Examination of Treatment Completion and Predicted Outcome Among Incarcerated Sex Offenders

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This article addresses the prediction of treatment completion and outcome of 114 adult sex offenders using variables found to predict treatment outcome in outpatient sex offender programs. The variables of reading ability, marital status, age, presence of antisocial personality disorder, offense and victim discrimination, and instant offense were used. Three outcomes of treatment were assessed: (1) those who were rejected from the program during the evaluation phase; (2) those who dropped out of treatment; and (3) those who successfully completed the program. Results indicated that only reading ability and marital status were predictive of treatment outcome, with those with high reading ability and married having the best outcome. Failure of the other variables to differentiate between groups is attributed to differences in psychopathology between incarcerated and outpatient sex offenders and differences in structure between programs.

The challenge of treating sex offenders has taken on new importance in light of the staggering reports on the frequency of sexual abuse and sexual assault. Victimization statistics indicate that between 15 percent and 25 percent of women will be victims of a completed rape some time in their adult life.[1, 2] The research finding that a pattern of repeated and unreported sexual assault is more the rule than the exception among sex offenders underscores the need to develop successful intervention strategies.[3–5] For example, Abel *et al.*[6] in a study of 411 paraphiliacs, discovered that these subjects had committed over 138,000 sexual offenses with over 115,000 victims.

Increased awareness of the enormous financial and psychological costs of sexual assault on victims and society has resulted in the development of specialized treatment programs for sex offenders. Knopp and Stevenson[7] indicate that the number of residential and outpatient sex-offender treatment programs for adults and adolescents increased by 56 percent between 1986 and 1988.

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However, the demand for sex-offender treatment programs still exceeds the availability. In Florida, for example, over 5,000 sex offenders were incarcerated in the adult prison system in 1989.[8] However, available state treatment facilities allowed for the treatment of only 75 (1.5%) sex offenders during that same year. This discrepancy between treatment need and treatment opportunity is likely to continue, if not worsen, as many states experience tighter budgetary constraints.

Despite the importance of these issues, relatively little research has been done on the identification of variables likely to predict treatment outcome. The research that has been done has focused on outpatient treatment programs. These studies have led to the identification of a number of offender and offense characteristics that appear to be linked to program completion and successful treatment outcome.

In general, these findings indicate that offenders who are older; more intelligent; have stable marital relationships; and do not meet criteria for antisocial personality remain in treatment longer and have better outcome.[6, 9, 10] The type of sex offense has also been linked to treatment amenability. In general, the degree of offender discrimination in offense type and victim characteristics has been shown to be a predictor of treatment outcome, with less discriminating offenders having the poorest outcomes.[6] Another predictor that has been studied is type of instant offense (the charge for which the offender is presently before the court), with child molesters thought to be less amenable for treatment than incest offenders but more amenable than rapists.[11]

These studies provide information about the selection of sex offenders for outpatient treatment. However, much less research has been done on predicting treatment with incarcerated sex offenders. While most sex offenders are treated in outpatient settings, a substantial number receive treatment while incarcerated. Knopp and Stevenson,[7] in their survey of sex offender treatment programs, reported that almost one-third of all such services involved residential treatment and that most of these programs were located in adult prisons.

Although the relationship between offender characteristics and treatment completion in incarcerated individuals might be similar to those offenders in outpatient settings, there are sharp differences between the groups that may affect the validity of established predictors. The most notable distinction between groups is their level of freedom. Incarcerated sex offenders, compared with those in outpatient treatment populations have, for a number of reasons, been deemed a more serious threat to the community, and thus denied their freedom. Incarcerated offenders are more likely to be fixated (i.e., repetitive) and violent in their offenses than those assigned to outpatient programs. Many of these offenders meet criteria for antisocial personality disorder. Finally, they have fewer personal resources (e.g., lower intelligence) and less family and community support. Because of these factors, the findings of studies based on outpatient samples may have limited generalizability to incarcerated offenders.

With many more offenders than treat-

ment beds, determination of which offenders are most appropriate for treatment becomes crucial. The stakes in this process are high in that inappropriate referrals result not only in a treatment failure of the individual and wasted resources, but also the deprivation of treatment to an offender who might benefit from the program. This study was designed to examine whether treatment indicators established on outpatient sex offenders would be of value in predicting treatment completion among incarcerated sex offenders. Specifically, we examined whether offender reading ability, age, marital status, presence of antisocial personality, and instant offense were related to treatment completion and outcome in a sample of incarcerated sex offenders.

Method

Subjects The population consisted of 114 males found guilty of sexual offenses that included rape, child molestation, and incest. All subjects were incarcerated in the Florida Department of Corrections between 1985 and 1989 and were on a waiting list for treatment for their sexual crimes. Criteria for inclusion on the waiting list included inmates between the ages of 16 and 70 who volunteered for sex-offender treatment, had at least a third-grade reading level, WAIS-R Full Scale IQ of 70 or higher, and no evidence of organic, psychotic, or other major psychiatric disorder. Inmates were accepted into the sex-offender treatment program when their name reached the top of the list.

Subjects ranged in age from 16 to 59 years with a mean age of 31.4 years. Examination of instant offense revealed that 47 (41%) were incarcerated for incest, 37 (32%) for child molestation, and 31 (27%) for rape. Analysis of marital status revealed that 40 (35%) were married, 39 (34%) were never married, 9 (8%) were separated, and 26 (23%) were divorced. In terms of race, 85 (76%) were white, 27 (23%) were black, and 1 (1%) were hispanic.

Measures Demographic information used to evaluate offender characteristics such as age, marital status, and offense history was obtained from chart information. All other information was obtained during the offender's assessment phase described below. Reading level was assessed using the reading section of the Wide Range Achievement Test-Revised (WRAT-R). Presence of antisocial personality disorder (APD) was assessed through behavioral observations and historical data and was based on DSM-III criteria.

Procedures The treatment program was a 63-bed inpatient unit located at the North Florida Evaluation and Treatment Center. The treatment approach used was a multi-modal program that incorporated cognitive-behavioral, milieu, and experiential therapies. On admission to the program, offenders received a comprehensive sex-offender assessment battery including a structured interview, and psychological and physiological assessment (plethysmograph). Following this assessment, offenders were placed in an eight-week evaluation phase that tested the offender's ability and motivation to participate in the program. Those offenders who successfully completed the evaluation phase were admitted to the treatment

program. Success in the evaluation phase was based on the offender's (1) willingness to participate actively in the treatment program; (2) willingness to abide by program rules; (3) ability to admit to the offense; and (4) ability to understand precursors and consequences of his sexual offense. Individuals who did not progress past the evaluation phase were returned to their respective prisons and constitute Group 1.

Treatment was structured to be 18 months in duration and required the offender to complete 10 programs, which were called modules. Each module lasted 12 weeks and ranged from arousal reconditioning to social skills training. Offenders who did not complete all or most treatment modules or displayed inappropriate behavior (e.g., violence) comprised Group 2. Inmates who completed most or all of the treatment modules were deemed as successful graduates and constitute Group 3. Thus the three outcome groups in this research were designated Group 1—those who were rejected during the evaluation phase; Group 2—those who were admitted to the treatment phase but did not complete the program; and Group 3—those who successfully completed the program.

Results and Discussion

Of the 114 sex offenders admitted to the treatment program, 32 were terminated during the evaluation phase (Group 1), 66 were discharged from the program with a poor prognosis (Group 2) and 16 completed the program and were discharged with a good prognosis (Group 3).

The first set of analyses examined subject reading level between groups. Table 1 lists the WRAT-R reading level scores and grade levels for each group. Analysis of variance (ANOVA) procedures revealed significant differences among group, ($F(2, 114) = 3.51$, $p \leq .05$), with subsequent Duncan's Multiple Range test pairwise comparisons revealing that the reading ability of subjects in Group 3 was significantly higher than those in Groups 1 and 2. Thus, subjects with the best reading ability were more likely to successfully complete the program. The treatment model had a strong cognitive component that included assigned readings. The ability to learn new information, develop new ways of thinking, and integrate this information into a new lifestyle made the ability to read and comprehend extremely important. Because such abilities are likely to be important in any cognitive-behavioral treatment program, it is not surprising that this variable is predictive of both incarcerated and outpatient treatment outcome.

Marital status also appeared to be related to treatment outcome. Table 1 indicates that married subjects were more likely to have a good prognosis at the end of treatment ($(X^2, 2) = 6.27$, $p \leq .05$). Thus, while married offenders comprised only 35% of the entire sample, they accounted for 63% of the offenders discharged with a good prognosis. It is likely that being married is related to positive treatment outcome in several ways. First, married offenders are more likely to have positive support systems that can be accessed during and after the therapy process to help the offender achieve and maintain gains from treatment.[6] Second,

Table 1
Personal and Offense Characteristics among the Three Output Groups

Measure	Group 1	Group 2	Group 3	*p*
Number	32	66	16	
WRAT-R reading score	55.53	58.03	67.63[a]	≤.05
WRAT grade equivalent	9th	10th	>12th	
Percent married	9 (28%)	21 (32%)	10 (63%)[a]	≤.05
Mean offender age, years	30.38	31.41	34.13	NS
Antisocial personality	18 (56%)	34 (51%)	8 (50%)	NS
Instant offense incest	10 (31%)	28 (42%)	9 (56%)	NS
Instant offense rape/molestation	22 (68%)	38 (58%)	7 (44%)	NS

having a spouse/family to return to after treatment may provide married offenders with more motivation to change. Finally, being involved in a current marital relationship suggests that these offenders have better interpersonal skills and more empathy than other offenders. They have been able to maintain an adult heterosexual relationship. Thus they may be more likely empathize with the feelings of the victim, an important component of the therapy process. Similar to reading ability, these resources are likely to be helpful to offenders in both inpatient and outpatient programs.

Offender age by group as presented in Table 1 did not appear to be related to outcome (F (2, 114) = .79, p, not significant (NS)). This is contrary to data on outpatient samples, which indicate that older offenders are most likely to have successful outcome from treatment. This relationship between age and outcome is believed to be due to older offenders recognizing the consequences of their deviant behaviors and their subsequent willingness to change. There are several possibilities why this relationship was not observed in the present sample. The first is methodological and involves the wide range of offender ages (16 to 59 years) and the relatively small sample sizes of some groups (i.e., Group 3 = 16 offenders). Thus, there was not sufficient power to achieve significance using the ANOVA techniques. This explanation is supported somewhat by the trend in the data indicating that Group 3 offenders were older. Another, more likely explanation has to do with offender incarceration. Because these individuals were incarcerated, and assumed to be more repetitive or dangerous, it is likely that these older offenders have not recognized the consequences of their deviant behavior. Thus, they represent a subgroup of more recalcitrant offenders in which absolute age is not an important variable.

The presence of antisocial personality disorder among offenders also did not appear to be related to outcome ((X^2, 2) = .245, p, NS). This finding was somewhat surprising, given the strong relationship between antisocial personality disorder and treatment failure observed in outpatient samples.[6] One reason for this discrepancy is the high base rate of APD among incarcerated offenders. It is statistically unlikely that such a frequently occurring variable would be very discrimi-

nating. Another explanation for this finding has to do with why antisocials are likely to fail in outpatient treatment settings. Outpatient treatment, because of its limited control over the offender, requires that the offender provide a self-imposed structure exemplified through consistently coming to therapy, doing required homework, and staying out of trouble. Those who cannot do this during their treatment are likely to fail. However, the status of being incarcerated provides the offender with an externally provided structure. Thus, initial lack of self-discipline and self-control is likely to be less of a liability among incarcerated offenders. Another possibility for this lack of replication regarding APD may be related to the intensity of treatment needed. Antisocial patients in general have poor treatment outcome due to their lack of empathy for others, manipulative skill, and inability to learn from experience. Their tendencies toward denial and projection of blame and responsibility are well documented in the research and clinical literature. Thus, people who have these personality traits in conjunction with those usually associated with sex offenders, may require intensive, virtually 24-hour-a-day confrontation not available in outpatient programs. Therefore, inpatient programs, in which offenders can be challenged virtually continually, may be such that the presence of APD is not strongly related to outcome.

As illustrated in Table 1, data on instant offense (i.e., incest versus child molester versus rape) revealed no significant difference between groups ((X^2, 2) = 2.84, *p*, NS). One explanation for this lack of association is that incarcerated subjects represent the most seriously disturbed offenders. Thus, although incest offenders may be considered the most benign and have the best prognosis among outpatient samples, those assigned to incarceration likely represent the most serious and repetitive incest offenders or have histories of engaging in other types of sex offenses as well.

In summary, the present data provide a basis for beginning to understand factors related to treatment completion for incarcerated sex offenders. Results indicated that whereas some outpatient-derived variables were valuable in predicting treatment outcome among incarcerated offenders, others were not. This lack of congruence between treatment outcome predictions likely reflects the differences in the personal and offense characteristics between the groups.

The variables addressed in this research can be dichotomized into personal and offense characteristics. Personal characteristics include such factors as offender reading ability, age, marital status, and presence of APD. Offense variables include type of sexual offense and victim discrimination and were represented by the instant offense. In general, the present results indicate that personal characteristics are better predictors of program completion than offense characteristics among incarcerated sex offenders. However, there is a marked lack of research on prediction of program completion among incarcerated offenders, and the present results, although providing some information on this issue, must be viewed as tentative. Further research is needed to

replicate the present results and identify other variables likely to be of predictive value. It is through this process that the refinement of the much needed treatment of incarcerated sex offenders is likely to occur.

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