sunshine Coast (Protocol number: A/18/1160). Interviews were audio-recorded.

The audio-recordings were transcribed using NVivo Transcription software, then de-identified for the purpose of analysis and reporting. To identify themes and patterns within the interview data, transcripts were examined following Braun and Clarke's (2006) method of thematic analysis. Thematic analysis was chosen as it enabled distillation of the data in a manner which identified seemingly unrelated material through systematic analysis to capture the richness of themes. Braun and Clarke (2006) described a six-phase procedure for conducting thematic analysis, which was undertaken by the researchers: i) familiarisation with the data; ii) generation of initial codes; iii) searching for themes; iv) review of themes; v) the defining and naming of themes; and vi) the production of the report.

Through listening to recordings of the interviews, reading, and re-reading interview transcripts, researchers immersed themselves in the data. Across the data initial codes were then generated and collated into potential themes within the EMMIE framework. Identified themes were re-checked against the original data to ensure they were a consistent and coherent reflection of the data. Clear names for the themes were generated, and data that best represented each theme was included.

In addition, through theoretical sampling, key themes became theoretically saturated. Theoretical saturation is achieved when the interviewing of new participants and analysis of their interviews provided no new themes. Saturation of key themes was reached at 12 QCS employees interviewed. Trustworthiness of the study was enhanced firstly, through coder reliability checks, wherein each of the interviews were analysed separately and findings were compared, and secondly, by describing the sample, method, results using participant quotes, maintaining detailed transcripts, and recordings.

3.2.4 Findings

Table 3.4 lists key themes that emerged from the thematic analysis, grouped according to the EMMIE framework. Themes emerged with respect to key change mechanisms, moderators of program success, and considerations for implementation.

Table 3.4 Overview of qualitative themes

EMMIE	Themes
[M]echanisms of change	Therapeutic alliance Flexibility in program delivery Culturally safe program delivery Acknowledging trauma Insight and self-awareness
[M]oderators of success	QCS system moderators: <ul style="list-style-type: none"> • Custodial processes • Negative custodial setting culture • Working in silos • Staff uniforms External moderators: <ul style="list-style-type: none"> • Outside relationships • Connection to community / culture Program moderators: <ul style="list-style-type: none"> • Group mix • Dosage • Program setting Individual (offender) moderators: <ul style="list-style-type: none"> • Motivation to change
[I]mplementation considerations	Resources <ul style="list-style-type: none"> • Program resources • Nature of infrastructure • Assessment and evaluation Staff <ul style="list-style-type: none"> • Staffing • Staff training Defining success Related issues of concern

3.2.3.1 [M]echanisms of change

SOTPs, in particular HISOP and MISOP, were reported as having good solid foundations based on evidence-based research. One staff member described it as the “... *crème de la crème of our suite of programs*” (Int 1). This was attributed to the linking and layering framework of program modules, with no part of the program seen as more important or significant than another, for overall effectiveness.

Participants specifically identified five primary change mechanisms within the SOTP, considered crucial to program success: therapeutic alliance; flexibility in program delivery; culturally safe program delivery; acknowledging trauma; and insight and self-awareness.

Therapeutic alliance

Participants identified staff characteristics and skills as having the potential to positively impact program outcomes. Consistent with best-practice literature, a strong and positive therapeutic alliance was identified as foundational to challenging core beliefs and providing offenders with space to safely learn and develop new skills. Program staff noted the importance of the relationship not only within SOTP group sessions, but also through sustained support outside formal intervention programs.

"It's really important how you engage with them when you see them on the walkway to kind of not be dismissive of them. That is going to ruin what I had in group" (Int 2).

Program staff who showed genuine caring, empathy, and compassion were broadly valued by offenders. Pairing of adequately skilled co-facilitators was important in terms of role modelling and the therapeutic alliance.

Flexibility in program delivery

Flexibility to tailor program delivery to suit individual needs of offenders, whilst still meeting the objectives of the SOTP modules, was identified as crucial to enhanced outcomes for individual program participants. This fluidity provided the "... capacity to be able to move where-ever they meet the prisoner's needs ... that's what is going to be best" (Int 2). Flexibility supported the "... timing of whenever they are ready to do it. So important to them really" (Int. 2). This in-built flexibility provided opportunities for program staff to creatively design extra activities or deliver modules in different ways to further support offenders who struggled with certain concepts. This flexibility was not reported as impacting program integrity; it is noted that professional discretion is acknowledged within the RNR model (Andrews & Bonta, 2003; 2010).

Flexibility in program delivery was considered even more important for Indigenous offenders, ensuring adequate time for a focus on connection to community, storytelling, pictures, and yarning. This included the ability to complement group sessions with additional individual interventions. For example, participants spoke about spending time on individual one-on-one sessions with Indigenous offenders outside of group, particularly when there were events or news from their communities to be processed. Program flexibility also ensured time could be spent on key issues faced by group participants, which might otherwise have acted as a barrier to engagement.

"... slow it up and go with what's happening, what's happening at the moment for that population as a whole" (Int 5)

Culturally safe program delivery

A cultural lens was considered vital in program delivery for Indigenous offenders. The SOTP, however, is delivered by program staff who report varying levels of cultural awareness and competency. A lack of

Indigenous program staff was also noted. To address this program staff reported informally engaging and consulting with Aboriginal and Torres Strait Islander advisors, elders, and family, however these interactions remained outside of the program delivery context.

Acknowledging trauma

Interview participants highlighted a need to acknowledge and validate trauma issues within programs, particularly with respect to Indigenous populations. Trauma associated with stolen generation experiences was seen as relevant to the older population of Indigenous offenders. The younger cohort, often children of these individuals, experienced first-hand trauma linked to histories of foster care and child safety involvement.

Insight and self-awareness

For many offenders, SOTPs provided the first opportunity that they had had to reflect on their journey and their offending. Here the primary shift reported by program staff was gains in insight and raised levels of self-awareness and self-worth. *“But a lot of the time it is they ... identify what they've done ... we're a big fan of small wins”* (Int 2). These insights led to positive changes in attitudes and beliefs that were previously hostile.

3.2.3.2 [M]oderators of success

Participants identified moderators of program success with respect to QCS systems, factors external to QCS, program factors, and individual offender characteristics.

QCS system moderators

These moderators primarily reflect some of the challenges and constraints associated with therapeutic program delivery within custodial settings.

Custodial processes

Custodial processes that impacted SOTPs included lockdowns, industrial action, incidents, codes, medical emergencies, or assaults. Another concern was double-ups, where two prisoners were placed in the same unit. Double-ups resulted in offenders not being motivated to do homework due to the fact that they had nowhere private in their unit to keep their homework, which might be able to be read by the prisoner with whom they shared the unit. Lockdowns, which could last up to three days, were particularly disruptive and resulted in the cancellation and re-scheduling of programs. The impact of lockdowns meant that *“... if you're cancelling sessions regularly then you're losing the effectiveness of the program”* (Int 1).

Negative custodial setting culture

A key moderator impacting the ability of offenders to actively engage and participate in SOTPs was a sometimes negative culture within some prison settings. This primarily reflected negative relationships between corrective officers and program staff, in addition to a negative attitude towards sex offenders. For example, participants described experiences including beliefs that women should not be in prisons

with males, that programs were a complete waste of time, or that sex offenders were “... *a piece of shit*” (Int 1). Moreover, program staff described being called ‘care bears’ by Correctional Officers. As one program staff member shared “*It’s about they don’t believe in rehabilitation, some of its, they don’t like sex offenders*” (Int 1).

Importantly, this negative culture was not reported in all custodial centres, or across all custodial staff. Where this was experienced, however, examples of this behaviour included: Corrective Officers’ refusal to call programs over the PA system, calling out programs using derogatory names, speaking derogatorily to program staff in front of prisoners, removing program staff and their group from therapy rooms without warning, and negative interactions with group members. Program staff reported that these negative interactions “... *create problems for us and massive, massive anxiety for the guys*” (Int 3), and “*I think the group members can get frustrated when it’s consistently occurring*” (Int 4). Having to rush to complete therapeutic sessions in order to vacate a room was reported to interfere with therapeutic processes and the ability of facilitators to respond to individual needs. For example, one offender was very upset and emotional in a session “... *and then telling us he was going to kill himself and the officers just like ‘Get out. I want to go. Get out’*” (Int 4).

Concerns were thus raised about the potential for this to negatively impact on offenders’ attendance at group sessions, their engagement in the therapeutic process, their self-efficacy, and sense of safety. The culture and stigma surrounding sex offenders, held by correctional officers, and more broadly within the non-sex offending prison population, inhibited offender’s ability and motivation to attend or engage to the best of their ability in SOTP. The pro-social modelling taught within the SOTP was not always replicated in the environment outside the program where offenders spent the majority of their time.

Working in silos

Interview responses suggest there may be insufficient communication between external providers and QCS about the individualised treatment and criminal history of offenders. Program staff found themselves without access to vital information, for example from services provided outside QCS. Given the transient nature of the offender population, this included an inability to get vital information related to offenders’ criminal history and past offences from other States and Territories. Such gaps in information resulted in program staff only treating the current offence and relying on prisoner self-report (if any) or media reports, for the details of historical offences, neither of which might be accurate.

This extended to QCS being able to obtain accurate information from other agencies about an offender’s mental health. This deficit of information seriously impacted offender treatment:

So the guy in group is saying ... he’s got a mental health issue concern or and he’s talking about it and he really puts it on his identity and you need access to know if that’s the case, yeah, it can take some time. Like my experience is one that has really taken the identity of say bipolar and schizophrenia, but they’ve actually been diagnosed as borderline personality (Int 4).

One program staff member described a situation where an offender had completed the entire program and built a reintegration plan focused on his child, only to finally receive confirmation that the offender

did not have a child. This program staff member felt that her time had been wasted and the offender's treatment compromised.

"... and that obviously becomes a problem when they've got things like bad mental health issues or that they tell me about a family member that doesn't exist. You just feel like you've been lied to this whole time" (Int 4).

Staff uniforms

Program staff reported barriers to engagement due to the authoritative nature of uniforms worn by facilitators. Most program staff agreed that a uniform is still required but suggested that it consist of a polo shirt, or that it be a different colour to correctional officers' uniforms.

External moderators

External moderators primarily reflect the impact of events external to the prison environment such as relationships with family members or issues in the offender's home community.

Outside relationships

Where an offender had experienced a negative phone call or visit, prior to their group session, program staff reported that this could be:

... really impactful obviously in terms of like the coping around that, and then how that impacts on whether they even want to change anymore. So, someone might say like this has ended, I don't care anymore ... so like that kind of outside stuff can really impact it (Int 2).

Connection to community / culture

Connection to family and community could be a benefit or barrier for some Indigenous offenders after completion of the program. For some this provided crucial support. Others faced barriers in returning to their community. *"It's really difficult for us Miss because you see people think we're up ourselves now, or we're too good for community because were you know, we don't drink anymore, we don't smoke, and we want to work, and those kind of things"* (Int 5).

Some Indigenous offenders decide not to return to their community. They may go to another community where they have some family and are successful, however if that does not work, or they choose not to go back to community, they reportedly often end up in 'big city' where it often does not work out due to their yearning for country. Connection to community and family therefore impacted not only an Indigenous offender's ability to participate in programs, but also their experiences and choices once they were back in community.

Program moderators

These moderators reflected aspects of program design and implementation that could impact program outcomes.

Group mix

Group mix played an important role in the ability of a program to produce an effect. Positively, the rolling nature of SOTP created a space where offenders who had been in the program for longer could mentor and challenge newer members. Mentoring and buy in from longer term group members was identified as an important process that supported positive shifts in newer offenders. In contrast, group mix could also negatively impact program outcomes. For example, there may be a risk of offender upskilling or collusion.

Dosage

Program staff questioned the length of some SOTPs, concerned about the lack of time available for offenders to grasp and process complex, and at times confusing concepts, and for program staff to be able to validate and discuss adequately. Some program staff felt it was unrealistic for a person of 50 or 60, who had experienced 50 years' worth of trauma, to achieve change within 12 months. Others raised concerns around an insufficient length of time allocated to some programs. *"I struggle with the MISOP program as I do feel it's quite short"* (Int 1). In contrast, others raised concerns about over-treatment, suggesting an alternative was needed for lower risk sex offenders. It was suggested *"... let's see some safety planning and let's look at problem solving, and let's look at the relationships. Something brief that might still be 100 hours, but it doesn't necessarily have to be SOTP"* (Int 1). Concerns were also raised about closed program structures, which limited opportunities for peer mentorship between offenders. These opportunities were not available in closed programs where offenders started and finished the program at the same time.

Program setting

Motivation levels were reportedly higher in custodial settings. In the community, motivational interviewing techniques were reportedly used in order to support offenders to attend programs. Community offenders were reportedly harder to convince about the benefits of undertaking the program, since they were not in custody, were living with their families, and able to go about their daily life. Unlike custodial-based offenders, community offenders had the opportunity to go home and practice learned skills in their family relationships.

Program availability in the community did not necessarily increase accessibility and gave rise to barriers not experienced in custody. Barriers faced by community-based clients primarily related to their capacity to get to actual programs, financial issues, and location issues. In the community there were also added stressors such as money, family, and work. *"Yes, some of them don't have cars... you know I have guys that would take like a two-hour train ride to get there"* (Int 2). This was made more difficult when the program was run at night, or where regional programs were long distances apart.

Programs designed for Indigenous offenders were not available in all settings. Where an Indigenous program was not available, and offenders were reluctant to move to other facilities due to the support they got in prison from a cousin or brother, *"... they sort of just get pushed through treatment and not really engage or they just refuse and remain untreated which is another issue"* (Int 3).

Individual (offender) moderators

Individual moderators reflect factors relevant to each offending client.

Motivation to change

Motivation was not necessary to be eligible for the SOTP, but was considered an important individual factor that impacted the ability of the SOTP to produce effects.

In custody, at the beginning of the program the majority of offenders were reported as being motivated by the extrinsic factor of parole. Program staff who had worked in community centres noted that offenders in custody were more motivated than offenders in the community “... *they're still at home with their families... so it can be a lot harder to convince them that a program is a helpful thing for them to do...*” (Int 2).

Other offenders, particularly those who had offended against their own biological children or family members, reportedly had a degree of intrinsic motivation due to the rupture in their family unit. For Indigenous offenders, their community and the chance to connect with community reportedly impacted their motivation. Although these same factors might also negatively impact motivation where there was a later rupture in those relationships. Age was not identified as impacting motivation.

3.2.3.3 [I]mplementation considerations

Resources

Resourcing issues relevant to implementation were raised, including program resources, physical space, and client assessment and evaluation.

Program resources

The need to update programs was raised. Whilst many program concepts were broad and thus easy for staff to bring up to date in discussions, some program content required revision and updating to reflect current issues. For example, the need to ensure program resources are suitable for child exploitation material (CEM) offenders. As one program staff member described “... *we have the ingredients, it's just about making them fresh*” (Int 1).

Discussions about resources also focused on items that might support day-to-day program delivery, such as whiteboard markers, paper, a printer so program staff could print out worksheets, a computer, and access to the internet. The challenges experienced by program staff were highlighted in the following:

“Oh, I feel like we live back in the early 2000's... like when I was doing an intensive program, we found some TED talks and did a few... it was quite a hassle to get all the resources to show. That TED talk was such a benefit. And 'hello TED talks are everywhere'... we couldn't actually get funding to get a computer in programs here and internet... so you've got to burn it onto a CD disk” (Int 2).

Nature of infrastructure

Participants believed the characteristics and location of the room from which the SOTP was run inhibited effective delivery and engagement. Small room size, the presence of windows, acoustics, and location next to other programs reportedly impacted offender's experiences. Program staff stated that it was sometimes difficult to fit 8 to 12 offenders into available rooms, and in turn, this limited engagement. The presence of windows in rooms enabled others to look in and see who was in the program, impacting offenders' sense of safety. Even room location was important. An example being when a substance abuse program was being run next door to SOTP "... we would go for a break and they would be at each other" (Int 3). It is important to acknowledge, however, that some of these factors are in place for safety and security reasons.

Assessment and evaluation

Accessibility of client assessment outcomes was identified as important for informing intervention plans. Where access to assessment outcomes is not available prior to program commencement, program staff may be unable to tailor their approach to individual needs e.g., literacy or cognitive issues. Some program staff reported having to learn about treatment needs of offenders in the group as they went along. When the STABLE-2000/R assessment outcomes are not available⁴, difficulties in treatment occur:

"Potentially if someone is on border MISOP to HISOP, so yes, we might put them in MISOP when in actual fact the Stable puts them in HISOP. ... so, they're not getting the best treatment for their specific needs. No, but we wouldn't know that because some of them haven't had their STABLES completed. That's our only assessment, us kinda speculating" (Int 4).

Staff

Staffing

Staffing referred to the capacity to retain staff and provide stability of facilitation across SOTP. High staff turnover potentially negatively impacts existing program staff and their capacity to deliver programs. High staff turnover was blamed on what respondents believed to be pay scales, which left staff feeling undervalued. New staff also reported having to wait long periods, sometimes up to six months, to undertake their training. High staff turnover saw experienced and skilled facilitators leave the program, or existing program staff potentially vulnerable to burn out.

Concerns were also raised about the lack of Indigenous facilitators.

"We don't seem to attract people that have the qualifications and that want to do the work as well ... we know family, and that family connection, and community connection is a barrier for them too" (Int 5).

⁴ Note. QCS has advised there is requirement as part of the program referral process that the Stable-2000/R assessment is to be completed prior to the commencement in a treatment program in order to decide dosage hours and appropriate treatment pathways.

Staff training

'Staff training' incorporated program specific training, internal and external supervision, professional development, and general training. Issues identified around staff training were focused on maintaining program integrity.

Program staff reported receiving general training that included group facilitation skills and cultural awareness. However, there were identified deficits in other areas of training, reported as having *"... sort of fallen by the wayside over the years"* (Int 1). These included professional development, internal and external supervision, and 'stagnant' training for SOTPs. Stagnant training referred to being trained once to deliver these programs, despite new developments or challenges that might emerge. Program staff suggested that they would benefit from more program-relevant training, for example annual refresher courses⁵.

In relation to cultural awareness training, one program staff member stated *"I mean they do run centre cultural awareness training. I don't feel it's very beneficial"* (Int 5).

Defining success

The need to redefine success to "shifts" in progress was highlighted. For example, one program staff member shared *"If you expected every single person to shift or to meet some level of success I just would say it would be unrealistic and we would be coming to work and banging our heads against walls and feeling awful all the time"* (Int 3).

Shifts in offender motivations were consistently framed by program staff as 'small wins' being 'the big wins.' Program staff noted *"... maybe they might get a job this time around or there is improvement to their quality of life"* (Int 1). Shifts, although clearly not evidence of desistance, were reportedly significant shifts, nonetheless.

Related issues of concern

Program staff stressed that many clients were also facing other challenges, for example abuse histories and family violence, which may also need to be addressed.

"I would be hard pressed to come across someone who hasn't had an adverse childhood experience upon experience upon experience of being removed, gone into foster care ... and then we're getting this layer of prisoner who's coming in who has foetal alcohol and it's just this huge mix" (Int 5).

3.4 DISCUSSION

The document analysis and program mapping, combined with qualitative data provided by QCS program staff, provided important insight into change mechanisms within existing QCS programs, moderators of program success, and key implementation issues for consideration. Both activities

⁵ *Note.* On advice from QCS, the SOTPs training package is continually reviewed and updated to incorporate latest research findings. Staff can re-do the program training at any time and can self-nominate to do so. Their attendance at the training is at the discretion of their local management.

identified some strengths within the suite of SOTPs, as well as a number of complexities at a system-, program- and individual (offender)-level that potentially moderate program implementation and outcomes. These relate broadly to program content; the complexities of the service delivery environment; the unique needs of Aboriginal and Torres Strait Islander offenders in correctional programming; and shifts in the measurement of program success.

Program content

The programs analysed for the present study appear to be traditional, individually focused, group-based, CBT programs. These are offered as a 'suite' of programs. Where appropriate individual treatment is offered; reintegration programs are individually-tailored. This 'suite' of programs collectively reflects best-practice. QCS program staff also viewed the suite of programs offered positively, with anecdotal evidence reinforcing their perspective that these programs are having a positive impact on at least some offenders.

However, although QCS appears to have a suite of programs that align broadly with current best-practice as identified in the scientific literature, both the program mapping and feedback from QCS staff highlighted the need to update current manuals to reflect innovations that have emerged in the past decade. Most SOTPs were developed (or last documented) in the mid-2000s. Furthermore, program staff were unaware of what other contemporary programs/models were available in other countries and they were concerned about the length of time it had been since any changes or updates had been made to the program. This gap in knowledge impacted the programs' ability to respond to new practice innovations and changing cohorts over time, for example child abuse material offenders.

Specifically, the need to incorporate situational principles and associated crime prevention approaches into current programming was identified. Despite evidence from the literature review of successful multisystemic targets (including engaging with family and peers, or attending to employment or educational needs) and social support, these aspects receive little attention within the current group programs and documentation (unless offenders are offered a reintegration program as part of their treatment). These might be best suited to community treatment contexts and be appropriate for enhancing reintegration programming.

Key mechanisms for success

The importance of positive therapeutic rapport (or alliance) was a theme reiterated from stage 1, with both the program mapping and qualitative data indicating this as a key mechanism for supporting and enhancing offender motivation to complete treatment (Marshall & Marshall, 2015; Marshall & Serran, 2004). Program staff perceived this to be imperative for establishing a safe place to challenge offenders' core beliefs and develop new skills. Shifts in offender motivations, however small, were perceived as important to treatment success. Insights into offending behaviour, social skill development and improved feelings of self-worth were identified as important factors underlying these shifts. This resulted in improved attitudes and engagement. The importance of preparation for programs, therefore, appears to be an essential element of correctional programming. Program staff also saw pairing of adequately skilled co-facilitators was important in terms of role modelling and the therapeutic alliance.

Further to the therapeutic alliance, flexibility in program delivery was deemed essential for tailoring programs to offender risk and needs. The program mapping combined with QCS program staff feedback also highlighted the importance of culturally responsive programming to enhance correctional outcomes, particularly for Aboriginal and/or Torres Strait Islander peoples. Although QCS currently has an adapted program for Indigenous offenders, the mapping process did indicate some deficits in program content specific to Aboriginal and/or Torres Strait Islander peoples that is likely to impact outcomes; and this was affirmed by program staff.

Program flexibility was also important to ensure the program suits the individual needs of offenders, albeit within the parameters of the program. This was seen to benefit offenders, without compromising program integrity. Flexibility in program delivery to allow connection to community, storytelling, pictures and yarning as a process to deliver program content for Indigenous offenders was identified. The need for one-on-one treatment to allow offenders to focus on their own issues in confidence, rather than having the added stress of money, family or community issues (potentially even with prison), was also indicated. For Indigenous offenders, social support within the prison, and thus availability of programs to limit movement between prisons, was raised as important for retaining offenders in programs. The need for a trauma-informed approach to programming was also raised as important.

Complexities of the service delivery environment

It is important to recognise how the complexities of the service delivery environment moderate the relative success of programs in terms of being delivered 'as intended' and achieving expected outcomes. At a system-level, the nature of prisons and the prevailing culture can impact interactions among staff, and in turn, impact clients. Concerns were noted that negative interactions between staff, and experienced by prisoners, affected attendance and ability to engage meaningfully in enrolled programs. This is particularly difficult for sex offenders, especially those convicted of child sexual offences. To this end, program staff and correctional officers might benefit from cross training to improve understanding and improve relationships.

Furthermore, the reactive and unpredictable nature of prisons (e.g., lock downs, codes, medical emergencies, industrial action) all impact on consistency and continuity of the programs potentially limiting treatment gains. Cell double-ups (particularly notable with the current overcrowding being experienced in prisons) was also found to impact 'homework' activities, thereby limiting the effectiveness of the program being delivered 'as intended'. Within this context, opportunities to introduce a modified uniform (e.g., polo shirt) for program staff, to distinguish them from other correctional staff, was perceived as a mechanism to build trust and rapport with clients.

The issue of working in silos and lack of communication between different stakeholders, in and across jurisdictions, as well as access to, and timeliness of, assessment reports was also a key concern for QCS program staff in being able to allocate offenders to the most appropriate programs, and address the relevant treatment targets.

At a program-level, program staff indicated that the right group mix (i.e., child sexual offenders and rape offenders) and program flexibility were also essential ingredients to produce intended effects. The

rolling format of programs allowed opportunities for older members to mentor and challenge newer members in a constructive manner, to shift offender motivations and perceptions in thinking and behaviour. Dosage was also raised by programs staff as a concern. Optimal treatment effectiveness likely depends on maximising the number of offenders who complete the entire treatment (SOTPs plus a reintegration program) package. Such a comprehensive treatment package requires a lengthy sentence thereby limiting accessibility and completion of programs for a number of offenders. The program settings were noted to impact accessibility and offender motivations. Offenders within custodial settings tended to be more motivated, than those in community settings where other commitments competed with attendance and engagement. On the other hand, lack of program availability within some communities meant that offenders could not readily access the programs, impacting their ability to attend and complete programs. For Indigenous offenders the contention of identity within the community, prior to and after, incarceration also requires greater consideration in terms reintegration.

At an individual level, offenders' motivation to change was identified as a potential moderator of success. Other external motivators (e.g., parole) were noted. Despite parole being an initial motivator, once in the program, staff reported shifts from extrinsic to intrinsic motivation. Interviewees also linked factors external to QCS as potential moderators of offender motivation to engage. This centred on influences from outside (i.e., family) relationships or ruptures as well as employment within the prison effecting attendance rates, and motivation to engage. Balancing these issues to maximise attendance and engagement is crucial for success.

In terms of implementation, inadequate space within the prison to undertake assessments and deliver programs comfortably and in a confidential manner, were factors impacting engagement. Resourcing of programs (e.g., paper, markers, printing, computer) was also a limiting factor in terms of implementation of activities designed for the program.

Other implementation issues raised included staff retention and training. Program documentation identified the importance of trained staff to facilitate these programs. However, it was not clear from the documentation what levels of initial, and subsequent training, were required to maintain currency in practice. Program staff raised concerns about opportunities to complete professional development training, including annual refresher training or areas of specific treatment relevance, to remain current in practice. This was extended to cultural competency training, which according to programs staff, could be more comprehensive than what is currently offered. Difficulties maintaining trained staff was also raised. High turnover effects continuity of care for program participants and impacts ability to establish and maintain rapport. It also affects group dynamics within programs. Reportedly, pay scale levels impacted the ability to retain skilled program staff, as did perceptions of feeling undervalued; and lack of training limited the ability of staff to facilitate programs. This has the potential to also lead to burnout for existing staff. The lack of Indigenous staff to design and deliver programs was also highlighted as a concern. Although program staff reported engaging and consulting with Aboriginal and Torres Strait Islander advisors, elders and family, these interactions remained outside of the program delivery context.

Defining success

Finally, QCS's program staff indicated a need to shift the way the success of programs are defined and measured. Small shifts in offender motivations, thinking and attitudes, or engagement in education or employment are important steps in the journey to an offence-free life and thus, their relative influence on correctional outcomes should be considered as part of future evaluations.

4. Stage 3: Post-release Outcomes for Rehabilitation and Reintegration Programs in Queensland

4.1 AIMS

In this stage of the project, we investigated correctional outcomes for sexual offenders, based on pathways through the system and program involvement in Queensland Corrective Services (QCS). We were interested to answer the third set of research sub-questions:

For whom, and under what circumstances, are these programs most effective?

- What are the individual-level (e.g., cultural heritage; risk; age) and program-level (e.g., program type; design; delivery; dosage) and predictors of successful outcomes?
- Do recidivism outcomes differ for those who complete: (1) only a SOTP; (2) only a reintegration program; (3) both SOTP and reintegration programs; or (4) neither a SOTP nor a reintegration program?

4.2 METHOD

4.2.1 Data source

Data were obtained from QCS on all adult males who had served a term of imprisonment in Queensland, had a 'sex warning flag', and had been discharged from custody between 1 January 2010 and 31 December 2017.

4.2.2 Measures

Demographic data

Age. We used two age variables for the present study. First, we used a continuous variable for age at first entry to custody and at data extraction. Second, we created a dichotomous variable to categorise youthful offenders (defined as a person aged between 17 and 25 years) and older offenders (aged over 25 years) at first entry into custody.

Cultural heritage. Ethnicity was recorded for each offender. These were then dichotomised to create an alternative variable for Indigenous status (non-Indigenous = 0; Indigenous (Aboriginal and/or Torres Strait Islander) = 1).

Risk assessments

Risk of Reoffending Screening Tool (RoR; Thompson & Stewart, 2007). The RoR tools screen for offenders' risk of reoffending. Scores generated from these tools assist in determining the level of service required for case management in community corrections and entry into rehabilitation programs. They are underpinned by the RNR model and developed to support the 'what works' principles, in particular "whom to target" (Sofronoff, 2016, p.109). There are two versions of the RoR - one for prison and one for probation and parole.

The *Prison Version (RoR-PV)* was validated on a Queensland sample of discharged offenders and contains four items known to predict recidivism. These include: age at admission; number of convictions in the past 10 years; convictions for assault or related offences; and convictions for a Breach of Justice offence. Items are weighted and summed to produce a total score, ranging from 1 to 22. Higher scores indicate a higher risk of reoffending. The initial validation study, and re-validation in 2016, indicate that the RoR-PV has moderate internal consistency, good convergent validity, and good predictive validity for general reoffending among Indigenous and non-Indigenous, female and male prisoners (Thompson & Stewart, 2007; 2016).

The *Probation and Parole Version (RoR-PPV)* was validated on a Queensland sample and contains six items known to predict recidivism: age at order commencement; highest educational qualification; employment status; number of current offences; number of prior convictions (orders and prison sentences) in preceding 10 years; and whether the offender had been convicted of a Breach of Justice Order (current or previous offence). Items are weighted and summed to produce a total score, ranging from 1 to 20. Validation studies on the psychometric properties of this tool show slightly lower, but still moderate, predictive validity for this version of the RoR (Thompson & Stewart, 2007; 2016).

These scores, order type and offence, translate into a level of service category, which determines an offender's case management intensity in the community:

- low (1-7 [PPV]; 1-4 [PV]);
- standard (8-11 [PPV]; 5-12 [PV]);
- enhanced (12-15 [PPV]; 13-17 [PV];
- intensive (16-20 [PPV]; 18-22 [PV]; and
- extreme (RoR-Irrelevant)

(Queensland Parole System Review Issues Paper, 2016).

The data provided for this measure was categorised into enhanced, intensive or extreme categories only.

Static-99 (Hanson & Thornton, 2000). This is a 10-item actuarial risk assessment scale developed specifically for assessing sexual offenders. Each item reflects a static risk factor known to be reliably associated with adult sexual offender recidivism. Scores range from 0 to 12, with higher scores indicating higher risk for reoffending. The Static-99 has been found to have moderate to good discriminative and predictive validity for sexual and violent recidivism among low risk and high risk Australian sexual offenders (Reeves, Ogloff & Simmons, 2018). For the present study data only included the categories as Low, Low-Moderate, Moderate-High, and High; total scores or subscale scores were not provided.

Offence histories

Recidivism data. Recidivism was based on official records provided by QCS. Return to custody and episode numbers were used to distinguish breaches from 'new correctional episodes'. Where an offender had returned to custody for the same correctional episode, this was considered a breach of their current order. If they had returned to custody for a 'new' episode this was considered a 'true' reoffence (i.e., reconviction for a new offence). This included any new (sexual or nonsexual) offences between 1 January

2010 (the earliest discharge date for offenders in the present sample) and 11 April 2019 (the 'census' date for the present study). Specific offence types were not included in the data set so we were unable to delineate between the types of sexual and non-sexual offences for the present study. We examined breaches and new episodes together (i.e., combined recidivism) and separately (new offences only).

Time at risk. Time was measured in days from discharge from custody to re-entry into custody for either a new episode or a breach of parole orders. In the present sample, offenders' time at risk for new episodes ranged from 15 days – 9.25 years ($M = 58.57$ months (or 4.8 years), $SD = 29.20$). For those who returned to custody for a breach, the time at risk ranged from ≈ 9 months to 9.3 years ($M = 5.3$ years). For the full sample of recidivists (those who returned for both new episodes only and breaches only), the overall mean time at risk was 4 years, 10 months and 18 days ($SD = 888.66$, $\min=15$, $\max=3,388$ days).

Programs

Information on program involvement was provided. For this study we included whether offenders had ever enrolled in a program, whether they accepted or declined the program, number of programs engaged with during their time with QCS, and program completion rates. We also examined effects according to the design (treatment package delivered as per the SOTP logic), dosage (number of programs) and delivery setting (custodial, community or both) to investigate the more effective pathways through the system. Given that some programs are implemented in a rolling format, either concurrently or consecutively, it was difficult to ascertain program 'dosage' by length of time in treatment. Instead we used number of programs as our dosage measurement. Finally, we included information on enrolments and completion of reintegration programs to investigate the impact of these transition programs, alone or in combination with SOTPs, on correctional outcomes (breaches and new offences).

Trilogy. It is understood from the program mapping that, under ideal conditions, a comprehensive sexual offending treatment package would include a preparatory program, followed by enrolment into the relevant SOTP. Upon completion of the SOTP offenders should complete the Sexual Offending Maintenance Program, and as they transition to community complete a reintegration program. This variable was created to compare post-release outcomes based on these program pathways: Trilogy; Trilogy + Re-entry; Partial Trilogy completed; Partial Trilogy completed + Re-entry; Enrolled but did not complete any programs; Never enrolled in programs.

4.2.3 Sample characteristics

The sample included 2,407 adult male sexual offenders. The sample composition is detailed in Table 4.1. Nearly one-quarter of the sample were youthful offenders (18-25 years), at first entry into custody. Just under one-third of the sample identified as Indigenous Australians (Aboriginal [23.6%], Aboriginal and/or Torres Strait Islander [4.4%], Torres Strait Islander [3.8%]). There were 22,422 offences recorded in the dataset. Offences varied as many offenders were serving time for multiple offences. Most were in protection for the current episode.

The Risk-of-Reoffending (RoR) tool was the most used assessment tool during this time period, with 99.3% receiving the RoR-PV or RoR-PPV; while 11.9% ($n = 263$) had the Level of Service category (aligned with RoR) recorded in the dataset. Only 15.5% ($n = 373$) had a STATIC-99 assessment recorded⁶. A small group of offenders were on a Dangerous Prisoners (Sexual Offenders) Act (2003) (DPSOA); few were subject to electronic monitoring.

Table 4.1 *Demographic, offence history and sentencing information (n=2,407)*

Demographic	Mean (SD, range)
Age	
First entry to custody	36.7 (SD=13.21, min=17, max=88)
Current (at data extraction)	43.7 (SD=13.89, min=18, max=93)
Youthful offenders (at first entry to custody)	23.6% (n=569)
Youthful offenders (at data extraction)	7.0% (n=169)
Cultural heritage	
Indigenous Australian	31.9% (n=767)
Non-Indigenous Australian	56.7% (n=1365)
Other	11.4% (n=275)
Offence history and sentencing details	Mean (SD, range)
Sentence length ⁱ	
Mean sentence length across all sentences	18.46 months
Life sentences (%)	0.4% (n=86)
Indefinite sentences (%)	1.2% (n=269)
Offence type (% offences) ⁱⁱ	
Sexual assault and related offences	27.1% (n=6,082)
Homicide and related offences	0.2% (n=55)
Acts intended to cause injury	11.6% (n=2,607)
Dangerous or negligent acts endangering persons	2.6% (n=583)
Theft and related offences	9.3% (n=2,078)
All other offences	49.13% (n=11,017)
Total episodes (Jan 2010-April 2019)	1.82 (SD=1.53, min=1, max.=18)
1 re-entry episode	61.4% (n=1479)
Protection status (first discharge, current episode)	
Mainstream	4.9% (n=119)
Protection	95.1% (n=2,288)
Static-99 Categories	
Low	2.4% (n=57)
Moderate-low	2.6% (n=62)
Moderate-high	3.6% (n=86)
High	7.0% (n=168)
None	84.5% (n=2,034)
Level of Service	
Enhanced	4.8% (n=116)

⁶ Note. Given the small n for this measure only the ROR was used for main analyses.

Intensive	1.8% (n=44)
Extreme	4.3% (n=103)
None	89.1% (n=2,144)
Risk of Reoffending (RoR)	
RoR-Prison Version (n=1,662)	7.94 (SD=6.59, min=1, max=22)
RoR-Probation & Parole Version (n=727)	10.8 (SD=4.18, min=1, max=20)
DPSOA	5.2% (n=125)
Electronic monitoring flag (% never)	0.5% (n=13)
Discharge type (first discharge, current episode)	
Liberty	0.9% (n=22)
Mental Health	0.3% (n=8)
Probation & Parole	98.8% (n=2,377)
Order type (first discharge, current episode)	
Court Ordered Parole	26.0% (n=626)
Queensland Parole	31.9% (n=767)
Queensland Probation	16.9% (n=406)
Queensland Prison/Probation	13.6% (n=328)
Other	6.4% (n=280)

ⁱThis is calculated across all sentences for all POIs (most had multiple sentences). Total number of sentences across the sample was 22,422.

ⁱⁱMore often than not, POIs had more than one offence for an episode. Therefore, individuals are likely to be counted across multiple offence categories. Percentages displayed are for *n* offences in each category, not *n* POIs.

4.2.3 Procedure

Under protocols approved by the University of the Sunshine Coast Human Research Ethics Committee (Protocol number: A/18/1160) administrative correctional data was provided by QCS through an external data request. All data were provided to the research team in a de-identified format. This dataset was transformed into an 'offender' dataset combining demographic characteristics, offending, sentencing, program and return to custody data to reflect each offender's history with QCS.

Data management and analysis

SPSS 24 was used to undertake analysis for the present study. Both bi-variate (chi-square and t-tests) and multivariate analyses (e.g., survival analyses) were completed to examine pathways through the correctional system and predictors of successful outcomes including moderator variables at the individual-level (e.g., cultural heritage, age, risk) and program-level (e.g., program type, design, delivery, dosage).

For the survival analyses, we examined the time at risk between the first discharge from custody and the last entry into custody for a new offence. This ignores whether an offender had contact with QCS for breaches or new episodes in the interim and focuses only on the time to very *last* re-entry into custody (or last new episode). For those who did not return to custody at all, we calculated the days between their release and the date of data extraction (11 April 2019). This allowed us to retain these offenders within the survival analyses.

The survival models utilise both the Kaplan Meier survival and Cox Regression methods. Kaplan Meier survival analysis is a nonparametric model which calculates the survival distribution of two or more groups to allow for between-subject comparison. The Cox Regression model takes a similar approach but allows for moderators in the analysis (see Johnson & Shih, 2007).

Comparison groups

For the survival analysis, comparisons were made between offenders who had never been enrolled in a program, with those who had never completed a program, and those who had. Program involvement was included regardless of which episode it took place within, but we took the assumption that transition/re-entry program involvement needed to occur within the last episode an offender was in custody for it to influence recidivism for the final survival analyses.

4.2 FINDINGS

Results are reported in five sections. First, we provide descriptive information on the sample's involvement in correctional programs during their contact/s with QCS. Second, we provide descriptive information on offender's involvement in re-entry programs. In the third section we examine the two sets of programs together. Fourth, we report on return to custody, and in the final section, examine outcomes according to correctional program pathways, and individual level characteristics.

4.2.1 Involvement in correctional programs

Results indicated that 45.9% ($n = 1,104$) of the sample had enrolled in at least one correctional program during their sentence. On average these offenders were referred 2.71 times to programs ($SD = 1.56$; 1–12 times); 22.1% ($n = 244$) had, at some point, declined (but might have later undertaken) a program. For those who accepted the program enrolment, the completion rate was high, with 938 (85%) of enrolled participants completing at least one program ($M = 2.38$; $SD = 1.13$; range = 1–9 programs; see Table 4.2).

Table 4.2. *Number of programs ever completed*

Number of programs ever completed ⁱ	N=1,104
1	18.8% ($n = 207$)
2	30.6% ($n = 338$)
3–5	34.6% ($n = 381$)
6–9	1.1% ($n=12$)
None	15.0% ($n = 166$)

ⁱOffender may have repeated programs

As would be expected, most 95.5% ($n = 1,054$) offenders were first enrolled in the *Getting Started: Preparatory: Program Sexual Offending*, although about 80% ($n = 887$) completed the program. As shown in Table 4.3, in terms of treatment, the highest proportion of offenders completed the Medium Intensity Sexual Offending Program (MISOP).

Table 4.3 *Proportion of completed programs*

% EVER Completed sex offending treatment programs	N = 938
Getting Started Preparatory Program	80.3% (n=887)
Medium Intensity Sexual Offending Program (MISOP)	45.9% (n=507)
High Intensity Sexual Offending Program (HISOP)	6.0% (n=66)
Indigenous HISOP	1.4% (n=15)
Indigenous MISOP	0.01% (n = 3)
Inclusion SOP program	2.0% (n = 49)
Community Corrections Sex Offender Program	0.01% (n=1)
Indigenous Sexual Offending Program	7.7% (n=85)
Sexual Offending Maintenance Program	33.8% (n=373)

ⁱSome offenders will have completed multiples programs

The findings presented in Table 4.4 reflect, for the most part, alignment of correctional programming with the RNR model (Andrews & Bonta, 2003; 2010). For example, in terms of *responsivity*, although some Indigenous offenders may have completed mainstream SOTPs, the representation of Indigenous offenders in culturally-adapted programs was evident. Enrolment into programs also aligned with the *risk principle*, with the highest proportion of high-risk offenders completing HISOP, and lower risk offenders completing MISOP. The overlap of risk in MISOP might reflect the program being more available in the community than HISOP which tends to be delivered in prison only.

Table 4.4 *Participant demographic and risk-related characteristics by program*

	Program completed						
	Getting Started	HISOP	MISOP	IHISOP	Indigenous SOP	Inclusion	SOMP
Demographics							
Youthful, first discharge (%)	17.7	13.6	12.0	33.3	41.2	14.3	16.4
Youthful, last discharge (%)	11.7	0.0	9.9	0.0	18.4	0.0	7.1
Indigenous (%)	23.4	19.7	11.4	100.0	98.8	20.4	28.2
Risk assessments							
Static-99 (%)							
Low	22.5	2.6	39.6	0.0	0.0	2.0	24.2
Mod-Low	18.5	7.9	28.6	0.0	25.0	2.0	17.5
Mod-High	17.6	26.3	12.1	22.2	32.1	8.2	20.8
High	41.4	63.2	19.8	77.8	42.9	30.6	34.5
Level of Service (%)							
Enhanced	31.3	2.6	57.6	0.0	23.1	2.0	21.6
Intensive	9.9	10.5	12.1	11.1	0.0	2.0	6.8

Extreme	58.8	86.8	30.3	88.9	76.9	36.7	71.6
RoR (M, SD)							
PV	6.01 (5.68)	7.32 (6.12)	4.62 (4.60)	14.07 (4.84)	12.65 (5.93)	7.39 (6.06)	5.88 (5.73)
PPV	9.59 (4.24)	10.63 (3.50)	8.63 (4.35)	12.00 (--)	11.62 (4.89)	10.00 (1.42)	8.88 (4.48)
DPSOA flag (%)	9.1	50.0	2.6	53.3	12.9	30.6	16.4

Offenders in the present sample enrolled in programs hosted through both correctional centres and community settings, but most commonly custodial-based; this pattern was similar for program completions (see Table 4.5).

Table 4.5 *Location of treatment programs ever enrolled or completed*

Location of rehabilitation treatment programs (% EVER enrolled in)	N=2,407
Correctional Centres (CC) only	19.7% (n=474)
Community (DO) only	10.4% (n=250)
Both CC and DO	15.3% (n=369)
None	54.6% (n=1,314)
Location of rehabilitation treatment programs (% EVER completed)	N=2,407
Correctional Centres (CC) only	18.6% (n=448)
Community (DO) only	8.6% (n=207)
Both CC and DO	11.8% (n=283)
Contact with treatment, but did not complete	6.9% (n=166)
None	54.1% (n=1,303)

4.2.2. Involvement in re-entry programs

Of the 2,407 offenders, 641 (26.6%) were enrolled, at some point, in a re-entry program⁷. Offenders can be referred to complete different modules. On average, offenders were referred 5.62 times ($SD = 4.47$, range = 1-28 times). Of those enrolled, 91.4% ($n = 586$) accepted the enrolment and participated in the program; 78.5% ($n = 503$) of those enrolled completed at least one transitions module, with an average of 6.02 ($SD = 4.01$; range = 1-20) modules completed per offender over the course of time with QCS. Table 4.6 indicates the number of modules undertaken by offenders during their sentence, with the highest proportion of participants (18%) completing the Core Modules.

⁷ Note. Full re-entry services at this time included three elements - Transitional Support Service (individual pre-release assessment and planning support with a Transitions Co-ordinator), Transitions Programs (pre-release and group based release preparation modules for prisoners assessed as higher risk) and the Offender Reintegration Support Service, a contracted NGO delivering pre and post release support. This analysis only looks at the Transitions Program component of this service.

Table 4.6 *Re-entry programs completed*

% EVER Completed re-entry modulesⁱ	N = 641
Transitions Program – core modules	18.0% (n=433)
Transitions Program – breaking habits	8.3% (n=200)
Transitions Program – Centrelink / child support / Medicare / getting ID	12.1% (n=292)
Transitions Program – education, training and employment	11% (n=265)
Transitions Program – healthy bodies	4.3% (n=103)
Transitions Program – healthy minds	4.3% (n=104)
Transitions Program – housing	11.3% (n=271)
Transitions Program – identification needs session	2.2% (n=52)
Transitions Program – money matters	10.4% (n=250)
Transitions Program – positive parenting	3.3% (n=79)
Transitions Program – probation & parole	11.9% (n=286)
Transitions Program – reconnecting relationships	11.1% (n=267)
Transitions Program – staying healthy	5.6% (n=134)
Offender reintegration support service	2.9% (n=69)
OZCARE	0.1% (n=2)
Step up, step out	N=1

ⁱOffenders can participate in multiple modules

A significantly higher proportion of Indigenous offenders (35.4%) were enrolled in re-entry programs compared to non-Indigenous offenders ([30.6%], χ^2 (2, N= 641) = 4.85, p = .028, ϕ = .05). A smaller proportion of youthful offenders (20.3%) were enrolled in re-entry programs compared to older offenders ([24.9%], χ^2 (2, N= 641) = 5.21, p = .022, ϕ = -.05). There was no difference in program completion status according to cultural heritage or age.

Although those enrolled in a re-entry program received higher risk scores on the RoR-PV (M = 8.49; SD = 6.66 vs. M = 7.68, SD = 6.56), t (1660) = -2.35, p = .019, 95% CI: -1.49/-0.14), there was no difference in risk scores for the RoR-PPV scale. Risk scores were also similar for those who completed the re-entry programs.

4.2.3 Combined treatment and re-entry programs

Across the sample, a total of 1,260 offenders were enrolled in either a preparatory or treatment program, re-entry program or both, during their sentence (see Table 4.7).

Table 4.7 *Proportion of offenders enrolled and/or completing treatment or re-entry programs*

Treatment or re-entry program enrolment	% ever enrolled
Both Prep/SOTP and Re-entry	20.1% (n=485)
Prep or SOTP treatment only	25.7% (n=619)
Re-entry only	6.5% (n=156)
Not enrolled in any	47.7% (n=1,147)
Treatment or re-entry program completion	% completed 1 or more programs
Both Prep/SOTP and Re-entry	29.3% (n=369)
Prep or SOTP treatment only	45.2% (n=569)
Re-entry only	10.6% (n=134)
Did not complete any	14.9% (n=188)

As indicated in Table 4.8, about three-quarters of those enrolled in both SOTP and re-entry programs completed both; only 2.7% did not complete either. Similar patterns were found for SOTP only. About two-thirds of those enrolled only in the re-entry program completed it.

Table 4.8 *Programs enrolled in versus programs completed*

Programs enrolled in				
Programs completed (%)	Both SOTP and re-entry (n = 485)	Only SOTP (n = 619)	Only re-entry (n = 156)	Total (N = 1,260)
SOTP and re-entry	369 (76.1%)	0 (0%)	0 (0%)	369
SOTP	66 (13.6%)	503 (81.3%)	0 (0%)	569
Re-entry	37 (7.6%)	0 (0%)	97 (62.2%)	134
Neither	13 (2.7%)	116 (18.7%)	58 (37.8%)	188

4.2.4 Return to custody

Most of the sample returned to custody at least once during the observation period. Notably, the most common pathway back into custody was for a breach (or breaches) of their current order, with 61.4% ($n=1,479$) *only* returning under breaches for the same correctional episode.

Just over one-third (36.8%, $n = 886$) of the sample returned to custody for one or more new offences (i.e., a new correctional episode). The average number of new episodes ranged from 1–17 ($M=2.19$, $SD=1.81$, $Mode = 1$). Of those who returned to custody for a new episode, 4.5% ($n=109$) had been convicted of a new sexual offence. The average number of sexual reoffences across this group was 1.09 ($SD=0.32$, $min=1$ offence, $max=3$ offences). For the most recent discharge 3.1% ($n=75$) returned to custody for a new sexual offence. For this group, the mean time between their discharge from custody and their new sex offence (last episode) was 1,179.06 days (≈ 3.23 years, $SD = 860.93$ days, $min=21$ days, $max=3,303$ days).

As indicated in Table 4.9, return to custody was examined according to assessed risk using both versions of the RoR. The assessed ROR risk level for those who returned to custody was significantly higher than those who did not return for both the Prison-Version ($t(1660) = -31.15$, $p < .001$; 95%CI: -9.40/-8.29) and Probation & Parole Version ($t(673.93) = -10.55$, $p < .001$; 95%CI: -3.66/-2.51). Risk assessment scores were also significantly higher for the Indigenous offenders than non-Indigenous offenders, for both the Prison Version, ($t(832.70) = -22.96$, $p < .001$; 95% CI: -7.92/-6.67) and Probation and Parole Version ($t(659.66) = -8.74$, $p < .001$; 95% CI: -3.17/-2.01). The risk assessment scores were also significantly higher for youthful offenders compared to older offenders for the Prison Version ($t(468.25) = -13.99$, $p < .001$; 95% CI: -5.98/4.51); however, scores on Probation and Parole Version were similar, $t(614.42) = -1.65$, $p = .099$; 95% CI: -1.13/0.097.

Indigenous offenders were significantly more likely to return to custody for a new offence (60.9%), but less likely for a breach (37.9%) compared to non-Indigenous offenders (25.5% & 72.4% respectively), $\chi^2(2, N=2407) = 280.62$, $p < .001$; $C_v = .34$, and approximately twice as likely to return to custody (7.0% vs. 3.4%) for a sexual reoffence, $\chi^2(1, N=2407) = 15.59$, $p < .001$; $\phi = .08$. Youthful offenders were significantly more likely to return to custody for a new offence (52.9%), and less likely for a breach (46.6%) or at all (0.5%) compared to older offenders (31.8%, 66.1% & 2.1% respectively), $\chi^2(2, N=2407) = 85.57$, $p < .001$; $C_v = .19$. A similar proportion of youthful offenders, compared to older offenders, returned to custody for a sexual reoffence (4.9% vs. 4.4% respectively), $\chi^2(1, N=2407) = 0.16$, $p = .689$.

Table 4.9 Risk level, age, cultural heritage and return to custody

Return to custody (new episode)	Risk level (M, SD)	
	Yes	No
RoR-PV	14.23 (5.21)	5.39 (5.26)
RoR-PPV	12.19 (3.76)	9.10 (4.05)
Cultural Heritage	Indigenous	Non-Indigenous
RoR-PV	13.15 (5.93)	5.86 (5.64)
RoR-PPV	12.36 (3.75)	9.77 (4.14)
Age	Youthful offender	Older offender
RoR-PV	12.25 (5.71)	7.01 (6.41)
RoR-PPV	11.13 (3.89)	10.61 (4.34)

As shown in Table 4.10, programs completed in both custody and community settings had lower proportions of return to custody for a new offences, $\chi^2 (2, N=1093) = 8.53, p = .014$; $C_v = .09$; including for a new sexual offence, although this was not significant ($\chi^2 (2, N=1093) = 2.74, p < .254$).

Table 4.10 Return to custody by program location

Return to custody	Program location			
	Custodial only N = 474	Community only N = 250	Both locations N = 369	Total N = 1,093
Yes, new episode	21.5	21.2	14.1	18.9
No	78.5	78.8	85.9	81.1
Yes, new sex offence	3.8	3.6	1.9	3.1
No	96.2	96.4	98.1	96.9

4.2.4. Post-release outcomes by program pathways

Program completion

Program completion status was associated with different correctional outcomes. A higher proportion of offenders who had not completed programs returned to custody for a new offence (31.9%) or breach (24.3%) compared to program completers (14.7%), $\chi^2 (2, N=1,104) = 7.28, p = .026$; $C_v = .08$; adj. residuals = 2.4 to -2.4). However, this was not significant for sexual reoffending ($\chi^2 (2, N=1,104) = 0.114, p = .735$). A higher proportion of Indigenous offenders did not complete programs (32.7%) compared to non-Indigenous offenders (23.2%), $\chi^2 (2, N=1,104) = 9.06, p = .003$; $\phi = .09$. A similar pattern was found for youthful offenders (32.2%) compared to older offenders (23.9%), $\chi^2 (2, N=1,104) = 5.47, p = .019, \phi = .07$.

Involvement in programs was found to be associated with better outcomes in terms of rates of reoffending (measured by return to custody for a new episode). As shown in Table 4.11, higher

proportions of reoffending were identified among those offenders not enrolled or who did not complete programs for combined sexual and non-sexual offences, and sexual offences only.

Table 4.11 *Proportion of return to custody by program involvement*

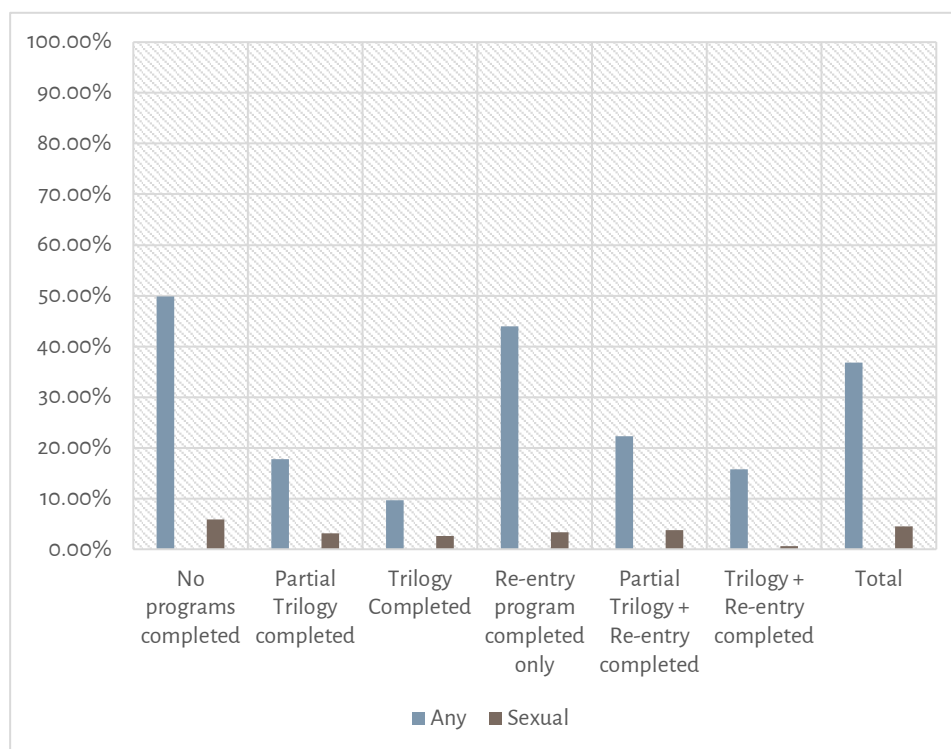
Return to custody (new offence)		Program involvement				
	No program enrolment <i>n</i> = 1,147	Enrolled did not complete <i>n</i> = 188	Treatment program/s only <i>n</i> = 569	Re-entry only <i>n</i> = 134	Treatment + re-entry <i>n</i> = 369	Total <i>N</i> = 2,407
Any						
(%)	51.2	42.0	15.6	44.0	19.5	36.8
<i>n</i>	587	79	89	59	72	886
<i>Adj. Residual</i>	13.9	1.5	-12.0	1.8	-7.5	
Sexual						
(%)	5.8	6.4	3.0	3.0	2.4	4.5
<i>n</i>	67	12	17	4	9	109
<i>Adj. Residual</i>	3.0	1.3	-2.0	-0.9	-2.1	

Outcomes based on program completion pathways

To determine the most effective program pathway we compared outcomes for those who had never completed any programs with those who had completed different stages of the 'ideal' treatment package (i.e., the trilogy: Getting Started, SOTP and SOMP), and with or without participating in a re-entry program. It was hypothesised that offenders who received the trilogy plus re-entry pathway would be least likely to return to custody and that those who had not received any programs would be most likely to return to custody. As shown in Table 4.12, return to custody for 'any' offence, was highest among those who had not ever completed programs (regardless if ever offered or enrolled; 49.9%), and lowest in the group who completed the trilogy of programs (9.7%) or trilogy plus re-entry (15.8%), χ^2 (5, *N* = 2407) = 263.03, $p < .001$; $C_v = .33$). For new sexual offences only, the trilogy plus re-entry had the lowest proportion (0.6%), and the non-treatment completion group the highest proportion (5.9%), χ^2 (5, *N* = 2407) = 15.71, $p = .008$; $C_v = .08$) of offenders returning to custody (see also Figure 4.1).

Table 4.12 *Proportion of return to custody by program completion pathway*

Return to custody (new offence)	Program Completion Pathway						Total N = 2407
	No programs n = 1,335	Partial Trilogy n = 415	Trilogy n = 154	Re-entry only n = 134	Partial trilogy + re-entry n = 211	Trilogy + re-entry n = 158	
Any							
(%)	49.9	17.8	9.7	44.0	22.3	15.8	36.8
n	666	74	15	59	47	25	886
Adj. Residual	14.8	-8.8	-7.2	1.8	-4.6	-5.7	
Sexual							
(%)	5.9	3.1	2.6	3.3	3.8	0.6	4.5
n	79	13	4	4	8	1	109
Adj. Residual	3.7	-1.5	-1.2	-0.9	-0.5	-2.4	

Figure 4.1 *Outcomes according to completed program pathway*

Non-recidivists

A very small portion (1.7%, $n=42$) of offenders did not return to custody at all during the observation period. On average they had been in community for 82.6 months (≈ 7 years; $SD = 22.94$; range 17 – 110 months). Of these 42, 71.4% were enrolled in a combination of both SOTP and re-entry programs; 59.5% had either partially completed the trilogy plus re-entry (35.7%) or completed the trilogy and re-entry (23.8%). Almost one-quarter (21.4%) of this group identified as Indigenous; 7.1% were a youthful offenders (age at first entry: 40.24 years; $SD = 11.85$; range = 18–73). Forty-one (98%) had been assessed using the RoR-PV. Most were in the range of 1–4 (low; 58.5%), although scores ranged from 1–20 (mean = 5.12, $SD=4.29$; min=1, max=20). Just over one-quarter ($n = 11$; 26.2%) has a DPSOA.

Days to recidivism by program pathways

Figure 4.2 displays the time (in days) to recidivism for both breaches and new episodes. In this model, ‘censored’ cases are those that did not return to custody at all. This figure, along with the mean days survival time in Table 4.13, indicate that offenders who completed only reintegration programs in their last episode in custody or a combination of both rehabilitation and reintegration programs had greater mean survival times than those in the other groups. Offenders who completed reintegration program/s in their last episode within custody had a mean survival time of 2,282.434 days (≈ 6.25 years), while those who completed both treatment types had a mean survival time of 2,218.640 days (≈ 6.07 years). Those who only completed sex rehabilitation programs returned to custody sooner, with a mean survival time of 1,735.798 days (≈ 4.75 years). Offenders who had contact with treatment but did not complete any programs survived 1,856.403 days (≈ 5.08 years), while those who had no contact with any treatment programs survived 1,665.180 days (≈ 4.56 years).

Table 4.13 Mean days survival time for any return to custody

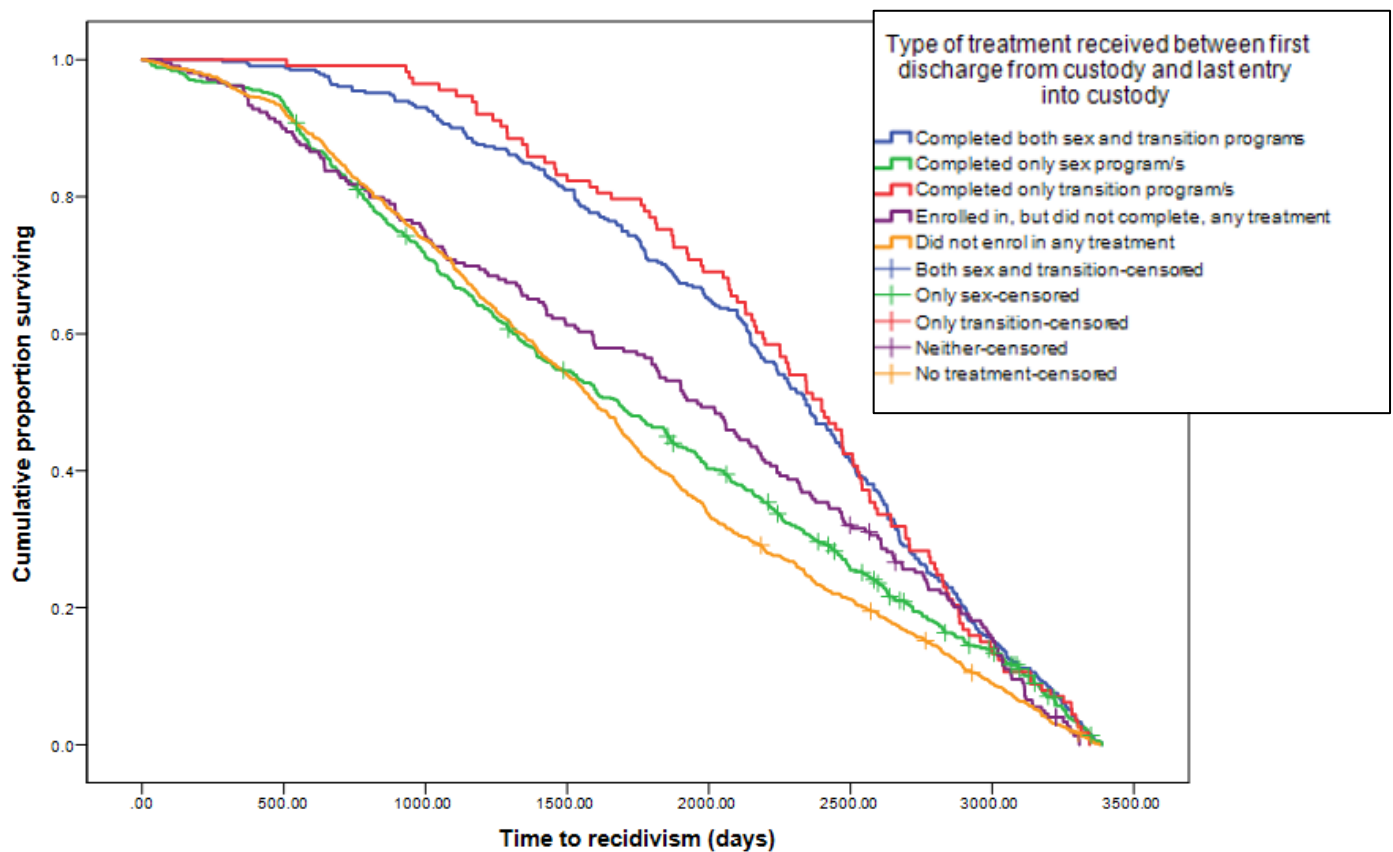
Mean Days Survival Time			
Treatment	Mean	Standard error	95% Confidence interval
Both SOTP and reintegration	2,218.640	40.781	2,138.709, 2,298.572
Only SOTP	1,735.7914	38.363	1,660.606, 1,810.989
Only reintegration	2,282.434	62.403	2,160.123, 2,404.744
Completed neither	1,856.403	66.241	1,726.571, 1,986.235
Enrolled in neither	1,665.180	25.547	1,615.108, 1,715.252
Overall	1,804.435	18.241	1,768.682, 1,840.189

Note: Estimation is limited to the largest survival time if it is censored.

The log rank test determined that there were differences in the survival distribution for the different treatment categories (i.e., completion of sex treatment only, reintegration treatment only, combined treatment types, non-completion of any treatment, or no enrolment in any treatment). The survival distributions for these groups was statistically significantly different ($\chi^2(4) = 69.078$, $p < .001$). Post-hoc pairwise comparisons in Table 4.14 show statistically significant differences between groups for all but two pairs (both treatments versus only reintegration and completed neither versus only rehabilitation).

Table 4.14 *Pairwise comparisons for time to recidivism by treatment group (any recidivism)*

Pairwise Comparisons (χ^2)				
	Both treatments	Only SOTP	Only reintegration	Completed neither
Both treatments				
Only SOTP	20.887*			
Only reintegration	.002	9.238*		
Completed neither	8.823*	.358	5.466*	
Enrolled in neither	56.019*	7.181*	22.074*	6.852*
Note: *p < 0.05				

Figure 4.2. *Time in days to any recidivism (breaches and new episodes combined)*

A second Kaplan Meier survival model, which compared those who returned to custody for a new offence *only* versus those who did not return for a new offence, showed similar results (see Figure 4.3). However, in this model, those who completed only SOTPs performed better than those who completed only reintegration programs. As shown in Table 4.15, the best performing group in terms of mean days survival time were those who completed both types of treatment programs (mean survival time = 2,998.823 days, or \approx 8.21 years). Those who completed only SOTP or only reintegration programs also had high mean survival rates in this model (2,886.513 days or \approx 7.9 years and 2,696.276 or \approx 7.38 years, respectively). Similar to the first Kaplan Meier model, those who either enrolled in treatment but did not complete it, and those who did not enrol in any treatment experienced the shortest mean survival times for new offences. Mean survival time for non-completers was 2,362.743 days (\approx 6.47 years), while for non-enrollers it was 2,151.873 days (\approx 5.89 years).

Table 4.15 *Mean days survival time for new episodes*

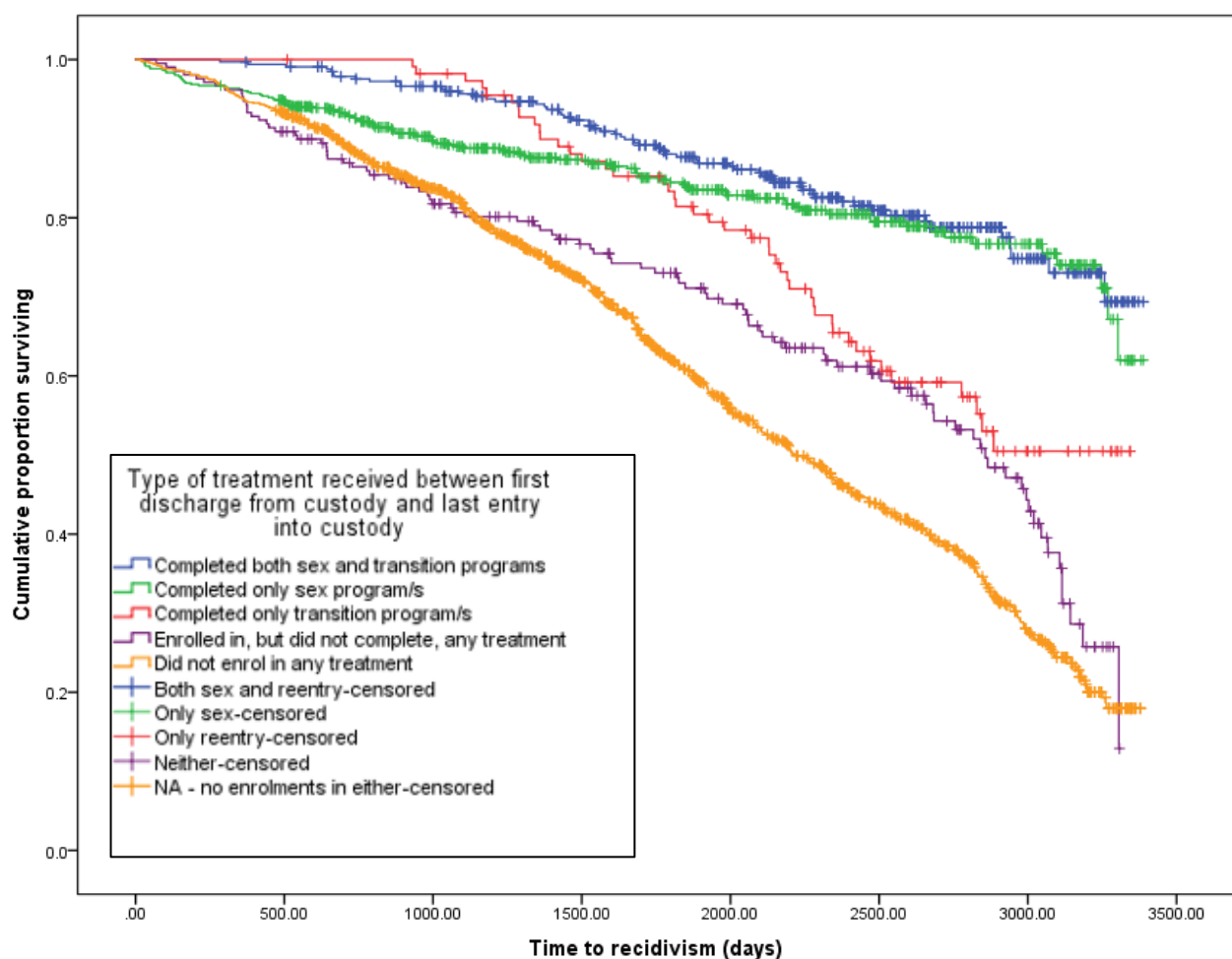
Mean Days Survival Time (new episodes)			
Treatment	Mean	Standard error	95% Confidence interval
Both SOTP and reintegration	2,998.823	45.537	2,909.570, 3088.075
Only SOTP	2,886.513	44.698	2,798.905, 2974.121
Only reintegration	2,696.276	77.378	2,544.615, 2847.938
Completed neither	2,362.743	76.782	2,212.250, 2513.236
Enrolled in neither	2,151.873	33.102	2,086.992, 2216.753
Overall	2,477.970	23.366	2,432.172, 2523.768
Note: Estimation is limited to the largest survival time if it is censored.			

The log rank test determined that there were differences in the survival distribution for the different treatment categories (i.e., completion of SOTP only, re-entry program only, combined treatment types, program non-completion, or no enrolment in any treatment). In this model, the survival distributions for these groups was statistically significant different ($\chi^2(4) = 244.726$, $p < .001$). Post-hoc pairwise comparisons in Table 4.16 show statistically significant differences between groups for all but two pairs (both treatments versus only reintegration and completed neither versus only SOTP). These results are similar to those in the first Kaplan Meier model, and confirm that treatment effects exist between groups.

Table 4.16 Pairwise comparisons for time to recidivism by treatment group (new episodes only)

Pairwise Comparisons (χ^2)				
	Both treatments	Only SOTP	Only reintegration	Completed neither
Both treatments				
Only SOTP	1.497			
Only reintegration	14.098*	8.425*		
Completed neither	51.216*	44.321*	4.441	
Enrolled in neither	135.219*	136.401*	22.035*	8.208*
Note: *p < 0.05				

Figure 4.3 Time in days to new offences (new episodes—cases are censored if offender did not return for a new offence)



We ran several Cox Regression models which allowed us to control for age, cultural heritage, and location of sex treatment (i.e., custodial, community or both). Each covariate was tested separately and was combined in the models summarised for all recidivism and new episodes only (Table 4.17/Figure 4.4 and Table 4.18/Figure 4.5, respectively). Results for the models with individual covariates were similar to the combined models, and thus we only report the latter.

The model in Table 4.17 and Figure 4.4 includes treatment completion, age, cultural heritage and treatment location as predictors of time to any return to custody (includes breaches; $\chi^2(9) = 107.894$, $p < .001$). Of the demographic characteristics controlled for in this model (Indigenous status and age), only age was a statistically significant predictor. Indeed, when controlling for Indigenous status, treatment location, and treatment completion, the hazard ratio indicates that risk of returning to custody (for breaches or new offences post-release) decreases with age (HR = 0.992, CI = 0.989 – 0.996, $p < 0.001$).

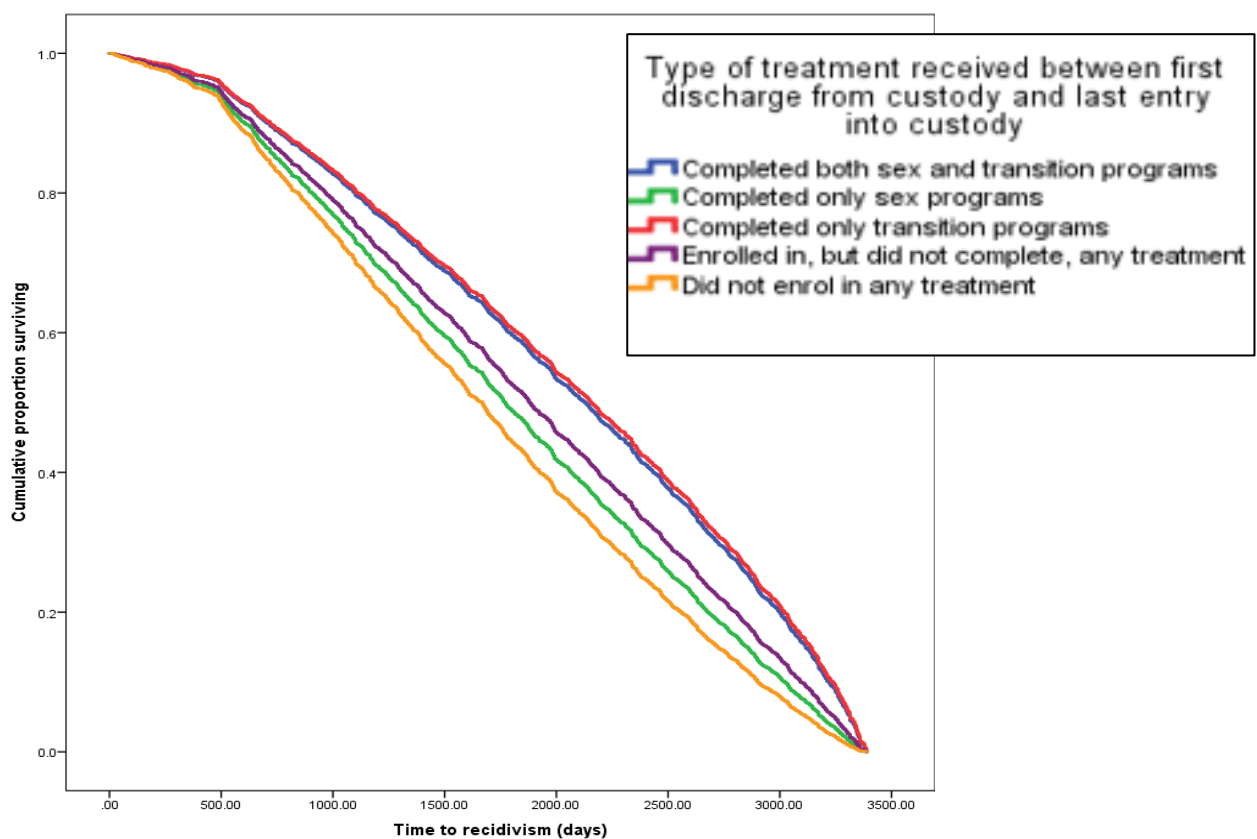
Relative to those who did not complete any treatment, those who completed SOTPs in both custodial and community settings were less likely to return to custody; when controlling for the covariates, this predictor was not statistically significant (HR = 0.877, CI = 0.677 - 1.136, $p = 0.231$).

When controlling for treatment location, age and Indigenous status variables, and relative to those who did not complete any treatment, completing both sex and re-entry programs reduced the likelihood of return to custody (HR = 0.635, CI = 0.488 – 0.828, $p < 0.001$). The same effect exists for those who completed only re-entry programs (HR = 0.617, CI = 0.502, 0.759, $p < 0.001$) and those who were non-completers (HR = 0.792, CI = 0.648, 0.967, $p = 0.22$), indicating that even if treatment is not completed, it may contribute to reducing the risk of reoffending within the sample. While not statistically significant, the hazard ratio for SOTP only indicates that, relative to those who did not engage in any treatment and controlling for covariates, completing SOTPs only reduces the hazard of reoffending (HR = 0.883, CI = 0.686, 1.135, $p = 0.331$). The graph in Figure 4.4 visualises these findings, showing that those who completed only reintegration or both forms of treatment had the greatest survival rates.

Table 4.17 Cox regression model results for time to any new recidivism

Covariates	Coefficient	Standard error	P-value	Hazard ratio (Exp(B))	95% Confidence interval
Age at entry to custody	-.008	.002	.000	.992	0.989, 0.996
Indigenous status (0=yes, 1=no)	.012	.047	.803	1.012	0.923, 1.109
Treatment location					
CC only	.169	.121	.161	1.184	0.935, 1.501
DO only	.002	.129	.990	1.002	0.778, 1.289
Both	-.131	.132	.321	.877	0.677, 1.136
Treatment completed					
Both	-.453	.135	.001	.635	0.488, 0.828
Only sex	-.125	.129	.331	.883	0.686, 1.135
Only re-entry	-.482	.105	.000	.617	0.502, 0.759
Enrolled but did not complete	-.234	.102	.022	.792	0.648, 0.967

Figure 4.4 Time in days to any recidivism (breaches and new episodes combined), controlling for age at entry to custody, cultural heritage, and program location



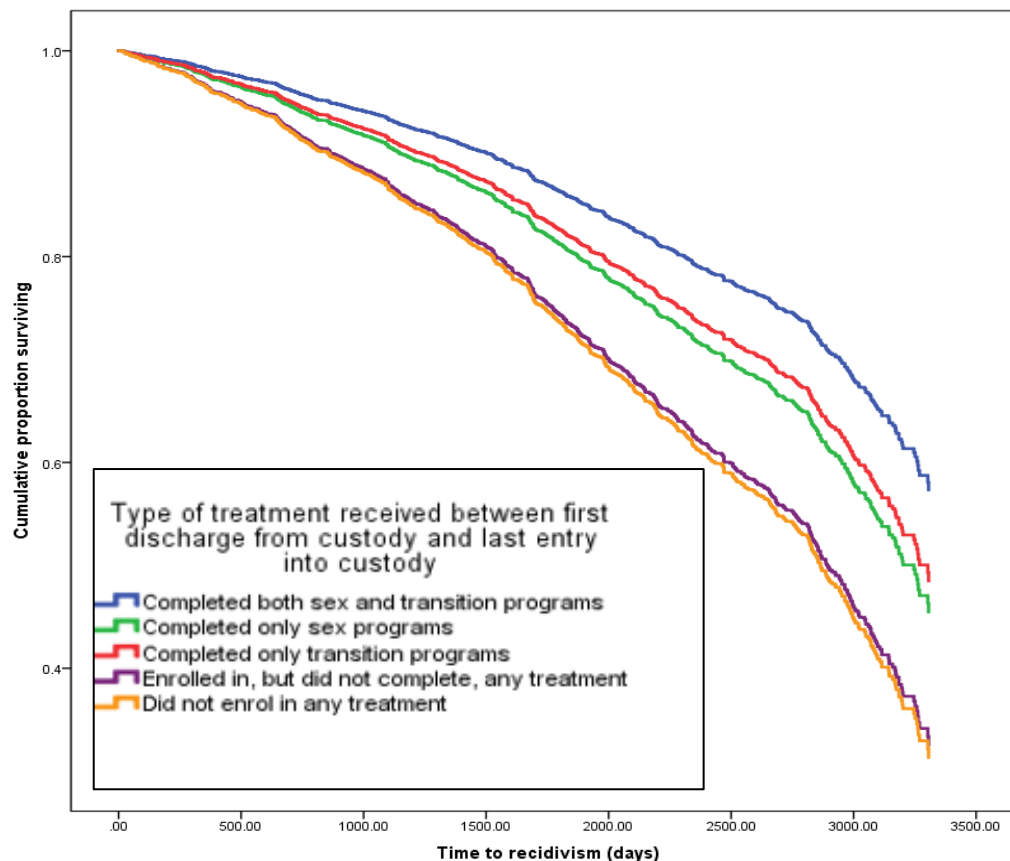
The model in Table 4.18 and Figure 4.5 includes treatment completion, age, cultural heritage and treatment location as predictors of time to *new episodes only* ($\chi^2(9) = 465.325, p < .001$). In this model, both the age and cultural heritage variables are statistically significant predictors of return to custody for a new episode. Indeed, when controlling for Indigenous status, treatment location, and treatment completion, the hazard ratio indicates that risk of recidivism decreases with age (HR = 0.972, CI = 0.966 - 0.978, $p < 0.001$). Further, being non-Indigenous was associated with a decrease in the risk of recidivism (HR = 0.571, CI = 0.497, 0.657, $p < 0.001$). As with the first Cox Regression model, those who completed SOTPs in both custodial and community settings were less likely to return to custody for a new offence (HR = 0.418, CI = 0.261 - 0.669, $p < 0.001$).

The findings relating to treatment completion confirm those from the previous models and reinforce that completing *any* form of treatment – or engaging with treatment but not completing it – lowers an offender’s risk of recidivism and increases the time to next new episode (see Figure 4.5 for visual representation). When controlling for treatment location, age and cultural heritage, and relative to those who did not complete any treatment, completing both SOTPs and re-entry programs decreases the likelihood of reoffending by a hazard ratio of 0.48 (CI = 0.301 - 0.763, $p < 0.002$). Controlling for the covariates, the same statistically significant relationship exists for those who completed only re-entry programs (HR = 0.624, CI = 0.455 - 0.854, $p < 0.003$). While not statistically significant, only completing SOTPs was also associated with a decrease in the likelihood of return to custody for a new episode, although less so than the other treatment completion variables (HR = 0.679, CI = 0.444 - 1.038, $p = 0.074$). The graph in Figure 4.5 visualises these findings, showing that, when controlling for the covariates, those who completed both SOTPs and re-entry programs had the greatest survival rates, followed by those who only completed re-entry programs.

Table 4.18. Cox regression model results for time to return to custody for a new episode

Covariates	Coefficient	Standard error	P-value	Hazard ratio (Exp(B))	95% Confidence interval
Age at entry to custody	-.029	.003	.000	.972	0.966, 0.978
Indigenous (0=yes, 1=no)	-.560	.071	.000	.571	0.497, 0.657
Treatment location					
CC only	-.305	.197	.121	.737	0.501, 1.084
DO only	-.429	.218	.049	.651	0.425, 0.998
Both	-.873	.240	.000	.418	0.261, 0.669
Treatment completed					
Both	-.735	.237	.002	.479	0.301, 0.763
Only sex	-.387	.216	.074	.679	0.444, 1.038
Only re-entry	-.472	.160	.003	.624	0.455, 0.854
Enrolled but did not complete	-.033	.134	.808	.968	0.744, 1.260

Figure 4.5. Time in days to any recidivism (new episodes only), controlling for age at entry to custody, cultural heritage, and program location



Along with the Cox Regression models controlling for multiple covariates, we also calculated time to recidivism controlling for risk of reoffending using the RoR-PV and RoR-PPV in four separate models. The results show that, in all models, controlling for offender risk using either the RoR-PV or RoR-PPV, offenders who completed both SOTPs and re-entry programs had the best likelihood of surviving, regardless of whether they returned to custody for any recidivism (Models A1⁸ and A2⁹) or only new episodes (Models B1¹⁰ and B2¹¹). In all models except Model A2, higher RoR-PV or RoR-PPV scores were statistically significantly associated with an increased likelihood of reoffending (see Table 4.19).

Table 4.19. Cox regression model results for RoR-PV and RoR-PPV as covariates in predicting return to custody

	Coefficient	Standard error	P-value	Hazard ratio (Exp(B))	95% Confidence interval
All recidivism (breaches included)					
Model A1: RoR-PV	0.011	0.004	0.003	1.012	1.004, 1.019
Both treatments	-.349	.071	.000	.706	0.614, 0.811
Only sex	-.016	.064	.807	.984	0.868, 1.116
Only re-entry	-.358	0.114	.002	.699	0.559, .874
Enrolled but non-completer	-.079	.095	.404	.924	0.767, 1.113
Model A2: RoR-PPV	-0.011	0.009	0.219	0.989	0.973, 1.006
Both treatments	-.575	.189	.002	.563	0.389, 0.815
Only sex	-.263	.118	.026	.769	0.611, 0.969
Only re-entry	-.534	.209	.011	.586	0.389, 0.884
Enrolled but non-completer	-.335	.132	.011	.715	0.552, 0.926
New episodes only					
Model B1: RoR-PV	0.138	0.008	0.000	1.148	1.130, 1.166
Both treatments	-1.048	.156	.000	.351	0.259, 0.476
Only sex	-.445	.146	.002	.641	0.482, 0.852
Only re-entry	-.594	.195	.002	.552	0.376, 0.810
Enrolled but non-completer	-.030	.150	.844	.971	0.723, 1.303
Model B2: RoR-PPV	0.064	0.012	0.000	1.066	1.041, 1.092
Both treatments	-.900	.308	.003	.407	0.222, 0.744
Only sex	-.405	.182	.026	.667	0.467, 0.952
Only re-entry	-.478	.265	.072	.620	0.369, 1.043
Enrolled but non-completer	-.252	.169	.135	.777	0.558, 1.082

⁸ $\chi^2 (5) = 43.833, p < .001$

⁹ $\chi^2 (5) = 23.071, p < .001$

¹⁰ $\chi^2 (5) = 549.303, p < .001$

¹¹ $\chi^2 (5) = 49.876, p < .001$

4.3 INTERPRETATION OF FINDINGS

Overall, the findings from this stage of the project indicate 6 main patterns in terms of outcomes from SOTPs operated in Queensland:

1. Engagement in SOTPs appears to be effective in reducing sexual and non-sexual recidivism
2. The combination of SOTP plus reintegration provides the best overall outcomes in terms of proportion of returns to custody (for sexual and non-sexual offences) and respective survival times
3. A correctional pathway that combines the SOTP trilogy plus reintegration appears to produce the best intended effects; this effect remains when controlling for age, cultural heritage & program setting
4. The chance of success for incarcerated offenders appears to be improved through a combination of programs delivered in custody and community
5. Treatment appears to be more effective for non-Indigenous offenders compared to Indigenous offenders
6. The effect of re-entry programs (in the absence of any treatment) appears to have some appreciable effect, when transitioning from custody, at least in the short-term

Program involvement

Nearly half of the sample enrolled in at least one correctional program during their sentence. Once accepted on a program, completion rates were quite high. QCS's correctional programming appears to be aligned with the RNR (Andrews & Bonta, 2003) model, with the majority of offenders enrolled in the preparatory program in the first instance. Further, for the most part, enrolment on programs reflected the offenders' assessed risk; in terms of responsivity Indigenous offenders appeared to be being referred predominantly to the Indigenous SOTPs. Just over one-quarter of the sample had, at some point in their sentence, enrolled in a re-entry program and completed a combination of modules as part of this program. A higher proportion of Indigenous, and older offenders (i.e., over 25 years old), were engaged in re-entry programs.

For whom are these programs most effective?

Non-Indigenous and older offenders had lower return to custody rates overall. Consistent with previous research (Hanson, 2001) risk of sexual and non-sexual recidivism decreased with age. In this sample, youthful offenders were more likely to return to custody for a new offence, as were Indigenous offenders. Indigenous offenders were about twice as likely as non-Indigenous offenders to return to custody for a new sexual offence. Indigenous and youthful offenders were also least likely to complete programs. Thus, successful engagement in programs may be particularly important for these cohorts. In the present study offenders with high risk levels returned to custody, which is counter-intuitive to the research that higher risk offenders gain most from treatment when measuring correctional outcomes (see Schmucker & Losel, 2017). Regardless, investment in resources to target higher risk offenders is imperative to reducing reoffending.

Under what circumstances are these QCS correctional programs most effective?

Similar to previous reports (Sofronoff, 2016) parole breach was the most common pathway back into custody, and was the main contributor to incarceration. In terms of new episodes nearly two-thirds (61.4%) of offenders returned to custody for the same episode (i.e., breach). This is similar although slightly less than previous estimates (Sofronoff, 2016). Consistent with general recidivism rates among the adult male population (including sexual offenders) about one-third (36.8%) returned to custody for a new offence; 4.5% returned to custody for a new sexual offence, which is similar to Smallbone and McHugh's (2010) findings of 4.9%.

Previous research has indicated that treatment completion is important to reducing recidivism, and that enrolling in - but not completing treatment - may actually elevate the risk of recidivism (McMurrin & Theodosi, 2001). Indeed, in the present study treatment completers fared better than non-completers (and consistent with Smallbone & McHugh, 2010). However, completing *any* form of treatment – or engaging with treatment but not completing it – also lowered an offender's risk of recidivism and increased the time to next new episode. The present finding therefore indicates that any involvement in treatment may have at least some positive impact. In any case, like Smallbone and McHugh (2010) treated offenders survived longer in the community than untreated offenders.

Being involved in a combination of programs appeared to have an 'additive' treatment effect, with those completing both SOTPs and re-entry programs having lower recidivism rates (for breaches and new episodes) and remaining in the community longer than those who did not complete programs or were never enrolled. For those who did not return to custody at all, most had also completed a combination of SOTP and re-entry programs. This indicates that SOTPs linked to community programs are likely to be more effective (Smallbone & McHugh, 2010).

In terms of ideal correctional programming, completing the 'trilogy' (particularly when combined with reintegration programs) has an even more marked effect. This effect held true for Indigenous offenders for combined breaches and new episodes, however, differences were found when examining only new offences, where being Indigenous increased the risk of return to custody. Although the survival rates (for breaches and new episodes) for those who completed only re-entry programs (no treatment) indicated initially longer survival periods, the absolute rate of return to custody was higher for this group. This is an interesting finding and could suggest that re-entry programs are effective in transitioning prisoners in the short-term, but that these effects are not sustainable over the longer term.

Programs delivered in the community and custody increased survival rates. However, this effect was not retained when controlling for the other co-variables (Indigenous status; age) in the model. As indicated in the Sofronoff (2016) review, support in the period immediately after release from custody (up to 6 months), is crucial for it is at this time that failure rates are highest, for both breaches and new episodes. Thus, this combination of correctional programming might benefit offenders to remain in the community longer.

5. Discussion and Recommendations

Using a three-staged mixed-method design the present study aimed to examine the most successful pathways from rehabilitation to reintegration for sexual offenders. Program effects, change mechanisms and moderators of success were identified through a global literature review, combined with local program mapping and analysis, QCS stakeholder perspectives, and correctional administrative data. Collectively this provides a more nuanced, and detailed understanding of ‘what works’ in correctional programming.

The key findings across the three stages of this project are synthesised here using an adapted version of the EMMIE (Johnson et al., 2015) framework, in order to answer the project’s overarching research question:

What are the most effective pathways for successful rehabilitation and reintegration for reducing recidivism by sexual offenders?

5.1 KEY FINDINGS

5.1.1. Effects

Key finding 1: Overall, the weight of current evidence (globally and locally) indicates that engagement in sexual offending treatment programs (SOTPs) can produce appreciable reductions in sexual and non-sexual recidivism, and that savings from these programs should exceed costs.

Based on common evaluation criteria, the global literature review (Stage 1; Chapter 2) revealed that engagement in SOTPs produces appreciable reductions in non-sexual and sexual recidivism, and that savings from these programs should exceed costs. Exemplary programs included the Clearwater Sexual Offender Treatment (SOTP) Program in Canada (Nicholaichuk et al. 2000; Olver et al. 2009), and the outpatient adolescent Sexual Abuse, Family Education and Treatment (SAFE-T) Program in Canada (Worling & Curwen, 2000; Worling et al. 2010). With respect to reintegration programs, although not considered a treatment program per se, the Circles of Support and Accountability (CoSA) model appears promising in reducing recidivism among men convicted of sexual offences (Wilson et al. 2005; 2007).

Locally, findings from Stage 3 (Chapter 4) indicated that engagement in QCS SOTPs appears to be effective in reducing sexual and nonsexual recidivism (both breaches and new offences) among adult males convicted of sexual offences in Queensland. However, there remains some differences among the offender population, with program outcomes more positive for non-Indigenous offenders compared to Indigenous offenders. Younger offenders also tended to fare worse than older adults (25+ years old). Findings from the literature review that inclusion of specialist cultural components might contribute to greater reductions in offending amongst particular cultural groups (Allard et al., 2016; Nathan et al. 2003), suggests that further emphasis needs to be placed on embedding these practices into existing correctional programming. Youthful offenders may require different responses too; this warrants

investigations on this specific cohort to enhance current understanding of their particular risks and needs.

Key finding 2: Re-entry programs (in the absence of any treatment) appear to have some appreciable effect on breaches and reoffending, when transitioning from custody, at least in the short-term.

About one-quarter of the sample, had at some point during their contact with QCS, enrolled in a reintegration program. A higher proportion of Indigenous offenders engaged in this program. This is important given that connection to community and family relationships were identified as moderators of program success by program staff in Stage 2. Findings from Stage 3 showed that, even in the absence of any SOTP, participation in a reintegration program has some effect, at least in the short term, on offenders remaining in the community. However, it is not clear why this effect appears so short-lived, with a similar proportion of the program sub-group eventually returning to custody, as those who did not complete these programs.

Key finding 3: There remains a paucity of research in Australia evaluating the effectiveness of SOTPs that addresses the diversity of the sexual offending population, to answer the question ‘what works, for whom, in what respects, and how?’

It must be noted however that the literature review also highlighted a lack of recent attention to rigorous evaluations that consider more nuanced questions about ‘what works, for whom and under what conditions’, with some of the best program evidence conducted over 30 years ago. Furthermore, there is currently a paucity of research in Australia evaluating the effectiveness of SOTPs that addresses the diversity of the sexual offending population, to answer these important questions at a local level (see also Heseltine et al., 2011). Although some meta-analyses have been conducted (e.g., Schmucker & Lösel, 2015, 2017) more research is warranted to understand the complex nature of correctional programming, and how this impacts on overall correctional outcomes within a diverse offending population.

It should be noted that program staff raised the need to re-define the concept of program success, with a focus on identifying and acknowledging steps towards success (e.g., change in motivation; improvement in quality of life; holding down a job), as important factors in the overall goal of reducing reoffending or promoting desistance. A focus on these ‘small wins’ might also help to build a stronger, more nuanced, picture of the components that build quality of life and change in offenders (see Stage 2, Chapter 3).

5.1.2. Mechanisms

Key finding 4: Key components of successful SOTPs appear to include a combination of cognitive-behavioural therapies, focussed on self-regulation and accountability, and multisystemic features that incorporate family and system support particularly for relapse prevention and supported re-entry.

The global literature review (Stage 1; Chapter 2) highlighted important change mechanisms crucial to program success. Key components of successful SOTPs include a combination of cognitive-behavioural therapies, focused on self-regulation and accountability. Furthermore, multi-systemic features that incorporate family and system support, appear to be particularly helpful for supporting reintegration and relapse prevention. These views were reiterated in the qualitative analysis of QCS program staff views. As such, ensuring these elements are incorporated as key ‘ingredients’ in SOTPs is recommended.

Key finding 5: QCS’s current suite of programs is consistent with the risk-needs-responsivity (RNR) model and best-practice principles but would most likely benefit from being updated to reflect evidence produced in the past decade.

The findings of the program mapping activity in Stage 2 indicated that QCS’s current suite of programs, as a package, are - for the most part - consistent with these best-practice principles, and operationalised through the RNR model (Andrews & Bonta, 2003; 2010). Findings from Stage 3 on program enrolments demonstrated alignment of offender risk with correctional programming, and responsivity (e.g., enrolments of Indigenous offenders into culturally-responsive programs). However, program documentation was found to be outdated (last revised in mid-2000s) and, hence, does not currently reflect the theoretical and empirical developments that have emerged since this time.

Key finding 6: Recent innovations in the application of situational principles to sexual violence and abuse may enhance current QCS SOTPs, particularly in terms of ‘extending guardianship’ and ‘assisting compliance’

The program mapping exercise (Stage 2, Chapter 3) identified the need for additional scope in program targets in line with new innovations in theory and practice. For example, most case studies in the review pre-dated scholarly interest in the prevention of sexual offending from a situational perspective (e.g., Wortley & Smallbone, 2006). Program staff reiterated the need for updated manuals and program content to reflect the changing dynamic of sexual offending (e.g., online sexual offending) and in line with new developments in the field. Situational approaches are akin to the concept of environmental corrections. Shaefer’s (2018) recent findings from a program trial utilising an environmental corrections model indicates promising outcomes for reducing re-offending in the general offending population. Thus, these elements might also add value to current SOTPs and reintegration programs. This may be most easily incorporated into community correctional programming where the environment is less controlled, and opportunities abound, compared to custodial settings. In terms of supporting re-entry, the CoSA model appears promising in reducing recidivism among men convicted of sexual offences and

also draws on extended guardianship and supervision, in addition to other support mechanisms to assist offenders to live offence-free lives. It is important to note that the present study did not assess QCS's current re-entry CREST program, due to limited data available at the time of data extraction. This will be an area for future program evaluation.

Key finding 7: Therapeutic rapport, program flexibility, and offender insight and self-awareness were identified by practitioners as key mechanisms producing intended outcomes

The importance of positive therapeutic rapport (or alliance) was highlighted in findings from Stages 1 and 2 of the project. This was noted across program documents, and emphasised by QCS programs staff as important for providing conditions that create intrinsic motivation in offenders and provide the safe space necessary to challenge core beliefs and develop new skills. Extending this therapeutic rapport outside of programs was also perceived as necessary for sustained support, which programs staff believe is valued by prisoners. Certainly, findings regarding program completions indicates that a sizeable proportion of offenders who engage with SOTPs complete these at some point of contact with QCS, which is a positive indicator.

Program flexibility was also identified as a core mechanism for successful engagement through tailored support and activities to meet the stage and needs of the offender in their journey. This was seen to be especially important for Indigenous offenders, including one-on-one sessions to process community news or events in confidence. Indeed, culturally-safe program delivery was highlighted as a key mechanism for success for Indigenous offenders. Findings from Stage 3 indicate that Indigenous (and youthful offenders) were the least likely to complete programs once enrolled and were also more likely to reoffend. Further investigation is thus warranted, to better understand what is 'not working' for these subgroups in terms of rehabilitation. This should enhance alignment with the responsivity principle (Andrews & Bonta, 2003; 2010). The need to include trauma-informed practice was also raised, particularly for Indigenous offenders. Concerns were raised about the varying levels of cultural awareness, and competency among program staff, and importantly, a lack of Indigenous staff to facilitate programs. This is reportedly supplemented currently through consultation with Aboriginal and/or Torres Strait Islander elders and advisors.

Finally, offender's insight and self-awareness were deemed imperative to program success via reflection and small shifts in thinking and perceptions. These cognitive shifts, as well as positive changes in self-worth, however small, were perceived as 'big wins' among program staff and important steps in each offender's journey towards an offence-free life. This reinforces the importance of preparatory programs such as *Getting Started* to assess readiness to change, to encourage engagement and successful completion of SOTPs (Heseltine et al. 2011).

Key finding 8: The Queensland data suggest that a combination of SOTP plus reintegration appears to produce the best overall outcomes in terms of proportion of returns to custody (breaches and/or new offences) and time to reoffend

The combination of SOTP plus reintegration provides the best overall outcomes in terms of proportion of return to custody and survival times. Participants in the present study, appeared to do best in terms of reoffending (breaches and new offences) and/or time to reoffend (for both sexual and non-sexual offending) when they completed a number of SOTPs, in conjunction with re-entry programs, and who had completed the preparatory and maintenance program in addition to the relevant SOTP. This is consistent with completion of the full suite of QCS programs, identified in Stage 2 to be most aligned with the existing evidence base. As aforementioned, QCS have introduced a new re-entry program (CREST). Further investigations into the outcomes of this new program, and the key mechanisms and moderators that underpin successful reintegration, are now warranted in light of the findings from this study.

Key finding 9: A sequential pathway that combines the SOTP 'trilogy' (preparation program, SOTP, and maintenance program) plus reintegration appears to produce the best intended effects, for reducing breaches and new offences.

Further to the previous point, it appears from the findings in stage 3 that the *sequencing* of correctional programming is critical to successful correctional outcomes. A correctional pathway that combines the SOTP trilogy (preparatory program, SOTP, maintenance program) plus reintegration produces the best intended effects, on combined measures of sexual and/or non-sexual reconviction. This effect remained when controlling for risk, cultural heritage, age and program setting. This sequencing is consistent with the objectives behind the QCS program documents reviewed, and the notion of dosage, or the 'additive' effect of correctional programming. Program staff also attributed the linking and layering of programs as integral to program success, which were all deemed to play an equal and significant role, in the overall program.

Key finding 10: The chance of success for incarcerated offenders appears to be improved through a combination of programs delivered in custody and community.

It was also identified in the literature review (and in meta-analytic reviews e.g., Shmucker & Losel, 2017) that program effectiveness is enhanced when an offender who has been incarcerated engages in a combination of programs delivered in custody and community. This was also identified in the quantitative analyses conducted in Stage 3 of the present study with a combination of SOTPs delivered in custody and community yielding better outcomes. Given that parole breaches were the main contributor to return to custody, focusing on techniques drawn from the situational crime prevention paradigm to 'extend guardianship', 'strengthen formal surveillance', 'neutralise peer pressure', 'alert

conscience' and 'set rules' (Cornish & Clarke, 2003, p. 90) might help reduce the number of parole breaches resulting in return to custody for these offenders. This is aligned with current innovations in environmental corrections (Shaefer, 2018).

5.1.3. Moderators

Key finding 11: A combination of system-level (e.g., correctional processes and culture), program-level (e.g., group dynamics; dosage), and individual-level (e.g., motivation) factors, and factors external to QCS (e.g., relationships; connection to community), appear to be moderators of program success.

A range of factors, at a system-level, program-level, and individual-level as well as factors external to QCS all appear to moderate program success, by constraining program delivery. At a system-level routine processes inherent within custodial settings (e.g., lock downs, industrial action and so on) were perceived to impact negatively on program accessibility, offender engagement and continuation in SOTPs. Double-ups meant that offenders often felt uncomfortable completing homework activities between sessions, reducing the effectiveness of these activities and advancement through the program.

This is exacerbated by the prevailing custodial culture in some prison settings, for example, between correctional officers, offenders and programs staff. This was said to impact the program delivery (through attendance and sense of safety) and create negative interactions between group members. Related to this was concerns regarding the uniforms worn by programs staff that mimicked the authoritative nature of their position, with suggestions that a different coloured shirt (or something similar) to distinguish their roles, and build rapport would improve sense of safety, and thus, engagement. Finally, 'working in silos' meant that there is oftentimes insufficient communication with external program providers, and across jurisdictions, that impeded assessments to inform treatment planning.

Program-level moderators were important to program success, particularly group dynamics that could promote collusion rather than serve as a mentoring process. In their review, Schmucker and Lösel (2017) identified several challenges regarding group-based treatment including, offenders 'hiding' in the group, problems with heterogeneous offender types, and the assumption that the same needs among all members require targeting. They suggest that some of these dynamics are counterintuitive to needs and responsivity principles (Andrews & Bonta, 2010). They thus advocate for groups to be supplemented with one-on-one sessions to build therapeutic alliances and tailor therapy to the offender (Schmucker & Lösel, 2017).

Dosage of programs to service the different needs among prisoners was raised as problematic, where a program (or sentence length) might not allow enough time to sufficiently resolve issues relevant to the offender and their risk of reoffending. The program setting itself was found to moderate engagement, with difficulties retaining offenders in community-based programs compared to custodial settings. This was linked in interviews to individual-level (offender) moderators such as offender motivation. It was noted that offender motivations appear higher within the custodial settings, but where parole may have

been an initial motivating factor, for some, engagement subsequently brought about higher levels of intrinsic motivation to change. Lack of program availability within the community was also raised, with higher levels of motivation required to drive long distances or attend programs out of hours. Movement of offenders between custody and community was also raised as a potential moderator in program engagement and completion.

Factors external to the QCS were also identified as moderating program outcomes. Specifically, the influence of relationships with family (e.g., negative phone call / visit) impacted offenders' motivations and ability to engage productively in any given session.

5.1.4. Implementation

Key finding 12: Program resourcing, staffing and staff training were identified as key considerations for implementing programs as intended

Necessary resources for program implementation included markers, paper, computers and internet access. Resource limitations have the potential to moderate the quality of activities undertaken, particularly within custodial settings. The need for program manuals guiding practice to be updated to reflect current developments in the sexual violence prevention field, was raised during interviews with programs staff. The characteristics and location of therapy rooms further impacted program delivery and offenders' experiences within the program. Finally, and related to the point on 'working in silos' lack of access to assessment outcomes at the point of commencing programs was raised, impacting on staffs' ability to tailor their approach to suit individual needs.

Adequate staffing to resource the programs, including the capacity to retain experienced and suitably trained staff, may seriously impact program delivery and would be likely to effect outcomes. Interviewees highlighted high turnover and the potential for burn-out by existing staff. Furthermore, according to programs staff, staff training (at induction and as a continuing professional development exercise) to maintain program integrity, would enhance skills needed to facilitate programs as intended, as does access to quality internal and external supervision.

5.3 LIMITATIONS

The present findings should be considered within the context of the project's limitations. First, the utility of program mapping was impacted by the availability of existing program information and documentation. Unfortunately, only limited program materials were provided to the research team for the purpose of this exercise. Some program documentation was also limited in detail, accuracy and consistency, and the amount of available information differed from one program to another. Program theory and logic was not explicit in the documents, and key information was not stated, including how implementation might differ across community and custodial settings; nor the extent to which individual level interventions supplement group treatment. Inconsistencies were also noted between provided documents, and other information sources (e.g., Sofronoff, 2016; stakeholder interviews; outcome data). This suggests the available program documents may be outdated to some extent.

Further to this, program information pertaining to the Transitions re-entry program was not available for analysis for the present study, yet the statistical analysis regarding correctional outcomes was based on the Transitions program. We have assumed that the new CREST program is a refined version of the Transitions program, and thus would have similar, if not better, outcomes. It was noted in the Queensland Parole System Review (Sofronoff, 2016), that the new enhanced re-entry services are a significant improvement on previous programs, and better resourced. Unfortunately, at the time of data extraction, there was insufficient data on CREST to include it in the analysis. This requires further investigation as CREST is rolled out within QCS over the coming years. Furthermore, based on findings in the current project, the recommendation (R33; Sofronoff, 2016) for QCS to expand its re-entry services to ensure that all prisoners have access to the services, including short-term prisoners seems warranted.

The focus groups were limited to a small subsample of program staff from limited custodial centres. As such, the perspectives discussed in the present study regarding program effectiveness may not necessarily represent all QCS programs staff, nor can they be generalised across all custodial centres. Furthermore, having a client's voice in this research would have provided rich data regarding how the programs are experienced from the client's perspective, including what is considered to work well and what could be enhanced to improve engagement, retention and completion. Interviews with CREST providers or re-entry officers within Probation and Parole would have also provided additional data to understand the key mechanisms and moderators of success in the context of reintegration.

Delayed receipt of the quantitative data impacted on the sequencing of data collection. Ideally, quantitative data would have been used to shape the interview process. The delays in obtaining data meant that we were required to undertake the quantitative and qualitative data analysis simultaneously. There were some disparities between the data requested and the data QCS was able to provide to the research team. This included incomplete STATIC-99 data resulting in limited statistical analyses for prediction measures. This meant that some of the nuances we originally sought to examine, could not be investigated in this project. This, and the low base rates for sexual recidivism among the sample, limited outcome measurement at different time points (1, 3, 5 and 7 years) as originally planned. Furthermore, based on available data, it was not possible to ascertain program eligibility across the sample, making it difficult to determine some of the pathways through correctional programming that were originally anticipated. Although we obtained data over a 7-year time period, the range of time at risk varied among offenders. Longer time-periods may capture a truer extent of (sexual) recidivism (i.e., delayed disclosure), than was found here. However, the analyses undertaken were suitable to address the research questions originally posed.

We are also aware of other internal QCS evaluations of SOTPs undertaken in 2013 and 2015, but were unable to access these evaluations, limiting comparisons between the present study and previous evaluation findings. As such, we relied on the 2010 evaluation conducted by Smallbone and McHugh to compare results.

Despite these limitations, the mixed-methods design and triangulated data methods, used in the present study enabled us to obtain a range of current global and local perspectives on correctional

programming (in Queensland), that all independently led to similar conclusions and are helpful for informing policy, practice and research directions.

5.2 RESEARCH, POLICY AND PRACTICE DIRECTIONS

Key findings from the present study and identified limitations present important future directions for policy, practice and research. Several areas for consideration can be made in light of the present findings:

Consideration 1: QCS should continue with its suite of sexual offending treatment programs (SOTPs), but these should be updated and extended to include enhanced multi-systemic and situational components and other key developments in sexual violence prevention.

Program documentation is old and requires updating. It is unclear the extent to which the current SOTPs themselves reflect documented manuals. If they do, then the programs also likely require updating given there have been significant shifts in the field in the last 10 years. Program updates should incorporate new and emerging knowledge in this field, including multisystemic (MST) and situational intervention targets. Learnings from successful MST trials with youth offenders may have relevance to the inclusion of family and peer treatment targets in adult correctional programs (Borduin et al, 1990; Borduin et al, 2009). Options for including these aspects should be explored for programs in both custodial and community settings. Moreover, the integration of environmental corrections approaches (Schaefer, 2018) with other interventions for this population, may enhance situational aspects of existing responses. The introduction of a CoSA type program (Wilson et al. 2005; 2007), as an additional reintegration option, may further enhance outcomes, with its proven effectiveness, and strengths in the provision of social support and in addressing situational targets.

Any program redesign also needs to consider the key mechanisms and moderators identified in the present study that shape program implementation and outcomes and examine how these might be addressed as part of an improved correctional program delivery in Queensland.

Consistent with recommendation 19 in the Queensland Parole System Review (Sofronoff, 2016), equitable access to rehabilitation for prisoners and offenders, including short term prisoners, should be considered including access to re-entry services where deemed relevant to individual circumstance.

Consideration 2: QCS should review current programs (and underlying program logic) for Aboriginal and /or Torres Strait islander offenders who have committed sexual offences.

This recommendation aligns with recommendation 18 and 27 of Sofronoff's (2016) review to ensure a greater availability and variety of rehabilitation programs specifically designed to address complex needs of Aboriginal and Torres Strait Islander prisoners and offenders. This was a recommendation of Smallbone and McHugh's (2010) evaluation of QCS SOTPs, suggesting this is a long and involved process that requires immediate attention. The unique needs of Aboriginal and/or Torres Strait Islander offenders in reintegration need to be addressed more comprehensively, with regard to connection to community in and out of the correctional system. This review should also incorporate a review of existing

efforts to enhance culturally sensitive program delivery, including recruitment of Indigenous program staff, and enhancing cultural competence amongst non-Indigenous staff.

Consideration 3: A more nuanced approach to evaluation of SOTPs should be considered to build the current evidence-base to answer what works, for whom, in what respects and how.

In line with the existing evidence-base, consideration should be given to strategies to enhance engagement in, and completion of treatment programs, including both rehabilitation and reintegration programs. The need to further investigate the optimal pathways through the correctional system are important and require client input. Many clients had started, and then disengaged from programs at different times in their sentence. It is important to understand why this occurs and what is associated with disengagement at different stages. This may require further research to investigate specific reasons that some offenders do not enrol in any treatment programs (e.g., prisoner choice, failure to meet inclusion criteria, insufficient time on sentence); reasons that offenders do not undertake both rehabilitation and reintegration programs (e.g., lack of availability, unaware of the benefits of the program); and reasons for failing to complete treatment (e.g., treatment disengagement, transfer to a different prison, release from prison). Employing a realist evaluation framework (e.g., McKillop & Rayment-McHugh, 2018) might be the most appropriate way to shed light on what factors differentiate program success, like what has been employed in the present study.

Consideration 4: Continued investment in, and evaluation of, reintegration programs is required with an added focus on integrated management and economic analysis in future investigations.

Regarding future research directions, a longitudinal follow-up of correctional programs and re-entry is suggested. Foremost, with the new CREST program being implemented as well as others for women and youth, these need to be followed up for effectiveness in the short and longer term. As indicated in Stage 1 (Chapter 2), SOTPs should be established and operated with evaluation protocols in place – including multiple long-term measures of impacts, financial cost-benefit assessments, and process evaluations of stakeholder experiences.

Specifically, recommendation 12 in the Queensland Parole Board review (Sofronoff, 2016) suggested that QCS introduce a dedicated case management system, that commences assessment and preparation for release at the time of entering custody, and with the potential of a dedicated Assessment and Parole unit housed within each correctional centre. This might provide better continuity of care in the transition process to enhance correctional outcomes. Furthermore, Recommendation 15 advocates for case managers assigned to prisoners from Probation and Parole to begin contact with, and involvement in the management of each prisoner, before they are released from custody (Sofronoff, 2016). Should these be put in place, pilot evaluations should be considered.

We did not have scope to complete the Economic Value component of the EMMIE framework for the present study. It is recommended that an economic analysis of the cost effectiveness of combined SOTP and re-entry programs be completed in the coming years to examine the cost-benefit ratio. This can be

difficult given that programs are delivered internally and externally purchased, but nevertheless should be pursued.

5.3 CONCLUSION

In this study we set out to answer what are the most effective pathways for successful rehabilitation and reintegration and to reduce recidivism by sexual offenders. The present findings suggest that it is a combination of individually-tailored SOTP and reintegration programs that appear to provide the best chance of success. We have made some recommendations for policy and practice in this regard. Finally, we make suggestions for future research to address the current evidence-gap in Australia (and globally), and that answers current calls for research and practice (e.g., Schmucker & Lösel, 2017) to differentiate ‘what works, for whom, in what contexts, and how?’ to reduce sexual reoffending.

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Appendices

A-1. QCS Program Mapping Framework

B-1. Program logic – Getting Started Preparatory Program

B-2 Program logic – Medium Intensity Sexual Offending Program

B-3. Program logic – High Intensity Sexual Offending Program

B-4. Program logic – Sexual Offending Treatment for Aboriginal Offenders

(Indigenous Program)

B-5. Program logic – Inclusion Sexual Offending Program

B-6. Program logic – Sexual Offending Maintenance Program

B-7. Program logic – Community Re-Entry Services Team

Appendix A-1

QCS Program Mapping Framework

Retrospective documentation of program theory based on McKillop & Rayment-McHugh (2018)¹

Title:	
Program description:	
• Participants (number of participants, gender, ethnicity, risk levels, eligibility, inclusion/exclusion criteria)	
• Modality (individual, group, both)	
• Sessions (number of sessions / timeframe)	
• Delivery context (custodial, community, both, state-wide locations)	
• Staffing requirements (number, gender, qualifications, internal/external)	
• Referral process (role of assessment, access, timing)	
Program theory:	
• Program design	
• Change mechanisms (program content, evidence base, implementation processes)	
• Cultural considerations	
• Hypothesised moderators of success (internal/external)	
• Intended program outcomes	
• How are outcomes intended to be produced	
Outstanding questions relevant to program theory:	
Recommendations or comments for Project Report / Discussion:	

McKillop, N., & Rayment-McHugh, S. (2018). *Evaluation framework for therapeutic programs delivered within a forensic context: Final report prepared for Queensland Corrective Services*. USC Australia.

Appendix B-1

Program Logic: Getting Started Preparatory Program

Appendix B-1

Program title: Getting Started Preparatory Program				
Program objective: Prepare and motivate offenders for participation in subsequent sexual offending treatment programs				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Offenders will be more likely to engage in, and complete, treatment programs if:</p> <ul style="list-style-type: none"> they have a positive therapeutic experience; develop the skills required to participate in a group treatment program; barriers to engagement are addressed; and if they build internal motivation for change. 	<p>Positive therapeutic alliance</p> <p>Positive group therapy experience</p> <p>Motivational interviewing</p> <p>Self-efficacy</p> <p>CBT</p>	<p>Staffing requirements (number of staff, gender) not specified</p> <p>Trained staff, who are warm, empathic, rewarding and supportive</p> <p>Individual clients assessed for suitability</p> <p>Client target group</p> <p>8-10 participants</p> <p>Males with sexual offence conviction</p>	<p>Group therapeutic program comprising 12 sessions (+ 4 optional sessions) implemented over a 6-8 week timeframe (33-44 hours)</p> <p>Independent written work completed between treatment sessions</p>	<p><u>Immediate:</u></p> <p>Motivation for change</p> <p><u>Short-term:</u></p> <p>Participation in, and completion of, subsequent sexual offending treatment programs</p> <p><u>Long-term:</u></p> <p>Desistance from sexual offending</p>
Moderators of success: Individual barriers to change; stages of change; behaviour of other group members; staff training and therapist skills; eligibility to enrol in, and availability of subsequent sex offending treatment programs.				
Settings: State-wide custodial and community locations				

Appendix B-2

Program logic: Medium Intensity Sexual Offending Program

Appendix B-2

Program title: Medium Intensity Sexual Offending Program				
Program objective: To develop knowledge & skills that support a good life and prevent sexual re-offending in low-mod risk offenders				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Offenders will be less likely to re-offend if:</p> <ul style="list-style-type: none"> they take responsibility for their offending behaviour they understand the impacts of their behaviour on others offence supportive thinking is challenged they develop skills in self-regulation and problem solving they develop a relapse prevention plan to manage future safety 	<p>Positive therapeutic alliance</p> <p>CBT</p> <p>Good Lives Model</p> <p>Building psychological, social, and lifestyle skills associated with interpersonal safety and behaviour management</p> <p>Relapse prevention</p>	<p>Three trained and supervised staff</p> <p>Individual clients assessed for suitability</p> <p>Client target group</p> <p>Males with sexual offence conviction, assessed as low to mod risk, and who have completed the <i>Getting Started Prep. Program</i></p>	<p>Group therapeutic program comprising 2 sessions x 3 hours per week implemented over a 13 to 22 week timeframe (78 to 132 hours)</p> <p>Closed or open (rolling) group format</p> <p>Individual exercises and activities with both group and individual feedback carried out in session and individual feedback between sessions</p>	<p><u>Immediate:</u></p> <p>Accept responsibility for offending behaviour</p> <p>Enhanced skills in self-regulation, victim empathy, and problem solving</p> <p>Relapse prevention and new future plans</p> <p><u>Short-term:</u></p> <p>Implementation of new knowledge and skills</p> <p><u>Long Term:</u></p> <p>Desistance from sexual offending</p>
Moderators of success: Stages of change; individual barriers to change; behaviours of other group members; sufficient time in program (program completion); program location; staff training and skills; eligibility to enrol; time until end of sentence				
Settings: State-wide custodial and community locations				

Appendix B-3

Program logic: High Intensity Sexual Offending Program

Appendix B-3

Program title: High Intensity Sexual Offending Program				
Program objective: To develop knowledge & skills that support a good life and prevent sexual re-offending in high risk offenders				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Offenders will be less likely to re-offend if:</p> <ul style="list-style-type: none"> they take responsibility for their offending behaviour they understand the impacts of their behaviour on others offence supportive thinking is challenged they develop skills in self-regulation and problem solving they develop a relapse prevention plan to manage future safety 	<p>Positive therapeutic alliance</p> <p>CBT</p> <p>Good Lives Model</p> <p>Building psychological, social, and lifestyle skills associated with interpersonal safety and behaviour management</p> <p>Relapse prevention</p>	<p>Three staff who are trained and receive regular supervision</p> <p>Staff who are warm, empathic, rewarding and supportive</p> <p>Individual clients assessed for suitability</p> <p>Client target group</p> <p>Males with sexual offence conviction, assessed as mod to high risk, and who have completed the <i>Getting Started Prep. Program</i></p>	<p>Group therapeutic program comprising 3 sessions x 3 hours per week implemented over 39 week timeframe (350 hours)</p> <p>Closed or open (rolling) group format</p> <p>Individual exercises and activities with both group and individual feedback carried out in sessions and individual feedback between sessions</p>	<p>Immediate:</p> <p>Accept responsibility for offending behaviour</p> <p>Enhanced skills in self-regulation, victim empathy, and problem solving</p> <p>Relapse prevention and new future plans</p> <p>Short-term:</p> <p>Implementation of new knowledge and skills</p> <p>Long Term:</p> <p>Desistance from sexual offending</p>
Moderators of success: Stages of change; individual barriers to change; behaviours of other group members; sufficient time in program (program completion); program location; staff training and skills; eligibility to enrol; time until end of sentence				
Settings: Custodial				

Appendix B-4

Program logic: Sexual Offending Treatment for Aboriginal Offenders (Indigenous Program)

Appendix B-4

Program title: Sexual Offending Treatment for Aboriginal Offenders (Indigenous Program)				
Program objective: Enhance outcomes for Indigenous offenders through culturally appropriate program delivery				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Mainstream program objectives will be most effectively met for Indigenous offenders though culturally appropriate program delivery.</p> <p>Indigenous offenders will be more engaged and learning will be enhanced when the program is culturally meaningful.</p> <p>Building on cultural strengths will enhance achievement of program objectives.</p>	<p>Culturally appropriate program delivery</p> <p>Culturally competent staff</p> <p>CBT</p>	<p>Culturally competent staff, trained in SOTP</p> <p>Cultural consultation and supervision</p> <p>Individual clients assessed for suitability to determine eligibility for IHISOP or IMISOP</p> <p>Client target group</p> <p>Indigenous males with sexual offence conviction</p>	<p>Adapted HISOP or MISOP group therapeutic program (see relevant program descriptions)</p>	<p><u>Immediate:</u></p> <p>Engagement in the group therapy process</p> <p>Enhanced knowledge and skills for preventing sexual recidivism</p> <p><u>Short-term:</u></p> <p>Implementation of prosocial skills and strategies</p> <p><u>Long-term:</u></p> <p>Desistance from sexual offending</p>
Moderators of success: Language; impact of separation from family, community, and land; unfeasible release plans; staff training and cultural competence; availability of cultural consultants				
Settings: unspecified				

Appendix B-5

Program logic: Inclusion Sexual Offending Program

Appendix B-5

Program title: Inclusion Sexual Offending Program				
Program objective: Enhance outcomes for cognitively impaired offenders through adapted and supported program delivery				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Adapted program delivery will be more effective for this population.</p> <p>Cognitively impaired offenders will be more engaged and learning will be enhanced when program materials accommodate literacy levels, abstract thinking skills, memory and cognitive capacity.</p> <p>Learning repetition and enhanced support will assist group members knowledge and skill acquisition.</p>	<p>Facilitator and peer ("buddy") support</p> <p>Behaviour modification</p> <p>Repetition and consolidation of learnings</p> <p>Experiential and visual learning aides and activities</p> <p>CBT</p>	<p>Two (or more) staff members</p> <p>Trained and supportive staff</p> <p>Individual clients assessed for suitability including cognitive functioning and learning style</p> <p>Client target group</p> <p>Max. 8 participants</p> <p>Males with a cognitive impairment and a sexual offence conviction</p>	<p>Group therapeutic program comprising 48 sessions implemented over a 24 week timeframe</p> <p>Individual assistance provided where required</p>	<p><u>Immediate:</u></p> <p>Enhanced knowledge and skills for preventing sexual recidivism</p> <p><u>Short-term:</u></p> <p>Implementation of prosocial skills and strategies</p> <p><u>Long-term:</u></p> <p>Desistance from sexual offending</p>
Moderators of success: Individual offender capacity; availability of program teaching resources; staff training, skills and time				
Settings: unspecified				

Appendix B-6

Program logic: Sexual Offending Maintenance Program

Appendix B-6

Program title: Sexual Offending Maintenance Program				
Program objective: To build on and strengthen knowledge and skills developed in core sexual offender treatment programs				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Offenders will be less likely to re-offend if:</p> <ul style="list-style-type: none"> they can strengthen psychological, behavioural and emotional skills and knowledge developed in earlier treatment programs they have ongoing opportunities to self-manage and practice these skills future pro-social goals are identified they have skills that support their reintegration into the community 	<p>Positive therapeutic alliance</p> <p>CBT</p> <p>Revised relapse prevention and future plans</p> <p>Good Lives Model</p> <p>Knowledge and skills rehearsal and revision</p> <p>Self awareness and peer feedback</p> <p>Social learning</p>	<p>Trained staff</p> <p>Warm, empathic and supportive staff</p> <p>Individual clients assessed for suitability</p> <p>Client target group</p> <p>Motivated males with sexual offence conviction who have previously completed one of the core sexual offender treatment programs</p>	<p>Group therapeutic program comprising 16 to 24 hours per week implemented over period not exceeding 13 weeks</p> <p>Open (rolling) group format</p> <p>Individual exercises and activities with group and individual feedback carried out in sessions</p> <p>Between session practice of skills and implementation of action plans</p>	<p><u>Immediate:</u></p> <p>Revised relapse prevention and future/release plans</p> <p><u>Short-term:</u></p> <p>Self management and implementation of plans for relapse prevention and future/release plans</p> <p><u>Long Term:</u></p> <p>Maintenance of treatment gains</p> <p>Desistance from sexual offending</p>
Moderators of success: Individual barriers to maintaining change; behaviours of other group members; staff training and skills; time until end of sentence, stressors and conditions on reintegration				
Settings: State-wide				

Appendix B-7

Program logic: Community Re-Entry Services Team

Appendix B-7

Program title: Community Re-Entry Services Team				
Program objective: To support the successful re-entry and reintegration of the offender into the community				
Program logic	Change mechanisms	Inputs (Resources)	Outputs (Program description)	Outcomes
<p>Offenders will be less likely to offend if:</p> <ul style="list-style-type: none"> they have adequate skills and support to secure housing and employment or education they can successfully re-enter and reintegrate into the community they have adequate support to handle a crisis situation 	<p>Planned re-entry</p> <p>Support & monitoring</p> <p>Psycho-education & life skills</p> <p>Referrals to relevant services</p> <p>Crisis intervention</p>	<p>Male and female staff: 50% frontline staff must identify as Aboriginal or Torres Strait Islander</p> <p>Service providers attend regular reporting & review meetings</p> <p>Individual clients assessed for suitability</p> <p>Client target group</p> <p>Males prisoners¹ due for release and parolees</p> <p><small>¹ Also females from Townsville CC</small></p>	<p>Individual program format</p> <ul style="list-style-type: none"> In-Prison Information and Referral Service – as requested by offender Post Release Managed Services – up to 1 month pre-release and 3 months post release (12 weeks in total) Parole Support Services – up to 6 months post release <p>Detailed re-entry plan</p>	<p><u>Immediate:</u></p> <p>Referrals to appropriate services</p> <p>Detailed re-entry plan</p> <p><u>Short-term:</u></p> <p>Uptake of services by offenders</p> <p><u>Long Term:</u></p> <p>Successful re-entry and re-integration into the community</p> <p>Desistance from offending</p>
Moderators of success: Program uptake by offenders; individual barriers to change; funding constraints; information sharing between government and non-government agencies; stressors experienced on release into the community; available resources in the offender's community				
Settings: State-wide custodial & community settings				



Rise, and shine.