Assessment and Treatment of Sexual Offenders in Saskatchewan

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The sexual abuse of children is a serious social concern. Thus, sexual offenders must receive accurate assessments and effective treatment programming to minimise re-offence rates. There is ample evidence in the literature to support the assertion that treatment strategies need to be matched to an offender’s level of risk for re-offense, and his or her specific risk factors for re-offence. In terms of males, extra-familial sexual offenders are reportedly more likely to re-offend than are intra-familial sexual offenders. If recidivism rates are indeed higher for extra-familial offenders it follows that the assessment and treatment protocols should be reflective of such. In addition, cultural specificity of assessment and treatment strategies is of great import, especially with respect to Canadian Aboriginal peoples given the rates of Aboriginal peoples in Canadian correctional institutions. Based on this preliminary review of the assessment and treatment of sexual offenders in the Saskatchewan correctional system, potential culture-specific assessment and treatment needs do not appear to be differentially addressed. Additionally, differences in assessment and treatment practices relevant to level of risk do not appear to be present at the provincial level in Saskatchewan. In this paper it is argued that these potential inconsistencies must be examined and empirically investigated in future research and, if indeed present, appropriately addressed in order to provide effective rehabilitation services and to ensure ongoing public safety.

According to Statistics Canada (1998) there were 30,735 sexual offences reported to the police in Canada in 1997. This figure represents a dramatic underestimation of the actual number of sexual offences committed given that, based on victimisation surveys, it appears as though 90% of sexual offences that occur are not reported (Statistics Canada, 1998). It is also estimated that fewer than 15% of reported sexual offences lead to conviction (Hanson, Steffy, & Gauthier, 1993; Marshall, Laws, & Barbaree, 1990). Given the mandate of the Correctional Service of Canada to reintegrate offenders into the community (Correctional Service of Canada [CSC], 1997), most perpetrators who are convicted will eventually be released from Correctional supervision (Blanchette, 1996). Thus, all possible steps must be taken in an effort to reduce the likelihood that offenders will re-offend. It is crucial that each offender receive a thorough assessment to isolate the dispositional and situational factors that predispose him (or her) to committing sexual offences. In addition, treatment programmes must be carefully devised and widely available so as to facilitate the amelioration of offenders’ specific risk factors, and to reduce the likelihood of future victims (Blanchette, 1996).

In this paper we provide a brief review of ‘best practices’ standards for assessment and treatment of sexual offenders as well as a preliminary overview of the management of sexual offenders in a Canadian province. Based on this snapshot of the assessment and treatment practices of intra-familial and extra-familial sexual offenders in one Canadian provincial correctional system, it appears intra- and extra-familial offenders, who are understood to comprise different levels of risk, are not receiving assessments and treatments specific to their unique risk factors. In addition, potential cultural factors that may influence optimal assessment and treatment practices differently for Aboriginal and non-Aboriginal sexual offenders.
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do not appear to be considered. These apparent deficits warrant further investigation.

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

The rationale for more intense programming is drawn from three related principles on which offender management in the correctional system is based: the risk principle, the need principle; and the responsivity principle (Andrews & Bonta, 1998; Blanchette, 1996). Adhering to the risk principle involves reserving the high intensity programming (e.g., longer duration of treatment and more therapy contact hours) for the high risk offenders. This practice is based on observations that higher risk offenders are more responsive to intense treatment than they are to less intense treatment, and lower risk offenders respond as well or better to minimal intervention (Andrews, Bonta, & Hoge, 1990; Blanchette, 1996).

Ensuring the factors related to an offender’s offence cycle (also known as criminogenic needs) are targeted in treatment is what is meant by the need principle. There are seven standard criminogenic need categories, including: employment; marital/family; associates/personal interaction; substance abuse; community functioning; personal/emotional orientation; and attitude. Concerns about, or deficits in, these areas are targeted in treatment because of their potential for change and their relationship with recidivism (Andrews & Bonta, 1998).

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

Intra- and Extra-familial Offenders
In an effort to formulate programme placement decisions and to focus treatment efforts, sexual offenders are often classified into different categories on the basis of their victim preferences, offence-motivational factors, and risk factors. Offenders who primarily target children whom they befriend solely for the purpose of engaging in a sexual relationship are referred to as paedophiles or child molesters (APA, 2000). Those offenders who typically engage in sexual activity with children within their own families are referred to as intra-familial sexual offenders (Bartol, 1995). Child molesters, or more specifically, extra-familial offenders, have been classified according to their offence patterns and victim preferences (Knight & Prentky, 1990). There does not appear to be a parallel classification system for intra-familial offenders, which is an illustration of the lack of research emphasis on this subgroup of sexual offenders. Typically, extra-familial sexual offenders are deemed higher risk than are intra-familial offenders (e.g., Motiuk & Brown, 1996; Quinsey et al., 1995).

Aboriginal Sexual Offenders
In addition to the offender and victim characteristics and the predicted re-offence rates that necessitate differential assessment and treatment practices, there are cultural factors that are salient in the effective assessment and treatment of offenders. Assessment and treatment should reflect some of these cultural differences - especially if these factors are related to recidivism rates. The risk factors and treatment needs for different cultural groups, in the case of Saskatchewan, specifically for Aboriginal offenders, are likely different and thus warrant specific attention. Similarly, some risk factors may be the same for many Aboriginal and non-Aboriginal offenders; they may, however, manifest differently (New Zealand Department of Corrections, 2001). For example, both Aboriginal and non-Aboriginal offenders may have social skill deficits that contribute to their offending behaviour; however, the skills that need to be taught, and how they are best taught, may differ. What is socially prescribed in non-Aboriginal cultures is often different from that which is the norm in Aboriginal societies.

In 1992, Aboriginal peoples constituted 2.3% of the Canadian population, while comprising 11% of the Canadian federal inmate admissions and 24% of the provincial admissions. In Saskatchewan, Aboriginal offenders accounted for 55% of federal, and 66% of
Generally, however, there are some salient cultural differences between Aboriginal and non-Aboriginal peoples that impede the integration of Aboriginal needs into the Canadian criminal justice system. Consideration of these differences is necessary if there is to be a reduction in the over-representation of Aboriginal peoples in the criminal justice system.

These cultural differences relate to many aspects of life and society. Native individuals strive for the betterment of the group, whereas the Euro-Canadian individual often acts solely for personal benefit (Dumont, 1993). Aboriginal cultures are very spiritual, and often collectively based (Letourneau et al., 1991). Spirituality involves the realisation of the interconnectedness of all things. The focus is on unity, harmony, and on balancing the spiritual, intellectual, emotional, and physical dimensions of a community of people. Brant (1990) outlined several principles that are specific to Aboriginal peoples and that serve to promote harmony within the community. These principles include: conflict suppression; non-interference; non-competitiveness; emotional restraint; sharing; the Aboriginal concept of time; attitude toward gratitude and approval; and the Aboriginal concept of teaching.

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

Nahanee (1996) also found that most Aboriginal sex offenders abuse alcohol and a significant proportion abuse both alcohol and drugs. Nahanee (1996) argued for more emphasis on institutional and community programming for Aboriginal men who sexually abuse children, specifically Aboriginal intra-familial offenders and Aboriginal paedophiles. He also stated that more research is necessary in order to develop a more complete profile of Aboriginal sex offenders and to

provincial inmate admissions while representing approximately 9% of the total provincial population (Cattarinich, 1996). This trend is even more evident among sexual offenders. Nahanee (1996) reported that approximately 40% of Aboriginal offenders serving a federal sentence have been convicted of a sexual offence. In another report, Williams and colleagues (1997) state that 26% of Aboriginal offenders in the federal system are sex offenders. Williams and colleagues note, however, that this number may be an underestimation by up to 17%, due to the fact that information about the offenders’ cultural backgrounds was not always available.

This rate of Aboriginal peoples in the Canadian criminal justice system may be reflective of differences between sex offenders from these two cultures. If so, these differences need to be addressed so that the needs of these offenders are being met within the correctional system, and the obligation to protect society is being duly honoured. Although there are separate programming options available for Aboriginal offenders at some institutions in Canada (e.g., Healing Lodges), for the most part assessment and treatment practices do not appear to incorporate elements specific to Aboriginal spirituality (see e.g., Hart-Mitchell & Pfeifer, 2003). The uniqueness of Aboriginal peoples is recognised in Correctional programming in other parts of the world (see e.g., New Zealand Department of Corrections, 2001). For example, in New Zealand the assessment and treatment of Maori offenders include variables specific to the Maori culture, such as the influence of cultural identity on a person’s treatment needs and the amount of cultural tension experienced in the treatment and the release environments. It is not unreasonable to expect that the Aboriginal populations in Canada would benefit from similar considerations.

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

SEXUAL RECIDIVISM

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

In order to refine the risk assessment decision-making process it is necessary to have information about the kind of sexual offence history the offender has. Knowing whether or not his previous offences have consisted solely of sexual assault offences against adult women, offences against children, non-contact sexual offences, or a combination of these offence and victim types is also very important, given that predicted recidivism rates can be quite different for these subgroups (Hanson & Bussière, 1996; Hanson & Bussière, 1998). Of those sexual offenders who have histories of offending against child victims, 12.7% have been reported to re-offend sexually (Hanson & Bussière, 1996; Hanson & Bussière, 1998). Child molesters are a heterogeneous group. If the offender requiring the risk assessment has a history of offending against children, his perceived likelihood to re-offend is largely dependent upon the characteristics of his victim preference. An offence (or conviction) history that includes offences solely against family members, solely against extra-familial victims, or a combination of both familial and extra-familial victims yields different predictions of level of risk to re-offend.

Intra-familial and Extra-familial Sexual Offender Recidivism

It is widely accepted that offenders who only victimise family members (i.e., incest or intra-familial offenders) have a very low likelihood of re-offending (Furr, 1993; Hanson, Steffy, & Gauthier, 1993; Studer, Clelland, Aylwin, Reddon, & Munro, 2000; Quinsey, 1986). Literature is lacking in this area due to the fact that the recidivism rate is considered to be so low compared to that of other sex offenders (Quinsey, 1986). Of those researchers who do include results on this group in the studies they publish, intra-familial offenders’ recidivism rates range from four to ten percent (e.g., Marshall & Anderson, 1996; McGrath, 1991; Quinsey, 1986). Child molesters who only target children outside of the family are reported to re-offend much more often than do intra-familial offenders. Rice, Quinsey, and Harris (1991) found that 31% of extra-familial sex offenders committed new sexual offences, 43% committed violent or sexual offences, and the overall recidivism rate was 58%. Marshall and Barbaree (1990) reported that recidivism rates for untreated sexual offenders against non-familial girls or boys was 42%. It is also generally believed that child molesters who offend against boys re-offend more often than do those who offend against only girls (Hanson, Steffy, & Gauthier, 1993; Quinsey, 1986).

Aboriginal Sexual Offender Recidivism

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

BEST PRACTICES IN SEXUAL OFFENDER ASSESSMENT

As previously noted, the assessment of sexual offenders ideally should differentiate between offenders who are at high risk and those who are at low risk to re-offend. Given the differences in the documented risk levels for sub-groups of sexual offenders, these assessments should also distinguish between intra- and extra-familial offenders. However, there does not appear to be a consistent, standardised assessment procedure utilised in Canada that is specific to sexual offenders. Researchers and treatment providers agree, however, on fundamental guidelines surrounding the assessment of offenders: (a) all assessments should be conducted with consideration of the principles of risk, need, and responsivity (Andrews & Bonta, 1998; Andrews, Bonta, & Hoge, 1990); and (b) evaluative...
families are viewed as less sexually deviant than their.

Offenders who tend to target children within their.

timely precipitated by times of stress.

have extensive or diverse criminal histories and their.

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However, intra-familial sexual offenders are often mar-

about the differences between these offenders.

extra-familial offender counterparts and are believed to use less force and violence when carrying out their offences (Marshall, 1997). On the basis of reported recidivism rates, intra-familial offenders are believed to be at lower levels of risk to re-offend once treated than are other sexual offenders (Furr, 1993; Hanson, Steffy, & Gauthier, 1993; Studer, Clelland, Aylwin, Reddon, & Munro, 2000; Quinsey, 1986). For this rea-

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perpetuate their deviant behaviour, and they differ in their preferred means of carrying out their offences (Gordon & Porporino, 1990). Different sexual offenders present different levels of risk to re-offend (Gordon & Porporino, 1990) and respond differently to treatment (Marques, Day, Nelson, & West, 1994). It would seem reasonable to expect that these differences would be directly related to, and reflected by, the assessment and treatment of intra- and extra-familial offenders, but in fact there is very little information in the literature about the differences between these offenders. However, intra-familial sexual offenders are often mar-

investigating any problem areas for the

The Primary Risk Assessment – In 1996 Saskatchewan Corrections and Public Safety implemented the use of the Offender Risk Assessment and Management System (ORAMS; ORAMS Manual, 1997). This assessment protocol was adapted from the Wisconsin Classification System (Baird, Heinz & Bemus, 1979) and it was used extensively by Saskatchewan Corrections until 2002 when it was largely abandoned due to the publication of instruments such as the Static-99 (Hanson & Thornton, 2000). One component of the ORAMS is the Primary Risk Assessment measure (PRA), a 15-item checklist that was administered to all offenders upon intake to the provincial correctional system in Saskatchewan. This assessment was conducted to: (a) investigate the offender’s risk to re-offend in any type of offence; (b) investigate any problem areas for the offender that may contribute to offending behaviour; (c) assist in the matching of degree and type of super-
Vision and/or interventions appropriate for the offender’s level of risk; (d) assess the appropriateness of community work placements, temporary releases, and early release from the institution; and, (e) ensure service delivery to those offenders who pose the highest risk to the community.

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

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

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

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

There is minimal research on the effectiveness of the SRA in predicting future sexual offending (O’Byrne, 2000). Although this measure is viewed as being theoretically valid, no empirical validity has been established and the reliability of the SRA has not been examined (Hanson, 2002; O’Byrne, 2000). Hanson (2002), in the only study that has been conducted to investigate the predictive validity of the SRA, reviewed a sample of 204 Manitoba probation admissions and found the SRA was not predictive of sexual recidivism. The only item that was related to sexual re-offense was “early onset”, viz., the onset of sexual offending before the age of 20. Total scores were, however, predictive of violent recidivism ($r = .18$) and general recidivism ($r = .20$).

**The Static-99** - Saskatchewan Corrections has recently adopted the Static-99 as an assessment instrument administered to all sexual offenders at intake into the Correctional system. The Static-99 is an actuarial risk assessment instrument comprised of a combination and expansion of two other measures. The first is the **Rapid Risk Assessment for Sexual Offence Recidivism** (RRASOR; Hanson, 1997) which is based solely on actuarial information. The RRASOR includes four variables that are useful for specifically predicting sexual recidivism: sexual offence history; age at time of release, or at time of risk assessment; victim sex; and relationship of the victim to the offender. The second measure that comprises the Static-99 is **Thornton’s Structured Anchored Clinical Judgement Scale** (SACJ-Min; as cited in Hanson & Thornton, 2000). Hanson and Thornton (2000) expanded on the variables outlined in the RRASOR and combined this instrument with the following variables drawn from the SACJ-Min: prior number of sentencing dates; any convictions for non-contact sexual offences; non-sexual violent offence as part of the index offence; prior non-sexual violence; offender never married or involved (single) at the time of assessment. This new scale, the Static-99, includes, in sum, the following variables: prior sexual offences; prior number of sentencing dates; any convictions for non-contact sexual offences; non-sexual violent offence as part of the index offence; prior non-sexual violence; any unrelated victims; any stranger victims;
any male victims; offender is young at the time of the risk assessment; and the offender has never been married or involved at the time of assessment.

Researchers have demonstrated that the Static-99 scale has a predictive relationship with sexual recidivism. The SACJ-Min contains items that relate to sexual deviance, while also placing weight on criminal history of a non-sexual nature. The RRASOR, in contrast, almost exclusively targets sexual deviance factors. The developers of the Static-99 examined whether or not a combination of these two scales would improve upon the predictive accuracy of either of the original scales. Hanson (1997) has shown that the RRASOR is predictive of sexual recidivism \( r = .27 \). The average area under the Receiver Operator Characteristic (ROC) curve was .71. This number reflects a high degree of predictive accuracy. Thornton (1999, as cited in Hanson & Thornton, 2000) found that the SACJ-Min correlated with sexual recidivism \( r = .34 ; \) ROC area = .69. Hanson and Thornton (2000) found that the combination of the RRASOR and the SACJ-Min into one scale better predicted sexual recidivism \( r = .33 ; \) ROC area = .71 and any violent, including sexual, recidivism \( r = .32 ; \) ROC area = .69 than did either instrument on its own. Whether or not the Static-99 has yet been separately validated on intra- and extra-familial offenders and on Aboriginal offenders is unclear.

**Aboriginal Offender Assessment**

Given the above-noted risk and need differences between intra- and extra-familial offenders, it is appropriate and necessary to distinguish between offender types at the assessment stage. It appears, on the basis of the information and literature available, however, that these distinctions are not fully taken into consideration at the assessment stage or with respect to treatment planning. There appears to be very little information available regarding differential assessment practices for Aboriginal offenders, let alone different assessment practices for subtypes of Aboriginal sexual offenders.

**BEST PRACTICES IN SEXUAL OFFENDER TREATMENT**

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

The major treatment targets typically include deviant sexual behaviours and interests, a broad range of social skills deficits, and attitudes and cognitive distortions regarding the offending behaviour (Marshall, 1996; Marshall & Barbaree, 1990). Accordingly, the goals of cognitive behavioural treatment include: altering deviant patterns of sexual interest, arousal, and behaviour, often through covert sensitisation; aversion therapy, or masturbatory reconditioning; cognitive restructuring to alter cognitions that elicit or maintain offending behaviour; and the improving of social adjustment by ameliorating skill deficits through modelling, role playing, and rehearsal (Blanchette, 1996; Maletzky, 1991; Marshall, 1996). The fundamental objective of treatment is to reduce sexual recidivism (Blanchette, 1996; Correctional Service of Canada, 2000).

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

**Treatment Intensity**

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

High intensity programmes are recommended for offenders who are assessed as presenting a high risk to re-offend and/or high needs in terms of treatment. These programmes are usually delivered in a specialised unit, but may also be offered in community settings (e.g., through Provincial hospitals) for those sex offenders in the community whose recidivism risk and treatment needs are high. Programme modules are presented daily over the course of six to eight months, with a minimum of 15 contact hours of therapy per week. High intensity programmes provide the full range of modules specified in the National Sex Offender Treatment Manual (Correctional Service of Canada, 2000b) as well as additional specialised services as needed.

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

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

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

Treatment Efficacy

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

Intra-familial and Extra-familial Sexual Offender Treatment

The programme elements previously described represent the full range of treatment targets for the highest intensity of treatment. Offenders receiving low intensity treatment are usually only offered treatment in the areas of Empathy, Social and Relationship Skills, and Relapse Prevention (Correctional Service of Canada, 2000b). Given the potential for different risk factors for intra- versus extra-familial offenders, and for Aboriginal and non-Aboriginal offenders, it is possible that standard low intensity treatment is not sufficient
to address the unique needs of these specific groups. If sexual offenders against non-related children do indeed constitute a higher risk to re-offend than do those who offend against family members, extra-familial offenders may require treatment at a higher level of intensity than intra-familial offenders.

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

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

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

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

Currently, the general move toward urbanisation appears to be contributing to the loss of Native cultural roots and awareness. It is also possible that this urbanisation has contributed to Native-specific social problems that are believed to be linked to the high numbers of Aboriginal peoples incarcerated in the Canadian correctional system (Ekstedt & Griffiths, 1984; Giokas, 1993). Steps have been taken within the Canadian criminal justice system in an attempt to accommodate the needs of Aboriginal peoples (e.g., Status Indian, Inuit, Metis). Examples include the hiring of Native parole officers, having Elders work in conjunction with Native inmates within the correctional setting, and providing cultural awareness courses for inmates within the system (Buller, 1994; Hodgson, 1995). Conversely, of course, professionals must be mindful that some offenders may not wish to receive treatment from a Native perspective. Therefore, it is imperative to ascertain with which culture the offender most strongly identifies (Ellerby, 1994).

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

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

DISCUSSION

It is of fundamental importance that offender assessments identify correlates of risk for re-offence so that these factors can be effectively addressed in treatment. Additionally, it is important that cultural variables (e.g., for Canada’s Aboriginal peoples) be recognised appropriately within correctional programming; this also does not appear to be taking place. Based on the literature to date, individualised assessments and distinct treatment programming are certainly justified. There is a clear need to empirically investigate the current situation with respect to the assessment and treatment of Aboriginal and non-Aboriginal intra-familial and extra-familial sex offenders.

Future research efforts should be directed toward elucidating (and either confirming or dispelling) the common perception that intra-familial sex offenders re-offend less often than do extra-familial sex offenders. In addition, based on this premise, it should hold that if extra-familial offenders constitute higher risk, they should be receiving more intensive, or at least different treatment. If they are higher risk and they have different treatment needs, the assessments they receive at intake should be reflective of this.

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

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

REFERENCES


Sex Offender Assessment and Treatment


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